INSTRUCTIONS

SIMPLE-CHOICE QUESTIONS

Instructions: In the next questions you should find the only correct answer for each question. The letter of the selected answer (A, B, C, D, E) has to be written on the line left to the questions.

Multiple-choice questions

Instructions: In the next questions several correct answers belong to each sentence or question according to the following lettered combinations. The letter is to be written on the left side on the line.

A, if 1., 2. and 3. are correct
B, if 1., 2. and 4. are correct
C, if 1. and 3. are correct
D, if 2. and 4. are correct
E, if all the answers are correct

RELATION-ANALYSIS

Instructions: In the next questions consist of one compound sentence, the first part is a statement, while the second part is a reason for the statement. The statement and the reason may both be true or false, or they may both be true but without any cause-and-effect relation between each other.

You can see five possibilities below, but only one answer is correct. The relation has to be judged only if both the statement and the reason are correct. If you have decided which one is correct, write the corresponding capital letter on the line next to the question.

A, Both the statement and the reason are true, and the reason verifies the statement.
B, Both the statement and the reason are true, but there is no relation between them.
C, The statement is true the reason is false.
D, The statement is false the reason is true.
E, Both the statement and the reason are false.
QUESTIONS OF ASSOCIATION

Instructions: In the next questions you will find lines with four capital letters (A,B,C,D).
Letters A and B are associated with one concept. Your task is to determine which of the sentences refers to A or B. If the sentence is associated with neither of them, letter D has to be selected.
GENERAL MEDICINE

SIMPLE CHOICE QUESTIONS

ALT-1. From which component do the periodontal ligaments develop?

A. periodontal ligaments develop independently from the dental bud
B. periodontal ligaments develop from the Hertwig’s root sheath
C. the periodontal ligaments develop from the follicular layer of the inverted bowl
D. the periodontal ligaments develop from the mucous membrane of the stomodeum
E. the periodontal ligaments develop from the mesenchymal tissue of the dental sac

ALT-2. Which muscle’s activity is resulted in the forward movement of the mandible?

A. m. masseter
B. m. temporalis
C. m. pterygoideus lateralis
D. m. pterygoideus medialis
E. m. mylohyoideus

ALT-3. It runs from the medial cranial fossa passing through the foramen rotundum into the sphenopalatinal fossa:

A. n. canalis pterygoidei
B. n. petrosus profundus
C. n. mandibularis
D. n. maxillaris
E. n. lingualis

ALT-4. It is one of the main branches of the trigeminal nerve, that leaves the skull through the foramen ovale.

A. n. mandibularis
B. n. maxillaris
C. n. facialis
D. n. hypoglossus
E. n. ophthalmicus

ALT-5. Which nerve does motorically innervate the buccinator muscle?

A. n. glossopharyngeus
B. n. buccinatorius
C. n. facialis
D. n. hypoglossus
ALT-6. Which muscle has a role in the opening of the mouth?

A. medial pterygoid muscle  
B. temporal muscle  
C. lateral pterygoid muscle  
D. masseter muscle  
E. buccinator muscle

ALT-7. What is the main connection between the sphenopalatinal fossa and the nasal cavity?

A. canalis rotundus  
B. foramen ovale  
C. fissura pterygopalatina  
D. foramen sphenopalatinum  
E. foramen palatinum majus

ALT-8. Which of the following veins does the venous system of the teeth establish?

A. ophtalmic vein  
B. anterior facial vein  
C. pterygoid plexus  
D. external jugular vein  
E. temporal veins

ALT-9. It is the location of the Peyer's plaques.

A. stomach  
B. colon  
C. jejunum  
D. duodenum  
E. ileum

ALT-10. From which trunk does the right subclavial artery arise?

A. arch of the aorta  
B. common carotid artery  
C. brachiocephal artery  
D. thoracic aorta  
E. vertebral artery

ALT-11. Where is the location of the orifice of the parotid duct.

A. at the level of the mandibular second premolar  
B. at the level of the maxillary premolars  
C. at the level of the mandibular second molar tooth
D. at the level of the maxillary second molar tooth  
E. at the level of the maxillary second premolar

ALT-12. Which nerve is topographically in the closest connection with the parotid gland?

A. n. maxillaris  
B. n. facialis  
C. n. glossopharyngeus  
D. n. mandibularis  
E. n. alveolaris inferior

ALT-13. What is the Carabelli's Cusp?

A. a bony extension on the condylar ramus of the mandible  
B. a bump on the posterior surface of the maxilla  
C. a bump on the lower second molar  
D. a bump on the upper first molar  
E. a circumscript pathologic swelling of the gingiva

ALT-14. Which is the proprioceptive nucleus of the trigeminal nerve?

A. nucleus motorius n. trig.  
B. nucleus principalis n. trig.  
C. nucleus mesencephalius n. trig.  
D. nucleus spinalis n. trig.  
E. Locus coeruleus

ALT-15. When does the breaking of the oronasal membrane occur?

A. on the 6-th week  
B. on the 3-th week  
C. on the 8-th week  
D. at the end of the 2-nd month  
E. at the end of the 4-th week

ALT-16. What is the gomphosis?

A. It is the inflammation of the gingiva  
B. It is an anastomosis of blood vessels in the pulp cavity  
C. It is the desease of the periodontium  
D. It is the connection between the tooth and the socket  
E. It is the rest of the Hertwig's root shea

ALT-17. Which nerve is **not** the sensory branch of the mandibular nerve?
A. n. masticatorius
B. n. alveolaris inferior
C. n. auriculotemporalis
D. n. lingualis
E. n. mentalis

ALT-18. Which fibers do not belong to the main gingival fiber systems?

A. circular fibers
B. alveolo-gingival fibers
C. dento-gingival fibers
D. interdental decussatae fibers
E. horizontal fibers

ALT-19. What is the most severe complication of having gallstones (cholelithiasis)?

A. acut cholecystitis
B. perforation of the gall-bladder
C. obstructive icterus
D. ileus caused by the gall stones
E. development of a malignant neoplasm

ALT-20. What is the most common reason of the massive gastrointestinal hemorrhage?

A. Mallory-Weiss syndrome
B. gastric neoplasm
C. gastro-duodenal ulcer
D. rupture of the oesophageal varicosity
E. erosive gastritis

ALT-21. What should be administered in case of an idiopathic convulsion accompanied unconsciousness?

A. Seduxen
B. Pipolphen
C. No-Spa
D. Hibernal
E. either of the them

ALT-22. Observing a serious necrotizing inflammation in the oral cavity, what can be the cause of the underlying systemic disease?

A. pernicious anaemia
B. hepatic cirrhosis
C. gastric cancer
ALT-23. Which of the following diseases can cause acromegaly?

A. virus related disease
B. haemangioma
C. vitamin-C deficiency
D. acidophil adenoma located in the anterior lobe of the hypophysis
E. disease of the bone marrow

ALT-24. How is the haemophilia inherited?

A. it manifests the same way in heterozygote and homozygote women
B. it is inherited as a sex-linked dominant trait carried on the X-chromosome
C. it is inherited as a sex-linked recessive trait carried on the X-chromosome
D. it manifests in heterozygote men
E. it is always lethal in hemizygote men

ALT-25. What can be a causative factor in the aethiopathogenesis of thrombosis?

A. hyperplasia of the endocrine glands
B. lithogenesis
C. clostridium Welchii
D. lipotrop materials
E. endothelial damage of the blood vessels

ALT-26. It can be a cause of the hemorrhagic diathesis:

A. hypercholesterinaemia
B. stasis
C. immunological mechanisms
D. thrombocytopenia
E. increased viscosity of the blood

ALT-27. Which chemical mediator have a role in the inflammation?

A. histamin
B. the loss of T-cell tolerance
C. protease effect
D. the increased level of the glicerine-phosphates
E. the incomplete function of the cystation synthetase

ALT-28. It can be considered as a focal disease:

D. acute leukaemia
E. tuberculosis
A. lobodontia
B. median rhomboid glossitis
C. rheumatic endocarditis
D. calcification of the pulp
E. leukoedema exfoliativum mucosae oris

**ALT-29.** It is a predisposing factor of the deep venous thrombosis:

A. physical activity
B. Sjögren’s syndrome
C. chronic bronchitis
D. administration of Aspirin
E. taking of anticoncipient drugs

**ALT-30.** How long should be the Syncumar administered in case of the first deep venous thrombosis, if there is no detectable thrombophilia?

A. 1 week
B. 1 month
C. 3-6 months
D. it is not necessary
E. it is contraindicated

**ALT-31.** Which of the following signs does not belong to the consequences of the peptic ulcer?

A. haemorrhage
B. perforation
C. embolism
D. stenosis
E. penetration

**ALT-32.** Which disease can be indicated by a thoracic pain, intensifying at breathing and coughing, evidenced from the history of the patient?

A. myocardial infarction
B. bronchial asthma
C. chronic bronchitis
D. pulmonary embolism
E. cardial decompensation

**ALT-33.** It is the first step in the medication, in case of a moderate anaphylactic reaction (urticaria, flush):

A. binding an infusion
B. providing the patient with O₂ inhalation
C. administration of epinephrine  
D. administration of Corinfar sublingually  
E. administration of antihistamines

ALT-34. It is the leading symptom of an asthmatic attack:

A. dyspnoe at physical activity  
B. dry coughing  
C. facial oedema  
D. expiration difficulty, wheezing, high pitched whistling sound  
E. difficulty with inhalation, slurping sound

ALT-35. What is the first task in case of detecting an acute respiratory distress, following an obstruction in the upper respiratory tract, if the patient is unconscious?

A. bronchoscopy  
B. making an electrocardiogramm  
C. conicotomy  
D. tracheotomy  
E. oxygen inhalation

ALT-36. Which of the following symptoms is not characteristic to hypoglycaemia

A. dry flushing face  
B. sweating  
C. tremor  
D. hypertonia  
E. tachycardia

ALT-37. In case of which of the listed medications has to be avoided the simultaneous administration of epinephrine?

A. Pipolphen  
B. Sertan  
C. Propranolol  
D. Eunoctin  
E. Augmentin

ALT-38. It is a Cefalosporin derivative.

A. Zinnat  
B. Doxycyclin  
C. Semicillin  
D. Sumetrolim  
E. Ampicillin
ALT-39. It is an ester-bond containing anaesthetic drug:

A. Xylocain  
B. Carbocain  
C. Marcain  
D. Ultracain  
E. Lidocain

ALT-40. It is not considered to be a narcotic drug:

A. Pethidinum HCl  
B. Dihydromorphinon  
C. Metadonum HCl  
D. Naloxon  
E. Fentanyl

ALT-41. Which of the listed drugs can cause gingival hyperplasia, as a side effect?

A. Seduxen  
B. Corinfar  
C. Stugeron  
D. Sevenal  
E. Hydrocortison

ALT-42. It does not belong to the symptoms of the morphine-overdosing.

A. Unconsciousness  
B. Respiratory depression  
C. Mydriasis  
D. Miosis  
E. Constipation

ALT-43. Which of the following drugs can cause xerostomia as a characteristic side effect?

A. Lidocain  
B. Troparin  
C. Papaverinum  
D. Eunoctin  
E. Tarivid

ALT-44. Which of the following drugs can cause gastric haemorrhage as a side effect?

A. Istopirin  
B. Neostigmin  
C. Rubophen  
D. Elenium  
E. Atropin
ALT-45. Which of the listed drugs can **not** cause agranulocytosis as a side effect?

A. Chlorocid  
B. Penicillin  
C. Amidazophen  
D. Busulphan  
E. Phenylbutazon

ALT-46. It is **not** a characteristic side effect of the local anesthetic drugs:

A. Cerebrospinal side effect  
B. Peripheral neurotoxicity  
C. Agranulocytosis  
D. Allergia  
E. Cardiotoxicity

ALT-47. In this status it is contraindicated to administer Verapramil.

A. Angina pectoris  
B. Hypertonia  
C. Extrasystolia  
D. previous administration of a β-blocker  
E. previous heart attack

ALT-48. Which of the listed side effects ought **not** be calculated up in case of employing nitrates and nitrates?

A. Headache  
B. Facial flush  
C. Constipation  
D. Fainting  
E. Torpidity of the tongue

ALT-49. Which of the following drugs make the patient susceptible to an orthostatic collapse?

A. Minipress  
B. Betaloc  
C. Sympathomim  
D. Isolanid  
E. Tetracain

ALT-50. Which of the listed penicillin derivates is effective against the Gram negative bacteria?

A. Oxacillin
B. Semicillin
C. Vegacilliln
D. Meticillin
E. Maripen

ALT-51. Which of the following anaesthetic drugs is not suitable for topical anaesthesia? (Which can not penetrate through the mucosa?)

A. Cocaine
B. Lidocain
C. Procain
D. Tetracain
E. Mepivacain

ALT-52. It is the mode of action of the cefalosporin derivates?

A. inhibiting the synthesis of the folic acid
B. inhibiting the DNA-synthesis
C. inhibiting the RNA-synthesis
D. inhibiting the protein synthesis
E. inhibiting the synthesis of the cell membrane

ALT-53. It is the mode of action of the fluorokinolons:

A. inhibiting the synthesis of the folic acid
B. inhibiting the DNA-gyrase
C. inhibiting the RNA-synthesis
D. inhibiting the protein synthesis
E. inhibiting the synthesis of the cell membrane

ALT-54. It is an antibiotic eligible for the prevention of the infective endocarditis, if the patient’s allergy is verified to penicilline.

A. Doxycyclin
B. Sumetrolim
C. Semicillin
D. Pyassan
E. Clindamycin

ALT-55. Which cation does not belong to the cations of the human serum?

A. Na⁺
B. Zn²⁺
C. K⁺
D. Ca$^{2+}$
E. Mg$^{2+}$

**ALT-56.** Which anion does **not** belong to the anions of the human serum?

A. SO$_4^{2-}$
B. Cl$^-$
C. HPO$_4^{2-}$
D. F$^-$
E. HCO$_3^-$

**ALT-57.** Which is **not** a double layer forming amphipatic lipid molecule?

A. Phosphatidyil Choline
B. Phosphatidyil Ethanol Amine
C. Cholesterol
D. Glicerin-3-Phosphate
E. Phosphatidyil Serine

**ALT-58.** It has no influence on the forming of crystals:

A. permeability
B. temperature
C. nucleation
D. degree of super saturation
E. presence of inhibitors

**ALT-59.** The enamel consists of:

A. 50% inorganic and 50% organic and water
B. 35% inorganic and 65% organic and water
C. 92% inorganic and 8% organic and water
D. 65% inorganic and 35% organic and water
E. 8% inorganic and 92% organic and water

**ALT-60.** The dentin consists of:

A. 65% inorganic and 35% organic and water
B. 8% inorganic and 92% organic and water
C. 50% inorganic and 50% organic and water
D. 35% inorganic and 65% organic and water
E. 92% inorganic and 8% organic and water

**ALT-61.** It is an ionic pump occurring both in the plasma membrane and in the intracellular organelles.

A. Na$^+$-pump (Na-K-ATP-ase)
B. Ca$^{2+}$-pump (Ca-ATP-ase)
C. Proton-K-pump (H-K-ATP-ase)
D. GLUT-1  
E. Aquaporine-1

**ALT-62.** Which smooth muscle has a parasympathetic innervation?

A. M. dilatator pupillae  
B. Smooth muscle of the vasa deferens  
C. Piloerector muscles  
D. Smooth musculature of the largest arteries and veins  
E. M. sphincter pupillae

**ALT-63.** It inhibits the synthesis of Glucagon:

A. Hypoglycaemia  
B. Hyperglycaemia  
C. Certain amino acids  
D. Growth hormones  
E. Catecholamines

**ALT-64.** Which Ig-subclass has a pentamer structure?

A. IgA  
B. IgD  
C. IgE  
D. IgG  
E. IgM

**ALT-65.** It reduces the pulse rate:

A. hypoxia  
B. increase of the blood pressure  
C. decrease of the blood pressure  
D. impending danger  
E. muscle activity

**ALT-66.** What is the K⁺-ion’s normal mean concentration in the human serum?

A. 143 mmol/l  
B. 103 mmol/l  
C. 2,5-6,3 mmol/l  
D. 4 mmol/l  
E. 2,5 mmol/l

**ALT-67.** Which effect is **not** enhanced by the thyroid T3/T4 hormones?

A. Glucose absorption from the intestine
B. hyperglycaemia occurring due to the deliberation of epinephrine
C. Cholesterol disassembly
D. Insulin sensitivity
E. Cholesterol synthesis

ALT-68. What is the normal PQ-distance of the human electrocardiogram (in sec)?

A. 0.12-0.20 s
B. <0.1 s
C. 0.32-0.39 s
D. 0.2-0.5 s
E. 1 s

ALT-69. At which mean arterial pressure is the cerebral perfusion nearly constant?

A. 60-160 Hgmm
B. 80-100 Hgmm
C. 20-60 Hgmm
D. 10-160 Hgmm
E. 90-120 Hgmm

ALT-70. In case of an AB+ man and a 0+ woman which blood-group can not be manifested in their child?

A. A+
B. B+
C. B-
D. 0+
E. A-

ALT-71. How is the double-layer epithelial sheath called, which is formed at the unification of the outer and the inner enamel epithelium?

A. dental lamina
B. enamel organ
C. Hertwig’s root sheath
D. „cell-free-zone”
E. dental follicle

ALT-72. The functional forms of the ameloblasts are:

A. Secreting- and maturating- ameloblasts
B. Activating and resting ameloblasts
C. inhibition and activation ameloblasts
D. fusion and dissociation ameloblasts
E. temporary and resting ameloblasts

**ALT-73.** What kind of periodontal ligament transformation does not occur in the elderly?

A. hyalinic degeneration  
B. reduction in the ratio of the basal connective tissue matrix  
C. expansion of the collagen fibers  
D. calcified bodies  
E. shrinkage of the main periodontal ligaments

**ALT-74.** Cariogenic trace element:

A. Fluor  
B. Cupper  
C. Tin  
D. Strontium  
E. Vanadium

**ALT-75.** Carioprotective trace element:

A. Selene  
B. Lead  
C. Molybdenum  
D. Cadmium  
E. Aluminium

**ALT-76.** How many percent can be absorbed systematically from the topically applied fluoride?

A. 10-15%  
B. 5-8%  
C. 1-2%  
D. 0.5-1%  
E. 0.1-0.5%

**ALT-77.** Where is the main part of the administered fluoride being excreted?

A. Into the urine  
B. Into the defecation  
C. Into the saliva  
D. Into the sweat  
E. Into the breast milk

**ALT-78.** How much content does the 1 pp fluoride volume mean?

A. 1 mg/ml
B. 1 kg/l  
C. 0.1 mg/l  
D. 10 mg/ml  
E. 1 mg/l

**ALT-79.** What is the safe and tolerable dose of the fluoride calculated per body weight kilogramms?

A. 15 mg/bwkg  
B. 20 mg/bwkg  
C. 2 mg/bwkg  
D. 8 mg/bwkg  
E. 10 mg/bwkg
Multiple choice questions

Instructions: In the next questions several correct answers belong to each sentence or question according to the following lettered combinations. The letter is to be written on the left side on the line.

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B, if 1., 2. and 4. are correct
C, if 1. and 3. are correct
D, if 2. and 4. are correct
E, if all the answers are correct

ALT-80. Anatomic features of the spatium pterygomadibulare:

1. n. lingualis
2. n. buccalis
3. n. auriculotemporalis
4. lingula

ALT-81. It is innervated by the vagal nerve (No.X):

1. m. levator veli palatini
2. m. tensor veli palatinit
3. m. levator pharyngis
4. m. styloglossus

ALT-82. It has an access into the middle nasal meatus:

1. sinus frontalis
2. bulla ethmoidalis
3. sinus maxillaris
4. sinus sphenoidalis

ALT-83. These are the muscles of the buccal shelf:

1. m. depressor anguli oris
2. m. masseter
3. m. temporalis
4. m. buccinator

ALT-84. These anatomic features have access to the anterior and posterior ethmoid air cells of paranasal sinuses:

1. sphenoethmoidal recess
2. superior nasal meatus
3. inferior nasal meatus
4. middle nasal meatus
ALT-85. Which of the following blood vessel branches have a role in the blood supply of the palatinal tonsils?

1. a. maxillaris
2. a. pharyngea ascendens
3. a. carotis int.
4. a. lingualis

ALT-86. Nerves taking part in the innervation of the parotid gland:

1. n. hypoglossus
2. n. glossopharyngeus
3. n. facialis
4. n. trigeminus

ALT-87. Which are the tasting buds of the tongue?

1. papillae foliatae
2. papillae vallatae
3. papillae filiformes
4. papillae fungiformes

ALT-88. Which nerves do contain sensory fibers in connection with the oral structures?

1. n. facialis
2. n. glossopharyngeus
3. n. trigeminus
4. n. hypoglossus

ALT-89. The pterygopalatine fossa is in communication with the

1. oral cavity
2. orbit
3. nasal cavity
4. internal base of the skull

ALT-90. These are the primary lymph nodes of the lymphatic vessels running from the tip of the tongue

1. juguloomohyoid lymph node
2. submental lymph node
3. jugulodigastric lymph node
4. submandibular lymph node
ALT-91. Which ones are the suprahyoid muscles?

1. m. mylohyoideus
2. m. stylohyoideus
3. m. omohyoideus
4. m. digastricus

ALT-92. These are the nuclei of origin of the masticatory reflex.

1. mesencephalic nucleus of the trigeminal nerve
2. principal nucleus of the trigeminal nerve
3. motoric nucleus of the trigeminal nerve
4. sensory nucleus of the trigeminal nerve in the tr.spinalis

ALT-93. We know about the development of the human placenta:

1. the chorionic villi have direct connections to the maternal blood
2. the placenta is being developed after the implantation of the blastocysta
3. the chorionic villi develop from the cytotrophoblast and the syntitiotrophoblast
4. the human placenta is haemochorial

ALT-94. It is being developed from the first branchial arch.

1. masticatory muscles
2. mandible
3. malleus and incus
4. hyoid bone

ALT-95. These are cranial nerves related to the taste sensation, the nuclei of which are taste sensory centers:

1. n. trigeminus
2. n. facialis
3. n. hypoglossus
4. n. glossopharyngeus

ALT-96. Which dura mater sinuses do carry the venous blood toward the internal jugular vein?

1. sinus sigmoideus
2. sinus occipitalis
3. sinus petrosus inferior
4. sinus frontalis

ALT-97. These features belong to the fiber systems of the cerebrum:

1. projection fibres
2. commissural fibres
3. intermediolateral fibres
4. association fibres

ALT-98. A head-ache can occur as a result of:

1. a maxillary sinusitis
2. an intracranial obstructive process
3. a neurosis
4. a cervical spondylarthrosis

ALT-99. It is characteristic of the collapse:

1. it is caused by a cerebral hypoxia
2. low blood pressure and sweating
3. cyanotic facial colour
4. anxiety, stress can provoke it

ALT-100. What is characteristic of the Sjögren syndrome?

1. it was described by a Swedish physician
2. xerostomia
3. xeroderma
4. its aetiology is known

ALT-101. What is to be done in case of dental treatment of a patient with angina pectoris in the history?

1. more effective topical anesthesia
2. administration of prophylactic nitroglycerin
3. application of general anesthesia
4. administration of a light sedative drug

ALT-102. In case of a patient who had a myocardial infarction during the last 3 months:

1. every oral surgical procedure can be carried out
2. ambulatory oral surgical intervention is not recommended
3. every dental treatment procedure can be approved in general anesthesia
4. every dental treatment should be consulted in advance with a cardiologist

ALT-103. Occurrence of infective endocarditis has particularly high risk in the following patients:

1. presence of an artificial valve
2. severe cardial decompensation
3. infective endocarditis in the history
4. severe hypertension

**ALT-104.** Antibiotic endocarditis profilaxis is necessary in case of the risk patient at the following dental treatment procedures:

1. deep subgingival scaling
2. intraligamentary anaesthesia
3. suture removal
4. tooth extraction

**ALT-105.** What are the main guidelines on the antibiotic infective endocarditis prophylaxis?

1. it should be administered before and after the dental treatment
2. it should be administered before the dental treatment
3. it should be administered intravenously as far as possible
4. it should be administered per os as far as possible

**ALT-106.** Recommended drugs for the prevention of infective endocarditis:

1. Penicillin-G
2. Amoxycillin
3. Ciprobay
4. Clindamycin

**ALT-107.** Recommended per os applicable drug(s) in case of a hypertonic crisis:

1. nifedipin
2. nitroglicerin
3. captopril
4. propranolol

**ALT-108.** What is the recommended way of treatment of a patient with Syncumar therapy, requiring a tooth extraction:

1. suspending the cumarine therapy
2. decreasing the dose of the cumarine
3. avoiding suturing
4. use of Exacyl mouth rinse

**ALT-109.** It is recommended to use in the treatment of bronchial asthma in case of an asthmatic attack:

1. ß-receptor inhibitor
2. ß₂ agonist
3. propranolol
4. Di-Adreson F-aquosum

**ALT-110.** Main symptom(s) of the gastro-esophageal reflux disease:

1. heart burn
2. frequent constipation
3. acidic regurgitation into the oral cavity
4. rapid loss of body weight

**ALT-111.** Suitable preparations for the symptomatic treatment of xerostomia associated to Sjögren’s syndrome:

1. non-steroid anti-inflammatory drugs
2. n-acetyl-cystein
3. metypred
4. pilocarpin (Salagen)

**ALT-112.** Characteristic sign(s) of infectious mononucleosis:

1. lymphadenitis
2. fever
3. detection of autoantibodies
4. parotid swelling

**ALT-113.** Collapse can occur by means of:

1. a vagovasal way (pain, hot weather)
2. a strain caused by swallowing, urination
3. a disturbance of the orthostatic circulatory regulation
4. an increased vagus irritability

**ALT-114.** Detectable symptom(s) in the course of the dental examination in case of bulimia nervosa:

1. erosion of the teeth
2. severe gingivitis
3. mucosal erosion
4. trismus

**ALT-115.** The possible way(s) of the antithrombotic therapy:

1. anticoagulant treatment
2. to slow down the venous flow
3. inhibition of the thrombocytic aggregation
4. immobilization of the lower extremity

**ALT-116.** It is characteristic of the cephalosporine type antibiotics:
1. Non-toxic
2. Only parenteral administration is possible
3. Bactericide effect
4. Bacteriostatic effect

**ALT-117.** The recent beta-lactams’ (ie. imipenem) characteristic attribute(s):

1. intravenous administration is possible
2. Per os administration is possible
3. non-effective in case of meticilline-resistant pathogens
4. narrow spectrum of efficiency

**ALT-118.** Cumarine treatment is *not* contraindicated:

1. deep venous thrombosis
2. after implantation of a mechanical prosthetic heart valve
3. atrial fibrillation
4. in pregnancy

**ALT-119.** ACE-inhibitors can be administered effectively in the following diseases:

1. hypertension
2. stagnation cardial decompensation
3. prevention of a following myocardial infarct
4. pregnancy hypertension

**ALT-120.** Which of the listed drugs have a narcosis promoting effect?

1. Hibernal
2. Dolargan
3. Morphin
4. Droperidol

**ALT-121.** Which of the listed drugs is/are considered to be narcotic?

1. Depridol
2. Nalorphin
3. Dolargan
4. Hydrocodin

**ALT-122.** Which of the listed preparations can be used as a hypnotic drug?

1. Eunoctin
2. Dorlotin
3. Noxiron
4. Novopan

**ALT-123.** It has an antidepressant effect:
ALT-124. Which of the listed drugs can resist the hydrolysing effect of the bacterial beta lactamase?

1. Vegacilli
2. Meticillin
3. Semicillin
4. Oxacillin

ALT-125. Which of the listed penicilline derivates are effective against Gram negative bacteria?

1. Baypen (meslocilline)
2. Semicillin (ampicilline)
3. Maripen (penamecilline)
4. Pyopen (carbenicilline)

ALT-126. Which of the listed drug’s effect can not be antagonized by vitamin-K?

1. Heparin
2. Colfarit
3. Syncumar
4. Fibrinolysin (Streptase)

ALT-127. Which of the listed drugs do belong to the adrenergic neuron inhibitors?

1. Prazosine (Minipress)
2. Debrisoquine (Tendor)
3. Clonidine (Catapresan)
4. Guanethidine (Sanotensin)

ALT-128. Which statement is true for the vitamin-D?

1. its precursor is the 7-dehydrocholesterol
2. promotes the absorption of calcium from the gut
3. it transforms under the effect of calcitonine into calcitriol
4. secretion of the parathyroid hormone increases in case of its deficiency

ALT-129. Drugs used in the treatment of asthma bronchiale:

1. Teophyllin
2. selective β₂-receptor agonists
3. \( \beta_2 \)-receptor antagonists
4. glucocorticoid drugs

**ALT-130.** Main goal(s) of the medication in peptic ulcer:

1. elimination of pain
2. enhancement of the healing of the ulceration
3. inhibition of new ulcer formation
4. complete elimination of gastric acid secretion

**ALT-131.** Drug(s) used for the eradication of Helicobacter pylori:

1. Omeprazol
2. Claritromycin
3. Betain hydrochloricum
4. Amoxicillin

**ALT-132.** Typical mode of action of the glucocorticoid drugs

1. Influencing carbohydrate metabolism
2. Having an anti-inflammatory effect
3. having an immunosuppressive effect
4. resulting in a negative calcium equivalence

**ALT-133.** The symptoms of methanol poisoning can be associated to the following factor(s):

1. the narcotic, exhilarating effect of methanol
2. Acidosis
3. Alkalosis
4. the influence on the central nervous system

**ALT-134.** What are the characteristics of the serotonin?

1. it can be found only in the gastrointestinal tract
2. it is synthetized from the tryptophan
3. it increases the ADH-release
4. it increases the capillary permeability

**ALT-135.** Enzymes of the saliva:

1. peptidase
2. maltase
3. lipase
4. amylase

**ALT-136.** It is known about the enzymes:
1. the enzymes change during their catalyzed reaction
2. a direct link between the enzyme and the substrate is formed during the enzymatic reaction
3. the active site of the enzyme molecule is not specific
4. the active site of the enzyme is characteristic of the species and the creature

ALT-137. It is characteristic of the cellular membrane:

1. it is a semi permeable membrane
2. the diffusion of lipid soluble materials into the cell can be completed only via the double lipid layer
3. the larger molecules are carried by an active transport via protein tunnels
4. the hardness of the cellular membrane is influenced by the ratio of phospholipid molecules, the ratio of saturated and the unsaturated fatty acids

ALT-138. It is characteristic of the hormone receptors:

1. cellular membrane receptors bind peptide and amino-acid hormones
2. receptors exist in the form of superficial cell membrane receptors and in the form of intracellular receptors
3. glycocalix takes part in the function of the hormones too
4. the receptors of the cytosol are able to bind amino-acid featured and steroid featured hormones

ALT-139. It is characteristic of the immune reaction:

1. the immune-reaction is provoked by the antigen
2. the antigen might be both peptide featured or polysaccharide featured
3. the antigen inducts antibody production
4. the antibody is a carbohydrate molecule

ALT-140. It is known about the Rh-incompatibility:

1. that the Rh-positive mother might have both Rh-positive and Rh-negative fetus
2. that the Rh-positive character is dominantly inherited
3. that the Rh-negative father’s child is always Rh-negative
4. that anti-Rh antibodies may develop in the Rh-negative mother’s serum in case of an Rh-positive father

ALT-141. What can be the causative factor of the hypoxia?

1. the oxygen tension of the arterial blood is low
2. the low haemoglobin content of the blood
3. there is an existing cardial decompensation
4. the local obstruction of the blood vessels
ALT-142. Cellular elements taking part in the inflammatory reaction:

1. phagocytes
2. Langhans-cells
3. thrombocytes
4. Hansen-cells

ALT-143. It is characteristic to the activity of the actin-myosin complex:

1. the tropomyosin-troponin complex inhibits the activity of the actine myofilament
2. the actin becomes activated through troponin-C under the effect of calcium ions
3. magnesia has an inhibitory effect onto the myosin
4. influence of myosin causes the transformation of AMP into ATP

ALT-144. What kind of cellular components have the task of intracellular calcium accumulation and intracellular calcium storage?

1. mitochondria
2. matrix vesicles
3. Golgi-complex
4. endoplasmatic reticulum

ALT-145. These are the hemodynamic parameters of the systemic circuit

1. mean arterial pressure is 93 Hgmm
2. atrial pressure is 8 Hgmm
3. complete resistance is 16,5 Hgmm/l
4. complete resistance is 1,5 Hgmm/l

ALT-146. What are the primary pumps of the listed ones?

1. Na-pump
2. Ca-pump
3. Proton-pump (H-pump)
4. Proton-K-pump

ALT-147. Which receptor’s excitation is accompanied by the increase of the c-AMP?

1. β1, β2, β3
2. D1, D5 (dopamine-receptor-subtypes)
3. α2
4. H2 (histamine- receptor)
ALT-148. What kind of periodontal alteration can be caused by the atherosclerosis in elderly?

1. periodontal disease
2. degenerative tissue alterations
3. decreased ability in the turnover of the bone
4. chronic wound healing

ALT-149. It belongs to the essential trace elements:

1. zinc
2. manganese
3. iodine
4. chlorine

ALT-150. What kind of trace elements are effective against the caries?

1. cadmium
2. tin
3. selenium
4. strontium

ALT-151. What kind of trace elements have a cariogenic effect?

1. mercury
2. vanadium
3. lead
4. molybdenum

ALT-152. Beyond the inhalation, the ingestion and the drinking water source, from what kind of sources can fluoride enter into the body?

1. by a frequent tea consumption
2. by use of fluoride containing mouth care products
3. by absorption via the skin
4. by use of fluoride containing tablets

ALT-153. It can be a symptom of primary hyperparathyroidism:

1. generalized bone resorption
2. focal bony lesions
3. the volume of the cortical bone substance increases
4. the outline of the trabecular bone structure is blurry

ALT-154. It is the oral symptom of the vitamin-D deficiency

1. severe tooth developmental alterations
2. dentitio tarda
3. the mineralized tissue substance increases in the jaw bones
4. increased susceptibility for pathological jaw fractures

**ALT-155.** It is the characteristic oral symptom of acromegalia:

1. overdevelopment of the mandible (progenia)
2. delayed eruption of the teeth
3. increased volume of the cortical bone substance
4. microglossia

**ALT-156.** It is the early symptom of the acute fluoride poisoning:

1. vomiting, nausea
2. increased lacrimation and rhinorrhea
3. gastric pain
4. diarrhoea

**ALT-157.** It is the late symptom of the fluoride poisoning:

1. hypocalcaemia
2. tetania
3. respiratory alcalosis
4. hypotonia

**ALT-158.** What is the characteristic remodeling formation of the bone under loading?

1. a regressive remodeling occurs at the loading side
2. a proliferative remodeling occurs at the strain side
3. a hyalinization may occur in the periodontal ligaments
4. the process is continuing even in case of the interrupting of the loading effect

**RELATION -ANALYSIS**

*Instructions:* In the next questions consist of one compound sentence, the first part is a statement, while the second part is a reason for the statement. The statement and the reason may both be true or false, or they may both be true but without any cause-and-effect relation between each other. You can see five possibilities below, but only one answer is correct. The relation has to be judged only if both the statement and the reason are correct. If you have decided which one is correct, write the corresponding capital letter on the line next to the question.

A. Both the statement and the reason are true, and the reason veri-
fies the statement.
B, Both the statement and the reason are true, but there is no relation between them
C, The statement is true the reason is false
D, The statement is false the reason is true
E, Both the statement and the reason are false

ALT-159. The internal substance of the paranasal sinuses has been resorbed, it has been substituted by air, and THEREFORE the weight of the head is decreased by those sinuses.

ALT-160. The masseteric muscle’s insertion is at the masseteric tuberosity, THUS it is the most important jaw opening muscle.

ALT-161. The orifice of the parotid duct is at the level of the second premolar in the vestibulum oris, THEREFORE the isolating cotton wool roll is placed into this area.

ALT-162. The cells of the autonomic ganglions are always pseudounipolar, THUS the cells of the Gasserian ganglion are pseudounipolar too.

ALT-163. The origin of the alveolar inferior nerve is from the maxillary nerve, THUS the lower teeth are innervated by the alveolaris inferior nerve.

ALT-164. The trigeminal nerve’s three branches are: the maxillary nerve, the lingual nerve and the alveolar inferior nerve, THUS it is called the trigeminal nerve.

ALT-165. The two bellies of the digastric muscle meet at the hyoid, THUS the digastric muscle is a jaw opening muscle.

ALT-166. The stapedius muscle is innervated motorically by the mandibular nerve, THUS it is the innervating nerve of all muscles of the cavum tympani.

ALT-167. The growth of the developing tooth and the surrounding periodontium is different, THEREFORE the developing tooth is moving already in the preeruptive phase.

ALT-168. Inflammation of the upper lip can be drained towards the meningeal structures by the lymphatic vessels and veins, THUS the pyogenic infection of the upper lip has an unpleasant prognosis, because of the risk of its spreading.

ALT-169. Deep venous thrombosis of the lower extremity can often be a source of cerebral embolisation, THUS the deep venous thrombosis of the lower extremity necessitates a careful treatment.

ALT-170. Diabetes causes an odontoblastic resorption, THUS diabetes is a predisposing factor to periodontal diseases.
ALT-171. Atherosclerotic alterations involve the abdominal part of the aorta most severely, THUS the syphilitic aortitis is more frequently localized at the thoracic part of the aorta.

ALT-172. The antibody is a peptide molecule produced by the cells of the immune system, THUS the antibody is able to specifically bind the antigen.

ALT-173. The human body is able to produce antibodies against the own cells, own tissues and own molecules, THUS an autoimmune reaction as well can occur in the human body.

ALT-174. Either osteoblastic or osteoclastic activity is observable in the Paget-disease, THUS tumorous disease can not be expected.

ALT-175. In the treatment of the anaemia perniciosa exclusively the extrinsic factor is used, THUS it never causes gastrointestinal alterations.

ALT-176. The atraumatic tooth extraction is applied as far as possible in case of a haemophilic patient, THEREFORE it is recommended to give aspirine in order to prevent postoperative pain in each case.

ALT-177. The circulating thrombin in DIC leads to the formation of micro- and macro thromboses, while the circulating plasmin is responsible for the development of increased risk for haemorrhage, THUS the administration of both antithrombotic drugs and fibrinolysis inhibitors is recommended in the therapy.

ALT-178. Helicobacter pylori infection is frequently diagnosed as a source of the peptic ulcer, THUS an antibacterial therapy is indicated in case of the detection of this.

ALT-179. Antaethyl inhibits the further metabolism of acetaldehyde produced from alcohol, THUS it is used for the therapy of alcoholism.

ALT-180. Caffeine stimulates the vasomotor center, THUS it increases the blood pressure in collapse.

ALT-181. Atropin is generally used in the premedication of the general anaesthesia, THUS it is a relaxant of the smooth muscles of the gastrointestinal tract.

ALT-182. The cholinesterase inhibitors cause an acetylcholine accumulation on the parasympathetic nerve endings, THUS they increase salivation.

ALT-183. β-receptor inhibitors make the heart function more efficient energetically, THUS they are suitable for the treatment of angina pectoris.

ALT-184. Semicillint (ampicillin) is not inactivated by the penicillinase enzyme, THUS Semicillin is suitable for the treatment of Staphylococci-related infections.
ALT-185. The resistance-factor, which is responsible for the development of the bacterial resistance, is an extra chromosomal DNA-ring, THUS in one bacterial race only one antibiotic resistance factor is exchanged during their conjugation.

ALT-186. Steroid hormones act onto the receptors of the cellular membrane, THUS their effect prevail on the level of the nucleus.

ALT-187. Glucocorticoid-hormones decrease the production of hydrochloric acid in the stomach, THUS the long term administration of these hormones results in a depletion of the calcium balance.

ALT-188. The non-steroid anti-inflammatory drugs inhibit the cyclooxygenase enzyme, THUS they are not suitable as analgetics after oral surgical operations.

ALT-189. Parotid gland produces serous saliva, THUS the parotid’s duct has a direct access to the oral cavity.

ALT-190. The coordination of the occlusion is provided by the nervous system, THUS occlusal surfaces acquire always their optional contact position by means of the movement of the mandible.

ALT-191. The secondary immune reaction develops by the help of memory-cells, THUS the primary immune reaction is faster than the secondary immune reaction.

ALT-192. Macrophages, during the cellular immune reaction, envelope the antigen, THUS the macrophages have the ability to produce a concentrated superantigen on their surface.

ALT-193. In an Rh-negative mother always an Rh-positive fetus develops nearby an Rh-positive father, THUS Rh-positivity is dominantly inherited.

ALT-194. The fluidity of the membrane’s lipid continuum at a given temperature is determined by the ratio of the saturated and the unsaturated fatty acids, THUS the higher the level of unsaturation, the lower will be the fluidity and the internal mobility of the membrane.

ALT-195. The dental enamel is not a calcium phosphate containing hard tissue, THUS collagen is a component of the maturated enamel.

ALT-196. If the impulse generation of the sinus node is blocked, certainly, the heart function will be blocked too, THUS the sinus node is the only impulse generating tissue in the heart.

ALT-197. Tomes’ fibers will disappear by the time of the complete development of the enamel, THUS an enamel layer without an integrated structure may be formed on the external surface.
ALT-198. Dentin tubules let the transportation of fluids and the suspended and/or dissolved materials via the dentin, THUS the fluid transport of the dentin tubules, and the pressure changes mediated to the pulp, are responsible for the development of pain.

ALT-199. The bone- and the cement- apposition is altered in elderly and these procedures are not able to compensate the changes followed by tooth attrition, THUS the increased coronal attrition leads to the decrease of the occlusal vertical dimension in elderly.

ALT-200. The osteoporosis in the elderly is a frequent alteration, THUS the signs of osteoporosis in the elderly can be recognized also in the alveolar bone.

ALT-201. Primary secretum is transformed into hyposmotic by the ductal epithel cells, THUS the primary secretum produced by the salivary glands, is hyperosmotic.

ALT-202. Osmotic concentration of saliva is reduced in case of an increased salivation, THUS the reabsorption of the sodium- and chloride- ions increases.

QUESTIONS OF ASSOCIATION

Instructions: In the next questions you will find lines with four capital letters 
(A,B,C,D)
Letters A and B are associated with one concept.Your task is to determine which of the sentences refers to A or B .If the sentence is associated both with A or B then choose C .If it is associated with neither of them ,letter D has to be selected

A, the parasympathetic vegetative innervation of the parotid gland
B, the parasympathetic vegetative innervation of the submandibular gland
C, both of them
D, none of them

ALT-203. It is supplied by the vagus nerve

ALT-204. It is supplied by the chorda tympani

ALT-205. It is supplied from the parasympatic vegetative ganglion of the glossopharyngeal nerve

ALT-206. It is supplied by the trigeminal nerve

A: submandibular gland
B: parotid gland
C: both of them
D: none of them

ALT-207. It contains serous acini

ALT-208. It contains mucous acini

ALT-209. It is innervated by the glossopharyngeus nerve

ALT-210. It is located in the cavum oris propriumbanl

ALT-211. The facial artery passes through it

   A: n. maxillaris
   B: n. mandibularis
   C: both of them
   D: none of them

ALT-212. It contains sensory fibers

ALT-213. It contains motoric fibers

ALT-214. It contains fibers from its own vegetative ganglion

ALT-215. It innervates the m. levator veli palatini

ALT-216. It is the nerve of the mucosa of the maxillary sinus

   A: superior salivatory nucleus
   B: inferior salivatory nucleus
   C: both of them
   D: none of them

ALT-217. It is one nucleus of the trigeminal nerve

ALT-218. It is one nucleus of the facial nerve

ALT-219. Sympathetic center

ALT-220. It is part of the parasympathetic nuclear system

ALT-221. It is one nucleus of the glossopharyngeal nerve

   A: hard palate
   B: soft palate
   C: both of them
   D: none of them
ALT-222. Its mucosa contains minor salivary glands

ALT-223. The submucosal layer is missing under its mucosa

ALT-224. The mucosa forms transversal folds

ALT-225. Hypoglossus nerve takes part in the innervation of its muscles
ALT-226. One of its motoric nerves is the trigeminal nerve

A: collapsus
B: shock
C: both of them
D: none of them

ALT-227. It is the disorder of the peripheral circulation
ALT-228. A spontaneous recovery is possible
ALT-229. Without treatment it is an irreversible process
ALT-230. It can be triggered by fear.

A: hepatic cirrhosis
B: hepatitis
C: both of them
D: none of them

ALT-231. Hepatic cancer frequently can develop from this precondition
ALT-232. It frequently causes a jaundice

A: Suspicion of gastrointestinal bleeding
B: Repeating vomiting
C: both of the
D: none of them

ALT-233. Benzidine test of faeces is indicated
ALT-234. A gastroenteral endoscopy is indicated
ALT-235. Determination of Helicobacter is indicated
ALT-236. Primarily a CT-examination is indicated

A: Behcet’s disease
B: polyarteritis nodosa
C: both of them
D: none of them

ALT-237. It is an autoimmune disease
ALT-238. It is a disease of unknown etiology
ALT-239. It is characterized by vasculitis
Antibiotics are essential in the treatment

A: haemophilia  
B: thrombocytopenia  
C: both of them  
D: none of them

ALT-241. It can be induced by drugs  
ALT-242. Administration of aspirin is to be avoided  
ALT-243. Fibrinolysis inhibitor is recommended in case of tooth extraction  
ALT-244. Extraction can be carried out only in general anesthesia

A: Acetylsalicylic acid (Aspirin)  
B: Noraminophenazon (Algopyrin)  
C: Both of them  
D: None of them

ALT-245. It has an analgetic effect  
ALT-246. It has antiinflammatory effect  
ALT-247. As a side effect it can cause agranulocytosis  
ALT-248. It is an inhibitor of the thrombocyte-aggregation  
ALT-249. A tolerance develops during its long-term administration

A: Metronidazol  
B: Fluorochinolons  
C: Both of them  
D: None of them

ALT-250. It is effective against the protozoones as well  
ALT-251. Alcohol consumption is prohibited during the time of its administration  
ALT-252. It is effective only against the Gram-negative rods  
ALT-253. It has a bactericid effect

A: Cefalosporins  
B: Aminoglycosides  
C: Both of them  
D: None of them

ALT-254. Their side-effects are moderate and rarely occur  
ALT-255. They are toxic  
ALT-256. They are ototoxic  
ALT-257. They have a bactericid effect

A: Amphotericin-B  
B: Flukonazol  
C: Both of them
D: None of them

ALT-258. Resistance does not occur against it
ALT-259. It is absorbed well gastrointestinally
ALT-260. It is suitable for parenteral administration only
ALT-261. It has a nefrotoxic effect

A: Clindamycin
B: Cloramphenicol
C: Both of them
D: None of them

ALT-262. It is suitable for prophylaxis too
ALT-263. It can be administered parenterally only
ALT-264. It is toxic
ALT-265. It has a cross-allergy with penicillin

A: sensory ganglion
B: vegetative ganglion
C: both of them
D: none of them

ALT-266. It is composed of multipolar neurons
ALT-267. There are axosomatic synapses on its cells
ALT-268. They can be found in the central nervous system
ALT-269. Nerve impulses are transmitted by them
ALT-270. They develop from the neural crest

A: phospholipids
B: cholesterol
C: Both of them
D: None of them

ALT-271. It is in a great amount of existing lipids forming the plasma membranes
ALT-272. It is the determinant of the membrane fluidity.
ALT-273. It influences the membrane’s mechanical stability.
ALT-274. It has a “flip-flop” movement in the membrane double layer

A: dental enamel
B: dentin
C: both of them
D: none of them
ALT-275. Collagen is not the component of its maturated form.

ALT-276. It is formed only from organic components.

ALT-277. The Tomes-fibers are located in the tubules of this feature.

ALT-278. Hydroxyapatite and hydroxyapatite-substituents (Fluoride-apatite) in a small amount may be found in it.

A: acellular cementum  
B: cellular cementum  
C, both of them  
D, none of them

ALT-279. It does not contain cells incorporated into the matrix.

ALT-280. It covers the apical one third of the root and the furcations of the root.

ALT-281. Incorporated calcified cementocytes can be found in the cement-matrix of it.

ALT-282. It covers the coronal two thirds of the root.

ALT-283. It gradually increases in width by age.

A: A-alfa fibers  
B: C-fibers  
C, both of them  
D, none of them

ALT-284. They transmit the information of the highest velocity motoric, and sensory reflexes.

ALT-285. They form the terminal axons of the vegetative nervous system.

ALT-286. They have role in the transmission of the nociceptive perception.

ALT-287. They transmit signals of the centre to the vegetative efferent fibres.

A: alfa-1-receptors  
B: alfa-2-receptors  
C, both of them  
D, none of them

ALT-288. They have a role in the regulation of the heart function.

ALT-289. They have an essential role in the regulation of blood-circulation.

ALT-290. They have a role in the regulation of the transmitter-releasing.
ALT-291. They can be found mainly on smooth muscles
ALT-292. The are located on the neuronal membranes

A cupper  
B molybdenum  
C both of them  
D none of them

ALT-293. it is an essential trace element  
ALT-294. this material is protective against the dental caries  
ALT-295. this material accumulates in the bone and it has a role in the strengthening of the bony structures  
ALT-296. It can be found in the a hemocianin  
ALT-297. It can cause a goiter  

primary
ANY-1. The gypsum as a mineral staff, chemically is:

A, Calcium-sulfate  
B, Potassium-sulphate  
C, Calcium-oxalate  
D, Calcium carbonate  
E, Calcium-apatite

ANY-2. What is the correct water and powder mixing ratio of the impression -plaster?

A. 1 : 1  
B. 1 : 2  
C. 2 : 3,5  
D. 2 : 4,5  
E. 3 : 5

ANY-3. What is the setting time of the impression plaster?

A. 1 - 2 min  
B. 4 - 5 min  
C. 15 -30 min  
D. 12 hours  
E. 24 hours

ANY-4. Which auxiliary material does increase the hardening time of the impression plaster?

A: milk of lime  
B: 1% sodium chloride  
C: potassium-sulphate  
D: calcium-chlorid  
E: chalk powder

ANY-5. Which one is an acrylic base impression material?

A: Momax  
B: Muco-Seal  
C Lastic  
D: Kerr’s green stick  
E: Sanalgen
ANY-6. Which is the basic compound of the condensation cured silicones?
A: monosilane  
B: vinyl-siloxane  
C: tin-octoate  
D: dimethyl-silanol  
E: acetylene

ANY-7. Into which group does the Chinese shellac wax belong, according to its origin?
A: mineral wax  
B: synthetic wax  
C: vegetable wax  
D: artificial wax  
E: animal wax

ANY-8. Which wax is suitable for the wax up procedure of metal castings?
A. laboratory model wax  
B. inlay/wax  
C. sticky wax  
D. “randform” circular moulding wax  
E. undercut wax

ANY-9. Which is the elastic constituent of the thermoplastic materials (compounds)?
A: shellac  
B: mastix  
C: natural rubber-latex  
D: talc  
E: resins

ANY-10. Which impression has to be isolated before casting?
A. gypsum  
B. alginate  
C. silicone  
D. compound  
E. paste

ANY-11. It is not the component of the investment materials:
A. quartz powder  
B. gypsum
C. talc  
D. pumice  
E. clay

**ANY-12.** This alloy has the lowest melting point:

A. melott  
B. silver- palladium  
C. economy gold  
D. platinum gold  
E. stainless steel

**ANY-13.** Which alloy’s casting is complicated?

A. silver palladium  
B. cobalt chromium  
C. nickel chromium alloys  
D. dental stainless steel  
E. platinum gold

**ANY-14.** Which is the melting point of the pure gold?

A: 890 °C  
B: 1280 °C  
C: 1063 °C  
D: 970 °C  
E: 680 °C

**ANY-15.** What is the average nickel content of the nickel chromium alloys?

A. 70%  
B. 60%  
C. 50%  
D. 40%  
E. 30%

**ANY-16.** What is the average cobalt content of the cobalt chromium alloys?

A: 60-65%  
B: 50%  
C: 30-35%  
D: 45-50%  
E: 80-85%

**ANY-17.** What palladium content is necessary to make the silver palladium alloy colorstable?
A. 45%
B. 35%
C. 25%
D. 15%
E. 5%

ANY-18. What is the silver content of the silver palladium alloys?

A. 50-60%
B. 40-50%
C. 80-90%
D. 60-70%
E. 30-40%

ANY-19. Which of the following alloys, used in the dental industry, has a heterogenic tissue structure?

A. nickel chromium
B. cobalt chromium
C. silver palladium
D. gold silver palladium
E. platinum gold

ANY-20. What kind of connection does arise between the soldering and the crystals of the metal to be soldered?

A. diffusion
B. cohesion
C. adhesion
D. reduction
E. covalent

ANY-21. What is called the heavy acrylic?

A. The crosslink type acrylic which has a special density
B. The acrylic with a special hardness which can be hardly corrected
C. The high density acrylic mixed with tungsten powder
D. The low melting point pourable resin
E. The nervate, red mercury-oxide containing acrylic

ANY-22. What is the advantage of the spherically structured highly crosslinked acrylic resin compared to the linear structured acrylic resins?
A. increased wear resistance
B. increased transparency
C. easier to polish
D. easier to tone
E. it has a lower density

ANY-23. Composition of the prefabricated porcelain artificial teeth is:

A. 3% clay, 70% feldspar, 25% quartz
B. 25% clay, 30% feldspar, 45% quartz
C. 40% clay, 35% feldspar, 25% quartz
D. 50% clay, 25% feldspar, 25% quartz
E. 70% clay, 25% feldspar, 3% quartz

ANY-24. It is an artificially made grinding material:

A. corundum
B. granite
C. quartz
D. carborundum
E. pumice

ANY-25. How much should be the melting temperature of the soldering alloy compared to the alloy to be soldered?

A. about 10 C° lower
B. about 100 C° lower
C. about 200 C° lower
D. about 100 C° lower
E. about 10 C° lower

MULTIPLE-CHOICE QUESTIONS

ANY-26. Which of the followings are elastomeric impression materials?

1. Silicone
2. Alginate
3. Zinc-oxide
4. Hydrocolloid

ANY-27. Which of the followings are thermoplastic impression materials?

1. Waxes
2. Impression compound
3. Oroplastic impression materials
4. Gutta-percha

ANY-28. Which of the followings are irreversible impression materials?

1. Hydrocolloid
2. Polysulfide
3. Oroplastic
4. Silicone

ANY-29. The hardening time of the gypsum can be influenced by:

1. Fineness of the grinding
2. Potassium sulphate content
3. Sodium-chloride content
4. Temperature of the water added to the mixture

ANY-30. Which are the stages of the hardening process of the gypsum?

1. Dissolution
2. Water uptake
3. Colloid formation
4. Crystallization (hardening)

ANY-31. According to the consistency silicone impression materials can be classified into the following groups:

1. very low viscosity
2. low viscosity
3. medium viscosity
4. putty

ANY-32. Which impression material’s removal from the cast can be made easier by warming up?

1. gypsum
2. impression compound
3. hydrocolloid
4. silicone

ANY-33. The setting time of the impression plaster can be reduced by:

1. milk, added to the mixture
2. potassium-sulphate, added to the mixture
3. mixing with more amount of water than its water coefficient
4. reduction of the particle size of the gypsum powder
ANY-34. The hardness of the gypsum model can be increased posteriorly by:

1. slashing it with a hot borax-solution
2. a paraffin-bath
3. immersing it into milk of lime
4. slashing it with sodium silacet waterglass

ANY-35. What are the components of the alginate impression material?

1. sodium-alginate
2. calcium-sulfate
3. polysiloxane
4. silicium-oxide

ANY-36. Which dissolvent is suitable for the removal of the zinc-oxide eugenol paste?

1. benzine
2. carbon-tetrachloride
3. chloroform
4. alcohol

ANY-37. The material of the implants can be:

1. cobalt chromium molybdenum alloy
2. aluminum oxide ceramic
3. nickel chromium alloy
4. titan

ANY-38. Which alloy is suitable for the porcelain fused to metal technology?

1. cobalt chromium
2. silver palladium
3. tantalum alloy
4. nickel chromium

ANY-39. The nickel chromium alloy, which is suitable for porcelain fusing, contains:

1. molybdenum
2. manganese
3. aluminum
4. cadmium

ANY-40. Noble alloys are:
1. palladium
2. titan
3. iridium
4. cadmium

ANY-41. Which alloys are suitable for casting cast clasp?

1. cobalt chromium alloy
2. nickel chromium
3. platinum gold alloy
4. stainless steel

ANY-42. The forms of local corrosion are:

1. point (hole) like
2. intercrystalline
3. stained
4. selective

ANY-43. Components of the investment materials are:

1. quartz powder
2. mica powder
3. clay
4. pumice

ANY-44. What components’ common effects do result in the expansion of the investment materials?

1. thermal expansion
2. packing expansion
3. setting expansion
4. wearing expansion

ANY-45. What are the natural forms of the quartz what is used as a component of the investment materials?

1. alpha quartz
2. cristobalite
3. crystalite
4. tridimit

ANY-46. What are the soldering methods of the dental technology?

1. joining
2. hollow type
3. lapstreak
4. sharp
ANY-47. These are the heat treatment technologies for metals:

1. homogenization
2. recrystallization
3. nobeling
4. welding

ANY-48. Types of the metallic corrosions are:

1. electrochemical corrosion
2. deflation
3. chemical corrosion
4. erosion

ANY-49. According to the processing methods acrylic resins may be:

1. self curing
2. chemoplastic
3. oroplastic
4. thermoplastic

ANY-50. Which alloys are the most suitable for making clasps?

1. stainless steel
2. cobalt chromium alloy
3. platinum gold alloy
4. nickel chromium alloy

ANY-51. In connection of the hardening process of the phosphate cement the following stages can be predictable:

1. mixing stage
2. working time
3. colloid formation stage
4. hardening time

ANY-52. What are the advantageous effects of the flux?

1. they decrease the surface tension of the molten solder
2. they save the surface of the metal against oxidation
3. they decrease the melting point of the solder
4. they dissolve the oxides of the metal surface
RELATION -ANALYSIS

ANY-53. Oroplastic materials belong to the thermoplastic impression materials, BECAUSE the thermoplastic materials become soft and plastic at heat application.

ANY-54. Polymerization shrinkage of the addition cured silicones is high, BECAUSE the formation of the spatial structure is accompanied by the occurrence of ethylalcohol and water by product.

ANY-55. The alginate impression must be stored in a wet package (e.g. hydrofor) BECAUSE only the 10-15% of the material is sodium-alginate.

ANY-56. It is suggested using a vibration table at the stage of casting the plaster impression with stone, BECAUSE in this way the hardness of the model can be increased.

ANY-57. The melting point of the metal Melott is low, THEREFORE it can be used only once for model preparation.

ANY-58. The tin bismuth containing alloys have a low melting point, THEREFORE the metal dispersing method is suitable for casting the silicon based impressions.

ANY-59. The inlay-molding wax contains carnauba wax, BECAUSE the vegetable waxes have the lowest melting point among the natural waxes.

ANY-60. The volumetric increase of the gypsum component causes an increase in the total expansion of the investment materials, BECAUSE the setting expansion of the investment materials depends on the gypsum content of these materials.

ANY-61. Gypsum bonded investment material is not suitable for use in the casting procedure of prosthetic appliances made of silver palladium, BECAUSE sulfur-silver palladium can occur during the casting procedure.

ANY-62. Economy gold alloys contain cupper as well, THEREFORE these alloys can be easily corroded.

ANY-63. The silver is the most suitable metal for casting dental appliances, THEREFORE the silver content of the economy gold alloy is 35-40%.

ANY-64. The tissue structure of the cobalt chromium alloys is homogenous, THEREFORE the corrosion resistance in the mouth of these materials is satisfactory.
ANY-65. Homogenization of the metals is a diffusion procedure meaning the realignment of the atoms, occurs in a solid state, BECAUSE the atoms have a certain amount of movement also in the solid state.

ANY-66. Silver palladium alloys are not noble alloys, BECAUSE alloys contain mostly palladium in order to provide a reasonable corrosion resistance in the mouth.

ANY-67. Melting point of the metals is much higher than their solidus point, THEREFORE the metal undergoes a change from its solid state into the liquid state completely by taking up the thermal energy, necessary for the liquefying procedure.

ANY-68. A possible material of implants is titanium, BECAUSE an oxid layer can be found on the surface of that.

ANY-69. There is a lot of silimanit crystal in the substance of the porcelain teeth, THEREFORE these teeth are called ceramic teeth.

ANY-70. Phosphate cement undergoes a reaction with the hard tissues of the tooth, THEREFORE it has a good luting effect.

ANY-71. Polishing of the metal dental appliances is carried out by metal containing polishing pastes, THEREFORE the surface of the metal becomes more resistant against acids.

ANY-72. Prosthetic appliances are always ought to be homogenized before insertion, BECAUSE there is not any alloy with a heterogenic tissue structure, that would be adequately resistant against corrosion in the mouth.

ANY-73. The crystallites of the heterogenic alloys act like micro batteries, THEREFORE electrochemical corrosion may occur on the phase margins.

QUESTIONS OF ASSOCIATION

A: hydrocolloid impression material  
B: silicone impression material  
C: both of them  
D: none of them

ANY-74. It is an elastic impression material  
ANY-75. It has a setting time  
ANY-75. Its catalyst can be the zinc octoaton, or the dibutyl dycin laurate  
ANY-77. It can be sterilized by high temperature  
ANY-78. It requires a special type of impression tray at impression taking

A: cobalt chromium alloys  
B: nickel chromium alloys
C: both of them
D: none of them

ANY-79. It is especially good for casting
ANY-80. It contains molybdenum
ANY-81. It is used mainly for removable dentures
ANY-82. It has a notable noble metal content

A: silver palladium alloys
B: nickel-chromium alloys
C: both of them
D: none of them

ANY-83. Gypsum bonded investment material is not suitable for use at casting of these materials
ANY-84. Some types are suitable for porcelain fusing.
ANY-85. It causes allergy in the highest amount among the metals used in dentistry
ANY-86. It is suitable for making custom made dowel cores because of its suitability for casting
ANY-87. These alloys have a heterogenic tissue structure

A: acrylic crown
B: porcelain (jacket) crown
C: both of them
D: none of them

ANY-88. It has a good esthetic effect
ANY-89. It is elastic, it can bear a low tension
ANY-90. It is a wear resistant crown type
ANY-91. It requires a shoulder preparation
ANY-92. It can be used for an abutment of a bridge

A: at welding
B: at soldering
C: in both of the cases
D: in none of the cases

ANY-93. Only metals with the same characteristics can be joined.
ANY-94. The base of the joining is diffusion
ANY-95. To obtain connection an even joining gap is necessary
ANY-96. Joining is carried out at a temperature which is lower than the melting point of the metals to be joined
ANY-97. Only different metals can be joined

A: Silica-phosphate cement
B: Glass-ionomer cement
C: both of them
D: none of them
ANY-98. Its powder component contains aluminum silicate
ANY-99. Its fluid is mainly poly-acrylic acid
ANY-100. Clay is also added to the cement powder in order to increase its solidity and hardness.
ANY-101. It is harmful effect to the pulp
ANY-102. In its luting effect the chemical bond between the material of the tooth and the cement may also play an important role.

A: impression compound
B: oroplastic impression material
C: both of them
D: none of them

ANY-103. It is a reversible non-elastic impression material

ANY-104. It becomes soft at room temperature

ANY-105. It is suitable for impression taking of the edentulous jaws

ANY-106. Resins and talc can also be found among its components

ANY-107. It is a suitable impression taking method for making a model by the galvanoplastic method

DENTO-ALVEOLAR SURGERY

SIMPLE CHOICE

DAS-1. Oral surgical instruments may be classified according to their shape
A. sharp – pointed
B. paired
C. single ended
D. double ended
E. all of the above

DAS-2. Characteristics of odontogenic cyst:
A. its capsule is composed of epithelial tissue
B. it is lined by connective tissue
C. its contents is of a mucous character
D. it is lined by layered epithelium
E. its lining is of a proliferative nature
DAS-3. Upon anaesthetising the trigeminal nerve or a branch thereof according to which extraoral method is the point of insertion of the needle under the zygomatic arch?
   A. Payr
   B. Lindemann
   C. Berg
   D. Braun
   E. Kontarowicz

DAS-4. Which instrument is a bone rongeur?
   A. Partsch
   B. Bein
   C. Jansen
   D. Barry
   E. Cooper

DAS-5. Which instrument is a root elevator?
   A. Lecluse
   B. Barry
   C. Winter-Lecluse
   D. Bein
   E. none of the above

DAS-6. Drug of choice to be administered in the case of temporomandibular pain:
   A. Scutamil C
   B. Diclofenac Duo
   C. Mydeton
   D. Cataflam
   E. all of these

DAS-7. Symptoms of acute periapical periodontitis:
   A. high fever
   B. significant tenderness on percussion
   C. clearly visible radiolucency on periapical X-rays
   D. all of the above
   E. none of the above

DAS-8. Not characteristic of pericoronitis:
   A. mucosa around the tooth is inflamed
   B. it is usually accompanied by trismus
   C. it is usually associated with the difficult eruption of the lower third molar
   D. the inflammation may reach the apex through an intrapulpal pathway
   E. it is associated with the swelling of regional lymph nodes

DAS-9. Treatment options for difficult eruption of teeth:
   A. drainage with gauze and Chlumsky’s solution
   B. astringent agents
   C. surgical treatment (= circumcision)
   D. excision with electrocautery
E. all of the above

**DAS-10.** What is the basis of classification of acute pulpitis?
A. pathosis of odontoblasts
B. position of denticles
C. quality of the exudate
D. nerve supply of the pulp
E. depth of invasion of the carious lesion

**DAS-11.** Odontogenic phlegmon:
A. is a circumscribed pyogenic process
B. dyachilia
C. presents with erythroplakia
D. is painless
E. is a non-suppurating streptococcal infection and its pathway of spread is determined by anatomic structures

**DAS-12.** Which cyst is of odontogenic origin?
A. anterior median cyst
B. thyroglossal cyst
C. dermoid cyst
D. radicular cyst
E. nasolabial cyst

**DAS-13.** Most characteristic symptom of chronic osteomyelitis:
A. sequester formation
B. leukopenia
C. fibrinous exudate
D. significant swelling of the face
E. it is usually accompanied by joint symptoms

**DAS-14.** Irritative hyperplasia may be caused by:
A. bacteria
B. drug side effect
C. herpes virus
D. parasite
E. improper or deep edge of prosthesis

**DAS-15.** Which pathologic conditions is defined as a praecancerous lesion?
A. lingua pilosa nigra
B. leukoplakia
C. Fordyce granules
D. gingival fibromatosis
E. sialometaplasia

**DAS-16.** Which is an odontogenic tumour?
A. pleomorphic adenoma
B. Glomus tumour
C. Warthin tumour
D. Pindborg tumour  
E. Burkitt tumour

**DAS-17.** What is a ranula?
A. retention cyst of the small palatinal salivary glands  
B. retention cyst of the sublingual salivary gland  
C. benign parotid tumour  
D. inflammation of the minor salivary glands of the lower lip  
E. retention cyst of minor salivary glands associated with cheilits

**DAS-18.** Not characteristic of alveolar osteitis:
A. pain on the day of the extraction  
B. foetor ex ore  
C. circumscript inflammation of the alveolus  
D. its cause is the infection of the extraction wound  
E. subfebrility, fever is possible

**DAS-19.** Characteristics of acute osteomyelitis:
A. mainly occurs in the maxilla  
B. regional lymph nodes are swollen  
C. no inflammatory sign in the blood sample  
D. it is rarely accompanied by high fever  
E. X-ray provides a certain diagnosis

**DAS-20.** Anatomic structures not anaesthetised under tuberal anaesthesia:
A. upper second molar tooth  
B. upper third molar tooth  
C. palatinal gingiva  
D. interradicular septum of the upper second molar  
E. buccal gingiva of the upper molars

**DAS-21.** Resorbable suture material:
A. cat-gut  
B. linen thread  
C. Perlon  
D. silk  
E. terylene

**DAS-22.** Characteristic of trigeminal neuralgia:
A. permanent strong pain  
B. blunt, unilateral pain  
C. sharp pain occurring in attacks  
D. persistent deep pain  
E. pain lasting for several days associated with hyperaemic skin

**DAS-23.** Which of the following is not a suture type?
A. detached stitch
B. sailor’s stitch  
C. continuous stitch  
D. mattress stitch  
E. American stitch

**DAS-24.** The advantages of cryosurgery include:  
A. shorter hospitalisation  
B. the treatment may be repeated several times  
C. anaesthesia is usually not necessary  
D. all of the above  
E. none of the above

**DAS-25.** The clinical presentation of coagulopathy:  
A. haemophilia  
B. hypoprothrombinaemia  
C. fibrinogenopenia  
D. none of the above  
E. all of the above

**DAS-26.** Not one of the incision types applied in apicectomy:  
A. Fichler  
B. Redon  
C. Partsch  
D. Wassmund  
E. Reinmöller

**DAS-27.** Which can be regarded as a typical neuralgia:  
A. glossopharyngeal neuralgia  
B. pterygopalatine neuralgia  
C. auriculotemporal neuralgia  
D. post traumatic trigeminal neuralgia  
E. none of the above

**DAS-28.** Which one is not a genuine neurogenic tumour?  
A. amputation neuroma  
B. neurinoma  
C. neurofibroma  
D. von Recklinghausen’s disease  
E. plexiform neurofibromatosis

**DAS-29.** Infection originates from the upper molar teeth:  
A. pterygomandibular phlegmon  
B. temporofacial phlegmon  
C. submental phlegmon  
D. perimandibular phlegmon  
E. sublingual phlegmon
DAS-30. Which one is not an operation aimed at the deepening of the floor of the mouth?
A. Wassmund - Schuchardt
B. Trauner
C. Obwegeser
D. Caldwell
E. Kemény-Varga

DAS-31. Laboratory value best characterising the haematological status of a patient on cumarine:
A. platelet count
B. prothrombin time
C. bleeding time
D. serum glucose value
E. SGOT value

DAS-32. X-ray technique most commonly used to examine the temporomandibular joint:
A. PA skull X-ray
B. lateral mandible
C. axial
D. OP in central occlusion and with open mouth
E. zygomatic arch

DAS-33. Matas’s method of anaesthesia:
A. anaesthesia of the maxillary nerve in the pterygopalatine fossa
B. anaesthesia of the mandibular nerve in the pterygopalatine fossa
C. anaesthesia of the mandibular nerve in the pterygomandibular space
D. anaesthesia of the superior posterior alveolar nerves on the surface of the maxillary tuberosity
E. anaesthesia in the incisive canal

DAS-34. It is not advisable to remove a tooth from a patient under dicumarine therapy if his/her prothrombin level is under:
A. 90 %
B. 60 %
C. 30 %
D. 40 %
E. 50 %

DAS-35. Flap used in oral surgery that is concave upwards:
A. Wassmund
B. Reinmöller
C. Pichler
D. Partsch
E. none

DAS-36. Most often impacted tooth:
A. upper canine
B. lower wisdom tooth
C. lower canine
D. upper wisdom tooth  
E. lower second premolar  

**DAS-37.** Several teeth become movable at the same time:  
A. periostitis  
B. osteomyelitis  
C. phlegmon  
D. abscess  
E. none  

**DAS-38.** Most common location of exostosis:  
A. lingual side of the lower premolars  
B. vestibular side of the lower premolars  
C. vestibular side of the upper canine  
D. vestibular side of the upper wisdom tooth  
E. lingual side of the lower incisors  

**DAS-39.** Multiplex fistula formation is characteristic of:  
A. submandibular abscess  
B. inflamed maxillary cyst  
C. phlegmon  
D. periostitis  
E. actinomycosis  

**DAS-40.** Probable cause of a unilateral submandibular swelling occurring after meals:  
A. pericoronitis  
B. sialolithiasis  
C. lymphadenitis  
D. sialoadenitis  
E. none  

**DAS-41.** Not a biomaterial:  
A. hydroxilapatite  
B. titanium  
C. amalgam  
D. vitallium  
E. aluminium-oxide ceramic  

**DAS-42.** Which statement is true? Endogenous osteomyelitis is most commonly:  
A. a complication of epidemic parotitis  
B. associated with scarlet fever and measles  
C. a symptom of C. tetani infection  
D. all of the above  
E. none  

**DAS-43.** Paraesthesia of the lingual nerve may not be caused by:  
A. injury of the nerve upon lower block anaesthesia  
B. sialolith removal from Wharton’s duct  
C. sialolith removal from Stenon’s duct
D. removal of the sublingual gland
E. removal of the submandibular gland

DAS-44. Following a mild injury to sensory nerves
A. regeneration usually lasts for years
B. electric stimulation hinders healing
C. a surgical reconstruction is always necessary
D. vitamins B₁ and B₁₂ helps the regeneration
E. none of the above is true

DAS-45. What does the term ‘neurotmesis’ mean in connection with an injury to the facial nerve?
A. there is no macroscopic lesion visible on the nerve
B. it is a temporary functional disturbance, that heals in 2-3 months
C. the condition heals spontaneously in 2-3 weeks
D. the macroscopic continuity of the nerve is ruptured
E. there is no paresis

DAS-46. Not one of the methods of tissue replacement using in the close surrounding structures on the face?
A. cylinder flap plasty
B. Burrow-triangle
C. V-Y plasty
D. Z plasty
E. Y-V plasty

DAS-47. Not true of a perinatal cyst:
A. appears in newborns
B. they are also called Epstein pearls
C. whitish, yellowish small swelling
D. keratin is seen in it on histological slides
E. a bluish swelling is seen on the gum

DAS-48. Characteristic of a radicular cyst:
A. always develops on the basis of inflammation
B. non-odontogenic cyst
C. histologically the cyst wall (capsule) is poor in collagen
D. an ameloblastoma frequently develops from the cyst epithelium
E. none of the above

DAS-49. Pathological basis for late osteoradionecrosis:
A. osteocyte destruction
B. occlusion of vessels
C. circulatory insufficiency
D. none
E. all

DAS-50. Not characteristic of a phlegmon:
A. occurs suddenly, spreads quickly

60/36
B. extremely painful  
C. the swelling is very hard  
D. shows a tendency of abscess formation  
E. it is associated with shivering and high fever  

**DAS-51.** Useless and superfluous in the treatment of phlegmon:  
A. targeted antibiotic treatment  
B. application of ice to the face  
C. wide spectrum antibiotics  
D. therapies aiming at pus formation (moist heat, Solux)  
E. wide incisions with drainage  

**DAS-52.** Least common site of sialolithiasis:  
A. parotid gland  
B. submandibular gland  
C. sublingual gland  
D. small salivary glands  
E. there is no significant difference in frequency  

**DAS-53.** Most common site of sialolithiasis:  
A. sublingual gland  
B. parotid gland  
C. small salivary glands  
D. there is no significant difference in frequency  
E. submandibular gland  

**DAS-54.** Characteristic of sialosis:  
A. increased K-excretion  
B. it belongs to the group of inflammations  
C. usually unilateral  
D. it is a real xerostomy  
E. none  

**DAS-55.** Most common disease of the salivary glands:  
A. sialosis  
B. sialolithiasis  
C. inflammation  
D. tumour  
E. no such statistics are available  

**DAS-56.** Which of these precancerous lesions has the highest tendency to become malignant?  
A. leukoplakia simplex  
B. leukoplakia verrucosa  
C. erythroleukoplakia  
D. erythroplakia  
E. leukoplakia nodularis
DAS-57. Which statement is not true of leukoplakia?
A. It is a less keratinised mucosal area.
B. It is a plaque of the oral mucosa.
C. Clinically and pathologically it cannot classified as anything else.
D. It cannot be wiped off from the mucosa.
E. One of its etiological factors is smoking.

DAS-58. Not precancerous:
A. sideropenia
B. erythroplakia
C. cheilitis glandularis
D. keratoacanthoma
E. cheilitis actinica chronica

DAS-59. Precancerous condition:
A. cheilitis angularis
B. cheilitis fissurata
C. cheilitis actinica chronica
D. acute cheilitis
E. exfoliative cheilitis

DAS-60. Improper therapy for angular cheilitis:
A. antiseptics
B. antimycotics
C. fabricating a new removable denture
D. correctly setting the central occlusion
E. steroid drugs

DAS-61. Not characteristic of local anaesthetic drugs:
A. chemically they are weak amines
B. the base is soluble in water to a lesser degree
C. its water-soluble salt can be purchased
D. the acid dissociates in a watery medium to a cationic and an anionic form
E. among tissues a lipophilic base molecule is formed out of the cationic form

DAS-62. Not true of epinephrine:
A. It is the vasoconstrictor most often used in dentistry.
B. Its local vasoconstrictor effect is strongest on veins.
C. The maximum dose to be administered during dental interventions is 0.2 mg
D. it is a relatively unstable substance
E. it is sensitive to heat and light

DAS-63. What is the lipophilic aromatic part of local anaesthetics responsible for?
A. for the affinity of the molecule to neurons
B. for its water-solubility
C. for diffusion among tissues
D. for the length of effect
E. for all the above
DAS-64. What is the hydrophilic amino group of local anaesthetics responsible for?
   A. for the decomposition of the molecule
   B. for diffusion among tissues
   C. for the affinity of the molecule to neurons
   D. for toxicity
   E. for the length of effect

DAS-65. The connecting chain of local anaesthetics is responsible for which property?
   A. water-solubility
   B. affinity of the molecule to neurons
   C. decomposition of the molecule
   D. diffusion among tissues
   E. none of the above

DAS-66. Ineffective, wrong therapy for trismus occurring in association with pericoronitis:
   A. Scutamil C
   B. Mydeton
   C. extraction
   D. No-Spa
   E. antibiotics

DAS-67. Most common cause of the ankylosis of the temporomandibular joint:
   A. rheumatoid arthritis
   B. infection
   C. tumour
   D. trauma
   E. the frequency of these causes is approximately the same

DAS-68. Which muscle does not play a role in the translating and rotating movement of the TMJ?
   A. geniohyoid muscle
   B. buccinator muscle
   C. digastric muscle
   D. masseter muscle
   E. lateral pterygoid muscle

DAS-69. Not one of the symptoms of difficult eruption of a lower wisdom tooth:
   A. trismus
   B. bilateral submandibular lymph node enlargement
   C. foetor ex ore
   D. swollen, red mucosa around the tooth
   E. pain

DAS-70. A specific inflammation of the maxillofacial region:
   A. phlegmon
   B. actinomycosis
   C. maxillary sinusitis
   D. abscess
   E. none
DAS-71. Trigger zone of the glossopharyngeal neuralgia:
A. the region of the tonsils
B. middle third of the tongue
C. anterior part of the tongue
D. buccal gingiva of upper molars
E. all of the above

DAS-72. Not true of the retromolar fossa:
A. it is behind the ramus of the mandible
B. spaces is filled in by the parotid gland
C. the most common cause of the abscess of the fossa is the inflammation of the third molar
D. it is communicating with the infratemporal fossa
E. a swelling originating from the abscess of the fossa may spread to half the face

DAS-73. Not one of the non-odontogenic cysts:
A. incisive canal cyst
B. primordial cyst
C. lateral neck cyst
D. medial neck cyst
E. dermoid cyst

DAS-74. The working end of which tooth forceps is bent backwards (bayonet shape)?
A. upper molar
B. upper front
C. upper wisdom
D. lower front and premolar
E. lower molar

DAS-75. A Lecluse elevator may be used to remove which tooth?
A. lower wisdom tooth always
B. lower wisdom tooth with healthy teeth in front of it
C. in the case of a fractured root of the lower wisdom tooth
D. upper molar
E. lower premolar

DAS-76. In which form of the root fracture of an upper molar is the use of a root forceps indicated?
A) cervical
B) medial
C) apical
D) the fractured root always has to be removed by flap surgery
E) the fractured root is removed with an elevator

DAS-77. When removing which teeth does the right-handed dentist stand behind the patient?
A) upper right front  
B) upper left molar  
C) lower left front  
D) lower right premolar  
E) upper right wisdom

**DAS-78.** Which flap type is not used for apicectomy?

A) Partsch  
B) Pichler  
C) trapeze shape  
D) Reinmöller  
E) marginal flap

**DAS-79.** When should a marginal flap combined with a vertical releasing incision be avoided for apicectomy?

A) periodontally diseased premolars of elderly patients  
B) molars of elderly patients  
C) front teeth of young patients  
D) molars of young patients  
E) periodontally healthy front teeth of young patients

**DAS-80.** Not a condition of performing the dissection of lower molars:

A) final tooth in the arch  
B) one of the roots without a periapical lesion can be properly root canal treated  
C) healthy periodontium  
D) preferably diverging roots  
E) a tooth should be missing in front of the tooth to be dissected

**DAS-81.** In which age is it contraindicated to remove impacted teeth that cause no complaints?

A) childhood  
B) young adult  
C) middle aged people  
D) old age  
E) before 18

**DAS-82.** Which root of upper teeth may ensure the function of the tooth even if the other roots are removed?

A) buccal root of a premolar  
B) palatal root of a premolar  
C) mesiobuccal root of a molar  
D) distobuccal root of a molar  
E) palatal root of a molar
Multiple choice

DAS-83. Why is the gingiva separated from the neck of the tooth before extraction?

1) to facilitate the positioning of the forceps
2) to check if there is proper anaesthesia
3) wound healing is generally better
4) to prevent the rupture of the gum

DAS-84. The lower molar forceps:

1) its beak is bent
2) its beak is at right angle with the connecting part
3) one of the internal surfaces of the beak is split and is pointed at the end
4) both of its beaks are split and are pointed at the end

DAS-85. Instruments used for the removal of a fractured root:

1) Barry elevator
2) scaler
3) Winter elevator
4) Lecluse elevator

DAS-86. Symptoms of alveolar osteitis (alveolitis):

1) pain
2) foetor ex ore
3) lymph node swelling
4) high fever

DAS-87. Possible complications of local anaesthesia

1. paraesthesia
2. paresis
3. amaurosis
4. trismus

DAS-88. Characteristics of odontogenic cysts

1. connective tissue capsule
2. cyst content of a mucinous nature
3. its epithelial lining is not proliferative in nature
4. the reason of its growth is the thickening of connective tissue

DAS-89. Symptom of a luxation of the mandible:

1. strong pain in the region of the joint
2. saliva outflow
3. inability to open the mouth
4. inability to close the mouth
DAS-90. For the removal of which lower teeth is it sufficient to perform the block anaesthesia of the inferior alveolar nerve?

1) lateral incisor
2) first molar
3) canine
4) second molar

DAS-91. A sialolith present in Wharton’s duct for a long time causes gland swelling and inflammation. Drugs used in conservative treatment:

1. NoSpa
2. Sumetrolim
3. Papaverin
4. Dalacin C

DAS-92. Local anaesthetics without a vasoconstrictor:

1. Ung. Lidocain 5%
2. Inj. Ultracain 2%
3. Inj. Ultracain DS Forte
4. Inj. Lidocain 2%

DAS-93. A possible treatment of trigeminal neuralgia:

1. Tabl. Tegretol
2. Lidocain blockade
3. peripheral neuroexhauresis
4. physiotherapy

DAS-94. May be characteristic of a transdental fixation:

1. The material of the pin is titanium
2. The material of the pin is aluminium-oxide ceramics
3. The surgical method is apically open
4. The surgical method is apically closed

DAS-95. Characteristics of tooth dissection:

1. It is performed on premolars and molars
2. It is most often performed on lower molars at the end of the arch
3. The state of the periodontium is indifferent
4. In case of a wide interradicular septum surgery is likely to be more successful

DAS-96. In the case of third molars of which position is it advisable to split the tooth into pieces?

1) vertical
2) horizontal
3) transversal
4) mesioangular

DAS-97. Symptoms characteristic of a neglected pericoronitis of a lower third molar:

1) pus is flowing from the pocket
2) quite strong pain
3) trismus
4) difficulty swallowing

DAS-98. Characteristics of trigeminal neuralgia:
1. strong, paroxysmal pain
2. pain can be triggered at the exit points of the nerve
3. during the paroxysm the face becomes plain
4. increased tear and saliva flow may occur after the paroxysm

DAS-99. Treatment of progenia with a sagittal osteotomy:
1. Kostecka operation
2. Obwegeser operation
3. Dingmann operation
4. Obwegeser operation modified by Dal Pont

DAS-100. Characteristics of odontogenic cysts:
1. lined with epithelium
2. has a connective tissue capsule
3. has a characteristic content
4. the content usually contains cholesterol crystals

DAS-101. Possible methods of extraoral anaesthesia of the maxillary nerve:
1. Payr
2. Lindemann
3. Berg
4. Braun

DAS-102. Characteristics of a mixed tumour of the salivary glands (pleomorphic adenoma):
1. most often it is found in the inferior pole of the parotid gland
2. it is surrounded by a capsule
3. it is malignant
4. it contains several histological elements (e.g. epithelial, mucoid, cartilage-like)

DAS-103. The repositioning of a dislocated fracture of the zygomatic bone and arch is possible:
1. percutaneously
2. from an extraoral approach
3. from an intraoral approach supported by an acrylic stick
4. from an intraoral approach with a rubber balloon

DAS-104. Characteristic of a periapical granuloma:
1. may be clinically free of symptoms
2. may become purulent due to infection
3. it develops on a tooth with necrotic pulp
4. it will resolve with time without treatment

DAS-105. Treatment of the paresis of the facial nerve:
1. vitamin B₁
2. vitamin B₆
3. short wave therapy
4. cryotherapy

**DAS-106.** Characteristic of a phlegmon:
1. connective tissue inflammation
2. has no tendency of abscess formation
3. is caused by bacteria of high virulence
4. it is associated with major oedema

**DAS-107.** A certain sign of an open maxillary sinus during extraction:
1. sudden increase in pain
2. upon rinsing water flows out through the nose
3. strong bleeding occurs
4. the blowing-of-the-nose test with compressed nostrils is positive

**DAS-108.** May be used for surface (mucosal) anaesthesia:
1. Articaine
2. Lidocaine
3. Procaine
4. Tetracaine

**DAS-109.** Characteristics of true trigeminal neuralgia:
1. strong paroxysmal pain
2. paroxysm become more frequent without treatment
3. the paroxysm is followed by increased saliva and tear flow
4. pain may be relieved by pressing the area of the trigger zone

**DAS-110.** Proper treatment of alveolar osteitis:
1. high dose parenteral antibiotics
2. local surgical treatment
3. no intervention is necessary
4. a gauze strip dipped into Chlumsky’s solution is placed into the wound

**DAS-111.** Secondary disease sustained by a focus:
1. polyarthritis
2. carditis
3. iritis
4. alopecia areata

**DAS-112.** Therapeutic options of actinomycosis:
1. high dose penicillin
2. cold compress
3. surgical exploration
4. cryotherapy

**DAS-113.** Characteristics of local anaesthetics used in dentistry:
1. usually they are used in the form of hydrochloric acids
2. they are water-soluble strongly basic amines
3. dissociation happens in tissue fluids
4. the uncharged base has no importance in penetrating the myelin sheath

**DAS-114.** Characteristics of acute osteomyelitis:
1. the involved tooth is movable
2. painful neck lymph nodes
3. sequestration can be seen on the X-ray
4. bad general condition

**DAS-115.** May be used in the treatment of leukoplakia:
1. vitamin „A” dressing
2. laser therapy
3. cryotherapy
4. surgical excision

**DAS-116.** A possible complication of tooth extraction:
1. aspiration
2. fracture of the mandible
3. fracture of the maxillary tuber
4. perforation of the maxillary sinus

**DAS-117.** Symptoms of the perforation of the maxillary sinus happening during tooth removal:
1. water flows out through the nose upon rinsing
2. strong bleeding from the alveolus
3. upon blowing the nose air flows through the perforation to the mouth
4. the patient’s voice becomes hoarse

**DAS-118.** Cryotherapy may be beneficial in the treatment of:
1. leukoplakia
2. glandular cheilitis
3. lichen
4. chronic actinic cheilitis

**DAS-119.** Characteristic of a keratocyst:
1. the cyst epithelium is thin, tears easily
2. there is a tooth or tooth-like structure inside it
3. has a high tendency of recurrence
4. high tendency of recurrence is mainly characteristic of cysts among soft tissues

**DAS-120.** Indications of apicectomy:
1. radicular cyst
2. instrument broken in the apical third
3. incomplete root canal filling
4. chronic apical periodontitis

**DAS-121.** Characteristic of alveolar osteitis:
1. foetor ex ore
2. pain
3. begins on the second-third day after extraction
4. purulent inflammation

**DAS-122.** An open sinus that happens during extraction in the case of a previously health sinus epithelium:
1. does not require treatment
2. should possibly be closed immediately
3. has to be closed after 24 hours
4. has to be closed within 6 hours

**DAS-123.** Characteristic of sialolithiasis:
1. bad general condition
2. the swelling of the involved salivary gland when eating
3. bilateral symmetrical gland swelling
4. regression of the swelling between two meals

**DAS-124.** Characteristics of phlegmon:
1. has no tendency to form an abscess
2. it is usually caused by streptococci
3. it is a fluctuating swelling
4. may be lethal without treatment

**DAS-125.** Sinusitis may be:
1. rhinogenic
2. odontogenic
3. acute
4. chronic

**DAS-126.** Haemostat:
1. Collin
2. Halstead (mosquito)
3. Löbker
4. Kocher

**DAS-127.** Characteristic of a tooth forceps:
1. beaks do not touch even if the forceps is closed
2. beaks touch when the forceps is closed
3. the edge of the beaks corresponds to the neck cross section of the tooth
4. their beaks are in the axis of the handle

**DAS-128.** A vasculopathy:
1. Werlhof-disease
2. Schönlein-Henoch disease
3. haemophilia
4. Möller-Barlow-disease

**DAS-129.** Vasoconstrictor:
1. epinephrine
2. carbocaine
3. norepinephrine
4. pantocaine

DAS-130. Therapy of pericoronitis:
1. gauze strip dipped into Chlumsky’s solution
2. circumcision
3. removal of the wisdom tooth
4. Mydeton, Scutamil-C in the case of trismus

DAS-131. X-ray methods useful in determining the position of the retained upper canine:
1. Parma’s method
2. Nitsche-Vályi bite-on method
3. Pordes method
4. Orthopantomography

DAS-132. Clinical forms of leukoplakia:
1. simple leukoplakia
2. verrucose leukoplakia
3. erosive leukoplakia
4. exfoliative leukoplakia

DAS-133. Characteristic of the luxation of the temporomandibular joint:
1. always unilateral
2. the condyle is positioned anterior of the tuberculum articulare
3. the mentum deviates to the involved side
4. though clinical symptoms are quite clear it is advisable to make an X-ray

DAS-134. Characteristic symptoms of an acute periodontitis:
1. the tooth is tender on percussion
2. the patient’s pain mainly occurs when going to bed
3. strong tenderness on occlusion upon closing the mouth
4. a swelling quickly develops next to the tooth

DAS-135. Characteristic symptoms of a bone fracture:
1. deformation
2. tenderness on palpation
3. pathological mobility
4. crepitation

DAS-136. Surgery performed on the ramus for progenia:
1. reverse L-shape osteotomy
2. oblique osteotomy
3. sagittal osteotomy
4. Dingmann’s operation

DAS-137. X-ray types appropriately used to diagnose the fracture of the mandibular corpus:
1. OP
2. panoramix
3. postero-anterior
4. Parma
DAS-138. The maxillary sinus is opacified on the X-ray if:
   1. it is filled with a serous liquid
   2. there is a severe periostitis of an upper molar on the same side
   3. it is filled with blood due to a maxillary fracture
   4. the patient has otitis media

DAS-139. Visible on a sinus X-ray:
   1. maxillary sinus
   2. frontal sinus
   3. bony base of the orbit
   4. sphenoid sinus

DAS-140. Characteristic of a follicular cyst:
   1. it occurs around the crown of retained teeth
   2. grows slowly
   3. becomes malignant quickly
   4. may occur around heterotopic teeth

DAS-141. Why is an OP made in edge-to-edge bite?
   1. because thus the upper front teeth will also get into the sharp focus layer
   2. in order to bring the maxillary sinus also into the layer
   3. thus lower front teeth are better visible
   4. the condyle of the mandible is in a resting position

DAS-142. A CT scan may be indicated:
   1. in the case of tumours
   2. in diagnosing developmental anomalies
   3. to look for dental foci
   4. in polytrauma cases

DAS-143. Symptoms of overdosing local anaesthetics
   1. palpitation
   2. muscle tremor, spasm
   3. urticaria
   4. drop in blood pressure

DAS-144. What does the patient complain of during a sympathicotonic malaise provoked by a local anaesthetic containing epinephrine?
   1. palpitation
   2. trembling
   3. feeling like fainting
   4. anxiety

DAS-145. Signs of a malaise caused by epinephrine:
   1. tachycardia
   2. rise in blood pressure
   3. paleness
   4. narrowing of the pupils
DAS-146. Which diseases may cause fainting in the dental chair?
1. epilepsy
2. carotid sinus hyperaesthesia
3. arrhythmia
4. cerebral circulatory disorders

DAS-147. Why may a patient perspire in the dental chair?
1. fear
2. hypoglycaemia
3. hyperglycaemia
4. angina pectoris

DAS-148. Primary acts to be performed in treating a maxillofacial trauma patient:
1. free airway protection
2. proper fixation of fractured bone ends
3. restore the amount of circulating blood
4. administering antibiotics

DAS-149. What can cause complete upper airway obstruction in dental practice?
1. laryngeal oedema
2. aspiration of impression material
3. temporary bilateral paresis of the recurrent nerve caused by a local anaesthetic
4. aspiration of blood or tissues

DAS-150. When is pharmacological intervention necessary in the case of an epileptic seizure?
1. always when the dentist experiences it in the surgery
2. if the seizure continues for more than a few minutes or if it is repeated
3. if the patient loses consciousness during the seizure
4. if the patient does not become completely alert between two seizures

DAS-151. Characteristics of the inflammation of the parapharyngeal space
1. it is usually an abscess
2. a phlegmon is rare
3. very high (40 C°) fever
4. it is always odontogenic

DAS-152. In order to reduce scarring to the minimum on the face the following points have to be taken into consideration:
1. the surgical incision should be in the natural wrinkles of the face
2. the incision should avoid the branches of the facial nerve
3. the skin incision should cross the so-called Langer lines
4. the wound should be closed carefully with an atraumatic technique

DAS-153. Why may a patient perspire in the dental chair?
5. fear
6. hypoglycaemia
7. hyperglycaemia
8. angina pectoris

**DAS-154.** The ‘tuberal block’ anaesthesia:
1. when applying it the anaesthetic solution is injected to the lateral surface of the maxillary tuber
2. an effect equivalent to its effect can be obtained with terminal anaesthesia as well
3. a possible complication of its use is a retrotuberal haematoma
4. when applying it the superior posterior alveolar nerves are anaesthetised

**DAS-155.** To remove an upper premolar the anaesthetic has to be injected to:
1. the apex of the tooth
2. the incisive foramen
3. in front of the greater palatine foramen
4. the area of the canine fossa

**DAS-156.** When applying the Szokolóczy method:
1. the block anaesthesia of the inferior alveolar nerve is performed
2. the solution is injected to the lingula situated at the geometric centre of the ramus of the mandible
3. the solution is injected to the pterygopalatine fossa
4. if the solution is injected to the proper location both the inferior alveolar nerve and the lingual nerve will be anaesthetised

**DAS-157.** Correct action taken in case of a collapse:
1. lying the patient down
2. lifting the lower limbs
3. loosing tight pieces of clothing
4. cold compress to the forehead

**DAS-158.** Main groups of methods of local anaesthesia:
1. terminal anaesthesia
2. block anaesthesia
3. submucous infiltration anaesthesia
4. ganglion anaesthesia

**DAS-159.** Criteria of tuberal anaesthesia:
1. the direction of insertion is parallel with the median sagittal plane
2. the direction of insertion is parallel with the back of the nose
3. the depth of insertion is 30-40 mm
4. the depth of insertion is 15-20 mm

**DAS-160.** Instructions given to the patient following tooth extraction:
1. do not eat till you fill numbness
2. keep the gauze pressed against the wound for 20 minutes
3. avoid smoking if possible
4. clean the extraction site from the next day onwards

**DAS-161.** Upper root forceps:
1. bayonet
2. S51
3. Szokolóczy
4. Balogh

**DAS-162.** Absolute indications of tooth removal:
1. odontogenic phlegmon
2. odontogenic periostitis
3. odontogenic thrombophlebitis
4. odontogenic abscess

**DAS-163.** When searching for dental foci an X-ray is made of:
1. teeth with fillings
2. teeth with crowns
3. the sites of tooth extractions
4. decayed teeth

**DAS-164.** Incision types used for apicectomy:
1. Wassmund
2. Reinmöller
3. Partsch
4. Pichler

**DAS-165.** Possible actions in pericoronitis:
1. make an X-ray of the tooth
2. remove the wisdom tooth
3. daily exchange a gauze strip dipped in Chlumsky’s solution
4. circumcision

**DAS-166.** Symptoms of pericoronitis may include:
1. foetor
2. trismus
3. crepitation on mouth opening
4. submandibular lymph node swelling

**DAS-167.** Actions to be taken following an outpatient oral surgical operation:
1. keeping the wound clean from the following day onwards
2. eating is possible after the numbness has subsided
3. call the patient back for suture removal
4. cooling of the operated area

**DAS-168.** May be an indication for apicectomy:
1. an overfilled tooth causing complaints
2. radicular cyst
3. periapical granuloma
4. periodontitis

**DAS-169.** Characteristic of osteitis alveolaris:
1. its treatment is mainly done with antibiotics
2. swelling of the regional lymph nodes
3. it usually painless
4. its treatment may be conservative or surgical

**DAS-170.** If the lesion of the facial nerve happens in the facial canal before the exit of the chorda tympani, but after that of the stapedius nerve:
   1. the mimic muscles of the face are paralysed
   2. a disturbance of tasting arises
   3. a disturbance of salivation arises
   4. a disturbance of tear production arises

**DAS-171.** Characteristic of the osteomyelitis of the mandible:
   1. its pathogens are anaerobic *Bacteroides* species
   2. its pathogen is *Staphylococcus aureus*
   3. its cause may be a pericoronitis or a fracture
   4. it is less frequent than the osteomyelitis of the maxilla

**DAS-172.** Belongs to the group of terminal anaesthesia:
   1. mucosal anaesthesia
   2. submucous infiltration
   3. intramucous infiltration
   4. intraligamental anaesthesia

**RELATION ANALYSIS**

**DAS-173.** When administering a lower block anaesthesia with the Szokolóczy method the position of the lingula is determined, because the lingula is more or less in the geometric centre of the ramus.

**DAS-174.** Constant growth is characteristic of cysts, because their epithelial lining is a proliferating tissue.

**DAS-175.** The haemorrhagic cyst is not a real cyst, because it has no epithelial lining.

**DAS-176.** A sialolith in the submandibular duct may completely obliterate it, therefore the removal of the submandibular gland is necessary in all such cases.

**DAS-177.** A dental focus is the most frequent and most important one in the human body, therefore the tooth maintaining the focus has to be removed as soon as possible.

**DAS-178.** The anaesthesia of upper teeth is usually terminal, as in these cases the functioning of the trunk of the nerve supplying the tooth is blocked.

**DAS-179.** The toxicity of Lidocaine and Ultracaine is approximately the same, therefore their maximal daily dose is the same.

**DAS-180.** When performing a terminal anaesthesia a nerve trunk is blocked, therefore in the case of anaesthetising inflamed tissues this method is preferred.

**DAS-181.** Submucous infiltration is the method of terminal anaesthesia most often used in dentistry because the solution placed on the surface of the mucosa will diffuse through it and will thus cause superficial anaesthesia.

**DAS-182.** Pichler’s flap used to close the maxillary sinus has a very good blood supply, because it contains the anterior palatal artery.

**DAS-183.** Ameloblastoma is a tumour that is sensitive to radiation, because it is well differentiated.
DAS-184. NoSpa (drotaverine) releases trismus because the masticatory muscles that play a role in the development of restricted mouth opening are striated muscles.
DAS-185. When removing lower molars luxation is always started in the buccal direction as here the buccal alveolar bone is thinner than the lingual.
DAS-186. When performing a Luc-Caldwell operation a bony window is made on the facial wall of the maxilla, because thus the removal of drainage is easier.
DAS-187. In the case of a periostitis originating from lower third molars the inflammation usually involves the masseter muscles as well, therefore in such cases restricted mouth opening is common.
DAS-188. The incision of a sublingual abscess always happens intraorally, because the abscess can only drain well towards the mouth.
DAS-189. Sialoliths mostly occur in the submandibular duct, because Wharton’s duct is long and curved.
DAS-190. In the case of an osteomyelitis several teeth become mobile, therefore all these have to be removed.
DAS-191. A branchyogenic cyst is usually positioned in the midline of the neck, because it develops from the remnants of the branchial arches.
DAS-192. Actinomycosis is a fungal disease that occurs in the maxillofacial region as well, therefore penicillin plays an important role in its treatment.
DAS-193. Fever and inflammatory blood counts are always associated with alveolar osteitis, therefore oral antibiotic administration is mandatory in its therapy.
DAS-194. Block anaesthesia of the inferior alveolar nerve happens in the pterygomandibular space, because this space has in part a bony, in part a soft tissue wall.
DAS-195. When administering lower block anaesthesia the patient may experience sudden striking pain, because the needle reached too deep and touched the trunk of the facial nerve.
DAS-196. Alveolar osteitis is a circumscribed inflammation of the bone marrow, because in the case of alveolar osteitis the infected thrombus falls apart.
DAS-197. Phlegmon is an inflammation of epithelial tissues spreading to spaces of connective tissue, because hyaluronidase produced by viruses enables its quick propagation.
DAS-198. A sinus perforation should possibly be closed immediately, because the time factor greatly influences the prognosis.
DAS-199. An abscess developing from the upper lateral incisor often spreads towards the palate, because the apex of the root is often closer to the palatinal part of the alveolar process.
DAS-200. When administering anaesthetics to the lingula a temporary paresis of the facial nerve may occur, because inserting the needle to deep the anaesthetic solution may reach the facial nerve.
DAS-201. Cleaning the alveolus after tooth extraction also serves to induce bleeding, THEREFORE it is done even if no foreign body or pathological lesion is seen in the alveolus.

DAS-202. The upper third molar is always similar to the second molar, THEREFORE left and right sided forceps are used to remove them which differ from molar forceps in that their beaks are bent backwards.

DAS-203. The removal of a tooth or root must always be begun with forceps or elevators even if they are difficult to apply, THEREFORE surgical removal may only be applied after these.
DAS-204. The periodontal ligaments of an avulsed tooth are easily destroyed, but they can regenerate in the original position of the tooth, THEREFORE avulsed teeth have to be replanted.

DAS-205. In the case of *dentitio difficilis* the tooth cannot erupt through the thick gum above it, THEREFORE as a treatment an incision is always performed.

DAS-206. A palatal abscess often develops from the periapical periodontitis of a tooth the root of which is bent in a distopalatinal direction, THEREFORE it most often develops from a canine.

DAS-207. When performing cystostomy the cyst wall is completely removed, because the chances of recurrence are slim if it is removed entirely.

DAS-208. Local anaesthetics easily penetrate the myelin sheath of nerves, because they are well soluble in water in the form of hydrochloric salts.

DAS-209. Osteomyelitis occurs more often in the maxilla than the mandible, because the several small supplying vessels provide worse blood supply than the one major artery supplying the lower jaw.

DAS-210. Alveolar osteitis is characterised by strong pain, because the inflammation that develops around the empty socket is associated with severe pain.

DAS-211. The incision to remove a jaw cyst has to be done above the cavity, because if the cavity is opened thus, its content is easier to remove.

DAS-212. In the case of a continuous suture a single thread connects the wound edges, therefore if the stitch cuts through somewhere or is not properly tightened the whole row of sutures can become loosened.

DAS-213. It is not recommended to use an elevator to remove the roots of upper molars, because thus it is easy to cause an injury of the facial nerve.

DAS-214. The fractured palatinal root of an upper molar tooth may be approached through a Wassmund- type flap on the palatinal side, because the trapezoid flap is good to remove fractured roots.

DAS-215. It is best to apply a Pichler type flap for apicectomy, because in this type the sides of the flap may be lengthened if the root is long.

DAS-216. In the case of a pericoronitis *per os* antibiotics are never recommended, because the process is usually well treated by local therapies.

DAS-217. When preparing a palatinal flap the incision has to be in the midline of the palate and/or at the neck of teeth, because thus an injury to the anterior palatal artery can be avoided.

DAS-218. The treatment of trigeminal neuralgia is always pharmacological, because after surgical intervention anaesthesia of the innerved area occurs.

DAS-219. Large maxillary cysts are converted to be side cavities of the maxillary sinus, therefore during the Luc-Caldwell operation a bony window is opened towards the lower nasal cavity.

DAS-220. The removal of a sialolith in the submandibular gland happens through an intraoral approach, because the salivary gland is easier to approach through the floor of the mouth than through an extraoral incision.

DAS-221. Enosseal implants are usually not loaded for 3-4 months after placement, because a good fibrous healing can only be expected this way.

DAS-222. The infraorbital nerve is an end branch of the maxillary nerve, therefore it provides the complete sensory innervation of half the face.

DAS-223. The lingual nerve is a branch of the inferior alveolar nerve, therefore the lingual nerve is a sensory one.
DAS-224. The pH of inflamed tissues may be acidic, therefore in inflamed tissues the concentration of the free unloaded base of the anaesthetic is lower.

DAS-225. A cyst does not belong to the group of tumours, because the growth of a cyst is not a result of cell proliferation.

DAS-226. The typical site of occurrence of a follicular cyst is the apex of an unerupted tooth, because this cyst develops from the enamel epithelium left behind.

DAS-227. The main cause of osteoradionecrosis is the destruction of osteocytes because the small vessels of the bone are occluded due to radiation treatment.

DAS-228. Pleomorphic adenoma is a mesenchymal tumour, because histologically it contains mucoid and myxomatous elements as well.

**QUADRUPLE ASSOCIATION**

A. impaction
B. retention
C. both
D. none

DAS-229. during its eruption the tooth is stuck behind an obstacle
DAS-230. it mostly happens with lower third molars
DAS-231. the position of tooth can be studied on a bite-on X-ray
DAS-232. its treatment is surgical and/or orthodontic

A. keratocyst
B. follicular cyst
C. both
D. none

DAS-233. odontogenic cyst
DAS-234. it has a high frequency of recurrence
DAS-235. it is the most common odontogenic cyst
DAS-236. it most often develops around the crown of the impacted lower third molar

A. seaman’s knot
B. surgical knot
C. both
D. none

DAS-237. both of its loops are simple
DAS-238. both of its loops are double
DAS-239. its first loop is double, its second loop is simple
DAS-240. its first loop is simple, its second loop is double

A. alveolar osteitis
B. purulent periostitis
C. both
D. none

DAS-241. the regional lymph nodes are usually swollen
DAS-242. it is characterised by a high, septic fever
DAS-243. fistula formation is characteristic
DAS-244. a gauze strip dipped in Chlumsky’s solution is used for its treatment

A. anterior branches (part) of the mandibular nerve  
B. posterior branches (part) of the mandibular nerve  
C. both  
D. none

DAS-245. it mainly contains sensory nerves  
DAS-246. it mainly contains motor branches  
DAS-247. one of its branches is the buccal nerve (buccinator)  
DAS-248. its injury causes the paresis of the facial muscles

A. acute osteomyelitis  
B. chronic osteomyelitis  
C. both  
D. none

DAS-249. high fever and bad general condition are characteristic of it  
DAS-250. fistula formation and sequestration are its characteristics  
DAS-251. it is more frequent in the maxilla  
DAS-252. its therapy is surgery and antibiotics

A. pterygopalatine fossa  
B. pterygomandibular space  
C. both  
D. none

DAS-253. it has a communication to the infratemporal fossa  
DAS-254. it is funnel shaped towards the caudal direction  
DAS-255. its important features are the second and third branches of the trigeminal nerve  
DAS-256. its important feature is the first branch of the trigeminal nerve

A. rhinogenic maxillary sinusitis  
B. odontogenic maxillary sinusitis  
C. both  
D. none

DAS-257. there is swelling on the face  
DAS-258. the inflammation is often purulent  
DAS-259. its chronic form can be a source of focal infection  
DAS-260. its treatment is mostly conservative

A. Inj. Lidocain 2%  
B. Inj. Ultracain 2%  
C. both  
D. none

DAS-261. its toxicity is higher than that of procaine  
DAS-262. it contains a vasoconstrictor  
DAS-263. it is the local anaesthetic most often used in dentistry
DAS-264. its maximal daily dose is 20 ml
A. Inj. Lidocain – Adrenalin
B. Inj. Ultracain DS Forte
C. both
D. none

DAS-265. it contains a 4% solution
DAS-266. its epinephrine content is 0.001%
DAS-267. its maximal daily dose is 12.5 ml
DAS-268. it has a good diffusional property
A. trigeminal neuralgia
B. glossopharyngeal neuralgia
C. both
D. none

DAS-269. typical neuralgia
DAS-270. its aetiology is unknown
DAS-271. its trigger zone is at the tip of the tongue
DAS-272. the alcoholic infiltration of the Gasserian ganglion also features in its therapy
A. pleomorphic adenoma
B. Warthin-tumour
C. both
D. none

DAS-273. it is mostly found in the lower pole of the parotid gland
DAS-274. epithelial tumour
DAS-275. a lesion without a capsule
DAS-276. it accounts for about 2% of all salivary gland tumours
A. pterygomandibular space
B. pterygopalatine fossa
C. both
D. none

DAS-277. its upper border is the medial pterygoid muscle
DAS-278. its posterior border is the parotid gland
DAS-279. it is in communication with the infratemporal fossa
DAS-280. an important feature is the lingual nerve
A. abscess
B. phlegmon
C. both
D. none

DAS-281. same as acute cellulitis
DAS-282. its characteristic swelling is large and hard
DAS-283. surgical incision and approach is important in its therapy
DAS-284. its main causative agents are viruses
   A. radicular cyst
   B. follicular cyst
   C. both
   D. none

DAS-285. develops on the ground of inflammation
DAS-286. its growth is the result of cellular proliferation
DAS-287. it has an epithelial lining
DAS-288. the cyst wall and the involved tooth always have to be removed
   A. Partsch’s incision
   B. Pichler’s incision
   C. both
   D. none

DAS-289. it is concave towards the marginal gingiva
DAS-290. it is convex towards the marginal gingiva
DAS-291. it is also called an L-shape flap
DAS-292. a vertical releasing incision is performed as well
   A. procaine
   B. lidocaine
   C. both
   D. none

DAS-293. it contains an amide bond
DAS-294. it contains an ester bond
DAS-295. its toxicity is low
DAS-296. has the best diffusion property among local anaesthetics
   A. Ultracain (Articaine)
   B. Marcain (Bupivacaine)
   C. both
   D. none

DAS-297. its time of effect is especially long
DAS-298. its toxicity is 10 times more than procaine
DAS-299. its diffusion property is very good
DAS-300. it contains 4% material without vasoconstrictor
   A. coagulopathy
   B. vasculopathy
   C. both
   D. none

DAS-301. platelet counts are normal
DAS-302. coagulation time is largely increased
DAS-303. bleeding time is largely increased

83/36
DAS-304. coagulation time is normal

A. the pterygopalatine part of the maxillary nerve
B. the orbital part of the maxillary nerve
C. both
D. none

DAS-305. palatinal nerves branch off here
DAS-306. superior posterior alveolar nerves branch off here
DAS-307. superior labial rami branch off here
DAS-308. lower palpebral rami branch off here

A. actinomycosis
B. tuberculosis
C. both
D. none

DAS-309. it is caused by bacteria
DAS-310. multiple abscess formation is characteristic
DAS-311. it is a specific inflammation
DAS-312. it is treated with antifungal agents

A. Volkmann curette
B. Kerpel curette
C. both
D. none

DAS-313. paired instrument
DAS-314. it is mainly used on the mandible
DAS-315. straight instrument
DAS-316. its working end has a sharp edge and resembles an empty hemisphere

A. tooth replantation
B. tooth transplantation
C. both
D. none

DAS-317. it is the moving of a healthy tooth to the place of a missing one
DAS-318. its success mainly depends on the physiological connection between periodontal fibres and cement
DAS-319. one of its complications is ankylosis
DAS-320. splinting is necessary after the intervention

A. the Lecluse elevator
B. the Barry elevator
C. both
D. none

DAS-321. tooth elevator
DAS-322. root elevator
DAS-323. paired instrument
DAS-324. is indicated on the mandible

Oral diagnostics, oral radiology, oral pathology
Simple choice

DGN-1. The preliminary „working diagnosis” is used:

A. At the referral
B. Request for histology
C. As a basis for treatment
D. In the final hospital bulletin
E. In case of consultation

DGN-2. A diagnostic aid used in physical examination:

A. Ultrasonic examination
B. Biopsy
C. Punction
D. Panoramic radiography
E. Primary sensory organs of the dentist

**DGN-3.** Does not belong to the dental diseases:

A. Caries  
B. Periodontitis  
C. Impaction of a tooth  
D. Trismus  
E. Ganrena pulpae

**DGN-4.** Does not belong to the emergency diagnoses:

A. Periostitis  
B. Fracture of the mandible  
C. Postextraction bleeding  
D. Sialadenosis  
E. Irreversible pulpitis

**DGN-5.** Dental case history includes:

A. Prescribing pills  
B. Previous orthodontic treatment  
C. Number of children  
D. Education  
E. Name of the family doctor

**DGN-6.** The main aim of the family case history is:

A. Assessment of financial background  
B. Recording previous hospital treatments  
C. Exploring genetic background of diseases  
D. Recording of the ongoing treatments  
E. Exploring allergic diathesis

**DGN-7.** Does not an important factor of the treatment plan:

A. Main complain  
B. Treatment fee  
C. Marital status  
D. Oral health condition  
E. Possible complications

**DGN-8.** A characteristic of the reduced treatment plan:

A. Relieving of pain  
B. Treatment of all active and progressive lesions  
C. Treatment of all the dental pathoses  
D. Focusing on a special complain  
E. One visit treatment

**DGN-9.** No 10 tooth means according to the US mark is:
A. Upper right lateral incisor  
B. Upper left lateral incisor  
C. Lower right canine  
D. Upper right canine  
E. Upper left central deciduous incisor

DGN-10. The lower right second molar is according to the FDI system:
A. 17  
B. 47  
C. 87  
D. 57  
E. 27

DGN-11. Does not belong to the dental physical examination:
A. Determination of vital signs  
B. Intraoral examination  
C. Examination of lymph nodes on the neck  
D. Determination of the visus  
E. Examination of main salivary glands

DGN-12. Does not be used the following sensory organ by the dentist during the physical examination:
A. Eyesight  
B. Listening  
C. Tasting  
D. Smelling  
E. Tactile sensation

DGN-13. The technique of checking the dental mobility is:
A. Vertical percussion  
B. Horizontal percussion  
C. Oro-vestibular movement of the tooth between two fingers  
D. Oro-vestibular movement of the tooth with two rigid dental instruments  
E. Oro-vestibular movement of the tooth between one finger and a dental mirror

DGN-14. Suggested diagnostic technique in case of vertical tooth fracture is:
A. Lateral percussion of the tooth  
B. Vertical percussion  
C. Panoramic radiography  
D. Biting on a plastic wedge  
E. Occlusal radiography

DGN-15. Scintigraphic technique of salivary gland is:
A. Intraductal injection of $^{99}$Tc isotope  
B. Intraductal injection of $^{95}$I isotope  
C. Intravenous injection of $^{99}$Tc isotope
D. Intravenous injection of $^{95}$I isotope
E. Intravenous injection of $^{66}$Co isotope

DGN-16. Role of the panoramic radiography in the examination of apical or marginal periodontium is:

A. Subsidiary
B. Equivalent with intraoral projections
C. Suggested
D. Useless
E. Used for incisors

DGN-17. A contraindication of sialography is:

A. Suspicion of tumour
B. Suspicion of cyst
C. Suspicion of sialadenosis
D. Suspicion of acute purulent inflammation
E. Suspicion of reduction of saliva secretion

DGN-18. Indication of small salivary gland biopsy is:

A. Isolated swelling of the cheek
B. Isolated swelling of submandibular region
C. Suspicion of Sjögrens’ syndrome
D. Suspicion of Papillon-Lefèvre syndrome
E. Suspicion of diabetes mellitus

DGN-19. Choose a landmark which may be seen on upper periapical radiographs:

A. Inferior border of the mandible
B. External oblique line
C. Mandibular condyle
D. Coronoid process
E. Mental foramen

DGN-20. Direction of the central beam for lateral upper incisors using bisecting technique:

A. $+50^\circ$
B. $+45^\circ$
C. $+55^\circ$
D. $+35^\circ$
E. $+40^\circ$

DGN-21. The border of the maxillary sinus on bisecting radiographs is:

A. the projection of the floor of the antrum
B. the projection of the floor of the nasal cavity
C. the projection of the latero-basal wall of the antrum
D. the projection of the distal wall of the antrum
E. the projection of the medial wall of the antrum

**DGN-22.** The best design of the collimator for radioprotection purposes:

A. Conical shape closed ended plastic
B. Cylindrical open ended plastic
C. Cylindrical containing metal ring
D. Rectangle covered with metal
E. Cylindrical covered with metal

**DGN-23.** Does not belong to the healthy periapical complex:

A. Root apex
B. Periodontal ligament
C. Lamina dura
D. Spongy bone
E. External oblique ridge

**DGN-24.** The visible layer of the carious enamel lesion on radiographs:

A. Surface zone
B. Body of the lesion
C. Dark zone
D. Sound enamel
E. Transparent zone

**DGN-25.** A carious lesion is classified as D2, when:

A. The enamel is intact
B. Involves less than half way through the enamel
C. Penetrates half way through enamel but not involving DEJ
D. Involving the dentino-enamel junction (DEJ)
E. Penetrating more than half way the dentine

**DGN-26.** Progressive chronic apical periodontitis means:

A. Any periapical diseases
B. Sinus tract
C. Radicular cyst
D. Granulome
E. Osteoma

**DGN-27.** Does not cause differentiate diagnostic problem in radiographic appearance of radicular cysts:

A. Nasal transparency
B. Stafne’s cyst
C. Incisive foramen
D. Structural transparency
E. Maxillary sinus

**DGN-28.** Not the characteristic sign of marginal periodontal bone loss on radiographs:

A. Outline of lingual cortical intersects roots more than 2 mm from the cementum-enamel junction apically
B. External oblique line intersects roots more than 2 mm from the cementum-enamel junction apically
C. Examining lamina dura and periodontal ligament starting apical toward coronal they disappear deeper than normal
D. The presence of hemiseptum
E. Interrupted linea externa

**DGN-29.** Detectable predisposing factor for periodontal diseases on radiographs:

A. Tight contact between neighbour teeth
B. Loose contact between neighbour teeth
C. The presence of supragingival plaque
D. The presence of subgingival plaque
E. All the cases mentioned above

**DGN-30.** The best choice for full mouth radiographic survey regarding the radiation safety is:

A. Dental panoramic tomography
B. Enlarged panoramic radiography
C. 11 periapical radiographs
D. Bitewing radiographs
E. Cefalometric radiograph

**DGN-31.** A radiopaque visible layer of caries on radiographs is:

A. Desintegration zone
B. Bacterium lacking zone
C. Pioneer zone
D. Demineralized zone
E. Translucent zone

**DGN-32.** No part of the limitations in diagnosing periodontal diseases by radiograph:

A. calculus
B. Early furcation involvement
C. Tooth mobility
D. Four wall infrabony defect
E. Early bone loss

**DGN-33.** The advantage of parallell x-ray technique:

A. The film-holder causes discomfort
B. Modified set of film-holder is needed for root canal length determination
C. Operates at higher kV than bisecting technique
D. Film positioning needs a special attention
E. More film needed for full mouth survey

DGN-34. Not a part of the film blackening characteristic curve:
A. Film gamma
B. Basal fog
C. Over exposition
D. Under exposition
E. Solarization

DGN-35. Characteristic of stochastic effect:
A. Entirely somatic
B. There is a threshold dose below which effects do not occur
C. There is biological repair
D. Both somatic and hereditary effects can appear
E. None of the effects mentioned above

DGN-36. Radiation protection for the patient included:
A. Personal monitoring
B. Stand away from the primary beam
C. Stand at right angles to the primary beam
D. The film is always held by the operator
E. Taking into consideration the ALARA principle

DGN-37. Characteristic features of Sjögren’s syndrome:
A. A disease of childhood
B. Its main symptom is sialorrhoea
C. Preponderance of males
D. Myxomatous degeneration of lacrimal glands
E. Autoimmune disease

DGN-38. Characteristics of internal granuloma:
A. Tooth shape anomaly
B. Bacterial infection
C. No radiologic findings
D. Does not occur in adult teeth
E. Resorption in the dentin

DGN-39. Which disease causes chronic lymph node enlargement of the neck?:
A. Chronic lymphoid leukemia
B. Acute pulpitis
C. Acute periodontitis
D. Leukoplasia
E. Queyrat’s erythroplakia

DGN-40. Characteristics of oral hemangiomes:

A. Predilection place is the lip
B. Rapid growth
C. Most frequent in the jaws
D. Inclination into malignancy
E. No soft tissue manifestation

DGN-41. The pulp necrosis:

A. Always causes intense pain
B. Always an infective process
C. Always stinky, putrid process
D. May cause grey discoloration of the tooth
E. It has no further complications

DGN-42. What is a mesiodens?

A. Impacted tooth in the mandible
B. A tooth in the midline with normal shape and size
C. An atypical molar in the midline
D. Atypical supernumerary tooth in the midline
E. None of them

DGN-43. Which may not cause enamel hypoplasia:

A. Vitamin deficiency (A, C)
B. X-ray examination
C. Syphilis
D. Fluor intoxication
E. Infection of a tooth germ

DGN-44. Which is a focal infection?

A. Leukoplasia
B. Median rhombic glossitis
C. Rheumatoid carditis
D. Epidemic parotitis
E. Chronic periodontitis
DGN-45. Characteristics of odontogenic myxoma:

A. A tumor with metastatic capacity  
B. Derives from the connective tissue of tooth papilla  
C. Occurs in all bones  
D. Always painful  
E. No recurrence

DGN-46. Which is a tooth shape anomaly?

A. Hyperodontia  
B. Dilaceration  
C. Anodontia  
D. Microdontia  
E. Amelogenesis imperfecta

DGN-47. What is the most dangerous complication of the cellulitis with dental origin?

A. Trismus  
B. Peridontopathy  
C. Thrombophlebitis  
D. Cementhyperplasia  
E. Sequester formation

DGN-48. An irreversible form of trismus:

A. Neurogenous  
B. Arthrogenic  
C. Myogenic  
D. Osteogenic  
E. Reflectoric

DGN-49. Defense reaction of the pulp:

A. Pseudodentine  
B. Reticular atrophy of the pulp  
C. Vacuolic degeneration  
D. Hyalin degeneration  
E. Tertiary dentin

DGN-50. Which disorder is characterized by “shadow teeth”?

A. Enamel hypoplasmy  
B. Dentin hypoplasmy  
C. Amelogenesis imperfecta
D. Regional odontodysplasia
E. Dentinogenesis imperfecta

DGN-51. Characteristics of follicular cyst:

A. Most frequent location is the lower incisor area
B. Risk of ameloblastic transformation
C. Apical location
D. There are no complications
E. Occurs only in case of decidual tooth

DGN-52. Chronic periodontal inflammation

A. Periodontal abscess
B. Parodontoma
C. Congenital epulis
D. Gingival fibromatosis
E. Chronic periodontitis

Multiple choice

DGN-53. Methods of the adjunctive examination are the following:

1. Scintigraphy
2. Panoramic radiography
3. Blood pressure measurement
4. Exfoliative cytology

DGN-54. Does not belong to dental diseases:

1. Gingivitis
2. Ranula
3. Periapical granuloma
4. Pyogenic granuloma

DGN-55. Does not characteristic for comprehensive dental diagnosis:

1. Recording the chief complain solely
2. Omission of the extraoral examination
3. Ignoring panoramic radiography
4. Omission of sensitivity test

DGN-56. Parts of the diagnostic database are:

1. Medical history
2. CT examination
3. Physical examination
4. Histological examination

**DGN-57.** Dental screening diagnosis does not include:

1. General health condition of a given patient
2. Full oral health condition of a given patient
3. Family case history of a given patient
4. Presence of a disease on a given patient

**DGN-58.** Medical history includes the following data:

1. Personal data
2. Chief complain
3. Oral hygienic habits
4. Taken pills

**DGN-59.** Characteristics of dentin sensitivity are the following:

1. Raises spontaneously
2. Evoked by external stimuli
3. Sensitivity persists after the break off stimuli
4. Sensitivity ceases right after the break off stimuli

**DGN-60.** Characteristic signs of the Eagle-syndrome are:

1. Pain at swallowing
2. Pain raises spontaneously at night
3. Calcification of stylohyoid ligament on panoramic projection
4. limited mouth opening

**DGN-61.** Aspects of pain analysis are:

1. Time of onset of pain
2. Localization of pain
3. Characteristics of pain
4. Evoking factors

**DGN-62.** Collected data through dental diagnosis are grouped:

1. General health condition
2. Dental abnormality
3. Non dental abnormality
4. Developmental abnormality other organs than the head and neck region

**DGN-63.** Dental diseases are the following:

1. Caries
2. Lip carcinoma
3. Chronic gingivitis
4. TMJ disfunction
DGN-64. These objects are examined by touching of the neck:

1. Submental and submandibular regions
2. Parotid glands
3. Organs at the sagittal (thyroid, pharynx)
4. TMJ

DGN-65. Compulsory parts of removed tissue in case of incision biopsy are:

1. Healthy tissues of collateral organs
2. Healthy tissues of the surrounding tissues
3. Pathological boundary of the diseased tissue
4. Pathological tissue from the core of the diseased tissue

DGN-66. Advantages of the digital radiography compared to conventional radiography are:

1. Radiation of the patient is the same
2. Real time visualization
3. Fixed contrast and light functions
4. Archiving in the same quality

DGN-67. Main indications of the MRI are:

1. TMJ disorders
2. Jaw fractures
3. Tumors of salivary glands
4. Inflammations of salivary glands

DGN-68. CT is unusuable for diagnosis of:

1. Salivary gland function
2. TMJ disorders
3. Determination of degree of the trismus
4. Tumors of salivary glands

DGN-69. Does not characteristic for inflammatory diseases of salivary glands:

1. Hyposalivation
2. Hypersalivation
3. Swelling of the gland
4. Fistula

DGN-70. Painful, acute swelling of salivary glands characteristic to the following diseases:

1. Acute, purulent inflammation
2. Cyst
3. Obstruction
4. Tumor
DGN-71. Features of periodontal cysts:

1. May proliferate as a result of inflammation in a periodontal pocket
2. May develop at the root apex
3. When these cysts arise the tooth is vital
4. They arise around non vital teeth

DGN-72. Anatomic landmarks on the periapical radiographs taken of lower incisors:

1. Mandibular canal
2. Incisive canal
3. Mental foramen
4. Lingual foramen

DGN-73. Localization techniques in dental radiology are the following:

1. Stereo-radiography
2. Parallax principle
3. Nitsche-Valyi extraoral radiograph
4. Short cone (Parma) radiograph

DGN-74. Appears as an apical transparency on radiographs:

1. Enlarged pulp with open apical foramen
2. Granuloma
3. Radicular cyst
4. Sclerosing osteitis

DGN-75. Carious lesions confined to enamel:

1. D1
2. D3
3. D2
4. D4

DGN-76. Its dimension is sievert (Sv):

1. Equivalent dose
2. Absorbed dose
3. Effective dose
4. Radioactivity

DGN-77. Resembles to caries on radiographs:

1. Cervical burnout
2. Mach band effect
3. Pseudo-transparency
4. Structural transparency

DGN-78. Differential diagnostic cases of cementoma in radiography:
1. Granuloma
2. Hypercementosis
3. Enostosis
4. Centrally localised osteoma

**DGN-79.** Radiographic appearances of root fracture due to trauma:

1. One horizontal dark line
2. One vertical dark line
3. Two horizontal dark lines
4. One horizontal white line

**DGN-80.** Early signs of the periodontal disease:

1. Crestal irregularities
2. Enlargement of nutrient canals
3. Triangulation
4. Hemiseptum

**DGN-81.** Radiographic techniques used for imaging of the TMJ:

1. Dental panoramic tomography
2. Short cone (Parma)
3. Reverse Towne
4. Cephalometry

**DGN-82.** Techniques for full mouth survey:

1. Cephalometry
2. Dental panoramic tomography
3. 9 periapical films
4. 11 periapical films

**DGN-83.** Excentric direction of x-ray beam is preferable in case of:

1. periapical radiographs of upper premolars
2. coronal radiographs of upper central incisors
3. periapical radiographs of lower molars
4. bitewing films

**DGN-84.** A circumscribed periapical transparency on radiographs may include the following pathologies:

1. Radicular cyst
2. Periapical abscess
3. Granuloma
4. Cementoblastic stage of cementoma
DGN-85. On radiograms cementomas must be differentiated from:

1. Chronic apical periodontitis
2. Apical condensing osteitis
3. Hypercementosis
4. Enostosis

DGN-86. X-ray picture of odontoma compositum complicatum tumors is featured by the following:

1. retention of teeth
2. there are small, tooth like objects
3. diasthema could be present
4. irregular opacity could be present

DGN-87. Traumatic injuries of tooth germ:

1. Horizontal fracture of crown
2. Infraction
3. Operative fraction
4. Dilaceration

DGN-88. Visible landmarks in the maxillary sinus on a periapical radiograph:

1. Posterior superior alveolar canal
2. Septum
3. Mucous retention cyst
4. Nasolacrimal canal

DGN-89. Cause of positional anomalies of teeth:

1. Finger sucking
2. Persistent decidual tooth
3. Early decidual tooth extraction
4. Inheritance

DGN-90. Causes of root resorption:

1. Chronic periapical inflammation
2. Reimplantation
3. Jaw cysts
4. Traumatic overloading

DGN-91. Complications of palatoschisis:

1. Disturbance of speech development
2. Dysphagia
3. Aphasia
4. Otitis media
DGN-92. Causes of tooth aplasia:

1. Inheritance
2. Embryopathies
3. Syphilis
4. Intrauterin X-ray irradiation

DGN-93. Features of dermoid cyst:

1. Painless enlargement
2. Intraoral location
3. Extraoral location
4. Well palpable lesion

DGN-94. Bullous mucosal lesions occur in:

1. Lichen ruber planus
2. Stevens-Johnson’s syndrome
3. Aphthous stomatitis
4. Pemphigus vulgaris

DGN-95. Causes of macrocheilia:

1. Haemangioma
2. Lipoma
3. Lymphangioma
4. Sjögren’s syndrome

DGN-96. Features of pocket formation

1. Atrophy
2. Increasing depth of probing depth
3. Spontaneous regression
4. Purulent exudate

DGN-97. Precancerous condition:

1. Leukoplakia
2. Leukoeedema
3. Syphilitic glossitis
4. Glossitis migrans

DGN-98. Occurs only in the jaws:

1. Caffey’s disease
2. Cherubismus
3. Fibrous dysplasia
4. Ameloblastoma

DGN-99. Benign salivary gland tumours:

1. Mixed tumor
2. Oncocytoma
3. Adenoid cystic carcinoma
4. Warthin’s tumor

DGN-100. Symptoms of endocrine disease:

1. Macroglossia
2. Atrophic glossitis
3. Fibrous cystic osteodystrophy
4. Ulcerated stomatitis

DGN-101. Sequale of mechanical injury:

1. Morsication
2. Mucocele
3. Fissured granulome
4. Decubitus

DGN-102. Early oral symptoms of acute leukemia:

1. Ulceration
2. Spontaneous bleeding
3. Tumor-like leukemic infiltrations
4. Necrotizing inflammation

DGN-103. Symptoms of Plummer-Vinson’s syndrome:

1. Dysphagia
2. Ulcerative gingivitis
3. Atrophic glossitis
4. Macrocytae anaemia

DGN-104. Drugs with side effect of gingival hyperplasie:

1. Sacerno
2. Eunoctin
3. Nifedipin
4. Diazepam
Relation analysis

DGN-105. Differential diagnosis means differentiating of similar diseases, **therefore** it does not used in dental diagnosis.

DGN-106. Subjective complaint is the cognition of the patient, therefore subjective complaint always appear before than the objective sign.

DGN-107. Performing definitive diagnosis of the general diseases is not the task of the dentist, therefore it is not necessary collecting data on general health during the medical history.

DGN-108. The patients age does not considered at the treatment planning, therefore the comprehensive treatment plan is influenced by financial factors only.

DGN-109. Performing the treatment plan is solely influenced by the patients aspects, therefore the dentist considers the possible complications only.

DGN-110. All the complaints of the patient is marked, therefore data of other examinations should not be marked.

DGN-111. Panoramic systems deliver a similar ionization to that of four periapical films, therefore full mouth survey must always be taken by panoramic systems.

DGN-112. The aim of excision biopsy is to remove the whole pathological tissue for histological examination and providing definitive therapy, therefore in diagnosing the diseases of the oral mucosa the excision biopsy is the only used treatment.

DGN-113. Histological examination is important in difference diagnose of salivary gland diseases, therefore parotid biopsy is indicated in case of mumps.

DGN-114. In case of fluorosis matt and brownish spots can be seen, therefore teeth having dental fluorosis resistant against caries.

DGN-115. The origine of odontogenic sinusitis may be detected on periapical radiographs, therefore sinusitis is usually examined with extraoral radiography methods.

DGN-116. In case of persistancy of deciduous teeth during dental examination bitewing radiograph is prescribed, because in case of persistancy the aplasia or retention of permanent tooth is the main findings.

DGN-117. Radiographic examination before tooth removal may call attention for possible postsurgical complications, because the extension of maxillary sinus into the tuber exerts no influence to the tuber fractures.

DGN-118. The digital subtraction radiography is a highly sensitive method, because it shows the differences between the baseline and follow up radiographs.
DGN-119. Tunned apperture computed tomography (TACT) is a superior imaging modality for follow up examination of implants, because it shows the differences between the baseline and follow up radiographs.

DGN-120. Verifying the presence of sialolith sometimes needs sialography over plain film radiography, because the sialolith always seems as an opacity.

DGN-121. Dental panoramic tomography does not show the temporo-mandibular joint, because the source of x-ray is placed intraorally.

DGN-122. Proximal recurrent caries is always visible on bitewing films if the x-ray beam is correctly centered, because the central beam is positioned orthoradially.

DGN-123. In the interpretation of intraoral radiographs for periodontal disease, it is important that high kilovoltage technique is used, because it produces a radiograph with long-scale contrast, that is better in the interpretation of bony lesions.

DGN-124. Absorption of x-rays is proportional to the square of atomic number, because elements with greater atomic number absorb x-rays less than those having lower atomic number.

DGN-125. Fluoride has a significant role in the caries prophylaxis, therefore it is necessary a permanent treatment of patients with a high amount of fluoride.

DGN-126. One of the main characteristics of periodontitis is the bone loss of the alveolar crest, therefore radiography is the principal tool to determinine the extent of bone loss.

DGN-127. The spread of osteomyelitis in the jaw is slower than in long corticated bones, because the extensive spread of inflammation is retarded by the existing trajectorial system of the jaw as well as the roots of teeth.

DGN-128. One sided carcinoma of the tongue have a metastatic capacity to the lymph nodes of both sides, justifying that the lymphatic wessels have crossings on the neck.

DGN-129. Malignant transformation of the pulpal polyp is possible, justified by the observable proliferation of glands in it.

DGN-130. Warthin’s tumor occurs exclusively in the parotid gland, because the parotid is a serous type gland.

DGN-131. Pulp necrosis causes always chronic periodontitis, because the necrotic pulp contains always bacteria.

DGN-132. Oral fibroma develops usually by means of mechanical irritation, therefore lower lip is the characteristic localisation of fibromas.

DGN-133. The teeth are hypocalcified in case of odontodysplasia, therefore odontodysplatic teeth are characteristic „shadow teeth” on X-ray picture.
DGN-134. Sarcomas are malignant mesenchymal tumours, therefore the prognosis of sarcomas is worse as compared to that of carcinomas.

**Four Association**

A. Hyposalivation  
B. Swelling of the salivary gland  
C. Both  
D. Neither

DGN-135. It is usually painful.

DGN-136. It is visible on panoramic radiographs.

DGN-137. Characteristic to Sjögren-syndrome.

DGN-138. Small salivary gland biopsy is indicated.

A. Sjögren-syndrome  
B. Mumps  
C. Both  
D. Neither

DGN-139. Hypersecretion of parotid gland may be appeared.

DGN-140. Its characteristic is the fever.

DGN-141. Serious hyposalivation is characteristic.

DGN-142. Swelling of the parotid is characteristic.

A. Cytomegalovirus caused siladenitis  
B. Mumps  
C. Both  
D. Neither

DGN-143. It is frequent in infancy.

DGN-144. Mainly appears on early ages and on young adults.

DGN-145. High fever is characteristic.

DGN-146. It may attached with lesions of eyes.

A. Dentinogenesis imperfecta  
B. Amelogenesis imperfecta  
C. Both  
D. Neither
DGN-147. It is genetically determined.

DGN-148. Hypersensitivity of the teeth is characteristic.

DGN-149. Early appearance of attrition is characteristic.

DGN-150. Decrease of caries risk is characteristic.
   
   A. Erosion  
   B. Attrition  
   C. Both  
   D. Neither

DGN-151. It is caused by the contact of antagonist teeth.

DGN-152. This is a result of regressive changes of the teeth.

DGN-153. This develops as a result of chemical interactions.

DGN-154. This produces a v-shape notch in the cervical portion of the tooth.
   
   A. Lingual cortical bone may be destroyed  
   B. Presence of hemiseptum  
   C. Both  
   D. Neither

DGN-155. One-wall infrabony defect
DGN-156. Two-wall infrabony defect
DGN-157. Osseous crater
DGN-158. Three-wall infrabony defect
DGN-159. Circumferencial defect
DGN-160. Dermatological disease.

DGN-161. There is a vesiculobullous form of it.

DGN-162. Painful lesion.

DGN-163. Caused by bacterial infection.
   
   A. Pyogenic granuloma  
   B. Fissurated granuloma  
   C. Both of them  
   D. None of them

DGN-164. A lesion caused by denture.

DGN-165. Chronic inflammatory lesion.
DGN-166. Spontaneous regression.

DGN-167. Tendency to malignant transformation.
   A. Eosinophilic granuloma
   B. Periodontitis
   C. Both of them
   D. None of them


DGN-169. Spontaneous regression.

DGN-170. Periodontal abscess is the complication.

DGN-171. Results in loss of teeth.
   A. Intraoral non Hodgkin lymphoma
   B. Intraoral Hodgkin-lymphoma
   C. Both of them
   D. None of them

DGN-172. Severe malignant disease.

DGN-173. Extraordinary rare lesion.


DGN-175. Polymorphous epithelial cell invasion is characteristic
   A. Hairy-leukoplakia
   B. Kaposi’s sarcoma
   C. Both of them
   D. None of them

DGN-176. Multiple manifestations.

DGN-177. Characteristic oral symptom in AIDS.


DGN-179. Occurs also in patients without AIDS.
Endodontics

**END- 1.** Its cross-section is triangular:
   A) Kerr-reamer  
   B) Miller needle  
   C) Donaldson  
   D) Excalibur  
   E) Gates-Glidden bur

**END 2.** It has only one cutting edge:
   A) Kerr-reamer  
   B) Hedström file  
   C) Barbed broach instrument  
   D) Kerr-file  
   E) Kerr-flex file
END-3. It has four cutting edges:
   A) Profile
   B) Hedström file
   C) Unifile
   D) Kerr-file
   E) Miller needle

END-4. It is usable for exploring the root canal:
   A) Miller needle
   B) Donaldson
   C) Apex locator
   D) Gottlieb probe
   E) Hedström file

END-5. It is usable both for reaming and filing
   A) Kerr-file
   B) Kerr-reamer
   C) Hedström file
   D) Barbed broach instrument
   E) Donaldson

END-6. Using the proper size the instrument enlarges the root canal walls uniformly:
   A) Donaldson
   B) Hedström file
   C) Miller needle
   D) Kerr-reamer
   E) Barbed broach instrument

END-7. It is not usable for circumferential root canal preparation:
   A) Kerr-reamer
   B) Kerr-file
   C) Hedström file
   D) Kerr-flex file
   E) Flexicut file

END-8. The tooth has to be anesthetized every time before root canal treatment if the diagnosis is:
   A) Necrotized pulp with periodontal involvement
   B) Chronic apical periodontitis
   C) Irreversible pulpitis
   D) Tooth with sinus tract
   E) Necrotic pulp with subperiosteal abscess

END-9. The location of the access cavity is in the middle third of the palatal surface:
   A) Upper first premolar
   B) Lower canine
   C) Upper second premolar
   D) Upper first incisor
   E) Lower first incisor
10. Starting from the central groove the access cavity outline should be extend towards to the buccal cusp:
   A) Lower first premolar
   B) Lower canine
   C) Upper first molar
   D) Lower second molar
   E) Wisdom tooth

11. Typical error preparing the access cavity of the lower first incisor:
   A) Only the pulp horns are opened
   B) The possibly second canal is missed
   C) Perforation of the base of the pulp chamber
   D) The palatal root canal is missed
   E) Because its wide root canal the preparation should be done with larger size instruments

12. Typical error preparing the access cavity of premolars:
   A) Because of the too long canals the standard instruments are too short
   B) The shape of the access cavity is triangular
   C) The pulp horns are left untouched
   D) Perforation of the base of the pulp chamber
   E) Broken lingual cusp

13. It is not true in case of standardized root canal preparation technique:
   A) The working length is constant
   B) Using enlarged numbered reamers
   C) After the preparation a file should be used for smoothen the canal walls
   D) After Kerr-reamers reaming the operator should use one size smaller Hedström file
   E) The working length is changeable

14. It is not true in case of root canal preparation:
   A) Kerr-reamers and Kerr- files can be used
   B) The reamers should turn in 90 degree anticlockwise motion
   C) Circumferential motion should be done with the files
   D) Using reamers of increasing size
   E) All the root canal walls should be instrumented

15. It is not expected for the intracanal medicaments:
   A) It should be bactericidal and fungicidal
   B) It should not irritate the periapical tissues
   C) It should have long term antibacterial effect
   D) It should diminish bleeding
   E) It should not stain the hard tissues

16. The cross-section of the root canal has an impressed oval form:
   A) Upper first incisor
   B) Lower second incisor
   C) Lower canine
   D) Lower second premolar
   E) Distal canal of the lower first molar
END-17. It is **not** included among the signs and symptoms of the partial acute pulpitis:
A) Sharp throbbing pain
B) Spontaneous pain
C) Reflected pain
D) Severe pain can be provoked by some stimuli
E) The carious lesion can invade the pulp

END-18. It does **not** belong to the signs and symptoms of the root perforation:
A) The shadow of the instrument is out of the root contour on radiograph
B) The tip of the instrument never invades the periapical alveolar bone border
C) Pain during treatment
D) Several bleeding
E) Emphysema develops during H2O2 irrigation

END-19. It diminishes the danger of the ledging during root canal treatment:
A) The apical curvature
B) Using rotary instrument
C) Creating dentinal plugs
D) Frequent irrigation during treatment
E) Preparation with sharp instrument

END-20. It diminishes the danger of the separation (fracture) of the instruments:
A) The lentulo spiral turned to anticlockwise direction
B) The Donaldson is operated 1 mm less from the apical constriction
C) The Hedström file is turned in clockwise direction
D) Engine driven preparation with high torque
E) Using EDTA containing RC-Prep

END-21. It is **not** usable for removing the root canal filling:
A) Hedström file
B) Profile
C) Chloroform
D) Engine driven Kerr-reamer
E) Lentulo spiral

END-22. **Not** responding positively for the sensitivity tests:
A) Hypersensitivity of the tooth’s neck
B) Partial pulpitis
C) Chronic pulpitis
D) Total pulpitis
E) Tooth with sinus tract

END-23. It is **not** characteristic of odontoblasts:
A) Well differentiated
B) Bipolar cells
C) They form the outer zone of the pulp
D) They are cells of connective tissue
E) They differentiated from mesenchymal cells
END-24. It is **not** characteristic of the nerves of the pulp:
   A) Sensitive and vegetative nerves
   B) They perceive every stimulus as pain
   C) They are connected to receptors
   D) Free endings of unmyelinated nerve fibres.
   E) They form plexus in the coronal pulp

END-25. What is meaning the „dead space” in endodontics?
   A) The unfilled space of the chronic apical periodontitis
   B) The cavity in the bone after root amputation
   C) The unfilled root canal or part of root canal
   D) The not filled carious lesion
   E) The empty trigonum interdentale

END-26. What is meaning the vital extirpation?
   A) The extirpation of the vital pulp
   B) The sculption of the vital tooth
   C) The extraction of the vital tooth
   D) The exploration of the pulp chamber
   E) The extirpation of the vital coronal pulp

END-27. It is **not** usable for pulp vitality testing:
   A) Cold water
   B) Dry ice
   C) Ethyl-chlorine
   D) Chloroform
   E) Frigen

END-28. It can **not** be found in the pulp:
   A) Fibroblast
   B) Monocyte
   C) Lymphocyte
   D) Malassez’s epithelial cell
   E) Histiocyte

END-29. It is **not** characteristic of the reversible pulpitis:
   A) A severe pain to salty stimulus
   B) Severe pain to warm stimulus
   C) Sensitivity to percussion
   D) Normal radiographic findings
   E) Stronger sensitivity for the electrical test than the counterlateral tooth

END-30. The strongest reaction can be expected to the electric stimulus in case of:
   A) A healthy pulp
   B) Diffuse pulp calcification
   C) Reversible pulpitis
   D) Purulent pulpitis
   E) Acute periodontitis

END-31. For indirect pulp capping **not** usable:
A) Phenol  
B) Peroxide of hydrogen  
C) Glass ionomer cements  
D) Zinc oxide-eugenol cement  
E) Calcium-hydroxide

**END-32.** The extraction of the tooth instead of a root canal treatment is suggested in case of:  
A) Rheumatic fever  
B) Haemophilia  
C) Diabetes  
D) Chronic leukaemia  
E) In none of the above mentioned

**END-33.** The length of an extra long instrument in mm is:  
A) 27  
B) 29  
C) 31  
D) 33  
E) 35

**END-34.** The manubrium of the ISO 30 reamer is coloured to:  
A) White  
B) Yellow  
C) Red  
D) Blue  
E) Green

**END-35.** The number of the cutting edges of the Hedström file is/are:  
A) One  
B) Two  
C) Three  
D) Four  
E) Five

**END-36.** The characteristic motion of the Excalibur instrument is:  
A) Aleatic motion  
B) Rotation  
C) Quarter turn in both clockwise and counter clockwise direction  
D) Up-and-down motion  
E) Oscillating motion

**END-37.** The magnitude of movement of the ultrasonic preparatory instrument at the end of the file:  
A) 2.3 nm  
B) 23 nm  
C) 2.3 µm  
D) 23 µm  
E) 2.3 mm

**END-38.** Its concentration is 0.2% during irrigation procedure of endo treatment:
A) Peroxide of hydrogen
B) NaOCl
C) Solvidont
D) Chlorhexidine
E) EDTA

**END-39.** The most disadvantageous root perforation (via falsa) from the therapeutic point of view is:
A) Perforation right at the alveolar crest
B) Perforation in the cervical third of the root
C) Perforation in the middle third of the root
D) Perforation in the apical third of the root
E) All of them are equally disadvantageous

**END-40.** It is characteristic of the Weil-layer:
A) It is the layer of the odontoblasts
B) Does not contain vessels
C) A lot of fibroblasts can be found here
D) The nerve fibers and the capillaries make a network here
E) This is located between the apical constriction and periodontal membrane

**END-41.** It has **not** role in development of sterile necrosis:
A) Bacteria
B) Intensive and constant hot stimuli
C) Heat created during dental procedure
D) Resin restoration without base
E) Trauma

**END-42.** The proper material for the apexification is:
A) Calcium-hydroxide
B) ZnOE-type cement
C) Falipulpin
D) AH26
E) EDTA

**END-43.** The success of the pulp capping is only proven by this:
A) Negative dental history
B) Negative apical findings on radiograph
C) Positive reactions for the vitality tests
D) Visible development of dentinal bridge (on radiograph)
E) None of them

**END-44.** The average number of the dentinal tubules pro mm$^2$ near the pulp is:
A) 75
B) 750
C) 7500
D) 75000
E) 750000
END-45. The root canal treated teeth become fragile after a certain period of time. The teeth with the highest risk are:
   A) Upper first incisors
   B) Lower first incisors
   C) Upper premolars
   D) Lower premolars
   E) Upper molars

END-46. It is not the property of the chlorhexidine:
   A) Reduces the number of the microorganisms
   B) Reduces the acid solubility of the enamel
   C) It can cause a brownish discoloration on the teeth
   D) It can cause taste disorders
   E) It can provoke allergic reactions

END-47. Injectable gutta-percha root canal filling technique:
   A) Vertical condensation of gutta-percha
   B) Lateral condensation of gutta-percha
   C) An obturation technique
   D) Single cone technique
   E) Partial point technique

END-48. The treatment of the flare-ups:
   A) Extraction
   B) Retreatment
   C) Prescribing nonsteroidals and/or antibiotics
   D) Making artificial fistula
   E) Splinting

END-49. The outcome of the root canal therapy can be decided:
   A) One week after filling
   B) Promptly after filling
   C) One month after filling
   D) Six month after filling
   E) 1-2 years after filling

END-50. An asymptomatic tooth (No 11) with a fistula is found in a patient previously undergone radiotherapy. What is to be done?
   A.) Immediate extraction
   B.) Extraction with antibiotic prophylaxis
   C.) Root canal treatment
   D.) Root canal treatment after six months
   E.) Nothing because the fistula guarantees the asymptomatic state

END-51. It is not suitable for a tooth vitality test:
   A.) Cold stimulus
   B.) Warm stimulus
   C.) Electric stimulus
   D.) Preparation of a test cavity
   E.) Anaesthesia test
52. In the case of a necrosis it can provoke toothache if the pulp chamber is still closed:
   A.) Cold stimulus
   B.) Warm stimulus
   C.) Electric stimulus
   D.) Osmotic stimulus
   E.) A test cavity preparation

53. The standard length (in mm) of the Kerr's reamer is:
   A.) 21
   B.) 25
   C.) 28
   D.) 31
   E.) 34

54. This instrument is not suitable for measuring the working length:
   A.) Endometer
   B.) Dentometer
   C.) Sono-Explorer
   D.) Digident
   E.) Dynatrak

55. This material has soft tissue-dissolving effect when cleaning the root canal with it:
   A.) Peroxide of hydrogen
   B.) Neomagnol
   C.) Peroxide of hydrogen + Neomagnol
   D.) Sodium-hypochlorite
   E.) Alcohol

56. Ca(OH)$_2$-containing material usable for the medication of the root canal is:
   A.) GM (Gangraena-Merz)-paste
   B.) PBSC-mix
   C.) Solvidont
   D.) N2 Universal
   E.) Chlumsky’s solution

57. This is not the property of the gutta-percha point:
   A.) It is radiopaque
   B.) It also adheres well to the wet dentin-wall
   C.) It adheres well to the root canal filling materials
   D.) It does not have any irritating effect on the periapical tissues
   E.) It can be dissolved well in chloroform

58. The most suitable bur for exploring the pulp chamber is:
   A) FG round diamond bur
   B) FG fissure diamond bur
   C) Tungsten carbide round bur
   D) Stainless steel fissure bur
   E) Stainless steel round bur
END-59. Which one is **not** an engine driven endodontic instrument?
   A.) Gates-Glidden bur  
   B.) Dynatrak-file  
   C.) Giro-file  
   D.) Schröder's file  
   E.) Balteres's file

END-60. It is **not** the property of the apex locators:
   A) Their new generations are usable wet root canal too  
   B) Their operation is based on the principle of electrical impedance  
   C) Pressed to the root canal wall with strong motion they can enlarge the root canal  
   D) One of the electrodes should be connected to the mucosa  
   E) Some of them give a sonic sign when reaching the apical constriction

END-61. The characteristic of the lateral and accessory canals:
   A) Their cross-section increases by the square towards the pulp  
   B) Mostly occur in the apical third of the roots and in the furcal area  
   C) Because of theirs cross-section size they are impenetrable for bacteria  
   D) Their mechanical preparation is essential  
   E) They develop as a consequence of some fracture

END-62. What is characteristic of the therapy of the endo/perio processes?
   A) The endodontic and periodontal treatment must be done simultaneously  
   B) Firstly endodontic treatment and after-if necessary-periodontal treatment  
   C) In the case of multirotted tooth the involved root should be extracted  
   D) Acute apical abscess is an absolute contraindication of the tooth maintenance  
   E) The tooth should be extracted in case of furcal involvement

END-63. It is **not** characteristic of the Pro-File preparation:
   A) After instrumentation the cross-section of the canal is oval  
   B) The tapering of the instrument is differ from that of the standard instruments  
   C) Made of nickel-titanium  
   D) It is suitable for enlarging curved root canals too  
   E) Used with a „picking” motion

END-64. This is characteristic of the endo/perio diseases:
   A) Always originates from a pulpal process  
   B) The process can spread through the apex toward the periodontal ligament  
   C) The primer periodontal process can cause secondary pulpal involvements  
   D) The periodontal process can cause simultaneously internal and external resorptions  
   E) This complex disease can occur only in case of totally necrotized pulp

END-65. It is **not** a primer dental focus:
   A) Periodontal inflammation  
   B) Impacted tooth without contact with the oral cavity  
   C) Necrotized pulp with no signs and symptoms  
   D) Acute exacerbation of chronic apical inflammation  
   E) Bone structure surrounding the implants

END-66. Conservative treatment of haemophilic patients is:
A) Always only after factor substitution
B) The treatment is contraindicated because they are generally infected with hepatitis
C) Always after anaesthesia
D) In the case of careful treatment the factor substitution is not essential
E) Because of continuous bleeding the root canal can not be dried

END-67. This is not a property of the smear-layer:
A) It is a consequence of root canal preparation
B) It can be removed by citric acid
C) Easier to remove by ultrasonic application
D) Only occurs at the apical part of the roots
E) It contains of bacteria if pulp is infected

END-68. The importance of the orifice enlargement is:
A) Prevents the discoloration of the tooth after root canal treatment
B) Facilitates the preparation
C) With more importance in case of one rooted teeth then multirooted one
D) It is done by round stainless steel bur
E) During orifice enlargement procedure it is essential to irrigate frequently

END-69. The fourth canal can be expected in case of upper first molar:
A) In distobuccal root centrally
B) Laterally to the palatal canal
C) Little bit mesially and palatally to the mesiobuccal canal
D) Always three canals exist
E) Between the mesial- and distobuccal canals

END-70. It is not characteristic of the sinus tract:
A) It can cause a sharp reflected pain
B) Sometimes pus can empty
C) It is not essential to remove surgically
D) It can disappear after endo treatment
E) It can occur most frequently at the vestibule

INSTRUCTIONS

for the solution of multiple-choice questions

The following questions have one or more correct answers. Use the notations given below:
A: if 1. 2. and 3. are correct
B: if 1. 2. and 4. are correct
C: if 1. and 3. are correct
D: if 2. and 4. are correct
E: if all the answers are correct

END-71. Ordinarily it has one root canal:
1. Upper first incisor
2. Lower canine
3. Upper first premolar
4. Lower second premolar

**END-72.** It frequently has two root canals:
1. Upper first premolar
2. Mesiobuccal root of the upper first molar
3. Mesial root of the lower first molar
4. Distal root of the upper first molar

**END-73.** It normally has three root canals:
1. Lower first incisor
2. Upper first molar
3. Upper second premolar
4. Lower first molar

**END-74.** It normally has two roots:
1. Upper first premolar
2. Upper wisdom tooth
3. Lower first molar
4. Upper second premolar

**END-75.** Ordinarily it has the same number of root canals as roots:
1. Upper canine
2. Lower second premolar
3. Lower canine
4. Upper first premolar

**END-76.** Its root canal normally straight and wide:
1. Upper canine
2. Distobuccal root of the upper first molar
3. Palatal root of the upper second molar
4. Mesiobuccal root of the upper second molar

**END-77.** Its root canal ordinarily narrow and divided:
1. Lower first incisor
2. Mesial root of the lower first molar
3. Lower first premolar
4. Lower second incisor

**END-78.** Is suitable for reaming:
1. Kerr reamer
2. Kerr-flex file
3. Hedström file
4. Kerr file

**END-79.** Its working motion is circumferential:
1. Kerr-flex file
2. Hedström file
3. Kerr-file
4. Kerr reamer
The advantages of the orifice shaper:
1. It is usable for removing carious lesion
2. Enlarges the coronal part of the root
3. They are rotary instruments
4. Diminish the curvature of the root canal

The diagnostical radiograph informs the dentist:
1. About the configuration and the length of the root
2. About the anatomy and pathological changes of the root
3. About the numbers and the wideness of the root canals
4. About the condition of the marginal and apical periodontium

How to distinguish the roots during radiographic working length determination:
1. To insert a reamer in one canal and a file in the other
2. With eccentric cone alignment
3. The object closer to the film projected smaller then the object farther away
4. To place # 15 file in one canal and # 20 in the another

What is the advantage of removing the carious lesion before access cavity preparation?
1. Makes the orifices better to locate
2. Makes it easier to remove totally the roof of the pulp chamber
3. Secures a better and more stable reference point on the crown for the working length determination
4. Cleaned working field before opening the pulp chamber

Advantageous properties of the rubber dam during endo treatment:
1. It does not take more time and work
2. Keeps the treated tooth dry and aseptic
3. Helps to hold the tooth in its place
4. Prevents the aspiration (swallowing) of the instruments

Typical errors created during access cavity preparation in molars:
1. Perforation of the base of the pulp chamber
2. Opening only the pulp horns
3. Intercommunications between the root canals
4. Root canal remains undiscovered

Property of the ideally prepared root canal:
1. Continuously narrowing toward the apex
2. Prepared till the apical constriction
3. The walls are cleaned
4. Follows the original root canal shape

The basic principles of the root canal preparations:
1. Diminish the number of microorganisms
2. Preventive extension
3. Shaping to allow optimal conditions for obturation
4. Preparation of the lateral canals
END-88. Step-back preparation technique can be used:
1. In case of apically obstructed canals
2. In case of curved canals
3. In case of roots with open apex
4. In case of straight canals

END-89. The indication of the orifice shapers:
1. In case of multirooted teeth
2. In case of narrow root canals
3. In case of curved root canals
4. In case of upper incisors of young patients

END-90. It diminishes the danger of creating dentinal plugs if:
1. The reamer is turned clockwise 90°
2. If the working part of the used instrument is cleaned with sterile gauze
3. Frequent irrigation
4. The use of rotary instruments

END-91. It is usable for drying the root canal:
1. Paper point
2. Chlorhexidine point
3. Sterile cotton pellet
4. Calcium hydroxide point

END-92. Expectations of the root canal irrigants:
1. It has cleaning effect
2. It has tissue dissolving effect
3. It can dissolve the blood remnants
4. It is disinfectant

END-93. Which of the following pulp conditions gives a positive response to the sensitivity tests?
1. Reversible pulpitis
2. Acute pulpitis
3. Chronic pulpitis
4. Necrotized pulp

END-94. The aim of the root canal irrigation:
1. Cleaning and debris removing
2. Opening the dentinal tubules by the removal of the smear-layer
3. Disinfection
4. Diminish bleeding

END-95. Radiographic findings of the apical cysts:
1. Larger than 5 mm in diameter
2. It appears together with osteosclerotics
3. Radiolucent area with sharp margin
4. Radiopaque area

END-96. Pulpal reactions for caries:
1. Tertiary dentine formation
2. Transparent dentine formation
3. Enlargement of the odontoblast processes
4. Creation of denticle in certain cases

**END-97. What are the properties of the calcium-hydroxide cements?**
1. They are highly alkaline
2. They have anti-inflammatory effect
3. They kill the bacteria
4. Not suitable for prevention against thermal stimuli

**END-98. What is characteristic of the apical constriction?**
1. It is the narrowest part of the root canal
2. Its wall is covered everywhere by cementum
3. It is about 1mm far from the apical foramen
4. The distance between the apical foramen (anatomicum) and the apical constriction will not change after the completion of the root development

**END-99. What is characteristic of the periodontal ligament?**
1. It contains tactile and pressure appreciating receptors
2. Its collagen fibers spread from the root cementum to the lamina compacta of the alveolus
3. The remnants of the Hertwig’s epithelial sheath can be found in it
4. They transmit the axial load as a pressure to the alveolar bone

**END-100. The aging of the pulp is accompanied by:**
1. Its volume is decreasing
2. The number of the cellular elements is decreasing
3. Fewer and thinner collagen fibers
4. An increased calcification can be observed

**END-101. An increased sensitivity to axial percussion can occur in case of:**
1. A pulpal necrosis
2. A total serous pulpitis
3. A total purulent pulpitis
4. A healthy pulp but the tooth is in a traumatic occlusion

**END-102. What is characteristic of the chronic apical periodontitis?**
1. Periodical sensitivity to percussion
2. The periodontal space is widened on the radiograph
3. An overt bone loss on the radiograph
4. Decreased sensitivity to cold stimuli

**END-103. What kind of endodontics related surgery should be done in case of chronic apical periodontitis?**
1. Apicoectomy
2. Retrograde root canal filling
3. Incision
4. Apical curettage
END-104. Root canal instruments with spiral cutting edges are:
1. Kerr reamer
2. Kerr file
3. Kerr-Flex-file
4. Hedström file

END-105. The concentration of the NaOCl used in the endodontic practice is:
1. 0.5%
2. 1.0%
3. 2.6%
4. 5.25%

END-106. It is used to measure the working length:
1. Digident
2. Sono-Explorer
3. Solvidont
4. Forameter

END-107. The advantageous property of the silver-point is:
1. It is radiopaque
2. It can be inserted easily into the root canal
3. It has no corrosion
4. It has an oligodynamic effect

END-108. The N2 sealer material contains:
1. Paraformaldehyde
2. Eugenol
3. Pb-oxide
4. Zn-oxide

END-109. The correct medication is Ca(OH)$_2$ in case of:
1. Reversible pulpitis (hyperaemia)
2. Avulsion
3. Apexification
4. Attrition

END-110. Screening for dental focus the replacement of the old root-canal filling is indicated if:
1. The root-canal filling does not reach the apex
2. The root-canal filling does not seal properly (micro-leakage)
3. A fistula developed
4. Complete and correct root-canal filling according to the radiograph but there is a chronic apical periodontitis

END-111. The degree of the diffusion in the dentin is determined by:
1. The number of the dentinal tubules
2. The surface tension of the material
3. The molecular size of the material
4. The smear layer
END-112. What is characteristic of the odontoblasts?
1. Forming only a few cell layers they are located on the pulpal surface
2. They have a connective tissue origin
3. They disappear from this area after the completion of the development of the root apex
4. They are most important in the dentin production

END-113. What is characteristic of the apical constriction?
1. It is the narrowest part of the root canal
2. The apical delta ramifies from here
3. It is the place of the cemento-dentinal junction
4. It blocks the spreading of the bacteria

END-114. Changes accompanied with the aging of the pulp are:
1. Increased calcification
2. Increased number and diameter of the collagen fibers
3. Decreased vascularization and innervation
4. Increased number of cellular elements

END-115. Which histological findings occur in an acute pulpitis?
1. Odontoblast degeneration
2. Micro or macro haemorrhage
3. Mononuclear infiltration
4. Healthy pulp tissue

END-116. The electric vitality test can **not** be performed if:
1. There is a composite filling in the tooth to be examined
2. The tooth to be examined is covered with a metal crown
3. There is an amalgam filling in the approximal surface of the neighbouring tooth
4. The tooth to be examined is covered with an acrylic crown

END-117. The reversible pulpitis (hyperaemia) can be caused by:
1. Deep-seated caries
2. Gingival recession
3. Secondary caries
4. A severe abrasion

END-118. What is characteristic of the gutta-percha point?
1. It can be dissolved in carbon-tetrachloride and chloroform
2. Its plasticity can be increased by heating and than it can be easily condensed
3. When cooling down it shrinks
4. It is radiopaque

END-119. The Chlumsky's solution contains:
1. Menthol
2. Camphor
3. Paraformaldehyde
4. Carbolic acid

END-120. The discoloration of the teeth can be caused by:
1. The incorrect access cavity
2. The used medication
3. Blood contamination
4. The used root canal sealer

END-121. The indications of the application of the gutta-percha are:
   1. Temporary filling when making an inlay
   2. Temporary root canal dressing
   3. Bonwill-filling
   4. Semi permanent temporary filling

END-122. The effects of the eugenol are:
   1. Disinfection
   2. Hyperaemia in the pulp
   3. Tranquilizing analgesic effect
   4. It can cause a chronic inflammation in the pulp

END-123. The indication of the use of zinc oxide-eugenol cement can be:
   1. Cavity liner
   2. Root canal filling
   3. Semi permanent temporary filling
   4. Core build-up

END-124. What is characteristic of the calcium-hydroxide-cements?
   1. They have an anti-inflammatory effect
   2. They are insoluble
   3. They stimulate the odontoblasts for tertiary dentin production
   4. Their fluid is the ortho-phosphoric acid

END-125. What is characteristic of the Weil's layer?
   1. It located centrally to the odontoblast layer in the pulp
   2. It contains numerous nerve-fibers
   3. It is vascularized
   4. It is composed almost only of fibroblasts

END-126. What is characteristic of the circulation of the pulp?
   1. The blood vessels make a plexus under the odontoblast layer
   2. The arterioles are functional end-arteries
   3. Arteriovenous anastomosis can be found here
   4. Venovenostomy can be found here.

END-127. What is characteristic of the sensory nerve fibers of the pulp?
   1. They give only a few ramifications in the pulp
   2. Every stimulus is perceived as a pain
   3. They make a plexus in the middle of the pulp
   4. Their solitaire fibers can be found also in the pulpal one third of the dentinal tubules

END-128. What is characteristic of the pulp chamber of the upper first incisors?
   1. The pulp chamber is widened in the incisal direction
   2. There are two coronal pulp horns
   3. The pulp chamber is vestibulo-orally flattened
4. The cross section of its root canal is a whole circle

**END-129.** What is characteristic of the pulp chamber of the lower canines?
1. They have one pulp horn
2. Two root canals may occur in one tooth
3. In case of having two root canals one is mesially and the other is distally
4. The axis of the root comparing to the crown's axis is slightly distally tilted

**END-130.** The mediators responsible for the vascular dilatation developing during inflammation are:
1. Prostaglandin
2. Bradykinin
3. Antihistamine
4. Serotonin

**END-131.** The basis of the classification of the pulpitis?
1. Its course in time
2. The type of the exudation
3. The cause of the inflammation
4. The extension of the inflammation

**END-132.** An external stimulus can cause pain:
1. On a tooth with a healthy pulp
2. In case of reversible pulpitis (hyperaemia)
3. In case of acute pulpitis
4. In case of pulp necrosis

**END-133.** It is manifested as an apical radiolucent (dark) area on the radiograph:
1. Chronic apical periodontitis
2. Demineralization
3. Cyst
4. Hypercementosis

**END-134.** What is suitable for the application of a cold thermal stimulus?
1. Dry ice (CO₂)
2. Chlorethyl
3. Cognoscin
4. Provotest

**END-135.** It can provoke pain in case of a pulp hyperaemia:
1. Cold stimulus
2. Warm stimulus
3. Electric stimulus
4. Osmotic stimulus

**END-136.** The procedure for keeping the pulp partially or totally alive is:
1. Indirect pulp capping
2. Direct pulp capping
3. Vital amputation
4. Mortal amputation
The endodontic treatment is contraindicated in case of:
1. Periodontitis involving more than the apical third of the root
2. Leukaemia
3. Multiple curvatures on the root
4. Carditis

The effect of the smear layer in the root canal is:
1. It disturbs the setting of the sealer
2. It deteriorates the hermetic seal of the root canal sealer
3. It makes difficult to dry the root canal
4. It prevents the penetration of the disinfectants into the dentinal tubules

What is characteristic of the Solvidont as a 0.05% root canal-irrigator?
1. Broad-spectral antibacterial effect
2. Strong sparkling
3. Fungicide effect
4. It precipitates the peptides

Which one is a zinc-oxide-eugenol containing root canal-sealer?
1. Sani
2. Endomethasone
3. N2
4. AH26

Circumferential root canal preparation should be done with files because the edges of the files are everywhere in contact with dentinal walls.

The reamers should pullout from the root canal being pressed to one dentinal wall because this is the reaming motion.

The files should be turn clockwise 90º-180º in the canal because the files circumferentially enlarge the root canals.

The working length is the distance between the apical constriction and the reference point of the crown and with the help of this the root canal instruments can be used at proper depth.

The tooth affected by carious lesion should be opened always from the lesion because this way it is more convenient to make an access cavity.

In every step of the root canal treatment the use of the rubber dam is recommended because its application takes time.

The lower first incisors are one rooted teeth because during endo treatment we always find only one canal.

The pulp should be removed totally during endo treatment because the remaining parts of the pulp in the canal never can cause pain or bleeding.
149. During the shaping we prepare an apical stop at the apical constriction because this prevents overfilling.

150. During root canal preparation we can change the instrument for one of a larger size only after preparing to the appropriate width and depth because otherwise the danger of ledge creation increases.

151. The shape of the pulp reflects the shape of the tooth at the beginning of its development because the pulp horns are close to the dentinoenamel junction.

152. Partial hyperaemia can occur in the pulp because the arteriovenous anastomosis can play an important role in maintaining this pathosis.

153. The cavity form creating during endo treatment for the temporary filling should be retentive because the goal is to maintain the temporary between the appointments.

154. Tooth with healthy pulp cannot be sensitive to percussion because sensitivity to axial percussion is the sign of the apical pathosis.

155. Lymph vessels can not be found in the pulp because there is no lymph formation.

156. The mixed Diaket sealer should be heated before application because in this way its viscosity diminishes.

157. The direction of the lentulo's rotation is optional because its working part is only a spiral wire without any cutting edges.

158. In the case of furcal perforation of lower molars the therapy can only be extraction because the interradicular inflammations are untreatable.

159. The surface of the pulp polyp is covered with epithelia arising from the epithelial cell rests of Malassez because these cells can be found in the periodontal ligament.

160. The causative factor of the pulpitis can also be a periodontal pocket because the pulp can be also infected from a retrograde direction.

161. Endodontics is the science dealing with the anatomy function pathology and therapy of the pulpal and periapical tissues consequently endodontics is the synonym for the root canal treatment.

162. The structure of intertubular dentine is more mineralized than the peritubular one because the diameter of the dentinal tubules continuously decreases from the pulp towards the enamel.

163. The shape of the cross-section of many root canals is oval with bigger vestibulo-oral diameter consequently the shape of the cross-sectioned canal of upper first incisor is the same.

164. With aging the number of cells, blood vessels and nerves decrease this is why sensibility can decrease and metabolism decline.
END-165. Infected pulp and dentine are the same notion because if the pulp becomes necrotized all the volume of dentine becomes infected too.

END-166. All types of teeth may be target for root canal treatment because wisdom teeth are also included in endo treatment.

END-167. Orthodontic treatments can cause pulpal damages because while moving the tooth the blood vessels entering the pulp during apical foramen always are broken.

END-168. The extraoral focus can be treated conservatively and the dental focus can be treated with medication.

END-169. The thermal effect of ultrasound extremely increases the effectiveness of irrigation solutions because the thermal effect of ultrasound raises the temperature by 5-10°C inside the canal.

END-170. The teeth with infected pulp can not be treated in one appointment because it is essential to diminish the number of microorganisms during shaping and cleaning the canal.

END-171. The inflammatory products can leak out during the sinus tract so it is always essential to create an artificial sinus tract in case of apical inflammatory processes.

END-172. The pain developing when the patient bites can be a sign of cracked tooth because in this situation the direction of fluid movement inside the dentine tubules is from the pulp to periphery.

END-173. Rotary root canal instruments should be forced apically during preparation of the canal because this way the instrument surely not sticks in the canal.

END-174. Artificial apexification and apexogenezis are the same notion because in both cases the therapeutic material is calcium-hydroxide.

END-175. In the case of avulsion of young permanent teeth the time out of socket is not important because an avulsed tooth kept in saliva can be replanted six hours later too.

END-176. For whitening or bleaching discoloured vital teeth at home can be used only a solution of peroxide of hydrogen of 30% because bleaching gels contain peroxide of hydrogen in this concentration.

END-177. The smear layer can be dissolved by mild organic acids which are therefore before root canal filling the root canal walls should always be treated with citric acid.

END-178. The difference between lateral and vertical condensation is only in the instruments used because in case of lateral condensation the plugger should be insert laterally to gutta-percha points.

END-179. The new generation of apex locators can not work in a wet environment therefore these instruments are usable only after root canal preparation.
The shortening of the working length can be caused by the root canal configuration so preparing curved root canals a small bend will be placed on the instruments.

Four-types of association

A. Acute pulpitis
B. Chronic pulpitis
C. Both
D. Neither

- Its characteristic a sharp throbbing pain
- Its characteristic a radiating pain
- Its characteristic a dull vague pain
- Its characteristic a spontaneous pain
- The pulp tissue can grow out of the pulp chamber
- The histological sign is a massive granulocytic infiltration
- Abscess can occur inside
- Plasmatic cells are in histological segment
- No response for the sensitivity tests
- Signs of apical pathosis on radiograph
- The percussion test may be positive
- No response for cold test

A. Apical constriction (physiological foramen)
B. Radiographic apex
C. Both
D. Neither

- Measuring point of the working length
- Visible on the radiograph
- Determined with calculation
- It is far from the crown
- Here is the cemento-dentinal junction
- It is important in the working length determination
- The location always the same as the anatomical foramen
- It is covered by simple layered epithelium
- Its another name is biological foramen

A. Sensitivity test
B. Radiograph
C. Both
D. Neither

- Necessary to recognize the perforation
- Diagnostic tool in dentistry
- It is important by diagnosis of reversible pulpitis
- Diagnostic tool in case of endo/perio diseases
- It is usable in case of gutta-percha point control

A. Kerr reamer
B. Kerr file
C. Both
D. Neither
END-207. The orientation of the cutting angle is about 40° according its axis
END-208. The orientation of the cutting angle is about 20° according its axis
END-209. It is usable for root canal preparation
END-210. Numbers mark the size on its manubrium
END-211. Manubrium of the ISO # 35 instrument is blue.

A. There can be sensitivity when biting
B. There can be sensitivity to cold test
C. Both
D. Neither
END-212. In the case of total pulpitis
END-213. In the case of periodontal pocket
END-214. In the case of partial pulpitis
END-215. In the case of acute apical periodontitis
END-216. In the case of Fletcher

A. Acute apical periodontitis
B. Chronic apical periodontitis
C. Both
D. Neither
END-217. It can be symptomless for a long time
END-218. The patient may feel the affected tooth a bit longer than the others
END-219. Very intensive paroxysmal pain

A. Mucokele
B. Ranula
C. Both
D. Neither
END-220. Caries related disease
END-221. Retentional cyst of sublingual gland
END-222. Soft tissue cyst
END-223. It can occur because of cheloidal healing of the mucosa

A. Diaket
B. AH26
C. Both
D. Neither
END-224. Epoxy-resin type sealer
END-225. It contains eugenol
END-226. Its setting time is 36-48 hours
END-227. It is recommended to mix on heated glass

A. Purulent pulpitis
B. Acute apical periodontitis
C. Both
D. Neither
END-228. Generally caries related disease
END-229. Its therapy is pulp amputation
END-230. Its characteristic is sensitivity when biting
A. Zinc-oxide  
B. Paraformaldehyde  
C. Both  
D. Neither  

END-231. Diaket contains  
END-232. AH26 contains  
END-233. N2 contains  
END-234. Endomethasone contains  

A. Gutta-percha point  
B. Silver point  
C. Both  
D. Neither  

END-235. It is radiopaque  
END-236. It has good adhesion to sealers  
END-237. It has oligodynamic effect  
END-238. Easy to remove  

A. Giromatic  
B. Endo-Cursor  
C. Both  
D. Neither  

END-239. It turns the instrument only by 90 degree  
END-240. The instrument movement can also be vertical  
END-241. Usable with hand instruments  
END-242. Usable at high rpm (over 10 000)  

A. Sinus tract  
B. Pulp necrosis  
C. Both  
D. Neither  

END-243. The inflammatory products can leak out spontaneously  
END-244. After obturation it is essential to make an apicoectomy  
END-245. It can be treated in one appointment  
END-246. It is essential to make a chemo-mechanical root canal preparation  
END-247. Sometimes a fistula can occur in the vestibulum  
END-248. After treatment the tooth is leaved open  
END-249. NaOCl can be use as irrigant solution  
END-250. It is important to prepare the canal beyond the apical constriction  
END-251. The pain usually can occur at night  
END-252. It usually occurs because of bacterial infection  

A. Reversible pulpitis  
B. Irreversible pulpitis  
C. Both  
D. Neither  

END-253. Spontaneous pain does not occur  
END-254. The pain is sharp and throbbing  
END-255. The pain is radiating and often not be localizable
Its therapy always extraction
On the radiograph is visible a definite apical disease
It can be well localized
The percussion test may be positive
There is spontaneous pain
Reversible pulp disease
The pain does not disappear promptly after the stimulation

A. Basically apico-coronal preparation
B. Basically corono-apical preparation
C. Both
D. Neither

Step-back technique
Balanced force technique
Double flared technique
Crown-down technique
Pro-File technique
Hero 642
Lightspeed technique
GT Rotary technique
Parallel technique

A. Indirect pulp capping
B. Direct pulp capping
C. Both
D. Neither

It is usable in case of opened pulp chamber
The usable pulp capping material contain calcium-hydroxide
The resin covers directly the pulp wound
The used material can be covered by cement
The first layer can be ZnOE cement

A. Pro-File technique
B. Step-back technique
C. Both
D. Neither

For the full treatment procedure hand instruments never should be used
This technique uses only hand instruments
Apico-coronal preparation technique
Corono-apical preparation technique
During treatment dentin plug can not be created

A. The use of irrigants
B. The use of intracanal medicaments
C. Both
D. Neither

It substitute for the mechanical preparation of the canal
Its aim is to decrease the amount of microorganisms inside the canal
It is usable during root canal preparation
One kind is effective in the canal for weeks
It may have a bleaching effect
The ultrasound can make it more effective
It has an irritating effect if it goes beyond the apex
One kind does not have a disinfectant effect
It can have a dissolving effect on the smear layer
It is more effective if it is used during crown-down technique

A. Working length determination radiograph
B. Point control radiograph
C. Both
D. Neither

It is not important during endo treatment
During this procedure some radiopaque material or instrument should be inserted into the canal that gives radiographic shadow
Thin instrument should be inserted into the canal
The canal should be filled with gutta-percha points
It is usable without sealer

A. A nickel-titanium instrument
B. A stainless steel instrument
C. Both
D. Neither

Extremely flexible
It is usable during endo treatment
Its material is usable for implants too
It is made by twisting
It is made by turning

A. Thermafil technique
B. Lateral condensation gutta-percha filling technique
C. Both
D. Neither

A kind of root canal filling technique
Single cone technique
Above master point several additional points should be used
Usable without sealer
Usable in wet root canal
PARTIAL EDENTULOUSNESS
SIMPLE CHOISE

FPR-1 The physical retentive factor of the slide attachment is:

A. Elastic stretching
B. Friction
C. Retentive form
D. Adhesion
E. Other factors

FPR-2 The physical retentive factor of the telescopic system retained denture is:

A. Adhesion
B. Friction
C. Elastic stretching
D. Capillary tension
E. Retentive form

**FPR-3** There can be one or more primary fulcrum lines, after fitting insertion of the denture none of these becomes a real axis of rotation, no driving torque moment arises. The class according to Fábián and Fejérdy classification of partial edentulousness is:

A. 1A
B. 1B
C. 2A
D. 2B
E. 3

**FPR-4** The denture base (major connector) of the removable partial denture is not reduced

A. on the palatal rugae
B. on the edentulous ridge
C. close to the area of the vibrating line
D. on the area of the palate proper
E. on the area of the alveolar palate

**FPR-5** There can be one or more primary fulcrum lines and after insertion of the prosthesis one of them can become a real axis of rotation; the driving moment of torque is small so the sinking of the dentally supported denture’s sinking can be compensated for. The class according to Fábián and Fejérdy classification of the partial edentulousness is:

A. 1A
B. 1B
C. 2A
D. 2B
E. 3

**FPR-6** There can be only one fulcrum line and after insertion of the prosthesis this can be a real axis of rotation; The denture rotating around this axis sinks in one direction. The class according to Fábián and Fejérdy classification of partial edentulousness is:

A. 1A
B. 1B
C. 2A
D. 2B
E. 3

**FPR-7** There can be only one fulcrum line, which will be a real axis of rotation after inserting the denture; the denture rotating around this axis sinks
in one direction. The number of the residual teeth is a maximum of two. The class according to Fábián and Fejérdy classification of partial edentulousness is:

A. 1A  
B. 1B  
C. 2A  
D. 2A/1  
E. 2B

**FPR-8** There can be two or more fulcrum lines and after insertion of the prosthesis one of them can become a real axis of rotation; The denture rotating around this axis sinks into one direction. The class after Fábián according to Fábián and Fejérdy classification of partial edentulousness is:

A. 1A  
B. 1B  
C. 2A  
D. 2B  
E. 3

**FPR-9** There can be one or more fulcrum lines and after insertion of the prosthesis one or more of them can be a real axis of rotation; the denture rotating around them can sink in two directions. The class after Fábián according to Fábián and Fejérdy classification of partial edentulousness is:

A. 1A  
B. 1B  
C. 2A  
D. 2B  
E. 3

**FPR-10** It is **not** the part of the removable partial denture:

A. Artificial teeth  
B. Flange  
C. Denture base  
D. Décolletage  
E. Retainers

**FPR-11** What is **not** the task of the saddle of the removable partial denture?

A. Bearing the flange  
B. Providing the correct articulation of the teeth  
C. Stopping the horizontal movement of the removable partial
denture
D. Transmitting the load to the mucoperiosteum
E. To promote the retention Helping at the adhesion of the denture

FPR-12 Indirect retainers of the removable partial denture is made up of:

A. Wire clasp
B. Spring clasp
C. Cast clasp
D. Lingual plate clasp
E. Continuous clasp

FPR-13 It does not belong to the precision attachments:

A. Slide attachments
B. Press button retainers
C. Bar retainers
D. Telescopic system
E. Stress breakers (hinges) Resilient attachments

FPR-14 To which class (according to Fábián and Fejérdy classification) does the type of edentuousness belong, if the inserted prosthesis may sink in two directions?

A. 1B
B. 2A
C. 2A/1
D. 2B
E. 3

FPR-15 The driving moment does not To which class (according to Fábián and Fejérdy classification) does the type of edentuousness belong, if no torque arises on the primary rotational axes?

A. 1A
B. 1B
C. 2A
D. 2A/1
E. 2B

16. FPR-16 To which class (according to Fábián and Fejérdy classification) does the type of edentuousness belong, if the sinking of the denture can be compensated for?

A. 3
B. 2B
C. 2A/1
D. 2A
E. 1B
FPR-17. When making a telescopic system retained denture for 2A/1 class according to Fábián and Fejérda classification of partial edentulousness what is the appropriate size of the occlusal clearance between the primary and secondary occlusal surfaces of crowns?
   A. no gap
   B. 0.3 mm
   C. 0.5 mm
   D. 0.7 mm
   E. 0.9 mm

FPR-18. What is the ideal placement of two clasps related to the retention of removable partial denture?
   A. on the mesial edge of the denture
   B. on the distal edge of the denture
   C. on one of the lateral sides of the denture
   D. in the midline of the denture
   E. it does not play a main role

FPR-19. Which type of Ney cast clasps has two occlusal rests?
   A. Ney I
   B. Ney II
   C. Ney III
   D. Ney IV
   E. Ney V

FPR-20. What is not considered as a precision attachment?
   A. Telescopic systems retained denture
   B. Slide attachments
   C. Press button retainers
   D. Ceka retainers
   E. OT-Cap retainers

FPR-21. Which connector type cannot be considered as a major connector of an upper RPD?
   A. Butterfly shaped (palatal strap)
   B. Horseshoe („U”) shaped
   C. Complete palatal coverage major connector Round shaped
   D. Fenestrated shaped (a window on the framework)
   E. Skeletal

FPR-22. Which type of connector of major connector cannot be the major connector of the by lower RPD?
   A. Lingual bar
   B. Sublingual bar
   C. Mandibular labial bar
FPR-23 Which statement is true for the Fábián and Fejérdy classification of partial edentulousness?

A. This theory of It considers the antagonist relationship
B. This theory does not give instructions for the treatment plan.
C. There are four main classes.
D. There is not subtotal class.
E. There is no difference between the mandible and maxilla.

FPR-24 Which statement is true for the Kenedy classification of partial edentulousness?

A. There is a difference between the mandible and maxilla.
B. There are four main classes.
C. This theory considers the antagonist relationship.
D. All types of partial edentulousness can be classified.
E. It deals only with cases suitable for making bridges.

FPR-25 Which functional part of the RPD does belong to the occlusal rest?

A. To the metal denture base
B. To the artificial teeth
C. To the flange
D. To the cast clasps
E. To none of these

FPR-26 Is it always necessary to make a clasp holding crown when an RPD is prepared?

A. Yes, because without a crown the clasps always damages the teeth.
B. No, only in the case of the cast clasp, because it is stronger-retained partial denture.
C. Not always, only in the case of making a clasp-retained partial denture, but never making partial denture without in the case of a precision attachment.
D. Yes, because without he tooth will be mobile if cast a clasp holding crown the tooth may become mobile. s are not made
E. It depends on shape, placement, or status of the teeth being not appropriate for holding a clasp.

FPR-27 How can “tilting” of the removable partial denture be reduced?

A. To make a clasp holding crown restorations fit existing denture clasps
B. To support the RPD far away remote from the saddle
C. To use an décolletage
D. To reduce the denture base of the RPD
E. To produce a skceletatal metal denture base
FPR-28 The advantage of décolletage is:

A. It promotes the manufacture of the removable partial denture
B. It decreases incorporation time
C. It insures the protection of the marginal gingiva
D. It increases the bearing capacity of the load bearing ability of the saddles
E. It provides good retention for RPD

FPR-29 It is not a characteristic feature of the wrought wire clasps:

A. The manufacture of wire clasp is simple and easy
B. It can be casting
C. There are many types of wire clasps
D. It can be used for premolar teeth
E. It can be used for incisors

FPR-30 It is characteristic of the wrought wire clasp:

A. It cannot be used for molars
B. It cannot be used for incisors
C. There are many types of wire clasps
D. It can be used only for acrylic denture base
E. It can be used only for metal denture base

FPR-31 A characteristic feature of telescopic system retained denture is:

A. It is used most often in case of subtotal edentulousness
B. The denture will always tilt after insertion
C. When applying it, the reduction of the denture base is often possible
D. It can only be used for the acrylic denture base
E. It can only be used for metal denture base

FPR-32 It is not characteristic of the telescopic system retained denture:

A. It can be used for both metal and acrylic denture base
B. It may provide good retention of the removable partial denture
C. Tooth has to be prepared
D. Its fabrication doesn’t need dental laboratory
E. It decreases the extra alveolar lever arm

FPR-33 A characteristic feature of the cast clasps is:

A. It is difficult to activate
B. It is easy to activate
C. It may be produced only from precious metal
D. The material is It may be produced only from base metal alloy
E. It can be applied only to a metal denture base
FPR-34 It is characteristic of a Preci-Horix precision attachment!

A - Clip bar may be a plastic made from burnout hard pattern plastic
B - It may be applied to a mucosa supported denture
C - The sleeve is made from elastic plaster and it can be changed
D - The sleeve needs has to have a large space
E - It belongs to the hinge type of the stress breaker joints

FPR-35 It does not influence the insertion of the removable partial denture!

A - number of remaining teeth
B - extension of denture base
C - shape of denture base
D - axis of remaining teeth
E - occlusal vertical dimension

FPR-36 The recommended revolutions per minute for milling of wax pattern:

A - 150 revolutions per minute
B - 1500 revolutions per minute
C - 3000 revolutions per minute
D - 200 revolutions per minute
E - 6000 revolutions per minute

FPR-37 What is the maximum of revolutions per minute for milling of metal denture base?

A - 1500 revolutions per minute
B - 150 revolutions per minute
C - 2000 revolutions per minute
D - 5000 revolutions per minute
E - 10000 revolutions per minute

FPR-38 Primer abutments are:

A - upper first premolars
B - upper first molars
C - lower first premolars
D - third molars
E - lower incisors

FPR-39 It is not the purpose of raising the bite!

A - to eliminate the malocclusion of the mandible
B - to achieve normal function of the jaw closing muscles
C - elimination of interocclusal space
D - producing a new occlusal surface
E - healing curing the angular stomatitis
FPR-40 What does the occlusal load mean?

A - the pressure transmitted by the teeth to the periodontium during mastication on the gingiva by teeth
B - the masticatory load per unit area of the mucoperiosteum
C - the average force between maxilla and mandible, or between the upper and lower dental arch
D - the force measured when closing the jaws between maxilla and mandible, or between the upper and lower dental arch
E - relationship of the artificial teeth by chewing

FPR-41 It is characteristic of Ney I type clasp:

A - It has two occlusal rests
B - It has a semi-lunar clasp arm on the vestibular surface of the tooth
C - It has a semi-lunar clasp arm on the lingual surface of the tooth region
D - It is a type of wire clasp
E - None of these

FPR-42 Which is the proper cast for waxing up a metal baseplate?

A - diagnostic cast
B - investment master cast
C - refractory cast
D - precision cast
E - functional cast

FPR-43 The occlusal rest is functionally part of....

A - the cast clasp
B - the denture base
C - the bar
D - the artificial teeth
E - the saddle

FPR-44 Where can the horseshoe shape denture base be reduced in size?

A – Palatal rugae
B - Incisive papilla
C - Maxillary tuberosity
D - Distal region of the connector
E - Mandibular tuberculum alveolare

FPR-45 It is characteristic of Ney V. type clasp!

A - It is a type of wrought wire clasp
B - It has a semi-lunar clasp arm
C - It has one occlusal rest
D - It has two occlusal rests
E - It has not any occlusal rest
FPR-46 Which clasp has no occlusal rest?

A - Ney-V type
B - Ney-IV type
C - Gerber-type G-clasp
D - Ney-I type
E - Looping clasp

FPR-47 Indication of Ney V. clasp:

A - single molar
B - lower incisor
C - upper canine
D - single incisor
E - single /lonely lateral incisor

FPR-48 What does the inverse investment method mean?

A - First the lower then the upper denture are invested
B - The artificial teeth will be placed in the upper flask the denture base in the lower flask
C - The artificial teeth will be placed in the lower flask the denture base in the upper flask
D - First the artificial teeth will be invested after then the denture base
E - First the denture base will be invested then the artificial teeth

FPR-49 Which precision attachment has a plastic retentive clip in the matrix?

A - Roach attachment
B - McCollum attachment
C - Preci-Vertix attachment
D - Braun Soerensen attachment
E - Stern attachment

FPR-50 In the case of a telescopic system retained denture the physical force is:

A - elastic stretching
B - retentive form
C - “bolt” effect
D - friction
E - gravitation

FPR-51 If the supporting zone is triangular, according to Fábián and Fejérdy classification of partial edentulousness is:

A - 2A
B - 2A/1
C - all of them
D - 1A
E - none of these

**FPR-52** If the supporting zone is defined by four lines according to Fábián and Fejérdy classification of partial edentulousness is:

A - 2A
B - 2A/1
C - 1A
D - all of these
E - none of these

**FPR-53** Treatment planning of the removable partial denture has to consider that:

A - the loaded zone should be as large as possible
B - the supporting zone should be as large as possible
C - the supporting zone will be 3.5 times larger than the loaded zone
D - the zones should be the same size
E - the loaded zone will be twice the size of the supporting zone

**FPR-54** Class II. according to Kennedy classification of partial edentulousness is:

A - The remaining teeth are the natural incisors
B - The remaining teeth are the posterior teeth (premolars, molars)
C - The unilateral edentulous area located posterior to the remaining teeth
D - The bilateral edentulousness area located posterior to the remaining teeth
E - Multiple short interruptions in the dental arch

**FPR-55** Tasks of the lingual bar:

A - To connect the cast clasps
B - To connect the saddles of the lower partial denture
C - To connect the clasp with the abutment
D - To connect the connectors of the denture
E - To guarantee that the denture can be removed

**FPR-56** The décolletage means:

A - during casting of the functional impression the technician outlines the edges of the functional impression with a wax-cylinder roll
B - the metal framework is designed in such a way, that the marginal gingiva of the residual teeth should be left uncovered
C - the metal framework is designed in such a way, that only the vestibular marginal gingiva of the residual teeth should be left uncovered
D - Uncovered surface of the gingiva under the pontic
E - None of these

**FPR-57** How can a class 2B partial edentulousness according to Fábián and
Fejérdy classification be transformed to a class 2A?

A - piers are used to connect the neighbouring teeth adjacent to the edentulous ridge
B - telescopic crowns are applied
C - the interrupted arch is restored by a fixed bridge
D - clasps are put on the teeth adjacent to the edentulous ridge
E - none of these

FPR-58 It is typical of subtotal edentulousness:!

A - It is independent of the number of remaining teeth
B - The number of remaining teeth is 3 or 4
C - There are only radices in the mouth
D - The periodontium of the remaining teeth are damaged
E - The number of remaining teeth is 1 or 2

FPR-59 What does resiliency mean?

A - Dislocation of teeth due to load
B - Mucosal movement due to muscular function
C - Sinking of the removable partial denture with an acrylic denture base
D - Sinking of the removable partial denture with a metal denture base
E - Reversible compressibility of mucosa through load

FPR-60 What does masticatory force mean?

A - the pressure force on a unit area of mucoperiosteal base covered by denture base
B - the total force of the mandible closing muscles
C - the force between the incisors during closure of the mouth
D - the force between the molars during closure of the mouth
E - the pressure force produced by the denture the mucoperiosteal base

FPR-61 What does the supporting field mean?

A - the greatest distance between the edentulous alveolar ridge and the primary fulcrum line
B - the concave envelope of the area encircled by the remaining teeth
C - the area limited by the primary and secondary fulcrum line
D - the convex envelope of the area encircled by the remaining teeth
E - the area under the saddles

FPR-62 What is the primary fulcrum line?

A - a line placed over the incisors
B - a line over the last molar on one side and cusp of the canine on the opposite canine
C - a connecting line between the supporting points of the teeth around the edentulous ridge
D - a line between the supporting points of a neighbouring and a non-neighbouring teeth
at the edentulous ridge
E - a line connecting the supporting points of the adjacent molars

**FPR-63** Which of the class according to Fábián and Fejérdy classification of partial edentulousness can be compensated:

A - 3
B - 2A
C - 2A/1
D - 1B
E - 2B

**FPR-64** It is neither an obligatory nor an optional task of the saddle of the removable partial denture:

A - to bear the flange
B - to bear the artificial teeth
C - to bear the anchorage attachment
D - to improve the aesthetics of the artificial teeth
E - to transmit the masticatory forces to the mucoperiosteal base

**FPR-65** Which is a stud press button attachment:

A - Preci-Horix attachment
B - Ceka attachment
C - Preci-Vertix attachment
D - McCollum attachment
E - Roach attachment

**FPR-66** The pontic design for replacing the lower front teeth by a bridgeworks is:

A - is the modified ridge lap
B. is the saddle pontic
C. is the sanitary pontic
D. sinks slightly into the mucosa
E. touches the ridge at one point

**FPR-67** It can be FPD abutment:

A. a cast crown
B. a root
C. a porcelain jacket crown
D. a shirred crown
E. all of the above

**FPR-68** It is not the task of the fixed prosthesis:

A. to transmit the load to the teeth
B. to maintain the centric occlusion CO
C. to maintain the contact point
D. to support the soft tissues
E. to maintain the rest vertical dimension

**FPR-69** Which preparation form is suitable for making a porcelain jacket crown?

A. Shoulder finish line
B. Orton finish line
C. Orton like finish line
D. Subgingival chamfer
E. All kinds of shoulder preparations are suitable for a porcelain jacket crown

**FPR-70** The impression of an abutment prepared with shoulder should be ended:

A. at the border of the prepared surface
B. has to extend over the border of the prepared surface
C. has to reach the edge of the shoulder
D. has to reach the bottom of the physiological gingival sulcus
E. has to reach the bottom of the gingival sulcus after gingival retraction

**FPR-71** The pontic replacing the upper front teeth should be:

A. a modified ridge lap
B. a saddle pontic
C. a sanitary pontic
D. sinking into the mucosa
E. touches the ridge at one point

**FPR-72** The treatment planning of fixed prosthetic appliance has to deal with:

A. The condition of marginal periodontium
B. The relationship of the antagonist teeth
C. The conditions of oral hygiene
D. The bite form
E. All of the above

**FPR-73** The pontic replacing the lower molars should be:

A. a modified ridge lap
B. a saddle pontic
C. a sanitary pontic
D. sinking into the mucosa
E. touching the ridge at one point

**FPR-74** The pontic replacing the lower premolars should be:

A. a modified ridge lap
B. a saddle pontic
C. a sanitary pontic
D. sinking into the mucosa
E. touching the ridge at one point

**FPR-75** The pontic replacing the upper premolars should be:

A. a modified ridge lap
B. a saddle pontic
C. a sanitary pontic
D. sinking into the mucosa
E. touching the ridge at one point

**FPR-76** The pontic replacing the upper molars should be:

A. a modified ridge lap
B. a saddle pontic
C. a sanitary pontic
D. sinking into the mucosa
E. touching the ridge at one point

**FPR-77** Support of the fixed prosthesis:

A: Dental
B: Mucosal
C: Dento-mucosal
D: Muco-dental
E: Combined

**FPR-78** It does not belong to the parts of the bridge:

A: Abutment
B: Retainer
C: Pontic
D: Connector
E: Circular lid

**FPR-79** Selection of metal alloys for metal denture base is **not** influenced:

A: By the metal alloy compound
B: By the cost of the metal alloys
C: By the resistance to corrosion
D: By the viscosity of the melted alloy
E: By all of the above mentioned features them

FPR-80 The abutment under a crown cannot be built up with:

A: Fletcher
B: glasionomer cement
C: zinkphosphate cement
D: polycarboxilate cement
E: composites

FPR-81 Gingival retraction is not necessary:

A: In case of supragingival tangential preparation
B: In case of supragingival shoulder preparation
C: In case of subgingival shoulder preparation
D: In case of subgingival tangential preparation
E: In case of subgingival Orthon’s preparation

FPR-82 The marginal seal of crowns is not influenced by:

A: The precision of the impression
B: The precision of the cast
C: The precision of work done in the laboratory
D: The class of partial edentulousness
E: The process of cementation

Multiple-choice Questions

FPR-83 It is characteristic of a prosthetic equator:

1. The prosthetic equator of the abutment tooth is registered by a surveyor
2. The prosthetic equator determines the placement of the clasp finger
3. The prosthetic and the anatomic equator can coincide
4. It does not depend on the direction of insertion of the denture

FPR-84 Indications for making a clasp holding crown:

1. The shape of the tooth is not appropriate for bearing a clasp
2. The marginal periodontium of the tooth is damaged
3. The axis of the abutment teeth are not appropriate for bearing a clasp
4. Always, when a cast clasp is made

FPR-85 Tasks of the artificial teeth are:

1. to restore chewing ability
2. to restore individual aesthetic effect
3. to support the lip and the facial muscles
4. to keep centric occlusion

**FPR-86** The degree of reduction of the connector of the upper removable partial denture can be influenced by

1. the material of the denture base
2. the type of support
3. the load bearing capacity of the remaining teeth
4. aesthetics

**FPR-87** Parts of removable partial denture are:

1. denture base
2. flange
3. artificial teeth
4. anchorage

**FPR-88** It is a precision attachment

1. the slide attachment
2. the press button retainers
3. the joint-type stress breaker attachment
4. the telescopic system

**FPR-89** The following reduced upper denture bases leave the palatal rugae free:

1. butterfly shape
2. fenestrated
3. skeletal
4. horseshoe shape

**FPR-90** Which procedures belong to the repairing processes of the removable partial denture?

1. replacement of a broken clasp
2. indirect relining
3. direct relining
4. extension of a denture

**FPR-91** Which etiologic factors of parafunction can also influence the masticatory system?

1. dysgnathy
2. malocclusion
3. dysharmony of occlusion and articulation
4. periodontitis

FPR-92 The consequences of edentulousness may be:

1. tilting of the certain teeth
2. over eruption of certain teeth
3. pathologic abrasion of certain teeth
4. hypertrophy of the chewing muscles

FPR-93 The requirements for a prosthodontic appliance to prevent the change in the position or localisation of the teeth

1. appropriate hardness
2. appropriate resistance to abrasion
3. appropriate occlusal surface
4. appropriate retention

FPR-94 Removable partial prosthetic appliances are:

1. dentures
2. bridges
3. splints
4. post-and-core systems

FPR-95 The parts of the metal denture base:

1. saddles
2. flange
3. connector
4. artificial teeth

FPR-96 The support of the removable partial denture can be:

1. dento-mucosal
2. dental
3. muco-dental
4. gingival

FPR-97 The materials of the removable partial denture may be:

1. acrylic
2. metal
3. metal + acrylic
4. porcelain

FPR-98 Types of the reduced upper partial denture:
1. horseshoe shaped
2. butterfly shaped
3. fenestrated
4. skeleted

**FPR-99** What are the main groups of the direct retainers of the removable partial dentures?

1. continuous clasps
2. precision attachment
3. stress breaker retainers
4. clasps

**FPR-100** What are the main groups of the indirect retainers of the removable partial dentures?

1. continuous clasp
2. Kennedy bar
3. precision attachment
4. indirect retainers

**FPR-101** The class according to Fábián and Fejérdy classification of partial edentulousness, if there is only one primary fulcrum line, is:

1. 2A
2. 2B
3. 2A/1
4. 3

**FPR-102** The class according to Fábián and Fejérdy classification of partial edentulousness, if there is a torque after insertion of a denture, is:

1. 2B
2. 2A/1
3. 2A
4. 1B

**FPR-103** Which prosthodontic appliances are suitable for increasing the occlusal vertical dimension?

1. a temporary bridge
2. a fixed bridge
3. RPD with mucosal support
4. RPD with dental support

**FPR-104** Which part of the removable partial denture does not take part in the dento-mucosal support?

1. saddles
2. lingual bar
3. occlusal rest
4. flange

FPR-105 Which part of the removable partial denture does not take part in the retention?

1. the clasp holding crowns
2. the cast clasps
3. the clasp provided with milled shoulder
4. the wire clasps

FPR-106 Tasks of the clasp of the removable partial dentures:

1. to provide retention for the RPD
2. to provide support for the RPD
3. to decrease the horizontal displacing force
4. to decrease the vertical displacing force

FPR-107 Tasks of the artificial teeth of RPD:

1. to provide individual aesthetic effect of RPD
2. to extend the lifetime of the prosthodontic appliance RPD
3. to restore the chewing ability
4. to prevent sinking of the RPD

FPR-108 Tasks of the denture base of the RPD:

1. to prevent sinking
2. to bear the flange
3. to support the lip and facial muscles
4. to prevent tilting

FPR-109 The telescopic system retained denture can be used:

1. fitting for anchoring the removable bridges
2. fitting for anchoring the dental orthodontic appliances
3. fitting for anchoring the removable partial dentures
4. cementation for anchoring the crowns

FPR-110 Types of the primer telescopic crowns:

1. cylindrical
2. conical
3. resilient
4. cylindro-conical

FPR-111 Localisation of the precision attachment:

1. intracoronal
2. supragingival
3. extracoronal
4. paragingival

FPR-112 Types of the press button anchors:

1. cylindrical
2. metal patrix and acrylic matrix
3. conical
4. metal patrix and metal matrix

FPR-113 Types of the wrought-wire clasps:

1. wire spring clasp
2. "bástyabastion" clasp
3. simple wire clasp
4. Bonwill clasp

FPR-114 Which one does not belong to the wrought-wire clasps?

1. Ney clasps
2. simple wrought-wire clasp
3. Bonwill clasp
4. Kende clasp

FPR-115 It does not belong to the cast clasps:

1. Ney clasps
2. wire clasp from spring
3. Bonwill clasp
4. Kende clasp

FPR-116 Which belongs to the press button attachments?

1. Ceka attachment
2. Ney attachment
3. OT-Cap attachment
4. Kennedy attachment

FPR-117 Localisation of the slide attachment can be:

1. intracoronal
2. intercoronal
3. extracoronal
4. none of them

FPR-118 The cross section of patrix in slide attachment:

1. rectangle
2. rounded rectangle
3. round
4. trapezium

**FPR-119** It is a characteristic feature of the /hinge type of stress breakers/ pure hinge joints!

1. they are prefabricated precision attachments
2. tilting and sinking of the denture without damage of the abutment teeth is possible
3. it is belongs to the precision attachments
4. it is will be built in between the attachment and the saddle

**FPR-120** It is a characteristic feature of the Dolder-system!

1. the cross section is oval or semi ellipse
2. the circular movement of between the clip bar and the sleeve is may be maximum 10°
3. the cross section is rectangular
4. the remaining abutment teeth have to be devitalized and decoronated

**FPR-121** The dimensions of the Dolder-system:

1. 0,5-1,5 mm wide
2. 2,5 mm high
3. 3-6 mm high
4. 1,5-2,5 mm wide

**FPR-122** It is a characteristic feature of the Preci-Horix system!

1. The rider can be changed
2. The rider is made of metal
3. The rider is made of from elastic plastic
4. The rider is made of porcelain

**FPR-123** Advantages of the telescopic system retained denture

1. easy to manufacture
2. axially directed load on the abutment teeth
3. high lateral load on the abutment teeth
4. it provides a rigid anchorage is rigid

**FPR-124** Advantages of the telescopic system retained denture are:

1. minimally prepared teeth
2. axially directed load
3. it has fewer steps than the clasp retained removable partial denture
4. it provides a rigid anchorage

**FPR-125** Axial wall of the primer crown can be

1. cylindrical (parallel wall)
2. cylindro-conical (parallel and converged wall)
3. conical (converged)
4. divergent

**FPR-126** The possibility of the insertion of the removable partial denture depends on

1. the type of support
2. the axis of the remaining teeth
3. the number of the remaining teeth
4. the extension of the base

**FPR-127** Which alloys are suitable for making a precision attachment?

1. platinum-gold alloys
2. gold alloys
3. cobalt-chromium alloys
4. silver-palladium alloys

**FPR-128** It can be registered by the surveyor!

1. The prosthetic equator of the natural teeth
2. The path of insertion of RPD
3. The number of the clasps
4. The right placement of the cast clasp

**FPR-129** Always third class abutment teeth are the:

1. lower first incisors
2. upper second incisors
3. lower lateral incisors
4. lower third molars

**FPR-130** What do we have to check during the try in of a metal denture base?

1. stress free fitting
2. retention of clasps
3. colour of the artificial teeth
4. if the occlusal rest disturbs the occlusion and/or the articulation

**FPR-131** Conditions of increasing the vertical dimension with denture

1. the remaining teeth form an occlusion unit on both sides of the jaw
2. a necessary width of the interocclusal space
3. If the patient’s contraindicates any orthodontic treatment
4. treating the stuttering

**FPR-132** Tasks of the saddles of removable partial denture are:
1. to bear the flange
2. it may increase the retention
3. to bear the artificial teeth
4. to transmit the load to the mucoperiosteum

FPR-133 Tasks of the connector of the removable partial denture are:

1. It can take part in the retention of the denture
2. It connects the saddles
3. It can transmit the load to the mucoperiosteum
4. It connects the anchors and the abutment teeth

FPR-134 The consequences of edentulousness:

1. food impaction
2. tilting of the tooth
3. teeth receive a load different from their axis
4. overeruption

FPR-135 The butterfly shaped upper metal framework is reduced

1. on the region of incisive papilla
2. on the region of palatal rugae
3. before the A line
4. on the distal part of the upper alveolar ridge

FPR-136 Primary abutment teeth with healthy periodontium are the:

1. lower central incisors
2. upper central incisors
3. lower premolars
4. upper second molar

FPR-137 It is characteristic of the Ney III type clasp!

1. one occlusal rest
2. two occlusal rests
3. one semilunar clasp finger
4. two semilunar clasp fingers

FPR-138 The occlusal rest is a characteristic of the:

1. Ney I type
2. Ney II type
3. Gerber G-clasp
4. Budlong-clasp

FPR-139 The arm of the cast clasp is properly positioned when:

1. it passes through the biggest cusp of the tooth
2. it passes through the biggest tubercule of the tooth
3. It passes through on at least four retentive fields
4. It passes through on at least three retentive fields

**FPR-140** Tasks of the occlusal rest are:

1. To transmit the load to the mucoperiosteum
2. To decrease the lateral movement of denture
3. It can be an indirect retainer.
4. It stabilizes the denture against lifting force

**FPR-141** The characteristic features of the conical telescopic system:

1. Provides the mucosal support of the denture
2. Provides the rigid anchoring of the denture
3. Every tooth has to be decoronated
4. Provides the dental support of the denture

**FPR-142** It is typical for closed slide attachment:

1. It provides rigid anchorage of the denture
2. It provides elastic anchorage of the denture
3. It provides dental support of the denture
4. All of the remaining teeth have to be splinted

**FPR-142** The line of the clasp:

1. It is the synonym of the fulcrum line
2. It is a line connecting clasp fingers
3. It is a line between the clasp holding teeth
4. It is a line connecting the distal parts of the saddles

**FPR-144** Which types of prosthetic appliances can be manufactured using the survey method?

1. Bar
2. Telescopic system retained denture
3. Slide attachment
4. Post-and-core system

**FPR-145** The type of the abutments by according to their prosthetic value

1. Primary class
2. Secondary class
3. Third class
4. Fourth class

**FPR-146** It belongs to the press button attachment:

1. McCollum-system
2. OT-CAP-system
3. Roach-system
4. Ceka-system

**FPR-147** Parts of the Ceka anchor:

1. space maintainer
2. retentive part
3. base circle
4. press button

**FPR-148** It is characteristic of the cast cap!

1. It covers the prepared abutment precisely on every surface
2. It has anatomical shape
3. It can also be made on a prepared tooth with a shoulder finish line
4. It can be made from acrylic

**FPR-149** It is a characteristic of the cast crown!

1. It covers the prepared abutment precisely on every surface
2. It has anatomical shape
3. The thickness of its walls are even
4. To make it we need a precision impression, situation impression, antagonist impression, and jaw registration.

**FPR-150** Tasks of the clasp-holding crowns gingivo-occlusal eminence is

1. To increase the force on the abutment tooth
2. To protect the marginal gingiva
3. To provide of friction
4. To provide the clasp retention

**FPR-151** What is to be checked during the try in of a bridge framework?

1. The path of insertion
2. The marginal seal of the crowns
3. Occlusion and articulation
4. The protection of the interdental papilla

**FPR-152** What is to be checked during the try in of the crown framework?

1. The relationship of the framework to the marginal gingiva
2. The relationship of the framework to the abutment
3. The relationship of the framework to the neighbouring teeth
4. The relationship of the framework to the opposing teeth

**FPR-153** Fixed partial dentures are:

1. Inlays, onlays, crowns
2. Post-and-core systems
3. Bridges
4. Splints

**FPR-154** It is a characteristic of the cast crown with an acrylic facing!

1. It can be made on an abutment with or without a shoulder
2. The facing is retained mechanically
3. The incisal edge must be protected by metal
4. The facing cannot be repaired

**FPR-155** It is a characteristic of the porcelain fused to metal crown!

1. The incisal edge does not have to be protected by metal
2. Abrasion resistant, it keeps its shape and the colour
3. It can only be made on an abutment with shoulder preparation
4. It has to be placed on to the abutment without any stress

**FPR-156** A post-and-core can be made, if

1. The root is at least 8-10 mm long
2. The root canal filling is correct
3. 2/3 of the length of the root can be used
4. The post has to be as long as the crown

**FPR-157** Characteristic of the post-and-core with a cap

1. For making this at least 1 mm high intact root surface is needed
2. It surrounds the root surface
3. The superstructure made on the core can be removed only by damaging the post
4. A porcelain crown can be made on it

**FPR-158** Post-and-core systems are:

1. Simple post-and-core
2. Post-and-core with cap
3. Post with an inlay
4. Post with an abutment

**FPR-159** It is a characteristic of the prefabricated post-and-core!

1. It provides the possibility to prepare fast and easy the coronal part of the tooth.
2. Posts with a screw do not have to be cemented.
3. It does not cover the whole occlusal surface of the root
4. Their wedging effect is negligible
The abutment of the a bridge can be:

1. A natural tooth
2. An implant
3. A root
4. A root built up with post-and-core

The anchor of a bridge can be:

1. A crown
2. A post-and-core system
3. An inlay
4. A pinledge

Conditions of making a porcelain jacket crowns are:

1. Normal occlusion
2. 1 mm wide shoulder
3. Teeth with root canal filling
4. At least 3 mm high prepared abutment

Types of the full veneer crown:

1. Cast crowns
2. Swaged crowns
3. Facetted crowns
4. Two Two-part- crowns

Which form of finish line is suitable for porcelain fused to metal crowns?

1. Shoulder finish line
2. Sloped shoulder
3. Chamfer, Orton form
4. Chamfer with bevel

The abutment (crown abutment) can be built up with

1. Glasionomer cement
2. Fletcher cement
3. Composite filling material
4. Zinckoxide-eugenol cement

Materials of the permanent cementation by of fixed prosthetic appliances are:

1. Dual - cements
2. Glasionomer - cements
3. Zinc-phosphate cement
4. Composite cement
Questions of relation analysis

FPR-167 The immediate removable denture has only aesthetic function, consequently it can be inserted right after tooth extraction.

FPR-168. Only the open slide-attachments permit the vertical movement of the denture consequently they provide rigid anchorage.

FPR-169. The dento-mucosal support is more advantageous than the dental, because the saddle can be reduced more.

FPR-170. The indirect tilt inhibitors are also called indirect retainers, because they stabilize the denture against force that would remove it from its base.

FPR-171 Reduction of the removable partial denture’s connector depends only on the rigidity of the denture base, because the remaining teeth bear the load.

FPR-172 The closed slide-attachment provides the dental support of the removable denture consequently the remaining teeth have to be splinted.
FPR-173 It is recommended to use a vibration desk whilst casting an silicone rubber impression, because this way it is easier to remove the cast.

FPR-174 It is not the physiologic task of the mucoperiosteum to bear the load resulting from the mastication, that is why if it is possible the removable partial denture has also to be dentally supported.

FPR-175 The continuous clasp is always placed above the prosthetic equator, therefore its effect is based on the elastic tension.

FPR-176. The dentist outlines the borders of the cast metal framework on the working cast, because the casting takes place on the refractory cast.

FPR-177. The lingual bar is an indirect retainer, because the lingual bar is the part of the denture base.

FPR-178. In the class 1B of the Fábián and Fejér Péter classification only fixed prosthetic appliances can be made, because in this class for the replacement of one canine with a fixed appliance an extended bridgework should be made.

FPR-179. The prosthesis does not have the task to prevent the consequences of the edentulousness, because a good prosthesis restores only the multiple functions of the teeth in the masticatory system

FPR-180. An extended edentulousness can cause pathologic abrasion of the teeth, because the masticatory muscles become hypertrophic to maintain the chewing ability.

FPR-181. In order to protect the remaining teeth from overload, the denture has to be made, so that it transmits the masticatory load evenly on the
mucoperiosteum, **because** the remaining teeth have a decreased load bearing capacity due to the denture.

**FPR-182**. The removable partial denture is a prosthesis taking more room space than the natural teeth, **because** it covers some parts of the mucosa and replaces the resorbed alveolar process.

**FPR-183**. During the altered cast technique the clasp-system can be cast together with the metal-base, **that is why** the clasps are the direct retainers.

**FPR-184**. The only task of the connector of the dental supported removable partial denture is to connect the saddles, **therefore** the dental supported partial denture can be skeleted.

**FPR-185** In case of a class 2B. edentulousness, there can be more than one primary fulcrum lines, **therefore** the inserted denture can sink and tilt into more directions.

**FPR-186**. To make a slide-attachment retained removable partial denture at least two teeth pro slide-attachment have to be splinted, **because** in this case clasps are not needed for the retention of the metal denture base.

**FPR-187**. The metal denture base made by the altered cast technique can only be made with an alginate impression, **because** the metal denture base is cast immediately on the master-cast.

**FPR-188**. The bar adequately stabilizes the denture against lateral movements, **that is why** the bar retained removable partial denture is considered as an advantageous solution for the 2A class according to Fábián and Fejérdy classification.

**FPR-189** The canines and first molars are always first class abutments; consequently these teeth can alone anchor a cantilever bridge.

**FPR-190** Even in case of primary class teeth with sound periodontal status, additional abutments may be needed, **because** expressed arch of the edentulous alveolar ridge, dental anomalies, or extreme load caused by occlusal parafunctions can make it necessary.

**FPR-191** The fixed partial denture has more aesthetic effects than the removable partial denture, **because** the porcelain can be modified more individually than the prefabricated artificial teeth.

**FPR-192** The wrought wire clasps are made of elastic wires with round or half-round cross section by bending, **consequently** these clasps belong to the group of elastic stress breakers.

**FPR-193** The Bonyhárd - clasp provides rigid anchorage, **because** during its use, the force on the denture loads the abutment teeth with the same intensity.

**FPR-194** The continuous clasp belongs to the indirect retainers, **because** without proper dental support the incisors will be dislocated due to sinking of the denture.
The saddle-far occlusal rest can act as a tilt inhibitor/indirect retainer, because it can increase the effectiveness of the clasp by preventing rotation.

The anchorage of the denture - based on its mechanism - can be rigid or non rigid, that is why the anchorage is against the resistance of oral structures and vertical and horizontal displacing effect of mastication.

The support of the denture can be dental, mucosal, mucodental and dentomucosal, because the parts of denture have to create a functional unit with the oral anatomic features and

The border of metal framework, localisation of the clasps and the prosthetic equator are outlined on the master cast, because the wax-up of the metal framework is made on the same cast.

The fit of the cast metal framework is checked on the master model, because the working cast is damaged during the casting procedures.

The wax-up of the metal denture base, is made on the investing material, because the working cast is used to check how the metal framework fits.

A telescopic retained denture is often used in case of subtotal edentulousness, because the remaining teeth are axially loaded, which is advantageous.

The telescopic retainer can be used as an abutment of a bridge, because in this case the primary and secondary crowns can be cemented together.

A clasp with only one arm should not be used, because in this case, the reciprocal force is not guaranteed on the opposite side.

The cast clasps are made from prefabricated clasp parts, therefore only the parts of a cast clasp can clearly be distinguished.

The tilt inhibitors are also called as indirect retainers, because they don’t directly stabilize the denture against pull type of forces.

The saddle-close occlusal rest can act as an effective tilt inhibitor, because it prevents the vertical dislocation of the dentures.

Slide attachments permit only vertical movements of the denture; therefore that slide attachments provide a rigid attachment.

The biggest convexity of the tooth can only be determined with a surveyor, because the prosthetic equator is not the same as the anatomic one.

In a fixed partial denture the pontic should connect the abutments in a straight line, because this form fulfils the requirements of self-cleaning the most.
FPR-210. The alginate impression materials are used without gingival retraction, because it can also easily be removed from the undercut areas.

FPR-211. Prosthetic rehabilitation is indicated, if tooth extraction would cause an immediate or a late damage, therefore a crown can also be made, if the tooth is discoloured, or the enamel is hypoplastic, or the position of the tooth is not ideal in the dental arch.

FPR-212. The prosthetic value of the teeth is not influenced by the status of the periodontium, because the clinical crown to clinical root ration does not change during the lifetime.

FPR-213. The electrochemical corrosion that takes place in the mouth may not cause subjective symptoms, therefore it is only relevant in the life-time of a denture.

FPR-214. The simple post-and-core is made in order to increase the rigidity of the root, because the post inserted into the root prevents its fracture or cracking.

FPR-215. An acrylic crown, made on a post-and-core is recommended only as a temporary appliance, because after the abrasion of the acrylic the metal surface becomes free and will transmit damaging force to the root.

FPR-216. The post-and-core with back plate has to be fixed permanently with zinc-oxyde-eugenol cement to the root because after the facet is being damaged, the crown cannot be changed separately, it can only be repaired.

FPR-217. On the root built up with a prefabricated post-and-core, a crown can be made without impression-taking because the use of a prefabricated post makes it unnecessary to use a cast mould.

FPR-218. The teeth surrounding the edentulous area are called as main abutments, because teeth adjacent to the edentulous ridge have always the highest prosthetic value.

FPR-219. The larger the vestibular arch of the pontic, the bigger is the load on the abutments, therefore the pontic should connect the abutments in a straight line.

FPR-220. The prosthetic value of the teeth is only slightly influenced by the periodontal status, because the prosthetic value of the teeth primarily depends on on their load bearing capacity, and also on their position in the dental arch.

FPR-221. The margin of the temporary crown made on a shoulder-prepared tooth has to be made as thin as a knife edge, because the temporary crown may never touch the marginal gingiva.

FPR-222. The surface of the tooth should not be isolated and dried when using carboxylate cements, because the carboxylate cements stick well also on the wet tooth-surface.
FPR-223. It is contraindicated to make a bridge if the abutments’ axis have a great difference in the parallelism because in this case a bridge can only be made after devitalisation of the teeth.

FPR-224 All the metal alloys of the fixed prosthetic appliances contain some gold, because this makes the alloy corrosion resistant.

FPR-225 Application of appropriate coolant is always necessary during the preparation of a vital teeth, in order to avoid pulp-damage.

FPR-226 The full veneer crown should have an anatomic form, because this will provide a caries preventive effect.

Questions of association

A: The saddle of the RPD
B: The connector of the RPD
C: Both of these
D: None of them

FPR-227 If the prosthesis has only dental support this part will take part in the load transmission to the mucoperiosteal base.
FPR-228 It is the part of the denture base.
FPR-229 The type of support determines the degree of extension.
FPR-230 It can take part in the anchorage of the denture.
FPR-231 Its material may be only metal.

A: Characteristic for of the removable partial denture
B: Characteristic for of the fixed prosthesis
C: Both of these
D: None of them

FPR-232 Making it only a precision impression is necessary.
FPR-233 It can be applied as an immediate denture.
FPR-234 It can be applied only for free-end saddle cases.
FPR-235 It can be applied for every type of the partial edentulousness.
FPR-236 While making this the protection of the marginal periodontium has to be ensured
FPR-237 Inserting it may influence the physiological vertical dimension.

A: palatum alveolare
B: palatum proprium
C: Both of these
D: None of them

FPR-238 The load bearing capacity is bigger than of the other one.
FPR-239 It is the same as the oral declination of the upper alveolar ridge.
FPR-240 In the middle of this, there is the palatal torus.
It provides a good support for the lower complete denture.

The symptoms of the denture stomatitis can develop on this.

A: Metal denture base
B: Acrylic denture base
C: Both of these
D: None of them

It has a great flexural strength.

Its correction is difficult.

It can only minimally be reduced.

It is a good heat-insulator material.

It is the instrument of support.

It bears the flange.

A: Cast clasp
B: Wire clasps
C: Both of these
D: None of them

Only its “finger” is placed under the prosthetic equator.

It can be made also from stainless steel.

It is made by cold processing.

It can be used without veneer crowns to support the clasp arms.

It is the means of retention.

Having reciprocation is unnecessary

A. Class 2/A1 according to Fábián and Fejérdy classification of partial edentulousness
B. Class 3 according to Fábián and Fejérdy classification of partial edentulousness
C. Both of these
D. None of them

Patient has one or two teeth and it there can be more rotational axes

In this class a distance of 0.5 mm has to be provided between the occlusal surfaces of the primary and secondary crowns.

The sinking of the inserted denture can occur in two directions.

A. Cast clasp
B. Occlusal rest
C. Both of these
D. None of them

It is considered as the functional part of the denture base.

If there is not enough space for it, we have to prepare a depression in the tooth surface or in the crown.
FPR-261 It provides a rigid anchorage.

A. Lingual bar  
B. Palatal connector  
C. Both of these  
D. None of them

FPR-262 It should be located on the mucosa.  
FPR-263 Calculus can be deposited on it.  
FPR-264 Its cross section is half drop shaped.

A: It can be an additional abutment  
B: It can be an anchor  
C: It can be both of them  
D: It can be neither of them

FPR-265 Post-and-core.  
FPR-266 Inlay.  
FPR-267 Root canal filling.  
FPR-268 Onlay.  
FPR-269 Pinlay.

A: The full metal veneer crowns  
B: The partial metal crowns  
C: Both of them  
D: None of them

FPR-270 The length of its marginal seal is longer than the other’s.  
FPR-271 It has to cover the whole prepared surface.  
FPR-272 The preparation margin has be a shoulder.  
FPR-273 It cannot be made onto a filled tooth.  
FPR-274 It covers the clinical crown of the prepared tooth.

A: MOD metal inlay  
B: metal full veneer crowns  
C: Both of these  
D: None of them

FPR-275 The overlaying surface – borderline ratio is not advantageous.  
FPR-276 It can be made of a metal with low casting viscosity.  
FPR-277 The overlaying surface-borderline ratio is advantageous.  
FPR-278 It replaces the approximal shape and contour of the tooth  
FPR-279 It reconstructs the occlusal surface of the tooth.  
FPR-280 Its material is harder than the dental enamel.  
FPR-281 Elastic tension of the fixation is based on elastic tension.
A: Simple cast post-and-core
B: Post-and-core with cap
C: Both of these
D: None of these

**FPR-282** It covers only the occlusal surface of the root.
**FPR-283** It surrounds the whole surface of the root.
**FPR-284** The post is cast together with the core.
**FPR-285** It is suitable for the correction of the axial deviation.
**FPR-286** It can be made from stainless acrylic.
**FPR-287** It can be used as an independent prosthesis.
**FPR-288** Post in the root is always shorter than the root.
**FPR-289** It can be made also from silver-palladium.

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**COMPLETE EDENTULOUSNESS**

**FPT-1** The task of the artificial teeth (in case of complete edentulous) is:

A. to substitute the lost alveolar process
B. to carry the artificial gum
C. preservation of the periodontium
D. to maintain the centric occlusion
E. to maintain the contact point system

**FPT-2** The buccal frenum is:
A. on the area of the incisal papillae  
B. on the area of the praemolars  
C. on the area of the canines  
D. on the area of the molars  
E. on the area of the incisors

**FPT-3** Which material is appropriate for producing the functional cast in case of complete lower denture?

A. Pastes with setting time  
B. Thermoplastic materials  
C. Plaster of Paris  
D. Silicone based materials  
E. All of the above

**FPT-4** Which of the following does NOT belong to the physical retentive force of the complete denture?

A. the capillary pressure  
B. the vacuum  
C. gravity  
D. masticatory force  
E. neuromuscular system

**FPT-5** What does the stop line mean?

A. The distal end of the occlusal surface on the lower denture  
B. The deepest point of the prosthetic curve of Spee  
C. The distal interproximal contact point of the canines  
D. The deepest point of prosthetic curve of Monson  
E. The most distal point of the condylar path in the sagittal plane

**FPT-6** Which complaint is **not** characteristic after insertion of the complete denture?

A. parageusia (tasting problems)  
B. hyposalivation  
C. dysphonia (speaking disorders)  
D. pain in the temporomandibular joint  
E. denture sore (mucosal sore)

**FPT-7.** In which part of the vestibular region should be the flange of the upper complete denture extended?

A. to the buccal sulcus  
B. to the border of the attached and movable mucosa  
   (mucogingival junction)  
C. to the border of the movable and moving mucosa
D. to the vibrating line
E. to the A line

**FPT-8.** Which clinical anatomic structure or area should NOT be covered with foil?

A. crista mylohyoidea  
B. torus palatinus  
C. retromolar pad  
D. incisive papilla  
E. mental spines

**FPT-9.** Which factor is unimportant to check during the fitting a new complete denture?

A. the aesthetics  
B. the articulation / occlusion  
C. fitting of the denture on the mucosa  
D. the interproximal contact points  
E. the stability of the denture

**FPT-10.** Where should be the base of the upper complete denture reduced in size?

A. close to vibrating line, mesially  
B. in the space between the maxillary tuber and the cheek  
C. on the hard palate  
D. at the area of palatinal foveolae  
E. it is not recommend to reduce the base of the upper complete denture

**FPT-11.** Which of the following does not belong to the consequences of total edentulousness?

A. reduced working ability  
B. reduced chewing ability  
C. reduction in the speed of the speech  
D. changes in the facial character  
E. atrophy of the tongue

**FPT-12.** Hyperactivity of which muscle causes the protruded mandibular position in edentulous patients?

A. lateral pterygoid muscle  
B. medial pterygoid muscle  
C. masseter muscle  
D. temporal muscle  
E. depressor anguli oris muscle

**FPT-13.** What is the name of the imaginary line that connects the apical tips of the vestibular roots of the lateral teeth, and the apices of the roots of front teeth?

A. base of articulation
B. apical base 
C. coronal base 
D. coronal base arch 
E. transradicular basic arch 

**FPT-14.** Which of the following does NOT belong to the basic types of edentulous ridge? 

A. flabby ridge 
B. completely high ridge 
C. completely flat ridge 
D. negative ridge 
E. deep negative ridge 

**FPT-15.** What is the name of the plica running along the margo anterior of the coronoidal process and the oblique line? 

A. plica coronoidea obliqualis 
B. plica obliqualis 
C. plica lineae obliquae 
D. plica buccalis 
E. plica transversalis retromylohyoidea 

**FPT-16.** What is the name of the plica starting at the palatoglossal arch, running over the base of the retromolar pad, ending at the movable mucosa of the oral surface of ridge? 

A. plica coronoidea obliqualis 
B. oblique plica 
C. oblique line plica 
D. buccal plica 
E. transversal retromylohyoid plica 

**FPT-17.** Which structure belongs to the retromolar area? 

A. tuber maxillae 
B. tuber-cheek split 
C. tuberculum-cheek split 
D. tuberculum-masseter split 
E. tuberculum alveolare maxillae 

**FPT-18.** Which structure belongs to the retromolar area? 

A. retromolar pad 
B. tuberculum alveolare maxillae 
C. tuber alveolare mandibulae 
D. tuber alveolare maxillae 
E. tuber maxillae
FPT-19. Which anatomic region’s feature is the lingual pouch?

A. retroalveolar area  
B. retromolar area  
C. lingual sulcus (paralingual area)  
D. lingual frenum (sublingual fold)  
E. tonsillar area

FPT-20. Where is the retromolar fovea?

A. on the distal area of the palatum alveolare  
B. behind the mental foramen  
C. under and behind the mylohyoid line  
D. between the foramen palatinum majus and the alveolar process  
E. between the two mental tubercules

FPT-21. What kind of information can be gained by the palpation of the retromolar fovea?

A. the injection point of the palatal conduction anaesthesia  
B. rate of the alveolar resorption  
C. the correct position of the stop line  
D. prosthetic availability of lingual pouch  
E. the injection point of mental conduction anaesthesia

FPT-22. The angle between the lower alveolar ridge and the inner surface of the mandibular ramus is:

A. 90°-180°  
B. 24°- 58°  
C. 14°- 52°  
D. 2°- 24°  
E. 1°- 2°

FPT-23. What are the borders of the recessus mandibulae accessories (buccal shelf)?

A. processus coronoideus - processus condylaris - incisura mandibulae - tuberositas pterygoidea  
B. foramen mandibulae - linea mylohyoidea – tuberositas pterygoidea – mesial edge of the area of the second molar  
C. lower ridge-linea mylohyoidea - mylohyoid groove  
D. caput mandibulae - processus coronoideus - ramus mandibulae  
E. lower ridge- oblique line – lower buccal sulcus - mesial edge of the area of the second molar

FPT-24. What is the buccinator split?

A. it is the buccal pouch, if the buccal mucosa is smooth and deviates to the medial plane  
B. it is the buccal pouch, if the buccal mucosa is smooth and deviates from
the medial plane
C. the vertical impression on the mesial edge of the plica verticalis buccae
D. the vertical impression on the distal edge of the plica verticalis buccae
E. the split developing mesially from the eminence of the corpus adiposum buccae

**FPT-25.** What is the prosthetic significance of the mandibular torus?

A. it is a wide layer of mucosa, covered by the denture, with undercuts that can be well used for denture retention
B. Its surface is covered by a thin layer of mucosa, which is sensitive to pressure, therefore it has to be foiled
C. Its surface is covered with a wide layer of mucosa, it can be used for increasing the masticatory load
D. Its surface, covered by a thin layer of mucosa, is not sensitive for pressure, therefore the denture base can be extended on it.
E. Its surface, covered by a submucosa rich mucosa, can be used for establishing a border seal.

**FPT-26.** Where can the mandibular torus be found?

A. on the lingual side of the mandibular residual ridge, vertically in the median - sagittal plane
B. on the vestibular side of the mandibular residual ridge, vertically in the median sagittal plane
C. on the distal part of the mandibular residual ridge, symmetrically on the retromolar pad
D. on the vestibular side of the mandibular residual ridge, symmetrically in the premolar area
E. on the lingual side of the mandibular residual ridge, symmetrically in the premolar area

**FPT-27.** What type of mucosa covers the occlusal surface of the endentulous ridge?

A. muscular mucosa
B. attached mucosa
C. movable mucosa
D. mobile mucosa
E. duplicated mucosa

**FPT-28.** Where can the palatal torus be found?

A. on the palate proper, on the area of the intermaxillary suture/midpalatal suture
B. on the palate proper, on the area of palatinal crysta
C. on the alveolar palate, on the area of intermaxillary suture/midpalatal suture
D. on the alveolar palate, on the area of palatinal crysta
E. this is not an anatomic feature of the palate

**FPT-29.** Where can the palatine raphe be found?

A. on the palate proper, on the area of palatinal crysta  
B. on the palate proper, on the area of the midpalatal suture  
C. on the alveolar palate, on the area of palatinal crysta  
D. on the alveolar palate, on the area of the midpalatal suture  
E. this is not an anatomic feature of the palate

**FPT-30.** The prosthetic significance of the palatal torus:

A. it is a prosthetic feature covered by mucosa with undercut areas, can be used for the retention of the denture  
B. it is a prosthetic feature covered by mucosa what can be used for increasing load  
C. it is a prosthetic feature covered by thin layer of mucosa that is sensitive for pressure, therefore it has to be foiled  
D. it is the prosthetic feature covered by thin layer of mucosa what is sensitive for pressure so the denture base can not to be extended on it  
E. it is the prosthetic feature covered by thick layer of mucosa so it can be used for the border seal

**FPT-31.** The prosthetic significance of the palatal foveae:

A. It is a rarely existing undercut area; it can have an important role in the retention of the denture  
B. It is an important exit of nerves and blood vessels, thus the denture can not be extended on it  
C. It is an important exit of nerves and blood vessels, it has to be foiled  
D. It can be significant in the determination of post dam area of the denture  
E. There are small mucosal depressions on the soft palate, on the A line

**FPT-32.** Where can the palatal fovea be found?

A. on the hard palate at the beginning of the incisal canal  
B. on the hard palate, over the major palatal majus  
C. on the hard palate, over the minor palatal foramen  
D. in the midline, at the root of uvula  
E. close to the vibrating line on both sides of the midpalatal suture

**FPT-33.** What kind of accessory retentive procedures is suggested to be used for increasing the retention of the complete denture?

A. adhesives  
B. suction- and vacuum chamber  
C. rubber suction cap  
D. trimming methods  
E. none of these
FPT-34. Which clinical anatomic feature has an undercut surface that can be used for the retention of the lower complete denture?

A. the lingual pouch
B. the mandibular torus
C. mental spine
D. the oblique line
E. recessus mandibulae accessories/buccal shelf

FPT-35. Which physical retentive factor is the most effective for upper complete denture?

A. trimming
B. force of gravity
C. vertical load/chewing force
D. capillary pressure
E. vacuum

FPT-36. What is the inner border seal?

A. The pressure developing during expiration in the cavum oris proper, that is higher than the atmospheric pressure
B. the pressure, produced by the mimic muscles in the oral vestibule, that is lower than the atmospheric pressure
C. the pressure developing during inhalation in the cavum oris proper, that is lower than the atmospheric pressure
D. establishing a persistent pressure beneath the denture, which is lower than the atmospheric pressure in the mouth by sinking the borders of the denture into the thick mucosa
E. a pressure, which is higher than the atmospheric pressure, produced by forceful contraction of the mimic and chewing muscles

FPT-37. Which of the following physical retentive factors is exclusively beneficial for the lower complete denture?

A. trimming
B. force of gravity
C. vertical load/occlusal force
D. capillary pressure
E. vacuum

FPT-38. Which head-form is characteristic to the athletomorph-type patient?

A. dolichocephal
B. leptoprosop
C. leptosom
D. euryprosop
E. brachycephal

FPT-39. Which face-form is typical of the athletomorph-type patient?
A. dolichocepal
B. leptoprosop
C. leptosom
D. euryprosop
E. brachycepal

FPT-40. Which head-form is typical of leptosom type patient?

A. dolichocepal
B. leptoprosop
C. leptosom
D. euryprosop
E. brachycepal

FPT-41. Which face-form is typical of leptosom type patient?

A. dolichocepal
B. leptoprosop
C. leptosom
D. euryprosop
E. brachycepal

FPT-42. Which tray is used for taking anatomic, primary impression?

A. an anatomic tray
B. a central tray
C. a stock tray
D. a special tray
E. a funcional tray

FPT-43. Why is it necessary to have overextended primary impression?

A. In order to have the adequate width of the impression material
B. The impression material can be attached also to the external surface of the tray
C. The tray can press the soft tissues onto the bony base
D. The anatomic cast can be trimmed to the right form
E. In order to outline the borders of the special tray on it

FPT-44. Which movement can be used for checking the relation of the pterygomandibular raphe to the border of the special tray?

A. opening of the mouth
B. lip primping
C. symmetrical abduction of the corner of the mouth
D. blowing the nose
E. swallowing

FPT-45. At which area is the greatest the angulation of the interalveolar line?
A. at the area of the incisors  
B. at the area of the canines  
C. on the premolar area  
D. at the area of the first molars  
E. at the area of the second molars

**FPT-46.** The inferior labial frenum can be found:

A. on the premolar area  
B. on the molar area  
C. in the lower labial sulcus/vestibule in the midline  
D. in the upper labial sulcus/vestibule in the midline  
E. close to the incisive papilla

**FPT-47.** Which physical retentive force is NOT effective for the upper complete denture?

A. masticatory force  
B. force of gravity  
C. capillary pressure  
D. vacuum  
E. all of these

**FPT-48.** How can we check the relation of the border of the special tray and the mylohyoid ridge?

A. mouth opening  
B. lip-primping  
C. blowing the nose  
D. smiling  
E. lifting the tip of the tongue against the palate

**FPT-49.** Which of the following structures is **not** necessary to be covered with foil on the palatum proper?

A. palatal rugae  
B. palatal torus  
C. palatine raphe  
D. incisive papilla  
E. palatine foveae

**FPT-50.** Which factor is unimportant when choosing artificial teeth?

A. wish of the patient, case history  
B. form of the head  
C. face form  
D. hairstyle  
E. shape of body

**FPT-51.** Which of the following interalveolar angles makes it necessary to set up the
artificial molars in cross bite?

A - 20°
B - 120°
C - 80°
D - 100°
E - 110°

FPT-52. In case of artificial teeth positioning according to Gysi:

A - the mesiobuccal cusp of the upper second molar touches the occlusal metalplate
B - the distobuccal cusp of the upper second molar touches the occlusal metalplate
C - the palatal cusp of the upper second molar touches the occlusal metalplate
D - every cusp of the second upper molar touches the occlusal metalplate
E - none of the cusps of the second upper molar touches the occlusal metalplate

FPT-53. What is not task of the tray-handle?

A - insertion of special tray
B - removing the special tray
C - to keep the special tray in place during impression taking
D - to check the stability of the functional impression
E - to determine the thickness of occlusal rim

FPT-54. How wide should the space be between the border of special tray and the functional soft tissue?

A - 0,5-1 mm
B - 1-1,5 mm
C - 1,5-2 mm
D - 2-2,5 mm
E - 2,5-3 mm

FPT-55. The relation between the border of lower functional impression tray (special tray) and the definitive border of the denture is:

A - the functional tray is smaller than the base of the final denture
B - the functional tray is larger than the base of the final denture
C - the functional tray has the same size as the base of the final denture
D - the functional tray is 3mm larger than the base of the final denture
E - the functional tray is 3mm smaller than the base of the final denture

FPT-56. Which of the following materials can not be used for functional impression taking?

A - oroplastic material
B - zinc oxide-eugenol paste
C - combination of the compound and zinc oxid-eugenol
D - silicone impression material
E - baseplate wax
FPT-57. What does not belong to the Gerber intraoral tracing system for jaw registration?
   A - occlusal rim
   B - crayon
   C - tracing plate
   D - holding plate
   E - screwdriver

FPT-58. What is the sagittal Christensen phenomenon?
   A - In case of well-trimmed occlusal rims, during anterior movement of the mandible, a
   opened to the distal.
   B - In case of well-trimmed occlusal rims, during anterior movement of the mandible, a
   wedge-like space arises, between the posterior parts of the occlusal rims,
   opened to the right
   C - In case of well-trimmed occlusal rims, during anterior movement of the mandible, a
   wedge-like space arises, between the posterior parts of the occlusal rims,
   opened to the left
   D - There is a wedge-like space opened to the back on the nonworking side of the
   occlusal rims, during lateral movement of mandible
   E - None of these

FPT-59. The transversal (lateral) Christensen phenomenon is:
   A - a wedge-like space opened to the back on the right side of the well-trimmed occlusal
   rims, during lateral movement of the mandible
   B - a wedge-like space opened to the back on the left side of the well-trimmed occlusal
   rims, during lateral movement of the mandible
   C - a wedge-like space in the incisal area of the well-trimmed occlusal rims, during
   lateral movement of the mandible
   D - a wedge-like space opened to the back on both sides of the well-trimmed occlusal
   rims, during lateral movement of the mandible
   E - a wedge-like space opened to the back on the non-working side of the well-trimmed
   occlusal rims, during lateral movement of the mandible

FPT-60. The depth of the post-dam:
   A - 0.1-0.3 mm
   B - 0.3-1.0 mm
   C - 1.0-1.3 mm
   D - 1.3-2.0 mm
   E - 2.0-4.0 mm

FPT-61. The width of the post-dam:
   A - 1-2 mm
   B - 2-3 mm
   C - 2-4 mm
   D - 3-5 mm
E - 3-7 mm

FPT-62. What does the impression beading mean?

A - connector of metal framework has to leave the marginal gingiva uncovered  
B - sulcus widening of prepared tooth  
C - localization of sprue reservoir  
D - before pouring the functional impression the technician fixes a wax-roll in 3mm distance from the edges of the functional border of the impression  
E - none of these

FPT-63. The simple hinge articulator can reproduce

A - protrusive movement  
B - lateral movement  
C - exact opening and closing  
D - centric occlusion  
E - none of these

FPT-64. What does the remontage mean?

A - repolimerisation of an incorrect denture  
B - rearticulation of a complete denture worn for one-two weeks for occlusal correction  
C - to repeat the jaw registration  
D - relining of an ill-fitting denture  
E - none of these

FPT-65. How should the lower canine be positioned in the complete denture?

A - perpendicular to Camper plane  
B - perpendicular to bite plane  
C - tilt to distal  
D - tilt to the midline and to the tongue  
E - incline to the labial

FPT-66. Where does the tip of a gothic arch created by the Gerber intraoral tracing system point, if the tracing plate is placed on the lower occlusal rim and the tracing pin is on the upper occlusal rim?

A - to the mesial  
B - to the distal  
C - to the working side  
D - to the non-working side  
E - to none of these

FPT-67. Where does the tip of a gothic arch created by the Gerber intraoral tracing system point, if the tracing plate is placed on the upper occlusal rim and the tracing pin is on the lower occlusal rim?

A - to the mesial
B - to the distal
C - to the working side
D - to the non-working side
E - to none of these

FPT-68. Which plane is parallel to bite plane?

A – horizontal plane
B - Frankfort horizontal plane
C - Camper’s plane
D - subnasal-gnathion plane
E - other plane

FPT-69. Which of the following statements is correct?

A - the canines are lighter than the molars
B - the canines are darker than the teeth before and after them
C - the canines are lighter than the teeth before and after them
D - the canines are lighter than the incisors
E - none of these

FPT-70. What does reduced denture base mean?

A - the denture base covers even less than the whole alveolar ridge
B - the denture base is not extended in the buccinator split
C - the denture base is not extended over the retromolar pad
D - the denture base is extended over the mylohyoid ridge
E - all of these are incorrect

FPT-71. What does the denture base mean by conventional approach?

A - the denture base is extended over the sublingual area
B - the denture base is extended only over the alveolar ridge
C - the denture base is extended to the buccinator pouch
D - the denture base is extended over the paralingual area
E - the denture base is extended to tuberculum-masseter split

FPT-72. Which of the following voices belong to the bilabial consonants?

A - v, f, g
B - s,
C - b, p, m
D - d, t, n
E - c, r

Multiple choice

FPT-73. The retentive factors of the upper complete denture:

1. clinical anatomic features
2. physical factors
3. additional fixative factors
4. force of gravity

**FPT-74.** Functions of the artificial teeth in a complete denture are:

1. to restore the chewing ability
2. to re-establish the individual aesthetic character
3. to support the lips and facial muscles
4. to maintain the centric occlusion

**FPT-75.** The material of a denture base can be:

1. combination of metal and acrylic resin
2. metal
3. acrylic resin
4. shellac

**FPT-76.** Which of the following belong to the additional retentive factors of the lower complete denture:

1. adhesives (denture paste)
2. methods of trimming
3. metal blockmolars
4. spring stabilizer

**FPT-77.** Molar artificial teeth of the complete denture can be made of:

1. metal alloys
2. acrylic resin
3. cross-fiber graphite
4. porcelain

**FPT-78.** Surfaces of the complete denture are:

1. occlusal and incisal surface
2. polished surface
3. adhesive surface
4. non-polished surface (tissue surface)

**FPT-79.** How can the post dam of a complete denture be determined?

1. by drawing
2. phonetically
3. functionally
4. anatomically

**FPT-80.** What can we draw on the secondary cast?

1. the areas that should be foiled
2. the border of the special tray
3. the stop line
4. position of the handle of the special tray

**FPT-81.** Where can we draw the border of the special tray?

1. on the secondary cast
2. on the primary cast
3. on the secondary impression
4. on the primary impression

**FPT-82.** Which voices belong to the labiodental consonants?

1. b
2. v
3. p
4. f

**FPT-83.** What kinds of tooth set-up concepts are known?

1. the Gysi concept
2. the Fehr concept
3. the Fischer concept
4. the Hildebrant concept

**FPT-84.** The facial appearance changes in complete edentulousness because of

1. the atrophy of the masticatory system
2. the decreasing vertical dimension
3. the changes in centric relation
4. the missing support of the soft tissues

**FPT-85.** What kinds of bases for lower complete denture are known?

1. conventional
2. reduced
3. complex
4. extended

**FPT-86.** Types of the lower edentulous ridge:

1. entirely preserved ridge
2. anteriorly preserved, laterally flat ridge
3. resorbed ridge, compromised ridge
4. deeply resorbed ridge, severely compromised ridge

**FPT-87.** What are the features of the retromolar area?

1. retromolar pad
2. tuberculum masseter split
3. maxillary tuberosity
4. lingual pouch

**FPT-88.** Which muscles can influence the extension of the denture flange into the lingual pouch?

1. mylohyoid muscle
2. lateral pterygoid muscle
3. superior pharyngeal constrictor muscle
4. masseter muscle

**FPT-89.** Which parts of the superior pharyngeal constrictor muscle can influence the extension of the complete lower denture flange into the lingual pouch?

1. glossopharyngeal part
2. mylopharyngeal part
3. buccopharyngeal part
4. pteryopharyngeal part

**FPT-90.** What is the prosthetic significance of the recessus mandibulae accessories (buccal shelf)?

1. reduces the lateral movement of the lower full denture
2. an internal border seal can be established in this region
3. the mucoperiosteum of this area has the highest load-resistance among the regions of the mandible
4. this area can have undercuts, which can retain the denture effectively against displacing forces

**FPT-91.** What types of the buccal mucosa are known?

1. smooth surfaced, tilting towards the medial plane
2. smooth surfaced, tilting away from the medial plane
3. striated by horizontal sulci
4. lobular

**FPT-92** Which of the following regions belong to the floor of the mouth, from prosthodontic point of view?

1. sublingual area
2. submandibular area
3. paralingual area
4. lingual pouch

**FPT-93.** Which muscles have their origin above of the floor of the mouth?

1. genioglossal muscle
2. geniohyoid muscle
3. hyoglossal muscle
4. glossoharyngeal part of superior pharyngeal constrictor muscle
FPT-94. Which muscles have their origin under the mylohyoid muscle?

1. anterior belly of digastric muscle
2. posterior belly of digastric muscle
3. hyoglossal muscle
4. styloglossal muscle

FPT-95. Types of the oral mucosa from clinical-anatomical aspects:

1. attached, tight mucosa
2. movable mucosa
3. duplicated mucosa
4. moving mucosa

FPT-96. Which are the mucosal folds that can be found in the lower vestibular sulcus?

1. lower labial frenum
2. lingual frenum
3. buccal frenum
4. pterygomandibular plica

FPT-97. Constituents of the hard palate are:

1. medial plate of pterygoid process
2. palatal process of maxilla
3. vomer
4. horizontal part of palate bone

FPT-98. Parts of the hard palate are:

1. palate proper
2. cleft palate
3. alveolar palate
4. soft palate

FPT-99. Which clinical anatomic features create the distal border of the hard palate?

1. midline raphe
2. palatal cristal
3. palatine torus
4. posterior nasal spine

FPT-100. Which clinical anatomic structure is in the area of the intermaxillary suture?

1. palatine torus
2. uvula
3. midline raphe
4. palatine foramen

FPT-101. Which clinical anatomic features are in the midline of hard palate?

1. incisive papilla
2. palatine torus
3. midline raphe
4. posterior nasal spine

FPT-102. What is the prosthetic significance of incisive papilla?

1. as a result of the ridge-resorption, the denture will be supported more and more by the incisive papilla and this can lead to denture breaks
2. this anatomical feature is sensitive for pressure, so this area should be relieved
3. this is the origin of the upper labial frenum so together with the frenum it exactly defines the smile line of the try in denture.
4. its relative position to the residual ridge indicates the amount of bone resorption

FPT-103. Which of the following belong to the physical retentive factors of the lower complete denture?

1. capillary pressure
2. vacuum
3. force of gravity
4. masticatory force

FPT-104. Which are the most common undercut areas on the upper jaw that can be used for the retention of the full denture?

1. tuber alveolare maxillae region
2. crista infrayyzygomatica region
3. vestibular surface of the ridge between the buccal frena
4. palatal torus

FPT-105. Which factors establish the capillary action between the mucosa and the non-polished (tissue) surface of the denture?

1. surface tension of the saliva
2. cohesion between the saliva-molecules
3. adhesion between the saliva- and the mucosa-molecules
4. cohesion between the mucosal molecules

FPT-106. Which physical retentive factors are effective in case of the upper complete denture?

1. masticatory force
2. capillary action

187/36
3. gravity
4. vacuum

**FPT-107.** What are the indications of using adhesives for achieving satisfactory complete denture retention, if the quality of the prosthodontic procedure was optimal?

1. to ease the incorporation of the first prosthesis
2. to increase the functional capacity of an immediate denture
3. to shorten the incorporation period
4. to increase the retention of the prosthesis in case of maxillo-facial defects

**FPT-108.** What are the characteristics of the primary impression?

1. mucostatic
2. overextended
3. taken during anatomic movement
4. taken with a stock tray

**FPT-109.** Which materials can be used for primary impression taking?

1. plaster of Paris
2. alginate (irreversible hydrocolloid impression material)
3. silicones
4. pastes

**FPT-110.** Where can the border of the special tray be outlined?

1. on the primary cast
2. on the mucosa before taking the impression
3. on the primary impression
4. on the stock tray

**FPT-111.** Steps of the taking secondary (functional) impression:

1. individual adjustment of the special tray
2. taking the secondary impression
3. outlining the border of the occlusal rim
4. checking the secondary impression

**FPT-112.** If the occlusal rims are trimmed in propulsion:

1) there is no contact between the molars
2) the distance between lower and upper incisors will increase in the sagittal plane
3) the occlusal vertical dimension will be lower than ideal
4) the jaw registration should be repeated

**FPT-113.** What is the significance of the stopline?
1) this is the distal border of the occlusal surface.
2) no artificial tooth should be set up behind this line
3) this line is 30 mm before retromolar pad
4) denture will be stabilized by the tongue behind stop line

**FPT-114. Principles of setting up incisors for a complete denture:**

1) the lower incisors are always positioned upon the alveolar ridge
2) the lower and upper incisors meet each other in CO
3) to realize the smoothness of the lateral symphysis
4) the upper incisors are always positioned upon the alveolar ridge

**FPT-115. The simple hinge articulators (occludators):**

1) have guiding surfaces
2) their axes are not equal to the condylar axes
3) can mimic masticatory movements
4) are able to fixate a definite CO

**FPT-116. Which functional movements are similar for the individual adjustment of both upper and lower special tray?**

1) mouth opening
2) swallowing
3) lip-primping
4) moving the tongue

**FPT-117. When making complete denture for a patient with progenia:**

1) the horizontal dimension between upper and lower alveolar ridge should be decreased
2) the occlusal vertical dimension should be reduced
3) the front teeth should be set up in edge-bite, or in cross-bite occlusion
4) the occlusal surface of the complete denture should not be reduced

**FPT-118. The retentive forces of the complete denture:**

1) neuromuscular factors
2) masticatory load
3) cohesion
4) adhesion

**FPT-119. Consequences of permanent edentulousness:**

1) the mandibular condyle will flatten
2) the tongue is expanding horizontally
3) the mandible comes into a forced protrusive position
4) the angle between the sagittal condyle path and the occlusal plane will increase

**FPT-120. Direction of atrophic processes in the maxilla and the mandible:**
1) the extent of the maxillary alveolar ridge-arch is decreasing
2) the dimension of the mandibular alveolar ridge-arch is unchanged or increasing
3) the height of the maxillary ridge is decreasing
4) the height of the mandibular ridge is decreasing

FPT-121. Parts of the complete denture:

1) base
2) artificial teeth
3) artificial gum
4) palatal connector

FPT-122. Tasks of the base of complete denture are:

1) support
2) protection of mucosa and bony base
3) anchorage (retention)
4) holding the artificial gum and artificial teeth

FPT-123. Tasks of the artificial gum are:

1) replacing the alveolar process
2) improving the acquired phonetic disturbances
3) restoration of the vestibule
4) anchorage (retention)

FPT-124. Tasks of the artificial teeth:

1) restoration of the vestibule
2) to maintain the CO
3) support
4) decreasing and distributing compressive forces

FPT-125. Borders of the neutral zone:

1) the edentulous ridge
2) the tongue
3) sublingual plica
4) lateral side of vestibule

FPT-126. What are the characteristics of the palatal torus?

1) it is inadequate for load-bearing
2) it has to be foiled
3) it has mucosa without submucosa
4) it is at the crossing of the median palatine suture and the transverse palatine suture

FPT-127. The displaceable flabby ridge:

1) can develop as a result of inadequate denture construction
2) does not interfere with the peripheral seal of the upper denture
3) it is developed as a connective tissue hyperplasia in the oral mucosa, without bone atrophy
4) usually there is no need to eliminate this feature from the maxilla

**FPT-128.** Which movements are used for adjusting the border of the special tray at the paralingual area?
1) mouth opening
2) swallowing
3) lip-primping
4) tongue movements

**FPT-129.** Consequences of overlooked lateral Christensen phenomenon during jaw relation registration, if the patient’s mandible is in CO during the denture try-in

1) there is a midline misalignment between the upper and lower front teeth and the ideal intercuspidation is missing
2) there is only unilateral occlusion
3) there is only molar occlusion
4) occlusal vertical dimension is higher than ideal

**FPT-130.** Prerequisites of sagittal Christensen- phenomenon:

1) the slope of the articular tubercule is parallel to the plane of the occlusal rim
2) well trimmed occlusal rims
3) lateropulsion
4) propulsion

**FPT-131.** Which functional movements are used for adjusting the vestibular borders of the special tray?

1) mouth opening
2) lip-primping
3) swallowing
4) symmetrical abduction of the corners of the mouth

**FPT-132.** Which materials can be used for special tray construction?

1) light curing resin
2) Kerr-compound
3) acrylic resin
4) melott alloy

**Questions of relation analysis**

**FPT-133.** The immediate denture has only aesthetic function **consequently** it can be inserted right after the tooth extraction.
FPT-134. The artificial teeth have always to be set up over the alveolar ridge because this type of set up will increase the denture stability.

FPT-135. The wax beading has to be added to the functional (secondary) impression because the width of the borders of the impression can be maintained this way.

FPT-136. The artificial teeth and denture base will be placed in the same flask by one part investment technique, therefore the mechanical properties of the acrylic base are better than in case of the two part (inverse) investment method.

FPT-137. The areas, have to be covered with foil should be signed on the secondary impression or cast because the secondary impression and the cast are much more accurate than the anatomic (primary) impression and cast.

FPT-138. The denture pastes belong to the accessory factors of denture retention that is why they are recommended usually for temporary use only.

FPT-139. The well-trimmed upper occlusal rim has to be parallel with the ala-tragal line by the jaw registration in an edentulous patient, because the ala-tragal line is not parallel with the condylar path.

FPT-140. The zincoxid-eugenol pastes reproduce well the fine mucosal relief, thus a robust palatine torus almost always has to be covered with a foil.

FPT-141. The prosthetic Gnathion and Subnasale landmarks, used at the registration of jaw relationships when making a complete denture, are on the skin, subsequently these can be easily reproduced later at the stage of trying in and insertion of the denture.

FPT-142. The functional groove on an accurately trimmed secondary cast determines the eventual location and width of the denture flange that is why for beading a secondary impression made of oroplastic material, exclusively sticky wax can be used.

FPT-143. Since the artificial gum of the complete denture does not belong exclusively to the polished surface, therefore at the shaping phase of the artificial gum only aesthetic aspects should be considered.

FPT-144. Immediate denture can only be made after healing of the extraction wounds because the acrylic denture put on the fresh wound interfere with the healing process.

FPT-145. Reducing the horizontal movements of a complete denture is a task solely of the denture base, since the retention of a complete denture can be achieved exclusively by the denture base construction.

FPT-146. The task of the vestibular polished surface of a complete denture is to support of the lip and facial muscles because the complete denture has a mucosal support.
FPT-147. The denture base, artificial gum and artificial teeth have an important role in the retention of complete dentures because the artificial teeth and gum are accessory factors in denture retention.

FPT-148. The artificial teeth of the complete denture keep the rest vertical dimension because the function of the artificial teeth is only restoration of chewing ability.

FPT-149. The border of the denture base is leant against the mesial border of the retromolar pad because the retromolar pad is a feature of the retromolar area.

FPT-150. The expressed transversal retromylohyoid plica is a diagnostic sign of availability of lingual pouch in denture construction because this plica has thin, attached mucosa, which is resistant to chewing forces and it is a favourable clinical anatomic feature.

FPT-151. The base of a complete denture should be extended into the lingual pouch- if it is possible- because the lingual pouch belongs to the retromolar region.

FPT-152. The mandibular tori covered by thin mucosa can be sensitive to pressure therefore it has to be covered with foil.

FPT-153. On the vestibular surface of the upper edentulous ridge between the bilateral buccal frena thick mucosa, with submucosa can be found thus a border seal can be established at this area.

FPT-154. On the vestibular surface of the edentulous upper ridge between two buccal frenas a thick mucosa can be found thus only inner seal can be established at this area.

FPT-155. The flabby ridge is not suitable for load bearing so its surgical removal is necessary.

FPT-156. Inner (border) seal means the moderately sinking of the denture base into the thick layer of mucosa because a seal can be established between the buccal and lip mucosa and the polished surface of the denture base.

FPT-157. The facial seal is established if the border of the denture base is moderately sunk into the thick layer of mucosa because a seal can be established between the buccal and lip mucosa and the polished surface of the denture base.

FPT-158. The facial seal can be established by the surface contact between the buccal and lip mucosa and the polished surface of the denture because the border of the denture is sunk into the thick layer of mucosa as a consequence of the facial seal.

FPT-159. The thin, serous saliva is more advantageous than the mucous saliva from the aspect of retentive factors of the complete denture because the adhesion between the molecules of the saliva film in the capillary-gap between the denture's tissue surface and the mucosa is higher.
The degree of the load effecting on one surface unit of the mucoperiosteum - by equal biting force - depends on the extension of the surface of the mucoperiosteum in contact with the denture base consequently the larger denture base is, the higher the load effecting on one unit of the mucoperiosteal surface.

Suction chambers are cavities constructed by the dental technician on the tissue surface of complete dentures, from which the patient actively evacuates air and saliva by a sucking action that is why the suction chambers, due to the vacuum effect, establish a beneficial and permanent retention.

The rubber suction-cups are destructive to the underlying soft and hard tissues, it can cause bone necrosis and deformation of the palate consequently therefore it should not be used in the dental practice.

In consequence of edentulousness, lip and facial muscles loose their support thus the nasolabial and mental grooves will be less prominent.

The denture-induced mucosal hyperplasia (granuloma fissuratum) always has to be surgically removed because this irreversible lesion is related to the irritation of the inaccurately designed denture border.

The soft sublingual area, which can be easily pushed in is unfavourable from prosthetic aspects because its physiologic movements are perpendicular to the border of the denture base.

Usually there is no need for the surgical removal of the flabby ridge because the vacuum developing between a properly constructed denture base and such ridge type is often favourable.

A considerable inner seal can be established at the area of the tuber-cheek split so the border of the denture can be slightly sunk into the mucosa at the area of pterygomandibular raphe.

Mounting the secondary cast into the articulator is more precise by acrylic base plate method because the jaw relation can be recorded with occlusal rims on the definitive denture base.

If the occlusal rims have been anchored in a propulsive mandibular position and during the try-in phase the mandible moves to centric relation position, there will be occlusal contacts only between the molars because the wax rims have been overextended vertically in the molar region.

When only a single denture is constructed (the dentition of the opposite jaw is preserved or restored) there is no need to register the vertical dimension, because the technician selects the appropriate vertical dimensions of the artificial teeth according to the antagonist teeth profile.

The lateral edge of nares defines the mesio-distal width of the artificial teeth, because the lateral edge of nares is on the same vertical line with the distal interproximal contact point of the upper canine.
FPT-172. Zincoxid eugenol-paste impression materials can not reflect the fine-relief of the mucosa, consequently because of a relatively low-detailed impression, movements of the denture base would not cause any damage of the oral mucosa.

FPT-173. The edge-line of the lower artificial teeth should follow the contour of the lower border of the upper lip during smiling, because the aesthetic aspects have primary importance during the front-teeth set up.

FPT-174. The balanced articulation decreases the dislocating and tilting forces during occlusal contacts consequently the chewing-stability of complete denture will be improved.

Questions of association
A: upper complete denture
B: lower complete denture
C: both of these
D: none of these

FPT-175. Its non-polished (tissue) surface is larger.
FPT-176. Its denture base is smaller.
FPT-177. It can be completely made of acrylic
FPT-178. It has to be foiled in all cases.
FPT-179. Border seal can be established in most cases.
FPT-180. One of its physical retentive forces is gravity.
FPT-181. Its main retentive force is the vacuum.
FPT-182. Heat, shape and taste sensations are strongly influenced by this type of complete denture.
FPT-183. If its polished surface is made according to a stereotyped, schematic pattern the interbuccal tension can be a destabilizing factor.
FPT-184. The masticatory pressure has a significant role in the denture stability.
FPT-185. The form of its polished surface has a significant role in the denture stability.
FPT-186. It is not necessary to reduce its occlusal surface in the sagittal direction.
FPT-187. Its margin is 1-1.5 mm far from the border between the movable and mobile mucosa.

A: function of the base of a complete denture
B: function of the artificial gum of a complete denture
C: function of both of these
D: function of none of these

FPT-188. Transmitting the masticatory load to the mucoperiosteum
FPT-189. Distributing the masticatory load evenly
FPT-190. Replacing the alveolar process
FPT-191. Supporting the facial and lip muscles
FPT-192. Reducing the horizontal movements of the denture
FPT-193. Providing the facilities of correct phonation
FPT-194. Restoring centric occlusion
FPT-195. Restoring centric relation

A: what is to be done at the try in phase of a denture
B: what is to be done at denture insertion
C: what is to be done in both situations
D: what is to be done in none of these situations

FPT-196. Checking if foiling has been performed properly
FPT-197. Checking the color of the artificial teeth and gum
FPT-198. Recall of the patient
FPT-199. Performing the spatula probe
FPT-200. Checking the occlusion and the articulation
FPT-201. Final occlusal corrections are performed
FPT-202. Adjusting the areas causing mucosal erosions (decubitus)

A.) the denture base according to the conventional concept
B.) the extended denture base
C.) both of these
D.) none of these

FPT-203. It covers the entire edentulous alveolar ridge
FPT-204. It covers more than the edentulous alveolar ridge
FPT-205. It covers only some parts of the edentulous alveolar ridge
FPT-206. It employs only some of the retentive factors

A.) Pterygoid notch
B.) Mandibular torus
C.) Both of these
D.) None of these

FPT-207. It has to be foiled, to relieve it from load
FPT-208. its mucosa is thin and sensitive to pressure
FPT-209. the denture base should not be extended on it
FPT-210. sinking of the denture base into its mucosa, a border seal can be achieved

A.) Capillary action
B.) Vacuum
C.) Both of these
D.) None of these

FPT-211. Xerostomia has negative effect on it
FPT-212. It is the main retentive factor of the upper complete denture
FPT-213. It is created by the adhesive and the cohesive forces
FPT-214. The incorrect impression decreases this force

A.) Primary impression
B.) Secondary (definitive) impression
C.) Both of these
D.) None of these

**FPT-215.** Stock tray can be used for taking this impression

**FPT-216.** It has overextended parts

**FPT-217.** Mucodynamic impression

**FPT-218.** Plaster of Paris can be used for it

A.) Functional movement used for the upper secondary impression
B.) Functional movement used for the lower secondary impression
C.) Both of these
D.) None of these

**FPT-219.** mouth opening

**FPT-220.** swallowing

**FPT-221.** protrusion of the mandible

**FPT-222.** touching the palate with the tip of the tongue

A.) Interalveolar line
B.) Stopline
C.) Both of these
D.) None of these

**FPT-223.** it determines the distal border of the lower complete denture

**FPT-224.** it indicates the distal border of the occlusal surface

**FPT-225.** it is an important factor in artificial teeth set up of denture construction

**FPT-226.** horizontal setting of the upper and lower alveolar ridge position

A.) Rest vertical dimension
B.) Occlusal vertical dimension
C.) Both of these
D.) None of these

**FPT-227.** It is the vertical dimension measured while the mandible is in rest position

**FPT-228.** It is the vertical dimension measured while the mandible is in centric occlusal position

**FPT-229.** It is influenced by the psyche and the body posture

**FPT-230.** It can be calculated by subtracting the dimension of free way-space from the distance between the Subnasale and Gnathion landmarks during maximal mouth opening

A.) Oroplastic impression material
B.) Impression compound
C.) Both of these
D.) None of these

**FPT-231.** Suitable for taking secondary impression
**ORTHODONTICS**

Simple choice questions

**FSZ-1.** Which kind of discrepancy refers only to single tooth-groups?

A) Progeny  
B) Microgeny  
C) Prognathia  
D) Retrusion  
E) Micrognathy

**FSZ-2.** The most frequently extracted permanent tooth in the upper jaw is:
A) Central incisor  
B) Lateral incisor  
C) Canine tooth  
D) First premolar  
E) Second molar

**FSZ-3.** What does a tooth in supraocclusion mean?

A) The tooth is located on the inside of the dental arch  
B) The tooth is located out of the dental arch  
C) The tooth exceeds the level of the occlusal plane  
D) The tooth is below the occlusal plane  
E) The tooth is rotated

**FSZ-4.** In the central occlusion the mesiobuccal cusp of the right lower first molar occludes between the upper first molar and the second premolar, the mesiobuccal cusp of the left lower molar occludes with the central groove of the upper first molar, on region of the incisor an increased overjet can be seen. The diagnosis is:

A) Class I. relationship  
B) Class II/1 relationship (subdivision left side)  
C) Class II/1 relationship (subdivision right side)  
D) Class II/2  
E) Class III.

**FSZ-5.** Which characteristic of orthodontic archwire is necessary for the torque movement in multiband-treatment?

A) The thickness of the cross-section  
B) The shape of the cross-section  
C) Elasticity  
D) The quality of the material  
E) It does not depend on the archwire

**FSZ-6.** Which of the following factors does NOT influence the development of the transversal width of the upper dental arch?

A) Early extraction of deciduous teeth  
B) Breastfeeding  
C) Impeded normal nasal breathing  
D) Finger sucking  
E) Lying on the back

**FSZ-7.** The sagittal relation of mandibles is directly defined by:

A) The ANB-angle  
B) The correlation between anterior and posterior facial-height
C) The basal (basis) angles  
D) The SNA-angle  
E) The SNB-angle  

**FSZ.-8.** Which is the percentage in Hungarian population needing orthodontic treatment:

A) 5%  
B) 5-10%  
C) 15-20%  
D) 25-30%  
E) 35%  

**FSZ.-9.** In what percent can the crowding of permanent dentition be expected if physiological interdental spacing between front teeth is not developed at the age of 5-6 yrs?

A) 5%  
B) 25%  
C) 50%  
D) 75%  
E) There is no connection  

**FSZ.-10.** What is the chondrocranium?

A) The cartilaginous preforming part of the basicranium  
B) The cartilaginous preforming part of the head  
C) The cartilaginous preforming part of the face  
D) The cartilaginous sutures of the basicranium  
E) The cartilaginous framework preforming the neurocranium  

**FSZ.-11.** What is the membrana buccopharingea?

A) The latin name of nasal mucosa  
B) The other name for the primary palate  
C) The membrane separating the stomodeum from further parts of the digestive tract  
D) The membrane between the frontonasal process and the primer cavum oris (oral cave)  
E) The name of the second branchial branch  

**FSZ.-12.** What is the primary palate?

A) The membrane separating the stomodeum from other parts of the digestive tract
B) The surface of the frontonasal process and the maxillary processes pointing toward the oral cave
C) The other name of the membrana buccopharyngea
D) The other name of the premaxilla
E) The disc developing from the junction of the palatal processes

FSZ.-13. What is the secondary palate?
A) The membrane separating the stomodeum from other parts of the digestive tract
B) The surface of the frontonasal process and maxillary processes pointing toward the oral cave
C) The other name of the membrana buccopharyngea
D) The other name of the premaxilla
E) The disc developing from the junction of the palatal processes

FSZ.-14. The time of the forming of the secondary palatal cleft is:
A) The fourth week
B) The sixth week
C) The seventh week
D) Between weeks 8th and 12th
E) Between weeks 12th and 16th

FSZ.-15. The main movements of palatal discs in the development of the palate are:
A) The junction of discs positioned vertically in the midline
B) The turn of vertically standing discs towards horizontal direction from front to backward, and their closure in the midline from back to forward
C) The turn of vertical standing discs towards horizontal direction from back to forward, and their closure in the midline from front to backward
D) The turn of vertically standing discs towards horizontal direction from back to forward, and their closure in the midline from back to forward
E) The turn of vertically standing discs towards horizontal direction from front to backward, and their closure in the midline from front to backward

FSZ.-16. What is NOT suitable for examination of dentition:
A) The clinical examination
B) The intraoral X-ray examination
C) The cephalometric radiography
D) Cast model analysis
E) The panoramic radiograph (OPT)

FSZ.-17. What does the „undermining” (indirect) bone resorption mean?
A) Bone resorption begins under the periodontium
B) Bone resorption begins under the periosteum
C) Bone resorption begins in the bone-marrow space
D) Bone resorption begins on the neck of the tooth
E) Bone resorption begins on the apex of the tooth

**FSZ.-18.** What the specific feature of the retrognath face (dish-face)?

A) The upper jaw is normal in size, but the lower jaw is smaller in greatness
B) Both upper- and the lower jaw is smaller
C) The upper jaw is smaller, the lower jaw is normal
D) The upper jaw is smaller, the lower jaw is bigger
E) The upper jaws is bigger, the lower jaw is smaller

**FSZ.-19.** What is the specific feature of the prognath face (bird-like face)?

A) The upper jaw is normal in size, but the lower jaw is smaller
B) The upper- and also the lower jaw is smaller
C) The upper jaw is smaller, the lower jaw is normal
D) The upper jaw is smaller, the lower jaw is bigger
E) The upper jaws is bigger, the lower jaw is smaller

**FSZ.-20.** The upper canine in normal occlusion:

A) The cusp of the upper canine occludes behind the lower first premolar
B) The cusp of the upper canine occludes with the cusp of the lower first premolar
C) The cusp of the upper canine bites between the lower first premolar and the canine
D) The cusp of the upper canine occludes with the cusp of the lower canine
E) The cusp of the upper canine bites before the lower canine

**FSZ.-21.** The position of the upper canine in the case of one premolar width size distal-bite is:

A) The cusp of the upper canine occludes behind the lower first premolar
B) The cusp of the upper canine occludes with the cusp of the lower first premolar
C) The cusp of the upper canine bites between the lower first premolar and the canine
D) The cusp of the upper canine occludes with the cusp of the lower canine
E) The cusp of the upper canine bites before the lower canine

**FSZ.-22.** The occlusion is in Class II/1 subdivision on the right side, if:

A) The MB cusp of the left upper first molar occludes between the mesio- and distobuccal cusps of lower first molar; the MB cusp of the right upper first molar occludes with the MB cusp of the lower first molar; an increased overjet can be seen.
B) The MB cusp of the left upper first molar occludes between the mesio- and distobuccal cusps of the lower first molar; the MB cusp of the right upper first molar bites between the MB and DB cusps of lower first molar; an increased overjet can be seen.
C) The MB cusp of the left upper first molar occludes between the mesio- and distobuccal cusps of the lower first molar; the MB cusp of the right upper first molar occludes with the MB cusp of the lower first molar; no overjet.

D) The MB cusp of the left upper first molar bites between the mesio- and distobuccal cusps of the lower first molar; the MB cusp of the right upper first molar occludes between the MB and DB cusps of the lower first molar; no overjet.

E) The MB cusp of the left upper first molar occludes with the MB cusp of the lower first molar; the MB cusp of the right upper first molar bites before the MB cusp of the lower first molar; an increased overjet can be seen.

FSZ.-23. The average value of the angle between the mandibular plane and the axis of the lower incisors in ideal circumstances is:

A) 75 degrees
B) 80 degrees
C) 90 degrees
D) 110 degrees
E) 125 degrees

Angle SNA
Angle ANB
The angle between the maxillary- and mandibular plane
The angle between the axis of lower and upper incisors
The gonion angle

FSZ.-25. What is the diagnose, if the buccal cusps of the lower lateral teeth occlude between the buccal and palatal cusps of the upper lateral teeth on the right side, while on the left side the buccal cusps of the lower teeth occlude vestibularly from the buccal cusps of the upper teeth?

A) Normal bucco-lingual relationship
B) Bilateral crossbite
C) Anterior crossbite
D) Unilateral crossbite on the right side
E) Unilateral crossbite on the left side

FSZ.-26. What is the diagnose, if the mesiobuccal cusp of the lower right first permanent molar occludes between the mesial cusps of the upper right first permanent molar and the cusp of second premolar; on the left side the distobuccal cusp of the lower first permanent molar occludes with the tip of the mesiobuccal cusp of the upper first permanent molar?

A) Distal bite with one premolar width, on the right side
B) Distal bite with one premolar width, on the left side
C) Distal bite with half premolar width, on the right side
D) Mesial bite with half premolar width, on the left side
E) Distal bite with half premolar width, on the left side
FSZ.-27. The Lundström-analysis

A) It is used for measuring the transversal width of the dental arch
B) It is used for measuring the sagittal length of the dental arch
C) It is used for measuring the size of the supporting zone
D) It is used for measuring the space within the dental arch
E) It is used for measuring the size of an open bite

FSZ.-28. What does the supporting zone mean in orthodontics?

A) The area of incisors and canines
B) The field of deciduous canines and deciduous molars
C) The molar-region
D) The area of premolars and molars
E) The premolar-region

FSZ.-29. Angle’s diagnostical system takes into consideration:

A) The dimensions of mandibles
B) The morphological abnormalities of the individuel teeth
C) The relation of the first permanent molars in the sagittal plane
D) The measurement of the transversal constriction of the dental arch
E) The increased overbite

FSZ.-30. Exraoral orthodontic appliance is:

A) The Ricketts-quadhelix
B) The Schwartz-plate
C) The Derichsweiler-plate
D) The reverse head-gear
E) The Lip-bumper

FSZ.-31. What does overbite mean?

A) The degree of the covering of the lower incisors by the upper incisors in occlusion.
B) More than 3 mm overlap of incisors in vertical plane.
C) The distance of the edge of upper incisors from the lower incisors in occlusion.
D) An upper tooth bites behind the lowers in occlusion
E) The early touching of a tooth or teeth

FSZ.-32. What does the expression „retrusion” mean?

A) The front teeth tip forward while the root-apices remain in their place
B) More upper teeth are retroclined compared to the lower ones, in frontal area
C) More upper teeth are retroclined compared to the lower ones, in lateral region
D) The totally developed tooth is not able to erupt it remains in the mandible
E) The front teeth tip backward while the root-apices remain in their place
FSZ.-33. Which is the ideal bite-form of European population?

A) Overbite
B) Overjet
C) Psalidontia
D) Prognathia
E) Oligodontia

FSZ.-34. When can we talk about an early primary tooth extraction?

A) If the deciduous tooth is extracted at least one year before the eruption of the permanent successor can be expected
B) If the deciduous tooth is extracted at least 3 months before the eruption of the permanent successor can be expected
C) If the deciduous tooth is extracted at least one and a half years before the eruption of the permanent successor can be expected
D) If the deciduous tooth is extracted at least 15 months before the eruption of the permanent successor can be expected
E) If the deciduous tooth is extracted at least 20 months before the eruption of the permanent successor can be expected

FSZ.-35. The cephalometric reference point of Gnathion is located:

A) The deepest lower point of the margo orbitalis
B) The central point of the curve between the ramus and the basis mandibulae
C) The deepest point on the bony chin
D) The most mesial point on the bony chin
E) The most anterior inferior point on the bony chin

FSZ.-36. What does not occur in Angle’s Class II/1 anomaly?

A) Tipping of the upper incisors labially
B) The sagittal lengthening of the upper alveolar arch
C) The anteroposition of the maxilla
D) Microgenia
E) The sagittal lengthening of the lower alveolar arch

FSZ.-37. What do we call aplasia?

A) The lack of dental germ involving more than one tooth
B) The total lack of teeth
C) The absence of single tooth-germ
D) The lack of some tooth groups
E) The absence of the wisdom teeth

FSZ.-38. What is not characteristic of the open bite?
A) Some teeth or tooth groups do not touch with each other
B) In general caused by some kind of dysfunction such as finger sucking
C) It is always dentoalveolar of origin
D) It may be in the region of lateral teeth
E) It may be in the deciduous dentition

FSZ.-39. What is not characteristic of functional appliances?
A) They are removable
B) Their preparations require constructional bite
C) They are bimaxillary ones
D) The appliances themselves give the force for the moving of a tooth
E) They activate or eliminate the forces of muscle function

FSZ.-40. What is the characteristic of Delaire facemask?
A) It is an extraoral appliance
B) It is useful in the case of Angle’s Class II/1
C) It is supported by the back of the head
D) It inhibits the growth of the maxilla
E) The right application of the facemask, the maxilla rotates forward along the sutura frontonasomaxillaris

FSZ.-41. What causes a tertiary crowding?
A) Abnormal swallowing
B) Application of a not suitable orthodontic appliance
C) The infraocclusion of the first molars
D) The early loss of the deciduous teeth during mechanism of second dentition
E) The eruption of the wisdom teeth after the mechanism of second dentition

FSZ.-42. Which appliance is suitable for the efficient treating of severe upper dental arch-constriction?
A) Activator
B) Bionator
C) Inclined plane
D) Transpalatal arch
E) Hyrax

FSZ.-43. What cannot cause overbite?
A) The early loss of the deciduous molars
B) Hereditary factors
C) Intense abrasion
D) The extraction of the lateral teeth
E) The supraocclusion of the molars

FSZ.-44. For what is the Derichsweiler plate suitable?
A) Ceasing the Angle III relationship  
B) Expanding the lower dental arch  
C) Expanding the lower and upper dental arch together  
D) Expanding the sutura palatina mediana  
E) Preventing the open bite

FSZ.-45. What does the coaxial rounded archwire consist of?

A) Four, five or six thin steel arches rolled on a central archwire  
B) Two or three large cross-sectional twisted steel archwire  
C) Three or four thin cross-sectional steel archwire twisted closely  
D) Two twisted Nitinol archwire  
E) Three twisted thin Nitinol archwire

FSZ.-46. The Pont index:

A) Shows the degree of the constriction in the upper front area  
B) Shows the degree of the constriction in the area of the premolars and molars  
C) Shows the degree of the constriction in the area of the lower front teeth  
D) Forecasts the development of the tertiary tooth crowding  
E) Gives the mesiodistal deviation of the jaws in mm

FSZ.-47 The characteristic of the increased overbite is:

A) Increased Gonion angle  
B) Smaller interarticular space  
C) The curve of Spee is increased  
D) Enlarged basis angle  
E) It does not occur in Angle’s Class I

FSZ.-48. After orthodontic treatment, which one of the following surgical intervention is performed to prevent the relapse?

A) Septotomia  
B) Corticotomy  
C) Block osteotomy  
D) Alveolectomy  
E) Frenulotomy

FSZ.-49. What is not characteristic of the true progeny?

A) The lower front teeth occlude before the upper ones  
B) The lower dental arch is enlarged in sagittal direction  
C) The lower dental arch is enlarged in transversal direction  
D) It is never accompanied by open bite  
E) The lower wisdom teeth appear often earlier than the average

FSZ.-50. What is the cephalometric reference values of prognathia?

A) The angle SNA is smaller than the average
B) The value of the angle ANB is increased
C) The angle closed by the axis of the upper incisors and the maxillary plane is reduced
D) The interincisal angle is increased
E) The protraction of the upper incisors compared to the A-B line is much smaller than the average

FSZ.-51. Who developed operation method of prognathy, which is still used today?
A) Downs
B) Berényi
C) Obwegeser
D) Köle
E) Skogsborg

FSZ.-52. What is earliest time when the prognathy operation can be done?
A) At the age of 14 yrs, because the growth of the jaws has finished by this time
B) 2-4 years after the eruption of the wisdom teeth
C) At the age of 21 yrs, because at this time relapse can not occur
D) 2-4 years after the eruption of second permanent molars
E) After the eruption all of teeth immediately

FSZ.-53. The characteristic of chin cap is:
A) It is an intraoral appliance
B) It inhibits the protrusion of the mandible
C) It is useful after the operation of mesial bite to secure retention
D) It is fixed by bands and rubber ribbon on the upper first permanent molars
E) It assures the sliding back of the mandible in every case, automatically, independently of the denture

FSZ.-54. Which tooth moving cannot be made with a removable appliance?
A) The labial tilting of the teeth
B) The lingual or palatal tilting of the teeth
C) Rotation
D) Torque
E) Intrusion

FSZ.-55. What does a tooth in supraocclusion mean?
A) The tooth rotated
B) The tooth does not reach the occlusal plane
C) The tooth reaches over the occlusal plane
D) The tooth is inside the dental arch
E) The tooth is out of the dental arch

FSZ.-56. How many mm does a Fischer-screw expand with one turn?
A) 1.37 mm
B) 0, 30 mm
C) 0, 35mm
D) 0, 45mm
E) 0, 50mm

FSZ.-57. At what age is the development of the cleft lip?

A) Fourth week
B) Sixth week
C) Seventh week
D) 10th-12th week
E) 12th-16th week

FSZ.-58. Which anomaly cannot be examined on cephalogram of patients with cleft palate?

A) The maxilla is shortened and stays in retroposition
B) The vertical maxillary height is decreased
C) The lower facial height is decreased
D) The posterior facial height is decreased
E) The Gonion angle is increased

FSZ.-59. Who described the Light-Wire technique?

A) Downs
B) Björk
C) Tweed
D) Jarabak
E) McNeil

FSZ.-60. The cephalogram gives no information:

A) About the vertical position of the jaws
B) About the sagittal position of the jaws
C) About the symmetrical relationship of the jaws
D) About the relation of the jaws and the skull
E) About the axis of the incisors

FSZ.-61. The orthopantomogram gives no information?

A) About the position of the erupting teeth
B) About the sagittal relationship of the jaws
C) About the symmetrical relationship of the jaws
D) About the pathological changes in the jaw
E) About the teeth in retention

FSZ.-62. The normal value of the inter-incisal angle is:

A) 135 degrees
B) 145 degrees
FSZ.-63. At what time does the sutura palatina mediana ossificate?

A) It ossificates immediately after birth
B) At the age of 5-6 ys.
C) At the age of 10 ys.
D) During the pubertal age
E) It does not ossificate

FSZ.-64. The normal value of the Gonion angle:

A) 62 degrees
B) 82 degrees
C) 123 degrees
D) 90 degrees
E) 140 degrees

MULTIPLE-CHOICE QUESTIONS

FSZ.-65. Characteristics of Angle’s Class II/2 are:

1) The upper incisors are retroclined
2) Deep mentolabial sulcus
3) Increased overbite
4) The lower first permanent molars stand more mesial compared to the correct position

FSZ.-66. Angle’s diagnostic system considers:

1) The sagittal relation of the jaws
2) The sagittal relation of the dental arches
3) The vertical occlusal relationship
4) Malposition of individual teeth

FSZ.-67. The possibilities of the therapy of the dental crowding:

1) Extraction
2) The protrusion of the incisors
3) The splitting of the sutura palatina mediana
4) The straightening of the curve of Spee

FSZ.-68. In the case of extraction therapy, before extraction the following factors has to be taken into consideration:

1) The degree of the crowding
2) The position of the crowded teeth
3) The carioloigcal status
4) The symmetrical relationships

**FSZ.-69.** Serial extraction by Hotz involves:

1) The extraction of deciduous canines during eruption of lateral incisors
2) The extraction of the first permanent molars during eruption of the second permanent premolars
3) The extraction of first deciduous molars during eruption of the first permanent premolars
4) The extraction of the first permanent molars before the beginning of the eruption of the second permanent molars,

**FSZ.-70.** The dental arch is expanded in transversal direction:

1) The upper dental arch is in unilateral crossbite, supporting the intact side
2) The upper dental arch is in bilateral crossbite
3) The lower dental arch with lingual occlusion of the lower lateral teeth
4) The upper dental arch with lingual occlusion of the lower lateral teeth

**FSZ.-71.** The suitable appliances for the transversal expanding of the dental arch:

1) The Schwarz-plate cut sagittally
2) Multiband
3) Andresen-Häupl activator
4) The oral screen

**FSZ.-72.** The cranial cephalometric points are:

1) Sella point (S)
2) Gnathion (Gn)
3) Bolton-point (Bo)
4) Gonion (Go)

**FSZ.-73.** The vertical relation of the jaws is characterized by:

1) SNA angle
2) The angle closed by the maxillary- and the mandibular plane
3) SNB angle
4) The proportion of anterior face height and posterior the face height

**FSZ.-74.** What is the prosencephalon?

1) The anterior brain protrusion of the embryo
2) The abdominal part of the embryo
3) The head part of the embryo connected to the development of the medial part of the face
4) The developmental anomaly starting from the head part of the embryo

FSZ.-75. The cleft forms of the secondary palate are:

1) The uvula bifida
2) The submucous cleft
3) The cleft of the hard palate
4) The cleft of the lip

FSZ.-76. There is a fissure by the cleft of the primary palate:

1) Between the medial nasal process (median nasal prominence) and the lateral nasal process (lateral nasal prominence)
2) Between the vomer and the palatal processes
3) Between the medial nasal process and the maxillary process
4) Between the palatal discs

FSZ.-77. The rests of the chondrocranium are:

1) The synchondrosis sphenoccipitalis
2) The synchondrosis sphenethmoidalis
3) The synchondrosis intersphenoidalis
4) The synchondrosis ethmoooccipitalis

FSZ.-78. At what time do the synchondroses ossify?

1) All of the synchondroses ossify during the intrauterin life
2) The synchondroses also influence the postnatal growth, so they ossify in the postnatal life
3) Every synchondroses exist till the end of life, they do not ossify
4) The synchondrosis sphenoccipitalis ossify approximately at the age of 16-17 yrs.

FSZ.-79. The forms of the rebuilding of the bone

1) Growth on the surface (external growth)
2) Replacement
3) Interstitial growth
4) Remodelling

FSZ.-80. Which processes construct the abutment of the stomodeum?

1) Nasofrontal process
2) Maxillary processes
3) Mandibular processes
4) Branchial arch
FSZ.-81. The forces which affect the erupting incisors are:

1) Eruption force
2) The power of the tongue
3) The power of the lips
4) The strength of masticatory muscles

FSZ.-82 What type of extraoral X-ray picture reveals the symmetrical relations of the jaws?

1) The antero-posterior radiogram of the skull
2) The cephalometric radiogram
3) The orthopantomogram
4) Radiogram by Nitsche-Vályi

FSZ.-83. The appliances of the interceptive orthodontic therapy are:

1) The tongue-thrust crib
2) The oral screen
3) The lip-bumper
4) Eliminating of bad habits

FSZ.-84. The parts of the face are:

1) Nasomaxillary unit
2) Upper dentoalveolar part
3) Lower dentoalveolar part
4) Basis of the mandibulae

FSZ.-85. The anomalies in Angle’s Class I. are:

1) Open bite
2) Deep bite
3) Increased overjet with interdental spaces
4) Increased overjet without interdental spaces

FSZ.-86. The following has to be made from „spring-hard” stainless steel material:

1) The ligature
2) The Adams crib
3) The multiband ring
4) The Quad-helix
FSZ.-87. The cause of a persisting deciduous tooth may be the following:

1) Absence of permanent successor  
2) Malposition of permanent successor  
3) Permanent successor in retention  
4) Abnormal direction of eruption of permanent successor

FSZ.-88. Methods for raising the anchorage are for example:

1) Using as many teeth as possible for support  
2) The extraoral traction  
3) The transpalatal traction  
4) The mucous membrane shields

FSZ.-89. Fixed appliance is applied in:

1) The Begg technics  
2) The Ricketts technics  
3) The Andrews technics  
4) The Crozat technics

FSZ.-90. Crowding can not be expected in the supporting zone, if on the radiogram:

1) The permanent tooth germs are placed loosely  
2) The permanent tooth germs are placed closely  
3) The crown of the deciduous molars are wider, than that of the permanent premolar ones  
4) The crown of the deciduous molars are nearly the same in width, as that of the permanent premolar ones

FSZ.-91. It has to be counted with the inclination for crowding, if:

1) The incisors are crowding in the early mixed dentition  
2) The crown of the deciduous molars is destroyed  
3) On the X-ray picture, the germ of the second permanent molar superimposed on the first permanent molar  
4) The deciduous canines move forwards next to the lateral incisors

FSZ.-92. What does the lower lateral teeth in lingual occlusion mean?

1) It is a type of the crossbite of the lateral teeth  
2) If the lingual cusp of the lower lateral teeth occludes with the buccal cusp of the upper ones
3) If the buccal cusp of the lower lateral teeth occludes with the oral surface of the palatal cusps of the upper ones
4) If the buccal cusp of the lower lateral teeth bites between the buccal and palatal cusps of the upper ones

FSZ.-93. The other plane of the angle composed by the lower incisor axis

1) The mandibular plane
2) The maxillary plane
3) The axis of the upper incisor
4) The Sella-Nasion-plane

FSZ.-94. The possibilities of the retention

1) The prolonged active treatment time
2) Retention appliances
3) Overcorrection
4) Fibrotomy

FSZ.-95. Useful tissue reactions produced by orthodontical forces are the following:

1) Hyalinisation
2) Degeneration
3) Resorption on the alveolar wall
4) Resorption on the surface of the root

FSZ.-96. The tasks following the removal of the brackets:

1) No tasks with the tooth
2) The removal of the remaining bonding material with a Wolfram-carbid (tungsten) drill
3) The removal of the remaining bonding material with a diamont drill
4) Fluorid application of the polished surface

FSZ.-97. The characteristics of the direct bonding technics are:

1) It joins all teeth into the power-system
2) The precondition is the acid-conditioning
3) All kinds of moving of the teeth can be made with it
4) Its main material is acrylic (Methyl methacrylate)

FSZ.-98. Which characteristics are hereditary?

1) The shape of the teeth
2) The size of the jaws
3) The tendency for crowding
4) Increased overbite

**FSZ.-99.** What does ectopy mean?

1) The tooth locates outside of the dental arch
2) The front teeth are protruded, while the root apices remain in their places
3) The tooth locates inside of the dental arch
4) The front teeth are retruded, while the root-apices remain in their places

**FSZ.-100.** Which anomalies can be hereditary from the following list?

1) Clefts
2) Diasthema medianum
3) Narrow dental arches
4) Dental crowding

**FSZ.-101.** The consequences of premature primary tooth extraction:

1) The lower or upper premolar is situated out of or inside the line
2) The lower or upper premolar cannot erupt
3) Canine ectopy
4) Deep bite

**FSZ.-102.** Which anomalies can be caused by the endocrine related problems?

1) Dental arch constriction
2) Prognathia
3) Progeny
4) Acromegaly

**FSZ.-103.** Which maxillary reference points can be applied in the cephalometric analysis?

1) Porion
2) Orbitale
3) Sella point
4) „A” point

**FSZ.-104.** The Angle’s Class III anomaly may be caused by:

1) The lower incisors are tipping labially
2) The lower incisors are tipping lingually
3) The upper incisors are tipping palatally
4) The upper incisors are tipping labially

**FSZ.-105.** What are characteristic of Angle’s Class I anomalies?

1) Neutroocclusion
2) Open- or increased overbite cannot occur
3) The mesiodistal relationship between the two dental arches is normal
4) The crowding of the teeth may never occur

**FSZ.-106.** The advantages of Angle’s diagnostic system:

1) The upper first molars are always considered to be in correct position
2) It involves the most of the anomalies
3) It describes the vertical and also transversal relations
4) It includes the malposition of individual teeth

**FSZ.-107.** Diasthema medianum may be caused by:

1) The enlarged frenulum labii superioris
2) The absence of lateral incisor
3) The malposition of the dental germs
4) The mesiodens

**FSZ.-108.** Non-characteristic features of the deep bite:

1) The upper incisors overlap the lower incisors more than 2 mm
2) It is always dentoalveolar of origin
3) They are vertical anomalies
4) The infraocclusion of the molars may not cause such disorder

**FSZ.-109.** Characteristics of the mesiodens are:

1) It is located between the two central incisors or behind them
2) It is often malshaped
3) It usually inhibits the normal development of dentition
4) Its removal is indicated

**FSZ.-110.** The disadvantages of the fixed orthodontic appliance:

1) It is objectionable from aesthetic point of view
2) It increases caries risk
3) Inadequate application can cause root- or bone resorption
4) The level and direction of the power force is not controllable

**FSZ.-111.** What are the conditions of the successful application of the inclined plane?

1) The upper incisor in cross bite should have enough place in the dental arch
2) The tooth has just to be in eruption, the teeth have to be close to the edge-to-edge bite
3) In cross bite, at least three suitable antagonists are needed to support the appliance
4) Besides crossbite, crowding is also necessary to be in the dental arch

**FSZ.-112.** Which orthodontic appliances are suitable for treating the upper arch constriction from the following list?

1) The active plate with expantion screw
2) Nance appliance
3) Hyrax appliance
4) Positioner

**FSZ.-113.** What is characteristic of increased overbite?

1) The deep mentolabial sulcus
2) The curve of Spee is increased
3) The masseter-type chewing
4) The big, more than 5 mm interocclusal space

**FSZ.-114.** Open bite may be caused by:

1) Thumb-sucking
2) Rachitis
3) Tongue-thrust swallow
4) The strong oversized tongue

**FSZ.-115.** What is characteristic of the uncompensated, skeletal open bite?

1) The increased basal angle
2) The vertical growth direction
3) The speech defects
4) The reduced Gonion angle

**FSZ.-116.** What is not characteristic of the Angle’s Class II/2 relationship?

1) Deep bite
2) All upper incisors are proclined
3) Distal bite
4) Mouth breathing

**FSZ.-117.** The appliance types for the early (under 10 years of age) treatment of the Angle’s Class II/1 relationship:

1) The oral screen
2) The Schwarz expantion plate with palatal bite block
3) The activator
4) The treatment with fixed appliance, combined with the extraction of deciduous molars

**FSZ.-118.** What is characteristic for the dentoalveolar Angle’s Class III?

1) There is no sagittal deviation in the relation of the jaws
2) The ANB angle has a negative value
3) The unfavorable tipping of the front teeth causes the deviation
4) The SNB angle is increased

**FSZ.-119.** The disadvantages of the orthodontic treatment combined with extraction:
1) In most cases intact teeth are removed
2) Unwanted tipping of the teeth may occur
3) In some cases the loss of the anchorage may appear
4) The danger of the relaps is great

**FSZ.-120.** What kind of cross-sectional orthodontic arche wires can be used by the treatment with fixed appliance?

1) Arche wires with square cross-section
2) Arche wire with rectangular cross-section
3) Arche wires with round cross-section
4) Arche wires with elliptical cross-section

**FSZ.-121.** From what alloy is used to make orthodontical arche wires in fixed appliance treatment?

1) Stainless steel
2) Titanium-molybdenum
3) Chromium-cobalt-nickel
4) Nickel-titanium

**FSZ.-122.** The vertical abnormalities are:

1) The Angle's Class III anomaly
2) The open bite
3) The dental arch constriction
4) The deep bite

**FSZ.-123.** Characteristic of the secundary crowding is:

1) It develops during the mechanism of second dentition
2) It is often caused by the early loss of the deciduous teeth
3) The teeth movement in mesial direction
4) Eruption of the wisdom teeth

**FSZ.-124.** What may cause increased overbite from the following?

1) The early loss of the deciduous molars
2) The intense abrasion of the teeth
3) The hereditary factors
4) Thumb-sucking

**FSZ.-125.** What is characteristic of the open bite?

1) The infraocclusion of the front teeth or of the lateral teeth
2) Excessive curve of Spee
3) The tongue-thrusting swallow
4) The deep mentolabial sulcus

**FSZ.-126.** Which teeth are removed in the serial extraction by Hotz?
1) The deciduous canines
2) The first deciduous molars
3) The first premolars
4) The first permanent molars

FSZ.-127. The surgical interventions, which stabilise the results of orthodontic treatment:

1) The circular cutting of the marginal gingiva fibres
2) Corticotomia
3) Septotomia
4) Alveolectomia

FSZ.-128. What is characteristic in the case of progenia vera?

1) The SNB angle is increased
2) The mandibula corpus – ramus proportion is shifted significantly towards the corpus
3) The Downs facial angle decreased
4) The Gonion angle is increased

FSZ.-129. What is not characteristic of the prognathia?

1) The protrusion of the upper front teeth
2) The increased muscle function of the upper lip
3) The short philtrum
4) The overlap

FSZ.-130. The characteristic consequences of the increased overbite may occur:

1) The chronic gingivitis
2) The trauma of the palatal mucous membrane behind the upper front teeth
3) The cariogenicity is increased
4) The functional overload of the involved teeth

FSZ.-131. What are the causes of relaps following the orthodontical treatment?

1) The failed extraction during the orthodontic treatment
2) The wrong choice of the type of the appliance
3) The change in the direction of the power during the treatment
4) The eruption of the wisdom teeth

FSZ.-132. What appliances can be used for retention reasons?

1) Activator
2) Oral screen
3) Hawley-retention plate
4) Positioner

FSZ.-133. What factors do not influence the length of retention time following the active orthodontic treatment?
1) The patient’s general state, lifestyle and nutrition
2) The patient’s patience, attitude towards wearing the retention appliance
3) The patient’s age
4) The patient’s satisfaction with the results of the treatment

Relations-analyse

FSZ.-134. The direction and level of the movement are difficult to control during the use of fixed appliances, **because** the treatment takes relatively short time.

FSZ.-135. Characteristic of tongue-thrust swallowing is, that the tongue presses between the dentitions in the front or on the lateral side, **because** the muscle of the tongue is incomplete.

FSZ.-136. The time between the ages 12-15 yrs. may be regarded as a passive part of the growth of the jaws, **because** the jaws do not grow during puberty.

FSZ.-137. The biggest advantage of the activator is, that the moving of the tooth is biological originated, **because** the supporting tissues of the tooth cannot be overloaded at all.

FSZ.-138. The usage of the orthodontic appliances is disadvantageous from cariogenisity point of view, **because** it is difficult to keep good oral hygiene during orthodontic treatment.

FSZ.-139. The retention of the upper canine is frequent, **because** it develops in the fossa canina.

FSZ.-140. The mildest, final form of the cleft palate is the uvula bifida, **because** the turn of palatal plates from vertical to horizontal occurs from back to forward.

FSZ.-141. The uvula bifida develops during the 12th week, **because** the critical time of the cleft of the secondary palate is between the 8-12th week.

FSZ.-142. The cleft lip forms during the 6th week, **because** the critical time of the cleft of the primary palate is at this week.

FSZ.-143. The parafunction is a circulus vitiosus, **because** the anatomical anomaly is not only the consequence but also the causing of the abnormal function.

FSZ.-144. The frequent cause of the crowding is a discrepancy between the tooth size – mandible-size, **therefore** in the treatment of the crowded dentition the extraction is a causal therapy.
FSZ.-145. The teeth must be directed to the adequate place during their eruption, because the possibilities of the subsequent rebuilding of the alveolar process are limited.

FSZ.-146. The orthodontic treatment, also the treatment with removable appliance has to be supplemented with extraoral traction, because one way of avoiding the anchorage-loss is the extraoral anchorage.

FSZ.-147. The bite must be raised at least to 4-5 mm with the help of the activators used mostly at night, because the interocclusal space is double during sleep as at wakefulness.

FSZ.-148. If the activator has a reduced framework, it becomes more comfortable and more effective, because the appliance – without the palatal part – is placed only on the teeth and the alveolar process.

FSZ.-149. It is possible with an upper plate – with an oblique plane – to tilt backward the proclined upper incisors, because the labial arch is converting the backward pulling force of the lower teeth towards the upper incisors.

FSZ.-150. If the oral screen lifts the bucca, the lateral teeth move to the buccal direction, because at disintegration of the muscular balance, if the external muscular bridle is inhibited, the tongue presses the teeth outwards.

FSZ.-151. The Class anomalies can be treated with the overeruption of the lateral teeth namely with vertical lifting, because according to Harvold the upper teeth grow for- and downward, the lowers grow upwards, vertically to the mandibular plane.

FSZ.-152. The upper first premolars are most frequent removed for orthodontic reason, because their endodontic treatment and their extraction is often difficult due to their root relations.

FSZ.-153. The splitting of the sutura palatina is one way of the orthodontic treatment; consequently it is applied by the expanding of severe constricted dental arch.

FSZ.-154. The irregularities of the dentition never cause pathological alterations; consequently the importance of orthodontics for the patients is simply the aesthetics.

FSZ.-155. Cariogenic potential is enhanced in crowded teeth; consequently secunder caries develops easier on the margin of the approximal fillings.

FSZ.-156. The severe occlusion anomalies may play a part in development of periodontal diseases, consequently the chewing has a great importance in the normal dental development.

FSZ.-157. The diasthema medianum may cause speech defects, consequently the aplasia of the lateral incisors require orthodontic treatment, also from aesthetic reasons.
FSZ.-158. Arch shortening develops if deciduous molars are extracted premature due to caries, consequently the permanent tooth often cannot erupt because of the early extraction.

FSZ.-159. The apical basis is the highest limit of bone rebuilding, which can be reached with orthodontic treatment, consequently in the case of the ab ovo increased coronal base, expanding the dental arch is not recommended.

FSZ.-160. The characteristic of protrusion is that the front teeth tip forward; consequently in protrusion the apices of the teeth are not in place.

FSZ.-161. The traumatic occlusion is the early touching of the tooth (teeth); consequently in traumatic occlusion the tooth (teeth) is (are) overloaded.

FSZ.-162. The shape and size of the dental arches are in close relationship with the shape of the jaws and skull bones, consequently the characteristic of dolichocephal persons are narrow, and underdeveloped jaws.

FSZ.-163. As an effect of abnormal swallowing, distal bite may develop; consequently the abnormal swallowing never causes incisor-protrusion.

FSZ.-164. Following the treatment of inherited deviations almost never need to count with relaps, consequently the therapy of the inherited anomalies are generally simpler as of the acquired deviations.

FSZ.-165. After the treatment of inherited deviations the tendency of relaps is very high, consequently in the therapy of the inherited anomalies the early recognition and treatment is not important.

FSZ.-166. Every forms of the open bite disrupt the normal dental occlusion; consequently the open bite disturbs the chewing.

FSZ.-167. If the nasal breathing is inhibited continuously, the child becomes a mouth-breather, consequently in the case of inhibited nasal breathing the incisors tip backwards, and the upper lip becomes hyperplastic.

FSZ.-168. The thumb-sucking habit until the six years of age does not cause any dental anomalies; consequently eliminating this habit can begin only after the age of six yrs.

FSZ.-169. The severe rachitis may cause extended open bite; consequently the rachitis does not cause structural alterations in the teeth.

FSZ.-170. The sagittal length of the face is determined by the independent growing of the chondrrous base of the skull, the nasal capsule and the Meckel-cartilage, consequently, at the beginning of the 3rd month, more ossification centres appear in the chondrocranium.

FSZ.-171. From facial soft tissues, the nose is undergoing especially great changes during puberty, consequently the final shape and size of the nose is difficult to predict in childhood.

FSZ.-172. The splitting of the sutura palatina mediana is one of the forms of the orthodontic therapy; consequently the suture can be splitted with help of a quad helix.
FSZ.-173. The removable orthodontic appliances are known in the common knowledge as „night” appliances, consequently it is enough to wear only at night.

**Four kinds of association**

A) Rigid anchorage  
B) Articular anchorage  
C) Both  
D) Neither of them

**FSZ.-174.** Has an effect on the movement of the tooth which is always tipping  
**FSZ.-175.** Has an effect, as bodily movement

A) Removable appliance  
B) Fixed appliance  
C) Both  
D) Neither of them

**FSZ.-176.** With its usage the bodily movement of the tooth can be made  
**FSZ.-177.** It is suitable for the transversal expanding of the dental arches  
**FSZ.-178.** It requires a great cooperation from the patient

A) Crossbite of an incisor  
B) Canine ectopy  
C) Both  
D) Neither of them

**FSZ.-179.** Is the most frequent developmental anomaly of the lower dental arch  
**FSZ.-180.** Extraction also play a part in its treatment

A) It may cause an increased overjet  
B) It may cause an anterior open bite  
C) Both  
D) Neither of them

**FSZ.-181.** The thumb-sucking  
**FSZ.-182.** The biting of the lower lip  
**FSZ.-183.** Macroglossia  
**FSZ.-184.** Mandibular macrognathia
A) Broad lower dental arch, anterior cross bite, and macroglossy
B) High palate, narrow dental arches, and deep bite
C) Both
D) Neither of them

FSZ.-185. It is caused by the lack of breastfeeding
FSZ.-186. It is called as progeny
FSZ.-187. It appears in the deciduous dentition
FSZ.-188. It is usually in Class II/1

A) Lundström-analyse
B) Moyers index
C) Both
D) Neither of them

FSZ.-189. It uses the sum of MD-width of all the teeth of the examined dental arch
FSZ.-190. It uses the sum of MD-width of the lower incisors
FSZ. 191. It uses the the sum of MD-width of the upper front teeth
FSZ.-192. It defines the transversal dental arch constriction
FSZ.-193. It shows the constriction of canine and premolar area (the supporting zone)

A) The extraction in the lower dental arch has to be avoided
B) The extraction in the upper dental arch has to be avoided
C) Both
D) Neither of them

FSZ.-194. By the Class II/1 anomalies wich are accompanied by deep bite
FSZ.-195. By the Class III anomalies, if the surgical intervantion is not indicated
FSZ.-196. By dental crowding
FSZ.-197. By ectodermal dysplasy

A) The phase of the treatment with removable appliance
B) The phase of the treatment with fixed appliance
C) Both
D) Neither of them

FSZ.-198. Alignment-phase
FSZ.-199. Arch-forming-phase
FSZ.-200. Retention-phase
A) Undermined resorption
B) Unexpected loss of anchorage
C) Both
D) Neither of them

FSZ.-201. It may develop by fixed appliances
FSZ.-202. It is more frequent by extraction therapy
FSZ.-203. It may be caused if the force is too great

A) Angle’s Class II/1 anomaly
B) Angle’s Class II/2 anomaly
C) Both
D) Neither of them

FSZ.-204. Its characteristic is the distal bite
FSZ.-205. Its characteristic is the protrusion of front teeth
FSZ.-206. It is mostly accompanied with deep bite
FSZ.-207. It can be treated successfully only after the mechanism of second dentition
   A) Osteoclasts
   B) Osteoblasts
   C) Both
   D) Neither of them

FSZ.-208. They take part in osteogenesis
FSZ.-209. They are responsible for bone resorption
FSZ.-210. Their lifetime is 60 days
FSZ.-211. Their activity increases as a consequence of the orthodontic force
   A) Increased overbite
   B) Open bite
   C) Both
   D) Neither of them

FSZ.-212. Vertical deviation
FSZ.-213. Its characteristic feature is the temporal type of chewing
FSZ.-214. It may often occur with chronic gingivitis
FSZ.-215. It never occurs in Angle’s Class I
   A) Orthopantomogram
   B) Cephalometrics
   C) Both
   D) Neither of them

FSZ.-216. It is an extraoral radiogram
FSZ.-217. It is suitable for the examination of symmetrical relations
FSZ.-218. It is also suitable for the examination of the soft tissues
FSZ.-219. It is also suitable for the differentiation of the skeletal deviations
   A) Chin-cap – head-cap
B) Head-gear
C) Both
D) Neither of them

**FSZ.-220.** Its characteristic is the extra-intraoral anchorage
**FSZ.-221.** It is used in the early treatment of mesial bite
**FSZ.-222.** Its important part is the extraoral rubber ribbon
**FSZ.-223.** It is a totally extraoral appliance

A) Removable plate
B) Bimaxillar appliance
C) Both
D) Neither of them

**FSZ.-224.** It may contain an expanding screw
**FSZ.-225.** It may be combined with an extraoral appliance
**FSZ.-226.** It is advisable to use first of all in mesiodistal deviations
**FSZ.-227.** A constructional bite is needed

A) Activator
B) Hansa-appliance
C) Both
D) Neither of them

**FSZ.-228.** Functional appliance
**FSZ.-229.** The typical type of appliance always contains an expanding screw
**FSZ.-230.** It eliminates the harmful muscle function
**FSZ.-231.** Its application is not indicated during mechanism of second dentition, and in the active growing period

A) Quad helix
B) Hyrax
C) Both
D) Neither of them

**FSZ.-232.** Fixed appliance
**FSZ.-233.** It is not suitable for the expanding of the dental arch
**FSZ.-234.** It is suitable for the splitting of the suture
**FSZ.-235.** It is suitable for the expanding of the supporting zone above all

A) Supernumerary tooth
B) Absence of dental germ
C) Both
D) Neither of them

**FSZ.-236.** Mostly occurs on the area of the upper central incisors
**FSZ.-237.** X-ray is required
**FSZ.-238.** It involves mainly the lateral incisors
**FSZ.-239.** It always occurs together with some kind of mesiodistal deviation

A) Septotomy
B) Corticotomy
C) Both
D) Neither of them

FSZ.-240. It is usually made before the beginning of the orthodontic treatment
FSZ.-241. Its essence is the cutting of interdental septa after treatment
FSZ.-242. It is a surgical intervention supporting the orthodontic treatment
FSZ.-243. The aim of this intervention is to prevent the relaps

GNA-1. In which temporomandibular disorder can articular noise be heard during the first phase of mouth opening and at the final phase of closing?
A) Irreversible disc dislocation
B) Temporomandibular arthrosis
C) Myofascial pain syndrome
D) Synovitis
E) Reversible disc dislocation

GNA-2. In which disease is the anterior open bite characteristic?
A) Arthrosis
B) Irreversible disc dislocation
C) Rheumatoid arthritis
D) Myofascial pain syndrome
E) Capsulitis
GNA-3. What could be the diagnosis when the laterotrusion is blocked towards the contralateral side and the patient is pain free?
   A) Irreversible disc dislocation
   B) Myositis
   C) Capsulitis
   D) Myofascial pain syndrome
   E) Temporomandibular joint luxation

GNA-4. What is the most effective agent for chronic orofacial pain?
   A) Diclofenac
   B) Diazepham
   C) Nifluminic acid
   D) Amitryptiline
   E) Paracetamolum

GNA-5. Which can be used as an initial treatment modality of temporomandibular disorders?
   A) Occlusal appliance treatment
   B) Prosthetic rehabilitation
   C) Jaw exercises, home care
   D) Ultrasound therapy
   E) Nonsteroidal anti-inflammatory drugs

GNA-6. Which is the main modality of treatment in irreversible disc dislocation?
   A) Symptomatic therapies (pain killers if needed)
   B) Correction of occlusal interferences
   C) Prosthetic rehabilitation
   D) Nonsteroidal anti-inflammatory drugs, muscle relaxants
   E) Anterior repositioning appliance therapy

GNA-7. Which temporomandibular disorder fits the following definition: It is a chronic disorder, characterised by local hypersensitive areas in the affected masticatory muscles, dull muscle pain, which increases with function and mild or moderate restriction of mandibular movements.
   A) Temporomandibular ankylosis
   B) Irreversible disc dislocation
   C) Myositis
   D) Myofascial pain syndrome
   E) Osteoarthrosis

GNA-8. Choose the FALSE statement:
   A) In the diagnostic process of temporomandibular disorders radiological examination is necessary in most of the cases
   B) With radiological examinations the position of the condyle cannot be localised with maximum accuracy
   C) The transcranial radiography depicts the lateral part of the condyle more accurately than the medial part
   D) The MRI is the most accurate radiological method in diagnoses of disc status
E) Panoramic imaging usually show the condyle shadowed by the eminence in an opened mouth position, therefore the projection should be made in a closed position.

GNA-9. What part of the population has at least one temporomandibular symptom?
A) One third
B) 3-5%
C) 10%
D) more than 50%
E) 1%

GNA-10. What complaint is more characteristic for the acute irreversible disc dislocation?
A) Trismus with severe pain
B) Range of movement restriction, pain and specific joint noises
C) Pain is not typical, after jaw movement restriction has occurred, sound is not heard
D) Pain is not typical, occlusal changes, clicking joint
E) Pain while chewing, range of movement restriction, clicking joint

GNA-11. What is the most common cause of orofacial pain in temporomandibular disorders?
A) Muscle spasm
B) Articular surface destruction
C) Myositis
D) Discus interference disorders
E) Posterior joint displacement induced articular changes

GNA-12. Which drug therapy is not used in temporomandibular arthrosis?
A) Common analgesics
B) Chondroprotectives
C) Nonsteroidal anti-inflammatory drugs
D) Cyclooxygenase–2 inhibitors
E) Tricyclic antidepressants

GNA-13. Which type of surgery is not suggested in temporomandibular disorders?
A) Arthroplasty
B) Arthrocentesis
C) Arthroscopy
D) TMJ implant prosthesis
E) Disc repositioning surgery

GNA-14. Which statement is FALSE?
A) The posterior part of the disc is attached to the condyle by an elastic ligament
B) Thickened ligamentous bands of the articular capsule tie the disc to both sides of the condyle
C) The posterior part of the disc is thicker than the anterior part
D) The connective tissue behind the disc is highly vascularised and innervated
E) Fibres of the superior head of the lateral pterygoid muscle attaches to the anterior part of the disc

GNA-15. Choose the statement, which is NOT characteristic for rheumatoid arthritis of the temporomandibular joint?
A) Bilateral joint involvement
B) Joint sensitivity to palpation
C) Anterior open bite
D) Crepitation
E) It starts on the lateral part of the condyle

GNA-16. Choose the FALSE statement!
A) The medial pterygoid muscle is active in movement to the contralateral side
B) A laterotrusive pathway shorter than 8mm means movement restriction
C) The normal range of the minimal interincisal distance in opening is between 35 and 40 mm
D) Restriction of laterotrusion toward the contralateral side is typical for arthrogenic disorders
E) Deflection to the contralateral side in protrusion is a sign of an arthrogenic disorder

GNA-17. In which disease is crepitation NOT typical?
A) Rheumatoid arthritis
B) Irreversible disc dislocation
C) Primary arthrosis
D) Secondary arthrosis
E) Psoriatic arthritis

GNA-18. Which disorder does not cause mandibular deflection?
A) Ankylosis
B) Myositis
C) Irreversible disc dislocation
D) Reversible disc dislocation
E) Intraarticular adhesion

GNA-19. Which is NOT typical for temporomandibular arthrosis?
A) Pain with function
B) Disocclusion in the molar region because of the articular surface destruction
C) Joint sensitivity to palpation
D) Crepitation
E) Radiographic signs

GNA-20. Which statement is FALSE?
A) The findings of the mandibular movement investigation are reliable and well reproducible
B) The opening distance measured between edentulous anterior ridges is more reliable than that between lips
C) Significant mandibular movement restriction with a soft end-feel resistance to passive movement is typical for arthrogenic diseases
D) Deflection is an uncorrected eccentric displacement of the mandibular midline on opening
E) In disc dislocation the opening distance can be increased by the assistance of the dentist with 1-3 mm
GNA-21. In a young patient a mouth opening restriction has appeared suddenly. The maximum jaw-opening distance is 33 mm, which cannot be further increased by the dentist. Upon movement evaluation deflection is found, although jaw movements are pain-free. Choose the preliminary diagnosis!
   A) Irreversible disc dislocation
   B) Fibrous ankylosis
   C) Myofascial pain syndrome
   D) Capsulitis
   E) Osteoarthritis

GNA-22. Which is NOT typical for myofascial pain?
   A) Muscle pain on palpation
   B) Articular surface destruction
   C) Pain at rest
   D) Jaw movement restriction
   E) Increased pain when chewing

GNA-23. Which is the most frequent finding in occlusal traumatism?
   A) Tooth mobility
   B) Attrition of teeth
   C) Microfractures in enamel
   D) Crown fracture
   E) Gingival tissue recession

GNA-24. Which is the main indication for occlusal surface correction?
   A) Prevention of temporomandibular disorders
   B) Correction of tooth morphology to improve oral hygiene
   C) Canine guidance build up
   D) Establish the centric relation occlusion (ICP=RCP)
   E) Optimal redistribution of occlusal forces

GNA-25. Which is the most common place of occlusal interference in retruded contact position?
   A) Mesial inclines of the palatal cusp of the upper first premolar
   B) Mesial inclines of the buccal cusp of the upper first premolar
   C) Mesial inclines of the distobuccal cusp of the upper first molar
   D) Palatal surfaces of upper canines
   E) Mesial inclines of the buccal cusp of the lower first premolar

GNA-26. Which is affected least by occlusal traumatism?
   A) Enamel
   B) Periodontal ligament
   C) Junctional epithelium
   D) Lamina dura
   E) Cementum

GNA-27. Which is the FALSE definition?
   A. The curve of Spee starts at the peak of the lower canine cusps and runs antero-posteriorly
   B. The Bonwill-triangle is formed by the medial contact of the lower central incisors and the centres of the mandibular condyles
C. Balkwill-angle is formed between the Frankfurt horizontal plane and the Bonwill-triangle
D. The occlusal plane is not a flat surface
E. Ideally the occlusal plane is parallel to the Camper’s plane

GNA-28. Which statement is FALSE?
A. In elderly the mandibular condyle becomes smaller, and the temporal fossa becomes larger.
B. Continuous adaptation of bone can result in a flat condylar surface with aging
C. Age changes in the temporomandibular joint reduces the risk of joint luxation
D. The jaw movement coordination diminishes with age
E. The basic positions of the mandible change significantly with age

GNA-29. Which is NOT part of the Posselt’s diagram line?
A. Maximal intercuspal position
B. Centric relation tracing
C. Edge-to-edge position
D. Maximum jaw-opening position
E. Rest mandibular position

GNA-30. Which statement is FALSE about the condyle?
A. Its outline is elliptical from an upper view
B. Its medio-lateral diameter is longer than the antero-posterior one
C. Its surface is covered by a fibrous tissue
D. Its medial pole is more pronounced than the lateral one
E. Endochondral bone formation in it promotes the growth of the mandible

GNA-31. Which is FALSE for the centric relation?
A. When it is registered with arrow-point tracing registration the tip of the tracing is located on the mesial side of the lower record
B. It is the maxillo-mandibular relationship in which the condyles articulate with the thinnest avascular portion of the disk
C. It is symmetric position
D. It is located more cranially than the maximal intercuspal position
E. It is the initial and the end position of the eccentric mandibular movements

GNA-32. Which statement is FALSE?
A. For occlusal analysis the casts are mounted into maximal intercuspal position on the articulator
B. The upper cast is mounted by face-bow transfer on the articulator
C. The lower cast is mounted in relation to the upper one
D. In the articulator the sliding from centric relation to intercuspal position could be evaluated
E. The distance between the axis of the articulator and the mounted cast affects the movements of the tooth cusps

GNA-33. Which statement is FALSE?
A. Face-bow transfer can be made most precisely with a kinematic face-bow
B. The average axis face-bows are useful and fairly accurate tools in every-day dental practice
C. After kinematic face-bow transfer the vertical dimension can be changed in the articulator
D. The arbitrary terminal hinge axis of the mandible is located 21 mm in front of the tragus
E. Different types of face bows may work with unlike reference landmarks

GNA-34. Choose the FALSE statement.
A. In case of an insufficient number or position of remaining teeth the accuracy of the interocclusal record can be improved with base plate fabrication
B. When the centric relation is recorded with a base plate, during the registration firm pressure should be exerted on the surface of the wax rim to prevent Christensen’s phenomenon
C. The protrusive check bite is taken in a 3-5 mm protrusive mandibular position
D. When the interocclusal registration is distorted the casts positioning in the articulator will be altered too
E. Inaccuracies in the base plate could lead to inaccuracy of the registration

GNA-35. Which statement is CORRECT?
A. The two axes of the condyles intersect each other just in front of the foramen magnum
B. The disc distributes the mechanical stress between articular bones
C. The articular disc is composed of two main parts
D. The synovial membrane in the upper and lower temporomandibular joint compartments are completely separated from each other
E. The articular eminence is within the border of the attachment line of the joint capsule

Multiple-choice questions

GNA-36. Which of the following is/are true for chronic orofacial pain?
1. The pain lasts 4-6 month or longer
2. Inaccurate subjective localisation
3. The intensity of pain is a reliable marker of the severity of the disease
4. There are associated psychological disturbances

GNA-37. Which of the following is/are true?
1. Deflection is an eccentric displacement of the mandibular midline on opening
2. The reversible dislocation is characterised by midline deviation
3. In myofascial pain syndrome trigger points can be palpated in masticatory muscles
4. The temporomandibular arthrosis could be idiopathic or secondary

GNA-38. Which is/are typical to occlusal appliance therapy?
1. There is no generally accepted theory of their effects
2. Its placebo effect is significant
3. In bruxism the appliance surface is built up in centric relation
4. Every cusp of the opposing arch should be in contact with the centric relation appliance

GNA-39. Which is/are typical to physiologic occlusion?
1. Free excursive movements of the mandible
2. A straight, less than 3 mm guidance from RCP to ICP
3. Stable contact pattern in intercuspal position
4. The axiographic tracings of the protrusive and laterotrusive paths show the same running
GNA-40. Which of the following may cause acute malocclusion?
   1. Distorsion of temporomandibular joint
   2. Acute irreversible disc dislocation
   3. Myositis
   4. Osteoarthrosis

GNA-41. Which of the following is/are true for muscle palpation?
   1. The temporal muscle attachment can be palpated intraorally
   2. The deep fibres of the masseteric muscle can be palpated extraorally in front of the condyle under the zygomatic arch
   3. The superficial fibres of the masseter are evaluated with simultaneous intra and extraoral digital palpation
   4. The lateral pterygoid muscle can be investigated accurately with palpation

GNA-42. Which of the following is/are true for the management of temporomandibular disorders?
   1. The patient education about his/her disorder is a significant part of treatment
   2. Conservative, reversible ways of therapy are commonly combined with each other
   3. In disc dislocation the malocclusion should be corrected with selective occlusal grinding in
   4. In tension type headache occlusal appliance therapy is effective

GNA-43. Which of the following is/are the effect(s) of jaw-exercise therapy?
   1. Improves muscle circulation and coordination
   2. Improves relaxation of painful tense muscles
   3. Increases the mobility of the mandible
   4. Increases the strength of the masticatory muscle

GNA-44. Which of the following is/are predisposing factor(s) to temporomandibular disorders?
   1. Rheumatic diseases
   2. Old age
   3. Parafunction habits
   4. Pregnancy

GNA-45. Choose the differing things between the irreversible and reversible disc dislocation.
   1. Articular surface erosion
   2. Reciprocal clicking
   3. Disocclusion of molar teeth on the affected side
   4. No movement restriction

GNA-46. Which of the following is/are true for the magnetic resonance imaging (MRI)?
   1. The most reliable tool in diagnosing disc and soft tissue diseases
   2. With it the disc perforation can be localised accurately
   3. The T2-weiting technique is used to assess joint fluid
4. With MRI the high rate of false positive results of the traditional x-ray methods can be avoided

GNA-47. Which is/are typical to bruxism?
1. The ongoing bruxism can be revealed more accurately with the occurrence of occlusal facets than with the soft tissue findings
2. In children the occlusal signs of bruxism are common
3. The main etiologic factor of bruxism is malocclusion
4. The nocturnal bruxism is a type of sleep disturbance and it is related to the emotional state of the patient

GNA-48. Which is/are true in connection with therapy of temporomandibular disorders?
1. In the initial phase of the therapy, irreversible methods, which can change the occlusion permanently, must not be used
2. The activity of chronic temporomandibular disorders is typically fluctuating
3. In acute irreversible disc dislocation, if the patient is not treated in the acute phase of the disease, degenerative changes may develop
4. The success rate of the conservative treatment methods is 45-55%

GNA-49. Which is/are true in the drug therapy of temporomandibular disorders?
1. Intraarticular steroids could be indicated when conservative therapy has failed
2. Muscle relaxants can reduce tones of the masticatory muscles efficiently
3. Bensodiazepines and tricyclic antidepressants are used to manage chronic pain patients
4. If no success has been reached in 2 weeks with non-steroidal anti-inflammatory drugs, the treatment should be finished to prevent gastrointestinal side effects

GNA-50. Which is/are true about myofascial pain?
1. It is prevalent in females between 25 and 45 years of age
2. There are sensitive nodules scattered in soft tissues of the body
3. There are continuous symptoms with a fluctuating course
4. The character of the pain is grasping and lancinating

GNA-51. Which of the following is/are FALSE?
1. Symptomatic treatment methods are used frequently in management of temporomandibular disorders
2. In diabetic patients cold packing of the temporomandibular region is more advantageous than hot packing
3. The transcutaneous nerve stimulation is intended to reduce pain
4. The ultrasound therapy has no contraindication, because it is a physiotherapeutic method

GNA-52. Which of the following is/are typical for jaw movement restriction?
1. Myogenic disorders could restrict the mandibular movement to whatever extent
2. When the movement restriction is caused by disc dislocation the opening capacity is restricted to a certain interincisal distance
3. In case of an acute and severe mandible movement restriction the myogenic cause of the disorder is the most possible
4. In disc dislocation a hard end-feel terminal position is characteristic
GNA-53. Which of the following is/are typical for deflection?
1. At the end of opening the midline is shifted
2. The reversible disc dislocation results in ipsilateral deflection
3. When the spasmodic muscle is lateral to the joint, the midline deflects to the affected side
4. When the joint is affected by an intraarticular disorder the mandible deflects to the ipsilateral side

GNA-54. Which of the following is/are typical to protective muscle splinting?
1. It can set up a dysfunction
2. Pain at rest
3. Local pain with function
4. It is an inflammatory disease

GNA-55. Which of the following is/are typical for reversible disc dislocation?
1. Clicking at the end of closing
2. Deflection
3. Clicking at the beginning of opening
4. The disc blocks the laterotrusion

GNA-56. Which of the following is/are typical to centric relation?
1. It is the possible lowest level of masticatory muscle activity
2. It is a scientifically based, clinically reproducible position
3. The condyle is in its most backward position
4. Its most cranial position is usually determined by an occlusal interference

GNA-57. Which is/are typical for normal joint movements?
1. The opening begins with rotation
2. In opening the condyle movement is faster than disc movement
3. During opening the condyle moves downward and forward
4. The degree of the sagittal condylar path affects the Bennett shift

GNA-58. Which is/are typical for rheumatoid arthritis?
1. It affects the TMJ in 50%
2. The muscles are not affected
3. Crepitus
4. It starts with articular surface erosion

GNA-59. Which is/are typical to headache induced by temporomandibular disorders?
1. It is usually localised to the temporal region
2. Tension type headache can associate to temporomandibular disorders
3. It responds well to occlusal appliance therapy
4. It is without prodromal symptoms

GNA-60. Which muscle(s) can be palpated accurately?
1. Masseteric muscle
2. Lateral pterygoid muscle
3. Temporal muscle
4. Medial pterygoid muscle
GNA-61. Which of the following is/are FALSE?
1. The Wilson’s curve is formed by drawing an imaginary line through the buccal and lingual cusps of the molars
2. The curve of Spee is also referred as a transversal compensation curve
3. The intercondylar distance affects the movements and occlusal morphology of molar teeth
4. If the curve of Spee is increased the cusp heights of posterior teeth should be increased too (all other parameters remain unchanged)

GNA-62. Which of the following is/are TRUE?
1. When the sagittal condylar path is less steep, the occlusal interferences can be prevented with shaping higher cusps in dental works
2. In cases where the Bennett shift is extensive, flat occlusal surfaces should be constructed in articulator
3. When the anterior guidance of FPD is reduced in the articulator, the posterior teeth should be built up with higher cusps
4. Either the occlusal plane or the curve of Spee affect the morphology of the posterior teeth occlusal surface

GNA-63. Which is/are TRUE for mandibular movements?
1. Rotation occurs in the lower joint compartment
2. The first phase of the lateral movement of the working side is usually a lateral translation
3. The condylar path exerts a greater effect on premolars than on molars occlusal surface
4. Frontal projection of the displacement vector of the protrusive path of condyle directs downward

GNA-64. Which of the following is/are TRUE?
1. The temporal muscle is a jaw-closing muscle and it retrudes the jaw too
2. The masseter is primarily a closing muscle, but it is also active in protrusion and in movement to the ipsilateral side
3. The medial pterygoid stabilizes the disc at closed jaw position and in lateral movements
4. The inferior head of the lateral pterygoid is active during protrusion and laterotrusion

GNA-65. Choose the position(s) where an articulator with linear guidance accurately reproduces the occlusal relationships.
1. Centric relation position
2. Terminal position of protrusion
3. Position where the protrusive check bite is taken
4. Rest position of the mandible

GNA-66. Which of the following increase(s) the biting force?
1. Jaw exercise therapy
2. When the site of force measurement is shifted closer to molar teeth
3. Presence of a removable denture
4. Occurrence of occlusal parafunction

GNA-67. Which of the following is/are FALSE?
1. The articular eminence is significantly convex antero-posteriorly
2. The articular eminence is slightly concave medio-laterally
3. Normally, at the end of mouth opening the condyle passes over the crest of the eminence
4. The inclination in front of the eminence is steeper than the inclination behind the eminence

GNA-68. Which of the following is/are FALSE?
1. In retruded mandibular position the condyle may exert pressure to the chorda tympanic nerve
2. A part of the chorda tympanic nerve and the surrounding vessels are inside the area of the joint capsule
3. The temporomandibular ligament ties the bony elements on the medial and lateral sides of the joint
4. The posterior border of the mandibular fossa is formed by a bony process of the temporal squama

GNA-69. Which of the following is/are TRUE?
1. The temporomandibular ligaments of the two joints act as collateral ligaments
2. The temporomandibular ligaments affect the centric relation arc significantly
3. The temporomandibular ligaments block extreme retrusion
4. The degree of Bennett shift depends on the morphology of the temporomandibular ligaments

GNA-70. Which of the following is/are TRUE?
1. The peripheral part of the disc contains nerves and vessels
2. The jaw-jerk reflex is a complex multisynaptic reflex
3. The masticatory muscles and the temporomandibular joint are innervated by the third division of the trigeminal nerve
4. The receptors of the jaw-opening reflex are in the muscle spindles

GNA-71. Which of the following is/are TRUE?
1. For maintaining the rest position of the mandible muscle activity is not needed
2. The frontal view of the three phase (or Zsigmondy) chewing pattern is a teardrop shaped figure
3. The chewing centre is located in the motoric cortex
4. The chewing forces (occlusal forces during chewing) are less than 50% of the maximal biting force

GNA-72. Choose the favorable biomechanical factors!
1. Reduction of horizontal forces acting on teeth
2. The occlusal contact points on supporting cusps are close to the vertical centre of teeth
3. The sum vector of the occlusal load acts on a cusp slope
4. The centric relation and the maximal intercuspal position are at the same location

GNA-73. Which of the following is/are FALSE?
1. Articulators are used in planning selective grinding of occlusal surfaces
2. In ARCON-type articulators the upper member of the articulator carries the artificial condyle
3. Articulators help in planning procedures for fixed dentures
4. On articulators the casts are mounted so that the arches should be in a stable contact with each other in centric relation position after removal of the wax check bite

GNA-74. Which of the following is/are FALSE?
1. For fully adjustable articulators the intercondylar distance should be determined by face-bows
2. The sagittal condylar paths of patients are the same on the two sides
3. The less emphasised is the anterior guidance, the less important is the use of adjustable articulators
4. When an arbitrary face-bow is used the centric relation record should be as thin as possible

GNA-75. Which of the following is/are FALSE?
1. The sagittal condylar path is rectilinear (a straight line tracing)
2. The Bennett angle arises on the working side during laterotrusion
3. In dental works the group guidance of teeth can be fabricated more easily than the canine guidance
4. In most patients the maximal intercuspal position is in front of the centric relation

GNA-76. Which of the following is/are TRUE?
1. The mutually balanced occlusion is very useful in construction of fixed dental prosthetics
2. When the canine tooth is periodontally affected, group function is recommended
3. In group function occlusion there are tooth contacts on the balancing side during lateral movement
4. In case of “long centric” occlusion in intercuspal position the arches can slide on each other 0.5-1.5 mm in sagittal direction

Relations analysis

GNA-77. In synovitis hard end-feel finding is typical, because most of the intraarticular diseases are characterised by hard end-feel terminal position.

GNA-78. In acute irreversible disc dislocation the interincisal distance is about 30-35 mm, because in this disease mainly the condyle rotation is responsible for the mouth opening.

GNA-79. The condyle destruction in juvenile rheumatoid arthritis may result in micrognathia, because the condylar cartilage is an important factor of the growth of mandible.

GNA-80. Medio-posterior dislocation is the most common form of disc dislocation, because the posterior band of the disc is thinner than the anterior band.

GNA-81. The attrition is a less reliable sign of an ongoing bruxism than the soft tissue changes on the buccal or tongue surfaces, because in bruxism the attrition is accelerated.

GNA-82. The dorsal palpation of the joint is a more reliable sign of disease than the lateral palpation, because in lateral palpation of the temporomandibular joint the sensitivity of the masseter is frequently responsible for the positive finding.
GNA-83. In acute disc dislocation the occlusion is changed, because the lateral pterygoid muscle spasm commonly accompanies the acute disc dislocation.

GNA-84. When the preliminary diagnosis is disc dislocation the patient should be investigated with arthography to make the final diagnosis, because in arthography the disc interference disorders can be investigated accurately.

GNA-85. The lateral pterygoid muscle is active in either laterotrusion or retrusion, because the origin of this muscle is located antero-medially in relation to its insertion.

GNA-86. In irreversible disc dislocation the mandibular midline deflects to the affected side, because the disc obstructs the translation of the condyle.

GNA-87. The presence of bruxism always should be considered in the management of the patient, because the bruxism could be a predisposing, initiating or perpetuating factor of temporomandibular disorders.

GNA-88. The prerequisite of normal joint movements is the simultaneous contraction of the two heads of the lateral pterygoid muscle, because the two heads of the muscle exert a traction force either on the disc or on the condyle.

GNA-89. The presence of joint noises is a reliable sign of joint pathology, because the healthy joint movement is free from articular noises.

GNA-90. When arbitrary face-bow transfer has been done, vertical dimension change in articulators does not lead to occlusal inaccuracies, because in 95% of the population the terminal hinge axis of the mandible can be registered by arbitrary face-bows within 5 mm accuracy.

GNA-91. The selective occlusal correction (or grinding in) is an important therapy in the treatment of bruxism, because the main etiologic factor of bruxism is the occlusal interferences on the balancing side.

GNA-92. In rheumatoid arthritis the jaw movement capacity is usually increased, because the rheumatoid arthritis can cause severe condylar destruction.

GNA-93. In acute irreversible disc dislocation clicking is a common finding, because trauma is a main etiologic factor of this disease.

GNA-94. The occlusal facets may signal the occurrence of bruxism, because in ideal occlusion there are no wear facets on teeth.

GNA-95. For the programming of semi-adjustable articulators, axiographs or eccentric bite registrations are used, because in these instruments the condylar paths are adjustable.

GNA-96. During centric relation registration, the mandible should be pushed backward against the action of the inferior head of the lateral pterygoid muscle, because this muscle pulls the condyle forward and medially.
GNA-97. For face-bow transfer the hinge axis of the patient’s mandible has to be located, because with face-bow transfer the lower dental arch is aligned with the hinge axis of the mandible.

GNA-98. Quick-transfer face-bows can be used effectively with semi-adjustable articulators, because with these face-bows the individual transverse axis can be located.

GNA-99. The working side condyle’s effects on the occlusal surface are not significant, because the non-working side movement is more extensive than the movement of the working side.

Multiple association

A) Temporomandibular osteoarthrosis
B) Myofascial pain syndrome
C) Both of them
D) Neither of them

GNA-100. Hypersensitive bands in muscles
GNA-101. Radiographic findings
GNA-102. Crepitation or complex joint sounds
GNA-103. Pain with function

A.) Lateral pterygoid muscle
B.) Masseteric muscle
C.) Both of them
D.) Neither of them

GNA-104. Its functional investigation is more useful than the palpation
GNA-105. Its painful spasm initiates disocclusion in the ipsilateral molar zone
GNA-106. A part of it can be palpated in front of the joint
GNA-107. Its intraoral investigation is reliable
A.) Reversible disc dislocation
B.) Acute irreversible disc dislocation
C.) Both of them
D.) Neither of them

GNA-108. Reproducible click during jaw motion
GNA-109. Sudden onset of permanent jaw movement restriction
GNA-110. Articular surface destruction
GNA-111. At closed jaw position the disc is situated more anteriorly than normal

A.) Deviation
B.) Deflection
C.) Both of them
D.) Neither of them

GNA-112. Typical in myositis
GNA-113. Caused by adhesion between articular surfaces
GNA-114. Always movement restriction
GNA-115. Characteristic for disturbed disc position

A.) Acute pain
B.) Chronic pain
C.) Both of them
D.) Neither of them

GNA-116. It is a self-perpetuating process
GNA-117. Good prognosis
GNA-118. Its neurophysiologic basis is nociception
GNA-119. Characteristic for chronic disc dislocation

A) Non-adjustable articulator
B) Semi-adjustable articulator
C) Both of them
D) Neither of them

**GNA-120.** Its accuracy can be increased with face-bow transfer

**GNA-121.** In some type of it the intercondylar distance can be adjusted

**GNA-122.** Eccentric bite registrations could be used to adjust its parameters

**GNA-123.** It can be used only with pantograph

A.) Centric relation position
B.) Maximal intercuspal position
C.) Both of them
D.) Neither of them

**GNA-124.** Not the position of the condyle determines it

**GNA-125.** The nearest position of the mandible from the maxilla

**GNA-126.** It is located on the line of the Posselt’s diagram

**GNA-127.** Independent of tooth contacts

A.) Rest position of mandible
B.) Maximal intercuspal position
C.) Both of them
D.) Neither of them

**GNA-128.** It is maintained by the continuous balanced activity of antagonistic muscles

**GNA-129.** It depends largely on the occlusal surface

**GNA-130.** It determines a vertical dimension

**GNA-131.** In this position the condyle is in the articular fossa
A.) Bennett shift  
B.) Protrusion  
C.) Both of them  
D.) Neither of them  

**GNA-132.** Its main component is translation  
**GNA-133.** Basically determines the condylar movement on the working side  
**GNA-134.** Its impact occurs on the non-working side condylar movement  
**GNA-135.** It is a symmetrical movement forward and downward along the inclination of the articular eminence  

A.) Centric relation record  
B.) Maximal intercuspal record  
C.) Both of them  
D.) Neither of them  

**GNA-136.** When it is taken any tooth contact is undesirable  
**GNA-137.** Proper number of teeth with good alignment is needed for its construction  
**GNA-138.** It could be exactly recorded in patients with complete dentures  
**GNA-139.** If the Maximal Intercuspal Position has a stable horizontal and vertical dimension there is no need for this record to reproduce that position
PEDODONTICS
SIMPLE CHOICE QUESTIONS

GYE-1. Which infectious children disease can be characterized by white and red “strawberry” tongue?
   A. varicella (chicken pox)
   B. scarlet fever
   C. morbilli
   D. parotitis epidemica (mumps)
   E. gingivostomatitis herpetica

GYE-2. Which infectious children disease has Koplik’s spots as a symptom?
   A. varicella (chicken pox)
   B. scarlet fever
   C. morbilli
   D. parotitis epidemica (mumps)
   E. gingivostomatitis herpetica
GYE-3. Which infectious children disease might have orchitis as a complication and sterility as its consequence?
   A. varicella (chicken pox)
   B. scarlet fever
   C. morbilli
   D. parotitis epidemica (mumps)
   E. gingivostomatitis herpetica

GYE-4. Which infectious children disease is caused by haemolytic streptococci?
   A. varicella (chicken pox)
   B. scarlet fever
   C. morbilli
   D. parotitis epidemica (mumps)
   E. gingivostomatitis herpetica

GYE-5. Which disease can be characterized by several supernumerary tooth buds in the jaw without eruption tendency?
   A. dysplasia ectodermalis
   B. epidermolysis bullosa
   C. dysostosis cleidocranialis
   D. Papillon Le Fèvre disease
   E. Down syndrome

GYE-6. Which type of injury in primary dentition causes most frequently anomalies in the permanent dentition?
   A. crown fracture
   B. root fracture
   C. intrusion
   D. partial luxation
   E. total luxation

GYE-7. On which permanent tooth does invagination most frequently occur?
   A. upper premolar
   B. lower canine
   C. upper central incisor
   D. lower lateral incisor
   E. upper lateral incisor

GYE-8. Regular use of dummies dipped in sugar can frequently cause:
   A. early caries in the whole primary dentition
   B. gingivitis
   C. circular caries of the upper primary incisors
   D. caries of the upper and lower primary incisors
   E. parodontitis

GYE-9. Infraocclusion of a tooth means that:
   A. the tooth is inner than the dental arch
   B. the tooth is outer than the dental arch
   C. the tooth is in torsion
   D. the tooth does not reach the occlusal level
   E. the tooth protrudes from the occlusal level

GYE-10. Secondary infraocclusion of a primary molar can be the result of:
   A. caries of the primary molar
   B. tilting of neighbouring teeth
   C. aplasia of the homologous permanent tooth
   D. crowding
E. supraocclusion of the antagonist tooth

GYE-11. The viral, vesicular inflammation of the soft palate and pharynx is:
A. the scarlet fever
B. the morbilli
C. the mumps
D. the herpangina
E. none of them

GYE-12. Which is not classified as a morphological anomaly?
A. dilatation
B. Turner tooth
C. invagination
D. macrodontia
E. none of them

GYE-13. Twin teeth is called:
A. confusio dentium
B. geminatio dentium
C. invagination
D. dilaceratio
E. concretio dentium

GYE-14. When two tooth germs are merged during development, the anomaly is called:
A. confusio dentium
B. geminatio dentium
C. invagination
D. dilaceratio
E. concretio dentium

GYE-15. When the cementum of two teeth adheres during the eruption, the anomaly is called:
F. confusio dentium
G. geminatio dentium
H. invagination
I. dilaceratio
J. concretio dentium

GYE-16. Injury of a primary tooth can cause in the homologous permanent tooth:
A. macrodontia
B. microdontia
C. hypodontia
D. dilaceratio
E. invagination

GYE-17. The reason of the occurrence of a Hutchinson tooth can be:
A. heredity
B. injury of a primary tooth
C. mutans streptococci infection
D. treponema pallidum infection
E. viral infection

GYE-18. Which of these is not a viral disease?
A. varicella (chicken pox)
B. scarlet fever
C. morbilli
D. parotitis epidemica (mumps)
E. gingivostomatitis herpetica

GYE-19. The reason for the occurrence of a Turner tooth can be:
A. heredity
B. viral infection
C. fluoride overdose
D. inflammation around the root of the primary tooth
E. none of them

GYE-20. What are the symptoms of dysplasia ectodermalis?
A. hypotrichosis
B. hypo- or anhydrosis
C. hypodontia
D. all of them
E. none of them

GYE-21. Which of the following is classified as a numerical anomaly of the dentition?
A. hyperdontia
B. hypodontia
C. mesiodens
D. dens paramolaris
E. all of them

GYE-22. The accessory tooth of normal size and shape is:
A. dens supplementarius
B. dens in dente
C. dens supernumerarius
D. dens invaginatus
E. mesiodens

GYE-23. The accessory tooth of irregular size and shape is:
A. dens invaginatus
B. dens supernumerarius
C. dens in dente
D. dens supplementarius
E. dens paramolaris

GYE-24. The innate tooth of a newborn baby is:
A. dens supernumerarius
B. dens connatalis
C. dens neonatalis
D. dens supplementarius
E. dens invaginatus

GYE-25. Which roots of the upper primary molars may be united?
A. mesiobuccal and distobuccal
B. mesiobuccal and palatal
C. distobuccal and palatal
D. all of them
E. none of them

GYE-26. We can differentiate between primary and permanent teeth in the mixed dentition on the basis of:
A. the shape of the teeth
B. the size of the teeth
C. the colour of the teeth
D. attrition
E. all of them

GYE-27. What can mesiodens cause?
A. disturbance of tooth eruption
B. malposition of permanent tooth/teeth
C. diastema medianum
D. all of them
E. none of them

GYE-28. Tuberculum molare can be found:
A. on the buccal surface of the primary molars
B. on the palatal surface of the primary molars
C. on the mesiobuccal surface of the first primary molars
D. on the mesiobuccal surface of the second primary molars
E. on the palatal surface of the first primary molars

GYE-29. How many roots does the lower first primary molar have?
A. one
B. two (mesial, distal)
C. three (two buccal, one lingual)
D. variable: in 50 per cent two, in 50 per cent three
E. variable: in 20 per cent two, in 80 per cent three

GYE-30. How many roots does the upper first primary molar have?
A. one
B. two (mesial, distal)
C. three (two buccal, one lingual)
D. variable: in 50 per cent two, in 50 per cent three
E. variable: in 20 per cent two, in 80 per cent three

GYE-31. Which primary teeth do not have a counterpart in the permanent dentition?
A. canines
B. molars
C. upper second molars
D. first molars
E. all primary teeth have a counterpart in the permanent dentition

GYE-32. Which area cannot properly be evaluated on the orthopantomogram?
A. molar region
B. temporomandibular joint
C. front area
D. angulus mandibulae
E. all parts can similarly be evaluated

GYE-33. Indications for radiography in the primary dentition are:
A. dens neonatalis
B. caries
C. periostitis
D. swelling of unknown origin
E. in all the above mentioned cases

GYE-34. Indications for radiography in the permanent dentition are:
A. injury of a tooth
B. swelling of unknown origin
C. periostitis
D. suspicion of numerical anomaly of teeth
E. in all the above mentioned cases

GYE-35. What can cause circular caries?
A. poor oral hygiene
B. fluoride overdose
C. regular consumption of sugared tea
D. calcium deficiency/hypocalcemia
E. fluoride deficiency

GYE-36. A type of caries characteristic only in the primary teeth:
A. caries humida
B. caries sicca
C. smooth surface caries
D. circular caries
E. approximal surface caries

GYE-37. The orthopantomogram does not give information about:
A. the symmetrical relation of dental jaws
B. the sagittal correlation of dental jaws
C. disturbance of tooth eruption
D. supernumerary teeth
E. impacted teeth

GYE-38. The lateral cephalogram does not give information about:
A. the symmetrical relation of dental jaws
B. the sagittal correlation of dental jaws
C. the vertical relation of dental jaws
D. the axis position of the teeth
E. the correlation between the jaws and the cranium

GYE-39. If the following tooth is missing at the age of 10, aplasia can be assumed:
A. canine
B. upper lateral incisor
C. upper first premolar
D. upper second premolar
E. second molar

GYE-40. Agenesis/aplasia of the following tooth germ is the rarest:
A. lower central incisor
B. upper central incisor
C. upper lateral incisor
D. second premolar
E. third molar

GYE-41. Which permanent tooth is extracted most frequently for orthodontic purposes?
A. first premolar
B. second premolar
C. first molar
D. second molar
E. lower central incisor

GYE-42. The Tomes fibers are:
A. part of the dental sac
B. responsible for the development of the root
C. the protoplasma appendices of the ameloblasts
D. the protoplasma appendices of the odontoblasts
E. none of them

GYE-43. Which part of the tooth is of ectodermal origin?
A. enamel
B. dentin
C. cementum
D. periodontal ligament
E. alveolar bone
GYE-44. The exogenous cause of circular caries in primary dentition may be:
   A. premature birth
   B. rachitis
   C. tuberculosis
   D. using dummies dipped in sugar
   E. none of them

GYE-45. The following statement about twin teeth is incorrect:
   A. they are a type of double formation
   B. they have a common root
   C. they have two pulp-chambers
   D. they may occur in the primary dentition, too
   E. they are most frequent in the incisors

GYE-46. Normally which permanent teeth erupt at the age of 11?
   A. canines
   B. lower incisors
   C. premolars
   D. first molars
   E. second molars

GYE-47. The following statement is incorrect about the physiological root resorption of primary teeth:
   A. it is genetically determined
   B. the resorption presumes the existence of permanent tooth germs
   C. the stratum corticale around the crown of the permanent tooth can be seen well on an X-ray
   D. the width of pericoronal space is approx. 1mm
   E. the pericoronal space between the crown of the permanent tooth and the root of the primary tooth is visible

GYE-48. It is not a possible consequence of the injury of a primary tooth:
   A. enamel lesion of the homologous permanent tooth germ
   B. amelogenesis imperfecta
   C. disturbance of the eruption of second dentition
   D. Turner tooth
   E. malformation of the homologous permanent tooth

GYE-49. The most exposed tooth to traumatic injury in the permanent dentition in childhood is:
   A. upper central incisor
   B. upper lateral incisor
   C. lower central incisor
   D. lower lateral incisor
   E. there is no significant difference

GYE-50. Which is the smallest human tooth?
   A. permanent upper lateral incisor
   B. primary upper lateral incisor
   C. permanent lower central incisor
   D. primary lower central incisor
   E. permanent lower lateral incisor

GYE-51. Which part of the tooth is of ectodermal origin?
   A. enamel
   B. dentin
   C. cementum
D. periodontal ligament
E. alveolar bone

GYE-52. At which age is the injury of permanent teeth most frequent? At the age of
A. 6 years
B. 7 years
C. 8 years
D. 9 years
E. 10 years

GYE-53. Statistics say that patients most frequently go to the dental office after a permanent tooth injury …
A. on the day following the injury
B. on the day of the injury
C. on the second day following the injury
D. on the third day following injury
E. There is no data about it.

GYE-54. Which is the rarest radiographic examination method in childhood?
A. periapical radiography
B. crown radiography
C. upper occlusal radiography
D. orthopantomography
E. Parma-type radiography

GYE-55. What is the optimal period of applying a rigid splint after the replantation of tooth after total luxation?
A. 14-21 days
B. maximum 1 week
C. 7-10 days
D. 4 weeks
E. 8 weeks

GYE-56. Which of the following requirements is not true for the fissure sealing material:
A. it should not be toxic
B. it should ensure a tight bond with the enamel
C. its mechanical characteristics should be similar to those of the enamel
D. its consistence should be as hard as possible during application
E. it should harden without shrinking

GYE-57. Which of the following is not a suitable method to determine caries risk factors? Determining:
A. the number of lactobacilli in the saliva
B. the number of Actinomices in the saliva
C. the rate of salivary secretion
D. the puffer capacity of the saliva
E. the number of mutans streptococci in the saliva

GYE-58. The dental sac will produce the following tissue:
A. cementum
B. periodontal ligament
C. alveolar bone
D. none of them
E. all of them

GYE-59. From which type of medicine shall we choose for an permanent ns treatment in case of a child with penicillin allergy?
A. cephalosporin
B. macrolid
C. tetracycline
D. sulphonamid
E. any of these

GYE-60. When can we perform an intervention causing bleeding following a long-lasting (7-10-day long) salicylate intake?
A. immediately
B. after 1 day
C. after 3 days
D. after 1 week
E. after 2 weeks

GYE-61. It is characteristic of the lower second primary molar that:
A. it has three roots
B. three cusps are in lingual position
C. two cusps are in buccal position
D. it has five cusps
E. it has four cusps

GYE-62. It is not true for the upper second primary molar:
A. three-rooted
B. generally it has four cusps
C. its two roots are in buccal position
D. it may have a Carabelli-cusp
E. it has two roots

GYE-63. Which Angle Class anomaly is a predisposing factor for the traumatic injury of incisors?
A. Angle Class I
B. Angle Class II/1
C. Angle Class II/2
D. Angle Class III
E. There is no significant difference.

GYE-64. Aplasia of which tooth occurs most frequently (apart from the wisdom tooth)?
A. upper central incisor
B. upper first premolar
C. upper lateral incisor
D. lower central incisor
E. lower lateral incisor

GYE-65. Impaction of which tooth is the most frequent?
A. upper canine
B. lower canine
C. upper central incisor
D. lower first premolar
E. There is no significant difference.

GYE-66. What is the most frequent cause of the ankylosis of the temporomandibular joint in childhood?
A. inflammation of the joint
B. trauma
C. tumour
D. rheumatoid arthritis
E. There is no significant difference.

GYE-67. Which one is not a possible complication of parotitis epidemica:
A. otitis media  
B. meningitis  
C. orchitis  
D. impotentia  
E. pneumonia

GYE-68. The size of the roentgen film for primary teeth is:  
A. 24x40 mm  
B. 22x35 mm  
C. 15x20 mm  
D. 31x41 mm  
E. 20x25 mm

GYE-69. Where can Koplik’s spots most frequently be found?  
A. on the buccal mucosa  
B. on the floor of the mouth  
C. on the hard palate  
D. on the soft palate  
E. on the gingiva

GYE-70. When can Koplik’s spots be seen?  
A. during the whole course of morbilli  
B. after the occurrence of the exanthemata  
C. before the occurrence of the exanthemata  
D. after the disappearance of the exanthemata  
E. after the ceasing of fever

GYE-71. Where are exanthemata most frequent in case of morbilli?  
A. on the arms  
B. on the abdomen, the face and the trunk  
C. on the face  
D. on the leg  
E. similar everywhere

GYE-72. Where do scarlet fever exanthemata disappear first?  
A. on the arms  
B. around the mouth  
C. on the trunk  
D. on the legs  
E. at the same time everywhere

GYE-73. Which statement is not true for the hand-foot-and-mouth disease?  
A. It is an infectious children disease.  
B. It causes subfebrility.  
C. It is characterised by vesicles in groups.  
D. It is caused by a virus.  
E. It goes with loss of appetite and nasal discharge.

GYE-74. Which statement is not true for herpangina:  
A. It is caused by a virus.  
B. It causes subfebrility.  
C. It is the vesicular inflammation of the pharynx and the soft palate.  
D. It starts with sore-throat and nausea.  
E. It passes in 4-7 days.

Multiple choice questions
GYE-75. In which disease can vesicles on the oral mucosa be found in childhood?
1. varicella
2. hand-foot-and-mouth disease
3. morbilli
4. gingivostomatitis herpetica

GYE-76. Which infectious disease is of viral origin?
1. varicella
2. morbilli
3. scarlatina (scarlet fever)
4. herpangina

GYE-77. What can cause cheilitis exfoliativa?
1. fever
2. chemical materials
3. bad habits (e. g. biting and licking the lip)
4. allergy

GYE-78. What are the symptoms of cleidocranial dysostosis?
1. absence or hypoplasia of the clavicle
2. hyperdontia
3. hypodontia
4. delayed fusion of cranial bones

GYE-79. The symptoms of epidermolysis bullosa are:
1. hypodontia
2. hypoplasia of the enamel
3. hyperdontia
4. bullas on the skin and the mucosa

GYE-80. Hypoplastic enamel is a symptom of:
1. Papillon LeFèvre syndrome
2. epidermolysis bullosa
3. cleidocranial dysostosis
4. amelogenesis imperfecta

GYE-81. What are the symptoms of dysplasia ectodermalis:
1. hypotrichosis (rare hair)
2. hypodontia
3. hyperdontia
4. hypo- or anhydrosis

GYE-82. Which disease is characterized by the early loss of teeth due to severe bone destruction of the parodontium?
1. Papillon LeFèvre syndrome
2. juvenile periodontitis
3. histiocytosis-X
4. dysplasia ectodermalis

GYE-83. Which can be classified as morphological anomalies of the teeth?
1. dilaceratio dentis
2. mesiodens
3. macrodontia
4. hypodontia

GYE-84. What influence can the traumatic injury of a primary tooth have on the homologous permanent tooth?
1. discoloration of the enamel
2. disturbance of the second dentition
3. hypoplasia of the enamel
4. malformation of the tooth

**GYE-85.** What are the treatment possibilities of caries in primary dentition?
1. filling
2. grinding + impregnation
3. using preformed stainless steel crown
4. vital amputation

**GYE-86.** What factors influence the choice of caries treatment in primary dentition?
1. the depth of caries
2. the localization of caries
3. the age of the child
4. the cooperation of the child

**GYE-87.** A supernumerary cusp in the permanent dentition can most frequently be found on the:
1. upper central incisor
2. upper first molar
3. lower first molar
4. upper lateral incisor

**GYE-88.** Which of the following are the predisposing factors for gingivitis in childhood?
1. orthodontic anomaly
2. enlarged labial frenum
3. ankyloglossia
4. tooth eruption

**GYE-89.** Where can the Carabelli cusp occur?
1. near the mesio-palatal cusp of the upper second permanent molar
2. near the mesio-palatal cusp of the upper second primary molar
3. near the mesio-buccal cusp of the first upper primary molar
4. near the mesio-palatal cusp of the upper first permanent molar

**GYE-90.** Which primary tooth has two roots?
1. lower first molar
2. upper first molar
3. lower second molar
4. upper second molar

**GYE-91.** The indications of fissure sealing are:
1. newly erupted tooth
2. a molar with deep fissure
3. a premolar with deep fissure
4. low caries risk patient

**GYE-92.** Dental health education methods are:
1. personal communication
2. group sessions
3. instructions at schools and kindergartens
4. mass media

**GYE-93.** Place of the supernumerary cusps:
1. primary upper second molar
2. permanent upper first molar
3. permanent upper lateral incisor
4. primary upper central incisor

**GYE-94.** A three-rooted primary tooth:
1. upper first molar
2. lower first molar
3. upper second molar
4. lower second molar

GYE-95. Aplasia of which upper tooth germ occurs according to the Bolk terminal reduction theory?

1. central incisor
2. lateral incisor
3. second molar
4. second premolar

GYE-96. True about amelogenesis imperfecta:
1. It spreads all over the whole dentition.
2. The enamel is thin.
3. The abraded tooth turns brown.
4. It is inherited recessively.

GYE-97. Which part develops during the calcification phase of the tooth development?
1. enamel
2. cementum
3. dentin
4. pulp

GYE-98. True statement about the primary lower second molars:
1. It has four cusps.
2. It has two roots.
3. It has two buccal and two lingual cusps.
4. The position of the roots are: mesial and distal.

GYE-99. Koplik’s spots…
1. are characterized by pin-sized bluish-white spots.
2. can most frequently be found on the soft palate.
3. occur before the exanthemata.
4. are symptoms of scarlet fever.

GYE-100. It is characteristic of dysostosis cleidocranialis:
1. Hyperdontia can be seen in the oral cavity during clinical examination.
2. several unerupted teeth
3. The fusion of cranial bones is normal.
4. Hypoplasia or aplasy of the clavicle.

GYE-101. It is characteristic of concretio dentium (concrescence):
1. The cementum is fused.
2. The bone between two neighbouring tooth roots is absorbed, because they are too close to each other.
3. It appears at an early stage of tooth development.
4. It most frequently occurs in the upper second and third molars.

GYE-102. It is characteristic of a Hutchinson tooth:
1. It is caused by an infection.
2. Upper central incisors are barrel-shaped.
3. Hypoplasia of the lower molars can occur.
4. It is the consequence of the degeneration of odontoblasts.

GYE-103. It is characteristic of dysplasia ectodermalis:
1. hypotrichosis
2. hypohydrosis
3. hypodontia dentis permanentis
4. hypodontia dentis decidui
GYE-104. It is a proper saliva examination method of caries risk to determine:
   1. the number of mutans streptococci
   2. the amount of Candida albicans
   3. the number of Actinomyces
   4. the number of lactobacilli

GYE-105. It is a proper examination method of caries risk to determine in the saliva:
   1. the secretion rate
   2. the protein content
   3. the puffer capacity
   4. the content of Na and K ions

GYE-106. The age of 4 is a critical year of primary dentition, because by this time the following turns disadvantageous:
   1. the rate of healthy and carious teeth
   2. the rate of superficial and profound caries
   3. the rate of caries in upper and lower teeth
   4. the rate of central and approximal caries

GYE-107. The conditions for normal mechanism of second dentition are:
   1. enough space for permanent teeth
   2. optimal position of permanent tooth germs
   3. the early extraction of primary teeth
   4. physiological root resorption of primary teeth

GYE-108. The tissue closing the apex as the result of apexification can be:
   1. dentin
   2. cementum
   3. bone tissue
   4. enamel

GYE-109. True statements about the traumatic injury of permanent dentition in childhood are:
   1. The third most frequently injured teeth are the lower canines.
   2. The injuries are most frequent at the age of 10.
   3. Angle Class II/2 anomaly is an important predisposing factor.
   4. The most frequently injured teeth are the upper central incisors.

GYE-110. These are characteristic of the intrusion of primary teeth:
   1. It is the result of axial force.
   2. The tooth visibly tilts to the palatal direction.
   3. The tooth is pressed into the alveolus.
   4. It goes with root fracture.

GYE-111. Infiltration or block anesthesia is rarely used in children because:
   1. Dentin sensitivity of primary teeth is low.
   2. Dentin sensitivity of permanent teeth in the age group No. II. is low.
   3. Dentin sensitivity of permanent teeth at the beginning of the age group No. III.
      is low.
   4. Children are afraid of the injection more than adults.

GYE-112. It is a non-risk group of childhood caries if:
   1. there is no new caries lesion.
   2. only the old inactive enamel lesion can be seen.
   3. the child takes medicine inhibiting saliva secretion.
   4. there is no streptococci in the saliva.

GYE-113. The complication of parotitis epidemica can be:
   1. orchitis
2. meningitis
3. otitis media
4. polyarthritis

**GYE-114. Characteristic of mumps:**
1. it is of bacterial origin
2. it causes long term immunity
3. it is always bilateral
4. it starts with fever followed by the swelling

**GYE-115. Characteristic of gingivostomatitis herpetica:**
1. the saliva is the most infectious
2. it is caused by a virus
3. oral symptoms occur in 50-60 per cent of patients infected by the virus for the first time
4. it starts with high fever

**GYE-116. Characteristic of juvenile periodontitis:**
1. vertical bone destruction
2. it develops at each teeth
3. the parodontium is destroyed in the order of tooth eruption
4. it has a good prognosis

**GYE-117. True statements about juvenile periodontitis are:**
1. It usually develops without pain.
2. The parodontium near the premolars is healthy.
3. Pus comes from the pocket.
4. X-ray is necessary for the diagnosis.

**GYE-118. Characteristic of dentinogenesis imperfecta:**
1. It is inherited dominantly.
2. Odontoblasts functions impaired
3. It occurs only in permanent dentition.
4. Severe abrasion occurs on the teeth.

**GYE-119. The factors that influence permanent prosthetic treatment in childhood are:**
1. age
2. position of the teeth
3. the size of the dental arch
4. the developmental stage of the tooth root

**GYE-120. Types of recurrent ulcers in mouth are:**
1. Mikulitz
2. Sutton
3. Cooke
4. Epstein-Barr

**GYE-121. Secondary symptoms of leukaemia are:**
1. Susceptibility to bleeding reduces in this phase.
2. Fungal infections develop.
3. There are no petechias on the oral mucosa.
4. Ulcers occur on the oral mucosa, especially on the gingiva.

**GYE-122. Age groups according to the development of the dentition are:**
1. 2 to 6 years
2. 7 to 10 years
3. 6 to 12 years
4. 12 to 14 years

**GYE-123. True statements about primary teeth:**
1. the roots of multi-rooted teeth strongly diverge
2. pulp chambers are wide
3. root channels are wide and easy to penetrate
4. pulp horns are pointed and close to the surface

GYE-124. The bases of complex caries prevention in childhood are:
1. proper diet
2. using fluorides
3. breast-feeding and regular chewing
4. good oral hygiene

GYE-125. Which are the indications of prosthetic treatment in childhood?
1. hypodontia
2. injury
3. anodontia
4. space maintenance

GYE-126. Antibiotics administration is necessary in childhood:
1. in each case of periostitis
2. replantation of totally luxated tooth
3. in case of intrusion as a result of injury
4. in case of periostitis with high fever and/or a big swelling

GYE-127. Administration of salicylates is contraindicated:
1. in case of viral infection of children
2. for haemophilic patients
3. for asthmatic patients
4. for patients with allergy to other medicines

GYE-128. The proper type of medicine for children under 12 years of age:
1. solution
2. suppositorium
3. capsule
4. tablet

GYE-129. Which types of antibiotics must not be given to children under 8 years of age?
1. Penicillins
2. Tetracyclins
3. Cefalosporins
4. Macrolids

GYE-130. Which dental tissues are of mesenchymal origin?
1. dentin
2. cementum
3. periodontal ligament
4. alveolar bone

GYE-131. Which types of antimicrobial drugs can be given to a 14 year-old child with marked allergy to Penicillin?
1. Tetracyclins
2. Macrolids
3. Sulfonamid
4. Cefalosporins

GYE-132. When is the administration of Tetracycline derivatives contraindicated?
1. under the age of 10
2. during pregnancy
3. under the age of 12
4. under the age of 8
GYE-133. Which are the symptoms of Papillon LeFèvre syndrome?
1. hyperkeratosis palmoplantaris
2. severe periodontitis
3. hypodontia
4. loss of primary and permanent teeth

GYE-134. Therapy in case of the total luxation (avulsion) of a permanent tooth can be:
1. replantation
2. orthodontic treatment
3. implantation
4. extraction

GYE-135. Therapy for root fracture of a permanent tooth can be:
1. extraction
2. root canal treatment
3. extrusion
4. splinting

GYE-136. The first treatment for crown fracture of a permanent tooth effecting the dentin can be:
1. protective crown
2. restoration
3. grinding the sharp edge
4. replacement of the tooth fragment

GYE-137. The therapy after partial luxation of a primary tooth can be:
1. splinting
2. observation
3. consuming liquid and pappy food
4. extraction

GYE-138. Which primary tooth has a homologous tooth of similar shape in the permanent dentition?
1. incisor
2. canine
3. first molar
4. second molar

GYE-139. How can we differentiate between primary and permanent teeth in the mixed dentition? Based on:
1. colour
2. size
3. attrition
4. mobility

GYE-140. Structural anomalies of the teeth are:
1. Turner tooth
2. amelogenesis imperfecta
3. supplemental tooth
4. dentinogenesis imperfecta

GYE-141. How can we differentiate between gemination and fusion?
1. with an orthopatromogram
2. based on the shape of the crown
3. based on the number of the teeth in the quadrant
4. based on the age of the patient

GYE-142. What can be the connection between caries and orthodontic anomalies?
1. Space occurs between the teeth because of caries.
2. Early extraction of primary tooth because of caries might result in the impaction or ectopic eruption of the permanent tooth.
3. The Angle Class II/2 anomaly reduces susceptibility to caries.
4. Crowding increases plaque retention and the susceptibility to caries.

**GYE-143.** What kind of materials can be used for filling primary molars?
1. non-gamma-2-amalgam
2. cermet cement
3. glassionomer cement
4. copper amalgam

**GYE-144.** Which hormone has a role in the development of puberty gingivitis?
1. hypophysis-gonadotropin
2. oestrogen
3. testosteron
4. progesteron

**GYE-145.** True statements about gingivitis hyperplastica medicamentosa are:
1. It might be caused by difenilhidantoin derivatives.
2. The gingiva swells without pain.
3. The swelling is more expressed on the lingual and palatal side.
4. The swelling is marked on the labial-buccal side.

**GYE-146.** Terminal anaesthesia of which lower teeth is possible with Ultracain DS Forte in childhood?
1. incisor
2. canine
3. premolar
4. molar

**GYE-147.** Which are the conditions for the treatment of children in ambulant narcosis?
1. preliminary pediatric examination
2. empty stomach
3. written permission of the parent
4. anaesthesiologist

**GYE-148.** Which are the most frequent types of traumatic injuries in the permanent dentition?
1. intrusion
2. partial luxation
3. root fracture
4. crown fracture

**Relation analysis**

**GYE-149.** Invagination is most frequent in the upper lateral incisors, because the deep foramen coecum in the upper lateral incisors is a certain sign of invagination.

**GYE-150.** In case of total luxation (avulsion) of a primary incisor, the tooth should not be replaced into the alveolus, because the replacement of a totally luxated primary tooth might cause the injury of the homologous permanent tooth germ.

**GYE-151.** Some of the hormones produced by the endocrine glands have an influence on the oral mucosa, so the physiological changes resulting from changing hormone levels can cause anomalies on the gingiva and the parodontium as well.
GYE-152. Even at an early stage, juvenile periodontitis can cause severe bone destruction in the parodontium, therefore thorough clinical examination is sufficient for the proper diagnosis of juvenile periodontitis.

GYE-153. The pulp is located close to the approximal surface of primary molars, so the treatment of primary molars is always grinding.

GYE-154. During the extraction of primary molars, roots always fracture in the apical third of the root, therefore we do not try to remove the fractured segment in order not to hurt the permanent tooth germ.

GYE-155. The eruption of primary teeth usually starts at the age of six months with the occurrence of lower central incisors, so if primary teeth do not erupt until the age of one year, we have to make an X-ray in each cases.

GYE-156. The crown fracture of a primary tooth always causes the injury of the permanent germ, therefore the extraction of the tooth with crown fracture is always necessary.

GYE-157. Dilaceration is a structural anomaly of the tooth, so in order to make the proper diagnosis an X-ray is always necessary.

GYE-158. Intrusion is the rarest form of traumatic injuries of the primary teeth, therefore intrusion is the rarest to cause anomaly on the homologous permanent germ.

GYE-159. Preformed steel crowns are made in different size, therefore we use preformed steel crowns for the prevention of caries in the first primary molars.

GYE-160. Amelogenesis imperfecta is a hereditary structural anomaly of the teeth, therefore in case of amelogenesis imperfecta teeth should be covered with crowns after the eruption as early as possible.

GYE-161. Gemination is a union between two neighbouring tooth germs, so the diagnosis is possible only with radiographic examination.

GYE-162. Calcification of primary teeth happens during the intrauterine life, therefore numerical anomalies in the primary dentition never occur.

GYE-163. Mesiodens always develops in the midline, therefore mesiodens causes only diastema medianum in each cases.

GYE-164. The cause of diastema medianum is always the enlarged labial frenum, so frenectomy is always necessary before treating diastema medianum.

GYE-165. Salicylates inhibit thrombocyte aggregation, therefore during prolonged salicylate intake we have to avoid any intervention with bleeding.

GYE-166. Cephalosporins cause less allergic reaction than Penicillins, so in case of Penicillin allergy we have to choose from Cephalosporins first.
GYE-167. Diffusion capability of Ultracain DS-Forte is very good, therefore terminal anaesthesia is always enough for the lower teeth in childhood.

GYE-168. Tetracyclins cause permanent discolouration of the teeth, therefore the administration of Tetracyclins is contraindicated under the age of 8.

GYE-169. We offer the extraction of the first premolars for orthodontic purposes, because according to the Bolk terminal reduction theory, agenesis of the first premolars frequently occurs anyway.

GYE-170. Fusion is the union of two neighbouring teeth, therefore fusion occurs only in the primary dentition.

GYE-171. Dens supernumerarius is an accessory tooth of irregular shape, therefore the supernumerary tooth have to be extracted in most cases.

GYE-172. Recurrent herpes is caused by persistent viruses, therefore the treatment is the administration of antiviral drugs.

GYE-173. Scarlet fever is a viral disease, therefore in the treatment of scarlet fever lowering the temperature and liquid intake are the most important.

GYE-174. One of the symptoms of dysostosis cleidocranialis is hypodontia, therefore the diagnosis of dysostosis cleidocranialis is supported by an X-ray.

GYE-175. Pulp channels of primary teeth are wide, therefore the root canal treatment of primary teeth is usually easier than that of permanent ones.

GYE-176. Primary teeth develop on the outer, permanent ones on the inner side of the dental lamina, therefore the traumatic injury of primary teeth do not endanger the permanent ones.

GYE-177. The treatment of circular caries is unnecessary, because circular caries is characteristic mainly in the primary teeth.

GYE-178. The totally luxated permanent tooth must be replanted as soon as possible, because time is a crucial factor in the successful treatment of a totally luxated permanent tooth.

GYE-179. The replanted permanent tooth should be splinted with a rigid splint for 6 to 8 weeks, because the physiological fixation of a replanted permanent tooth can be ensured only this way.

GYE-180. The root development of permanent teeth is finished one year after the eruption, therefore apexification is not necessary in case of the necrosis of the upper central incisors at the age of 8.

GYE-181. Gemination is attributed to an incomplete division of a tooth germ, therefore more teeth can be found in the dental arch on clinical examination (if the doubled formation counts as one).
GYE-182. Viral, mycotic and bacterial infections can often be found on the oral mucosa of acute lymphoid leukaemic patients, therefore ulcers of these patients spread at the place of their development deep into the tissues.

GYE-183. The fluorid content of gels used for topical prevention is higher than that of toothpastes, therefore gels can be used effectively both in the primary and the permanent dentition.

GYE-184. Natural components of honey are useful for humans, so tea with honey is not harmful for the primary teeth either.

GYE-185. Dilaceration is a structural anomaly of the teeth, so in case teeth must be covered with a crown in order to protect them against abrasion.

GYE-186. In case of varicella, exanthemata develop after an incubation time of one week, therefore on the second week only vesicles can be seen on the body.

GYE-187. Morsicatio buccarum is a complication of lower block anaesthesia, therefore to avoid morsicatio buccarum Ultracain DS-Forte always has to be infiltrated next to the tooth.

GYE-188. The therapy of root fractures depends on the location of the fracture, therefore the therapy of vertical root fracture is extraction.

GYE-189. Gigantismus dentis affects the crown or/and the root of the tooth, so gigantismus can cause crowding in the dentition.

GYE-190. Angle Class II/2 is a predisposing factor for the traumatic injury of permanent incisors, because protruding incisors are more exposed to injuries.

GYE-191. Traumatic injury of a primary tooth can result in the necrosis of the tooth, therefore apexification must be performed in the root canal treatment of the injured primary tooth.

GYE-192. Glasionomer filling materials release fluorid, therefore secondary caries develops less often during the application of glasionomer filling materials.

GYE-193. Salicylates can cause gastro-intestinal problems, therefore much fluid intake is necessary with tablets containing salicylates.

Four association

A. parotitis epidemica
B. parotitis recidiva
C. both
D. neither

GYE-194. is an inflammation with swelling of the paroted gland
GYE-195. causes long-term immunity
GYE-196. can spontaneously heal after puberty
GYE-197. is without fever
   A. dens supernumerarius
   B. dens supplementarius
   C. both
   D. neither

GYE-198. is an accessory tooth
GYE-199. is of regular shape
GYE-200. is of irregular shape
GYE-201. is a structural anomaly
   A. morbilli
   B. scarlet fever
   C. both
   D. neither

GYE-202. is an infectious disease in children
GYE-203. is a viral disease
GYE-204. is a bacterial disease
GYE-205. has no complication

   varicella
   B. hand-foot-and-mouth disease
   C. both
   D. neither

GYE-206. is an infectious bacterial disease
GYE-207. vesicles occur one by one
GYE-208. exanthemata in different phases can be seen simultaneously
GYE-209. is a viral disease
   A. dilaceratio dentis
   invaginatio dentis
   C. both
   D. neither

GYE-210. is a numerical anomaly
GYE-211. can be the result of the traumatic injury of a primary tooth
GYE-212. is a morphological anomaly
GYE-213. is also called dens in dente

   permanent upper central incisor
   B. permanent upper lateral incisor
   C. both
   D. neither

GYE-214. its retention is the most frequent of the whole dentition
GYE-215. its aplasia occurs frequently as compared to other teeth
GYE-216. its injury is the most frequent of the whole dentition
GYE-217. its root frequently bends palatally

   lower primary molar
   B. lower permanent molar
   C. both
   D. neither

GYE-218. has three roots
GYE-219. is a frequent tooth for a Carabelli cusp
GYE-220. its roots are located mesially and distally
GYE-221. has a bluish-white colour

   A. amelogenesis imperfecta
   B. dentinogenesis imperfecta
   C. both
   D. neither

GYE-222. is inherited dominantly
GYE-223. can occur both in the primary and the permanent dentition
GYE-224. the amelogenesis is undisturbed
GYE-225. affects only the permanent dentition
GYE-226. is the structural anomaly of the enamel
GYE-227. is the structural anomaly of the dentin
GYE-228. can be the result of the traumatic injury of a primary tooth
GYE-229. teeth abrade very fast

   at the age of 6
   B. at the age of 11
   C. both
   D. neither

GYE-230. upper incisors erupt
GYE-231. canines erupt
GYE-232. first permanent molars erupt
GYE-233. premolars erupt

   A. tuberculum molare
   B. Carabelli cusp
   C. both
   D. neither

GYE-234. is located palatally
GYE-235. is a supernumerary cusp
GYE-236. is located mesiobuccally
GYE-237. can occur only in permanent teeth

   in the treatment of luxatio totalis dentis  ermanents (avulsion)
   B. in the treatment of luxatio partialis dentis  ermanents
C. both
D. neither

GYE-238. splinting is always necessary
GYE-239. root canal filling is necessary
GYE-240. splinting is necessary for 3 to 4 weeks
GYE-241. occurs most frequently in the upper incisors

A. caries sicca
B. caries humida
C. both
D. neither

GYE-242. is characterized by the fast destruction of the hard tissues
GYE-243. the tooth has a relatively hard, brownish surface
GYE-244. in childhood it occurs more frequently in the primary dentition
GYE-245. it occurs only in the permanent dentition

A. the number of lactobacilli in the saliva
B. the number of streptococci in the saliva
C. both
D. neither

GYE-246. is a caries risk factor
GYE-247. has a close connection with the number of bacteria in the plaque
GYE-248. has a connection with the DMF-index in a large group
GYE-249. is one of the crucial factors of the secretion rate of the saliva

A. luxatio totalis dentis decidui (avulsion of a primary tooth)
B. luxatio partialis dentis decidui
C. both
D. neither

GYE-250. replantation is part of the therapy
GYE-251. reposition can possibly be part of the therapy
GYE-252. root canal filling is always necessary
GYE-253. splinting is always necessary

A. fractura radicis dentis permanents in the apical third
B. fractura radicis dentis permanents in the coronal third
C. both
D. neither

GYE-254. there is a chance for the pulp to remain vital
GYE-255. its splinting is necessary
GYE-256. its therapy can be supported by orthodontic extrusion
GYE-257. its root canal treatment is always necessary

A. grinding, impregnation
B. MO, OD cavity preparation, filling  
C. both  
D. neither  

**GYE-258.** is a possible treatment for the caries of primary molars  
**GYE-259.** is a possible treatment for the caries of six-year molars  
**GYE-260.** is a possible treatment for the caries of primary incisors  
**GYE-261.** is a possible treatment for the caries of permanent incisors  

A-fissure sealing  
B. filling  
C. both  
D. neither  

**GYE-262.** is a therapy for deep caries  
**GYE-263.** can be performed with adhesive technique  
**GYE-264.** its purpose is caries prevention  
**GYE-265.** can be performed in any age group  

A. mesiodens  
B. enlarged upper labial frenum  
C. both  
D. neither  

**GYE-266.** can be inherited  
**GYE-267.** treatment is not necessary  
**GYE-268.** can cause midline space  
**GYE-269.** can cause gingivitis at the incisors  

A. secondary infraocclusion of primary molars  
B. early extraction of primary molars  
C. both  
D. neither  

**GYE-270.** can cause the tilting of neighbouring teeth toward each other  
**GYE-271.** can be the result of the aplasia of the homologous permanent tooth germ  
**GYE-272.** a space maintainer is always necessary in its treatment  
**GYE-273.** treatment is not necessary
CONSERVATIVE DENTISTRY
SIMPLE-CHOICE QUESTIONS

KON-1. The recent definition of the caries is:
A) A chronic process progrediating from the enamel surface in the depth
B) An irreparable destruction of the dental tissues
C) A result of the different demineralization and remineralization processes
D) A result of the different demineralization and remineralization processes which can be reversible at the beginning
E) A chronic process progrediating from the tooth surface in the depth

KON-2. The principal causative microorganism of the smooth surface caries is the:
A) Streptococcus mutans
B) Streptococcus sanguis
C) Candida albicans
D) Streptococcus mitis
E) Lactobacillus acidophilus

KON-3. The principal causative microorganism(s) of the fissure caries is/are the:
A) Streptococcus mutans
B) Streptococcus sanguis and Lactobacillus casei
C) Candida albicans
D) Streptococcus mitis and Actynomices viscosus
E) Lactobacillus acidophilus

KON-4. The principal causative microorganism(s) of the root caries is/are the:
A) Streptococcus mutans
B) Streptococcus sanguis and Lactobacillus casei
C) Actynomices viscosus
D) Streptococcus mitis
E) Lactobacillus acidophilus

KON-5. It is characteristic of the incipient caries:
A) Irreparable process
B) It is accompanied by a cavity formation
C) It is a reversible process
D) It causes disease of the dentine too
E) It causes a whitish discoloration on the dentine

KON-6. Which listing contains the correct sequence of the layers of the incipient caries, beginning from the tooth surface toward the pulp?
a = body of the lesion, b = translucent zone, c = relative intact superficial zone, d = dark zone
A) c-d-b-a
B) c-d-a-b
C) c-b-d-a
D) c-a-d-b
E) c-a-b-d
KON-7. How much is in case of the incipient caries the loss of the mineral content in the body of the lesion?
A) 1.2 %
B) 6 %
C) 10 %
D) 15 %
E) 24 %

KON-8. How much is in case of the incipient caries the width in micrometers of the relative intact superficial zone?
A) 0.5-1
B) 5-10
C) 20-100
D) 200-300
E) 500-1000

KON-9. How much is the critical value of the plaque pH with respect of the caries, developing on the dental enamel?
A) 6.4-6.8
B) 5.8-6.3
C) 5.2-5.7
D) 4.8-5.1
E) 4.2-4.7

KON-10. How much is the critical value of the plaque pH with respect of the caries, developing on the dental root?
A) 6.4-6.8
B) 5.8-6.3
C) 5.2-5.7
D) 4.8-5.1
E) 4.2-4.7

KON-11. What colour coded FG diamond bur is used to the finishing of the composite fillings?
A) Yellow
B) Black
C) Red
D) White
E) Green

KON-12. It is not true for the high speed handpiece (turbine) from the listed ones:
A) Its rotation per minute can reach the 450 000
B) It is electrically driven
C) It is practical to use it with water cooling
D) It is driven by compressed air
E) The recent types of these handpieces can be sterilized in autoclaves

KON-13. One of the listed handpieces can not be fitted onto the micromotor:
A) Accelerator handpiece
B) Reductor handpiece
C) Straight handpiece
D) Endodontic handpiece
E) Scaler handpiece

KON-14. The stainless steel round shape bur fitted into the contra-angle handpiece is used for the following aim:
A) To provide access to the carious lesion
B) To finish the enamel margins
C) To the removal of the carious dentine
D) To polish the composite filling
E) To finish the amalgam filling

KON-15. It can not be used for polishing of the composite filling from the listed ones:
A) FG diamond bur signed by a white colour code
B) Black bell shape rubber fitted to the contra-angle handpiece
C) Light blue bell shape rubber fitted to the contra-angle handpiece
D) Light blue lens shape rubber fitted to the contra-angle handpiece
E) Light yellow bell shape rubber fitted to the contra-angle handpiece

KON-16. The principal aim of the isolation in conservative dentistry is:
A) To prevent the aspiration of the instruments
B) To avoid the contamination of the instruments
C) To provide a better access to the operation field
D) To save the operation field from saliva, blood and crevicular fluid
E) To place a rubber dam

KON-17. Which part of the tooth is called the anatomical crown?
A) The part of the tooth taking place in the oral cavity
B) The part of the tooth covered with enamel, extended until the neck of the tooth
C) The part of the tooth rising from the alveolar bone
D) The man made full veneer crown, which has an anatomic shape
E) The coronal part of the impacted tooth, what can be seen on the radiographic image

KON-18. Which answer does contain the steps of the cavity preparation in the correct sequence according to G.V. Black
a – defining the borders of the cavity, b – preparation of the easy access form, c – removal of the carious dentine, d – access preparation to the lesion, e – finishing and bevelling of the enamel margins, f – preparation of the retention and resistance form
A) a - b - d - c - e - f
B) d - b - f - a - e - c
C) d - a - f - b - c - e
D) b - d - f - e - a - c
E) a - b - f - d - e - c

KON-19. Which of the following steps of the cavity preparation according to G.V. Black has been modified in the least degree?
A) The definition of the finishing lines of the cavity
B) The preparation of the retention and resistance form
C) The access preparation to the lesion
D) The finishing and bevelling of the enamel margins
E) The removal of the carious dentine

**KON-20.** The following step of the cavity preparation according to G.V. Black after the access preparation to the lesion is:
A) The complete removal of the carious dentine
B) The finishing of the enamel margins
C) The preparation of the retention and resistance form
D) The definition of the finishing lines of the cavity
E) The preparation of undercuts with a so called reversed tapered bur

**KON-21.** It can not be used for vitality testing:
A) Cold water
B) Ice
C) Vitallium
D) Electric current
E) Chlorethyl

**KON-22.** Which of the listed ones is never a component of the dental amalgams?
A) Hg
B) Al
C) Ag
D) Cu
E) Sn

**KON-23.** It is certainly true for the gamma-2 free amalgam alloys that:
A) It is always a high silver containing alloy
B) It is a high Zn containing alloy
D) It is a high Cu containing alloy
E) It is Cu free alloy

**KON-24.** The formula of the gamma-2 phase is:
A) Ag₃Sn
B) Cu₅Zn₈
C) Cu₃Sn
D) Ag₃Hg
E) Sn₈Hg₄

**KON-25.** What is the sign of the Cu₆Sn phase existing in the amalgam filling?
A) Gamma
B) Gamma-1
C) Gamma-2
D) Epsilon
E) Eta’

**KON-26.** The gamma phase in the dental amalgam fillings is formed by:
A) Silver and tin
B) Silver and mercury
C) Tin and mercury
D) Copper and tin
E) Copper and zinc

KON-27. It forms the gamma-1 phase in the dental amalgam fillings:
A) Silver and tin
B) Silver and mercury
C) Tin and mercury
D) Copper and tin
E) Copper and zinc

KON-28. It forms the gamma-2 phase in the dental amalgam fillings:
A) Silver and tin
B) Silver and mercury
C) Tin and mercury
D) Copper and tin
E) Copper and zinc

KON-29. It is responsible for the late expansion of the amalgam fillings:
A) Ag
B) Zn
C) Sn
D) Cu
E) Hg

KON-30. It is the main quantitative component of the conventional dental amalgam alloys:
A) Ag
B) Sn
C) Cu
D) Zn
E) Hg

KON-31. What is the total volume of the gamma-2 phase in the high copper containing amalgam alloys?
A) 0.1% at the most
B) At least 0.1%
C) 0.2% at the most
D) At least 0.2%
E) At least 5%

KON-32. The disadvantageous property of the Zn-containing amalgams is that
A) They are soluble in the mouth
B) They are too hard
C) They become black rapidly
D) They are difficult to polish
E) Their expansion can be extended if wetness gets into its internal part

KON-33. The reason of the mercuroscopic expansion is:
A) Filling made by the wet technique
B) Amalgam alloy mixed for too long
C) The increased porosity of the amalgam filling
D) Metal mercury release due to the corrosion  
E) Early loading occurring at the amalgams with a long setting time

**KON-34.** Which of the followings is an acceptable alloy: mercury mixing ratio in case of making an amalgam filling?  
A) 1:3  
B) 1:2  
C) 1:1  
D) 2:1  
E) 3:1

**KON-35.** The moisture getting inside the filling causes a characteristic late expansion in case of the  
A) Amalgams with a high copper-content  
B) Zn containing amalgams  
C) Amalgams with low Ag-content  
D) Spherical amalgams  
E) Blends's amalgams

**KON-36.** The total expected volumetric change of the amalgam during its setting is:  
A) 1-2% expansion  
B) 0.1-0.2% expansion  
C) There is no volumetric change  
D) 0.1-0.2% contraction  
E) 1-2% contraction

**KON-37.** What is the importance of the finishing of the fillings?  
A) By establishing a smooth surface the possibility of plaque-adhesion is decreased  
B) In this way the filling will be more resistant against the load  
C) In this way can be eliminated the contact with the antagonists  
D) In this way the risk for the fracture of the filling can be decreased  
E) The surface of the filling will be shiny and will not hurt the soft tissues

**KON-38.** Is it necessary to use a wooden- or a plastic wedge in case of filling a Black class II cavity?  
A) No, it is not  
B) In every case if its conditions are given  
C) It is the question of medical judgement.  
D) Only in those cases of not causing any bleeding or significant damage of the gingiva.  
E) It can be required only cases when enough time is given for this procedure

**KON-39.** Why is it necessary to use lining cement in a deep cavity under an amalgam-filling?  
A) To increase the retention  
B) To neutralize the damaging chemical effect of the amalgam  
C) To neutralize the pulp-damaging thermal effect  
D) To improve the condensability of the amalgam  
E) In order to enhance the strength of the amalgam
KON-40. It does not have any role in the marginal fit of the fillings:
A) The shrinkage during the setting period of the filling
B) The hardness of the filling
C) The thermal expansion coefficient of the filling
D) The solubility of the filling
E) The water uptake of the filling

KON-41. What is the percentage of the mercury absorbing from the mercury content getting into the gastrointestinal tract?
A) 1 %
B) 3 %
C) 10 %
D) 20 %
E) 80 %

KON-42. What is the percentage of the mercury getting into the circulation from the inhaled mercury vapour?
A) 1-2%
B) 10-15%
C) 20-30%
D) 40-50%
E) 70-80%

KON-43. In case of a class V. amalgam filling the lining cement should cover the following wall(s) of the cavity:
A) The axiopulpal dentin wall
B) The gingival dentin wall
C) The occlusal dentin wall
D) The axiopulpal and partially the gingival dentin wall
E) The axiopulpal and occlusal dentin wall

KON-44. The sharp angles are disadvantageous in the cavities prepared for amalgam fillings, because:
A) The particles of the filling material are condensed very much and the filling will be deficient in Hg
B) There will be an inaccurate marginal fit of the filling because of the local expansion of the filling material
C) The filling material is richer in Hg here, and the initial contraction will be larger
D) Heavy damaging forces can occur at the condensation of the filling in this area
E) The gamma-2 crystals will be too small, because of the shape of the angle

KON-45. Which is the most advantageous angle between the enamel surface and the axial walls of the cavity, prepared for an amalgam filling?
A) 30 degrees
B) 90 degrees
C) 135 degrees
D) 45 degrees
E) 60 degrees
KON-46. In case of an inadequate polishing of the amalgam filling the surface can be as hot as 120 °C, but the original hardness returns after:
A) 10 minutes
B) A half an hour
C) 4 hours
D) 2 days
E) Never returns

KON-47. It is certainly not in connection with the galvanism:
A) dysgeusia (taste disorder)
B) A neuralgiform pain
C) An ulcerative gingivitis
D) Glossitis
E) Leukoplakia

KON-48. What is the ratio of the shrinkage occurring during polymerization of the nowadays used composite resin filling materials?
A) 8-10%
B) 4-5%
C) 1-2%
D) 0.3-0.5%
E) 0.1-0.2%

KON-49. Who suggested the nowadays used classification of the composite resin filling materials according to the size of the fillers?
A) Smith
B) Bowen
C) Black
D) Lutz
E) Wilson

KON-50. The nowadays suggested time of enamel acid etching in case of permanent teeth is:
A) At least 20 seconds
B) At least 30 seconds
C) 60 seconds
D) 60 seconds at the most
E) 90 seconds at the most

KON-51. The name of the modified Bowen’s monomer is:
A) MMA
B) Bis-GMA
C) UDMA
D) HEMA
E) Polycarbonic acid

KON-52. The filler material of the composite resins according to the Lutz’s classification is:
A) Macrofiller
B) Microfiller
C) Macro- and microfillers
D) Microfiller complex
E) Microfiller complex and microfiller

**KON-53.** The filler material of the inhomogenous microfiller composites according to the Lutz classification is:
A) Macrofiller
B) Microfiller
C) Macro- and microfillers
D) Microfiller complex
E) Microfiller complex and microfiller

**KON-54.** The filler material of the hybrid composites according to the Lutz Classification is:
A) Macrofiller
B) Microfiller
C) Macro- and microfillers
D) Microfiller complex
E) Microfiller complex and microfiller

**KON-55.** What is the average particle size of the pyrogenic silica?
A) 0.04 µm
B) 0.4 µm
C) 1.4 µm
D) 20 µm
E) 100 µm

**KON-56.** What is the size of the macrofiller particle in the recent hybrid composites (Esthet-X, Filtek Z 250 etc.)?
A) Under 0.1 micron
B) Under 1 micron
C) Under 5 microns
D) Under 10 microns
E) Under 100 microns

**KON-57.** What is the ratio of the filler in weight percent in case of the hybrid composite filling materials?
A) At least 50%
B) At least 60%
C) At least 65%
D) At least 75%
E) At least 85%

**KON-58.** The photoinitiator of the light-curing filling materials is sensitive for the blue light. The wavelength of this blue light is about:
A) 10 nm
B) 48 nm
C) 120 nm
D) 480 nm
E) 840 nm
**KON-59.** The polymerization of the composite filling materials can be hindered by this material existing in the air:
A) $O_2$
B) CO
C) $CO_2$
D) $H_2O$ steam
E) N

**KON-60.** How much is the available maximal amount of the inorganic filler material in weight percent in the homogeneous microfiller composites?
A) 10
B) 30
C) 50
D) 75
E) 80

**KON-61.** The concentration of the ortho-phosphoric acid used for acid etching is:
A) 7%
B) 17%
C) 27%
D) 37%
E) 47%

**KON-62.** Which is the worst polishable filling material among the listed ones?
A) The traditional macrofiller composite
B) The homogeneous microfiller composite
C) The inhomogeneous microfiller composite
D) The hybrid composite
E) The microhybrid composite

**KON-63.** Reaction occurring the blue light curing of the compomers is:
A) Acid-base reaction
B) Polymerization
C) Neutralization
D) Addition
E) Hydrolysis

**KON-64.** The tube of the compomers does not contain water, because:
A) The material would become too soft
B) The polymerization would begin
C) The material would become discoloured
D) The material would not set in the future
E) The acid base reaction would run its course

**KON-65.** In case of which filling can be used the slice preparation?
A) Amalgam
B) Composite
C) Compomer
D) Inlay made of a noble metal alloy
E) Glass-ionomer cement
KON-66. It is luted most often by an adhesive technique:
A) Glass-ionomer cement filling
B) Ceramic inlay
C) Amalgam filling
D) Metal inlay
E) Silicate cement filling

KON-67. Zinc oxide eugenol cement lining should **not** be made if the material of the permanent filling is:
A) Amalgam
B) Composite
C) Metal inlay
D) Glass-ionomer cement
E) Polymetaphosphate cement

KON-68. The powder of the glass-ionomer cement is similar to:
A) The powder of the phosphate cement
B) The powder of the silicate cement
C) The powder of the polycarboxylate cement
D) The powder of the stone-cement
E) The powder of the Fletcher cement

KON-69. Occasionally it can not be used alone as a liner in case of application of an amalgam filling:
A) ZnOE-cement
B) Phosphate cement
C) Ca(OH)_2 cement
D) Polycarboxylate cement
E) Glass-ionomer cement

KON-70. The glass-ionomer cement is not suitable for:
A) Making long term temporary restorations
B) Making permanent fillings
C) Luting
D) Lining
E) Fissure sealing

KON-71. It is **not** a requirement from the temporary filling materials:
A) Easiness of removal
B) Rapid hardening
C) Prevention against secondary caries
D) Good marginal fit
E) It should not be harmful to the periodontium

KON-72. Guttapercha can **not** be used:
A) In case of a Bonwill-filling
B) In case of making a filling with the sandwich technique
C) In case of making a root canal filling
D) In case of making a temporary filling
E) In case of a long term separation

KON-73. There is an essential difference between the zinc-phosphate cements used for luting or for lining:
A) In the magnesia content of the powder
B) In the colour of the powder
C) In the particle size of the powder
D) In the H₂O content of the liquid
E) There is no essential difference between these two types

KON-74. The bottle of the liquid of the zinc-phosphate cements should always be kept closed, and the liquid can be dropped right just before the mixing because:
A) It evaporates rapidly and becomes dense in the air
B) It is hygroscopic and it becomes dilute
C) Reacting with oxygen of the air AlO occurs from Al-phosphate and it discloses the cement
D) Reacting with CO₂ of the air the Zn-phosphate precipitates and the liquid becomes troubled
E) There is no need for this awareness

KON-75. The pulp irritating effect of the glass-ionomer cements is almost like the pulp irritating effect of:
A) The polycarboxylate cement
B) The zinc phosphate cement
C) The zinc sulfate cement
D) A Ca(OH)₂ cement
E) The silicate cements

KON-76. It is not true for the self curing glass-ionomer cements:
A) They do not bond to hard dental tissues
B) They have a caries protective effect
C) They are sensitive for wetness during the setting
D) They are sensitive for dryness during the setting
E) Their pulp irritating effect is minimal

KON-77. The suggested concentration of the H₂O₂ used for the whitening of an endodontically treated tooth is:
A) 3 %
B) 8 %
C) 15 %
D) 30 %
E) 50 %
Multiple-choice questions

KON-78. It is characteristic of the progrediation of the caries:
1. It progrediates lamellarly at the dentin-enamel border
2. Its progrediation speed does not depend on the size of the dentine tubules
3. In case of a smooth surface caries its shape is conic in the dentine, with its apex focusing to the pulp
4. In case of the fissure caries it is conic too in the dentine, but its base is focusing to the pulp

KON-79. What can be found in the dental plaque located onto the neck of the tooth?
1. Microorganisms
2. Leukocytes
3. Macrophages
4. Epithelial cells rubbed off

KON-80. What is characteristic of the hydroxyapatite of the enamel?
1. Its crystal-structure is hexagonal
2. It can be solved in acids
3. Incorporation of fluoride ions reduces its solubility in acids
4. Its crystals are surrounded by a water-peptide-lipid phase

KON-81. The layers of the carious dentin (according to Gysi és Furrer) are:
1. Demineralized dentin
2. Homogenous dentin
3. Peritubular dentin
4. Secondary dentin

KON-82. It is characteristic of the Lactobacillus acidophilus:
1. It is an important constituent of the dental plaque
2. To its multiplication the most beneficial pH is about 6
3. It has an importance in the formation of the dentine caries
4. It forms an extra cellular polysaccharide

KON-83. The electrical vitality testing can not be carried out if:
1. The examined tooth is covered by a metal crown
2. If there is a large amalgam filling in the examined tooth
3. If there is a large composite filling in the examined tooth
4. If the tooth was not dried preliminarily

KON-84. What are the predilection areas of the caries:
1. Pits
2. Fissures
3. The smooth surface between the contact point and the gingiva
4. The dentine surface which became free due to attrition

KON-85. Which of the followings do not attain the dentine matrix:
1. Macula cretosa
2. Incipient caries
3. White spot
4. Superficial caries

KON-86. There is no macroscopically detectable substance defect on the tooth at this stage:
1. Incipient caries
2. Superficial caries
3. White spot
4. Caries media

KON-87. There is a microscopically detectable substance defect in case of the incipient caries:
1. In the superficial zone
2. In the body of the lesion
3. In the dark zone
4. In the translucent zone

KON-88. It is characteristic of the incipient caries:
1. It involves the enamel only
2. It can involve the dentine too
3. It is accompanied by the dissolution of the mineral salts
4. It is accompanied by cavitation

KON-89. What is characteristic of the superficial zone of the incipient caries?
1. It is about 10% substance loss compared to the intact enamel
2. It can be remineralized from the saliva
3. Its structure is different from the structure of the intact enamel
4. It has been irreversibly destructed

KON-90. What is the most suitable tool for cavity preparation in case of an amalgam filling?
1. Diamond fissure bur with angular end
2. A rounded diamond fissure bur
3. A reversed cone shape diamond bur
4. A pear shape diamond bur

KON-91. Finishing composite fillings the following colour coded burs can be used:
1. Red
2. White
3. Green
4. Yellow

KON-92. It is the most suitable tool for the removal of the carious dentine:
1. Stainless steel round bur fitted to the contra-angle hand piece
2. Stainless steel round bur fitted to the turbine
3. Hard metal round bur fitted to the contra-angle hand piece
4. Hard metal round bur fitted to the turbine

KON-93. Water cooling is essential in case of using this tool in every case:
1. Diamond bur fitted to the turbine
2. Rubber polishing cup for composite fillings, fitted to the contra-angle hand piece
3. Rubber polishing cup for amalgam fillings, fitted to the contra-angle hand piece
4. Stainless steel round shape bur, fitted to the contra-angle hand piece

**KON-94.** The use of the exhaustor is essential in the following cases:
1. Removal of an amalgam filling
2. Cavity preparation with the turbine
3. At the washing down stage of the acid etching technique, if rubber dam is not in use
4. At the finishing of the composite filling

**KON-95.** What are the requirements of the operating light?
1. Adjustable light intensity
2. “Cool light” the mirror of the lamp should not reflect the heat radiation
3. Reasonable size of the illuminated area
4. Sterilizable handle or a handle with disposable safety coverage

**KON-96.** The principles of the cavity preparation for an amalgam filling according to G.V. Black have been modified in the followings:
1. The principle of the preventive extension ought not to be considered at the determination of the width of the approximal cassette
2. The principle of the preventive extension ought not to be considered at the preparation of the gingival wall of the approximal cassette
3. Neither sharp edges nor angles ought to be prepared
4. No the whole fissure system ought to be accessed

**KON-97.** The following principles should be kept to in the preparation of a composite filling:
1. The whole fissure system should be accessed in case of a molar tooth
2. A bevel of the enamel should be carried out in the convenient cases
3. Edges and angles should be prepared
4. Only the carious tissues are removed

**KON-98.** The lesion is considered to be a Black I. lesion if the caries occurs:
1. In the occlusal fissure of the premolars
2. In the foramen coecum of the front teeth
3. In the fissure leaning onto the oral surface of the molars
4. On the cusps of the molars

**KON-99.** The walls of a class V cavity are:
1. Gingival
2. Occlusal
3. Axiopulpal
4. Distal

**KON-100.** The walls of the class III cavity are:
1. Gingival
2. Incisal
3. Occlusal
4. Labial

**KON-101.** What is called to be amalgam?
The alloy established between mercury and one or more other metals
2. The Black's alloy, containing silver, tin and mercury
3. The alloy containing copper and mercury
4. The silver-tin powder made for amalgamation with mercury, if it contains mercury

KON-102. Which phenomenon is responsible for the superficial roughness of the amalgam filling?
1. Creep
2. Corrosion
3. Flow
4. Late expansion

KON-103. What are the characteristics of the gamma-2 phase?
1. It is the softest part of the amalgam filling
2. It is responsible for the mercuroscopic expansion
3. The corrosion of the amalgam filling starts here
4. These are the smallest crystals of the amalgam filling

KON-104. What are the potentially health-damaging components of the amalgam filling?
1. Ag
2. Cu
3. Sn
4. Hg

KON-105. The daily mercury release from the amalgam fillings is influenced by:
1. The total size of the surfaces of fillings
2. The type of the amalgam
3. The age of the amalgam
4. The number of the daily tooth-cleanings

KON-106. What is to be done in case of a suspected mercury-allergy?
1. No new amalgam filling should be done until the allergy is not proven or excluded
2. All of the amalgam fillings should be immediately changed to other materials
3. Having the epicutan test done
4. Polishing of the old amalgam fillings should be carried out

KON-107. What are the components of the gamma-2 phase free amalgams:
1. Gamma phase
2. Gamma-1 phase
3. Eta’ phase
4. Epsilon phase

KON-108. What are the advantages of the amalgam fillings?
1. It is relatively cheap
2. Relatively easy to prepare
3. None of its components can cause an allergic reaction
4. It has a relatively extensive longevity

KON-109. Which instruments can be used for prepare of Class II. filling:
1. Ivory’s matrix-holder
2. Tofflemire’s matrix-holder
3. Wooden wedge
4. Plastic matrix

KON-110. Why is the use of the (wooden) wedge necessary?
1. A rapid separation can be carried out with it
2. A stronger contact point can be moulded in this way
3. It bends the matrix to the tooth
4. It saves the neighbouring tooth

KON-111. Why is the use of the Tofflemire-type matrix-holder more advantageous than the traditional circular matrix-holder?
1. The matrix-forms a cone surface because of its special form
2. The matrix is thinner in this case
3. The risk for the damage of epithelial junction is reduced because of the proper formation
4. The access to the cavity is better

KON-112. Why should be water cooling used at the polishing of the amalgam filling with rubber polishing cups?
1. A large amount of heat occurs during the use of the rubber polishing cups
2. Otherwise the filling may become incidentally damaged for hours or for more days which leads to its increased vulnerability
3. The surface of the filling looses from its stiffness due to heating up
4. The load of the handpiece is reduced then

KON-113. Mercury can get into the air during the mixing of the amalgam if:
1. Encapsulated amalgam is used
2. Amalgam is hand-mixed
3. An amalgam mixing machine is used
4. A premixed amalgam is used (mixed by the manufacturer)

KON-114. During acid etching
1. The enamel surface is etched
2. The "smear-layer" becomes dissolved from the surface of the dentine
3. A part of the dentine becomes dissolved
4. The entrance of the tubules become expanded

KON-115. What does the “total etch” technique mean?
1. The enamel is acid etched
2. The surface of the filling is acid etched
3. The surface of the dentine is acid etched
4. The accessed pulp is also acid etched during the direct pulp capping procedure

KON-116. Which layers can be detected after the use of the V. generation bonding agents?
1. Bond-layer
2. Hybrid layer
3. Tags
4. Smear-layer
KON-117. Which layers can be detected after the use of the IV. generation bonding agents?
1. Bond-layer
2. Hybrid layer
3. Tags
4. Smear-layer

KON-118. Which layers can be detected after the use of the III. generation bonding agents?
1. Smear-layer
2. Tags
3. Bond-layer
4. Hybrid layer

KON-119. Using composite filling materials the following lining materials can be used (if lining is necessary):
1. Zinc-oxide phosphate-cement
2. Calcium-hydroxide cement
3. Zinc oxide eugenol cement
4. Glass-ionomer-cement

KON-120. The following agents provide the retention of the filling in case of using the „total-etch” technique:
1. Micro retention on the enamel surface
2. Hybrid layer
3. Tags extending into the dentine tubules
4. Micro retention on the dentin surface

KON-121. What are the nowadays-suggested composite filling material types?
1. Homogeneous micro filler composite
2. Inhomogeneous micro filler composite
3. Macro filler composite
4. Hybrid composite

KON-122. What kind of composite materials are suitable for the filling of the molar teeth?
1. Inhomogeneous micro filler composites
2. Microhybrid composite
3. Macro filler composite
4. Hybrid composite

KON-123. The following properties are accompanied by the development of the matrix resins:
1. Reduction of the polymerization shrinkage
2. Better polishability
3. Better polymerization results (wider layers)
4. Better wear resistance

KON-124. What can be found as filler in the hybrid composite?
1. Pyrogenic silica
2. Macro filler
3. Micro filler
4. Micro filler-complex

**KON-125.** The composite is suitable for filling posterior teeth if the ratio of filler in weight percent is:
1. 50
2. 75
3. 60
4. 80

**KON-126.** It contains pyrogenic silica filler:
1. Homogeneous micro filler composite
2. Inhomogeneous micro filler composite
3. Conventional composite
4. Hybrid composite

**KON-127.** The organic matrix of the composite filling materials can be composed of:
1. A Bis-GMA derivate
2. Polycarbonic acid
3. Urethane-dymethacrylate
4. Polyacrylic acid

**KON-128.** The use of a light curing composite is more advantageous than the use of the self-curing resin since:
1. It is less porous
2. It has an increased polymerized part
3. It can be immediately finished
4. Its polymerization is not hindered by the presence of oxygen

**KON-129.** It is characteristic of the homogeneous micro filler composites:
1. Easily being polished
2. Inferior wear resistance
3. Good esthetic effects
4. Their thermal expansion is similar to that of the dental tissues

**KON-130.** It is characteristic of the homogeneous micro filler composites
1. They are not in use nowadays
2. They can be utilized well in the restoration of the incisal edge
3. Increased polymerization shrinkage
4. Inferior polishability

**KON-131.** It is an essential requirement for acid etching:
1. Careful isolation
2. Keep the precise timing of the acid etching
3. Careful washing after acid etching
4. Underlining for saving the dentin is necessary in every occasion

**KON-132.** The adherence of the composite filling to the dentine is hindered if:
1. The acid etching was too long
2. The dentine was over dried
3. The etched dentine surface contaminated with saliva before application of the filling
4. Neither primer nor bond was used preliminarily

**KON-133.** The compomer filling material was developed by the hybridization of these filling materials:
1. Composite
2. Polycarboxylate cement
3. Glass-ionomer cement
4. Cermet cement

**KON-134.** The indication field of the compomers are:
1. Black class III.
2. Small Black class I. cavities
3. Small Black class II. cavities
4. Black class V.

**KON-135.** The advantages of the compomer compared to the composite:
1. Fluoride-ion release
2. Acid etching of the dental surfaces is not always necessary
3. There is no polymerization shrinkage
4. Expansion due to water uptake

**KON-136.** It is true for the compomer filling materials (in the tube, before the use):
1. The material contains monomers too
2. They become polymerized for light curing
3. The material does not contain water at all
4. It contains a small amount of water for providing the adequate consistency

**KON-137.** What are the characteristics of the special monomers of the compomer filling materials?
1. It is capable for a reaction with the boro-silicate glass filler material
2. It is capable for polymerization
3. It has special bonding sites (carboxylate groups)
4. It is a short molecule

**KON-138.** Which material can be used as a first layer in case of indirect pulp capping?
1. Ca(OH)$_2$- cement
2. Phosphate-cement
3. Zinc oxide eugenol cement
4. Glass-ionomer cement

**KON-139.** Which material can be used as a first layer in case of direct pulp capping?
1. Zinc oxide eugenol cement
2. Ca(OH)$_2$ product
3. Glass-ionomer cement
4. MTA (Mineral Trioxide Aggregate) preparation

**KON-140.** It is characteristic of the phosphate cement:
1. Crystallization connected to its setting can last for 24 hours
2. It slowly dissolves in the saliva
3. It releases an acid component during its setting
4. It shrinks during the setting procedure

KON-141. What kind of reactions occurs during the setting of the glass-ionomer cements?
1. Acid-base reaction
2. Depolymerization
3. Polymerization
4. Conjunction

KON-142. It is characteristic of the Cermet cements:
1. Their powder can contain metals as well
2. They have a cariostatic effect
3. Their shear bond strength and compressive strength is less than that of the glass-ionomers
4. They are not suitable for lining

KON-143. What are the properties of the self curing glass-ionomer cements?
1. They have a caries protective effect
2. Their pulp damaging effect is minimal
3. They are sensitive for wetness during their setting
4. They are sensitive for dryness during their setting

KON-144. What are the characteristics of the light curing glass-ionomers?
1. They have a caries protective effect
2. They are sensitive for wetness after their setting
3. Their pulp damaging effect is minimal
4. They are sensitive for dryness after their setting

KON-145. The clinical use of the light curing glass-ionomers is more advantageous than the use of the self curing glass ionomer filling materials, because:
1. They are not sensitive for wetness after their setting
2. They are not sensitive for dryness after their setting
3. They can be contoured and finished right after the light curing
4. They have better mechanical properties

KON-146. It is characteristic of the polycarboxylate cements:
1. During their setting is zinc polycarboxylate producing
2. Their pulp damaging effect is minimal
3. It chemically bonds to the dental hard tissues
4. It is capable for a fluoride release

KON-147. What are the unsaturated carbolic acids forming copolymers in the fluid of the glass ionomer cements?
1. Acrylic acid
2. Itaconic acid
3. Maleic acid
4. Tartaric acid

KON-148. What is the indication field of the polycarboxylate-cements?
1. Lining
2. Long term temporary fillings
3. Luting of crowns and inlays
4. Esthetic class V fillings

**KON-149.** It can be the indication field of the glass-ionomer-cements:
1. Lining
2. Luting
3. Fissure sealing
4. Permanent filling

**KON-150.** In which cement’s fluid can be found polyacrylic acid or its derivate?
1. Phosphate-
2. Carboxylate-
3. Fletcher
4. Glass-ionomer-

**KON-151.** It can be used as a long term temporary filling:
1. Zinc oxide eugenol cement
2. Polycarboxylate- cement
3. Fletcher
4. Glass-ionomer-cement

**KON-152.** To the use of the rubber dam it may be necessary:
Rubber sheet
Rubber dam forceps
Rubber dam clamp
Dental floss

**KON-153.** The advantages of the properly fitted rubber dam isolation are:
1. It provides a clean dry and well accessible working area
2. It saves the dentist and the patient (aspiration, drop contamination)
3. It provides a continuous work
4. It saves the soft tissues against the chemical agents

**KON-154.** This material is suitable for inlay fabrication:
1. Gold
2. Ceramic
3. Composite
4. Acrylic resin
RELATION - ANALYSIS

KON-155. Transillumination can be used also for the identification of carious lesions, BECAUSE the transparency of the carious dental tissues becomes reduced.

KON-156. It is necessary in every case of the Black class IV. cavities to prepare an auxiliary palatal cavity, BECAUSE the retention of the composite filling materials can be provided only by the help of an auxiliary cavity.

KON-157. In case of the preparation for an amalgam filling the reversed cone shape bur should be used for the preparation of undercuts in the dentine, BECAUSE the amalgam filling is retained by macro retention in the cavity.

KON-158. The incipient caries is an irreversible process, THEREFORE either in case of a „white-spot” lesion should be made a filling.

KON-159. The structure of the remineralized enamel is the same as the original enamel, BECAUSE only those ions become incorporated into the enamel during the remineralization, which are identical with originals.

KON-160. Mercuroscopic expansion can occur in the zinc containing amalgams too, BECAUSE the zinc is capable for dissociation of the water entering into the inside of the filling.

KON-161. For the late expansion of the zinc containing amalgams in the inside of the filling releasing oxygen is responsible, BECAUSE zinc dissociates the water existing in the filling.

KON-162. Corrosion can progrediate deeply along the gamma-2 phase, BECAUSE the crystals of the gamma-2 phase join with each other.

KON-163. Saliva getting into the inside of the amalgam filling made of a zinc free alloy does not decrease the quality of the filling, BECAUSE zinc free amalgams do not dissociate the water.

KON-164. The form stability of the gamma-2 phase free amalgams is considerably better than that of the conventional amalgams, BECAUSE their hardening process is shorter.

KON-165. The strength of the amalgam fillings can be improved by a careful condensation, BECAUSE the adequate condensation procedure reduces the porosity.

KON-166. The margins of the cavity made for an amalgam filling should be bevelled, BECAUSE the blades like amalgam filling edges provide an excellent marginal fit.

KON-167. Amalgam fillings should be periodically repolished, BECAUSE their surface becomes rough due to corrosion.

KON-168. Recently, high copper containing amalgams are made, BECAUSE the copper release from the filling is very low.
KON-169. Retention should be provided in case of cavity preparation for an amalgam filling, BECAUSE the amalgam is a non-adhesive filling material.

KON-170. Mercury released into the air is not harmful, BECAUSE the mercury can not become accumulated in the body.

KON-171. If the patient is allergic against the mercury, yet he or she can be provided by an amalgam filling made from gamma-2 phase free alloy, BECAUSE no mercury at all can be liberated from the gamma-2 phase free amalgams.

KON-172. If the patient is allergic against the mercury, then the old amalgam fillings of the patient can be removed only in a rubber dam isolation, BECAUSE during the removal of the old amalgam filling mercury vapour releases.

KON-173. During the removal of the old amalgam filling mercury vapour releases, THEREFORE these fillings can be removed only near water cooling and by the use of suction.

KON-174. The modern hybrid composites are called micro–hybrids, BECAUSE the size of the macro particles is already under one micron.

KON-175. The use of the IV. Generation bonding agents is more simple than the use of the V. Generation bonding agents, BECAUSE "smear-layer" ought not to be removed at the application of those.

KON-176. Hybrid composites can be better polished than the micro filler types, THEREFORE it is more practical to use hybrid composites in the class IV cavities.

KON-177. The use of the co mpomers is generally more disadvantageous, than the use of the composites, BECAUSE the compomers do not have caries protective effect.

KON-178. Composites can not be harmful to the pulp, BECAUSE the polymerization of the composites is complete in 100 % there is no residual monomer in the material.

KON-179. The bond of the composites can not penetrate through the latex gloves, thus it can not cause allergy in the dentist, THEREFORE there is no need for immediately changing the gloves which become contaminated with the bond.

KON-180. The polymerization shrinkage is characteristic of the composite filling materials, THEREFORE they should not be applied in thick layers into the cavity.

KON-181. The use of the light curing composite resins is more advantageous than the use of the self curing composites, BECAUSE it is not necessary to mix them thus they do not contain inclusions (air bubbles).

KON-182. It is very important to carefully dry the cavity in case of the so called „total-etch” technique, BECAUSE the „total-etch” technique does not increase the retention of the filling compared to the situation when only the enamel is etched.
KON-183. It is considered to be a mistake, if the dentine is over dried, BECAUSE the precipitated collagen fibers prevent the formation of the proper hybrid layer.

KON-184. The open tube of the compomer filling material can be no fuss used until the date of its expiration, BECAUSE it is supplied in such a tube that saves the material from the effects of the light.

KON-185. The phosphate cement does not have a harmful effect to the pulp at all, BECAUSE the liquid of the phosphate cement contains polycarboxylic acid.

KON-186. Glass-ionomer cement can be used in those cases as well for lining, when the dentine wall is most likely thinner than 1 mm, BECAUSE the glass-ionomer cements have a very low pulp damaging effect.

KON-187. Glass-ionomer cement has a caries protective effect, BECAUSE it releases fluoride ions.

KON-188. The caries protective effect of the glass-ionomers reduces after a period of time, BECAUSE it is not able to uptake the fluoride ions, and therefore the fluoride reservoir will become exhausted.

KON-189. Glass-ionomer cement is suitable for many aims in dentistry, BECAUSE there are different products on the market for luting, lining, and filling.

KON-190. The pulp damaging effect of the polycarboxylate cement is much less than the pulp damaging effect of the phosphate cement, BECAUSE the pH of the polycarboxylate cement’s liquid is basic.

KON-191. The direct method of inlay preparation is always suggested, BECAUSE the performing of the direct method is always easy and simple.

KON-192. The enamel margins should not be bevelled when a cavity for porcelain inlay is prepared, BECAUSE the sharp edge of the porcelain can easily be broken.

KON-193. For the luting of the inlays with adhesive techniques the dual cured cements are used, BECAUSE it is not sure that the light of the curing light can reach every area.

KON-194. The mechanical properties of the composite inlay are better than that of the composite fillings, BECAUSE they can be more adequately polymerized outside the mouth.

KON-195. Rubber dam isolation needlessly complicates the treatment, BECAUSE acquisition of the rubber dam set is expensive.

KON-196. Rubber dam can be fixed in different ways on the teeth, BECAUSE for this aim besides the clamp also a piece of the rubber sheet, a ligature or a wooden edge is suitable.

KON-197. Rubber dam insulation can not be used in case of patients with allergy against the latex, BECAUSE the rubber sheet can be made only from latex.
KON-198. The vitality of the teeth treated by direct pulp capping should be periodically monitored, BECAUSE the pulp of these teeth can become necrotized without subjective symptoms too.

QUESTIONS OF ASSOCIATION

A) conventional amalgam
B) gamma-2 phase free amalgam
C) Both of them
D) None of them

KON-199. The filling made of this, can release mercury
KON-200. This contains a phase consisting of tin and mercury in a significant amount
KON-201. It is suitable for making a Black class II. filling
KON-202. It is suitable for making a Black class IV. filling
KON-203. It can not be used if the patient suffers from an amalgam allergy

A) Light curing composite
B) Light curing compomer
C) Both of them
D) None of them

KON-204. Also polymerization occurs during the setting reaction of this
KON-205. Only polymerization occurs during the setting reaction of this
KON-206. Also an acid-base reaction occurs during the setting reaction of this
KON-207. An esthetic filling can be made of this
KON-208. It can be used exclusively by the acid etching

A) Phosphate cement
B) Glass-ionomer cement
C) Both of them
D) None of them

KON-209. It hasn’t any pulp damaging effect at all
KON-210. Its pulp damaging effect is very low
KON-211. Usable for lining
KON-212. It releases fluoride ions
KON-213. Some products are usable to make definitive fillings

A) Gold inlay
B) Ceramic inlay
C) Both of them
D) None of them

KON-214. It can only be done by the technician according to an impression
KON-215. It is fixed in the cavity by the adhesive technique
KON-216. A dual curing cement is necessary to the luting of this
KON-217. It can be luted by glass-ionomer cement too
KON-218. The cavity should be etched by hydrofluoric acid

A) Phosphoric acid
B) Polyacrylic acid
C) Both of them
D) None of them

KON-219. It can be used for the etching of the enamel
KON-220. It can be used for the etching of the dentine
MFS-1. Most common location of mandibular fractures:
   A. angle
   B. articular process
   C. ramus
   D. line of the canine
   E. muscular process

MFS-2. Most common location of facial fractures:
   A. Le Fort II.
   B. Le Fort I.
   C. Le Fort III.
   D. zygomatic bone
   E. sagittal fracture of the maxilla

MFS-3. Certain sign of a mandibular fracture:
   A. pain
   B. occlusal difference
   C. oedema
   D. haematoma
   E. gingival rupture

MFS-4. Uncertain sign of a mandibular fracture:
   A. occlusal difference
   B. crepitation
   C. haematoma
   D. pathological mobility
   E. none

MFS-5. Type of fracture:
   A. infraction
   B. greenstick
   C. penetrating
   D. comminuted
   E. all

MFS-6. Not a dental splint:
   A. Schuchardt
   B. Hauptmeyer
   C. Stout
   D. Gunning
   E. Sauer

MFS-7. Wire suture used for the treatment of fractures:
   A. Luhr
   B. Spiessl
   C. Michelet
   D. Neuner
   E. none

MFS-8. Not a central facial fracture:
   A. Blow-out
B. Le Fort II.
C. Guérin
D. horizontal fracture of the maxilla
E. nasal fracture

**MFS-9.** Central facial fracture:
A. zygomatic bone
B. orbit base
C. pyramidal
D. fracture of the zygomatic arch
E. none

**MFS-10.** Method of repositioning the impressed zygomatic arch:
A. Strohmeyer
B. Keen
C. Gillies
D. Matas
E. all

**MFS-11.** Soft tissue tumour of epithelial origin:
A. fibroma
B. papilloma
C. lipoma
D. ameloblastoma
E. haemangioma

**MFS-12.** Odontogenic benign tumour:
A. ameloblastoma
B. Pindborg-tumour
C. dentinoma
D. odontoma
E. all

**MFS-13. Not** true of lipoma:
A. may be simple or lobular
B. is composed of fat cells
C. fat cells are surrounded by fibrous epithelial tissue
D. has a thin capsule
E. its size is not influenced by significant loss of weight

**MFS-14.** The malignant group of haemangiomas includes:
A. capillary
B. proliferating angioendotheliomatosis
C. cavernous
D. epitheloid
E. granulation type tissue

**MFS-15. Not** true of ameloblastoma:
A. it develops from the rests of the dental lamina
B. may be solid or cystous
C. it is more common in the maxilla than in the mandible
D. may be uni- or multilocular
E. may be malignant
MFS-16. **Not** characteristic of lingual carcinoma:
   A. mostly occurs on the dorsum of the tongue
   B. may be infiltrating or exophytic
   C. the infiltrating type is more malignant
   D. complex therapy is recommended
   E. gives a metastasis early

MFS-17. Most common primary location of the tumour giving a metastasis in the mandible:
   A. kidney
   B. liver
   C. thyroid gland
   D. mamma
   E. there is no significant difference in frequency

MFS-18. **Wrong** border of radical neck dissection:
   A. base: scalenus muscles and the brachial plexus
   B. front: midline of the neck (larynx)
   C. upper: lower edge of the mandible
   D. lower: clavicle
   E. posterior: posterior edge of the trapezius muscle

MFS-19. Upon a functional neck dissection is preserved:
   A. internal jugular vein
   B. fatty tissues of the neck
   C. fascia of the neck
   D. lymph nodes
   E. none

MFS-20. May be used for the temporary replacement of the mandible:
   A. AO plate
   B. Thorn plate
   C. solid Al₂O₃-ceramics
   D. titanium plate and Al₂O₃-ceramics together
   E. all

MFS-21. **Not** true of a unilateral complete cleft lip and palate:
   A. the philtrum is asymmetrical
   B. the philtrum is shorter on the cleft side
   C. the nasal ala is flattened
   D. the philtrum diverges towards the cleft side
   E. the nasal bone is shorter

MFS-22. **Not** characteristic of a cleft palate:
   A. it may be associated with a unilateral cleft lip
   B. it may occur isolated
   C. an isolated cleft palate always involves the primary palate
   D. an isolated cleft is always in the midline of the palate
   E. an uvula bifida is a form of an isolated cleft palate

MFS-23. Optimal time of closing a cleft lip
   A. immediately after birth
   B. at one year of age
   C. in the fourth month
   D. between the 12th and 18th months
MFS-24. Pedicled palatal flap for palatal plasty
   A. Langenbeck
   B. Axhausen
   C. Ernst
   D. Rosenthal
   E. none of the above

MFS-25. Not a bridge flap:
   A. Ernst
   B. Axhausen
   C. Köle
   D. Schuchardt
   E. Langenbeck

MFS-26. Another name of the posterior segment osteotomy of the maxilla:
   A. Schuchardt’s operation
   B. Köle’s operation
   C. Le Fort I. osteotomy
   D. Le Fort II. osteotomy
   E. none of the above

MFS-27. Sagittal osteotomy on the ramus:
   A. Kazanjian
   B. Dal Pont
   C. Schuchardt
   D. Trauner
   E. all of these

MFS-28. Which operation is not a correction of the chin?
   A. sagittal reduction
   B. transversal reduction
   C. vertical reduction
   D. transversal correction
   E. sagittal augmentation

MFS-29. Not a cause of ankylosis:
   A. trauma
   B. trismus
   C. rheumatoid arthritis
   D. tumour
   E. infection

MFS-30. Malignant tumour of the temporomandibular joint:
   A. osteoma
   B. chondroma
   C. fibroosteoma
   D. osteosarcoma
   E. none of the above

MFS-31. Primary indication of an arthroscopy of the temporomandibular joint:
   A. „internal derangement”
   B. tumour
   C. rheumatoid arthritis
D. luxation
E. osteoarthritis

**MFS-32.** Not true of a ‘tunnel operation’.
A. its indication is a small sublingual tumour
B. its disadvantage is the fixing of the tongue
C. its indication is a small tumour of the edge of the tongue
D. only a minor resection of the mandible is necessary
E. a neck dissection has to be performed

**MFS-33.** Characteristic of an acute sialoadenitis:
A. sialography; recommended
B. sialometry; secretion is increased
C. sialochemistry; amilase activity grows significantly
D. scintigraphy; decreased isotope enrichment
E. ultrasound; homogeneous swelling

**MFS-34.** What is the diffusion property of local anaesthetics?
A) how quickly they are broken down in the tissues
B) how quickly they are broken down in the liver
C) how quickly they are excreted through the kidney
D) how they are able to penetrate through various tissue barriers
E) to what extent they are able to suspend conduction in nerves

**MFS-35.** Mostly used for treating neuralgia due to its long lasting effect:
A) Novocaine (Procaine)
B) Lidocaine
C) Ultracaine (Articaine)
D) Marcaine (Bupivacaine)
E) Pantocaine (Tetracaine)

**MFS-36.** Which form of Lidocaine injection has a maximal single dose of 10 ml?
A. 1% without epinephrine
B. 2% without epinephrine
C. 1% with epinephrine
D. 2% with epinephrine
E. 10% spray

**MFS-37.** Upon anaesthetising which tooth is the needle always inserted from the direction of the distal tooth:
A) upper incisor
B) upper premolar
C) upper molar
D) lower incisor
E) lower premolar
MFS-38. Which teeth are usually not anaesthetised with a block anaesthesia:

A.) lower front  
B.) lower molar  
C.) upper molar  
D.) upper front  
E.) upper premolar

MFS-39. An anaesthetic solution is not applied to:

A) oedematous tissues  
B) hyperaemic tissues  
C) the environment of an abscess  
D) into an abscess  
E) even to the more distant surrounding healthy tissues around an abscess

MFS-40. The ‘blockage’ of which nerve is among the complications of local anaesthesia?

A) anterior palatine nerve  
B) facial nerve  
C) lingual nerve  
D) buccal nerve  
E) mental nerve

MFS-41. The purpose of premedication before intervention:

A) to prevent haematoma formation  
B) to prevent the development of inflammation  
C) to substitute local anaesthesia  
D) to reduce the number of bacteria in the oral cavity  
E) to calm patients with pharmacological means

MFS-42. Not an inhalation anaesthetic:

A) nitrous oxide  
B) halothane  
C) ketamine  
D) isoflurane  
E) sevoflurane

MFS-43. Following the opening of the maxillary sinus primary closure has to be performed within how many hours?

A) 6  
B) 12  
C) 24
MFS-44. Following tooth extraction – supposing undisturbed wound healing – after how much time is the alveolus filled up with unripe bone (osteoid)?

A) 1-3 days  
B) 1 week  
C) 4-6 weeks  
D) **2 weeks**  
E) 3 weeks

MFS-45. Where is a globulomaxillary cyst located?

A) between the upper molars  
B) between the upper premolars  
C) between the upper canine and lateral incisor  
D) between the upper central incisors  
E) in the frontal region of the mandible

MFS-46. Which condition has no characteristic X-ray sign?

A) chronic apical periodontitis  
B) chronic purulent osteomyelitis  
C) focal sclerotising osteomyelitis  
D) diffuse sclerotising osteomyelitis  
E) acute apical periodontitis

MFS-47. Approximately what is the percentage of head injuries in traffic accidents?

A) 90%  
B) 70%  
C) 50%  
D) 30%  
E) 10%

MFS-48. Least frequent place of occurrence of mandibular fracture:

A) corpus  
B) angle  
C) ramus  
D) condylar process  
E) muscular process

MFS-49. Which sign is not certain out of the clinical symptoms of a mandibular fracture?

A) trismus
B) visible change of form
C) pathological mobility
D) bone cracking (crepitation)
E) occlusal difference

**MFS-50. Which of the following fractures belongs to lateral fractures of the midface?**

A) alveolar process
B) Le-Fort I.
C) Le-Fort II.
D) floor of orbit (Blow-out)
E) Le-Fort III.

**MFS-51. In the case of which fracture can an internal wire fixation according to Adams be used?**

A) zygomatic bone
B) zygomatic arch
C) Le-Fort II.
D) mandibular ramus
E) corpus of the mandible

**MFS-52. Characteristic of a giant cell epulis:**

A) it does not grow to be large
B) its colour is light pink
C) it contains multinuclear giant cells
D) it does not bleed easily
E) it only develops around milk teeth

**MFS-53. Which statement is not true of ameloblastoma?**

A) it is painless
B) it may grow to a significant size
C) it is usually intraosseal
D) it is benign, but has a tendency to recur
E) it may give a metastasis after a longer period of time

**MFS-54. What percentage of all malignant oral tumours is lip carcinoma?**

A) 5-10%
B) 20-25%
C) 50%
D) 70-75%
E) 85-90%

**MFS-55. What is a typical position of basalioma?**
A) radix of the tongue  
B) bucca  
C) lymph node  
D) salivary gland  
E) skin of the face

**MFS-56.** Where is the Obwegeser-Dal Pont operation performed?  
A) on the ramus of the mandible  
B) on the corpus of the mandible  
C) between the foramina mentale  
D) on the mentum  
E) on the posterior segment of the maxilla  

**Multiple choice**

**MFS-57.** Methods used to close a cleft palate:  
1. Le Mesurier’s method  
2. Schuchardt’s method  
3. Tennison’s method  
4. Rosenthal’s method

**MFS-58.** Carcinoma of the maxillary sinus is characterised by:  
1. its clinical symptoms are similar to those associated with chronic sinusitis  
2. it is a very common tumour  
3. its prognosis is very bad  
4. histologically it is mostly adenocarcinoma

**MFS-59.** Free transplantation:  
1. migrant flap  
2. full thickness skin  
3. cylinder flap  
4. half thickness skin

**MFS-60.** Alloplasty:  
1. metal graft  
2. autogenous bone graft  
3. plastic graft  
4. grafting with the bone of someone else

**MFS-61.** Characteristics of a pleomorphic adenoma:  
1. it accounts for 60-80% of all salivary gland tumours  
2. it is mostly found in the lower pole of the parotid gland  
3. it also occurs in the form of an hour-glass tumour  
4. it has a capsule

**MFS-62.** Findings in the sialography of malignant tumours:  
1. ducts are bruised, falling apart  
2. contrast material spreads in patches  
3. after the disappearance of contrast material irregular patches are left behind  
4. contrast material accumulates in a bunch of grapes formation
MFS-63. Extraoral incision types on the face and neck:
   1. Mc Fee
   2. Kocher
   3. Redon
   4. Roux - Berger

MFS-64. Characteristic symptoms of a bone fracture:
   1. deformation (occlusal difference)
   2. crepitation
   3. pathological mobility
   4. haematoma

MFS-65. If the suspicion of a condyle tumour arises it is advisable to have:
   1. an OP made
   2. a PA X-ray made
   3. a tomography of the condyle made
   4. comparative X-rays made of the condyle on the other side

MFS-66. Characteristics of an X-ray image of an ameloblastoma:
   1. a bony defect with a sharp edge
   2. it is mostly multilocular
   3. it can be quite big
   4. it only spreads in spongy bone

MFS-67. Seen in the case of a dislocated fracture of the zygomatic corpus:
   1. step formation in the line of the infraorbital margin
   2. haematominus
   3. traumatic malocclusion
   4. paraesthesia in the area of the infraorbital nerve

MFS-68. The treatment method of jaw bone fractures is significantly influenced by:
   1. the age of the injured
   2. the condition of the teeth
   3. the place of the fracture line
   4. the nature of the dislocation

MFS-69. The mandible may fracture due to relatively small forces, because:
   1. it is relatively long compared to its narrow cross section
   2. it is covered by minimal soft tissue
   3. it is bent in multiple plains
   4. it has two natural points of support

MFS-70. Main symptoms of a central midface fracture:
   1. nose bleeding
   2. occlusal difference
   3. diplopia
   4. loss of sensation in the area innerved by the infraorbital nerve

MFS-71. Mandibulo-maxillary fixation is performed with:
   1. Ivy loop
   2. Gunning-splint
3. Sauer-splint
4. Neuner-splint

MFS-72. In the case of a mandibular fracture the dislocation of the fragments may be influenced by:
1. the direction of pull of the sternocleidomastoid muscle
2. the direction of the fracture line
3. the condition of the periodontium of teeth
4. the nature and direction of the force causing the fracture

MFS-73. Operations performed on the ramus to treat progenia:
1. reverse L-shape osteotomy
2. oblique osteotomy
3. sagittal osteotomy
4. Dingmann’s operation

MFS-74. Advantages of a miniplate osteosynthesis performed from an intraoral incision as contrasted to a wire ligature performed from an extraoral approach in the case of mandibular fractures:
1. no scarring on facial skin
2. injury to the marginal ramus of the facial nerve does not occur
3. a mandibulo-maxillary fixation should be applied for a shorter period of time or not at all
4. the repositioning and fixation of the fragments can be performed under better visibility

MFS-75. Circumferential wire fixation in the case of mandibular fractures:
1. the fractured ends of the mandible are fixed to an acrylic block or a prosthesis with a wire suture on the bony surface
2. the method is mainly used in the case of edentulous mandible
3. its result is a functionally stable fixation
4. the wire is introduced from the submandibular direction without an incision with a thick injection needle

MFS-76. Disadvantages of an osteosynthesis of a mandibular fracture performed from an extraoral approach:
1. scarring is in a visible region
2. injury to the periodontium
3. danger of injury to the marginal ramus of the facial nerve
4. danger of injury to the lingual nerve

MFS-77. In the case of a maxillary fracture swallowing and breathing may be compromised by:
1. thrombus or foreign body
2. oedema or haematoma of the soft palate
3. major posterior and inferior dislocation of the upper jaw
4. a fractured and dislocated articular process

MFS-78. Working in a team is necessary to treat patients with a cleft lip and palate. Professionals primarily needed in the treatment are:
1. surgeon
2. orthodontist  
3. speech therapist  
4. neurosurgeon

**MFS-79.** Possible complication of a central midface fracture:  
1. pseudarthrosis  
2. deformation of the face  
3. ankylosis  
4. injury to the lacrimal apparatus

**MFS-80.** Appropriate method of repositioning a comminutive fracture of the zygomatic bone:  
1. percutaneous repositioning with a surgical hook  
2. repositioning with a rubber balloon from the maxillary sinus  
3. Gillies operation  
4. miniplate osteosynthesis from an extraoral approach

**MFS-81.** Soft tissue tumour of connective tissue origin:  
1. fibroma  
2. lipoma  
3. papilloma  
4. haemangioma

**MFS-82.** Benign odontogenic tumour:  
1. central fibroma  
2. odontogenic fibroma  
3. chondroma  
4. Pindborg-tumour

**MFS-83.** Malignant tumour of a connective tissue origin:  
1. endothelial myeloma  
2. basalioma  
3. fibrosarcoma  
4. buccal carcinoma

**MFS-84.** Forms of parodontoma according to the histological structure:  
1. granulomatous epulis  
2. fibrous parodontoma  
3. central giant cell reparative granuloma  
4. giant cell parodontoma

**MFS-85.** Treatment options of haemangioma:  
1. cryotherapy  
2. sclerotherapy  
3. embolisation  
4. radiotherapy

**MFS-86.** Muscle tumour:  
1. myxoma  
2. leiomyoma  
3. Schwannoma  
4. rhabdomyoma
MFS-87. Characteristics of an exostosis:
   1. it is not a real tumour
   2. increased bone formation
   3. it is barely different from osteoma
   4. it can very well be used for the retention of a denture

MFS-88. Current histological classification of squamous cell carcinoma:
   1. carcinoma epidermoide cornescens
   2. carcinoma epidermoides noncornescens
   3. carcinoma keratoides
   4. carcinoma anaplasticum

MFS-89. Surgical treatment methods of lower lip carcinoma:
   1. quadrate excision
   2. Grimm’s method modified
   3. Karapandzic’s method
   4. Abbé-plasty

MFS-90. During the monoblock operation of the tongue
   1. the primary tumour is removed
   2. the primary tumour and the regional lymph nodes are removed
   3. the lymph vessels are removed
   4. a segmental resection of the mandible is performed

MFS-91. During a functional neck dissection
   1. the sternocleidomastoid muscle is removed
   2. the neck fatty tissues and fasciae are removed
   3. the internal jugular vein is removed
   4. lymph nodes and lymph vessels are removed

MFS-92. Which of these factors determine the therapeutic value of local anaesthetics?
   1) strength of effect
   2) toxicity
   3) diffusion property
   4) time of effect

MFS-93. Which are forms of terminal anaesthesia?
   1) submucous
   2) intramucous
   3) infiltration
   4) intraligamental

MFS-94. Local complications of anaesthesia:
   1) haematoma
   2) trismus
3) lip injury
4) tongue injury

MFS-95. The most often used intravenous anaesthetics are barbiturates. Their complications include:

1) laryngospasm
2) fall in blood pressure
3) hallucination
4) breathing depression

MFS-96. Indications of transdental fixation:

1) major apical bone defect endangering the stability of the tooth
2) a traumatised tooth the root of which is fractured in the middle third
3) root resorption
4) marginal periodontal disease localised to a single tooth

MFS-97. On the basis of which X-rays can the palatinal or buccal position of the retained canine be defined when planning surgery?

1) OP
2) intraoral X-ray of the tooth in question
3) paranasal sinus X-ray
4) upper bite-on X-ray

MFS-98. Odontogenic cysts:

1) radicular
2) follicular
3) primordial
4) periodontal

MFS-99. Characteristics of a follicular cyst:

1) it develops from the remains of the dental lamina
2) it develops from the remains of enamel epithelium
3) a bluish swelling on the gum above the tooth in eruption
4) in the X-ray a round homogeneous shadow with a sharp edge is seen around the crown of the impacted or retained tooth

MFS-100. Localisation of a dermoid cyst:

1) above the mylohyoid muscle
2) under the mylohyoid muscle
3) in the line of the sternocleidomastoid muscle
4) in the mandible
MFS-101. Characteristic of acute osteomyelitis:

1) tenderness on percussion of teeth
2) teeth become mobile
3) pus is flowing from the alveolus around the necks of teeth
4) pus is flowing from a fistula on the skin of the face

MFS-102. Ludowici’s angina is the phlegmonous inflammation of which spaces?

1) sublingual
2) submandibular
3) parapharyngeal
4) buccal

MFS-103. Which action has to be taken as first aid in the case of a mandibular fracture?

1) the soft tissue wound should be covered with sterile gauze
2) painkillers are administrated
3) a free airway should be secured
4) the fractured bone ends are repositioned

MFS-104. In the case of a dislocated fracture of the mandible which direction does the distal fragment move?

1) upwards
2) downwards
3) medially
4) outwards

MFS-105. When should teeth in the fracture line be removed?

1) tooth with gangrene already before the injury
2) mobile tooth with a deep pocket
3) an intact tooth in good periodontal health
4) non mobile teeth with periodontal disease

MFS-106. Where is the fracture line in the case of a Le-Fort II fracture?

1) on the lateral wall of the orbit to the inferior orbital fissure
2) on the lower medial wall of the orbit to the inferior orbital fissure
3) the fracture line extends to the zygomatico-frontal suture
4) the fracture line extends to the zygomatico-maxillary suture

MFS-107. Which are the methods of repositioning a zygomatic fracture?

1) percutaneous reposition with a bone hook
2) by pulling the temporalis muscle with a wire
3) from a temporal incision with an elevator
4) by pulling a strong thread introduced under the zygomatic arch

**MFS-108.** Characteristics of sialosis:

1) it is not a tumour
2) it is not inflammation
3) it is bilateral
4) it occurs more often in the parotid gland than in the submandibular one

**MFS-109.** What elements may a pleomorphic adenoma contain?

1) epithelial
2) myxomatous
3) enamel-dentine
4) mucoid

**MFS-110.** In the case of acute sialoadenitis what tests are recommended?

1) ultrasound
2) sialometry
3) scintigraphy
4) sialography

**MFS-111.** Which are the characteristic symptoms of Frey’s syndrome when the patient is eating?

1) strong facial pain
2) perspiration on the face
3) spasm of the masticatory muscles
4) the face blushes

**MFS-112.** Characteristics of papilloma:

1) benign, of epithelial origin
2) it is circumscribed, peduncular or it is connected on a wider base with the base tissue
3) its structure is similar to verruca vulgaris
4) its surface is smooth, has the same colour as healthy mucosa

**MFS-113.** Characteristic of adenoameloblastoma:

1) it most often occurs in the region of the upper canines and lower incisors
2) it most often occurs in the region of the molars in the mandible
3) in an X-ray a cystous cavity of 10-20 mm diameter is seen, sometimes with calcification
4) in an X-ray a cystous cavity of a significant size is seen and it does not contain calcification
MFS-114. Characteristic of a carcinoma of the tongue:

1) it is most often located on the lateral border of the tongue
2) an infiltrating and an exophytic form is known
3) it gives a metastasis often and early
4) histologically it is usually a well differentiated squamous cell carcinoma

MFS-115. Characteristics of osteosarcoma:

1) it causes an osteolytic lesion of the bone
2) it causes an osteosclerotic lesion of the bone
3) its treatment is radical surgery
4) cytostatic treatment is an important and necessary part of its treatment

Relation analysis

MFS-116. Ameloblastoma has a strong tendency to recur, THEREFORE radical surgery is preferred in its treatment.

MFS-117. Major dislocation is common in the fractures of the muscular process, BECAUSE all the area of the muscular process is surrounded by the tendon of the temporalis muscle.

MFS-118. Intra-arterial chemotherapy is a practically risk-free method, BECAUSE it does not affect leukocyte and platelet counts.

MFS-119. A sialolith occurs most commonly in the parotid gland, BECAUSE Wharton’s duct opens in the height of the upper molars.

MFS-120. Sialography is not indicated in the case of an acute sialoadenitis, BECAUSE in these cases secretion is decreased.

MFS-121. In the case of central facial palsy the forehead moves, BECAUSE periorbital muscles are innervated from both sides of the cortex.

MFS-122. No-Spa can be used effectively in the treatment of the functional disorder of the temporomandibular joint (TMD, ‘pain dysfunction syndrome’), BECAUSE an increased muscle-tone plays an important role in the development of the symptoms of the syndrome.

MFS-123. Intra-arterial chemotherapy is best in the case of oral and neck tumours among the methods of anti-tumour chemotherapy BECAUSE in this case better results can be obtained with less drugs and the side effects of cytostatic drugs present less.

MFS-124. Cancer of the lingual radix often gives a bilateral metastasis, BECAUSE the cancer of the tongue gives a metastasis relatively early.

MFS-125. Rhinogenic sinusitis is rarer than the odontogenic one, THEREFORE in the case of rhinogenic sinusitis a conservative treatment is more often successful.

MFS-126. In osteoradionecrosis the bone’s capacity to withstand infection ceases, THEREFORE no surgery or extraction should be performed in such regions.

MFS-127. Fractures of the articular process of the mandible are always treated surgically, BECAUSE in such cases major dislocation is always present.
MFS-128. A restricted mouth opening may present in the case of a dislocated fracture of the zygomatic arch, BECAUSE the fractured bone ends inhibit the function of the masseter muscle.

MFS-129. In the case of a dislocated fracture of the zygomatic bone reposition can often be performed with the percutaneous application of a hook, in which case there is no need for fixation, BECAUSE the repositioned zygomatic bone is stuck in its original place.

MFS-130. The treatment of the rheumatoid arthritis of the temporomandibular joint is always surgical, BECAUSE the region can be easily approached surgically and no results can be expected from conservative treatment.

MFS-131. Cancer of the maxillary sinus originates from the mucosa of the sinus, THEREFORE its early symptoms may be similar to those of a chronic sinusitis.

MFS-132. One of the reasons of temporomandibular ankylosis is trauma, BECAUSE in the case of trauma a haemarthros develops often, which is organised and ossifies.

MFS-133. The transplantation of a free iliac crest bone graft is becoming more and more frequent, BECAUSE the most certain way of grafting the mandible is free bone transplantation.

MFS-134. The hard and soft palate is usually closed at the age of 12 to 18 months, BECAUSE thus the child will learn to speak with the restored anatomy.

MFS-135. The ‘pull-through’ operation is a monoblock operation, BECAUSE with its use cancer of the edge of the tongue and floor of the mouth can be treated avoiding the serious damage caused by a composite operation.

MFS-136. In the case of the retrognathia of the maxilla the upper jaw is hypoplastic in all its dimensions and/or in a posterior position, THEREFORE dentally protruded upper incisors are characteristic.

MFS-137. The leading symptom of Pierre-Robin syndrome is hypoplasia of the maxilla, THEREFORE the tongue of the lying newborn may fall backwards and leaning against the posterior wall of the pharynx can obstruct the airway.

MFS-138. Osteoarthrosis of the temporomandibular joint is an autoimmune disease, THEREFORE it is independent of the external effects on the joint.

MFS-139. In the case of fibrous dysplasia normal bone formation, structure and ossification are disturbed, THEREFORE on the X-ray the structure of the bone is blurred, it has no sharp border.

MFS-140. During the onlay plasty of the maxilla the very thin upper jaw that cannot be used to support a prosthesis, is strengthened with the patient’s own bone, THEREFORE a Le-Fort I. osteotomy is performed and autogenous bone (from the hip) is placed on the anatomical border of the sinus and base of the nose.

MFS-141. Lidocaine has a good diffusion property, THEREFORE it may also be used to treat arrhythmia.
MFS-142. A collapse is a short, reversible form of a peripheral circulatory insufficiency, THEREFORE in such cases a drop in blood pressure and bradycardia are characteristic.

MFS-143. As a result of high dose radiotherapy following the treatment the vitality and circulation of the bone decreases, THEREFORE in the case of a patient with coagulopathy tooth extraction may only be performed following a haematological arrangement.

MFS-144. The totally of partially impacted upper wisdom tooth may be difficult to remove due to the tendon of the temporalis muscle that becomes tensed upon complete opening of the mouth, THEREFORE following anaesthesia a mouth gag is used.

MFS-145. It might happen during cystectomy that the capsule of the cyst cannot be removed completely, THEREFORE in such cases a cystostomy is performed.

MFS-146. When anaerobic bacteria and their toxins from the necrotised pulp reach the surrounding tissues through apical foramen the organism cannot localise them to the periapical space, THEREFORE an osteomyelitis or phlegmon develops in all cases.

MFS-147. There are virtual spaces between fasciae that are filled with almost avascular connective tissue, THEREFORE virulent pathogens reaching these spaces often create an inflammation (acute cellulitis) quickly spreading in the space.

MFS-148. The condylar process is in part protected by the zygomatic arch, THEREFORE the fracture of the condyle mostly occurs due to indirect trauma.

**QUADRIPE ASSOCIATION**

A. Dal Pont’s operation  
B. Dingmann’s operation  
both  
none

MFS-149. it is performed on the ramus of the mandible

MFS-150. its other name: reverse ‘L’ shape osteotomy

MFS-151. an intermaxillary fixation is necessary after the operation

MFS-152. a bony cavity is prepared for the inferior alveolar nerve

A. radical neck dissection  
functional neck dissection  
both  
none

MFS-153. indication: identified primary tumour + a metastasis that has broken through the capsule of the lymph node

MFS-154. it was first described by Bocca in 1906
MFS-155. during the operation the hypoglossal nerve is preserved
MFS-156. during the operation the internal jugular vein is preserved

A. major pectoral muscle musculocutaneous flap
B. latissimus dorsi musculocutaneous flap
C. both
D. none

MFS-157. pedicled flap
MFS-158. its supplying vessel is the thoracoacromial artery
MFS-159. its supplying vessel is the thoracodorsal artery
MFS-160. the musculocutaneous flap has to be pedicled to the supplying vessel tract

A. systemic cytostatic treatment
B. intra-arterial chemotherapy
C. both
D. none

MFS-161. the combination Cisplatin-Epirubicin has a good effect
MFS-162. the side effects of cytostatic drugs occur much less with this method
MFS-163. the catheter is introduced into the lower portion of the internal carotid artery
MFS-164. it is seldom used as a preoperative method

A. unilateral complete cleft lip and palate
   bilateral complete cleft lip and palate
   both
   none

MFS-165. its occurrence is 40% of all cleft patients
MFS-166. its main characteristic is a protruding premaxilla
MFS-167. the nasal septum deviates towards the cleft side
MFS-168. effects in the 10th to 12th week of pregnancy lead to its formation

A. cleft lip
B. cleft palate
C. both
D. none

MFS-169. its modern surgery starts with Veau
MFS-170. Tennison’s operation may be used to close it
MFS-171. Rosenthal’s method may be used to close it
MFS-172. Sanvenero-Rosselli’s method may be used to close it
A. central midface fracture  
C. lateral midface fracture  
D. both  
E. none

MFS-173. Guérin-type fracture  
MFS-174. Blow-out fracture  
MFS-175. one of its treatment modalities is according to Gillies  
MFS-176. a Halo-device is to reposition it

A. extracapsular fracture of the condylar process  
B. intracapsular fracture of the condylar process  
C. both  
D. none

MFS-177. it is also called a subcondylar fracture  
MFS-178. it can be high or deep  
MFS-179. its treatment is always repositioning, surgical fixation and intermaxillary fixation  
MFS-180. is always associated with a disordered occlusion

A. papillary cystadenolymphoma  
B. pleomorphic adenoma  
C. both  
D. none

MFS-181. it is an epithelial salivary gland tumour  
MFS-182. it is of mesenchymal origin  
MFS-183. it mostly occurs in the deep lobe of the parotid gland  
MFS-184. it is surrounded by a capsule

A. glossopharyngeal neuralgia  
B. auriculotemporal neuralgia  
C. both  
D. none

MFS-185. typical neuralgia  
MFS-186. it has a trigger zone  
MFS-187. its other name is Frey’s syndrome  
MFS-188. pain is dull and constant

A. fibroma
B. fibrous epulis
C. both
D. none

MFS-189. It usually has the diameter of a few millimetres
MFS-190. It has the touch of horse hair - pillow
MFS-191. It has the same colour as healthy mucosa
MFS-192. Its removal has to be done radically as it recurs easily
   A. cementoma
   B. central fibroma
   C. both
   D. none

MFS-193. It is a disease of the young
MFS-194. The loosening of teeth and malocclusion are characteristic
MFS-195. Its X-ray image is reminiscent of a cyst
MFS-196. It is painless
   A. lip carcinoma
   B. tongue carcinoma
   C. both
   D. none

MFS-197. It has an exophytic, ulcerating and verrucose form
MFS-198. It gives a regional metastasis late
MFS-199. An elective dissection is recommended
MFS-200. In the case of a T 3-4 tumour a preoperative cytostatic treatment and postoperative radiation therapy is recommended
   A. fibrosarcoma
   B. osteosarcoma
   C. both
   D. none

MFS-201. It is mainly the disease of young people
MFS-202. It has a sclerotising and an osteolytic form
MFS-203. Radiotherapy is mainly used in its treatment
MFS-204. Cytostatic treatment plays and important role in its therapy
   A. radical neck dissection
   B. functional neck dissection
   C. both
D. none

MFS-205. It involves the removal of the lymphatic system of the neck
MFS-206. The internal jugular vein is removed as well
MFS-207. The hypoglossal nerve is preserved
MFS-208. It may be used in the case of a neck metastasis attached to its environment as well

A. Dal Pont’s operation
B. Dingmann’s operation
C. both
D. none

MFS-209. It is performed in the surgery of dysgnathia
MFS-210. The segment of the mandible between the mental nerves is mobilised
MFS-211. A sagittal osteotomy is performed
MFS-212. During surgery an ostectomy is performed on the mandible

A. Paget’s disease
B. osteopetrosis
C. both
D. none

MFS-213. The patient’s skull is enlarged (the hat becomes too small)
MFS-214. Neonates or infants can be affected as well
MFS-215. Bones are painful
MFS-216. Diffuse, homogeneous sclerotised bones are seen in the X-ray

A. submucous vestibule plasty
B. open vestibule plasty without mucosal grafting
C. both
D. none

MFS-217. The insertions of the mylohyoid and genioglossal muscles are detached.
MFS-218. The operation is only performed in the mandible.
MFS-219. A tunnel has to be prepared under the mucosa and above the periosteum.
MFS-220. A mucosal flap is prepared from the labial mucosa.
ORAL MEDICINE

SIMPLE-CHOICE QUESTIONS

ORM-1. Which one is not a primary skin lesion?
   A.) macule
   B.) papule
   C.) pustule
   D.) crust
   E.) vesicle

ORM-2. What is the local etiological reason of the coated tongue /lingua fuliginosa/?
   A.) acute pharyngitis
   B.) decreased self-cleaning ability of the tongue and gastrointestinal diseases.
   C.) wearing a fixed orthodontic appliance
   D.) chronic periodontitis
   E.) epileptic attacks

ORM-3. Microorganisms playing a role in the development of angular cheilitis are:
   A.) mycobacteria
   B.) streptococci and staphylococci
   C.) lactobacilli
   D.) legionellas
   E.) Bacillus anthracis

ORM-4. What can be the diagnosis? A twenty-year old student is shown at the dental office during the exam-period with the complaint, that he has detected smooth red areas with white margins on his tongue. The location of the areas periodically change, usually it does not cause symptoms, but he feels a burning sensation on his tongue after the consumption of spicy foods.
   A.) acute glossitis
   B.) median rhomboid glossitis
   C.) geographical tongue or Candida infection
   D.) black hairy tongue
   E.) lingua fuliginosa /coated tongue/

ORM-5. What is a furuncle (boil)?
   A.) the inflammation of sebaceous glands, thus resulting in the localized accumulation of pus due to a staphylococci infection
   B.) the inflammation process of sebaceous glands, due to a streptococci infection
   C.) the inflammation of hair follicles, thus resulting in the localized accumulation of pus due to a staphylococci or streptococci infections
   D.) the inflammation of hair follicles, thus resulting in the localized accumulation of pus due to a virus infection.
   E.) Generalized inflammation of the sweat glands.

ORM-6. What is the most probable diagnosis? A six-year old female child patient is shown at the office with the general symptoms of fever, angina of the throat and exanthema.
She is complaining about the following oral symptoms: burning red, swollen palate and tonsillae, characteristically coated tongue, on which the fungiform papillae are red, swollen and extended.

A.) scarlet fever  
B.) diphtheria  
C.) whooping cough  
D.) measles  
E.) chickenpox

ORM-7. It is not characteristic of the childhood recurrent parotitis:
A.) It is presumed that in the development of this, nearby the origin of otitis, tonsillitis, also bacterial, viral, fungal and allergic sources can have a role.  
B.) The function of the salivary gland is not reduced, thus increased risk for inflammation caused by the hyposalivation ought not to be expected.  
C.) It is characterized by unilateral or bilateral parotid swelling, and on the pressure of the gland purulent or white viscous saliva exudes from the Stenon’s duct.  
D.) Usually, after adolescence recurrences come to an end.  
E.) Antibiotics and immune stimulants can come into question in the therapy.

ORM-8. It is the primary skin and mucosal lesion of the herpetic gingivostomatitidis:
A.) macule  
B.) papule  
C.) pustule  
D.) vesicle  
E.) bulla

ORM-9. It is characteristic of the development of the herpes zoster infection:
A.) Clinical symptoms arise only after the bacterial contamination.  
B.) Nearby an exogenous or endogenous viral infection, the latently for more years presented Varicella Zoster Virus (VZV) in the Gasser’s ganglion or in the spinal ganglions reactivates.  
C.) If somebody comes through a herpetic infection in the childhood, he or she will suffer from herpes disease by all means.  
D.) It passes off without incubation time as a unilateral or bilateral process.  
E.) Herpes virus varicellae can not produce symptoms, entering into a body suffering from Hodgkin-disease or leukemia, or other malignant neoplasm, because of the tumor markers, presented in the organism.

ORM-10. The rubella infection is the most dangerous:
A.) to the women who are in the first trimester of their pregnancy  
B.) to children younger than 10 years of age  
C.) to smoking men  
D.) to the elderly patients, who have a weak immune system  
E.) to the women who are in the third trimester of their pregnancy

ORM-11. It is not a suitable drug for the treatment of the oral candidiasis:
A.) Nystatin  
B.) Pimafucin  
C.) Nizoral  
D.) Augmentin
E.) Borax-glycerin

ORM-12. Main predilection area of the papillary hyperplasia, developing at the effect of the chronic fungal infection is:
   A.) the palate
   B.) the bucca
   C.) the sublingual region
   D.) the alveolar gingiva
   E.) the dorsum of the tongue

ORM-13. Which fungal infection is the most similar to the leukoplakia?
   A.) acute pseudomembranous candidiasis
   B.) acute atrophic candidiasis
   C.) chronic atrophic candidiasis
   D.) chronic hyperplastic candidiasis
   E.) Aspergillosis

ORM-14. At which type of the oral candidiasis do occur the candida-granulomas?
   A.) acute pseudomembranous candidiasis
   B.) acute atrophic candidiasis
   C.) chronic atrophic candidiasis
   D.) chronic hyperplastic candidiasis
   E.) chronic mucocutan candidiasis

ORM-15. It is not used for the treatment of the recurrent intraoral ulcerations (aphthas):
   A.) elimination of infection foci
   B.) Neomagnol- solution mouth rinse
   C.) administration of vitamin-B and folic acid
   D.) suspensio anaesthetica
   E.) administration of citostatic drugs

ORM-16. It can be administered to reduce the subjective complaints of the patients with Sjögren’s syndrome:
   A.) parasympathetic agonists (Stigmosan, Pylocarpin sometimes Corticosteroids)
   B.) parasympathetic antagonists (atropin)
   C.) suspensio anaesthetica
   D.) antibiotics
   E.) immunostimulants

ORM-17. It is characteristic of the stomatitis medicamentosa (drug induced stomatitis):
   A.) everybody has the same reaction to the same drug.
   B.) one subject has the same allergic reaction against every type of drugs
   C.) allergic reaction developing in one subject is specific, thus the provoking material can be obviously concluded.
   D.) All the three statements are true.
   E.) None of the statements is true

ORM-18. Which of the following vesiculobullous diseases is a paraneoplastic condition?
   A.) herpetic gingivostomatitis
B.) erythema exsudativum multiforme
C.) recurrent Herpes simplex
D.) pemphigus group
E.) dermatitis herpetiformis

ORM-19. Which immune reaction is typical to the erythema exsudativum multiforme?
A.) I-st. type (early)
B.) II-nd. type
C.) III-rd type (immune-complex)
D.) IV-th. type (late)
E.) it is not an immune reaction

ORM-20. The effect of the vitamin-A defect onto the oral mucosa is:
A.) Mitotic activity of the epithelium is increased and the keratinization is reduced.
B.) keratinization is increased in the epithelium.
C.) the widening of the stratum spinosum is detectable
D.) basal membrane becomes separated from the connective tissue.
E.) Vitamin-A does not influence the structure of the oral mucosa.

ORM-21. Which vitamin-B type’s defect has the least effect onto the oral mucosa?
A.) B1
B.) B2
C.) B3
D.) B5
E.) B12

ORM-22. In what kind of disease in the background can be the Hunter- Möller glossitis detected?
A.) iron deficiency anemia
B.) pernicious anemia
C.) hemolytic anemia
D.) polycythaemia vera
E.) aplastic anemia

ORM-23. The unilateral characteristic of oropyrosis reveals to the following origin:
A.) inflammatory
B.) psychiatric- depression related
C.) drug administration
D.) neurological
E.) candidiasis

ORM-24. Which of the listed ones is the most predisposing leukoplakia type to a malignant transformation?
A.) homogenous leukoplakia
B.) erythroleukoplakia
C.) non-homogenous leukoplakia
D.) verrucous leukoplakia
E.) reticular leukoplakia

ORM-25. It is a characteristic sign of Lichen oris:
ORM-26. In which oral white lesion can be the bruxism an etiologic factor?
A.) leukoedema
B.) nodular leukoplakia
C.) atrophic lichen
D.) linea alba
E.) leukokeratosis nikotina palati

ORM-27. It is a drug used for the treatment of candidiasis:
A.) Nystatin
B.) Augmentin
C.) Susp. anaesthetica
D.) Prednisolon
E.) Zovirax

ORM-28. Central haemangioma:
A.) is an alteration in the dental pulp
B.) is a neoplasm developing inside the bone.
C.) a benign neoplasm growing in the middle of the dorsum of the tongue.
D.) it is a benign neoplasm developing in the venous plexus of the skull.
E.) it is an alteration developing in the coronaries of the heart.

ORM-29. Which tissue’s benign alteration is the fibroma?
A.) epithelium
B.) bone and cartilage
C.) adipose tissue
D.) connective tissue
E.) nervous tissue

ORM-30. What is called to be a pigmented nevus?
A.) If a nevus is translocated to irritation from its original placement and it “climbs back” later.
B.) If the nevus appears on an organ where there was not a nevus before.
C.) If the nevus reappears on the same location after surgical excision, where it was previously.
D.) If a larger nevus appears 10-15 cm from the location of the previous one, which was surgically excisioned.
E.) If a nevus grows, it suddenly changes its color, becomes ulcerated, becomes inflamed, is itching or bleeding.

ORM-31. Why does the presence of a hemangioma require a prudent supervision?
A.) Because the altered vascular wall is not able to contract in case of a damage, thus
an increased risk for bleeding should be expected.
B.) Because the removal of this is not possible.
C.) Because its presence prevents the blood supply of the given organ, thus a necrosis of the organ should be expected.
D.) Because neither the surgical therapy, nor the kryotherapy, nor sclerotisation, nor laser therapy provide satisfactory result in the treatment of hemangioma.
E.) Because there is an increased risk for a malignant transformation.

ORM-32. The characteristic cellular types of the parodontoma gigantocellularis (epulis) are:
   A.) B- lymphocytes
   B.) fibroblasts with larger size
   C.) osteoclast type megalocytes
   D.) osteoblasts
   E.) memory cells

ORM-33. The most frequent localization of the oral cancers is:
   A.) cancer of the tongue
   B.) cancer of the palate
   C.) cancer of the floor of the mouth
   D.) cancer of the bucca
   E.) cancer of the gum

ORM-34. The frequency of the cancer of the palate (determine the correct order!)
   A.) hard palate-soft palate-uvula
   B.) soft palate-hard palate- uvula
   C.) uvula-soft palate-hard palate
   D.) soft palate-uvula-hard palate
   E.) hard palate-uvula -soft palate

ORM-35. It is not considered to be a symptom of the cancer of the maxillary sinus:
   A.) trismus
   B.) snuffles, purulent-bloody rhinorrhoea
   C.) swelling of the naso-ocular region
   D.) the fornix wrinkle is filled up
   E.) a bulge developing on the palate

ORM-36. The main localization of the orofacial metastatic malignant tumors is:
   A.) the tongue
   B.) the gingiva
   C.) the bucca
   D.) the jaws
   E.) the palate

ORM-37. The Fox- Fordyce granules ( spots):
   A.) are taste buds, which are located in the oral cavity but not on the tongue
   B.) ectopic sweat glands on the oral mucosa
   C.) ectopis sebaceous glands on the oral mucosa
   D.) disorder of the embrional mesemmchymal cellular development
ORM-38. The surgical excision of the congenital epulis is suggested:
   A.) for avoiding the malignant transformation
   B.) the congenital epulis is basically a malignant neoplasm
   C.) if it hinders the normal development time of the jaws.
   D.) if it bothers the development of the dental buds of the infant
   E.) if it bothers the breast feeding of the infant

ORM-39. Oral alteration caused by an alkali poisoning is:
   A.) colliquation necrosis
   B.) coagulation necrosis
   C.) granuloma- formation
   D.) gangrenous inflammation
   E.) ischemia

ORM-40. It is a synonym to denture induced hyperplasia:
   A.) A.) epulis fibrosum
   B.) epulis granulomatous
   B.) C.) granuloma gravidarum
   D.) granuloma fissuratum
   E.) granuloma pyogenicum

MULTIPLE-CHOICE QUESTIONS

ORM-41. Secondary skin lesions are:
   1.) bulla
   2.) erosion
   3.) node
   4.) scar

ORM-42. Agents provoking angular cheilitis, are:
   1.) decreased occlusal vertical dimension due to partial or total edentulousness
   2.) Candida albicans
   3.) iron deficiency anemia, diabetes mellitus
   4.) congenital fistula of the angle of the mouth

ORM-43. A young female patient is shown up with lip complaints. She detected the symptoms after the use of different cosmetics in the following forms: edematous swelling of the lip, strong feeling of tension and itching of the lip. Which therapeutic methods are appropriate for this case?
   1.) The elimination of these cosmetics
   2.) A corticosteroid containing unguent
   3.) Packing with chamomile tea
   4.) Preventing contamination with the administration of antibiotics

ORM-44. Diseases developing following a Streptococcus- infection are:
   1.) scarlet fever
   2.) impetigo contagiosa
3.) diphtheria
4.) erysipelas

**ORM-45.** Diseases that should be excluded at the differential diagnosis of actinomycosis are:
1.) phlegmone
2.) periostitis
3.) osetomyelitis
4.) malignant tumor

**ORM-46.** It is a disease accompanied by the swelling of the salivary glands:
1.) parotitis epidemic
2.) Sjögren’s- syndrome
3.) acute bacterial parotitis
4.) chronic recurrent parotitis in the childhood

**ORM-47.** Characteristic oral alterations of the HIV- positive patients are:
1.) crater like ulcerations
2.) Kaposi’s- sarcoma
3.) Koplik’s- spots
4.) hairy leukoplakia

**ORM-48.** It is suggested in the therapy of the Herpes zoster:
1.) alleviation of the pain and the fever
2.) consultation with the ophthalmologist and the dermatologist
3.) Acyclovir, Virolex, Isoprinosine
4.) Prednisolon for preventing postherpetic neuralgia

**ORM-49.** It can cause the reactivation of the Herpes virus, and the recurrence of the herpetic lesion of the lip:
1.) physical or psychological load, stress
2.) trauma
3.) gravity, menstruation
4.) inflammation of the upper respiratory tract, pneumonia

**ORM-50.** Agents predisposing to oral candidiasis:
1.) wearing of a maxillary removable denture
2.) excessive consumption of carbohydrate containing foods
3.) xerostomia
4.) immune-suppressive treatment

**ORM-51.** It can lead to an acute pseudomembranous candidiasis:
1.) in new-borns the vaginal candidiasis of the mother
2.) drugs (antibiotics, corticosteroid, citostatic drugs)
3.) wearing of a maxillary removable denture
4.) other systemic disease (diabetes mellitus, AIDS, Hodgkin’s disease )

**ORM-52.** It is characteristic of the thrush:
1.) it can not be rubbed off
2.) it can not be rubbed off
3.) it is a rare form of candidiasis
4.) rubbed off they leave a red eroded bleeding surface

**ORM-53.** Alteration developing in the salivary gland in Sjögren’s syndrome:
1.) benign lympho-epithelial lesion
2.) destruction of the acini
3.) increasing of the salivation
4.) parotid swelling

**ORM-54.** Which drug can be used in case of Quincke- edema (angio-neurotic edema)?
1.) Sandosten tablet
2.) Tonogen injection
3.) Calcimusc injection
4.) corticosteroids

**ORM-55.** What diagnostic methods are suitable for the detection of Sjögre’s- syndrome?
1.) sialometry
2.) Schirmer’s test
3.) scintigraphy
4.) biopsy of the small salivary glands

**ORM-56.** Types of the recurrent oral ulcerations are:
1.) Mikulicz’s- aphtha
2.) Sutton’s - aphtha
3.) Cooke’s- herpetiform ulceration
4.) Möller’s - aphtha

**ORM-57.** The most frequent localizations of the benign mucosal pemphigoid are:
1.) gastric mucosa
2.) conjunctiva
3.) esophagus
4.) oral mucosa

**ORM-58.** Allergens provoking the development of Erythema exsudativum multiforme are:
1.) bacterial antigen (streptococcus, staphylococcus)
2.) drugs (amidazophen, penicillin derivates, sulfonamides)
3.) gravity
4.) idiopathic reason

**ORM-59.** The adequate treatment of Pemphigus can be:
1.) large dose of corticosteroid (Prednisolon)
2.) immune-suppression (Cyclophosphamid, Methotrexat)
3.) Doxycyclin capsule
4.) Neomagnol mouth rinse

**ORM-60.** Pellagra’s (Vitamin B3 defect) characteristics symptoms are:
1.) dementia
2.) dermatitis
3.) depression
4.) diarrhea

ORM-61. The symptoms of the Plummer- Vinson syndrome are:
   1.) iron deficiency anemia
   2.) glossitis
   3.) dysphagia
   4.) ageusia

ORM-62. What are the detectable symptoms beyond glossitis on the patient with Plummer- Vinson syndrome?
   1.) stomatitis
   2.) angular cheilitis
   3.) hyperkeratosis
   4.) oral mucosal erosions

ORM-63. It is caused by the vitamin-B defect:
   1.) pellagra
   2.) scorbut
   3.) pernicious anemia
   4.) hemeralopia

ORM-64. It can cause xerostomia:
   1.) diabetes mellitus
   2.) vitamin defects
   3.) gravidity
   4.) depression

ORM-65. Sunlight can be a provoking factor of it:
   1.) cheilitis actinica chronica
   2.) lichen oris
   3.) keratoma senile
   4.) submucous fibrosis

ORM-66. Vitamin-A is an important factor in the treatment of it:
   1.) leukoplakia
   2.) leukoedema
   3.) cornu cutaneum
   4.) lichen oris

ORM-67. It is a risk factor of the leukoplakia:
   1.) cigarette smoking
   2.) mechanical irritation
   3.) galvanism
   4.) leukemia

ORM-68. It is characteristic of the Lichen oris:
   1.) autoimmune or psychological origin
   2.) more clinical forms are known of it
   3.) steroids can have a role in their treatment
   4.) it is a precancerous state
ORM-69. The treatment of the Cheilitis actinica chronica can be:
1.) long term antibiotic therapy
2.) surgical treatment, cryosurgery or laser surgery treatment
3.) alleviation of the pain and the fever
4.) prevention of the risk factor (smoking, sunlight)

ORM-70. It is a benign tumor of epithelial origin:
1.) fibroma
2.) papilloma
3.) myoma
4.) pleomorphic adenoma

ORM-71. It belongs to the tumor like alterations:
1.) parodontoma
2.) granuloma pyogenicum
3.) Warthin- tumor
4.) exostosis

ORM-72. These are the form of appearance of the hemangioma:
1.) venous hemangioma
2.) cavernous hemangioma
3.) lobular hemangioma
4.) capillary hemangioma

ORM-73. The criteria of malignity is:
1.) localized infiltrative development
2.) localized expansive development
3.) it gives metastasis to the regional lymph nodes and to distant organs
4.) it does not give metastasis to the regional lymph nodes and to distant organs

ORM-74. It can be a predisposing condition to Kaposi’s sarcoma:
1.) AIDS-disease
2.) focal disease
3.) immune-suppressive treatment
4.) diabetes mellitus

ORM-75. These are therapeutic methods used for the treatment of the oral manifestations of acute leukemia:
1.) Restoration of oral hygiene and providing the patient with local oral application of suspensio anaesthetica before food intake.
2.) 0, 2% chlor-hexidine mouth rinse
3.) Sucking of Nystatin tablet due to a Candida infection
4.) it is indicated to give Klion (metronidazole) nearby the antibiotic therapy

ORM-76. It has a role in the development of the lingual cancer:
1.) alcoholism accompanied by a liver cirrhosis
2.) cigarette smoking
3.) geographical tongue
4.) irritative agents: sharp edges of the teeth and/or the prosthetic appliances

ORM-77. Consequences of the hypertrophy of the superior labial frenum is:
1.) diasthema between the maxillary incisors
2.) gingival recession
3.) increased susceptibility to gingivitis
4.) increased susceptibility to the development of periodontal pockets

ORM-78. Frenulectomia is the therapy of:
1.) facial hemihypertrophia
2.) hypertrophy of the superior and the inferior labial frena
3.) lingua bifida
4.) ankyloglossia

ORM-79. Predilection area of the Buccal and labial Morsication is:
1.) the lip
2.) soft palate
3.) bucca
4.) sublingual region

ORM-80. It can be a consequence of an ionization irradiation:
1.) X-ray surfeit (it is a common name of the generalized symptoms)
2.) osteo-radio-necrosis
3.) „irradiation caries”
4.) median rhomboid glossitis

RELATION - ANALYSIS
ORM-81. Hematological examination is prescribed routinely to every patient, BECAUSE it is suitable for the laboratory diagnosis of the hemophilia, the leukemia, and the diabetes mellitus, and the leukocytosis.
ORM-82. Usually the treatment of the median rhomboid glossitis begins with fungicide drugs, SINCE the presence of Candida albicans almost always can be detected.
ORM-83. Pressing a furuncle or a carbuncle is dangerous and is forbidden, BECAUSE the consequence can be a thrombosis of the cavernous sinus and/or meningitis.
ORM-84. The mother can easily be infected by the fetus the in case of connatal syphilis, BECAUSE the Hutchinson’s triad (barrel shape incisors, deafness, parenchymal keratitis) are characteristic symptoms of the patients.
ORM-85. Small petechiae among the oral symptoms of the mononucleosis infectiosa have a diagnostic value, SINCE the microorganism causing mononucleosis is the Epstein-Barr virus, which is the same as the microorganism causing measles.
ORM-86. In the therapy of a Morbilli-virus infected patient the most important is the application of Vitamin-A oil for the treatment of the skin and the mucosal symptoms, BECAUSE there is no vaccination against this disease.
ORM-87. The differentiation of chronic atrophic candidiasis from the denture induced contact allergy of the palate, BECAUSE it is the most frequent form of candidiasis.
ORM-88. Malignant transformation should not be expected in case of a chronic candidiasis, BECAUSE only the atrophic candidiasis causes a significant pain to the patient.
ORM-89. Biopsy of the minor salivary glands can not be used in the diagnosis of Sjögren’s syndrome, BECAUSE this disease manifests only in the major salivary glands.
The denture induced allergic stomatitis is rare, BECAUSE the monomer does not cause allergy.

The skin rubbed off leaves an erosion on the skin in patients with pemphigus, BECAUSE it is called the Nikolsky’s test.

Periodontium of patients with diabetes mellitus is healthy in most of the cases, THUS xerostomia, feeling a sweet taste, itching of the gum are frequent symptoms among the oral manifestations.

Gum bleeding is frequently detectable in pregnant women, BECAUSE vascularization of the tissues is increased to the effect of progesterone, tissues become vulnerable, and more susceptible to bleeding.

Leukoplakia is an alteration of the oral mucosa accompanied by a chronic inflammation and keratosis of the tissue, BECAUSE keratosis can either be induced by a mechanical or electrical or bacterial stimulus.

Lichen oris occurs most frequently on the buccal mucosa, THUS it is considered to an obligatory praecancerous state.

Surgical removal of the mandibular torus is suggested before denture fabrication, BECAUSE it prevents the proper fitting of the denture.

Dermoid cysts contain the supplementary elements of the skin, THUS these features can also be found in the epidermoid cysts.

Gingival cancer is more frequent on the mandibular gingiva, BECAUSE histologically it is a well keratinized planocellular cancer.

Most frequent oral manifestations of the acute leukemias is the anemic mucosa, BECAUSE there is a disorder in the formation of the cellular constituents of the blood.

There is an increased responsibility of the dentist in the diagnosis of the acute leukemia, BECAUSE the first symptoms in acute leukemia occur most often in the oral cavity.

In case of masseteric hypertrophia only the functional type can be healed, BECAUSE in this case only the number of the muscle fibers increases, and not their size.

The most important in the therapy of the patients with Peutz-Jeghers’ syndrome is the treatment of the oral melanotic spots, BECAUSE in order to treat the gastrointestinal polyposis they should be referred to the physician..

The prosthesis sinking into the surrounding tissues have a role of in the development of granuloma fissuratum, THUS granuloma fissuratum is more frequent on the mandible compared to the maxilla.

Hidantoin induced gingival hyperplasia develops only in dentate areas, THEREFORE the good oral hygiene and its maintenance is very important in the restoration.

QUESTIONS OF ASSOCIATION

A.) Sjögren’s syndrome
B.) systemic lupus erythematus (SLE)
C.) both of them
D.) none of them

A butterfly shape vasculitis appears on the face

It is an autoimmune disease

It’s characteristic symptoms are: keratoconjunctivitis sicca, xerostomia and rheumatoid arthritis.
ORM-108. The Schirmer’s test shows a value between 5-10 mm or fewer.

A.) pemphigus  
B.) pemphigoid  
C.) Both of them  
D.) None of them

ORM-109. It is an autoimmune disease.  
ORM-110. The Nikolsky’s test is positive, but the Tzank’s test is negative.  
ORM-111. Autoantibodies are produced against the glycoproteins of the epithelial membrane.  
ORM-112. Vesiculo-bullous disease

A.) basalioma  
B.) cancer of the lower lip  
C.) Both of them  
D.) None of them

ORM-113. It is often in elderly men who work in the agriculture  
ORM-114. Among its clinical forms the ulcerative form is called as ulcus rodens  
ORM-115. It gives very rarely a metastasis, in this case it usually transforms into a planocellular cancer.  
ORM-116. It causes very rarely subjective symptom, pain, which prevents the starting of the treatment in a proper time.

A. leukoplakia  
B. lichen ruber planus  
C.) Both of them  
D.) None of them

ORM-117. It is a grayish-whitish alteration  
ORM-118. Most often the comissure of the mouth is involved  
ORM-119. The reason for this is not known  
ORM-120. Vitamin-A oil capsule and retinoic acid as conservative treatment can be applied

PERIODONTOLOGY
SIMPLE CHOICE QUESTIONS

PAR-1. Which is not part of the attachment apparatus?
A. periodontal ligament
B. cementum
C. alveolar process
D. gingiva propria
E. all the four

PAR-2. Which epithelium tissue forms the junctional epithelium
A. multilayer squamous epithelium
B. unilayer squamous epithelium
C. multilayer non keratinized planocellular cells
D. multilayer specially modified flattened cuboid cell layer
E. unilayer cuboid cells

PAR-3. What are the parent cells of the primary epithelium attachment?
A. ameloblasts
B. reduced ameloblasts
C. oral epithelium
D. external enamel epithelium
E. dentinoblasts

PAR-4. What kind of subcellular membrane structure is responsible for the attachment of the junctional epithelium cells?
A. desmosom
B. hemidesmosom
C. fibronectin
D. fibrin
E. adhesion

PAR-5. What kind of cells emigrate through the junctional epithelium in healthy non-inflamed gingiva?
A. B lymphocytes
B. T lymphocytes
C. plasma cells
D. polymorphonuclear leukocytes
E. thrombocytes

PAR-6. What is the turnover time for the junctional epithelium?
A. 1-2 hours
B. 1-2 days
C. approx. one week
D. 1-2 months
E. more than 2 months

PAR-7. What is the Col area?
A./ the deepest point of the gingival sulcus  
B./ the orifice of the gingival sulcus  
C./ the concave area between the oral and the vestibular papillae  
D./ the superficial groove on the gingiva  
E./ the interdental gingiva between two teeth with diastema

PAR-8. What are the dominant bacteria of the earliest dental plaque?

A./ filaments  
B./ anaerobic cocci  
C./ anaerobic rods  
D./ aerobic rods  
E./ aerobic cocci

PAR-9. Which tissue is not part of the periodontium?

A./ gingiva  
B./ periodontal ligament  
C./ root cementum  
D./ inner cortical wall of the alveolar process  
E./ loose alveolar mucosa

PAR-10. What is characteristic of gingivitis?

A./ increased tooth mobility  
B./ pain  
C./ horizontal bone loss and pockets  
D./ gingival bleeding  
E./ all the four

PAR-11. Which of these is the so called periodontopathogenic microorganism?

A./ streptococcus mutans  
B./ staphylococci  
C./ porphyromonas gingivalis  
D./ actinomyces subspecies  
E./ spirochetes

PAR-12. Which fiber forms the major connective tissue stroma of the free gingiva?

A./ gingivo-dental collagen fibers  
B./ periosteum  
C./ periodontium  
D./ Sharpey’s fibers  
E./ oxytalan fibers

PAR-13. What happens due to compression in the alveolar bone?

A./ bone apposition
B. bone resorption
C. stimulated blood flow
D. decreased metabolism
E. internal bleeding

PAR-14. Which is not a behavioral risk factor for periodontitis?
A. diet
B. smoking
C. dental office attendance
D. diabetes
E. oral hygiene

PAR-15. Which is not a local plaque retentive factor in the etiology of periodontitis?
A. overhanging crown margin
B. approximal caries
C. furcation area
D. calculus
E. central occlusal caries

PAR-16. What is the first and most important step in the cause related therapy for inflammatory periodontal diseases?
A. antibiotics
B. occlusal adjustment
C. supra and subgingival scaling
D. gingivectomy
E. flap operation

PAR-17. Which sign is not characteristic of chronic gingivitis?
A. pain
B. edema
C. color change
D. bleeding
E. increased crevicular flow rate

PAR-18. It is not a cause of gingival recession:
A. extraversion of teeth
B. frenum pull
C. chronic gingivitis
D. inadequate toothbrushing technique
E. Ca channel blockers

PAR-19. Theoretically it can cause periodontal inflammation without the presence of dental plaque:
A. pregnancy
B. diabetes
C./ traumatic occlusion
D./ Down syndrome
E./ neither of them

PAR-20. Gingivectomy is absolutely contraindicated:
A./ gingival enlargement caused by Dilantin
B./ gingival enlargement due to leukemia
C./ pregnancy granuloma
D./ fibromatosis gingivae
E./ Cyclosporine-A related gingival overgrowth

PAR-21. What is characteristic of periodontal abscess?
A./ It develops due to the obstruction of the orifice of the periodontal pocket.
B./ It is accompanied by pulsating pain.
C./ It is generally located to one or two teeth.
D./ Purulent exudate can be discharged from the pocket by compression.
E./ all the four are true

PAR-22. What is characteristic of the juvenile aggressive periodontitis?
A./ There are localized and generalized forms.
B./ It starts at the age of about 12 years.
C./ It might have a genetic background.
D./ It has a rapid progression pattern.
E./ All of them

PAR-23. It is dominant in the cellular infiltration of early gingivitis:
A./ T lymphocytes
B./ plasma cells
C./ polymorphonuclear leukocytes (PMN)
D./ eosinophyl granulocytes
E./ B lymphocytes

PAR-24. It is dominant in the cellular infiltration of the established gingivitis:
A./ T lymphocytes
B./ plasma cells
C./ polymorphonuclear leukocytes (PMN)
D./ eosinophyl granulocytes
E./ T and B lymphocytes

PAR-25. The first and most important step in the therapy of gingival recession
A./ free gingival grafting
B./ laterally positioned flap
C./ coronally positioned flap
D./ teaching proper toothbrushing technique
E./ splinting

PAR-26. In can lead to increased tooth mobility:

A./ traumatic occlusion  
B./ pregnancy  
C./ inflammation  
D./ bone resorption  
E./ all of them

PAR-27. If this symptom is present the diagnosis is definitely periodontitis:

A./ deep gingival sulcus  
B./ increased tooth mobility  
C./ attachment loss and pocket formation  
D./ gingivitis  
E./ gingival recession

PAR-28. The probing pocket depth is dependent on:

A./ the severity of the inflammation  
B./ the used force  
C./ the direction of the insertion of the probe  
D./ the diameter of the tip of the probe  
E./ all the four

PAR-29. The patient needs periodontal treatment if:

A./ one of the sextants shows CPITN 4- score  
B./ the pocket depth and tooth mobility are suddenly increased  
C./ progressing sulcular bleeding  
D./ the width of the keratinized gingiva is 0 mm and chronic gingivitis is present  
E./ all the four

PAR-30. Antibiotic prophylaxis is indicated before deep scaling...

A./ in case of coronary artery bypass operation  
B./ after heart attack  
C./ in case of coronary artery atherosclerosis  
D./ after artificial valve operation  
E./ all the four

PAR-31. In which case(s) is the antibiotic prophylaxis indicated?

A./ after infective endocarditis  
B./ mitral stenosis with atrial regurgitation  
C./ after rheumatic fever (febris rheumatica) with heart murmur  
D./ artificial hip joint prosthesis  
E./ all the four
PAR-32. Generally at which tooth the keratinized gingiva is the narrowest in the maxilla?

A. around the incisors  
B. at canines  
C. first premolars  
D. first molars  
E. second molars

PAR-33. The most characteristic member of the subgingival microflora in juvenile aggressive periodontitis:

A. Porphyromonas gingivalis  
B. Prevotella intermedia  
C. Actinobacillus actinomycetemcomitans  
D. actinomyces  
E. spirochaeta

PAR-34. Which index measures the thickness of dental plaque without using disclosing agents?

A. Greene-Vermillion OHI  
B. Quigley-Hein index  
C. Silness-Löe plaque index  
D. Russel's periodontal index  
E. Turezky modifies QH index

PAR-35. Which bacteria comprise the overwhelming majority of the initial dental plaque?

A. filaments  
B. anaerobic cocci  
C. anaerobic stabs  
D. aerobe stabs  
E. aerobic cocci

PAR-36. Which statement is not true?

A. Calculus formation was also detected in germ free animals.  
B. Chlorhexidine prevents plaque formation, but also facilitates calculus formation.  
C. The speed of plaque mineralization is independent from the vitality of the plaque microorganisms.  
D. The calculus formation increased in germ free animals after being inoculated with streptococcal strains.  
E. Only the composition of plaque bacteria determines the intensity of calculus formation and the physico-chemical properties of the saliva is indifferent.

PAR-37. In the clinical practice which of the clinical parameters is the most objective indicator for the presence of gingivitis?

A. loss of periodontal attachment
B./ pocket depth
C./ bleeding on probing
D./ increased tooth mobility
E./ the swelling of the gingiva

PAR-38. What is the best indicator for irreversible periodontal destruction?

A./ attachment loss
B./ probing pocket depth
C./ increased tooth mobility
D./ gingival bleeding
E./ the volume of the crevicular fluid

PAR-39. What is the correct sequence of the complex comprehensive periodontal treatment?

A./ professional oral hygiene - first observation period (reassessment) - periodontal surgery - second observation period (reassessment) - prosthodontic rehabilitation - periodontal maintenance care
B./ - periodontal surgery - first observation period – professional oral hygiene - second observation period (reassessment) - prosthodontic rehabilitation - periodontal maintenance care -
C./ antibiotics - first observation period - periodontal surgery - periodontal second observation period - prosthodontic reconstruction - periodontal maintenance care
D./ professional oral hygiene - first observation period - prosthodontic rehabilitation - periodontal surgery - second observation period - periodontal maintenance care
E./ oral hygiene instruction – first observation period - periodontal surgery - second observation period (reassessment) - periodontal maintenance care - prosthodontic rehabilitation

PAR-40. Which statement is not true?

A./ the plaque removing efficacy of the medium hard multi-tufted nylon tooth brush is better than that of the ultra hard tooth brush
B./ the end rounded bristles can cause a much smaller damage on the tooth and the gingiva than the sharply cut non end treated units
C./ the efficacy of the regular toothbrush in cleaning the interproximal and the subgingival regions of the tooth is low
D./ the tooth brushes containing sparsely tufted natural bristles are much more durable and effective than the multi-tufted nylon tooth brushes
E./ every statement is true

PAR-41. Which statement is not true?

A./ in health gingiva probing or tooth brushing will not provoke gingival bleeding
B./ in gingivitis gently probing can provoke gingival bleeding
C./ The gingival bleeding is due to the sulcus epitheliuml disintegration and focal erosions.
D. The crevicular fluid is a non-inflammatory transudate that never contains cellular elements.
E. In gingivitis the gingiva is enlarged and detaches from the heck of the tooth

PAR-42. Which one is not a gingival index?
A. Löe-Silness index
B. gingival bleeding index
C. PMA index
D. Massler-Schour index
E. Quigley-Hein index

PAR-43. Which one is not an oral hygienic index?
A. Silness-Löe index
B. Löe-Silness index
C. Greene-Vermillion index
D. OHI-S
E. Quigley-Hein index

PAR-44. What is the advantage of the Silness-Löe plaque index?
A. only with plaque disclosing agents can be used
B. the coronal extension of the plaque is measured
C. the area covered by plaque is measured
D. the thickness of the plaque is measured in the cervical third
E. The thickness of the plaque is measured in the coronal third

PAR-45. What kind of periodontal disorders are caused by pregnancy?
A. it leads to gingivitis even without dental plaque
B. in the presence of dental plaque it enhances the intensity of gingival inflammation
C. due to hormonal reactions it directly initiates gingivitis
D. decreases the permeability of gingival capillaries
E. decreases the water content of the gingival connective tissue

PAR-46. In which features does the loose alveolar mucosa differ from attached gingiva?
A. its stroma primarily made up of collagen fibers
B. non-keratinized epithelium covers
C. keratinized squamous epithelium covers
D. it contains less elastic fibers
E. neither statement is true

PAR-47. Which fibers comprise the connective tissue stroma of the free gingiva?
A. dento-gingival collagen fibers
B. dento-alveolar collagen fibers
C. dento-periosteal elastic fibers
D./ elastic fibers
E./ oxytalan fibers

PAR-48. What type of immune reaction plays a decisive role in the pathomechanism of acute ulcerative gingivitis and being responsible for the marginal gingival necrosis?

A./ cytotoxic reaction
B./ Type II immune reaction
C./ Type III (immune complex) reaction
D./ Type IV immune reaction
E./ None of them

PAR-49. What kind of fibers form the majority of the periodontal ligament?

A./ elastic fibers
B./ collagen fibers
C./ argyrophil fibers
D./ oxytalan fibers
E./ fibronectine

PAR-50. What kind of bone is forming due to tensional forces in the alveolar bone?

A./ bundle bone
B./ lamellar bone
C./ loose trabecular bone
D./ trabecular bone
E./ osteoporotic bone

PAR-51. What sort of property of the chlorhexidine is responsible for its long-lasting ant plaque effect?

A./ The molecule is slowly degraded in the oral cavity.
B./ Bacteria takes up chlorhexidine, but cannot digest and metabolize it.
C./ The molecules adhere to the negatively charged hydroxylapatite and acquired pellicle and it is gradually liberated from this bindings - i.e. the molecule is substantive.
D./ It can block the bacterial cell division for several generations.
E./ In vitro it is much more effective than the other known oral antiseptics.

PAR-52. What is the major obstacle of the periodontal regeneration?

A./ the healing potential is limited
B./ the periodontal connective tissue is not able to synthesize collagen molecules
C./ the apical migration of the sulcus epithelium is much faster than the regeneration of the periodontal connective tissue and consequently the epithelium layer separates the cementum and the alveolar bone
D./ the newly formed collagen fibers can never be incorporated into the cementum under whatever circumstances
E./ in the neighboring tissues there is no pluripotent mesenchymal cells available to reform the lost attachment apparatus
PAR-53. What is called as guided tissue regeneration?
A./ the gingival flap is guided by an operation into the needed direction
B./ it is another recent name of the gingival transplantation
C./ by placing the membrane onto the periodontal defect, the apical down growth of the gingival epithelium can be prevented and this way a connective tissue regeneration can be promoted
D./ by placing the membrane onto the periodontal defect, it can be prevented to get the blood clot into the pocket
E./ none of them above

PAR-54. What is the main difference between the sickle scaler and the periodontal curette?
A./ the one is made of stainless steel the other is made of tungsten carbide
B./ the periodontal curette is suitable for subgingival scaling only
C./ the cross section of the curette's blade is a semicircle, while the scaler's blade is a triangle, the scaler's tip is sharp, the curette's toe is rounded
D./ the curette can only be used for interdental instrumentation
E./ the sickle scaler is not suitable for interdental scaling

PAR-55. What is called as internal reverse beveled gingival incision?
A./ internally convergent two vertical releasing incision
B./ a releasing incision done deeply in the vestibule
C./ an interproximal incision removing the gingival papilla
D./ an incision drawn in a 45° angle to the tooth surface, slightly apical to the marginal gingiva, removing the pocket wall and pocket epithelium
E./ a second incision used at gingivectomy

PAR-56. What is the primary indication of the gingivectomy today?
A./ the in toto removal of the edematous periodontal pocket walls
B./ the removal of the pseudo pockets developed due to fibrotic hyperplasia
C./ the elimination of the marginal edema developing during the initial gingivitis
D./ to eliminate the deep vertical pockets
E./ to assist the guided tissue regeneration procedures

PAR-57. What is the main goal of the modified Widman's surgery?
A./ the elimination of the periodontal pocket
B./ the apical displacement of the gingival flap
C./ the plastic correction of the gingival margin
D./ to make access to the so called "open periodontal curettage" and the subgingival scaling and root planing
E./ the correction of the periodontal bone loss

PAR-58. According to the classic Nyman’s study what kind of healing occurred if the mesenchymal cells of gingival origin got into full contact with the re-implanted root surface?
A./ lege artis regeneration with Sharpey’s fiber formation
B. long junctional epithelium attachment
C. ankylosis
D. loose fibrotic investing capsule with collagen bundles running parallel with the root surface
E. root resorption

PAR-59. According to the classic Nyman’s study what kind of healing occurred if the mesenchymal cells of alveolar bone got into full contact with the re-implanted root surface.

A.lege artis regeneration with Sharpey’s fiber formation
B. long junctional epithelium attachment
C.lege artis regeneration with some Sharpey’s fiber formation
D. loose fibrotic investing capsule with collagen bundles running parallel with the root surface
E. root resorption or/and ankylosis

PAR-60. According to the classic Nyman’s study what kind of healing occurred if the mesenchymal cells of periodontal ligament got into full contact with the re-implanted root surface.

A.lege artis regeneration with Sharpey’s fiber formation
B. long junctional epithelium attachment
C. ankylosis
D. loose fibrotic investing capsule with collagen bundles running parallel with the root surface
E. root resorption

PAR-61. Which one is not a mucogingival surgical technique?

A. Modified Widman’s surgery
B. Edlan Mejchar surgery
C. free gingival grafting
D. free subepithelial connective tissue grafting
E. apically repositioned flap operation

PAR-62. Why cannot the deep and wide gingival recession (Miller IV) be completely covered with a free gingival graft?

A. the adaptation of the flap onto the cervical part of the tooth is technically difficult
B. the free gingival graft’s nutrition by diffusion will not be sufficient on the wide denuded cervical surface and the central part of the graft will necrotize
C. the gingival graft will be displaced on the cervical part of the tooth
D. the surrounding mobile soft tissues are pulling the gingival flap and detach it from the cervical part of the tooth
E. the epithelium of the gingival flap will be desquamated and therefore the connective tissue cannot survive without epithelium

PAR-63. Which kind of force is the most damaging to the periodontium?
A./ load with continuous mesial direction  
B./ load with continuous distal direction  
C./ continuous axial force  
D./ alternating jiggling forces  
E./ permanent non-axial forces

PAR-64. Which hematological disease is associated with severe gingival enlargement?

A./ thrombocytopenia  
B./ agranulocytosis  
C./ chronic myeloid leukemia  
D./ sideropenic anemia  
E./ hemophilia

PAR-65. Which humoral factors are responsible for inflammatory periodontal bone loss?

A./ histamine  
B./ PGE\textsubscript{2} and TNF\textsubscript{α}  
C./ interferon  
D./ bradykinine  
E./ IgM

PAR-66. Which statement is true regarding IL-1\textsubscript{α}?

A./ IL-1\textsubscript{α} enhances bone formation  
B./ IL-1\textsubscript{α} enhances bone resorption  
C./ IL-1\textsubscript{α} decreases PMN leukocyte migration  
D./ IL-1\textsubscript{α} decreases PMN leukocyte phagocytosis  
E./ IL-1\textsubscript{α} inhibits osteoclastic activity

**MULTIPLE CHOICE**

PAR-67. What can be the cause of the increased pathologic mobility of the teeth?

1./ damaging occlusal force  
2./ inflammation  
3./ non-inflammatory gingival recession  
4./ periodontal attachment loss

PAR-68. What are the most important clinical signs of the occlusal parafunction?

1./ gingivitis around the tooth  
2./ increased tooth mobility in the morning  
3./ root resorption  
4./ wear facets on the occlusal surface

PAR-69. The contraindication for gingivectomy:
1. vertical bone defects
2. the base of the pocket is very close to the mucogingival junction
3. fibrotic gingiva
4. acute ulcerative gingivitis

PAR-70. What is the natural course of pregnancy gingivitis during pregnancy?

1. in the first trimester the inflammation is mild
2. at the beginning it is the most severe and later continuously improving
3. it is the most severe in the 7th – 8th month
4. it shows a worsening tendency till the half-term of the pregnancy and then levels off till the birth

PAR-71. Their number is increasing in the active periodontal pockets:

1. Gram negative bacteria
2. anaerobes
3. cocci
4. motile forms

PAR-72. What can be the cause of the ulcerative gingivitis (ANUG)?

1. poor oral hygiene
2. impaired general physical state
3. smoking
4. a fusospirochetal infection

PAR-73. A periodontal probe is used for:

1. measuring the depth of the periodontal pocket
2. measuring attachment loss
3. assessing Quigley-Hein index
4. assessing the Silness - Løe index

PAR-74. It is characteristic of the subgingival calculus:

1. it accumulates on predilection's areas
2. its mineral contents originate from the serum
3. it does not adhere hardly to the tooth
4. it does not occur in healthy sulcus, just after certain inflammation

PAR-75. Tooth mobility rapidly progresses in case of:

1. aggressive periodontitis - active phase
2. gingivitis
3. jiggling type of occlusal forces
4. chronic adult periodontitis

PAR-76. Organic deposits on tooth surfaces:
1. acquired pellicle
2. dental plaque
3. calculus
4. materia alba

PAR-77. What is/are the characteristic sign(s) of the ulcerative gingivitis (ANUG)?

1. pain
2. spontaneous bleeding
3. fever higher than 39°C
4. fetor ex ore (malodor)

PAR-78. Medications used for acute ulcerative gingivitis:

1. Klion
2. Amoxicyllin
3. Tetracyclin
4. Chlorhexidine

PAR-79. The cause of gingival hyperplasia:

1. Diphenylhydantoin
2. Cyclosporine
3. Cyclophosphamid
4. Nifedipin

PAR-80. What is characteristic of the herpetic gingivostomatitis?

1. infective and contagious in childhood
2. it can mainly be observed under the age of 6
3. high fever and malaise
4. swelling of the submandibular lymph nodes

PAR-81. What is characteristic of the diphenylhydantoin related gingival hyperplasia?

1. the interdental gingiva is affected more than the marginal one
2. after improving oral hygiene it will not regress
3. it regresses after the removal of the tooth
4. the edentulous area is less frequently affected

PAR-82. What is characteristic of the chronic adult type periodontitis?

1. it is more severe in male smokers
2. diabetes is a serious risk factor
3. the alveolar bone loss is horizontal
4. the progression is more rapid around certain areas and others can be healthy

PAR-83. Antibiotic prophylaxis should be administered during subgingival scaling with the following cardiac conditions:
1./ artificial valve
2./ mitral valve prolaps with atrial regurgitation
3./ coronary artery bypass surgery
4./ in case of past sepsis lenta

PAR-84. What is the role of supragingival calculus in the pathomechanism of periodontitis?

1./ direct mechanical irritation on the gingiva
2./ plaque retention for vital bacterial colonization
3./ the vital bacteria incorporate into calculus can directly cause inflammation
4./ it interferes with the effective tooth cleaning processes

PAR-85. The use of the dental floss:

1./ it is suggested only in case of open interproximal embrasure spaces
2./ its inaccurate use can cause a dental or periodontal damage
3./ it can only be used in older ages while in youngsters it might be damaging
4./ it can only remove soft plaque but not calculus

PAR-86. The patient has to be trained during the oral hygienic instruction:

1./ how to localize dental plaque
2./ to the tooth-cleaning technique
3./ the method of cleaning the interproximal surfaces between the teeth
4./ how to clean the hardly accessible areas

PAR-87. What are the radiographic signs of the traumatic occlusion?

1./ the widening of the periodontal ligament space
2./ root resorption
3./ the widening of the lamina dura
4./ hypercementosis

PAR-88. It is used for the treatment of the cervical root sensitivity:

1./ dentine adhesives
2./ toothpaste containing hydroxylapatite powder
3./ iodoform
4./ varnishes with high fluoride concentration

PAR-89. What are the requirements for an agent used for the treatment of the cervical root sensitivity?

1./ should not damage the pulp
2./ should not irritate the oral mucosa
3./ to be used for the long term
4./ to have a rapid onset of action

PAR-90. The chemical plaque control is indicated if:
1. the mechanical plaque control is temporarily hindered (i.e. periodontal surgery)
2. patient's tooth cleaning is not adequate
3. in high risk groups
4. an extended fix restoration is in the mouth

PAR-91. What kind of epidemiological data are representing chronic adult periodontitis?

1. mild attachment loss affects approx. 80% of adult population
2. the very severe attachment loss occurs only in 15-20% of the population even in underdeveloped countries
3. the periodontal attachment loss is more severe in male smokers than age matched non-smokers
4. the pre-menopausal female smokers’ periodontal condition is significantly better than that of the male, age matched smokers

PAR-92. Which of the following cellular elements can be found in the crevicular fluid in a great number?

1. PMN-cells
2. desquamated epithelial cells
3. plasma cells
4. bacteria

PAR-93. Which of the following factors can cause bone resorption in the alveolar bone?

1. continuous pressure
2. local prostaglandin E₂ release
3. continuous tension
4. alternating pressure and tension (jiggling)

PAR-94. What are the characteristic symptoms of gingivitis?

1. gingival bleeding during tooth brushing
2. increased tooth mobility
3. gingival swelling
4. gingival ulceration

PAR-95. The functional disorder of PMN-leukocytes can cause severe periodontal destruction, such as rapidly progressing periodontitis. This kind of disorder is associated with:

1. Down’s syndrome
2. Type I diabetes mellitus
3. Ulcerative gingivitis
4. Papillon-Le Fèvre Syndrome

PAR-96. Periodontal damage resembling to the clinical signs of the severe generalized juvenile periodontitis:

1. Papillon-Le Fèvre syndrome
2./ Chediak-Higashi syndrome
3./ hystiocytosis-X
4./ pernicious anemia

PAR-97. It can cause a desquamative gingivitis:
1./ pemphigus vulgaris
2./ idiopathic gingival fibromatosis
3./ lichen planus
4./ Papillon-Le Fèvre syndrome

PAR-98. The following humoral factors can be responsible for rapid periodontal destruction:
1./ increased IL-1 alfa production
2./ increased PGE$_2$ production
3./ increased platelet derived growth factor production (PGF)
4./ increased matrix metalloproteaz (MMP) production

PAR-99. Which of the following drugs can cause gingival enlargement?
1./ Diphenylhydantoin
2./ Streptomycin
3./ Cyclosporine
4./ Hibernal

PAR-100. Which of the following indices can be used for semi-quantitative assessment of calculus formation?
1./ Greene-Vermillion OHI-S index
2./ Silness-Löe index
3./ Volpe-Manhold index
4./ Löe-Sillnes index

PAR-101. The Actinobacillus actinomycetemcomitans:
1./ it is very numerous in the periodontal pockets of juvenile periodontitis patients
2./ it produces a leukotoxine that inhibits PMN leukocyte’s functions
3./ is an obligatory anaerobic microorganism
4./ from the periodontal pocket it can not be eliminated by the traditional subgingival scaling, because these bacteria penetrate through the pocket's epithelium

PAR-102. Porphyromonas Gingivalis:
1./ is a Gram-negative, obligatory anaerobic microorganism
2./ has a main role in the etiology of the adult chronic destructive periodontitis
3./ it cannot be or just a small number can be detected in the microbial flora of the healthy gingival crevice
4./ there is an elevated anti P. gingivalis antibody titer in the patients’ serum suffering with periodontitis
PAR-103. Oral spirochetes:

1./ can be detected in a great number in patients suffering from acute ulcerative gingivitis
2./ are able to penetrate into the connective tissue of the gingiva.
3./ the deeper the pocket, the more numerous the spirochetes count in the pockets
4./ can be easily cultured on traditional culture media

PAR-104. What can an overextended and bulky crown cause?

1./ the interdental embrasure space is very tight at the overextended crown and it seriously hampers the plaque control
2./ the margin of the overextended crown is considered as a plaque retentive factor
3./ sustained chronic gingivitis can be observed around ill-fitted crown margins
4./ the overextended crown has an advantageous effect on the marginal gingiva, because the thick coronal margin can protect against the food impaction

PAR-105. How can a lower molar with a Class II furcation involvement be used as an abutment?

1./ the tooth can be considered for the use of an abutment only after periodontitis had successfully been controlled during a longer follow-up period
2./ only a supragingival finishing line is used to keep the denuded furcation area free and assist dental plaque control
3./ root canal therapy is indicated at any rate
4./ supragingival finishing line is also mandatory from technical and preparatory points of view, because in case of a subgingival preparation the crown inevitably will not fit above the concave furcation area and makes an overhang

PAR-106. Which bacteria are periodontopathogenic microorganisms?

1./ Actinobacillus actinomycetemcomitans
2./ Porphyromonas gingivalis
3./ Streptococcus sanguis
4./ Eikenella corrodens

PAR-107. Histologically what is characteristic of the initial lesion of gingivitis?

1./ vasculitis
2./ the intercellular spaces of the junctional epithelium is filled with a great number of PMN cells
3./ the connective tissue under the junctional epithelium is infiltrated mainly with plasma cells as inflammatory cells
4./ the number and the complexity of the gingival microvasculature are changed and get more complex

PAR-108. Histologically what is characteristic of the initial (clinically detectable) gingivitis?

1./ a dense lymphocyt infiltration in the connective tissue around the junctional epithelium
2./ excessive gingival collagen breakdown
3./ few plasma cells can be detected
4./ a great number of emigrated PMN-cells fill up the sulcus and the crevicular fluid

PAR-109. Histologically what is characteristic of the lesion of the established gingivitis?
1./ a strong plasma cell infiltration in the connective tissue around the junctional epithelium
2./ excessive gingival collagen break-down
3./ excessive plasma cell accumulation
4./ bone resorption in the alveolar crest

PAR-110. Histologically what is characteristic of the lesion of the initial periodontitis?
1./ coronal junctional epithelium detachment from the root surface
2./ bone resorption in the alveolar crest
3./ excessive plasma cell accumulation
4./ apical migration of the junctional epithelium

PAR-111. Which factors are responsible for periodontal bone resorption?
1./ PGE$_2$ accumulated in the inflamed tissue
2./ Tumor Necrosis Factor alfa (TNF alfa)
3./ bacterial endotoxin
4./ bradikinin

PAR-112. The leukocytes in the inflamed gingiva:
1./ protect the gingiva against microorganisms by phagocytosis
2./ can cause gingival destruction themselves by extracellular matrix metalloprotease production
3./ their decreased phagocytic activity of PMN cells can lead to serious juvenile periodontitis,
4./ they can produce excessive amount of PGE$_2$ which can lead to bone resorption and other effects

PAR-113. Which systemic condition can frequently cause a tumor-like tissue overgrowth on the gingiva?
1./ estrogen-progesterone predominance
2./ thrombocytopenia
3./ systematic cyclosporine therapy
4./ lead-poisoning

PAR-114. What are the characteristic symptoms of acute leukemia?
1./ gingival swelling
2./ deep gingival ulceration
3./ spontaneously occurring uncontrollable bleeding
4./ pseudomembranous candidiasis

PAR-115. They cause brownish-blackish discoloration on the gum:
1./ amalgam foreign body (amalgam tattoo)
2./ gingival melanosis
3./ chronic bismuth poisoning
4./ tetracycline

PAR-116. What can be considered as a cause related therapy for periodontitis?
1./ scaling
2./ Guided tissue regeneration procedures (GTR)
3./ Metronidazole
4./ mucogingival surgery

PAR-117. What factors determine the frequency of recall appointments for a patient who had undergone successful complex periodontal treatment?
1./ the individual oral hygiene of the patient
2./ the degree of the periodontal attachment loss
3./ the speed of the re-growth of calculus
4./ the medication that the patient takes regularly

PAR-118. What can be considered as a poor prognostic sign at the completion of the cause related treatment?
1./ increasing tooth mobility
2./ the retention of the given tooth is much looser than that of the adjacent one
3./ positive bleeding on probing
4./ excessive gingival recession

PAR-119. The clinical parameters of severe gingivitis are:
1./ gingival color change
2./ gingival papillary enlargement
3./ gingival recession
4./ immediate sulcular bleeding on probing

PAR-120. The crevicular fluid in gingivitis:
1./ its volume is decreased, because the gingiva becomes fibrotic
2./ it contains a great number of PMN-cells
3./ it contains high concentration secretory Ig-A, which takes part in the immune complex reaction against bacteria
4./ it contributes to the protection of the gingiva

PAR-121. Which chemical substances are used for controlling the cervical root sensitivity?
1./ potassium-nitrate
2./ strontium-chloride
3./ amino-fluoride
4./ hydroxylapatite powder

PAR-122. What is the advantage of the apically repositioned periodontal flap technique over the gingivectomy?

1./ wound heals by means of primary intention
2./ to preserve the keratinized gingival tissue
3./ pocket reduction
4./ the exploration of the periodontal bony tissues

PAR-123. What kind of complication(s) might occur after transplantation of an autogenous bone chip into the vertical periodontal bony pocket?

1./ root resorption
2./ sequestration
3./ ankylosis
4./ gingival recession

PAR-124. Which surgical techniques can be used for the correction of the gingival recession localized on a single tooth?

1./ free gingival graft transplantation
2./ GTR bio-degradable membrane
3./ free subepithelium connective tissue grafts
4./ apically positioned split thickness flap

PAR-125. Which therapeutic solution is suitable for the treatment of a Class I furcation lesion?

1./ subgingival scaling and root planing
2./ crowns fabricated to cover furcation area
3./ furcationplasty
4./ bone transplantation

PAR-126. What requirements should a long-term periodontal splint meet?

1./ to decrease the mobility of the tooth
2./ to prevent the drifting of the teeth, and maintain the position of the orthodontically treated teeth
3./ not to interfere with the professional and the individual oral hygiene
4./ to cover the denuded root surfaces exposed by the periodontal attachment loss to prevent secondary decay

PAR-127. What does the regular periodontal maintenance include?

1./ the repeated motivation of the patient and checking the efficacy of the individual plaque control
2./ regular supra- and subgingival scaling
3./ the continuous control and correction of the plaque retentive factors
immediate cause related treatment in case of active periodontal exacerbation

**PAR-128.** Which signs and symptoms are characteristic of the acute herpetic gingivostomatitis?

1. high fever (38-39 °C)
2. highly elevated white blood cells count (more than 10000/mm³)
3. increased swelling of the gingiva
4. a marginal gingival ulceration

**PAR-129.** What kind of bio-degradable membranes are used in guided periodontal surgery?

1. polyglicolic acid
2. polylactic acid
3. expanded politetrafluoretilen (ePTFE)
4. collagen

**PAR-130.** What type of alloplastic materials (bone substitutes) are successfully used in guided periodontal surgery for a three wall defect?

1. beta tricalcium phosphate
2. Bio-Oss
3. non resorbable hidroxylapatit
4. Bio-Oss collagen

**PAR-131.** Which medication can cause gingival enlargement?

1. Tetracycline
2. Cyclosporine-A
3. Metronidazol
4. Nifedipin

**PAR-132.** Which are the risk factors for chronic adult periodontitis?

1. diabetes mellitus
2. smoking
3. infective endocarditis
4. IL-1 genotype

**PAR-133.** According to the protocols of the cardiologist societies what kind of preventive medication can be used before invasive periodontal procedures?

1. 2 g amoxicillin
2. 2 g tetracycline
3. 600 mg Clindamycine
4. 500 mg Metronidazol

**PAR-134.** Which bacteria or their antigens were detected within atheroma?

1. Actinobacillus actinomycetemcomitans
2. Porphyromonas gingivalis
3. Fusobacterium nucleatum
4. Bacterioides forsythus

**PAR-135.** What kind of systemic changes can be registered during acute periodontal inflammation?
1. increased CRP (C reactive protein) level
2. increase PGE₂ level
3. increased serum lipoprotein level
4. increased IL-8 concentration

RELATIONS ANALIZIS

PAR-136. The regular and effective plaque control is an essential part of the treatment of the periodontal diseases, because with the removal of the dental plaque the calculus formation can be prevented.

PAR-137. Periodontal pocket surgery can only be performed on patients showing excellent oral hygiene, because one of the most important aims of this operation is to eliminate the hardly accessible regions by the patients and also by professionals.

PAR-138. The calculus formation can be prevented by plaque control, because the rough surface of the calculus is favorable to the dental plaque accumulation.

PAR-139. The regular and effective plaque control is one of the essential preconditions for treating periodontal diseases, because the systemic factors per se do not cause any inflammatory periodontal disease.

PAR-140. The gingival recession developed due to the frenum pull must always be operated, because in this case gingival recession can only be caused by a plaque related gingivitis.

PAR-141. The use of a mouthwash can be harmful in case of poor oral hygiene, because the mouthwash can cause a bacteriemia.

PAR-142. Dental treatments in diabetic patients provoking gingival bleeding can lead to bacteriemia, because the patients with diabetes mellitus are immunologically compromised.

PAR-143. Pregnancy gingivitis cannot be cured by simple mechanical plaque control, because pregnancy gingivitis is caused by hormonal changes.

PAR-144. All teeth with Class III furcation involvement have to be extracted, because pulpitis may develop through the lateral or accessory canals.

PAR-145. If the patient's medical history reveals infective endocarditis in the past, the mechanical scaling is absolutely contraindicated, because the scaling can cause bacteriemia.

PAR-146. Chronic gingivitis needs treatment, because gingivitis always progresses to periodontitis.
PAR-147. The cleaning of the interproximal surfaces is also necessary, because acute ulcerative gingivitis starts on the tip of the interdental gingiva.

PAR-148. The depth of the histological gingival sulcus is not identical with the depth of the clinical pocket probing depth, because the base of the sulcus can not be precisely detected with a periodontal probe and the tip of the probe always penetrates the junctional epithelium and stops somewhere within the dento-gingival fiber zone.

PAR-149. The cells of the junctional epithelium are oriented with their long axis parallel to the tooth surface, because they do not show any sign of keratinization.

PAR-150. The gingival ulceration in acute myeloid leukemia is caused by the absence of the functioning PMN-cells, that promotes the development of an opportunistic oral infection, consequently this process is a local plaque related gingival lesion that can be improved by the removal of the dental plaque and an adequate antibacterial chemotherapy.

PAR-151. The dental plaque is tooth colored and hardly visible to the naked eye, that is why the dental plaque can be disclosed by using disclosing tablets or a solution to demonstrate to our patients.

PAR-152. The periodontal state and average level of periodontal attachment of the smoking population with the same oral hygiene is not significantly different from that of the non-smoking population on the same oral hygienic level, consequently only the dental plaque and calculus determine the smokers’ periodontal condition.

PAR-153. In young ages the interdental cleaning can be more effectively done by dental floss, because the use of interdental toothbrush is not indicated if the interdental space is totally filled up by the interdental papilla.

PAR-154. The periodontal probe is an important diagnostic instrument in the examination of the periodontal diseases, because the periodontal bone loss can only be detected by periodontal probe.

PAR-155. It is already a sign of bone resorption if the most coronal level of the alveolar crest is in 1.5 mm distance from the cemento-enamel junction on the radiograph, because normally the bony septum can be found at the level of the cemento-enamel junction.

PAR-156. The oral hygienic motivation and instruction have to be carried out before the dental treatment, because scaling is more effective if the patient has already been dentally educated.

PAR-157. It is very important to approximate the buccal and lingual part of the gingival flaps tightly after GTR surgery, because the postoperative membrane exposure will lead to contamination and infection hampering the healing and regenerative process.

PAR-158. In many cases localized aggressive periodontitis can associate with certain kind of PMN leukocyte defects, therefore in these cases thorough family-tree studies should
be indicated to detect any genetic background.

**PAR-159.** Recent epidemiological data indicate that severe periodontal state with deep pockets in pregnant women can be a major risk factor for preterm low weight birth, because pregnancy will change the permeability of the gingival capillaries.

**PAR-160.** Recent epidemiological data show that the incidence of heart attack is significantly higher in middle aged males with severe periodontitis, because slow undetected bacteriaemia and bacterial toxins and products originating from the periodontal pockets can damage the endothelium eventually leading to manifest atherosclerosis.

**PAR-161.** The PMN leukocyte related protective inflammatory reactions taking place in the gingival connective tissue create extracellular lysosomal enzyme production, therefore the inhibition of the PMN leukocytic function (e. g. leukopenia) can be protective in the periodontium.

**PAR-162.** Recent data indicates that certain genetic factors (e. g. hyperreactive phenotype) can be a decisive risk factor in the pathogenesis of destructive periodontitis, therefore according to certain clinical data patients regularly taking non-steroid anti-inflammatory medication show less periodontal attachment loss comparing to the age matched controls.

**PAR-163.** The incidence of sever gingival enlargement among organ transplant patients on Cyclosporine-A medication is very high, because the Cyclosporine-A enhances local plaque accumulation and calculus formation.

**PAR-164.** Enamel Matrix Derivatives (Emdogain) enhances cemento-neogenesis on the previously denuded root surface, therefore non-inflammatory gingival recession can be cured by the application of Emdogain without any surgery.

**PAR-165.** The free subepithelium connective tissue graft used for correctong gingival recessions will provide better esthetic results and the hue of the new gingiva will match the neighboring gingival shade better than conventional free gingival grafts, because after surgeries with conventional free gingival grafts the original palatal epithelium remains on the graft and its color is pale.

**PAR-166.** During the prosthodontic rehabilitation of patients with severe periodontal attachment loss the preparation line and crown margin should be put supragingivally, because the best marginal seal and crown adaptation provides certain plaque retention in the gingival sulcus and that can provoke the exacerbation of active inflammation in a patient susceptible to that.

**PAR-167.** The Actinobacillus actinomycetemcomitans is a very virulent microaerofilic bacterium producing several toxins (e.g. leukotoxin), therefore in aggressive periodontitis subgingival scaling and curettage are not indicated.

**PAR-168.** In pregnancy gingivitis the proportion of the Prevotella intermedia is significantly increased in the sulcus, because the steroid hormones excreted into the sulcus are also growth factors of these bacteria.
PAR-169. The CPITN index measures pocket depth and the treatment needs are established on the basis of this parameter, therefore the cases with severe gingival recessions are often misdiagnosed and not assessed properly.

PAR-170. Gingivitis is caused by excessive plaque accumulation, therefore permanent plaque accumulation without proper therapy inevitably leads to periodontal attachment loss and periodontitis.

PAR-171. Diabetes, smoking and genetic factors are – among others – the leading risk factors for periodontitis, therefore the professional oral hygienic procedures are less relevant than in case of gingivitis.

PAR-172. 3-4 mm attachment gain can be obtained after guided tissue regenerative surgery in a 2-3 wall defect therefore apically repositioned flap surgery combined with ostectomy is obsolete today.

PAR-173. One of the advantages of the non biodegradable expanded polytetrafluorethilen (ePTFE) barrier membranes is their bio-inert property eliminating tissue irritation, therefore these membranes can be successfully used for correcting gingival recessions.

PAR-174. The Ca channel blockers are very extensively used in general medicine for controlling high blood pressure, therefore those patients needs regular periodontal supportive therapy and professional oral hygienic therapy.

PAR-175. Periodontitis is an infectious disease with chronic inflammation caused by bacteria, therefore the classic Koch’s postulates can entirely be applied to these diseases.

Four associations

A./ supragingival calculus
B./ subgingival calculus
C./ both of them
D./ neither of them

PAR-176. Its formation is preceded by gingivitis.
PAR-177. Its surface is rough and covered by plaque.
PAR-178. It has a hard consistency.
PAR-179. It has predilection’s areas.
PAR-180. Its original color is also dark.
PAR-181. It relatively loosely adheres to the tooth.
PAR-182. It can be completely removed by scaling.
PAR-183. Its formation can be enhanced by some mouth-rinse.
PAR-184. There are special dentifrices capable of decreasing its development.
PAR-185. Its etiological impact is closely related to its mechanical irritating effect.
A./ periapical abscess
B./ periodontal abscess
C./ both of them
D./ neither of them

PAR-186. The tooth's mobility is increased.
PAR-187. It can only develop from chronic periodontitis.
PAR-188. It can be observed just after the necrosis of the pulp
PAR-189. An incision always has to be performed if fluctuation can be detected
PAR-190. It is accompanied by significant bone loss.
PAR-191. The diagnosis is possible in case of a vital tooth.
PAR-192. The diagnosis is possible in case of a non-vital tooth.
PAR-193. A continuous pulsating pain is a very characteristic symptom.
PAR-194. It has also a chronic form.
PAR-195. It can also be accompanied by general symptoms.

A./ acellular cementum
B./ cellular cementum
C./ both of them
D./ neither of them

PAR-196. It is continuously widening by means of apposition throughout life.
PAR-197. The Sharpey's fibers are embedded in its matrix.
PAR-198. Cementocytes can be found in lacunae.
PAR-199. It develops from the pluripotent mesenchymal cells of the dental sack during root formation.
PAR-200. It develops from the mesenchymal cells of the periodontal ligament.
PAR-201. Its main matrix constituent is made up of randomly oriented mineralized irregular collagen fibers.
PAR-202. Its main matrix constituent is made up of oriented collagen fibers entering into the cementum in a 45° angulation.

A./ desquamative gingivitis
B./ pregnancy gingivitis
C./ both of them
D./ neither of them

PAR-203. Its primary causative agent is the bacterial mass of the dental plaque.
PAR-204. It can be cured by thorough plaque control and improved individual oral hygiene.
PAR-205. The general physical condition plays an important role in its development.
PAR-206. Allergy or autoimmune diseases can be causative factors.
PAR-207. Effective plaque control can improve the clinical state of disease.

A./ a deep vertical bone loss
B./ horizontal bone loss
C./ both of them
D./ neither of them

PAR-208. It is characteristic of the adult periodontitis
PAR-209. It is characteristic of the localized aggressive periodontitis.
PAR-210. It is characteristic of the generalized aggressive periodontitis.
PAR-211. It occurs in gingivitis.
PAR-212. It is characteristic of gingival hyperplasia.

A./ it is associated with spontaneous gingival bleeding
B./ it is associated with gingival ulceration
C./ both of them
D./ neither of them

PAR-213. Thrombocytopenia
PAR-214. Acute leukemia
PAR-215. An acute necrotizing ulcerative gingivitis (ANUG)
PAR-216. An acute necrotizing ulcerative periodontitis (ANUP)
PAR-217. Localized aggressive periodontitis
PAR-218. Generalized aggressive periodontitis
PAR-219. Hemophilia

A./ chronic adult periodontitis
B./ generalized juvenile periodontitis
C./ both of them
D./ neither of them

PAR-220. Numerous Actinobacillus actinomycetemcomitans strains can be cultivated from the pocket.
PAR-221. Almost always only Actinobacillus actinomycetemcomitans can be cultivated from the pocket.
PAR-222. Numerous Porphyromonas gingivalis strains can be cultivated from the pocket.
PAR-223. There is no adhesive plaque and calculus.
PAR-224. The clinical symptoms of the gingivitis are almost completely missing.
PAR-225. Certain genetic or systemic factors can be contributing risk factors.
PAR-226. The patient's PMN-leukocytes’ functions can be impaired.

A./ dental plaque
B./ materia alba
C./ both of them
D./ neither of them

PAR-227. It can be removed with a strong water-spout.
PAR-228. It develops on the base of the acquired pellicle.
PAR-229. It is made up of adherent bacterial biofilm and interbacterial matrix.
PAR-230. It contains bacteria, food debris, desquamated epithelium cells and leukocytes.

A. subgingival calculus
B. supragingival calculus
C. both of them
D. neither of them

PAR-231. Since the main source of its mineral-content is the saliva therefore its predilection's areas can be found near the ducts of the major salivary glands.

PAR-232. Its color is yellowish white…

PAR-233. …but it can be discolored by pigments, nicotine and coffee.

PAR-234. Its surface is always covered by a fresh, non-calcified plaque and therefore it is an important etiologic factor of the inflammatory periodontal diseases

A. It is characteristic of the clinical symptoms of the gingivitis
B. It is characteristic of the clinical picture of the chronic adult periodontitis
C. both of them
D. neither of them

PAR-235. The gingival margin is edematous, inflamed and hyperemic.

PAR-236. The crevicular fluid’s flow rate is increased.

PAR-237. Bleeding on gentle probing.

PAR-238. The probing pocket depth can exceed 5 mm measured from the cemento-enamel junction.

PAR-239. The attachment loss can exceed 5mm measured from the cemento-enamel junction.

A. It is characteristic of the pregnancy gingivitis
B. It is characteristic of the acute ulcerative gingivitis
C. both of them
D. neither of them

PAR-240. It can be cured by meticulous oral hygiene.

PAR-241. Theoretically it could develop without the presence of the dental plaque

PAR-242. A micro embolisation occurring in the gingival microvasculature plays a role in its pathomechanism.

PAR-243. There is a marked capillary hyperplasia which plays a major role in its development.

PAR-244. Smoking and stress can be major risk factors.

PAR-245. If it is not treated properly in time, it leads to an irreversible tissue defect.

A. idiopathic gingival fibromatosis
PAR-246. Its primarily cause is dental plaque.
PAR-247. Mechanical plaque removal can improve the clinical status.
PAR-248. Its therapy is definitely surgical.
PAR-249. It easily bleeds.
PAR-250. The color of the gingiva is purple or dark red.
PAR-251. Primarily, gingival capillary hyperplasia is responsible for the gingival enlargement.
PAR-252. Metronidazole (Klion) can improve the clinical status.

A./ apically repositioned flap
B./ modified Widman's flap
C./ both of them
D./ neither of them

PAR-253. It enhances the efficacy of subgingival scaling and root planning.
PAR-254. The first step is the internal reverse bevelled incision.
PAR-255. Two vertical releasing incisions are always necessary.
PAR-256. For guided tissue regenerative surgery primarily this type of flap technique is used.
PAR-257. After surgery an immediate and significant gingival recession occurs.
PAR-258. It can totally eradicate periodontal pockets.
PAR-259. During the operation the keratinized pocket wall will be totally excised and by that the pocket will also be eliminated.
PAR-260. Postoperative oral hygiene can significantly influence the success of the surgery.

A./ probing pocket depth
B./ attachment loss
C./ both of them
D./ neither of them

PAR-261. It is objective, quantitative parameter.
PAR-262. In periodontitis its dimension is always increased.
PAR-263. The gingival hyperplasia can determine its value.
PAR-264. The gingival recession can determine its value.
PAR-265. It measures the distance between the cemento-enamel junction and the pocket base.
PAR-266. Its value decreases with the improvement of the periodontal condition.
B./ attachment loss  
C./ both of them  
D./ neither of them

PAR-267. It is an objective, quantitative parameter.  
PAR-268. In periodontitis its dimension is always increased.  
PAR-269. The gingival hyperplasia can determine its value.  
PAR-270. Its value decreases after successful inflammation control.  
PAR-271. It measures the distance between the cemento-enamel junction and the pocket base.  
PAR-272. Only plaque related factors play a role in its development.

A./ free gingival grafting  
B./ coronally positioned periodontal flap  
C./ both of them  
D./ neither of them

PAR-273. Narrow gingival recessions can be completely covered.  
PAR-274. In the first couple of days its nutrition is provided only by diffusion.  
PAR-275. Vertical bony lesion can also be corrected with it.  
PAR-276. Combined with guided tissue regenerative surgery periodontal bone loss can also be successfully corrected with it.  
PAR-277. The surgery is very technique sensitive.

A./ bio degradable membranes  
B./ non-biodegradable membrane  
C./ both of them  
D./ neither of them

PAR-278. It is primarily made of e-polytetrafluorethilen.  
PAR-279. 6-8 weeks after surgery the membrane should be removed during a second surgery  
PAR-280. There is also a titanium reinforced version.  
PAR-281. It can be successfully applied for gingival recession correction.  
PAR-282. The membrane should be fixed to the root surface with a special suture material before closing the gingival flaps.  
PAR-283. With its application histologically proved several millimeters periodontal attachment gain occurs.  
PAR-284. It can be combined with different bone substitutes.  
PAR-285. There are synthetic and biologically manufactured versions.

A./ smoking  
B./ diabetes  
C./ both of them  
D./ neither of them
PAR-286. It is an important risk factor in the etiology of chronic adult periodontitis.
PAR-287. The degree of gingival inflammation is reduced while the attachment loss is increased compared to controls.
PAR-288. It influences the gingival blood circulation.
PAR-289. It influences the plaque and calculus formation.
PAR-290. With excellent oral hygiene its negative effects can be totally eliminated.

A./ gingivectomy  
B./ apically positioned flap  
C./ both of them  
D./ neither of them

PAR-291. It can be used for total gingival pocket elimination.
PAR-292. Limited alveolar bony correction can also be performed.
PAR-293. It is suitable to widen the keratinized attached gingiva.
PAR-294. It is indicated for surgical correction of real gingival pockets with horizontal bone loss.
PAR-295. The healing process depends on the postoperative individual oral hygiene.
PAR-296. Today it is getting to be an obsolete technique.

A./ Prevotella intermedia  
B./ Actinobacillus actinomycetemcomitans  
C./ both of them  
D./ neither of them

PAR-297. obligatory anaerobic bacterium
PAR-298. primarily dominates the pocket flora of localized aggressive periodontitis in the juveniles
PAR-299. in pregnancy gingivitis its proportion is significantly increased
PAR-300. it produces a biologically very aggressive leukotoxin
PAR-301. it can occur in the oral cavity in health
PAR-302. it can survive and reproduce even in the presence of low concentration of oxygen

Preventive Dentistry
Simple-choice questions

PRE-1. What does the term „primary dental prevention” mean?
   A) Prevention of the initiation of disease  
   B) Early diagnosis and prevention of progression  
   C) Ending or removing a disease state and rehabilitation
D) Personal and group communication
E) Infant prevention of primary infection with cariogenic microorganisms

PRE-2 What is caries-frequency?

A) Number of caries-affected teeth
B) DMF-S Index
C) Number of caries-affected individuals, in relation to the number of individuals examined, in a given population, at the time of examination
D) Longitudinal assessment, number of individuals with newly developed caries within a given period of time
E) DMF-T Index

PRE-3 What is DMF-S Index?

A) Caries-frequency
B) Number of decayed teeth
C) Number of missing teeth
D) Mean of decayed, missing and filled tooth surfaces calculated by individuals, sum of the three figures (sum of values of examined individuals) divided by the number of examined individuals.
E) Number of filled teeth

PRE-4 What is RCI?

A) Root caries – index
B) Caries-increment value
C) Caries-intensity
D) Caries increment
E) Caries prevalence

PRE-5 Plaque „critical pH” for enamel is:

A) 5,2-5,7
B) 5,8-6,3
C) 2,5-2,8
D) 4,2-4,7
E) 3,8-4,1

PRE-6 Not a systemic determining factor in caries risk is:

A) Dentition and macroscopic structure of teeth
B) Genetics
C) Saliva
D) Immunological factors
E) High sugar consumption

PRE-7 Concentration of fluoride in table salt is:
A) 500 ppm  
B) 250-350 mg/kg  
C) 250-300 g/kg  
D) 80-100 mg/kg  
E) 80-100 ppm

**PRE-8** Active fluoride concentrate of „Dentocar” pills :

A) 1,0 mg  
B) 0,23 mg  
C) 0,50 mg  
D) 1,0g  
E) 0,1 mg

**PRE-9** NaF mouth rinse concentrate:

A.) 0,2 %  
B.) 2,0%  
C.) 0,002%  
D.) 0,005%  
E.) 0,5%

**PRE-10** Probably Toxic Dose (PTD) of fluorides in children?

A) 0,5 –1,0 mg fluoride per kilogram of body weight  
B) 5,0 mg fluoride per kilogram of body weight  
C) 30-80 mg fluoride per kilogram of body weight  
D) 150-300mg fluoride per kilogram of body weight  
E) 500-800 mg fluoride per kilogram of body weight

**PRE-11** What is the best method for measuring caries-activity?

A) Saliva acid production measured  
B) Saliva buffering capacity measured  
C) Lactobacillus count in saliva measured  
D) Candida albicans count in saliva measured  
E) Streptococcus mutans count in plaque measured

**PRE-12** Tooth-friendly sweets are products which do not lower plaque pH:

below pH 5,0  
below pH 4,5  
ORM-14. below pH 5,2  
below pH 5,7  
below pH 4,0
PRE-13 Which one is not a tooth-friendly sweetener?

A) Xylitol  
B) Mannitol  
C) Fructose  
D) Saccharin  
E) Aspartame

PRE-14 Not a characteristic of sweeteners is:

A) Rate and amount of acid production is lower  
B) Oral microorganisms cannot or only partially metabolise it  
C) end products: formic acid, lactic acid  
D) reduces plaque adhesion  
E) no Streptococcus mutans extracellular polysaccharide production

PRE-15 Sweeteners (sugar alcohols) have a laxative effect. Acceptable daily intake:

A) 1-2g  
B) 3-4g  
C) 15-20g  
D) 50-60g  
E) 100-200g

PRE-16 Which enamel layer of incipient caries has the most porosity?

A) Surface zone  
B) Body of lesion  
C) Dark zone  
D) Translucent zone  
E) Intact enamel

PRE-17 Chlorhexidine does Not:

A) reduce the number of microorganisms  
B) reduce acid solubility of enamel  
C) cause brownish discoloration  
D) cause tasting dysfunction  
E) cause allergic reactions

PRE-18 Concentration of Erythrosin staining used for disclosure of plaque is:

A) 0, 05%  
B) 0, 5%  
C) 1, 0%  
D) 5, 0%  
E) 10, 0%

PRE-19 The Greene-Vermilion- OHI-S Index measures:
A) 25 tooth buccal surface  
B) 15 tooth buccal surface  
C) 46 tooth buccal surface  
D) 36 tooth buccal surface  
E) 26 tooth buccal surface

**PRE-20** Which one is not used as a staining or coloring agent for disclosing dental plaque (discolor oral tissues):

- Erythrosine  
- Acid fuchsine  
- Methylene blue  
- Neutral red  
- Na-fluoresceine

**PRE-21** OHI-S-value is **never**:

- A) 0  
- B) 2  
- C) 4  
- D) 6  
- E) 8

**PRE-22** Which one of these indices is used after plaque disclosure with coloring agent?:

- A) Oral-Debris Index  
- B) Silness-Löe Plaque Index  
- C) Calculus Index  
- D) Cohen Plaque Index  
- E) Russell PI

**PRE-23** Which one is **not** a requirement of fissure sealants?

- A) Flowable and surface wettable  
- B) Strong adhesion to enamel  
- C) Thermal and mechanical properties similar to enamel  
- D) „Long-life” and easy to apply  
- E) Unfilled

**PRE-24** Which one is **not** a periodontal index:

- A) Löe-Silness Gingival Index  
- B) Muhlemann Papilla Bleeding Index (PBI)  
- C) CPITN Index  
- D) Gingival Bleeding Index (Ainamo-Bay)  
- E) Quigley-Hein Index
PRE-25    A good toothbrush is not:

A) Most effective in plaque elimination is the small-headed, multitufted toothbrush with nylon bristle tufts all the same length  
B) Natural bristle toothbrushes are not recommended  
C) Nowadays rounded, nylon bristle, small-headed toothbrushes are recommended for patients  
D) A toothbrush needs to be replaced when indicator bristles fade halfway  
E) „Soft” toothbrushes are not effective in plaque control, „hard” labelled toothbrush is recommended for healthy individuals.

PRE-26    Which one is not an additional interdental cleaner?

A) Dental floss  
B) Electric toothbrush  
C) Hydrotherapy device  
D) Single tufted toothbrush  
E) Interdental toothbrush

PRE-27    Toothpastes do not include:

A) Abrasive agents  
B) Solvent agents  
C) Stabilizing and bonding agents  
D) Silans  
E) Surfactants

PRE-28    Not an abrasive agent of toothpastes is:

A) Silicate  
B) Calcium phosphate  
C) Aluminum oxide  
D) Calcium carbonate  
E) Stroncium chloride

PRE-29    Ideal concentration of chlorhexidine mouthrinse is:

A) 0,2%  
B) 2,0%  
C) 1,0%  
D) 0,02%  
E) 5,0%

PRE-30    Which one is not suitable for diagnosing incipient caries:

A) Conventional bite-wing technique  
B) FOTI (Fiber Optic Transillumination)  
C) QLF (Quantitative Laser Light Fluorescence)  
D) CLSM (Confocal Laser Scanning Microscopy)  
E) Visual inspection
Maximum amount of fluoride allowed in children toothpaste:

A) 1000 ppm  
B) 250-500 ppm  
C) 1200-1500 ppm  
D) Below 100 ppm  
E) 1500-2000 ppm

**Multiple-choice questions**

The index caries intensity is described by the following features:

1) Caries intensity means the number of decayed teeth, expressed by DMF Index considering the number of individuals examined.  
2) Its value can be expressed for a single individual (number of caries affected teeth in relation to erupted teeth)  
3) Gives less information than caries frequency  
4) Mean value of caries per capita of an examined population

Caries protective effects of Fluor:

1) Increased resistency of enamel  
2) Pre-eruption, inside effect on tooth hard tissues  
3) Influence on the environment of the teeth  
4) Increased activity of enzymes in sugar metabolisation

Sweeteners:

1) Xylitol  
2) Lycasin  
3) Mannit  
4) Elmex

True for sweeteners:

1) Do not raise blood sugar level  
2) Not metabolized, or partially metabolized (rate and amount lower) by oral microorganisms  
3) High consumption can cause obstipation  
4) A lot more expensive than sugar

Cohen Plaque Index values:

1) 1 = no plaque  
2) 2 = narrow plaque both on mesioapproximal and distoapproximal surface, but the two plaques are separated
3) 2 = continuous, narrow plaque on both approximal surfaces
4) 4 = plaque on more than 1/3 of tooth, but less than 2/3

**PRE-37**  True for caries frequency:

1) Ratio of caries-affected individuals in a given population, at the time of examination.
2) Caries prevalence
3) Value of index is expressed by number of decayed teeth divided by number of individuals examined.
4) Ratio of caries-free individuals can be expressed with it

**PRE-38**  Characteristic of the translucent zone of caries incipient:

1) Located between intact enamel and dark zone
2) Not typical for all lesions
3) Minimal mineral loss
4) Dark, determinate X-ray shadow

**PRE-39**  Indexes for caries-affected primary teeth assessment:

1) def-t
2) dmf-t
3) df-s
4) RCI

**PRE-40**  Caries-activity tests:

1) Saliva sugar content test
2) Saliva buffer capacity test
3) Saliva viscosity test
4) Salivary secretion ratio test

**PRE-41**  Good for caries incipient remineralization:

1) Xylitol
2) Calcium-phosphate solution
3) Ca(OH)$_2$ solution
4) Elmex gel

**PRE-42**  Main requirements of fissure sealants are:

1) no local or systemic toxic effect
2) strong adhesion to enamel
3) thermal and mechanical properties similar to enamel
4) long life span in oral environment

**PRE-43**  Steps involved in sealing the fissures:
1) Cleaning the tooth surface with fluoride containing pastes
2) Isolation with cofferdam- if possible
3) Conditioning the fissure sealant
4) Occlusion-control

**PRE-44**  
Dental debris/plaque is:

1) Aggregate of bacteria and microorganisms
2) An organic attachment to teeth and to fixed and removable dentures
3) Only mechanical brushing can remove it
4) Essentially it is the same as the pellicula

**PRE-45**  
Health education means:

1) Interactive learning and teaching methods to preserve health
2) Attitude development
3) Applies health promotion as a method of developing knowledge
4) Means development of positive manners and attitude

**PRE-46**  
Health education methodology (according to WHO):

1) Personal communication
2) Group communication
3) Community organisations (expert meetings)
4) Promoting knowledge through mass media

**PRE-47**  
Health education method:

1) 'In the office’ method (chairside)
2) 'Outside the office’ method
3) 'Written word' and 'oral word'
4) Removing calculus

**PRE-48**  
Why are fissure sealants applied soon (six month) after eruption?

1) Teeth have not yet been attacked by microorganisms for a long period of time
2) Enamel is not ‘mature’, incipient caries can develop very quickly
3) Enamel is highly soluble to acids
4) There is a thick enamel layer in deep fissures and fossas

**PRE-49**  
Occlusal fissure relief has a high caries susceptibility if:

1) Half of the fissures have an undesirable („I”type ,”IK” type) shape, with neither self-cleansing method nor optimal mechanical cleaning possibilities
2) Lack of opposing tooth contact increases plaque accumulation
3) Enamel after eruption is not enough matured in the pits and fissures, and it has a lower fluoride content
4) On smooth surfaces fluorides are highly effective in reducing decay but fluoride is not nearly as effective in the pits and fissures.
PRE-50  
Reason for conditioning when fissure sealants applied:

1) Surface enlargement
2) Easy application
3) Microretention
4) „Long life”

PRE-51  
Characteristics of „mature” plaque:

1) 24 hours old
2) Microorganism content is stable
3) Mainly contains cocci
4) 3 weeks (21 days) old

PRE-52  
Which coloring agent is suitable for plaque disclosure of iodine sensitive individuals:

1) Erythrosine
2) Methylene blue
3) Haematoxylin-eosine
4) Acid fuchsine

PRE-53  
Why is Cohen Plaque Index preferred for oral hygiene status?

1) Easy to use
2) Considers chronology and topography of plaque accumulation
3) No plaque disclosure required
4) Measured on every tooth buccal and oral surface

PRE-54  
Fluorides’ effects on enamel:

1) Decrease in acid solubility
2) Strengthening mineral structure
3) Remineralization of demineralised regions
4) Increase in microhardness

PRE-55  
Not a side effect of fluoride prevention:

1) Cancer
2) Mongolismus
3) Osteoporosis
4) Fluorosis dentium

PRE-56  
Zone of caries with less mineral content:

1) Surface zone
2) Body of the lesion
3) Dark zone
4) Translucent zone
Fluoride toothpastes can contain:

1) Sodium fluoride
2) Fluoristat
3) Monofluorophosphat
4) Mono-fluoro-phosphat
5) Amino-fluoride

Caloric sweetener is:

1) Xylitol
2) Aspartam
3) Sorbitol
4) Saccharine

True for Xylitol:

1) 'toothfriendly' sweetener
2) Rate and amount of acid production is lower
3) Cheap to produce
4) Yellow plum contains it in natural form

Ions built in enamel through remineralisation are:

1) fluoride ions
2) calcium ions
3) phosphate ions
4) sodium ions

Characteristics of caries incipient:

1) Dissolves mineral salts
2) Located only in enamel
3) Cavity
4) Hard to detect

Possible side effects of chlorhexidine:

1) Excessive keratinization of oral soft tissues
2) Lingual piliform papillae discoloration
3) Taste sensing dyfunction
4) Diarrhoea

Main features of def Index (primary teeth assessment):

1) Equals with dmf
2) Shows caries intensity
3) „e” stands for severe lesions and there is no straight line between „d” and „e”, df Index is a better choice
4) Its value means primary tooth decay prevalency

PRE-64 Which terms describe the relation between caries and diabetes:

1) Caries activity is higher in children with manifestating diabetes compared to control group
2) Caries intensity improves in children treated with insulin and sugar free diet
3) Decrease in caries intensity proves cariogenic role of carbohydrates
4) Inflammation level of gingivitis does not show any correlation to blood sugar level

PRE-65 Chewing gum in caries prevention:

1) Chewing gum increases saliva secretion rate, it helps to reduce risk of caries
2) Chewing gum with sugar gives an extra sugar load and adds to caries increment.
3) Chewing sugar free chewing gums after meal neutralizes acids and increases plaque pH
4) Chewing sugar free chewing gums (xilitol, sorbitol) after meals is recommended

Relation analysis

PRE-66 There is a relation between nutrition and caries, because deficiency of vitamin A causes ameloblast-, deficiency of vitamin C causes odontoblast degeneration.

PRE-67 Incipient caries can be reversible, because odontoblasts help the pulp to fight against caries.

PRE-68 Recovery of approximate incipient caries can be controlled with digital radiography, because remineralisation makes a change in tooth density.

PRE-69 CLSM (Confocalis Laser Scanning Microscopy) technique is a potential future method for diagnosis and therapy of incipient caries, because laser-wave reflection differs in the field of demineralised regions with different porosities, and mineral loss can therefore be observed.

PRE-70 Fissure sealing is contraindicated in shallow, wide open fissures of flat cusp occlusal morphology, because the shape does not allow for effective, long life fissure sealing.

PRE-71 Remineralised enamel is the same as it was originally because the same ions are built in as the ions dissolved during demineralisation.

PRE-72 Vitamin B decreases saliva amilase activity thus it has a caries protective effect.
Adding fat (chocolate) to carbohydrates decreases cariogenic effect because fat covers carbohydrate particles.

Fluorides have a caries protective effect because caries is a fluor-deficiency.

Fluorides reduce acid solubility of enamel because in the presence of fluorides, partly fluorapatite crystals grow in enamel instead of hydroxyapatite ones.

When fluoride concentration in drinking water raises to 5-6 ppm, fluorosis dentium can happen, because this high amount of fluoride makes dysfunction in ameloblast development.

Mouthrins with fluorides is recommended only over the age of 4-5, because rinsing at that age has no protective effect on primary teeth.

Electric current source can help fluorides penetrate into enamel, thus iontophoresis is a useful method for fluoride-prevention as well.

Caries incipient’s body of the lesion might have an increasing organic material content, because saliva can go down this deep.

Sugar alcohols are cariostatic thus xylitol raises fluoride toothpastes’ curative effect.

Sorbitol is a toothfriendly sweetener because there is no Streptococcus mutans extracellular polysaccharide production after consumption.

Sugar alcohols can cause diarrhoea due to osmotic effects because their intestinal resorption is faster than in case of sugar.

Chlorhexidine can color teeth green, thus only a short term use is recommended.

The most reliable method of caries activity tests is recording plaque and salivary Streptococcus mutans count because they play the most important role in caries out of all cariogenic microorganisms.

Sugar-free chewing gum, especially when containing Xylitol helps remineralisation because it can neutralise acid plaque pH.

four-way association

A) Salivary Lactobacilli count

B) Salivary Candida Albicans count

C) both

D) neither
Caries-activity test

Tell more about oral hygiene

„Dentocult SM” Strip containing bacitracine is used for assessment

A) Sorbitol
B) Xylitol
C) both
D) neither

As sweet as Sucrose

Increases blood sugar level

Oral microorganisms do not metabolise it

A) Systemic Fluoride prevention
B) Local Fluoride prevention
C) both
D) neither

More than one type at the same time

Fluorosis might happen

Good for reducing cervical sensitivity

No risk of overdosing

A) Fissure sealing
B) Professional Fluoride application
C) both
D) neither

Additional method of caries prevention

for all age groups

its effect lasts for longer time

A) Quigley-Hein Plaque Index
B) Oral Hygiene Index – Simplified (OHI-S)
C) both
D) neither

No plaque disclosure required to take the Index

Index taken after plaque disclosure

Helps to measure plaque extent

A) Silness-Löe plaque Index (PI)
B) Löe-Silness. Gingival Index (GI)
C) both
D) neither

Gingival index
Oral hygiene index without plaque disclosure
Oral hygiene index with plaque disclosure

A) Lactobacillus acidophilus  
B) Candida albicans  
C) both  
D) neither

Acid-tolerant bacteria
Plays major role in flat surface caries

A) dark zone  
B) translucent zone  
C) both  
D) neither

Front row of caries, in front of it/under it intact hard tissues
Incipient layer of flat surface caries
Layer of decayed dentin

A) Green-Vermillon OHI-S Index  
B) Quigley-Hein Plaque Index  
C) both  
D) neither

index maximum value: 6
index maximum value: 12
oral hygiene index

Implantology
SIMPLE-CHOICE QUESTIONS

IMP-1. According to its location in the oral tissues it can not be considered as an implant:
A) intramucosal implant  
B) subperiosteal implant  
C) transmandibular implant  
D) enosseal implant  
E) intradental implant  

**IMP-90.** Which alloy is not suitable for making a subperiosteal implant?

A) Vitallium  
B) Titanium,  
C) 18/8 chrome-nickel stainless steel  
D) Cobalt-chromium molybdenum alloy  
E) Cobalt-chromium molybdenum alloy with a titanium covering

**IMP-3.** Which of the listed ones does not belong to the exostructure of the implant?

A) the body of the implant  
B) the healing screw  
C) the transgingival screw  
D) the abutment used for correction of axial divergencies  
E) the abutment screw

**IMP-4.** Which of the nowadays used implants does belong to the group of the extension implants?

A) IMZ implant  
B) Straumann implant  
C) Branemark implant  
D) Uniplant SP implant  
E) Osteoplate 2000

**IMP-5.** Which of the listed viewpoints does not belong to the general viewpoints of the implant prosthodontic treatment plan?

A) Planning of the distribution of the occlusal load  
B) Planning the use of the horizontal bracing forces  
C) Planning minimalization of the non axial forces  
D) Planning the use of stress breakers  
E) Planning the axial load of the implant
IMP-6. What does osseointegration mean according to our recent knowledge?

A) Implant is rigidly fixed in the jaw
B) Implant is fixed with a cicatrized tissue in the jaw bone
C) It is a histological diagnosis, according to what the loaded implant and the bone tissue are in contact without an intermediary connective tissue layer
D) It is a histological diagnosis, according to what a connective tissue layer is located between the implant and the bone tissue.
E) The body of the implant is surrounded by a connective tissue layer which provides the anchorage of the implant to the bone

IMP-7. What does biocompatibility mean?

A) The long term formal durability of the implant
B) The damage of the implant due to chemical processes
C) The damage of the implant due to electrochemical processes
D) It is related to the property of the implant which provides the physiological connection with the surrounding tissues.
E) The degradation of the implant due to effects of different biological systems

IMP-8. Which of the listed ones is an extension implant?

A) A pin implant
B) A needle implant
C) The hollow type cylindrical implant
D) Blade shape implant
E) Subperiosteal implant

IMP-9. What is the average diameter of the nowadays used cylindrical or screw form implants?

A) 2-3 mm
B) 3-6,5 mm
C) 7-10 mm
D) 5-7 mm
E) 10-14 mm

IMP-10. Restoring a complete maxillary edentulous case, four implants has been fixed into the frontal part of the edentulous ridge. Which of the listed prosthetic appliances is the most advantageous in this case?

A) overdenture
B) screw retained cantilever bridge
C) cement-luted bridge
D) screw anchored hybrid prosthesis
E) cement-luted hybrid prosthesis

IMP-11. Which of the following ones does not belong to the inorganic matrix of the bone tissue?

A) calcium - phosphate
B) iron -sulfate
C) calcium- carbonate
D) magnesium-carbonate
E) calcium-fluoride

IMP-12. Which jaw bone area can be classified into class D1 according to the Misch and Judy Classification?

A) lateral area of the maxilla
B) frontal area of the maxilla
C) molar area of the mandible
D) area of the maxillary tuber
E) intraforaminal area of the resorbed mandible

IMP-13. Which implant type is not used in the oral cavity?

A) subperiosteal implant
B) intramucosal implant
C) intramuscular implant
D) transdental implant
E) enosseal implant

IMP-14. Which biomaterial belongs to the bioinert materials?

A) steel alloys
B) Co-Cr-Mo alloys
C) titanium
D) hydroxy-apatite
E) tri-calcium-phosphate

IMP-15. Which of the followings is not a surface finishing method in implantology?

A) turnery
B) plasma spray
C) sand blasting
D) ultrasound
E) leaser
IMP-16. Which agent does not influence bony integration?

A) The size of the implant  
B) The aseptic, atraumatic operation technique  
C) The length of the healing period  
D) The package of the implant  
E) The surface finishing of the implant

IMP-17. Which of the followings can be listed among the absolute contraindications of implantation?

A) pregnancy  
B) slight diabetes  
C) tobacco smoking  
D) drug use  
E) patient who is not able to cooperate

IMP-18. Which is the most often used preoperative radiographic method in implant surgery?

A) Ortho-pan-tomographic image  
B) Intraoral radiograph  
C) PA skull image  
D) Computer-tomographic examination  
E) Cephalometric radiograph

IMP-19. Which Hounsfield-value (HU) is characteristic to the lateral aspect of the maxilla?

A) 100-50 HU  
B) 250-100 HU  
C) 1300-1600 HU  
D) 2000-3000 HU  
E) 0 HU

IMP-20. What can be an indication of insertion of a blade shape implant?

A) maxillary sinus, extending deeply into the alveolar process  
B) flabby ridge  
C) mandibular free end saddle in case of a thin alveolar ridge  
D) frontal area of the maxilla, in case of a resorbed alveolar ridge  
E) frontal area of the mandible, in case of a resorbed alveolar ridge
Multiple-choice questions

IMP-21. Impression materials suitable for impression taking for fixed screw-retained implants:
   1) Polyether rubber
   2) compound
   3) silicones
   4) Zinkoxide-eugenol

IMP-22. Which impression tray can be used for the impression taking in case of the use of a transfer abutment, fixed by a transimplant screw?
   - Metal stock tray
   - An open stock tray
   - Special tray made by the dental technician
   - Open special tray

IMP-23. What kind of prosthetic appliance is indicated in case of complete edentulousness, if there are two implants inserted intraforaminally into the mandibular jawbone?
   1) Implant retained front bridge and clasp retained removable partial denture
   2) Implant retained ball and socket attached complete overdenture
   3) Implant retained front bridge and a precision attachment attached removable partial denture
   4) Implant retained and bar joint attachment supported and anchored complete overdenture

IMP-24. A free end saddle case is restored with an implant retained fixed prosthetic appliance. It is practical in the occlusal restoration of this appliance:
   1) If only the natural teeth have initial contact, while the implant retained fixed prosthesis has contact only in maximal intercuspation
   2) If the implant retained prosthesis is in contact at first
   3) If the articulation movements are not limited into any directions at the teeth of the implant retained fixed prosthesis
   4) If there is a gap between the implant retained fixed prosthesis and the antagonistic dentition

IMP-25. It should be considered if a single tooth replacement is planned with the help of an implant:
   1) The possible deep bite
   2) The size of the full crown which is to be made
   3) The diameter of the gingival finish line of the crown to be made
4) The width of the tight gingiva

**IMP-26.** What are the advantages of the laser surface finishing?

1) high level of cleanliness on the surface nagyfokú tiszaság a felszínen
2) special superficial morphology
3) manifestation of primary and secondary structures
4) It is a cheap method

**IMP-27.** Implantation can be carried out in the following point in time from the moment of becoming edentulous:

1) right after the tooth loss
2) six-eight weeks after the tooth loss
3) four-nine months after the tooth loss
4) at the time of the bone augmentation

**IMP-28.** What is characteristic of the CT-examination before the implantation?

1) a CT-pattern is necessary to it
2) it is cheap
3) it makes a three-dimensional simulation possible
4) It is not accompanied by a high dose of irradiation

**IMP-29.** By the measurement with metal pellets, the following distances can be calculated:

1) vertical distance of the maxilla and the mandible
2) the distance of the edentulous ridge and the mandibular canal
3) the distance between the two foramen mentale
4) The distance between the edentulous ridge and the maxillary sinus

**IMP-30.** What can be a contraindication of the implant surgery treatment?

1) General surgical contraindications
2) Osteoporosis
3) Psychologically unstable patient
4) The age of 18-years

**IMP-31.** To perform the bony bed of the implant the following burs can be used:

1) guide drill
2) twist drill
3) screw-tap
4) sinking drill
**IMP-32.** What can be a local contraindication of the implantation?

1) radiographic irradiation in the last five years  
2) presence of osseointegrated bone grafting material in the area of the implantation  
3) pathological alteration of the bone and the soft tissues close to the area of the implantation  
4) Wide, extended tight mucosa at the area of the implantation

**IMP-33.** It belongs to the topographical classification of Brinkmann:

1) one missing tooth  
2) unilateral or bilateral free end saddle  
3) complete edentulousness  
4) short bounded saddles

**IMP-34.** It belongs to the physiological healing processes of the bony injuries:

1) exsudative and proliferative stage  
2) Stage of the laminate type ossification and turn over process  
3) The stage of the mesh-like fibrous connective tissue formation  
4) The stage of complete remineralization

**IMP-35.** Which of the following metals do not show a cellular growth inhibiting effect?

1) aluminum  
2) niobium  
3) iron  
4) zirconium

**IMP-36.** Which local factors do influence the atrophy of the jaws?

1) Oral surgical interventions  
2) Local inflammation  
3) Mucosa born removable dentures  
4) Lingual movements

**IMP-37.** Which of the listed ones do not belong to the indication field of the transdental implantation?

1) Incomplete root canal filling at the front region  
2) Traumatically injured tooth with a fracture at the second one third of the root  
3) Extensive periodontal disease involving more teeth  
4) Resorption process of the root
IMP-38. Which of the listed ones do belong to the intraoral examinations when planning an implant retained prosthesis?

1) Assessment of the type of the edentulousness
2) Examination of the soft tissues
3) Periodontal examination of the remaining teeth
4) Occlusion analysis

IMP-39. Which of the listed ones are not bioinert materials?

1) niobium
2) bio-glass
3) carbon compounds
4) plastic

IMP-40. What is the necessary treatment in the care period of the ready implant prosthesis?

1) Regular check ups are ought to be carried out in every 3-4 months
2) A control orthopantomographic image has to be taken after six months
3) Home care is necessary
4) Control CT image has to be taken

RELATION-ANALYSIS

IMP-41. There is a ten time difference between the mobility of the osseointegrated implant and the natural tooth, THEREFORE it is suggested making the osseointegrated implant retained fixed prosthesis and the fixed appliances made on natural teeth, separately.

IMP-42. In case of single tooth implant restorations a torsion force acts onto the superstructure, THEREFORE only anti-rotational implant prosthetic abutments can be used in these cases.

IMP-43. In case of fabricating fixed, implant retained prosthesis the impression can be taken by a perforated special tray too, THEREFORE the material of the impression can be zinc-oxide eugenol paste too.

IMP-44. Osseointegrated implants are anchored by an anklyotic connection in the jawbone, THEREFORE it is suggested inserting stress-breakers in every case between the implant and the prosthetic abutment.

IMP-45. Osseointegrated implants are anchored by an anklyotic connection in the jawbone, THEREFORE the prosthetic appliance can be fabricated right after the implantation.
IMP-46. The main lamina system of the bone is called the Havers-system or laminae speciales, THUS capillaries forming a capillary system run in them.

IMP-47. Open type implants are placed partially in the inner tissues of the body, while the other part, running through the epithelial layer, is in contact with the external environment, THUS dental implants belong to the category of closed implants.

IMP-48. Subperiosteal implants have a number of advantages compared to the endosteal ones. THUS subperiosteal implants are preferred in the oral surgical clinical practice against the endosteal implants.

IMP-49. Biocompatibility is understood as a property of the material which provides the physiological connection between the implant and the surrounding tissues, THUS the extent of biocompatibility can be increased by the metallosis of the implants.

IMP-50. Amongst the preimplantation examinations the intraoral radiographic image is the most important, THUS the intraoral radiographic image is suitable for planning a single tooth replacement with an implant, and also for the separate controlling of the particular implants.

QUESTIONS OF ASSOCIATION

A) subperiosteal implant  
B) endosteal implant  
C) both of them  
D) none of them

IMP-51. it is surrounded by connective tissue  
IMP-52. it is the most widely used implant type in the practice  
IMP-53. it is made of a bioinert material  
IMP-54. it is a radiopaque type

A) plasma spray  
B) sand blasting  
C) both of them  
D) none of them

IMP-55. aluminum-oxide powder is forced across the surface  
IMP-56. its disadvantage is the risk of metallosis in the surrounding tissues  
IMP-57. this is a material transport free method  
IMP-58. it is a commonly applied surface finishing method

A) one phase implantation  
B) two-phase implantation  
C) both of them  
D) none of them
IMP-59. implant becomes loadable 3-6 months after the implantation
IMP-60. it is nowadays the most widely used method
IMP-61. its advantage is that there is no gap or possible bacterial leakage at the gingival finish line
IMP-62. this method is accompanied by three operations

A) guiding drill
B) twist drill
C) both of them
D) none of them

IMP-63. it can provide information regarding the hardness of the bone
IMP-64. it can help with the determination of the parallelism of the implants
IMP-65. using this, a cooling solution is necessary to be used
IMP-66. it can have a spherical or a spiral shape

A) bioinert materials
B) bioactive materials
C) both of them
D) none of them

IMP-67. Titanium and tantalum belong to this group
IMP-68. These materials can be used for bone augmentation too
IMP-69. Their surface can be porously structured
IMP-70. There can be hydroxi-apatite on its surface

A) Only the implant retained and supported bridge
B) Mixed retained and supported bridge
C) Both of them
D) None of them

IMP-71. Abutments have the same kinetic properties
IMP-72. It is said to be a disadvantage, that the neuromuscular reactions are missing
IMP-73. For the fabrication of this, more implants are necessary
IMP-74. For its fabrication intact dental tissue is to be yielded

A) Implant and mucosa born denture
B) Only implant supported removable denture
C) Both of them
D) None of them
IMP-75. it can be well adapted to the different jaw relations
IMP-76. it is accompanied by a smaller operation, because fewer number of implants are necessary
IMP-77. this solution is often opposing with the imagination of the patients
IMP-78. it is easier to clean

A) It is fabricated at a single tooth replacement by an implant
B) It is done in case of restoring bounded or free end edentulous saddles by an implant retained prosthetic appliance
C) Both of them
D) None of them

IMP-79. crown cemented onto an implant
IMP-80. bridge prosthesis retained and supported on implants
IMP-81. bridge with mixed retention and support
IMP-82. screw retained crown on an implant

A) Impression taking method with a closed tray
B) Impression taking method with an open tray
C) Both of them
D) None of them

IMP-83. it is used only for the impression taking of the prepared dies in the dental practice
IMP-84. it is taken by a special tray
IMP-85. an elastomeric rubber impression material is used
IMP-86. it is used in the fabrication of both the mixed and in the fully implant retained prosthetic appliances.

A) Implant retained mucosa supported dental appliance
B) Implant retained, implant and mucosa supported dental appliance
C) Both of them
D) None of them

IMP-87. the occlusal load is completely transmitted onto the mucosa by the base plate of the dental appliance
IMP-88. the conditions of the retention and the support is improved by joining the implants with a bar
IMP-89. an open or closed tray method is used for the indirect impression taking
IMP-90. retention is provided by ball and socket attachments