Parodontológia szigorlati „beugró" kérdések – válaszokkal ANGOL

2023

1. Fejezet Anatómia

- What type of cells migrate through the junctional epithelium into the sulcus in healthy gingiva? *polymorphonuclear leukocytes*
- What is the apical border of the attached gingiva? *mucogingival junction*
- What does the crevicular fluid contain in clinically non inflamed gingiva? *electrolyte, immunoglobulin, complement few PMN leukocyte, plasma cells*
- What structure does develop from the enamel organ? *enamel and primary epithelial attachment*
- What does the alveolar bone remodelling mean? *The bone resporpiton and bone apposition is harmonized and maintained by systhemic and local hormonal factors*

2. Fejezet Epidemiologia

- What was proven by Löe's study in 1965? *due to plaque accumulation gingivitis develops even on healthy gingiva*
- Which is the most common and most decisive behavioural risk factors for chronic periodontitis? *smoking*
- Why not all gingivitis progresses into periodontitis? *because several risk factors should be simultaneously present to initiate periodontal attachment loss*
- What is the two most common risk factors for chronic periodontitis? *Smoking and diabetes*
- How many percent of the adult population of the world suffers in chronic destructive periodontitis according to the WHO data bank? *15-20%*
- Which index can be registered by the so called WHO probe? *BPI/CPITN/CPI Index*

3. Fejezet Dentális Plakk Calculus

- Which type of bacteria dominate the earliest dental plaque? *aerobic cocci*
- What does it mean that the dental plaque is a typical biofilm? *on a non shedding surface in a wet environment a well organized bacterial colony is formed with well defined structure and function that is very resistant to chemicals and antibiotics*
- What kind of microbiological changes are caused by a subgingivally placed overhanging restoration margin? *increased Gram negative anaerobic bacterial count*
- What is the color of the subgingival calculus? *dark brown or back*
- What are the initial colonizer of supragingival plaque? *Aerob Gram+ cocci and actinomyces*

4. Fejezet Mikrobiológia

- Please list five periodontopathogenic bacteria. *AA, PG, Tannerella Forsythia, Prevoltella Intermedia, Fusobacterium Nucleatum*

- Which bacteria is most commonly present in aggressive periodontitis? *AA*
- What virulence factors are produced by AA? *leukotoxin, endotoxin, proteolytic enzymes*
- What kind of bacteria is the Porphyromonas Gingivalis? *Gram-, obligate anaerobe, asaccharolytic, rod-shaped*
- What determines the composition of the subgingival biofilm? *inflammation degree and the pocket depth*
- Is there a need for microbiological examination to diagnose of periodontal disease? *not*

5. Fejezet Plakk Ellenes Védekezés

- What are the classic signs of inflammation? *Rubor, tumor, calor, dolor, functio laesa*
- What are the stages of gingivitis? *initial, early gingival lesions, advanced gingival lesion*
- What are the safeguards in the mouth? *0. saliva, 1. gingival sulcus, 2. free gingival connective tissue, 3. systemic immuno protection*
- Which cells play a major role in the cellular defense mechanism of the body? *PMN leukocytes's, mast cells and basophil leukocytes, mononuklear cells*

6. Fejezet Szervezet Plakkellenes Védekezése

- What are the main behavioral risk factors of periodontitis? *poor oral hygiene, lack of motivation, cigarette smoking, malnutrition, stress, lack of dental check-ups*
- What are the aquired risk factors of periodontitis? *gene polymorphisms, ethnicity, diabetes mellitus, HIV infection, osteoporosis, occlusal trauma, plaque retentive factors*
- What are the three main microbiota species which are causative factors for periodontitis? *Aggregatibacter actinomycetemcomitans, Porhyromonas gingivalis, Tannerella forsythia*
- What is the effect of cigarette smoking on secretory Ig-A level? *significantly decrease*
- Which periodontal disease has the closest correlation with stress? *necrotising ulcerative gingivitis/periodontitis*
- How does the cigarette smoking influence the efficiency of the periodontal treatment and regeneration? *attachment gain significantly decrease, wound healing slower, the number of the refractory cases are significantly higher*

7. Fejezet: A Fogágybetegségek Klasszifikációja

- What is typical for all gingival diseases after elimination of causative factors? *Reversibility*
- What are the inflammatory signs, symptoms of plaque induced gingivitis? *Change in gingival color and contour, bleeding upon provocation, increased sulcular temperature and gingival exudate*
- What kind of medication groups can cause drug-influenced gingival enlargements? *phenytoin (dilantin), Ca-channel blockers, cyclosporine-A*
- Please list hormonal changes that can cause pronounced inflammatory reaction of the gingiva. *Puberty, menstrual cycle, pregnancy, diabetes mellitus*

- Which mucocutaneous disorders can cause desquamative gingivitis? *pemphigus, pemphigoid, lichen planus, erythema multiforme, allergic reactions*
- Please list a minimum of three causative factors (risk factors), which play a role in the development of ANUG/ANUP? *Smoking, systemic diseases (AIDS, leukemia), bad oral hygiene, stress, malnutrition...*
- What is the result of vitality- (sensibility) test (usually) in case of a periodontal and periapical (with endodontic origin) abscesses? *The tooth is usually vital with the periodontal abscess, the tooth is not vital with the periapical abscess.*
- What is the severity of periodontitis according the new classification*? (Stage 1-4, Grade A-C)*

8. Fejezet Általános Betegségek

- Should periodontitis be considered as a focal disease in case of systemic inflammation? *Yes, periodontal disease is an important focal disease.*
- What kind of systemic diseases can develop in presence of periodontitis as a focal disease? *infective endocarditis, atherosclerosis (cardiovascular and cerebrovascular diseases) arthritis, diabetes, premature and low weight birth, bacterial pneumonia, gastrointestinal diseases*
- When should we prescribe prophylactic antibiotic before invasive dental treatments? *If the patient had endocarditis previously, or has prosthetic valve, mitral valve prolapse, hemodialized, hip prosthesis, previous bisphosphonate therapy.*
- What is the dose and timing? What if the patient has allergy to this antibiotics? *2g penicillin 1 hour before treatment, in case of allergy 600mg clyndamicin 1 hour before treatment*
- What is the relation between DM and destructive periodontitis? *DM is a risk factor for destructive periodontitis as well as severe periodontal inflammation can also deteriorate metabolic control in DM.*
- What is the most important complication that periodontitis can cause in pregnancy? *premature and low weight birth*
- *What kind of dental treatments are mandatory before cardial surgery? Thorough examination and elimination of dental foci*

9. Fejezet Diagnosztika

- Please name 3 periodontal probes. *UNC 15, Williams, Nabers*
- What is the definition of clinical attachment level? *The distance between CEJ and the base of pocket.: CAL=PPD+GR*
- Please describe a Miller class I. gingival recession. *The gingival recession does not reach the mucogingival junction and there is no interdental bone loss or gingival recession*
- Please describe a Miller class II. gingival recession. *The gingival recession reaches the mucogingival junction but there is no interdental bone loss or gingival recession*
- Please describe a Miller class III. gingival recession. *The gingival recession does not reach or reaches the mucogingival junction and there is interdental bone loss and gingival recession as well*

- Please describe a Miller class IV. gingival recession. *The gingival recession reaches the mucogingival junction or it goes over it and there is interdental bone loss and severe gingival recession as well*
- What is FMPS and how do you calculate it? *Full mouth plaque score (plaque accumulated surfaces/ number of teeth *6)*100*
- What is FMBS and how do you calculate it? *Full mouth bleeding score (BOP+ surfaces/ number of teeth*6)*100*
- Classification of furcation involvment: *Grade I.: horizontal bone loss doesn't reach the 1/3 of the bucco-lingual cross section of the tooth. Grade II.: horizontal bone loss reach more than the 1/3 of the bucco-lingual cross section of the tooth but there is no tunnel under the furcation Grade III.: because of horizontal bone loss there will be a tunnel under the furcation*
- Classification of tooth mobility: *Grade I.: horizontal amplitude of mobility is between 0,2-1,0 mm Grade II.: horizontal amplitude of mobility is more than 1,0 mm Grade III.: horizontal amplitude of mobility is significant and there is vertical mobility as well*

10. Fejezet Teljeskörű Parodontális Terápia

- What are the phases of the periodontal treatment? *Acute/systemic; Hygienic/cause related/initial; Surgical/corrective/restorative; Maintenance/supportive*
- What are the main goals of perio treatment? *Arresting inflammation and attachment loss, facilitating self-performed oral hygiene and periodontal regeneration, if possible.*
- What are the steps of cause related phase of perio Tx? *Full perio assessment, improving self-performed oral hygiene, smoking cessation advice, supra and subgingival debridement, extraction of hopeless teeth, (fluoride treatment, splinting and/or temporary prosthetic, endo treatment …if needed), OH check-up, full perio reassessment*
- What kind of treatment is incorporated in the corrective phase? *Perio surgery, ortho, implant, prosthetic treatment*
- What kind of treatment is incorporated in the supportive phase? *Perio reevaluation, OH check-up, professional cleansing, fluoride treatment*
- Which perio parameters are investigated at full assessment? *FMPS, FMBS, PPD, REC, furcation, mobility*
- When do we administer systemic antibiotics in perio Tx? *Prophylaxis (as per protocol), aggressive periodontitis, some refracter cases in chronic perio (e.g.:PPD>6mm)*
- What is the difference between regenerative and reparative healing? *Both are the forms of a healing, but one results in true regeneration (PDL, cementum, bone) and the other in LJE.*
- What does LJE stand for? *Reparative perio healing with junctional epithelium at the sites of former periodontal ligaments.*

11. Fejezet Oki Terápia

- Which part of a Gracey curette presents information about the correct position of the instrument during working? *the terminal shank*
- During currettage we manage to do 3 different procedure. Which? *scaling, root planning and removal of granulation tissue*

- *What is the main aim of the currently accepted method for debridement? Biofilm destruction*
- What is the contraindication of the ultrasonic device? *patient with pacemaker*
- When do we reevaluate the periodontal status after the first session of curettage? *6-8weeks after*
- Why is it forbidden to use a sickle scaler subgingivally? *Because it has a sharp tip/end, it can harm the gingival tissues*

12. Fejezet Parodontális Sebészet

- What types of periodontal pocket surgery can you mention? *resective/ regenerative*
- What types of resective periodontal pocket surgery can you mention? *gingivectomy, distal wedge, tunnel preparation of a furcation 3 lesion, osseous edge correction*
- What kind of flap is MWF? *full thickness*
- What kind of flap is the apically shifted flap? *split thickness*
- What do we call the distal surgical soft tissue resection of a last molar? *distal wedge*
- What is the only indication of the classical gingivectomy? *herediter familiaris fibromatosis gingivae*
- What kind of histological healing pattern can you expect following resective periodontal surgery? *LJE/recession*

13. Fejezet A Korrekciós Kezelés Fázisai II. Regeneratív Célzatú Módszerek

- What kind of wound healing options could be seen after periodontal treatment? *long junctional epithelium, ankylosis, gingival recession, residual pocket, complete/partial periodontal regeneration*
- What does reattachment mean? *healing after periodontal surgery e.g. paramarginal incision renewal of the connective tissue attachement through the vital Sharpey-fibers*
- What does new attachment mean? *formation of new connective tissue attachement on the naked (after chronic pathologcal destruction) root surfaces*
- What does the complete periodontal regeneration mean? *the lost periodontal tissues will be replaced with the same anatomical structures; formation of: new alveolar bone, new cementum and new periodontal ligaments*
- How can the long epithelial junction develope? *direct hemidesmosomal connection between the epithelial cells and the cementum through the ingrows of theese cells into the deeper non-inflmmatoric regions*
- What is the theoretical ground of the GTR techniques? *with the using of membranes: blocking of the ingrow of epithelial cells thereby fostering the ingrowth of periodontal cells with connective tissue origin*
- From what sources can the complete periodontal regeneration develope? *mesenchymal cells of periodontal ligament origin*
- How can the bone substitutes be categorized? *auto-, allo-, xenografts and alloplastic materials*

14. Fejezet Irányított Regenerációs Technikák

- How can you classify the periodontal osseus defects? *horizontal, vertical, crater, furcation lesion*

- How can you describe the morphology of a defect? *depth and width of the intrabony component*
- Which intrabony defect has the best regenerative potential? *three wall, deep and narrow defect*
- What are the indications of a papilla preservation technique? *esthetic reason, primary healing, use of a membrane*
- What type of membranes do you know? *non-absorbable membrane, absorbable membane*
- What does PRP/PRF mean? *platelet rich plasma/fibrin*
- What does GTR mean? *guided tissue regeneration*

15. fejezet mucogingivális sebészet

- At which level is the gingival margin located in a healthy patient? *At the level of the cemento-enamel junction*
- Which factors can cause gingival recessions? *Anatomic factors (dehiscences, high muscle attachment, frenal pull), mechanical factors (toothbrushing technique, iatrogenic factors), inflammatory lesions, periodontal treatment procedures*
- Where can we harvest SCTG from? *Palate, tuberosity*
- On the average how far are the great palatinal artery from the gingival margin? *7-13 mm*
- In which Miller class can we expect 100% coverage following treatment? *Miller I. and II.*
- Which two techniques are usually used in the treatment of multiple recessions? *DeSanctis and Zucchelli - Modified coronally advanced flap, Tunnel-technique (MCAT)*
- In which way does the free graft get blood supply in the first days after the surgery? *Diffusion*
- Which presents with a more pleasing long-term esthetic and functional results the application of SCTG or a resorbable membrane in a recession coverage? *SCTG*

16. Fejezet Furkáció Léziók

- How would you define furcation type I? *horizontal loss of periodontal support not exceeding one third in width of a multirooted tooth*
- How would you define furcation type II? *horizontal loss of periodontal support exceeding one third in width of the tooth, but not encompassing the total width of the furcation area*
- How would you define furcation type III? *„through-and-through" destruction of the periodontal tissues in the furcation area*
- What does the tunnel preparation mean in case of furcation-involved teeth*? to make a tunnel between the roots to enhance cleansability in furcation type III defects*
- In case of furcation involvement which tooth in the dentition is the most complicated to treat? *upper first premolar*
- What does premolarisation means? *Separating the roots of a lower molars keeping both roots for restorative therapy*
- Which tooth is affected most often with furcation involvement? *upper first molar*

- What does root resection means? *Separation of the roots in case of furcation involvements, removal one or two roots in an open flap surgery. Prior to surgery root canal treatment is needed*

17. Fejezet Paro Protetika

- What is the ideal crown-root ratio? *1:2*
- What is the minimal acceptable crown-root ratio? *1:1*
- If the crown-root ratio was 2:1, could we keep the tooth long term? *yes (Laurell és Lundgren 1985, 1986)*
- Where could the contact points be between the crowns, if we wanted to reach good oral hygiene? *In the coronal third*
- How can the pontic touch the gingiva in order to achieve the best oral hygiene? *Like a line.*
- How should the gingival surface be formed of the bridge structure? *Konvex*
- How should the buccogingival dimension of the crown being formed? *It should be more slim*.
- Where should the margine of preparation in case of furcation class II-III being created? *Supragingival*
- What is the minimum distance between the marginal crown and the bone level? *3 mm*
- How should we make the preparation line for an abutment tooth? *Chamfer*

18. Ortodontiai-Parodontológia

- Could traumatic occlusion/jiggling cause periodontitis? *no*
- Could ortho Tx cause periodontitis? *no*
- Could ortho Tx aggravate untreated periodontitis? *yes*
- Could periodontitis cause traumatic occlusion/malocclusion? *Periodontitis cannot cause traumatic occlusion/malocclusion per se, although the teeth with increased mobility, as a result of attachment loss, could end up in secondary malocclusion.*
- What do jiggling forces stand for? *It is a kind of traumatic occlusion, when the vector of the occlusal forces are not parallel to the axis of the tooth.*
- What does „tensile side" stand for and what does it result in the periodontium? *"Pulling" forces, bone apposition*
- What does „pressure side" stand for and what does it result in the periodontium? *Pressing forces. Bone resorption.*
- What does "forced eruption" stand for? *A slow extraction of a tooth or root by the mean of fixed orthodontic appliances.*
- What does "intrusion" stand for? *Moving the tooth back to its alveolus by the mean of fixed orthodontic appliances*

19. Implantátumok Paro Vonatkozásai

- In which phase of periodontal treatment do you carry out implantation? *II. sebészi fázisban, Parodontális korrekciós műtétek közé soroljuk*
- What does biological width mean? *Combined connective tissue- and epithelial attachment from the crest of the alveolar bone to the base of the gingival sulcus.*
- What is the different between periimplant mucositis and periimplantitis? *the alveolar bone is compromised in periimplantitis*
- What does GBR mean? *Guided Bone Regeneration*
- What is the value of biological width? *The biologic width is patient and site specific, may vary between 0,75-4,3 mm*
- Is peri-implant mucositis reversible? *yes*
- What does alveolare ridge preservation mean? A*lveolar ridge preservation is a procedure to reduce bone loss after tooth extraction*
- Is the implant placement contraindicated in case of periodontal disease? yes, in case of untreated periodontitis

20. Fenntartó Kezelés

- What does SPT mean? *Supportive Periodontal Therapy (periodontal maintenance)*
- What is the purpose of supportive periodontal therapy? *To maintain the clinical attachment level obtained as result of cause–related periodontal therapy, prevent any acute inflammation, and to treat the acute inflammations should they occure*
- What does supportive periodontal therapy include? *Giving instructions and motivating the patient regarding the maintanence of oral hygene, checking the oral hygiene, supra-subgingival scaling, removing the plaqueretention factors, monitoring the patient's periodontal and systemic condition, and to treat the acute infammations.*
- Until when shall we carry out the periodontal supportive therapy? *For good until the patient has teeth.*
- How often should we recall the patient for supportive periodontal therapy? *2-12 months Individually tailored. 3 M on average*
- What could be the causes of the exacerbation of periodontatis after the cause-related periodontal therapy? *Insufficient oral hygene, smoking or the development of systemic diseases.*
- When do we start periodontal supportive therapy? *Following successful initial or corrective phase*
- Which are the factors related to plaque control that determine the frequency of recalls? *Personal motivation, manual skills, effectiveness of the personal plaque control, the forming of the dental calculus, plaqueretention factors, anatomic variations, attrition caused by improper use of toothbrush .*
- Which are the factors related to periodontal status that determine the frequency of recalls? *Personal predisposition to gingivitis, periodontitis and clinical attachment loss, progression of the periodontitis, systematic immunstatus, plaque-bacteria flora, newly developped cavities, occlusion*