

Medical University – Plovdiv
Faculty of dental medicine
Department of Oral surgery

Collection

Self-training tests and questions
in oral and maxillofacial surgery
for students of dental medicine – fifth year

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EXERCISE № 31

TOPIC: Hypertrophy of the oral mucosa. Diagnosis and surgical treatment

TEST

1. Imprecisely manufactured dentures causing chronic inflammation lead to:
a/ hypertrophy of the mucosa
b/ alveolar bone lysis
c/ a+b
2. Hypertrophic mucosa:
a/ improves denture retention
b/ impedes denture retention
c/ doesn't influence the retention of the dentures
3. Mucosal hypertrophy excision is performed under:
a/ local topical anesthesia
b/ local infiltration anesthesia
c/ endoneurial anesthesia
4. Mucosal hypertrophy is excised:
a/ without involvement of periosteum
b/ with periosteum
c/ with part of the underlying bone
5. After mucosal hypertrophy excision the wound is:
a/ drained
b/ sutured
c/ left on secondary healing
6. Excision of mucosal hypertrophy is:
a/ trapezoidal
b/ angular
c/ cuneiform
7. In edentulous jaws mucosal hypertrophy is:
a/ firm, painful, bleeding
b/ soft, bleeding, not painful
c/ firm, not painful, without bleeding

8. After excision of mucosal hypertrophy is necessary:
 - a/ correction of the old denture
 - b/ to make a new denture
 - c/ to use the old denture

9. Regional lymph nodes in case of mucosal hypertrophy clinically are:
 - a/ enlarged
 - b/ unchanged
 - c/ fused together

10. After mucosal hypertrophy removal prosthetic treatment can be started after:
 - a/ 7 days
 - b/ 10 days
 - c/ 14 days

11. Clinically epulis fissuratum is presented as:
 - a/ hypertrophic fibromatous overgrowth of the vestibular mucosa
 - b/ pronounced, aberrant gingivo-buccal and frenal attachments
 - c/ mobile alveolar mucosa

12. After excision of extensive mucosal hypertrophy:
 - a/ wound is left on secondary healing under the old denture
 - b/ wound is sutured
 - c/ wound is left on secondary healing under the new denture

13. Overgrowth of oral mucosa most frequently are:
 - a/ exophytic
 - b/ infiltrative
 - c/ endophytic

14. Small mucosal growths are treated by:
 - a/ radical excision and suturing
 - b/ radical excision and secondary epithelialization under the denture
 - c/ radical excision and wound dressing with iodoform gauze

15. Biopsy of excised mucosal hypertrophy is:
 - a/ obligatory
 - b/ preferable
 - c/ not necessary

16. Contemporary techniques for surgical excision of mucosal hypertrophy are:
 - a/ electrosurgery
 - b/ laser surgery
 - c/ a+b
17. Healing after electrosurgery or laser surgery of mucosal hypertrophy is:
 - a/ delayed
 - b/ intensified
 - c/ complicated
18. Radical mucosal hypertrophy operations include:
 - a / complete excision of hypertrophied mucosa with periosteum
 - b/ excision without affecting the periosteum
 - c/ partial excision of the hypertrophy allowing the resulting wound to be sutured
19. The most common location of fibrous mucosal hypertrophy is:
 - a/ between the nose and the crest of alveolar ridge
 - b/ around the gingivo-buccal attachments
 - c/ around the jaws tuberosity
20. Mucosal hypertrophies are more common localized on:
 - a/ maxilla
 - b/ mandible
 - c/ both

QUESTIONS

1. What is the most common cause of mucosal hypertrophy?
2. What technique of anaesthesia is used for mucosal hypertrophy excision?
3. Is the periosteum included in mucosal hypertrophy excision?
4. Describe the technique for excision of mucosal hypertrophy?
5. How the wound is sutured after mucosal hypertrophy excision?
6. What is the clinical manifestation of mucosal hypertrophy?
7. After what period of time after mucosal hypertrophy excision prosthetic treatment can be started?
8. How the mucosa hypertrophies grow?
9. Is it necessary histological confirmation by biopsy of diagnosis - mucosal hypertrophy?
10. Where is the most common localisation of mucosal hypertrophy?
11. Can laser excision of mucosal hypertrophy be used?
12. Can high frequency electrosurgery be used for excision of mucosal

- hypertrophy?
13. Is it the necessary to fabricate a new denture after excision of mucosal hypertrophy or the old one can be used?
 14. What are the patient complaints in case of mucosal hypertrophy?
 15. What is the Epulis fissuratum?

EXERCISE № 32

TOPIC: Exostosis of the jaw bones. Clinical features, diagnosis and surgical treatment.

TEST

1. Tooth extraction finishes with:
a/ smoothing of the alveolar rough edges with bur
b/ compression of the socket walls
c/ suturing
2. After multiple tooth extraction the alveolar ridge remain with:
a/ rough osseous ridges
b/ mucosal atrophy
c/ mucosal hypertrophy
3. Smoothing the alveolar crest is performed under:
a/ topical anesthesia
b/ infiltration local anesthesia
c/ a+b
4. Rough bone edges are corrected with:
a/ freer elevator, periosteum elevator, Luer Rongeur
b/ tuckklemme, Kocher's Forceps
c/ Luer Rongeur, bone burs
5. Sharp alveolar ridge is corrected by drilling when:
a/ its height won't be decreased
b/ large alveolar crest resorption is present
c/ a mucosal hypertrophy is present
6. Treatment of bone exostosis includes:
a/ bone smoothing
b/ curettage
c/ a+b

7. Alveolar ridge defects correction is performed with:
 - a/ curettage
 - b/ bone augmentation
 - c/ smoothing

8. Treatment of alveolar crest atrophy aims:
 - a/ gingival correction
 - b/ bone augmentation
 - c/ bone curettage

9. Surgical removal of maxillary bone exostosis should comply with:
 - a/ maxillary sinus
 - b/ alveolar crest width
 - c/ compact alveolar bone

10. Surgical removal of mandibular bone exostosis should comply with:
 - a/ mandibular canal
 - b/ lower jaw thickness
 - c/ lower jaw width

11. After processing of the extraction wound are created conditions for:
 - a/ uniformly and smoothly alveolar crest shape
 - b/ “undermine places”
 - c/ decreased vestibular depth

12. Correction of the alveolar ridge is performed by:
 - a/ an oral surgeon
 - b/ a prosthodontist
 - c/ a periodontist

13. Correction of knife-edge alveolar ridge includes:
 - a/ smoothing
 - b/ drilling
 - c/ bone augmentation

14. Correction of knife-edge, with sufficient height, alveolar ridge includes:
 - a/ smoothing
 - b/ deepening
 - c/ bone augmentation

15. After multiple adjacent teeth extraction:
 - a/ the wound is compressed and left on secondary healing
 - b/ sharp bony edges are removed and wound is sutured
 - c/ a dressing with topical agents is placed in the extraction wound

16. Augmentation of the mandibular alveolar ridge is made by:
 - a/ free skin grafts
 - b/ free mucosal grafts
 - c/ autologous and alogenic grafts

17. Augmentation means:
 - a/ enlargement of the alveolar ridge
 - b/ sharp bone edges removal
 - c/ mucosal flaps surgery for increasement of the prosthetic field

18. Prosthetic treatment following augmentation surgery can be started after:
 - a/ 3 to 6 months
 - b/ 6 to 12 months
 - c/ 1 to 3 months

19. For clarification of the diagnosis torus mandibularis (TM) and torus palatinus (TP) is necessary:
 - a/ clinical examination and radiography
 - b/ scintigraphy and ultrasound examination
 - c/ computed axial tomography (CAT scan)

20. Torus mandibularis (TM) and torus palatinus (TP) are:
 - a/ bony growths in the mandible and maxilla
 - b/ gingival enlargements in the mandible and maxilla
 - c/ inflammatory processes in the mandible and maxilla

QUESTIONS

1. Which is the final stage of tooth extraction?
2. When rough bony edges of the alveolar crest should be corrected?
3. What anesthesia technique requires the correction of rough bony edges of the alveolar crest?
4. What instruments are used for smoothing a rough bony edges of the alveolar crest?
5. What are bone exostosis?
6. With what we have to comply during surgical removal of mandibular bone exostosis?

7. With what we have to comply during surgical removal of maxillary bone exostosis?
8. How “undermine places” of the alveolar ridge are corrected?
9. What surgical treatment requires the alveolar ridge atrophy?
10. What surgical treatment requires knife-edge alveolar ridge?
11. What does it mean the augmentation surgery?
12. What grafts are used for alveolar ridge augmentation?
13. After what period of time after augmentation surgery prosthetic treatment can be performed?
14. What are the torus mandibularis (TM) and torus palatinus (TP)?
15. What paraclinical tests are used for the differential diagnosis of torus mandibularis (TM) and torus palatinus (TP)?

EXERCISE № 33

TOPIC: Splinting in periodontal diseases. Indications and methods.

TEST

1. Periodontal splinting is:
 - a / method for removing influence of occlusal trauma by which is achieved medico-biological readjustment of the assembly parodont
 - b / a method in which compensate functional insufficiency of masticatory apparatus
 - c / a+b
2. Splints are:
 - a/ removable
 - b/ fixed
 - c/ removable and fixed
3. Removable splints covers the teeth:
 - a/ buccaly
 - b/ orally
 - c/ buccally and orally
4. Indication for treatment with removable periodontal splints is:
 - a/ at the end of I grade pathologic tooth mobility
 - b/ at the end of II grade pathologic tooth mobility
 - c/ at the end of III grade pathologic tooth mobility

5. Ligature splinting necessitates covering of:
 - a/ one group of adjacent teeth
 - b/ two groups of adjacent teeth
 - c/ only the affected teeth

6. Hirschfeld's ligature wire splint is:
 - a/ interrupted
 - b/ continuous
 - c/ smooth vestibular splint

7. Atanasov's ligature wire splint is:
 - a/ figure of eight
 - b/ continuous
 - c/ interrupted

8. Hirschfeld's ligature wire splint is made with:
 - a/ ligature wire 0,3-0,4 mm, length 15-20 sm
 - b/ ligature wire 0,6 mm, length 10 sm
 - c/ ligature wire 0,1 mm, length 50 sm

9. Removable periodontal splints can be used when:
 - a/ pathological process develops rapidly
 - b/ pathological process develops slowly
 - c/ periodontal reserve forces are exhausted

10. Plastic removable splints are used for:
 - a/ stabilization of the teeth
 - b/ acceleration of the healing process
 - c/ a+b

11. Retention of the plastic removable splints is achieved by:
 - a/ interdental spaces
 - b/ crowns of the teeth
 - c/ teeth cervix

12. In the distal areas vestibular and lingual end of the Atanassov's splint binds through:
 - a / wire ties
 - b/ plastic bridges
 - c/ soft plastic

13. Connections between vestibular and lingual part of the plastic removable splint pass:
 - a/ below the equator of the teeth
 - b/ via the interdental spaces
 - c/ on interproximal teeth contacts
14. In order to provide blockage over the entire width of the tooth row is necessary blocking elements of the splint to be situated:
 - a/ above the equator zone of the teeth
 - b/ below the equator zone of the teeth
 - c/ in the interdental spaces of the teeth
15. Fixed splints reduce traumatic action of the:
 - a/ the horizontal masticatory forces
 - b/ the vertical masticatory forces
 - c/ all masticatory forces
16. Indications of fixed periodontal splints are:
 - a/ pathologic tooth mobility grade 1
 - b/ pathologic tooth mobility grade 2
 - c/ pathologic tooth mobility grade 3
17. Fixed periodontal splints are used when:
 - a/ pathological process develops rapidly
 - b/ pathological process develops slowly
 - c/ pathological process is chronic
18. The contemporary fixed splints usually are made of:
 - a/ Kevlar fiber
 - b/ photopolymer
 - c/ a+b
19. Kevlar fiber is fixed:
 - a/ in groove made on the lingual surface of the anterior teeth
 - b/ on a roughened lingual surface of the anterior teeth
 - c/ directly on the tooth surfaces
20. Kevlar fiber is fixed to the teeth with:
 - a/ rapidly polymerizing plastic
 - b/ phosphate cement
 - c/ photopolymer

QUESTIONS

1. What is the splinting in periodontal pathology?
2. What types of splints for periodontal splinting do you know?
3. What are the indications for usage of removable splints?
4. What are the indications for usage of fixed splints?
5. What rule must be respected in ligature splinting?
6. What are the plastic removable periodontal splints?
7. How the plastic removable splints are retained in the tooth surfaces?
8. In which cases we use plastic removable periodontal splints?
9. Describe the Hirschfeld's ligature wire splint?
10. Describe the Atanasov's ligature wire splint?
11. What the contemporary fixed splints are made of?
12. What is the Kevlar fiber?
13. How Kevlar fiber is fixed to the teeth?
14. Which forces are reduced with removable periodontal splints?
15. Which forces are reduced with fixed splints?

EXERCISE № 34

TOPIC: Surgical treatment of periodontal diseases. Gingival methods.

TEST

1. Surgical gingival techniques for treatment of periodontal diseases intervene on:
a/ attached gingiva with pathologic changes
b/ attached and free mucosa with pathologic changes
c/ attached, free mucosa and bone
2. Surgical procedures for gingival treatment of periodontal diseases are:
a/ gingivoplasty, frenuloplasty, hemisection, tooth extraction
b/ gingivectomy, gingivoplasty, gingivotomy, curettage, papillectomy, electrosurgery, cryosurgery, flap surgery
c/ curettage, gingivectomy, vestibuloplasty, frenuloplasty
3. Curettage, one of the main methods for the surgical treatment of periodontal diseases, is applied:
a/ independently
b/ as a part of the other methods
c/ a+b

4. Subgingival curettage is a method of treatment in which:
 - a/ the intervention is limited to the epithelium of the free gingiva
 - b/ the intervention is in the gingival sulcus on epithelial attached gingiva
 - c/ only subgingival ("below the gum") calculus is removed
5. Curettage aims at:
 - a/ removal of granulation tissue and epithelial fibers
 - b/ removal of tooth calculus and blood clots
 - c/ creation of open space for pocket irrigation
6. After curettage is achieved:
 - a/ expansion of the gingival pocket
 - b/ solid contact between the soft tissue and the surface of the tooth root
 - c/ open cavity
7. Gingivectomy is applied in case of:
 - a/ interalveolar pockets
 - b/ thickened alveolar bone
 - c/ pseudo pockets and hyperplasia
8. Gingivectomy can be performed after:
 - a/ marking the bleeding points ("bleeding point")
 - b/ curettage
 - c/ restoration of the anatomical and physiological edge
9. Contraindication for subgingival curettage is:
 - a/ supra-alveolar periodontal pockets 4-5 mm
 - b/ generalized deep bony pockets
 - c/ pockets with inflammation after other surgical treatment
10. After curettage, the pocket is irrigated with:
 - a/ 3% hydrogen peroxide and saline solution
 - b/ ethanol
 - c/ iodine and 5% serum glucose
11. The bleeding points determine:
 - a/ degree of inflammation
 - b/ depth of the dental calculus
 - c/ pocket depth
12. Marking of the bleeding points is made with:
 - a/ injection needle
 - b/ Crane-Kaplan pincettes
 - c/ graduated probe

13. The incision of the tissue in gingivectomy passes:
 - a/ by the bleeding points
 - b/ 1-2 mm marginally from the bleeding points
 - c/ 1-2 mm apically from the bleeding points
14. Gingivoplasty is a surgical method for:
 - a/ restoration of the anatomic-physiological shape of the gingival border
 - b/ removal of pathological pockets
 - c/ removal of heavily swollen and thickened fibrous gingiva
15. After gingivoplasty gingival margin should be:
 - a/ horizontally shaped
 - b/ thin, pointed and pass obliquely to the tooth
 - c/ threshold-shaped toward the teeth
16. Gingivotomy is a technique in which:
 - a/ mucosa is incised and pathological periodontal pocket is cleaned
 - b/ suture is placed and pathological pocket is eliminated
 - c/ the pathological pocket is drained
17. The main surgical technique "on which are built the other operations with flap for elimination of the pathological periodontal pockets "is the operation of:
 - a/ Edlan-Mejchar's technique
 - b/ Grupe-Warren's technique
 - c/ Widman-Neuman technique
18. In surgical treatment of gingival hypertrophy and gingival fibromatosis is used:
 - a/ open curettage
 - b/ simple gingivectomy
 - c/ radical gingivectomy
19. Gingivectomy as an independent method of treatment is indicated in:
 - a/ intraalveolar pockets
 - b/ supraalveolar pockets with a horizontal resorption
 - c/ gingival pockets, reaching or passing mucogingival border
20. The most commonly used surgery in advanced periodontal surgery is:
 - a/ Vidman's modified technique with Ramfjord flap
 - b/ Obwegeser's method
 - c/ Limberg's method

QUESTIONS

1. Which methods for surgical treatment of periodontal diseases are gingival methods?
2. In surgical gingival techniques is intervened in which part of the periodontium?
3. What is the gingivectomy?
4. What is the gingivoplasty?
5. What is the gingivotomy?
6. What is the curettage?
7. What is the papillectomy?
8. What is the electrosurgery?
9. What is the cryosurgery?
10. What are the indications for treatment with each of the above methods?
11. What are the contraindications for application of each methods?
12. What are the bleeding points and how they are determined?
13. What solutions can be used for irrigation of the periodontal pockets?
14. Which is the main sutgical technique "on which are built the other operations with flap for elimination of the pathological periodontal pockets"?
15. What is the most common surgical procedure in advanced periodontal surgery?

EXERCISE № 35

TOPIC: Surgical treatment of periodontal diseases. Bone methods.

TEST

1. The defect in two-wall bone pockets is limited by:
 - a/ two preserved bone walls and tooth root surface
 - b/ two destroyed bone walls and tooth root surface
 - c/ three destroyed bone walls
2. The defect in three-wall bone pockets is limited by:
 - a/ preserved three bony walls
 - b/ destroyed three bony walls
 - c/ preserved two bony walls and the tooth root surface
3. Osteoplasty means:
 - a/ cutting bone
 - b/ bone transplantation
 - c/ plastic reshaping of the bone for achievement of a physiological shape

4. Indication for osteoplasty is:
 - a/ narrow and deep osseous pockets
 - b/ thickening of the buccal and palatal (lingual) bony walls
 - c/ large-size bone defects

5. Osteoplasty is contraindicated in case of:
 - a/ a risk of uncovering the furcation
 - b/ thickened bone ridges
 - c/ medium deep bony pockets

6. Osteoectomy is an operation in which:
 - a/ bone is transplanted
 - b/ bone is removed
 - c/ bony periodontal pockets are corrected

7. The observations of advanced authors show the best and lasting results after transplantation of:
 - a/ alloplastic materials
 - b/ autologous bone
 - c/ acrylamide sponge

8. Free extraoral autografts are taken most often from:
 - a/ crest of the iliac bone
 - b/ ribs
 - c/ skull

9. Hemisection is:
 - a/ extraction of a mobile tooth loclised between the two healthy teeth
 - b/ removal of one of the roots of a mandibular molars with adjacent crown part
 - c/ removal of one tooth root

10. Bicuspidation is:
 - a/ conversion of two bicuspids into single molar
 - b/ separation of a single molar into two bicuspids
 - c/ removal of a root and its related coronal portion of a multirooted tooth

11. Root amputation is:
 - a/ removal of one of the roots without the adjacent crown part
 - b/ removal of one of the roots together with the adjacent crown part
 - c / separation of the tooth and removal of one of its roots

12. One-wall osseous defects consist of:
 - a/ only one preserved bone wall and root surface
 - b/ two preserved bone walls and root surface
 - c/ three preserved bone walls and root surface

13. In case of preserved proximal and lingual bone wall pocket is:
 - a/ one-wall
 - b/ two-wall
 - c/ three-wall

14. Bony craters are pockets with:
 - a/ preserved bone walls between two adjacent teeth and destroyed vestibular and oral wall
 - b/ preserved vestibular and oral bone walls and destroyed walls between two adjacent teeth
 - c/ preserved only one bone wall

15. In surgical treatment of periodontal diseases by osteotomy is achieved:
 - a/ bone transplantation
 - b/ removal of bony periodontal pockets
 - c/ plastic reshaping the bone by removing a part of it

16. Indication of osteoectomy is:
 - a/ osseous defects and alveolar exostosis
 - b/ “undermine areas” in the alveolar ridge
 - c/ large bony periodontal pockets

17. Better results in repair processes are achieved with:
 - a/ the usage of hydroxyapatite materials independently
 - b/ cryogenic and lyophilized bone tissues
 - c/ a+b

18. In surgical treatment of periodontal diseases, indication for free autologous bone transplantation is:
 - a/ deep three-wall and narrow two-wall osseous pockets
 - b/ circular osseous defect
 - c/ class III furcation involvement

19. Autologous bone transplants are placed in bone defects after:
 - a/ bone cortex is removed and chipped on a small pieces
 - b/ bone cortex is removed and chipped on a 2-3 large pieces
 - c/ bone cortex is removed and placed full-thickness into the defect

20. Hemisection as surgical method for periodontal diseases treatment is indicated in:
- a/ advanced bone resorption by formation of single- or two-wall bone pockets in one of the roots of the lower molar
 - b/ initially gingival recession where only one root of a multirooted (mandibular molar) tooth is affected
 - c/ class I furcation involvement

QUESTIONS

1. What is the periodontal regeneration?
2. What are the indications for treatment with regenerative surgery?
3. What are the advantages of regenerative procedures?
4. What are the disadvantages of regenerative procedures?
5. How bone pockets are classified according to Goldman & Cohen?
6. Describe the flap (open) curettage as a regenerative procedure?
7. What are the indications for usage of flap (open) curettage?
8. What are the advantages and disadvantages of flap (open) curettage?
9. Describe the surgical technique of open curettage?
10. What types of bone grafts are used for regeneration of intraosseous defects?
11. What are the indications for open curettage and bone grafts?
12. Describe the surgical technique of open curettage and bone grafts?
13. What is the essence and purpose of guided tissue regeneration?
14. What are the advantages of the use of membranes?
15. What are the latest trends for the regeneration of periodontal defects?

EXERCISE № 36

TOPIC: Surgical treatment of periodontal diseases. Mucogingival methods.

TEST

1. Indication for vestibuloplasty is:
 - a/ functionally inadequate attached gingiva (primary shallow vestibulum) with a deposition of plaque and gingival inflammation
 - b/ advanced periodontal disease
 - c/ resorption of alveolar bone over 50%
2. Mucogingival treatment is contraindicated in case of:
 - a/ single and multiple gingival recessions
 - b/ secondary shallow oral vestibulum
 - c/ narrow attached gingiva without clinical and radiological changes

3. Edlan-Mejchar's technique for vestibular deepening is done by dissection of a:
 - a/ mucosal flap
 - b/ mucosal and mucoperiosteal flap
 - c/ mucoperiosteal flap
4. For extension of the attached gingiva Bjorn introduces:
 - a/ free skin autologous graft
 - b/ free gingival autologous graft
 - c/ plastic with opposing triangular flaps
5. Indication for Bjorn's operation is:
 - a/ gingival recession reaching or extending beyond the mucogingival line
 - b/ resective periodontal surgery
 - c/ regenerative bone surgery
6. Free gingival autologous transplantation includes:
 - a/ recipient preparation, transplant harvesting and fixation
 - b/ transplant harvesting and fixation
 - c/ transplant fixation
7. Free gingival grafts according to Bjorn's technique are harvested from:
 - a/ hard palate mucosa
 - b/ soft palate mucosa
 - c/ floor of the mouth
8. Gingival recessions are:
 - a/ apical migration of marginal gingiva and uncovering of the tooth root surface
 - b/ coronal migration of the gingival margin
 - c/ bone resorption with formation of pathological gingival pockets
9. Gingival recessions most commonly lead to:
 - a/ accumulation of a dental calculus
 - b/ dentin hypersensitivity and aesthetic distress, fear of teeth loss
 - c/ development of an inflammatory process
10. The method of Grupe-Warren is:
 - a/ method for plastic coverage of a single gingival recession with free mucosal graft
 - b/ method for plastic coverage of a single gingival recession with free skin graft
 - c/ method for plastic coverage of a single gingival recession using mucoperiosteal laterally positioned flaps (pedicle grafts)

11. Flap used in the method of D. Atanasov to cover recessions is composed of:
 - a/ mucoperiosteal flap
 - b/ mucosal and mucoperiosteal flap
 - c/ mucoperiosteal, mucosal and muscle-periosteal flap
12. Prevention of gingival recessions (prophylaxis) includes:
 - a/ tooth calculus removal and correction of the dental brushing technique
 - b/ widening of the inadequate attached gingiva using gingival graft
 - c/ prophylactic vestibuloplasty
13. Complete coverage of gingival recession with a free gingival autograft can be achieved in:
 - a/ Class I Miller recession
 - b/ Class I Sullivan & Atkins recession
 - c/ Class I Erpenstein recession
14. Contraindications for surgical treatment of gingival recessions are:
 - a/ dentinal hypersensitivity associated with exposed root surfaces
 - b/ presence of caries and wedge-shaped defects
 - c/ pathologic tooth mobility
15. The method of Bernimoulin is designed for the treatment of:
 - a/ single gingival recessions
 - b/ multiple gingival recessions
 - c/ gingival recessions associated with an apically adequate zone of attached gingiva
16. Bernimoulin's technique is:
 - a/ single step procedure for coverage of the exposed root surface
 - b/ two-step procedure for coverage of the exposed root surface
 - c/ single step procedure for apical extension of the attached gingiva
17. Creeping attachment is:
 - a/ coverage of the exposed root surface with mucosal flap
 - b/ coverage of the exposed root surface with mucoperiosteal flap
 - c/ coverage of the exposed root surface after enlargement of the attached gingiva with free gingival autograft
18. Subepithelial autografts are used for:
 - a/ treatment of single gingival recessions
 - b/ treatment of multiple gingival recessions
 - c/ treatment of single and multiple gingival recessions

19. For treatment of gingival recessions the best functional and aesthetic results are achieved by:
 - a/ epithelial gingival autografts
 - b/ guided tissue regeneration
 - c/ subepithelial connective tissue autografts
20. Gold standard for the treatment of gingival recession defects is:
 - a/ lateral pedicle flaps and guided tissue regeneration (membranes)
 - b/ subepithelial connective tissue autograft
 - c/ free gingival autograft

QUESTIONS

1. What are the indications for usage of apically positioned flap technique?
2. What are the types apically positioned flaps?
3. What are the indications and contra indications for operations with full thickness flaps?
4. Describe the full thickness flap operation?
5. What are the advantages and disadvantages of full thickness flap operations?
6. What are the indications and contraindications for usage of partial thickness flaps?
7. What are the advantages and disadvantages of partial thickness flaps?
8. Describe the partial thickness flap technique?
9. Describe the Edlan-Mejchar's technique for widening of the attached gingiva?
10. What is the attached gingiva extension technique with free gingival autograft?
11. Describe the technique for attached gingiva extension with sub epithelial connective tissue graft?
12. What is the frequency and aetiology of gingival recessions?
13. What classifications of gingival recessions include?
14. What is the clinical manifestation and principle of gingival recession treatment?
15. Which are the surgical techniques for treatment of gingival recessions?

EXERCISE № 37

TOPIC: Pre-prosthetic surgery.

TEST

1. What changes occur in the alveolar ridge after extraction of the teeth?
 - a/ height increase
 - b/ height and width reduction
 - c/ centrifugal enlargement
2. After alveolar ridge reduction after teeth extraction adjacent muscle fibers are attached:
 - a/ near the crest of the alveolar ridge
 - b/ in the middle of the crest of the alveolar ridge
 - c/ apically from the crest of the alveolar ridge
3. Indications for pre-prosthetic surgery are:
 - a/ soft tissue changes
 - b/ bone changes
 - c/ soft tissue and bone changes
4. Contraindications for pre-prosthetic surgery are:
 - a/ ulcerative gingivitis and stomatitis
 - b/ presence of teeth
 - c/ primary shallow oral vestibule
5. Aberrant labial frenulum is corrected through:
 - a/ Rehrmann and Pichler's fiaps techniques
 - b/ Wassmund's and Nastev's technique
 - c/ Dieffenbach's and Limberg's technique
6. In case of ankyloglossia frenulum correction is performed by:
 - a/ rhombus figure extension's technique
 - b/ Kazandjian's technique
 - c/ Vasilev's technique
7. Technique for open vestibuloplasty is:
 - a/ Edlan-Mejchar
 - b/ Obwegeser
 - c/ Willard
8. In Edlan-Mejchar's technique for vestibular deepening is formed:
 - a/ mucosal flap
 - b/ mucosal and skin flap
 - c/ mucosal and periosteal flap

9. Frenuloplasty with triangular flaps is a method of:
a/ Pichler
b/ Limberg
c/ Rehrmann
10. The frenulectomy is:
a/ incision of the frenum
b/ excision of the frenum
c/ plastic correction of the frenum
11. In Clark's technique flap is reflected from the:
a/ crest of the alveolar ridge
b/ lower lip
c/ hard palate
12. Transposition of mental vascular - nervous bundle is performed in technique of:
a/ Edlan-Mejchar
b/ Godwin
c/ Kavlakov-Atanasov
13. By incisions in Obwegeser's technique is formed a tunnel in:
a/ periosteum
b/ submucosal tissues
c/ muscles
14. Retention of transpositioned mental vascular-nerve bundle is performed by:
a/ extraoral sutures
b/ intraoral sutures
c/ transalveolar sutures
15. Suitable donor site for harvesting an oral mucosa for autograft is:
a/ distal surfaces of the mandible
b/ sublingual spaces
c/ hard palate
16. In Trauner's lingual plastic surgery apically are transpositioned:
a/ mylohyoid and genioglossal muscle
b/ mylohyoid and hyoglossus muscle
c/ mylohyoid and digastric muscle

17. Indication for Willard's technique alveolectomy is:
 - a/ primary shallow vestibule
 - b/ extreme maxillary protrusion
 - c/ bone roughness following single tooth extraction

18. Placement of dental implants is performed:
 - a/ with reflection of a flap
 - b/ without reflection of a flap
 - c/ a+b

19. Contraindications for placement of dental implants are:
 - a/ hypertension and angina pectoris
 - b/ uncontrolled diabetes and blood disorders
 - c/ gastrointestinal and renal pathology

20. Risk for development of peri-implantitis is:
 - a/ smoking and poor oral hygiene
 - b/ presence of carious defects near the implant
 - c/ excessed stomach acidity

QUESTIONS

1. What are the indications and contraindications for pre-prosthetic surgical treatment of the upper and lower jaws?
2. What is the technique of excision of hypertrophied gingiva and mobile mucosa of the upper and lower jaws?
3. What techniques for frenuloplasty are used in pre-prosthetic surgery?
4. What are the indications for open vestibuloplasty?
5. Which are the surgical methods with base of the flap toward the alveolar crest?
6. What are the disadvantages of Kazanjian's and Godwin's methods?
7. What are the advantages and Edlan-Mejchar's technique?
8. What is the Kavlakov-Atanasov's technique?
9. What are the indications for vestibuloplasty with free mucous grafts?
10. Which are the lingual plasty methods?
11. Which are the bone plasty methods?
12. What are the indications and contraindications for placement of dental implants?
13. What patient preparation is necessary prior dental implants placement of?
14. What is the implantation technique?
15. Describe the complications of dental implant treatment?

EXERCISE № 38: Colloquium

TOPIC: Dental and alveolar ridge trauma – clinical manifestations, diagnosis, differential diagnosis and treatment. Surgical treatment of patients with acute odontogenic infection - Principles. Types of incisions and drainage systems. Diagnosis, differential diagnosis and treatment.

EXERCISE № 39

TOPIC: Surgical techniques for closure of oro-antral communications between oral cavity and maxillary sinus with vestibular approach.

TEST

1. Acquired defects between the oral cavity and maxillary sinus are most frequently located:
 - a/ on the maxillary alveolar ridge
 - b/ on the mandibular alveolar ridge
 - c/ on the palate

2. Communication between the oral cavity and maxillary sinus most often results from:
 - a/ cystic formations penetrating in the sinus
 - b/ anatomical features of the alveolar ridge
 - c/ inaccurate endodontic treatments

3. Management of the oro-antral communications depends on:
 - a/ the size of the defect
 - b/ presence of infection in the sinus
 - c/ sufficiently existing soft tissues for sinus plasty

4. In newly found perforation and free of infection maxillary sinus surgical technique is determined by:
 - a/ the condition of the sinus
 - b/ size of the defect
 - c/ bleeding from perforation

5. Important for successful coverage of oro-antral communication is:
 - a/ preliminary suturing of sinus mucosa
 - b/ iodoform dressing of the tooth socket
 - c/ mobilization of the oral mucosa with periosteum

6. Surgical closure of oro-antral communication is performed:
 - a/ after considering the possibilities of conservative treatment
 - b/ when the communication is big
 - c/ a + b
7. Most important for healing of oro-antral communication is:
 - a/ prompt closure of the defect
 - b/ condition of the maxillary sinus
 - c/ size of oro-antral communication
8. Which of listed below techniques for sinus closure have vestibular approach?
 - a/ Reehrmann's , Lindorf's, Axchausen's techniques
 - b/ Pichler's, Lautenschleger's techniques
 - c/ Zange's, Kazandjian's techniques
9. What local anesthesia is preferable for surgical closure of oro-antral communications ?
 - a/ topical + infiltration anesthesia
 - b/ topical + block anesthesia
 - c/ infiltration and block anesthesia
10. For primary healing (*per primam intentionem*) is important:
 - a/ removal of epithelium of the wound surfaces
 - b/ to preserve the apical part of the epithelium of the alveolus
 - c/ to keep periapical granulation tissue
11. In which technique vertical incisions diverge?
 - a/ Zange
 - b/ Pichler
 - c/ Rehermann
12. In Rehermann's technique extension and mobilization of the flap is achieved by:
 - a/ relaxing incisions of the mucosa on both sides of the defect
 - b/ relaxing incisions of the periosteum
 - c/ rotation of 90°
13. Relaxing incisions for mobilization of the flap in Rehermann's technique is made:
 - a/ on the mucosa 2 cm from the alveolar ridge
 - b/ on the periosteum at various levels
 - c/ a + b

14. In the Rehermann's technique tissues for covering the defect are mobilized from:
a/ vestibular gingiva and mobile mucosa
b/ only vestibular gingiva
c/ vestibular and palatal mucosa
15. Disadvantage of Rehermann's technique is:
a/ leaving an open wound area
b/ shallowing the vestibulum
c/ a + b
16. Surgical interventions in vestibulum oris may lead to defects between:
a/ nasal cavity and ethmoid sinus
b/ nasal cavity and maxillary sinus
c/ nasal cavity and sphenoidal sinus
17. In Axchausen's technique flap is formed from:
a/ vestibular attached mucosa
b/ near the defect palatal mucosa
c/ tissues taken from the opposite side of the defect
18. Disadvantage of the Axchausen's technique is:
a/ creation of a large wound area
b/ folding the flap of 90°
c/ a + b
19. In Rehermann's technique in the area of upper molars may be damaged:
a/ buccal lymph node
b/ Bichat's buccal fat pad
c/ ductus Stenonii
20. The Kazandjan's technique is used in:
a/ adentulous jaws
b/ intact dentition
c/ a + b

QUESTIONS

1. What is the etiology of perforation of the maxillary sinus?
2. What is the clinical manifestation of the maxillary sinus perforation?
3. How maxillary sinus perforation is diagnosed?
4. What is the differential diagnosis of maxillary sinus perforation?

5. Which are the indications and contraindications for plastic coverage of oro-antral communications with vestibular approach?
6. What determines the choice of treatment of the oro-antral communications?
7. What treatment can be applied in case of small perforation?
8. Describe the Rehermann's surgical technique for closure of oro-antral communication?
9. What complications can occur in Rehermann's technique?
10. Describe the Axhausen's surgical technique for closure of oro-antral communication?
11. What is the disadvantage of the Axhausen's technique?
12. What is the behavior of the dentists in case of perforation combined with purulent inflammation in the sinus?
13. What is the behavior of the dentists in case of perforation combined with chronic inflammation in the sinus?
14. What is the behavior of the dentists in case of perforation combined with extrusion of a tooth (root) in the sinus?
15. What medications are prescribed after plastic closure of oro-antral communication?

EXERCISE № 40

TOPIC: Surgical techniques for closure of oro-antral communications between oral cavity and maxillary sinus with palatal approach.

TEST

1. Large defects of the alveolar ridge and palate can open mainly after:
 - a/ apicoectomy
 - b/ surgical removal of impacted teeth
 - c/ cysts and tumors surgical removal
2. Extensive perforation in the molars area is covered by:
 - a/ techniques with vestibular approach
 - b/ techniques with palatal approach
 - c/ a + b
3. Which disorders can lead to acquired defects on the palate?
 - a/ *cheilognathopalatoschisis*
 - b/ *labium leporinum, falux lupina*
 - c/ *lues, tuberculosis, osteomyelitis*

4. In acquired defects of the palate, is created communication with?
 - a/ nasal cavity
 - b/ ethmoidal sinus
 - c/ pterygopalatal fossa

5. Where can be formed acquired defects on the palate?
 - a/ on one or both site of the front palatal area
 - b/ in the middle and in the back of the hard palate
 - c/ a + b

6. Treatment surgical tactic and technique depends on:
 - a / the size and location of the defect
 - b/ the origin of the defect
 - c/ a + b

7. Surgical closure of defects located in the middle of the palate is made by:
 - a/ palatal flaps formed with lateral releasing incisions on both sides of the defect
 - b/ mucoperiosteal pedicle flap rotated from the healthy side
 - c/ flap from the soft palate

8. Successful closure of hard palate defects depends on:
 - a/ usage of two-layer closure of the defect
 - b/ coverage of the donor area
 - c/ drainage of the wound surface

9. In very large acquired palatal defects closure is achieved by:
 - a/ opposite triangular Limberg's flaps
 - b/ free skin flaps
 - c/ Filatov stem

10. For closure of alveolar ridge defects in the edentulous area can be used technique of:
 - a/ Kazandjian with bridging flaps
 - b/ Langenbeck with bridging flaps
 - c/ Wassmund gingivo-buccal flaps

11. In which technique the flap is arterialized?
 - a/ Wassmund
 - b/ Reherrmann
 - c/ Pichler

12. Disadvantage of the palatal flap in Pichler's technique is:
 - a/ its form
 - b/ tapered fold of the flap
 - c/ massiveness of flap

13. Secondary healing of donor area in Pichler's technique occurs after:
 - a/ 3 - 4 days
 - b/ 7 - 14 days
 - c/ 20 - 30 days

14. In Lautenschleger's technique is mandatory:
 - a/ two-layers closure of the defect
 - b/ formation of pedicle shaped flap
 - c/ incision of the periost and extension of the flap

15. In Zange's technique for closure of oro-antral communications stitches are placed:
 - a/ on the vestibular site over healthy bone
 - b/ on the palatal site over healthy bone
 - c/ in the middle of the communication

16. An important condition for mobilization of the mucosa in Zange's technique is:
 - a/ incision of the periosteum
 - b/ reduction of the underlying alveolar bone edges
 - c/ approximation of the flap edges over healthy bone

17. Indications for use of Wassmund's technique are defects localized on the:
 - a/ vestibular side of the alveolar ridge
 - b/ crest of the alveolar ridge
 - c/ palate

18. The advantage of the Pichler's technique is:
 - a/ easy closure of defect located distally from the first molar
 - b/ delayed healing process
 - c/ feasibility for treatment of large acquired defects

19. In which techniques remains donor surface on secondary healing?
 - a/ Kazandjian, Pichler
 - b/ Axchausen, Reherrmann
 - c/ Lindorf, Zange

20. In which technique is recommended usage of protective plate on the palate for better healing?
- a/ Pichler
 - b/ Axchauzen
 - c/ Kazandjian

QUESTIONS

1. What is the etiology of perforation of the maxillary sinus?
2. Which diseases can cause acquired defects of the palate?
3. What is the clinical manifestation of the maxillary sinus perforation?
4. How maxillary sinus perforation is diagnosed?
5. What is the differential diagnosis of the perforation of the maxillary sinus?
6. Which are the indications and contraindications for plastic coverage of oro-antral communications with palatal approach?
7. What determines the choice of treatment of perforation of the maxillary sinus?
8. What treatment can be applied in case of sall perforation?
9. Describe the Pichler's surgical technique for oro-antral communication closure?
10. What technique can be applied for closure of defects in edentulous areas of the alveolar ridge?
11. Describe the Zange's surgical technique for oro-antral communication closure?
12. What is the behavior of the dentists in case of perforation combined with purulent inflammation in the sinus?
13. What is the behavior of the dentists in case of perforation combined with chronic inflammation in the sinus?
14. What is the behavior of the dentists in case of perforation combined with extrusion of a tooth (root) in the sinus?
15. What medications are prescribed after plastic closure of oro-antral communication?

EXERCISE № 41

TOPIC: Orthodontic indications for corticotomy and teeth extraction.

TEST

1. Reconstructive surgery is indicated:
 - a/ when orthodontic treatment alone is insufficient
 - b/ after orthodontic treatment achieved its result
 - c/ when there are no indications for orthodontic treatment

2. Surgically assisted orthodontic treatment includes:
 - a/ reconstructive operations
 - b/ auxiliary operations
 - c/ reconstructive and auxiliary operations
3. Extraction of teeth and corticotomy by orthodontic indications are:
 - a/ reconstructive methods
 - b/ auxiliary methods
 - c/ a + b
4. Germectomy is:
 - a/ simple extraction of a tooth
 - b/ surgical removal of a tooth germ
 - c/ trepanation of the cortical jaw bone
5. The purpose of permanent teeth extraction by orthodontic indications is:
 - a/ formation of normal dental arch
 - b/ creation of space for other teeth
 - c/ a + b
6. The aim of corticotomy is:
 - a/ mechanical reduction of the jaw bone resistance
 - b/ a pathway to achieve greater flexibility due to tissue reconstruction
 - c/ a + b
7. Optimal effect from corticotomy is achieved:
 - a/ by the age of 14 years
 - b/ between 14 and 16 years
 - c/ after 16 years
8. Germectomy is indicated mainly for:
 - a/ maxillary premolars
 - b/ mandibular premolars
 - c/ mandibular wisdom teeth
9. Extraction of maxillary anterior teeth combined with sagittal and vertical reduction of the alveolar ridge followed by prosthetics is treatment method of:
 - a/ jaw protrusion
 - b/ jaw compression
 - c/ jaw prognathism

10. Anterior segmental maxillary osteotomy (ASMO) is:
 - a/ auxiliary surgical method of prognathism treatment
 - b/ reconstructive surgical method of prognathism treatment
 - c/ combined surgical and orthodontic method of prognathism treatment

11. Total maxillary osteotomy is:
 - a/ fracture of the maxilla similar to Lefort I
 - b/ fracture of the maxilla similar to Lefort II
 - c/ fracture of the maxilla similar to Lefort III

12. To reconstructive surgery of the jaws is proceed:
 - a/ until 12 years of age
 - b/ until 14 years of age
 - c/ after 16 years of age

13. C-shaped osteotomy by Polihronov is:
 - a/ reconstructive method for treatment of progenia
 - b/ an auxiliary method for treatment of progenia
 - c/ reconstructive method for treatment of prognathism

14. Anterior segmental maxillary osteotomy (ASMO) is also known as:
 - a/ frontal maxillary osteotomy
 - b/ premolar maxillary osteotomy
 - c/ posterior maxillary osteotomy

15. Indications for anterior segmental maxillary osteotomy are jaw discrepancies affecting:
 - a/ the upper jaw mesially from premolars
 - b/ the upper jaw distally from premolars
 - c/ the entire upper jaw

16. For anterior segmental maxillary osteotomy is needed:
 - a/ normal occlusion of the front teeth
 - b/ normal occlusion of the molar teeth
 - c/ normal occlusion of all teeth

17. Osteotomy in ASMO is performed in the region of:
 - a/ extracted first premolars
 - b/ extracted second premolars
 - c/ extracted first and second premolars

18. Anterior segmental mandibular osteotomy is known as:
 - a/ frontal mandibular osteotomy
 - b/ molar mandibular osteotomy
 - c/ premolar mandibular osteotomy

19. The vertical osteotomy of the body of the mandible is performed in the region of:
 - a/ front teeth
 - b/ toothless area
 - c/ molar teeth

20. Corticotomy is performed by formation of:
 - a/ apertures in the bone throughout mucosa
 - b/ mucosal flap
 - c/ mucoperiosteal flap

QUESTIONS

1. Describe the classification of dento-maxillofacial discrepancies and deformities?
2. What is the etiology of dento-maxillofacial discrepancies and deformities?
3. What is the purpose of extraction of permanent teeth in orthodontic treatment?
4. Which teeth are most often extracted by orthodontic indications?
5. What type of methods are extraction of teeth and corticotomy?
6. What is the surgical technique and purpose of corticotomy?
7. What is the reductive mentoplasty?
8. What is the surgical technique and purpose of anterior segmental mandibular osteotomy?
9. What is the surgical technique and purpose of the mandibular anterior and posterior segmental osteotomy?
10. Which are the indications for anterior segmental maxillary osteotomy?
11. What is the surgical technique and purpose of anterior segmental maxillary osteotomy?
12. What is the surgical technique and purpose of total maxillary osteotomy?
13. What is the surgical technique and purpose of the sagittal extending repositioning of the maxilla?
14. What is the surgical technique and purpose of vertical repositioning of the maxilla?
15. What are the indications and methods for bimaxillary orthognathic reconstructive surgery?

EXERCISE № 42

TOPIC: Benign tumors of soft tissues in the oral cavity (papilloma, fibroma, epulis) diagnosis, treatment.

TEST

1. Papilloma derives from:
 - a/ oral epithelium
 - b/ muscles in the oral cavity
 - c/ periodontium
2. Papilloma grows:
 - a/ expansive
 - b/ exophytically
 - c/ endophytically
3. In papilloma can be observed:
 - a/ dyskeratosis
 - b/ parakeratosis
 - c/ hyperkeratosis
4. Papilloma is usually:
 - a/ sessile
 - b/ pedunculated
 - c/ infiltrating in the underlying tissues
5. The consistency of papilloma is:
 - a/ solid
 - b/ solid-elastic
 - c/ soft-elastic
6. Papilloma grows:
 - a/ quickly and painlessly
 - b/ slowly and painlessly
 - c/ slowly and painfully
7. Papilloma:
 - a/ doesn't tend to malignant transformation
 - b/ tends to malignant transformation
 - c/ tends to healing
8. The treatment of papilloma is:
 - a/ drug based
 - b/ radiotherapy based
 - c/ surgery based

9. Fibroma is a benign tumor deriving from:
 - a/ muscle tissue
 - b/ connective tissue
 - c/ cartilage

10. Fibromas on palpation can be:
 - a/ solid
 - b/ soft
 - c/ solid and soft

11. On palpation fibroma is:
 - a/ painful
 - b/ slightly painful
 - c/ painless

12. Epulis is:
 - a/ tumor deriving from the gingiva
 - b/ inflammatory growth of the gingiva
 - c/ reactive-proliferative growth of the gingiva

13. Epulis grow:
 - a/ exophytically on the buccal mucosa
 - b/ exophytically on the alveolar ridge
 - c/ endophytically on the alveolar ridge

14. Epulis grows:
 - a/ slowly and painfully
 - b/ slowly and painlessly
 - c/ quickly and painfully

15. On palpation fibrous epulis has:
 - a/ soft consistency
 - b/ soft-elastic consistency
 - c/ tight elastic consistency

16. Fibrous epulis has:
 - a/ lobular surface
 - b/ ulcerating surface
 - c/ smooth surface

17. Angiomatous epulis has:
 - a/ whitish deposits
 - b/ lobular surface
 - c/ smooth surface

18. Epulis granulomatosa has:
 - a/ dark brown color
 - b/ pale pink color
 - c/ red color

19. Epulis can cause:
 - a/ lysis of the tooth root
 - b/ dislocation of teeth
 - c/ destruction of tooth crowns

20. Epulis can be connected with:
 - a/ compact jaw bones
 - b/ periodontium
 - c/ interdental papilla

QUESTIONS

1. Describe the clinical manifestation, diagnosis and treatment of the squamous cell papilloma?
2. Describe the clinical manifestation, diagnosis and treatment of the fibroma of the oral cavity?
3. Describe the aggressive fibromatosis?
4. What is the clinical manifestation, diagnosis and treatment of lipoma?
5. What is the differential diagnosis of lipoma?
6. What is the clinical manifestation, diagnosis and treatment of myoma?
7. Describe what is angiomas and how many types there are?
8. What is the clinical manifestation of the different types of hemangiomas?
9. What is the differential diagnosis of hemangiomas?
10. What is the treatment of various types of hemangiomas?
11. What is the clinical signs, diagnosis and treatment of different types lymphangiomas?
12. What is the differential diagnosis of lymphangiomas?
13. What is the clinical signs, diagnosis and treatment of tumor-like formations in maxillofacial area?
14. What is the clinical signs, diagnosis and differential diagnosis of peripheral giant cell granuloma (epulis)?
15. What is the treatment of the different types epulis?

EXERCISE № 43

TOPIC: Prophylaxis and early diagnosis of oral cancer. Dental management

TEST

1. How many types of prophylaxis of cancer do you know?
 - a/ primary
 - b/ secondary
 - c/ primary and secondary
2. What is the purpose of primary prophylaxis?
 - a/ disease prevention by excluding known etiology factors
 - b/ check-up
 - c/ early diagnosis of cancer
3. What is the purpose of secondary prophylaxis?
 - a/ early diagnosis of cancer
 - b/ measures for timely registration of tumors
 - c/ check-up
4. Which prophylaxis use cytology as screening method?
 - a/ primary prophylaxis
 - b/ secondary prophylaxis
 - c/ primary and secondary prophylaxis
5. Prevention from harmful effect of radiation, smoking, alcohol, etc. is part of:
 - a/ primary prophylaxis
 - b/ secondary prophylaxis
 - c/ primary and secondary prophylaxis
6. What kind of diagnostic test is scintigraphy?
 - a/ Ultrasonography test
 - b/ radiological test
 - c/ microbiological test
7. What kind of diagnostic test is CT scan, also called X-ray computed tomography (X-ray CT) or computerized axial tomography scan (CAT scan)?
 - a/ histomorphological test
 - b/ radiological test
 - c/ microbiological test

8. What kind of diagnostic test is biopsy?
 - a/ histomorphological test
 - b/ radiological test
 - c/ microbiological test

9. In which biopsy only part of the tumor is resected?
 - a/ puncture biopsy
 - b/ incisional biopsy
 - c/ excisional biopsy

10. In which biopsy the entire tumor is resected?
 - a/ excisional biopsy
 - b/ puncture biopsy
 - c/ incisional biopsy

11. What percent solution of formalin is used for fixation of biopsy specimen?
 - a/ 5% solution
 - b/ 10% solution
 - c/ 15% solution

12. Biopsy is required if traumatic ulcers do not epithelise, after removal of visible reasons after:
 - a/ 10 days
 - b/ 14 days
 - c/ 18 days

13. Should all dental problems be cured prior surgical removal of tumors?
 - a/ is not necessary
 - b/ is necessary
 - c/ is mandatory

14. The teeth with periapical lesions in the area of the upcoming radiotherapy are due to:
 - a/ extraction
 - b/ preservation
 - c / treatment

15. What complications can occur after radiotherapy?
 - a/ abscesses and cellulitis
 - b/ osteomyelitis
 - c/ radioosteomyelitis

16. Highest risk of radionecrosis is above:
 - a/ 75 Gy
 - b/ 100 Gy
 - c/ 120 Gy
17. What is the minimum period after radiotherapy for prosthetic treatment?
 - a/ one year
 - b/ 6 months
 - c/ 4 months
18. What antibiotics after tooth removal are prescribed if necessary, during or after radiotherapy?
 - a/ penicillin
 - b/ cephalosporins
 - c/ osteotropic
19. Which blood counts change after chemotherapy?
 - a/ hemoglobin
 - b/ erythrocytes
 - c/ platelets
20. How many years must continue dispensary follow up of patients treated of malignant tumors?
 - a/ to three years
 - b/ 5 years
 - c/ up to 10 years

QUESTIONS

1. What is the definition of oral cancer?
2. Which are the factors damaging the oral mucosa and provoking growth of oral cancer?
3. Which are the initiators of tumor growth and how their limitation leads to the prevention of cancer?
4. How many types of prevention of oral cancer do you know?
5. What is meant by primary prevention of the oral cancer?
6. What is meant by secondary prevention of the oral cancer?
7. Which type of prevention is the prevention of radiation effects, smoking, alcohol, etc.?
8. What is the role of preventive health care in the prevention of oral cancer?
9. What is the role of proper and rational nutrition in cancer prevention?
10. What is the role of antioxidants in the prevention of oral cancer?
11. What is the role of polyphenols in the prevention of oral cancer?

12. How patients can check themselves for oral cancer?
13. What is included in primary professional health care in cancer prevention?
14. Which are the early signs and symptoms of the oral cancer?
15. What is included in the clinical dental examination in the early diagnosis of oral cancer?

EXERCISE № 44

TOPIC: Retention cysts of the minor salivary glands. Diagnosis and surgical treatment.

TEST

1. Retention cysts of the minor salivary glands occur most frequently as a result of:
 - a/ trauma
 - b/ viral infection
 - c/ bacterial infection
2. Retention cysts of the minor salivary glands are usually localized on:
 - a/ the floor of the oral cavity
 - b/ the language
 - c/ the lower lip
3. The content of the retention cyst is:
 - a/ lymph
 - b/ blood
 - c/ mucinous fluid
4. Retention cysts of the minor salivary glands are treated by:
 - a/ medication
 - b/ surgery
 - c/ cryosurgery
5. The surgery of the retention cysts is performed under:
 - a/ topical anesthesia
 - b/ block anesthesia
 - c/ infiltration anesthesia
6. If during the surgery the cyst capsule ruptures:
 - a/ the remaining part of the capsule is left on secondary granulation
 - b/ capsule is removed by iodination
 - c/ capsule is cut together with the underlying glandular tissue

7. The mucosa overlying the cyst is:
 - a/ thinned
 - b/ densified
 - c/ damaged

8. Cysts have:
 - a/ thick capsule
 - b/ thin capsule
 - c/ osteosclerotic shaft

9. Retention cysts of minor salivary glands are located:
 - a/ under the skin of the lips
 - b/ under the muscle of the lips
 - c/ under the mucosa

10. Surgical treatment of the retention cysts is:
 - a/ excision of the cyst
 - b/ extirpation of the cyst
 - c/ incision of the cyst

11. Most common complication during surgical removal of cyst is:
 - a/ rupture of the capsule
 - b/ haemorrhage
 - c/ tenderness

12. In case of recurrence and fixation to the surrounding deep tissues surgery is made by:
 - a/ incision and curettage
 - b/ electrocoagulation
 - c/ excision of the cyst with the gland and a portion of the lower lip circular muscle

13. Retention cysts of minor salivary glands are also known as:
 - a/ ceratocysts
 - b/ traumatic pseudocysts
 - c/ mucinous cysts

14. Retention cysts of minor salivary glands results from:
 - a/ infection
 - b/ mucus retention
 - c/ hemorrhage

15. The direct cause for the formation of the retention cysts is:
 - a/ compaction of the gland parenchyma
 - b/ compaction of the salivary ducts
 - c/ obstruction of the salivary ducts

16. Correct spelling of "retention cysts of minor salivary glands" in Latin is:
 - a/ cysta retentionis glandulae salivaris minoris
 - b/ cista retencionis glandulae salivaris minoris
 - c/ cysta retencionis glandulae salivalis minoris

17. The consistency of retention cysts of minor salivary glands is:
 - a/ semisolid
 - b/ soft or elastic
 - c/ firm

18. Retention cysts of minor salivary glands grow:
 - a/ fast
 - b/ relatively quickly
 - c/ slow

19. Retention cysts of minor salivary glands tend to:
 - a/ malignant degeneration
 - b/ self-healing
 - c/ recurrence

20. Retention cysts of minor salivary glands are diagnosed by:
 - a/ X-ray
 - b/ ultrasonography
 - c/ clinical examination and puncture

QUESTIONS

1. What is the etiology and pathogenesis of the retention cysts of minor salivary glands?
2. What is the most common location on the retention cysts of minor salivary glands?
3. Which are the clinical signs of the retention cysts of minor salivary glands?
4. Which are the clinical signs of the retention cysts of the major salivary glands?
5. What is Ranula?
6. What is the clinical manifestation of the retention cyst of the sublingual salivary glands?

7. What is the clinical manifestation of the retention cysts of the mucosa of the maxillary sinus?
8. What is the clinical manifestation of the retention cysts of the sebaceous glands?
9. How is the diagnosis retention cyst set?
10. What is the differential diagnosis of the retention cysts?
11. What diagnosis modalities are used in determination of retention cysts?
12. What is the treatment of the retention cysts of the minor salivary glands?
13. What anesthesia is used for operation of the retention cysts of the minor salivary glands?
14. What kind of surgery is Marsupialization?
15. What kinds of incisions are used for extirpation of atheroma?

EXERCISE № 45

TOPIC: Laboratory and instrumental investigations (paraclinical tests) in the oral surgery

TEST

1. The reference value of hemoglobin (Hb) in males is:
 - a/ 140 - 180 g / l
 - b/ 120 - 160 g / l
 - c/ 160 - 180 g / l
2. The reference value of hemoglobin (Hb) in females is:
 - a/ 140 - 180 g / l
 - b/ 120 - 160 g / l
 - c/ 140 - 160 g / l
3. Reference value of red blood cell count (erythrocytes (Er)) in males is:
 - a / 2,8 - 4,4 T/l
 - b / 4,6 - 6,2 T/l
 - c / 6,2 - 8,5 T/l
4. Reference value of red blood cell count (erythrocytes (Er)) in females is:
 - a/ 6,2 - 8,5 T/l
 - b/ 4,2 - 5,4 T/l
 - c/ 4,8 - 5,4 T/l
5. Anemia is considered under the following hemoglobin (Hb) value:
 - a/ men \leq 130 g/l; women \leq 120 g/l; pregnant \leq 100 g/l
 - b/ men \leq 140 g/l; women \leq 120 g/l; pregnant \leq 110 g/l
 - c/ men \leq 120 g/l; women \leq 100 g/l; pregnant \leq 90 g/l

6. The reference value of Hematocrit (Ht or HCT) is:
 - a/ men 0,55 - 0,75; women 0,40 - 0,54
 - b / men 0,37 – 0,44; women 0,25 – 0,35
 - c/ men 0,40 – 0,54; women 0,37 – 0,44
7. Absolute erythrocytopenia can result from:
 - a/ hyper hydration, spreading of the edema, blood transfusion
 - b/ deficiency of iron, vit.V12 and folic acid, haemolysis, leukemia, neoplasm
 - c/ blood loss, vomiting, stress, ascites
8. The reference blood glucose value (Bhöringer) is:
 - a/ 2.1 - 5.9 mmol/l
 - b/ 2.55-5.5 mmol/l
 - c/ 2.8-6.1 mmol/l
9. The reference value of white cell count (leukocytes) is:
 - a/ 2,4 - 3,3 G/l
 - b/ 11 - 15 G/l
 - c/ 3,5 - 10,5 G/l
10. The reference value of Neutrophils in differential blood count is:
 - a/ 0%
 - b/ 1-4%
 - c/ 10 - 15%
11. The reference value of Lymphocytes in the differential blood count is:
 - a/ 2 - 4%
 - b/ 6-8%
 - c/ 22 - 40%
12. “shift to the left” or Neutrophilia, in leukocyte count (WBC) is a sign of:
 - a/ chronic inflammation
 - b/ acute inflammation
 - c/ tumor process
13. The reference value of Trombocytes (platelets) is:
 - a/ 20 - 40 G/l
 - b/ 140 - 440 G/l
 - c/ 3,5 - 8,5 G/l
14. The normal bleeding time by Duke is:
 - a/ 2 - 5 minutes
 - b/ 5-10 minutes
 - c/ 10 -15 minutes

15. Spontaneous bleeding can be expected if the platelets decrease below:
 - a/ $50 \leq G/l$
 - b/ $100 \leq G/l$
 - c/ $\leq 140 G/l$
16. Normal value of INR (International normalized ratio) is:
 - a/ 1.0
 - b/ 2,0 - 3,0
 - c/ 3,9 – 4,9
17. Presence of leukocytes in the urine is sign for:
 - a/ diabetes mellitus, hepatitis
 - b/ malignant tumors
 - c/ inflammation in the urinary tract or severe intoxication
18. Sialography (also termed radiosialography) is indicated in:
 - a/ acute inflammatory processes
 - b/ chronic inflammatory processes
 - c/ sialolithiasis, chronic inflammation and tumors
19. A biopsy is medical test in which:
 - a/ tissues are taken from alive patients and cadaveric material for microscopic observation aiming diagnosing or monitor the treatment effect
 - b/ tissues are taken from alive patients for microscopic observation aiming diagnosing or monitor the treatment effect
 - c/ tissues are taken from a cadaveric material for microscopic observation aiming diagnosing or monitor the treatment effect
20. Most accurate test to diagnose the soft tissue disorders is:
 - a/ radiography
 - b/ MRI
 - c/ CT

QUESTIONS

1. List the complete blood count (CBC) ranges.
2. List the differential blood count (DBC) ranges.
3. Below what range of hemoglobin (men, women, and children) we consider anemia?
4. What does it mean “shift to the left”?
5. In which diseases increase of the Neutrophils is observed?
6. What is the reference blood glucose range?

7. What is the reference range of cholesterol?
8. What is the normal time of bleeding and clotting?
9. What is INR?
10. How much is the normal range of INR?
11. What is sialography, describe the technique and indications?
12. What is lymphography technique, indications?
13. What is a scintigraphy?
14. What is a biopsy?
15. How many types of biopsy do you know?

EXERSICE 46

TOPIC: Drugs in the oral surgery /antibiotics, analgesics, antipyretics, antiphlogistics, haemostatics, tranquilants/

TEST

1. The beta – lactam antibiotics include:
 - a/ Penicillins, Macrolides, Rifampicin
 - b/ Cephalosporins, Aminoglycosides, Tetracyclines
 - c/ Penicillins, Cephalosporins, Carbapenems
2. The third generation Cephalosporins includes:
 - a/ Cedax, Rocephin, Fortum
 - b/ Zinnat, Duracef, Fortum
 - c/ Cefazoline, Cephalexin, Cefamandol
3. The regime of Augmentin for oral administration in adults is:
 - a/ 375 – 625 mg/8 h
 - b/ 375 – 750 mg/12 h
 - c/ 200 – 350 mg/6 h
4. Clindamycin dosage in adults is:
 - a/ 50 – 100 mg/4 h
 - b/ 150 – 450 mg/6 h
 - c/ 500 – 1000 mg/8 h
5. Analgesic suitable for use in children and in pregnant after third lunar month is:
 - a/ Acetysal
 - b/ Paracetamol
 - c/ Ketoprofen

6. In adults the maximal daily dose of Analgin is:
 - a/ 1.o
 - b/ 2.o
 - c/ 3.o

7. Which of the following drugs are selective COX – inhibitors?
 - a/ Analgin, Amidophen, Indomethacin, Piroxicam
 - b/ Meloxicam, Nimesulide
 - c/ Celecoxib, Diclofenac

8. In adults the daily dose of *Nimesulide* /Aulin, Enetra/ is:
 - a/ 100 mg/12 h
 - b/ 150 mg/12 h
 - c/ 500 mg/12 h

9. Which of the following drugs are synthetic narcotic analgesics?
 - a/ Dionin, Omnopon, Morphin
 - b/ Lydol, Dipidolor, Fentanyl
 - c/ Valoron, Codein, Probon

10. In cardiac patients the antibiotic prophylaxis includes:
 - a/ Penicillin and Gentamycin
 - b/ Tetracyclin and Erythran
 - c/ Amoxicillin or Ampicillin

11. In case of allergy to penicillins, for antibiotic prophylaxis is prescribed:
 - a/ Clindamycin or Azithromycin
 - b/ Gentamycin, Tetracyclin or Rocephin
 - c/ Augmentin, Erythran or Cedax

12. For premedication the regime of oral administration of Diazepam is:
 - a/ 1 – 2 mg
 - b/ 5 – 10 mg
 - c/ 50 – 100 mg

13. Which of the following drugs have an antipyretic action?
 - a/ Paracetamol, Urbason, Aspirin
 - b/ Amidophen, Analgin, Aspirin
 - c/ Acetysal, Analgin, Baclofen

14. Which of the following drugs have a haemostatic action?
a/ vitamin K3, vitamin C, Dicynone
b/ Heparin, Sinthrom, Plavex
c/ Indomethacin, Acetysal, Peflavit C
15. Dicynone /250 mg 2 ml/ is applied via:
a/ muscular and subcutaneous injection
b/ venous and subcutaneous injection
c/ muscular and venous injection
16. In adults the regime of *i.m.* and *i.v.* administration of vitamin K3 is:
a/ 2.5 – 5 mg/4 h
b/ 10 – 20 mg/24 h
c/ 40 – 80 mg/48 h
17. Classic premedication for surgery under general anesthesia includes:
a/ Lydol and Atropin
b/ Fentanyl and Droperidol
c/ Diazepam and Lonetil
18. Premedication of outpatients is performed with:
a/ Fentanyl and Droperidol
b/ Diazepam and Analgin
c/ Valoron and Probon
19. The antibiotic prophylaxis is obligatory in patients diagnosed with:
a/ cardiac, pulmonary and renal disorders
b/ certain cardiac disorders, immune deficiency, hemodialysis patients and uncontrolled diabetes
c/ inflammatory processes, neoplasms and patients on corticosteroid treatment
20. Non-steroidal anti-inflammatory drugs have:
a/ anti-inflammatory, analgesic and antipyretic action
b/ anti-ulcerous, antiphlogistic and analgesic action
c/ hypotension, antiallergic and analgesic action

QUESTIONS

1. What is the definition of bactericidal antibiotics?
2. What is the definition of bacteriostatic antibiotic?
3. Which groups of antibiotics have a bactericidal action?
4. Which groups of antibiotics have a bacteriostatic action?

5. Which groups of antibiotics have an osteotropic action?
6. Explain the mechanism of action of the NSAIDs.
7. How many groups of NSAIDs do you know?
8. Which groups of NSAIDs are selective COX-2 inhibitors?
9. What is the maximal daily dose of Analgin?
10. Which groups of drugs are used for premedication in outpatients?
11. What is the classic immediate premedication in hospital conditions?
12. Which vitamins have a haemostatic action?
13. What are the main groups of haemostatics?
14. Which cases requires antibiotic prophylaxis?
15. Which drugs are used for antibiotic prophylaxis? Give their regimes of administration.

EXERSICE 47

TOPIC: Soft tissue injuries. Classification. Wound management.

TEST

1. According to the damage of the overlying soft tissue, soft tissue injuries are classified into:
 - a/ open and closed wounds
 - b/ lacerations and contusions
 - c/ incised and puncture wounds
2. Which of the listed below are closed injuries of the soft tissues?
 - a/ ecchymoses, suffusio et hematomas
 - b/ v. caesum, v. laceratum, v. punctum et v. penetrans
 - c/ a + b
3. The correct definition for *suffusio* is:
 - a/ small haemorrhages within the hypodermic tissue which look like round-shaped spots or intumescences
 - b/ larger and spreading hemorrhages within the hypodermic tissue
 - c/ cavities in soft tissues containing blood
4. In which of the maxillofacial spaces the swelling of hematomas is most visible?
 - a/ infraorbital, buccal
 - b/ parapharyngeal, pterygomandibular
 - c/ submasseteric, zygomatic

5. What is the correct management of the hematomas in the first 48 hours?
 - a/ application of high temperature
 - b/ application of ice packages
 - c/ a puncture or incision of the hematoma is immediately performed

6. All open wound of soft tissues are considered as:
 - a/ primary infected
 - b/ secondarily infected
 - c/ not infected

7. *Vulnus scloperatum* is:
 - a/ a penetration wound
 - b/ a bite wound
 - c/ a gunshot wound

8. In *Latin* a 'cut wound' is:
 - a/ vulnus morsum
 - b/ vulnus punctum
 - c/ vulnus caesum

9. The bleeding is more severe in:
 - a/ v. caesum
 - b/ v. punctum
 - c/ it does not depend on the wound type

10. Crushed zone in tissues (*stupor localis*) occurs in:
 - a/ v. morsum
 - b/ v. sclopetarium
 - c/ v. Contusum

11. In v. *sclopetarium* are observed:
 - a/ an area of molecular concussion, of direct traumatic necrosis and of destruction
 - b/ an area of direct traumatic necrosis and an area of destruction
 - c/ an area of destruction, of direct traumatic necrosis, of molecular concussion and of indirect traumatic necrosis

12. In the management of wounds in the maxillofacial region the borders of the affected area are removed:
 - a/ more radically than the wounds in the other part of the body
 - b/ less radically than the wounds in the other part of the body
 - c/ in the same way no matter where they are

13. In case of large wound defect in the maxillofacial region:
 - a/ primary plastic surgical treatment is performed
 - b/ primary plastic surgical treatment is contraindicated
 - c/ wound is treated at the discretion of the surgeon
14. Primary surgical treatment by suturing of the wound could be done within the first:
 - a/ 24 h
 - b/ 48 h
 - c/ 72 h
15. According to the time passed between the injury and the first aid, the surgical treatment of the wounds is divided into:
 - a/ primary and secondary
 - b/ early and delayed
 - c/ early, postponed and delayed
16. The cutting needles (with a triangular section) are used for suturing of:
 - a/ the skin and aponeuroses
 - b/ the internal organs
 - c/ the walls of the blood vessels
17. The taper needles (with a round section) are used for suturing of:
 - a/ the mucosa
 - b/ the skin
 - c/ the hypoderm
18. The tissues around the wound are disinfected with:
 - a/ iodine-benzine, alcohol, iodine
 - b/ ready-made solutions (Septo Tinctur, Cutasept, Braunol, etc.)
 - c/ a + b
19. In wound suturing begins from:
 - a/ the surface towards the bottom
 - b/ the bottom towards the surface
 - c/ depending on the surgeon
20. The wounds in the maxillofacial region and in the oral cavity are sutured with:
 - a/ interrupted sutures
 - b/ continuous sutures
 - c/ a +b

QUESTIONS

1. What are soft tissue injuries?
2. Which injuries are closed?
3. Give the definition for hematomas.
4. What treatments requires hematoma?
5. Which injuries are open?
6. What is the Latin name of bite wound from a man?
7. What are the characteristics of an incised wound?
8. What are the characteristics of a gunshot wound?
9. How many layers has a gunshot wound?
10. What are the characteristics of prick wound?
11. What is the difference in the surgical treatment of wounds in the maxillofacial region and in the rest of the body?
12. How many types of surgical management of wounds do you know?
13. How the tissues around a wound are treated?
14. What types of needles are used for suturing of the skin and mucosa?
15. What sutures are used for closure of wounds in the maxillofacial region?

EXERSICE 48

**TOPIC: Teeth trauma. Classification. Traumatic luxation of the teeth.
Clinical signs, diagnosis, management.**

TEST

1. According to the time of impact of etiological factor injuries of the teeth are divided into:
 - a/ acute and chronic
 - b/ primary and secondary
 - c/ open and closed
2. Which is the right term for luxation of a tooth including its displacement into the socket?
 - a/ *luxatio dentis cum dislocationem ad latus lateralis*
 - b/ *luxatio dentis cum intrusionem*
 - c/ *luxatiuo dentis cum extrusionem*
3. The discoloration of a tooth following trauma is caused by:
 - a/ the bleeding into the pulp and periodontal space
 - b/ the changes in the dentin
 - c/ the changes in the enamel

4. In luxation occurs:
 - a/ laceration only of the periodontium
 - b/ laceration of the periodontium, the gingiva and *ligamentum circulare*
 - c/ total destruction of the tooth surrounding tissues

5. Which is the right term for luxation of a tooth without any displacement?
 - a/ *luxatio dentis cum dislocationem ad periferiam*
 - b/ *luxatio dentis sine dislocationem*
 - c/ *luxatiuo dentis cum extrusionem*

6. Intruded deciduous tooth in children from 2 to 6 years requires:
 - a/ no treatment
 - b/ extraction due to a risk of damage of the permanent tooth germ without space keepers placement
 - c/ extraction due to a risk of damage of the permanent tooth germ with space keepers placement

7. In case of intrusion of a deciduous tooth with a chronic periodontitis:
 - a/ the tooth is removed
 - b/ the tooth is not removed
 - c/ the age of the child determines the management

8. Intruded deciduous tooth in children under the age of 2:
 - a/ are extracted in order to prevent the germ of the permanent tooth
 - b/ do not require treatment
 - c/ are repositioned and splinted

9. Differential diagnosis between tooth avulsion and intrusion is based on:
 - a/ the clinical examination
 - b/ X-ray findings
 - c/ electroodontodiagnostics

10. Luxation with buccal or lingual dislocation is presented on an X-ray as:
 - a/ a reduced length of the root and a widened periapical ligament space
 - b/ a narrowed periapical ligament space
 - c/ no changes are observed

11. Basic principle for fixation of luxated teeth is:
 - a/ splinting by including teeth from one group
 - b/ splinting by including teeth from two neighboring groups
 - c/ splinting by including all teeth in the jaw

12. According to the Atanasov's technique the wire splint is:
 - a/ interrupted
 - b/ continuous
 - c/ 8-shaped

13. The Limberg's ligature is fixed by:
 - a/ a loop buccally
 - b/ a loop lingually
 - c/ a loop on the incisal edge

14. If a tooth root is fractured in the apical part:
 - a/ the tooth is removed
 - b/ no management is required
 - c/ a periapical surgery is performed

15. In concussion of a tooth on an X-ray is observed:
 - a/ no changes
 - b/ narrowed periodontal crevice
 - c/ expanded periodontal crevice

16. Hirschfield's splint is made of wire with thickness:
 - a/ 0.3 – 0.4 mm
 - b/ 0.6 – 0.7 mm
 - c/ 1 mm

17. In intrusion of a deciduous tooth in children over 5:
 - a/ the tooth is removed without placement of an orthodontic device /space keeper/
 - b/ the tooth is removed with placement of an orthodontic device /space keeper/
 - c/ the tooth is not removed

18. In luxation the duration of the splinting is:
 - a/ 2 – 3 weeks
 - b/ 6 – 8 weeks
 - c/ 8 – 12 weeks

19. The ligatures of Limberg, Kolarov and Sotirov can be applied for:
 - a/ all luxated teeth
 - b/ severely luxated teeth including displacement
 - c/ they are not applied in tooth luxation

20. Intruded into its socket permanent tooth:

- a/ should be extracted
- b/ should be orthodontic repositioned
- c/ doesn't require treatment

QUESTIONS

1. What is the classification of dental trauma?
2. Which are the etiological factors leading to dental trauma?
3. What are the clinical signs in *contusion dentis*?
4. What is the management of *contusion dentis*?
5. In *luxatio dentis*, into which direction the tooth is most commonly displaced?
6. What are the clinical signs of *luxatio dentis*?
7. What is the differential diagnosis of *luxatio dentis*?
8. What treatment requires *luxatio dentis*?
9. What is *intrusion dentis*?
10. What is the treatment of *intrusion dentis*?
11. In what the avulsed tooth should be maintained until replantation?
12. In which cases *expulsio dentis* can be conservatively treated?
13. When an expelled tooth can be re-implanted?
14. What splints are used for fixation?
15. How long the fixation with splints should continue?

EXERSICE 49

TOPIC: Tooth avulsion. Management.

TEST

1. What is a tooth avulsion?
 - a/ a tooth luxation
 - b/ a displacement of a tooth out of its socket
 - c/ a displacement of a tooth into its socket
2. The main clinical signs of a tooth avulsion are:
 - a/ a tooth displacement
 - b/ no pathologic changes can be observed
 - c/ the tooth is missing, there is a bleeding and empty socket
3. In *expulsion dentis* on an X-ray is found:
 - a/ an empty socket
 - b/ a widened periodontal space
 - c/ a tooth displaced into the socket

4. For diagnosing expulsion or intrusion the indicative paraclinical tests are:
 - a/ intraoral retroalveolar X-rays (Dick's technique)
 - b/ electroodontodiagnostics
 - c/ extraoral lateral X-rays (Schuller's technique)
5. Management of avulsed tooth with an intact bone walls is:
 - a/ extraction of the tooth
 - b/ replantation of the tooth
 - c/ no treatment is necessary
6. In what solution the avulsed tooth should be maintained till its replantation?
 - a/ saline
 - b/ Hibitan
 - c/ saliva or milk
7. In contemporary dentistry the root canal treatment of a replanted tooth is performed:
 - a/ 2 weeks after the replantation
 - b/ 3 days after the replantation
 - c/ immediately before the replantation
8. After tooth replantation:
 - a/ the apex of the replanted tooth root is removed
 - b/ the apex of the replanted tooth root is not removed
 - c/ the apical 1/3 of the root is removed
9. In tooth avulsion including a fracture of the alveolar bone wall:
 - a/ the tooth is replanted following revision of the socket
 - b/ no replantation is performed
 - c/ no root canal therapy is performed
10. The best prognosis of avulsed teeth is when they are replanted within the first:
 - a/ 24 hours after the trauma
 - b/ 2 hours after the trauma
 - c/ 6 hours after the trauma
11. The differentiation between an avulsed and an erupting tooth can be performed through:
 - a/ electroodontodiagnostics
 - b/ a clinical examination
 - c/ a clinical examination and an X-ray

12. After replantation a tooth could remain in its socket:
 - a/ till an year
 - b/ from 1 to 10 years
 - c/ more than 10 years
13. After replantation the healing is:
 - a/ *per primam intentionem*;
 - b/ *per secundam intentionem*;
 - c/ complicated
14. The healing of a replanted tooth in its socket can be:
 - a/ periodontal, periodontal-fibrous, cement-bony
 - b/ periodontal, bony, cartilaginous
 - c/ periodontal, fibrous, granulomatous
15. Obligatory for the normal healing after replantation of an avulsed tooth is:
 - a/ the fixation of the tooth
 - b/ the immobilization of the tooth
 - c/ a + b
16. For a fixation of an avulsed tooth are used?
 - a/ standard splints
 - b/ vestibular arch bar with special ligatures
 - c/ laboratory-manufactured splints
17. In splinting by Limberg's technique the size of the loop is:
 - a/ $\frac{1}{2}$ of the length of the incisal edge
 - b/ $\frac{1}{3}$ of the length of the incisal edge
 - c/ $\frac{1}{4}$ of the length of the incisal edge
18. In splinting by Limberg's technique the loop is placed:
 - a/ buccally
 - b/ on the incisal ridge
 - c/ palatally
19. Ligature in Kolarov's technique runs around the arch bar:
 - a/ vestibularly to the replanted tooth
 - b/ palatally to the replanted tooth
 - c/ a +b
20. Ligature in Sotirov's technique is made with:
 - a/ one wire
 - b/ two wires
 - c/ acrylic splints

QUESTIONS

1. Give the definition for 'avulsion'.
2. What are the main clinical signs of *expulsio dentis*?
3. What is the difference between *expulsio dentis* and *intrusio dentis*?
4. What are the contraindications for replantation of an avulsed tooth?
5. In what solutions should the avulsed tooth be maintained till the attendance in a dental office?
6. When can an avulsed tooth be treated conservatively?
7. What canal obturations are used for root canal treatment?
8. Why the apex of the replanted tooth should be removed?
9. What types of splints are used for fixation?
10. How long the splints should be used for fixation?
11. Describe Risdon's technique for splinting.
12. Describe Kolarov's technique for splinting.
13. Describe Sotirov's technique for splinting.
14. How long could a replanted tooth persist in its socket?
15. Describe the healing process following a tooth replantation.

EXERSICE 50

TOPIC: Partial fractures of the alveolar process of the jaws. Clinical signs, diagnosis, differential diagnosis. Methods of treatment.

TEST

1. The partial fracture of the alveolar ridge occurs most often:
a/ in the upper jaw
b/ in the lower jaw
c/ a + b
2. Most often the alveolar ridge is fractured:
a/ in the area of the lateral incisor
b/ in the area of the molars and the maxillary tuber
c/ in the frontal area
3. In partial fractures of the alveolar ridge is established mobility of:
a/ one tooth
b/ a group of teeth
c/ all teeth

4. The mucosa covering the fracture is commonly:
 - a/ lacerated and bleeding
 - b/ with hematomas
 - c/ intact

5. Most often the dislocation of the fragments is:
 - a/ from buccally towards orally
 - b/ towards the neighbor intact teeth
 - c/ from orally towards buccally

6. The partial fractures of the alveolar ridge:
 - a/ does not include trauma of the teeth in the bone fragment
 - b/ could include trauma of the teeth in the bone fragment
 - c/ there are always missing teeth in the fragment

7. In partial fractures of the alveolar ridge a pathognomonic symptom is:
 - a/ the pain
 - b/ the deranged occlusion
 - c/ the broken integrity

8. The most sensitive test for diagnosing an alveolar ridge partial fracture is:
 - a/ the telereöntgenography
 - b/ the diaphanoscopy
 - c/ the orthopantomography

9. The treatment of the partial fractures of the jaws includes:
 - a/ removal of the fragments
 - b/ reposition and fixation of the fragments
 - c/ conservative treatment

10. In partial fractures alveolar ridge is fixed to the:
 - a/ adjacent teeth
 - b/ opposing teeth
 - c/ adjacent teeth and/or by an intermaxillary fixation.

11. The main principles in the management of the partial fractures of the alveolar process are:
 - a/ reposition, fixation and immobilization
 - b/ manual reposition and fixation
 - c/ fixation and immobilization

12. The optimal duration of the fixation is:
 - a/ 10 days
 - b/ till one month
 - c/ more than one month

13. Within the period of fixation is performed:
 - a/ a systematic follow-up for the vitality of the teeth
 - b/ an examination of the tooth mobility
 - c/ blood tests

14. In partial fracture of the alveolar process including luxation of the tooth in the fracture line:
 - a/ the tooth is not treated separately
 - b/ the tooth is fixed by a special wire splint
 - c/ the tooth is fixed to the adjacent teeth in the fragment

15. In partial fractures of the alveolar process the fixation is performed by:
 - a/ the technique of Guning – Port
 - b/ standard steel wiring
 - c/ suspension fixation

16. Quickly polymerizing cap acrylic splints are used in:
 - a/ children
 - b/ middle-aged
 - c/ elderly

17. Weber's acrylic splints are used in:
 - a/ intact dental arch
 - b/ edentulous jaws
 - c/ partially edentulous jaws

18. Severely displaced tooth in the fractured fragment is managed by:
 - a/ a simple wire-splint
 - b/ special splints – type “*capistrum*”
 - c/ no splinting is used

19. In splinting by Kolarov's technique the wire passes:
 - a/ buccally towards the luxated tooth
 - b/ palatally towards the luxated tooth
 - c/ a + b

20. The loop by the Limberg's technique for splinting is placed:
a/ buccally
b/ palatally
c/ on the incisal edge

QUESTIONS

1. Give the definition for a partial fracture of the alveolar ridge.
2. In which jaw the partial fractures prevail?
3. In which areas of the jaws prevail the partial fractures?
4. Which are the pathognomonic symptoms of jaw fractures?
5. Which are the secondary symptoms of partial fractures of the alveolar ridge?
6. How many types of fragment displacements can be observed in fractures?
7. What determines the direction of the fragment dislocation?
8. What is the differential diagnosis of the partial fractures?
9. What examination tests are needed for diagnosis confirmation of the partial fractures?
10. What are the main principles in the treatment of fractures?
11. How many teeth groups should be splinted to complete fragment immobilization?
12. What methods are appropriate for treatment of the alveolar ridge partial fractures in adults?
13. What methods are appropriate for treatment of the alveolar ridge partial fractures in children?
14. What tests are used for follow up the teeth in the fracture line?
15. What is the optimal duration for the fragment fixation in fractures?

EXERSICE 51

TOPIC: Splinting in tooth luxation and avulsion and in partial fractures of the alveolar ridge of the jaws. Practice on phantom.

TEST

1. The basic principle in fixation of traumatized teeth is:
a/ fixation of two neighbor teeth to the affected one
b/ fixation of two neighbor groups of teeth
c/ fixation of three neighbor groups of teeth

2. The diameter of the steel wire used for the buccal arch bar is:
 - a/ 1-2 mm
 - b/ 2-3 mm
 - c/ 3-4 mm

3. The vestibular arch bars are fixed to:
 - a/ the traumatized tooth and its neighbor teeth by wiring or composite
 - b/ the neighbor teeth by wiring or composite
 - c/ the traumatized tooth and its anatagonists by wiring or composite

4. For the 8-shaped ligature is used:
 - a/ a steel wire with a diameter of 1-2 mm and length of 10-15 cm
 - b/ an aluminum wire with a diameter of 3 mm and length of 20-25 cm
 - c/ a ligature wire with a diameter of 0.3-0.4 mm and length of 20-25 cm

5. The Pfeifer's cap splint is used:
 - a/ in children and it is placed over the marginal gingiva
 - b/ in adults and it is placed 1-2 mm above the marginal gingiva
 - c/ in children and it is placed 1-2 mm above the marginal gingival

6. The cap splint is made by:
 - a/ quickly polymerized or photo-polymerized plastics and it covers the incisal edges and the tooth crowns
 - b/ quickly polymerized plastics supported by metal corpus and it covers the incisal edges and the tooth crowns
 - c/ quickly polymerized plastics supported by ligature wire and it covers the tooth cervical areas

7. According to the Hirschfield's technique the splinting is done by:
 - a/ an interrupted ligature wiring
 - b/ a continuous ligature wiring
 - c/ a continuous acrylic bars

8. According to the Atanasov's technique the splinting is done by:
 - a/ an interrupted ligature wiring
 - b/ a continuous ligature wiring
 - c/ a continuous acrylic bars

9. According to the Atanasov's splinting technique the loops run through the:
 - a/ interdental spaces below the crown equators
 - b/ interdental spaces above the crown equators
 - c/ interdental papillas

10. According to the Atanasov's technique the splint is placed into the patient's mouth:
 - a/ from buccally towards lingually
 - b/ from lingually towards buccally
 - c/ by a decision of the dentist
11. Atanasov's splinting technique has:
 - a/ three loops
 - b/ four loops
 - c/ five loops
12. Hirschfield's splint is:
 - a/ standard
 - b/ laboratory custom-made
 - c/ hand-made
13. Weber's acrylic cap splints are used in:
 - a/ partially edentulous jaws and luxated teeth
 - b/ intact jaws and luxated teeth
 - c/ intact jaws and avulsed teeth
14. In severely displaced tooth what is necessary to be done after its reposition?
 - a/ the affected tooth should be fixed in its socket by wiring
 - b/ the affected tooth should be fixed in its socket by special wire-ligatures - type "*capistrum*"
 - c/ a + b
15. According to the Sotirov's technique for splinting is used:
 - a/ a single ligature wire 0.3-0.4 mm in diameter
 - b/ two ligature wires 0.3-0.4 mm in diameter
 - c/ three ligature wires 0.3-0.4 mm in diameter
16. According to Kolarov's techniques the splinting is performed by:
 - a/ a single ligature wire 0.3- 0.4 mm in diameter which runs around the arch bar, buccally to the affected tooth
 - b/ two ligature wires 0.3-0.4 mm in diameter which run around the arch bar, buccally to the affected tooth
 - c/ a single ligature wire 0.3-0.4 mm in diameter which runs around the arch bar, lingually to the affected tooth

17. According to the Limberg's technique the splinting is performed by:
 - a/ a single ligature wire 0.3-0.4 mm in diameter 2-3 cm in length
 - b/ two ligature wires 0.3-0.4 mm in diameter and 10-15 cm in length
 - c/ three ligature wires 0.1-0.2 mm in diameter and 5-10 cm in length

18. According to the Limberg's technique for splinting:
 - a/ the loop is placed on the incisal edge of the replanted tooth and the loop's width is $\frac{1}{2}$ from the length of the incisal edge
 - b/ the loop is placed buccally to the replanted tooth and the loop's width is $\frac{1}{3}$ from the length of the incisal edge
 - c/ the loop is placed lingually to the replanted tooth and the loop's width is $\frac{1}{4}$ from the length of the incisal edge

19. Which of the following techniques are applied in the treatment of the partial fractures of the alveolar ridge?
 - a/ the technique of Panagopoulos – Monsueto - Rovet – Killey
 - b/ a ligature splinting
 - c/ the Guning – Port's splinting

20. The duration of splinting is:
 - a/ 2-3 weeks
 - b/ 3-6 weeks
 - c/ 8-12 weeks

QUESTIONS

1. What are the main principles in the treatment of the fractures?
2. How many types of fragments reposition are there in the management of the fractures?
3. What is the main principle for the fixation of teeth?
4. What kinds of methods are appropriate for the management of the partial fractures within the alveolar process in adults?
5. What kinds of methods are appropriate for the management of the partial fractures within the alveolar process in children?
6. With what tests the teeth in the fracture line should be followed up?
7. What is the optimal duration of the fragments fixation?
8. What kinds of splints are used for fixation of avulsed teeth?
9. What is the optimal splinting duration?
10. Describe the Risdon's technique for splinting.
11. Describe the Kolarov's technique for splinting.
12. Describe the Sotirov's technique for splinting.
13. Describe the Pfeifer's splint.

14. What is the difference between the Atanasov's and the Hirschfield's technique for splinting?
15. What kinds of contemporary materials and means are used for splinting of traumatized teeth?

EXERSICE 52

TOPIC: Impacted teeth of the upper and lower jaw. Clinical signs diagnosis and treatment methods. Demonstration on a patient.

TEST

1. Teeth can be:
 - a/ fully impacted in the jaws (*retentio completa*)
 - b/ semi-impacted in the jaws (*retentio incompleta*)
 - c/ a + b

2. Which is the correct definition for a semi-impacted tooth?
 - a/ at least one of the tooth cusps has perforated the overlying oral mucosa
 - b/ at least one of the tooth cusps has perforated the overlying bone
 - c/ a + b

3. Which teeth are most commonly impacted in the jaws?
 - a/ the lower wisdom teeth
 - b/ the upper canines
 - c/ the upper wisdom teeth

4. The clinical symptoms in impacted teeth include:
 - a/ a missing tooth in the dental arch and/or persistence of a deciduous one
 - b/ a missing tooth germ and neuralgic pains in the jaw
 - c/ a + b

5. The diagnosis clarity for an impacted tooth can be performed by:
 - a/ a clinical examination
 - b/ retroalveolar periapical X-rays and orthopantomographies
 - c/ a + b

6. The tooth impaction commonly includes:
 - a/ radicular cysts
 - b/ globule-maxillary cysts
 - c/ follicular cysts

7. What tissues are affected in paracoronaritis?
 - a/ the tissues covering the tooth crown only (i.e. the tooth *operculum*)
 - b/ the tissues surrounding the tooth *operculum* without the latter one
 - c/ a + b

8. Pain in swelling and difficulty in mouth opening are typical signs of:
 - a/ *pericoronaritis*
 - b/ *paracoronaritis*
 - c/ a +b

9. In complicated eruption of lower wisdom teeth the pus is spread most commonly in:
 - a/ the pterygomandibular space
 - b/ submasseterial space
 - c/ the submandibular space

10. The main indications for extraction of impacted teeth are:
 - a/ patient's complains
 - b/ insufficient space in the dental arch
 - c/ a + b

11. Leading in the treatment of the paracoronaritis is:
 - a/ the incision
 - b/ the circumcission
 - c/ the extraction

12. The circumcission is:
 - a/ excision of the mucosal *operculum* covering the masticatory surface of the crown of the erupting tooth
 - b/ incision of the mucosal *operculum* covering the masticatory surface of the crown of the erupting tooth
 - c/ removal of the bone and mucosal *operculum* covering the masticatory surface of the crown of the erupting tooth

13. Circumcission can be performed when:
 - a/ there is enough space in the dental arch and there is no inflammation around the impacted tooth
 - b/ the tooth is fully impacted and there is no inflammation around it
 - c/ there is enough space in the dental arch and there is inflammation around the impacted tooth

14. The open (surgical) extraction of lower wisdom teeth can be performed via:
a/ buccal access according to the technique of Pichler – Trauner – Thoma
b/ lingual access according to the technique of Ward
c/ a + b
15. What kind of flap is elevated in surgical extraction of impacted teeth?
a/ a muco-periosteal flap
b/ a mucosal flap
c/ a periosteal flap
16. The palatal incision for extraction of impacted upper canines:
a/ includes the dental papillas
b/ passes 2 mm away from the marginal gingival
c/ includes the soft tissues around the tooth crown
17. By the elevation of the palatal flap during the extraction of impacted upper canines:
a/ the blood vessels should be preserved
b/ the neighbor teeth should be preserved
c/ a + b
18. In extraction of upper third molars the bone trepanation is performed:
a/ palatally
b/ buccally
c/ a + b
19. During the extraction of upper wisdom teeth what kind of complications could occur?
a/ a perforation of the maxillary sinus and fracture of the maxillary tuber
b/ a perforation of the nasal cavity and bleeding from the nose
c/ a + b
20. In tooth eruption disorders the most severe complication is:
a/ hemorrhage
b/ paracoronalitis
c/ osteomyelitis

QUESTIONS

1. Give the definition for tooth impaction.
2. How many types of tooth impaction are there?
3. Which teeth are locked in the jaws most commonly?

4. What are the etiologic factors for tooth impaction?
5. What are the main clinical signs of tooth impaction?
6. Give the possible complications associated with the tooth impaction.
7. What kinds of paraclinical tests could be used in diagnosis clarity of tooth impaction?
8. What are the indications for the extraction of impacted teeth?
9. What is *dentitio difficillis*?
10. In which dentition occurs *dentitio difficillis* most commonly?
11. Give the definition for pericoronaritis.
12. Give the definition for paracoronaritis.
13. Explain the principles in the management of pericoronaritis and paracoronaritis.
14. What kinds of techniques for extraction of wisdom teeth are there?
15. Explain the steps by the extraction of the upper canines.

EXERCISE № 53

TOPIC: Teeth eruption disorders – symptoms, diagnosis, differential diagnosis, treatment

TEST

1. The normal eruption time for the deciduous canine is the age of:
 - a/ 12-16 months
 - b/ 16-20 months
 - c/ 20-24 months
2. The normal eruption time for the second permanent premolar is the age of:
 - a/ 9-10 year
 - b/ 10-11 year
 - c/ 11-12 years
3. The eruption of deciduous teeth is considered premature if occurs?
 - a/ 2-3 months earlier than the normal time
 - b/ occurs 3-6 months earlier than the normal time
 - c/ 1 year earlier than the normal time
4. Dentito tarda in deciduous teeth is considered when the tooth has not erupted:
 - a/ 5 months after normal eruption time
 - b/ up to 1 year after normal eruption time
 - c/ up to 2 year after normal eruption time

5. Dentito tarda in permanent teeth is considered when the tooth has not erupted:
 - a/ 5 months after normal eruption time
 - b/ up to 1 year after normal eruption time
 - c/ up to 2 year after normal eruption time
6. What is the Latin term for delayed tooth eruption?
 - a/ *dentitio retenta*
 - b/ *dentitio difficilis*
 - c/ *dentitio praecox*
7. What does retromolar distance mean?
 - a/ the distance from the medial part of the second lower molar to the mandibular foramen
 - b/ the distance from the distal part of the second lower molar to the mandibular foramen
 - c/ the distance from the distal part of the first lower molar to the mandibular foramen
8. The retromolar distance in normally developed jaw is:
 - a/ 29mm
 - b/ 27mm
 - c/ 25mm
9. What theories for teeth impaction exist?
 - a/ phylogenetic and ontogenetic
 - b/ genetic
 - c/ a+b
10. Which teeth are most frequently affected by impaction?
 - a/ maxillary third molar
 - b/ mandibular third molar
 - c/ maxillary canines
11. Primary treatment of impacted teeth is:
 - a/ conservative
 - b/ conservative-surgical
 - c/ surgical
12. Which tooth has difficult eruption most frequently?
 - a/ maxillary third molar
 - b/ mandibular third molar
 - c/ maxillary canine

13. Which factors determine the development of the inflammation during the eruption of the lower third molars?
a/ the position of the tooth relative to the mandibular ramus and the longitudinal axis of the second molar
b/ the location of the third molar in the depth of the jaw
c/ a + b
14. What does pericoronaritis mean?
a/ inflammation of the mucosa covering the tooth crown
b/ inflammation of the mucosa covering the tooth crown and the surrounding soft tissues
c/ inflammation of the pterygomandibular fold
15. What does paracoronaritis mean?
a/ inflammation of the mucosa covering the tooth crown
b/ inflammation of the mucosa covering the tooth crown and the surrounding soft tissues
c/ inflammation of the pterygomandibular fold
16. Trismus (limited mouth opening) is observed in:
a/ pericoronaritis
b/ paracoronaritis
c/ both
17. What does circumcission mean?
a/ incision of the mucosa covering the tooth crown
b/ complete excision of the mucosa covering the tooth crown
c/ a method for conservative treatment of a difficult tooth eruption
18. Dentitis difficilis is managed:
a/ conservatively
b/ surgically
c/ both
19. The lingual access for the extraction of a mandibular third molar is method named after:
a/ Ward
b/ Pichler-Trauner-Toma
c/ such access does not exist
20. Anodontia means:
a/ absence of one or more dental germs
b/ total absence of dental germs
c/ presence of supernumerary teeth

QUESTIONS

1. What are the normal deciduous teeth eruption times?
2. What are the normal permanent teeth eruption times?
3. When is tooth eruption of deciduous teeth considered premature?
4. When is tooth eruption of permanent teeth considered premature?
5. When is it a case of *dentitio tarda* of deciduous teeth?
6. When is it a case of *dentitio tarda* of permanent teeth?
7. How big is the retromolar gap in a normally developed jaw?
8. Which are the teeth retention theories?
9. Which diseases may cause tooth retention?
10. Which is the leading method of treatment for teeth retention?
11. What are the decisive factors causing inflammation of lower jaw wisdom teeth?
12. What are *adentia*, *anodontia*, *hyperdontia*?
13. What are *dystopia*, *heterotopia*, *ectopia dentis*?
14. Explain the Pell-Gregory classification.
15. What is *circumcisio* and how is it performed?

EXERCISE № 54

TOPIC: Teeth extraction in patients with endocrine disorders

TEST

1. Before a tooth extraction in patient with endocrine disorders is necessary:
a/ to run clinical and para-clinical tests and preparation of the patient
b/ all procedures to be carried out by a specialist
c/ to conduct a clinical examination
2. Patients with type 2 diabetes mellitus can undergo teeth extraction if the blood sugar levels are up to:
a/ 15 mmol/l
b/ 10 mmol/l
c/ 12 mmol/l
3. Extraction of teeth in diabetic patients is carried out:
a/ under antibiotic protection
b/ with administration of immunostimulants
c/ with administration of capillary tonic substances

4. Urgent preparation for teeth extraction in patients with Graves' disease (hyperthyroidism) consists in intake of the following medications:
 - a/ antibiotics, vitamins
 - b/ metizol, obsidan, dehydrocortison
 - c/ obsidan, indometacin, acetysal

5. During teeth extraction in patients with hypocorticism (Addison's disease), common general complication is:
 - a/ decrease /rapidly falling/ venous blood pressure
 - b/ decrease /rapidly falling/ arterial blood pressure
 - c/ convulsions

6. The potential risks of general complications during tooth extraction in patients with hypoparathyroidism are due to:
 - a/ hypocalcemia and a tendency to go into titanic contractions
 - b/ hypercalcemia and a rapid fall of arterial blood pressure
 - c/ hypopotassemia and angina pectoris

7. After teeth extraction diabetes patients may experience the following later complications:
 - a/ acute pus-forming inflammation
 - b/ blood sugar levels increase
 - c/ ketoacidosis

8. Immediately after tooth extraction a diabetic patient may have a tendency to:
 - a/ bleed
 - b/ develop trismus
 - c/ develop an infection

9. A hypoglycemic coma may occur when blood sugar levels fall below:
 - a/ 6.1 mmol/l
 - b/ 5.2 mmol/l
 - c/ 2.5 mmol/l

10. Clinical symptoms typical of hyperglycemic coma are as follows:
 - a/ dry skin, deep noisy breathing, a circulatory collapse
 - b/ moist skin, feeling of hunger, agitation
 - c/ pale face, covered with cold sticky sweat drops, hypotonia

11. A risk of falling into a hyperglycemic coma exists when the blood sugar level is over:
 - a/ 11 mmol/l
 - b/ 15 mmol/l
 - c/ 21 mmol/l
12. If hypoglycemia symptoms occur, the dentist should:
 - a/ administer a subcutaneous injection of 1% 1ml of Adrenaline
 - b/ give the patient glucose through the mouth or parenterally
 - c/ administer 0.9% of NaCl solution intravenously
13. In cases of hyperthyroidism the following is never administered:
 - a/ Lidocaine
 - b/ Bupivacaine
 - c/ vasoconstrictor
14. In cases of diabetes the following must not be administered:
 - a/ Adrenaline
 - b/ Noradrenaline
 - c/ Etidocaine
15. In cases of Cushing's syndrome it is not advisable to administer:
 - a/ Amide group anesthetics
 - b/ Ester group anesthetics
 - c/ vasoconstrictors
16. If an Addisonian crisis develops during a surgical procedure, the following is administered:
 - a/ an intravenous injection of 200-300 mg hydrocortisone + 0.9% NaCl infusion
 - b/ 5% glucose infusion + an intravenous injection of 1% 1ml adrenaline or noradrenaline
 - c/ an infusion of 5% glucose and diazepam
17. In cases of Cushing's syndrome it is advisable to administer:
 - a/ antibiotic prophylaxis
 - b/ antipyretic preparation
 - c/ sedation before extraction
18. The Addison's disease is characterised by:
 - a/ primary adrenal insufficiency
 - b/ primary adrenocortical hyperfunction
 - c/ primary adrenal medulla insufficiency

19. The Cushing's syndrome is:
 - a/ primary adrenal medulla insufficiency
 - b/ adrenocortical hyperfunction (hyperglucocorticism)
 - c/ primary hypothyroidism

20. Acromegaly is:
 - a/ excess somatotropin production after epiphyseal plate closure
 - b/ excess somatotropin production before epiphyseal plate closure
 - c/ excess ACTH production

QUESTIONS

1. What is diabetes?
2. Up to what levels of blood sugar is it allowed to perform oral surgery?
3. Is it necessary to conduct preparation prior to a surgical intervention in the mouth of diabetes patients and how is it performed?
4. What are the potential risks of general complications during tooth extraction for patients with diabetes? What are the appropriate measures to be taken by a dental practitioner in such a case?
5. What early complications may arise immediately after a tooth extraction of a diabetic patient?
6. What later complications may arise immediately after a tooth extraction of a diabetic patient?
7. Is it advisable to use vasoconstrictors for patients with diabetes?
8. What is Graves' disease?
9. How is a patient with Graves' disease prepared for tooth extraction?
10. What is Addison's disease?
11. What is the proper procedure if during tooth extraction an Addison's crisis occurs?
12. What is Cushing's syndrome?
13. Is it necessary to conduct preparation prior to a surgical intervention in the mouth of Cushing's syndrome patients and how is it performed?
14. Is it advisable to use vasoconstrictors for patients with Cushing's syndrome?
15. What is Acromegaly?

EXERCISE № 55

TOPIC: Teeth extraction in patients with blood clotting disorders

TEST

1. The usual bleeding time according to the Duke method is:
a/ 3 to 10 minutes
b/ 3 to 5 minutes
c/ 3 to 20 minutes
2. Normal coagulation time according to the Lee-White method is:
a/ 5 to 10 minutes
b/ 10 to 15 minutes
c/ 15 to 20 minutes
3. Blood vessels assist the hemostasis through:
a/ vasodilatation
b/ vasoconstriction
c/ vasoparesis
4. Bleeding after tooth extraction is:
a/ venous
b/ capillary
c/ arterial
5. The most common reasons for post-tooth-extraction bleeding are:
a/ endocrine disorders
b/ gastrointestinal disorders
c/ hemorrhagic diathesis
6. Blood clotting disorders are typical in patients with:
a/ lung diseases
b/ kidney diseases
c/ liver diseases
7. The most common hemorrhagic diatheses are:
a/ thrombocytopenia and coagulopathy
b/ diabetes insipidus and thyrotoxicosis
c/ hemorrhagic periodontitis and telangiectasia

8. Angiopathy is characterised by:
 - a/ increased vascular permeability
 - b/ decreased vascular permeability
 - c/ normal vascular permeability

9. Angiopathy causes the bleeding time and the blood clotting time to be:
 - a/ prolonged
 - b/ shortened
 - c/ unaffected

10. Thrombocytopathy is characterised by:
 - a/ decreased number of thrombocytes (platelet count)
 - b/ normal number of thrombocytes
 - c/ increased number of thrombocytes

11. Thrombocytopenia is:
 - a/ decreased platelet count
 - b/ increased platelet count
 - c/ inability of the platelets (thrombocytes) to participate in the blood clotting process

12. Different types of thrombocytopenia can be:
 - a/ congenital
 - b/ acquired
 - c/ congenital and acquired

13. Thrombocytosis is:
 - a/ the presence of high platelet count
 - b/ a decreased platelet count
 - c/ a platelet function disorder

14. Coagulopathy is a blood clotting disorder caused by:
 - a/ platelet qualitative deficiency
 - b/ absence of one or more coagulation factors
 - c/ vascular integrity disruption with increased vascular permeability

15. Hemophilia is due to:
 - a/ disrupted platelet function
 - b/ absence of antihemophilic globulin
 - c/ absence of elastin in the vascular system

16. Hemophilia is:
 - a/ a congenital disease
 - b/ an acquired disorder
 - c/ an autoimmune disease

17. Hemophilia A is:
 - a/ a deficiency in clotting factor VIII
 - b/ a deficiency in clotting factor IX
 - c/ a deficiency in clotting factor VII

18. Hemophilia occurs in:
 - a/ males and females
 - b/ only in females; males are carriers
 - c/ only in males; females are carriers

19. The following is administered parenterally to patients with thrombocytopenia prior to a surgical intervention:
 - a/ an antibiotic diluted with saline solution
 - b/ platelet-rich plasma
 - c/ antihemophilic globulin

20. The following is administered parenterally to patients with thrombocytopenia after a surgical intervention:
 - a/ an antibiotic diluted with saline solution
 - b/ platelet-rich plasma
 - c/ antihemophilic globulin

QUESTIONS

1. What types of para-clinical tests must be done to patients with possible blood clotting disorders?
2. How many phases are there and which are the phases of the blood clotting process?
3. Which factors are activated on the intrinsic pathway of coagulation?
4. Which factors are activated on the extrinsic pathway of coagulation?
5. What is angiopathy?
6. What is thrombocytopenia?
7. What is thrombocytopathy?
8. What type of bleeding is the one occurring after tooth extraction?
9. What is coagulopathy?
10. What preparation must a patient with thrombocytopenia undergo prior to tooth extraction?

11. What preparation must a patient with hemophilia undergo prior to tooth extraction?
12. Do liver disease patients suffer from any blood clotting disorders? What is the reason for that?
13. Are there any blood clotting disorders in patients immediately after chemotherapy?
14. What medication is administered if bleeding occurs in patients with blood clotting disorders?
15. Where are patients with hemophilia treated?

EXERCISE № 56

TOPIC: Teeth extraction in patients with mental and neurological disorders

TEST

1. Epilepsy is:
 - a/ a spinal cord disorder
 - b/ a brain disorder
 - c/ a disorder in the brainstem and the pons
2. Prior teeth extraction an epileptic patient should be referred to:
 - a/ psychiatrics
 - b/ psychology
 - c/ neurology
3. Epileptic seizures are:
 - a/ partial (focal)
 - b/ generalised
 - c/ partial and generalised
4. Prodrome / preceding symptom/ of an epileptic seizure is:
 - a/ hallucinations
 - b/ aura
 - c/ muscle cramps
5. During a small seizure an epileptic patients loses consciousness for:
 - a/ seconds
 - b/ 20 to 30 minutes
 - c/ hours

6. The following is used to treat epilepsy:
 - a/ Tegretol
 - b/ Rezerpin
 - c/ Droperidol

7. Neuroses are a class of nervous system disorders which are generally defined as:
 - a/ functional disorders of brain activity
 - b/ injury to nervous tissue
 - c/ post-infectious diseases

8. The following are used to treat neuroses:
 - a/ tranquillizers
 - b/ neuroleptics
 - c/ analgesics

9. Neuroses and depressions are treated by:
 - a/ neurologists
 - b/ psychiatrists
 - c/ internists

10. Neurasthenia occurs:
 - a/ more commonly in men
 - b/ more commonly in women
 - c/ equally in men and women

11. Neurasthenia is characterized by:
 - a/ lowered irritability
 - b/ increased irritability
 - c/ absence of irritability

12. Neurasthenia is treated with:
 - a/ psychoactive drugs
 - b/ antidepressants
 - c/ pain relievers

13. Tooth extraction in patient with a cerebral palsy is advisable to be done in:
 - a/ a dentist's office
 - b/ a hospital
 - c/ his/her home

14. Prior tooth extraction patients with mental disorders should be consulted with:
 - a/ psychiatrics
 - b/ psychology
 - c/ neurology
15. Tooth extraction in patients with severe mental disorders is preferably done under:
 - a/ regional nerve blockade
 - b/ general anesthesia
 - c/ periodontal /intraaligamental/ anesthesia
16. Schizophrenic psychoses are characterized by:
 - a/ generalized seizures
 - b/ partial seizures
 - c/ delusions and hallucinations
17. The most characteristic symptom of schizophrenia is:
 - a/ progressive personality change
 - b/ progressive muscular dystrophy
 - c/ progressive bone atrophy
18. Medication for schizophrenia includes:
 - a/ antipsychotics
 - b/ antibiotics
 - c/ vitamin therapy
19. The Parkinson's disease is:
 - a/ a chronic psychosis
 - b/ a type of schizophrenia
 - c/ a progressive neurodegenerative disorder
20. Mental disorders patients' bleeding after tooth extractions is:
 - a/ heavy
 - b/ normal
 - c/ reduced

QUESTIONS

1. What is epilepsy?
2. Is it necessary to meet and consult an epileptic patient prior to a dental procedure?

3. What are neuroses?
4. What is neurasthenia?
5. What medication is used to treat patients with neuroses?
6. What medication is used to treat patients with neurasthenia?
7. Is it necessary to conduct some preparation beforehand for a tooth extraction of a patient with a mental disorder?
8. Which is the recommended anesthetic for tooth extraction for patients with mental disorders?
9. What is schizophrenia?
10. What medication is used to treat schizophrenia?
11. Do patients with mental diseases suffer from any blood clotting disorders?
12. What is Parkinson's disease?
13. Are there any contraindications to administering vasoconstrictors when performing tooth extraction to patients with mental disorders?
14. Are there any contraindications to administering vasoconstrictors when performing tooth extraction to patients with neurasthenia?
15. Are there any contraindications to administering vasoconstrictors when performing tooth extraction to patients with epilepsy?

EXERCISE № 57

TOPIC: Teeth extraction in patients with cardiovascular diseases

TEST

1. For tooth extraction in patients with prosthetic heart valves necessitate:
 - a/ use an anesthetic without a vasoconstrictor
 - b/ consult a hematologist for a correction of the anticoagulation treatment
 - c/ conduct preparation with a cardiac glycoside
2. Patients with prosthetic heart valves must have teeth removed if they:
 - a/ are source of a focal infection
 - b/ are ectopically erupted
 - c/ cause a chronic trauma
3. For prevention of infective endocarditis before teeth extraction the dentist should prescribe:
 - a/ an antibiotic 1 week prior to the dental procedure
 - b/ an antibiotic 1 day before and 2 days after the tooth extraction
 - c/ an antibiotic only on the day the tooth extraction

4. Prophylaxis of infective endocarditis for teeth extraction is done:
 - a/ in case of mitral valve prolapsed regurgitation
 - b/ 6 months after heart bypass surgery
 - c/ heart rhythm and conduction disorders

5. In case of hypertensive crisis the patient must:
 - a/ lie down in the supine position
 - b/ be put in the Trendelenburg position
 - c/ assume an orthopnoic position

6. In order to gradually decrease the blood pressure in case of a hypertensive crisis the following is administered:
 - a/ Chlorazin
 - b/ Nifedipin retard, . amp Chlopazolin i.m
 - c/ Hyperstat

7. During a hypertensive crisis the prevailing symptoms are associated with:
 - a/ the lungs
 - b/ the cardiovascular system
 - c/ the brain and the cardiovascular system

8. In case of angina pectoris crisis the following must be administered:
 - a/ Lidocaine – 80 mg. i.v.
 - b/ Nytroglycerin sub linguae
 - c/ Furanthril – 40 mg. i.v.

9. Teeth extraction in patients with unstable angina pectoris:
 - a/ is an absolute contraindication
 - b/ is not a contraindication
 - c/ requires prior preparation of the patient for tooth extraction.

10. A year after a heart bypass surgery, tooth extraction:
 - a/ can be performed with an anesthetic without a vasoconstrictor
 - b/ is contraindicated
 - c/ is not contraindicated

11. Tooth extraction in patients after a heart attack can be performed with lower risk:
 - a/ a month after the heart attack
 - b/ 3 months after the heart attack
 - c/ 6 months after the heart attack

12. A dentist should administer the following if there are symptoms of myocardial infarction:
 - a/ Chlophazolin i.v.
 - b/ an urgent consultation with a cardiologist
 - c/ Lidocaine i.v.

13. For anesthesia in patients with heart rhythm disorders is recommended to use:
 - a/ Procaine
 - b/ Lidocaine
 - c/ Mepivacaine

14. If a patient suffers from acute heart failure, tooth extraction is:
 - a/ not contraindicated
 - b/ can be performed with Lidocaine
 - c/ is contraindicated

15. The following is recommended for anesthesia in patients with heart failure:
 - a/ Scandonest
 - b/ Ubistesin forte
 - c/ Ubistesin

16. Preparation of patients with heart failure for a tooth extraction includes the following, apart from the treatment of the main disease:
 - a/ β -blockers
 - b/ anxiolytics
 - c/ Ca-antagonists

17. Preparation for tooth extraction in patients with chronic congestive heart failure requires administration of:
 - a/ β -blockers
 - b/ Ca-antagonists
 - c/ diuretics

18. For patients with temporary electro-stimulators (pacemakers) in an acute phase of the disease, tooth extraction:
 - a/ is temporarily contraindicative
 - b/ is not a contraindication
 - c/ requires prior preparation of the patient

19. Tooth extraction in patients with permanent electro-stimulators (pacemakers):
 - a/ is a contraindication
 - b/ is not a contraindication
 - c/ requires prior preparation of the patient

20. In patients treated with β -blockers local anesthesia is performed with:
 - a/ an anesthetic with adrenaline
 - b/ an anesthetic with noradrenaline
 - c/ a + b

QUESTIONS

1. What preparation must be done prior to tooth extraction for patients on anticoagulation therapy?
2. What preparation must be done prior to tooth extraction for patients undergoing antiaggregant treatment?
3. Which cardio-vascular diseases require prophylaxis of infective endocarditis?
4. How is infective endocarditis prophylaxis done?
5. What are the typical symptoms of a hypertensive crisis?
6. What medication is administered for a hypertensive crisis?
7. What is angina pectoris?
8. What is a myocardial infarction?
9. What is the earliest time for a myocardial infarction patient to have a tooth extraction performed at reduced risk?
10. Which is the most suitable anesthetic for patients with heart rhythm and/or conduction disorders?
11. What is a heart failure?
12. How are patients suffering from heart failure prepared for teeth extraction?
13. Are there any contraindications for administering vasoconstrictors to patients with heart failure?
14. Are there any contraindications for administering vasoconstrictors to patients taking beta-blockers?
15. Is tooth extraction a contraindication for patients with temporary pacemakers?

EXERCISE № 58

TOPIC: Tooth extraction and pregnancy

TEST

1. What vasoconstrictors in the anesthetics can be administered to pregnant women?
 - a/ Adrenaline
 - b/ Noradrenaline
 - c/ no vasoconstrictor is used
2. Can X-rays be performed during pregnancy?
 - a/ Yes
 - b/ No
 - c/ Yes, with protection
3. Planned tooth extraction in pregnant women is recommended to be performed during:
 - a/ the first trimester (1st – 3rd lunar month)
 - b/ the second trimester (4th – 7th lunar month)
 - c/ the third trimester (7th – 10th lunar month)
4. What antibiotics can be prescribed to pregnant women?
 - a/ penicillin
 - b/ tetracycline
 - c/ aminoglycosides
5. What medication is used to prepare a pregnant woman for tooth extraction?
 - a/ analgesics
 - b/ antibiotics
 - c/ spasmolitics
6. What anesthetics are recommended for teeth extraction during pregnancy?
 - a/ local anesthesia
 - b/ neuroleptanalgesia
 - c/ general anesthesia
7. Prior teeth extraction is recommended to consult the pregnant woman with:
 - a/ an internist
 - b/ an obstetrician
 - c/ an anesthesiologist

8. Pregnant women show a tendency to:
 - a/ suppuration
 - b/ bleeding
 - c/ delayed healing

9. Gingival changes during pregnancy are characterized by:
 - a/ diffuse gingival hyperplasia
 - b/ limited gingival hyperplasia
 - c/ bilateral gingival hyperplasia in the region of tuber maxillae

10. Which of the following develops in case of gingival hypertrophy?
 - a/ a suprabony/intrabony pocket
 - b/ a pseudopocket
 - c/ a true periodontal pocket

11. Epulis gravidarum may occur mostly during:
 - a/ the first trimester of pregnancy
 - b/ the second trimester of pregnancy
 - c/ the third trimester of pregnancy

12. Which type of tooth mobility increases during pregnancy?
 - a/ vertical tooth mobility
 - b/ axial tooth mobility
 - c/ horizontal tooth mobility

13. The main reason to develop epulis gravidarum is:
 - a/ local irritation
 - b/ hormonal changes
 - c/ medication

14. Gingivitis gravidarum may develop after:
 - a/ the first month of pregnancy
 - b/ the second month of pregnancy
 - c/ the eighth month of pregnancy

15. Tooth extraction in pregnant women during the second month of pregnancy may cause:
 - a/ a premature birth
 - b/ bleeding from the extraction wound
 - c/ an early miscarriage

16. Preeclampsia prophylaxis for pregnant women, prepared for tooth extraction, includes
 - a/ Iron supplements
 - b/ Magnesium supplements
 - c/ Calcium supplements
17. Use of sedation during the first trimester of pregnancy has:
 - a/ an antiemetic effect
 - b/ a spasmolytic effect
 - c/ a teratogenic effect
18. The most suitable anesthetic for pregnant women is:
 - a/ Articaine
 - b/ Lidocaine
 - c/ Bupivacaine
19. Which of the following vasoconstrictors is an absolute contraindication during pregnancy?
 - a/ Adrenaline
 - b/ Noradrenaline
 - c/ Octapressin
20. Administering an anesthetic with Adrenaline inducer is contraindicated during:
 - a/ eclampsia
 - b/ multiple pregnancy
 - c/ the first month of pregnancy

QUESTIONS

1. Is it necessary to have a prior consultation before a pregnant woman has a tooth extraction?
2. Can roentgenographies be done during pregnancy?
3. Is it advisable to use vasoconstrictors when treating pregnant women?
4. What are the recommended antibiotics for pregnant women?
5. What medication is used for preparation of pregnant women for tooth extraction?
6. When is a planned tooth extraction recommended to be performed during pregnancy?
7. Is there a tendency to increased bleeding in pregnant women?
8. What medication is prescribed for preeclampsia prophylaxis for pregnant women prior to tooth extraction?

9. Which is the most suitable anesthetic for pregnant women?
10. What complication may arise during tooth extraction of women in their first trimester of pregnancy?
11. What complication may arise during tooth extraction of women in the last trimester of pregnancy?
12. What may be the effect of sedation on pregnant women especially during the first trimester?
13. What kind of anesthesia is recommended for tooth extraction of pregnant women?
14. What is the cause of Epulis gravidarum during pregnancy?
15. Is tooth mobility increased during pregnancy?

ANSWERS

TEST № 31

1-a, 2 - b; 3 - b; 4 - a; 5 - b; 6 - c; 7 - b; 8 - c; 9 - b; 10 - c; 11 - a; 12 - b; 13 - a; 14 - a; 15 - a; 16 - c; 17 - b; 18 - b; 19 - a; 20 - a.

TEST № 32

1 - b; 2 - a; 3 - b; 4 - c; 5 - a; 6 - c; 7 - b; 8 - b; 9 - a; 10 - a; 11 - a; 12 - a; 13 - c; 14 - a; 15 - b; 16 - c; 17 - a; 18 - a; 19 - a; 20 - a.

TEST № 33

1 - c; 2 - c; 3 - c; 4 - a; 5 - b; 6 - a; 7 - b; 8 - a; 9 - b; 10 - c; 11 - a; 12 - a; 13 - c; 14 - a; 15 - c; 16 - b; 17 - a; 18 - c; 19 - a; 20 - c.

TEST № 34

1 - a; 2 - b; 3 - c; 4 - b; 5 - a; 6 - b; 7 - c; 8 - a; 9 - b; 10 - a; 11 - c; 12 - b; 13 - c; 14 - a; 15 - b; 16 - a; 17 - c; 18 - b; 19 - b; 20 - a.

TEST № 35

1 - a; 2 - a; 3 - c; 4 - b; 5 - a; 6 - b; 7 - b; 8 - a; 9 - b; 10 - b; 11 - a; 12 - a; 13 - b; 14 - b; 15 - c; 16 - a; 17 - a; 18 - a; 19 - a; 20 - a.

TEST № 36

1 - a; 2 - c; 3 - b; 4 - b; 5 - a; 6 - b; 7 - a; 8 - a; 9 - b; 10 - c; 11 - b; 12 - a; 13 - a; 14 - c; 15 - b; 16 - b; 17 - c; 18 - c; 19 - c; 20 - b.

TEST № 37

1 - b; 2 - a; 3 - c; 4 - a; 5 - c; 6 - a; 7 - c; 8 - b; 9 - b; 10 - b; 11 - b; 12 - c; 13 - b; 14 - a; 15 - c; 16 - a; 17 - c; 18 - c; 19 - b; 20 - a.

TEST № 38: Colloquium

TEST № 39

1 - a; 2 - b; 3 - b; 4 - b; 5 - c; 6 - c; 7 - b; 8 - a; 9 - c; 10 - a; 11 - c; 12 - b; 13 - b; 14 - a; 15 - b; 16 - b; 17 - a; 18 - b; 19 - b; 20 - a.

TEST № 40

1 - c; 2 - b; 3 - c; 4 - a; 5 - c; 6 - c; 7 - a; 8 - a; 9 - c; 10 - a; 11 - c; 12 - b; 13 - b; 14 - a; 15 - c; 16 - b; 17 - a; 18 - c; 19 - a; 20 - a.

TEST № 41

1 - a; 2 - c; 3 - b; 4 - b; 5 - c; 6 - c; 7 - a; 8 - c; 9 - a; 10 - b; 11 - a; 12 - c; 13 - a; 14 - b; 15 - a; 16 - b; 17 - a; 18 - c; 19 - b; 20 - c.

TEST № 42

1 - a; 2 - b; 3 - c; 4 - b; 5 - c; 6 - b; 7 - b; 8 - c; 9 - b; 10 - c; 11 - c; 12 - c; 13 - b; 14 - b; 15 - c; 16 - c; 17 - b; 18 - c; 19 - b; 20 - b.

TEST № 43

1 - c; 2 - a; 3 - b; 4 - b; 5 - a; 6 - b; 7 - b; 8 - a; 9 - b; 10 - a; 11 - b; 12 - b; 13 - c; 14 - a; 15 - c; 16 - a; 17 - b; 18 - c; 19 - c; 20 - c.

TEST № 44

1 - a; 2 - c; 3 - c; 4 - b; 5 - c; 6 - c; 7 - a; 8 - b; 9 - c; 10 - b; 11 - a; 12 - c; 13 - c; 14 - b; 15 - c; 16 - a; 17 - b; 18 - c; 19 - c; 20 - c.

TEST № 45

1 - a; 2 - b; 3 - b; 4 - b; 5 - a; 6 - c; 7 - b; 8 - c; 9 - c; 10 - a; 11 - c; 12 - b; 13 - b; 14 - a; 15 - a; 16 - a; 17 - c; 18 - c; 19 - b; 20 - b.

TEST № 46

1 - c; 2 - a; 3 - a; 4 - b; 5 - b; 6 - c; 7 - b; 8 - a; 9 - b; 10 - c; 11 - a; 12 - b; 13 - b; 14 - a; 15 - c; 16 - b; 17 - a; 18 - b; 19 - b; 20 - a.

TEST № 47

1 - a; 2 - a; 3 - b; 4 - a; 5 - b; 6 - a; 7 - c; 8 - c; 9 - a; 10 - c; 11 - a; 12 - b; 13 - a; 14 - c; 15 - c; 16 - a; 17 - a; 18 - c; 19 - b; 20 - c.

TEST № 48

1 - a; 2 - b; 3 - a; 4 - b; 5 - b; 6 - c; 7 - a; 8 - b; 9 - b; 10 - a; 11 - b; 12 - b; 13 - c; 14 - c; 15 - a; 16 - a; 17 - a; 18 - c; 19 - b; 20 - c.

TEST № 49

1 - b; 2 - c; 3 - a; 4 - a; 5 - b; 6 - c; 7 - a; 8 - a; 9 - b; 10 - b; 11 - c; 12 - b; 13 - b; 14 - a; 15 - c; 16 - b; 17 - a; 18 - b; 19 - c; 20 - b.

TEST № 50

1 - a; 2 - c; 3 - b; 4 - a; 5 - a; 6 - b; 7 - c; 8 - c; 9 - b; 10 - c; 11 - a; 12 - b;
13 - a; 14 - a; 15 - b; 16 - a; 17 - c; 18 - b; 19 - a; 20 - c.

TEST № 51

1 - b; 2 - a; 3 - a; 4 - c; 5 - c; 6 - a; 7 - a; 8 - b; 9 - a; 10 - b; 11 - c; 12 - c;
13 - a; 14 - b; 15 - b; 16 - a; 17 - b; 18 - a; 19 - b; 20 - c.

TEST № 52

1 - c; 2 - b; 3 - a; 4 - a; 5 - c; 6 - c; 7 - c; 8 - b; 9 - a; 10 - c; 11 - a; 12 - a;
13 - a; 14 - c; 15 - a; 16 - b; 17 - a; 18 - b; 19 - a; 20 - c.

TEST № 53

1 - b; 2 - c; 3 - b; 4 - a; 5 - b; 6 - a; 7 - b; 8 - a; 9 - c; 10 - b; 11 - c; 12 - b; 13 -
c; 14 - a; 15 - b; 16 - b; 17 - b; 18 - c; 19 - a; 20 - b.

TEST № 54

1 - a; 2 - b; 3 - a; 4 - b; 5 - b; 6 - a; 7 - a; 8 - a; 9 - c; 10 - a; 11 - b; 12 - b; 13 -
c; 14 - a; 15 - c; 16 - a; 17 - a; 18 - a; 19 - b; 20 - a.

TEST № 55

1 - b; 2 - a; 3 - b; 4 - b; 5 - c; 6 - c; 7 - a; 8 - a; 9 - c; 10 - b; 11 - a; 12 - c; 13 -
a; 14 - b; 15 - b; 16 - a; 17 - a; 18 - c; 19 - b; 20 - c.

TEST №56

1 - b; 2 - c; 3 - c; 4 - b; 5 - a; 6 - a; 7 - a; 8 - a; 9 - b; 10 - b; 11 - b; 12 - b; 13 -
b; 14 - a; 15 - b; 16 - c; 17 - a; 18 - a; 19 - c; 20 - b.

TEST № 57

1 - b; 2 - a; 3 - c; 4 - a; 5 - c; 6 - b; 7 - c; 8 - b; 9 - c; 10 - c; 11 - c; 12 - b; 13 -
b; 14 - c; 15 - a; 16 - b; 17 - c; 18 - a; 19 - b; 20 - a.

TEST № 58

1 - c; 2 - c; 3 - b; 4 - a; 5 - c; 6 - a; 7 - b; 8 - b; 9 - a; 10 - b; 11 - b; 12 - c; 13 -
b; 14 - b; 15 - c; 16 - b; 17 - c; 18 - a; 19 - b; 20 - a.