APROBATE
La şedinţa Catedrei chirurgie oro-maxilo-facială,
şi implantologie orală „Arsenie Guţan”,
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TESTE

pentru examenul de absolvire la chirurgia oro-maxilo-facială

anul de studii 2020-2021

1. **Inflammatory diseases of the maxilla are, as follows:**
   a. Actinomycosis
   b. Ameloblastoma
   c. +Apical periodontitis, periosous abscess and odontogenic osteomielitis.
   d. Epulis
   e. Odontoma

2. **Dental reimplantation is:**
   a. extracting the root and the coronary part
   b. root extraction and preservation of the crown
   c. +tooth repositioning in its own socket
   d. tooth repositioning in anothers tooth socket
   e. attaching a luxated teeth to the adjacent teeth.

3. **What is dental hemisection:**
   a. +extracting the root and the coronary part
   b. root extraction and preservation of the crown
   c. tooth repositioning in its own socket
   d. dissecting the tooth in two parts in the region of the root bifurcation, with the following curettage of the interradicular region and the application of a jacket crown;
   e. dissecting the tooth in two parts in the region of the root bifurcation and application of a jacket crown.

4. **Root amputation is defined by:**
   a. Extracting the root with the adjacent coronal portion;
   b. + Extraction of the entire dental root with the preservation of the coronary portion;
   c. Tooth repositioning in its own socket
   d. Dissecting the tooth in two parts in the region of the root bifurcation, with the following curettage of the interradicular region and the application of a jacket crown;
   e. Root extraction and preservation of the crown

5. **Dental impaction is:**
   a. +intraosseus or submucosal retention of a fully developed tooth over its normal eruption period without eruption;
   b. incomplete tooth injury through bone or mucous tissue;
   c. Incorrect position in the tooth arch of an erupted tooth;
   d. – a dental anomaly, when the tooth is impacted or erupts away from the alveolar arch;
   e. - dental anomaly, when the tooth is located in a place other than the jaw.

6. **Periostitis is defined as:**
   a. an infectious-allergic, purulent-necrotic process that develops in bone tissue;
   b. + a condition characterized by the spread of the inflammatory process from periodontium through the maxillary bone to the periosteum of the alveolar process;
   c. An inflammatory process that affects the periodontal tissue and rages in adjacent bone tissue;
   d. - an infectious-allergic, purulent-necrotic process that affects the periodontal tissue;
   e. - an inflammatory process that affects the periodontal tissue and spreads in soft perimaxial tissues.

7. **The most common cause of periostitis:**
   a. Chronic periodontitis;
   b. odontogenic ostomyelitis;
   c. +Exacerbated chronic periodontitis;
   d. difficult eruption of the 3rd molar;
   e. - Acute pulpitis.

8. **The etiology of acute odontogenic periostitis more frequently involves:**
   a. Lower central incisors;
   b. inferior lateral incisors;
   c. Lower molars;
   d. + upper molars;
   e. Premolars.

9. **Odontogenic osteomyelitis can be defined as:**
   a. An inflammatory process that affects the periodontal tissue and rages in adjacent bone tissue;
   b. A odontogenic disease, characterized by the spread of the inflammatory process from periodontium through the maxillary bone to the periosteum of the alveolar process;
   c. An inflammatory process that affects the jaw bone;
   d. + an infectious-allergic, purulent-necrotic process that develops into the bone mass of the jaws due to the influence of intrinsic or extrinsic factors;
   e. – Appears more frequently in the upper jaw.

10. According to the type of evolution, we distinguish the following types of osteomyelitis:
a. +Acute, subacute, chronic and chronic pain;
b. localized, circumscribed and diffused;
c. mild, medium or severe;
d. Litical or sequestration;
e. of odontogenic or traumatic etiology.

11. Osteomyelitis of the inferior jaw, unlike osteomyelitis of the upper jaw, is characterized by:
a. More favorable evolution, with less common and less variable complications, small seizures;
b. +Greater gradient, with more frequent variable complications, with sequestration of extended volumes;
c. No differences in both jaws;
d. absence of paresthesia on the mandibular nerve pathway on the affected side;
e. Paresthesia on the mandibular nerve tract on the healthy side.

12. Which wall of the maxillary sinus is predominantly affected in the case of odontogenic osteomyelitis?
a. Inferior and lateral;
b. +Inferior and medial;
c. Lateral and superior;
d. Lateral and Medial;
e. Inferior and Superior.

13. When the first signs of bone changes appear on the x-ray image in odontogenic osteomyelitis:
a. 2-5 days after the onset of the disease;
b. 6-10 days after the onset;
c. + in 2-3 weeks after onset;
d. in 3-4 weeks;
e. not earlier than one month after the onset of the condition.

14. Treatment of acute odontogenic osteomyelitis consists of:
a. + Dental extraction, incision and drainage of the purulent collection, complex general treatment;
b. infection and bone necrosis prophylaxis;
c. Decreasing vascular permeability, conservative treatment of the causal tooth;
d. detoxifying treatment, sechestrectomy;
e. Symptomatic treatment.

15. The abscess is:
a. a diffuse inflammatory process in bone tissues;

b. a diffuse inflammatory process in soft, subcutaneous, intramuscular, parenchymal organs;
c. +a localized, circumscribed, suppurative inflammation;
d. An inflammatory process of teguments;
e. an inflammatory process of soft and hard tissue.

16. The incision for efficient drainage of parotid lobe suppuration is performed:
a. Preauricular;
b. B + Subangulomandibular;
c. Presternocleidomastoidian;
d. On the anterior edge of the mandible;
e. Any of these incisions.

17. What is the indicated incision for draining the submandibular space pus collection:
a. Intraoral incision in the mucobuccal fold;
b. Retro-tuberal incision;
c. Retromandibular incision;
d. Sublingual Intraoral Incision;
e. + Extraoral linear incision (6-8 cm), parallel and inferior to the mandibular basilar margin, at 1.5-2 cm.

18. The incision for creating access to the purulent collection in the submandibular space suppuration is made as follows:
a. - Exooral medial submentonier incision;
b. - Exooral linear incision (6-8 cm) on the basilar edge of the mandible;
c. Exooral "collar" incision;
d. + Linear exooral incision (6-8 cm) parallel to basilar mandibular margin at 1.5-2 cm inferior
e. Exoral incision perpendicular to the mandible body

19. The specific symptom of mediastinitis is:
a. -Cough;
b. - Deglutition dysfunctions;
c. + Dyspnea with breathing frequency 45 - 50;
d. - Nausea, vomiting;
e. - Fever, chills.

20. Compressive Syndrome is presented by:
a. Pain intensifies at suprasternal pression;
b. Pain intensifies at suprasternal percussion;
c. +Intensification of pain in the retrosternal region at the heel percussion, in the dorsal decubitus position, with the lower limbs in the extension;
d. Acute pain in the retrosternal region at deglutition;

e. Dispnea at deglutition.

21. The following signs - acute pain, pulsations in the chest region, irradiating in the interscapular space, pain intensified at deglutition or deep breathing - are characteristic for:
a. the buccal floor flegmon;
b. septicemia;
c. C.anterior mediastinitis;
d. +posterior mediastinitis;
e. pneumonia.

22. An important sign in mediastinitis is the increase of mediastinum volume, which we can determine:
a. -Visual;
b. -Palpation;
c. -Auscultation;
d. + Radiologic (roentgen);
e. -Spirometric.

23. Which clinical forms of adenitis are treated conservatively:
a. Acute purulent adenitis;
b. Specific adenitis;
c. +Acute serous adenitis (cellulitis);
d. Traumatic;
e. All forms of adenitis.

24. Adenoflogmon is:
a. serous inflammation of the lymphatic node;
b. lymphatic node suppuration;
c. serous infiltration of soft tissues adjacent to a suppurated ganglion;
d. + purulent inflammation of soft tissues adjacent to a suppurated ganglion;
e. suppuration of the soft tissue adjacent to a ganglion with serous inflammation.

25. The furuncle is:
a. + a necrotic-purulent acute inflammation of the skin follicle and adjacent tissues;
b. Infectious necrotic-purulent inflammation of several skin follicles, disposed in the neighborhood;
c. an inflammation of the sebaceous gland;
d. an inflammation of the lacrimal gland;
e. an inflammation of the sweat gland.

26. The occurrence of painful infiltrated tissue lines on the angular or facial vein are characteristic of:

a. -furuncul;
b. -carbuncle;
c. +Angular vein phlebitis;
d. -rubella;
e. –noma

27. The local clinical symptoms of facial thrombophlebitis are:
a. - Only edema pronounced on the angular and facial vessels,
b. -Palpator is determined only by a tough, painful infiltration;
c. - Just the hyperthermia of the skin in the scabs;
d. - Only small abscesses appear along the vessels;
e. E + all of the above.

28. In the chronic odontogenic sinus, treatment is started by:
a. Radical cure of the sinus;
b. + Extraction of causal tooth;
c. Physiotherapeutic treatment;
d. - Antalgic treatment;
e. All are indicated to the same extent

29. Primarily, in the treatment of serous acute sialoadenites, it is:
a. - Incision (opening in any case);
b. – Massage of the affected gland and physiotherapy;
c. + Antibiotherapy, administration of desensitizers, detoxicants, sialogues;
d. - Balneary treatment;
e. - Removing the affected gland

30. First aid in the case of dislocative asphyxia is:
a. –Intubation;
b. + Tracing the tongue with a thread fixed in the anterior third of the tongue;
c. - Immobilization of the mandible with manto-cephalic bandage;
d. - Tracheostomy;
e. All of the above

31. The area with the lowest resistance to mandibular trauma is:
a. -The mandible angle;
b. – Bone at the canine level;
c. - Between the roots of the premolars;
d. -Mentonier Symphysis;
e. +Neck of the condyle.

32. Hypoesthesia in the lower alveolar nerve occurs in:
a. Median mandibular fracture;

b. Paramedian fracture of the mandible;
c. + Mandibular fracture, in the displaced body region;
d. - Condylus apophysis fracture;
e. - In all these fractures.

33. Associated trauma is:
a. The lesions of the soft and bony parts of buco-maxilo-facial region;
b. - Soft tissue lesions accompanied by simple jaw fractures;
c. –Soft tissues lesions accompanied by multiple fractures with large crushing and loss of substance;
d. + Lesions of O.M.F. and neighboring regions or distant regions produced by one and the same agent;
e. -Trauma produced by several agents (mechanical, thermal, chemical, etc.).

34. Specify in which of the following traumatic lesions of the facial area is possible a bone trauma of the skull base:
a. - The mandible fractures;
b. - Crushed plaques with the temporo-zygomatic arcade fracture;
c. + Fracture of midface bones;
d. - Trauma of the nasal pyramid;
e. - Bilateral fracture of the condylar apophysis.

35. The line of fracture in the middle horizontal fractures (Le Fort II) is:
a. - From alveolar processes, nasal fossa, canine fossa, maxillary tuberosity, vomer and nasal septum;
b. - Through frontal-nasal suture, lacrimal bones, inferior orbital wall, pterigoid apophysis base, temporo-zigomatic arch, etmoid and vomer;
c. - Alveolar-dental arcade, nasal floor, palatine vault and maxilla body;
d. + By frontal-nasal suture, the lacrimal bone, on the infraorbital fissure, under the zygomatic bone to tuberosity;
e. None of these.

36. Symptomatology in a zigomatic-temporal arch fracture is manifested by:
a. – Unilateral epistaxis;
b. - Hypoesthesia in the territory of the intraorbitary nerve;
c. - Subcutaneous emphysema;
d. - Diplopia;
e. + Locking of mandible movements.

37. Pleomorphic adenoma (mixed tumor):
a. - It is a rare tumor;
b. - It occurs more often in small salivary glands;
c. - Debuts in the form of diffuse swelling or deformation;

d. + Debuts in nodular form;
e. - It is commonly found in the sublingual salivary gland.

38. Among the epithelial malignant tumors of the face skin, more common occur:
a. keratinized stratified squamous
b. - Underground non-pathogenic cancer;
c. +Basal cell carcinoma;
d. - Adenocarcinoma.
e. – pigmented nevus.

39. For the treatment of patients with regional metastases of lip cancer in curable cases, use is made of:
a. - Only radiotherapy;
b. - Surgical method only;
c. - Only cryodistruction;
d. + Combined method.
e. - Only chemotherapy.

40. The primary element of lingual cancer is:
a. - Vesicle;
b. - Hyperkeratosis;
c. + Ulcer;
d. - Fissure.
e. - Ranula.

41. Among the malignant tumors of the mandible, it is more common:
a. - Osteosarcoma;
b. - Ameloblastoma;
c. + Carcinoma;
d. - Condrosarcom.
e. – Lipoma.

42. The main type of treatment for mandible cancer is:
a. - Surgical;
b. - Radiological;
c. + Combined;
d. - Chemotherapeutic;
e. - Electrosurgical.

43. Soft tissue sarcoma can develop from:
a. – Sebaceous gland;
b. - Sudoriparous glands;
c. +Deeper layers of the dermis;

d. - Small salivary glands.
e. - the lipomatous tissue.

44. Sarcoma of the facial bones develops from:
a. - The gingival epithelium;
b. Malasse epithelial cells;
c. - Dentin;
d. + Bone tissue;
e. - Cement.

45. For benign tumors of the submandibular gland, the following are performed:
a. - Removal of the tumor;
b. - Removal with a part of the gland;
c. - Removal of the tumor and ligation of the duct;
d. + Removal of the tumor with total removal of the gland;
e. - Cervical Connective Tissue Removal.

46. What is the basic treatment of ameloblastoma:
a. - Curettage of the outbreak;
b. - Laser Therapy;
c. + resection of the affected jaw portion within the healthy tissue limit;
d. - Laser coagulation;
e. - Conservative treatment.

47. For the sclerosis of hemangioma, use:
a. - Resorcinol;
b. - Formalin;
c. + Alcohol;
d. - Tripsin.
e. - Hematoxylin-eosin.

48. The notion of "precancer" is used to characterize pretumoral changes in:
a. - Connective tissue;
b. - Nervous tissue;
c. + Epithelial tissue;
d. - Muscular tissue;
e. - Blood.

49. The mucosal cancer of the oral cavity is distinguished by:
a. - Flat Leucoplasia;
b. + Bowen's disease;
c. - Stomatitis;
d. - Ranula.

e. - The tough chancre.

50. Cancer of the tongue metastasizes in the lymph nodes:
a. - Preauricular;
b. - Retroarticular;
c. + Cervical;
d. - Bucall.
e. - Submandibular.

51. Which epithelial tumors of the large salivary are more common:
a. - Cyst;
b. - Monomorphic adenoma;
c. + pleomorphic adenoma;
d. - Adenocarcinoma;
e. - Cystic adenocarcinoma.

52. What is the cause of small salivary gland retention cysts?
a. - Inflammatory process;
b. +Saliva duct trauma;
c. - Allergic reaction;
d. - Lymphatic Dissemination;
e. - Hematogenic Dissemination.

53. Cystic adenocarcinoma of the salivary gland metastasizes more frequently through:
a. + Lympha;
b. - Hematogenic;
c. - Mixed.
d. - Complex.
e. - Does not metastasize.

54. The definitive diagnosis in case of lip precanceration is established after the investigations:
a. - Cytological;
b. - Hematological;
c. + Histological;
d. - Bacteriological;
e. - Biochemistry.

55. During the extraction there is a 1/3 apical root fracture. In this situation, the best attitude is:
a. Continue extraction after root separation;
b. + finish the extraction by alveolotomy;
c. Extrusion of apical root 1/3 by root resection;

d. The radical root being very small can be left in place but with the patient's warning;
e. Using an H-file.

56. Three days after extraction, the patient experiences irritating ear pain, hypersalivation, congestion of the mucosa around the alveola, the alveola has a dirty clot, fleshy sponges bleeding, purulent secretions from the alveola. The most likely diagnosis in this situation is:
a. dry alveolitis;
b. post-anesthesia neuritis;
c. + wet alveolite;
d. Congestive pericoronitis;
e. Suppurative pericoronaritis.

57. The primary element by which the healing process of a postextraction wound begins is:
a. Fine curettage of the alveola;
b. Closing the Gingival margins;
c. + Endoalveolar clot formation;
d. Hemorrhage of the alveolar walls;
e. Applying sutures.

58. Sinus accidents of dental extraction can occur in:
a. All teeth of the upper arcade;
b. Superior incisors and canines;
c. + Premollars and upper molars;
d. Premolars and lower molars;
e. The localization is not important.

59. In the case of a alveolar wall fracture, when the bone fragment remains attached to the periosteum, it will be done:
a. Bone fragmentation and detachment, then bone margin regularization and suture;
b. + Replacement of the detached fragment and suture of the gingivomucosa;
c. Suture of the fragment at the existing periosteum and compressible superalveolar bandage;
d. Removal of the fragment only with the electrocautery;
e. Deperion of the fragment and electrocautery of the periosteum.

60. The mandibular fracture can occur:
a. During the six-year molar extraction with distally curved roots;
b. + During extraction of the inferior wisdom molar, when it has straight roots and the Lecluse elevator is used;
c. During extraction of the wisdom molars, when they have distally curved roots and use the Lecluse elevator;

d. When there are follicular cysts, tumors, osteomyelitis, or impacted teeth in the mandible;
e. When curved elevators are used to extract lateral teeth with distally curved roots.

61. Dental roots pushed under the sinus mucosa are extracted:
a. After radical sinus cure;
b. Only if the Valsalva maneuver is positive;
c. + Through a enlarged alveolar acces;
d. Only with root forceps;
e. Only with lateral beak elevators.

62. Inferior alveolar nerve often is damaged during the extraction of the:
a. First premolar;
b. 6-year old Molar;
c. Second molar;
d. + 3rd Molar;
e. The second premolar

63. Normally, the time during which the clot is formed in the alveola is:
a. 30-40 minutes;
b. 20-30 minutes;
c. + 15-20 minutes;
d. 40-50 minutes;
e. 50-60 minutes.

64. The dominant symptom in post-operative alveolitis is:
a. Oral fetid smell;
b. + Pain;
c. Loco-regional adenopathy;
d. Fever;
e. Pruritus.

65. The postextractional alveolitis is:
a. A septic complication of the alveolar wound that interests the walls of the alveola;
b. + A localized osteitis where the inflammatory phenomenon is associated with superficial necrosis of the bone wall;
c. A necrosis of the blood clot;
d. A necrosis of an alveolar wall;

66. Post-anesthetic septic complications in the subtemporal fossa occur especially after:
a. Plexal anesthesia;
b. Incisive fosa or infraorbital fosa anesthesia;
c. Spinal spix Anesthesia or tuberal anesthesia;

d. Anesthesia to the mandibular or palatal foramen;
e. Topical anesthesia.

67. The most common cause of sinus floor perforation is:
a. bone resection in the removal of tumors;
b. + Extraction of upper molars;
c. Syphilic gumma;
d. Osteoradionecrose;
e. Maxillofacial trauma.

68. Sinusal accidents in dental extractions can occur at the level of:
a) All upper teeth;
b) Superior incisors and canines;
c) + Premollars and upper molars;
d) Premolars and lower molars;
e) It does not matter the location of the tooth extracted.

69. Dental extraction accidents include:
a) + Swallowing or aspiration of dental fragments;
b) Facial nerve damage;
c) Immediate prolonged haemorrhage;
d) wet alveolitis;
e) Antalgic trismus.

70. The hemorrhage that occurs after surgery is called:
a) Idiopathic;
b) + iatrogenic;
c) Symptomatic;
d) Rhinogenic;
e) nonspecific.

71. **CS. Indications after tooth extraction:**
a) Intense rinsing with antiseptic solutions in first 2 hours after tooth extraction;
b) Eating hot food in first 2 hours after tooth extraction;
c) +Excluding of rinsing with antiseptic solutions in first 2 hours and on the day of extraction;
d) Physical effort on the day of extraction;
e) Physical therapy on the day of surgery.

72. **CS. Relative contraindications for tooth extraction are as follows, except:**
a) Prolonged therapy with corticosteroids;
b) Chronic leukemia in compensated phase;
c) +Acute leukemia;
d) Diabetus mellitus;

e) The first 6 months after myocardial infarction.

73. **CS. Which is false about the procedure of tooth extraction:**
a) Make sure that gingiva is not attached to the tooth and is not damaged during extraction;
b) Avoid damaging antagonist teeth while „pulling” the tooth out;
c) +Decolated gingiva after tooth extraction should be removed;
d) Crushed margins and necrotic gingiva is removed;
e) Extracted tooth is examined for integrity and apical fragment loss.

74. **CS. Which of the following are false:**
a) Forceps of incisors and canines are straight;
b) +Forceps for upper premolars has a sharp tip on vestibular beak to enter between two vestibular roots;
c) Forceps for upper premolars don’t have a sharp tip;
d) For lower canines the premolar forceps are used because the root is long and strong;
e) Forceps for lower molars have two sharp tips.

75. **C.S. For prophylaxis of complications as haemmorhage and thrombosis, effect of anticoagulants will be checked by determination of INR :**
a) 5-7 days before surgery;
b) 2-5 days before surgery;
c) +On the day of surgery;
d) Immediatly after surgery;
e) The second day after surgery.

76. **C.S. Stopping of anticoagulant therapy for haemorrhage prevention exposes the patient to:**
a) +Thromboembolic complications with high morbidity rate;
b) Allergic reactions;
c) Neuro-endocrine modifications;
d) Respiratory complications;
e) Valvular complications.

77. **C.S. Patients under anticoagulant therapy have the high risk of:**
a) Haemmorhage;
b) Thrombosis;
c) +Haemmorhage and thrombosis;
d) Dismetabolic complications;
e) None of the above.

78. **C.S. Optimal dose of anticoagulants are determined by:**
a) +Monitoring of prothrombinic time, reprezented by *International Normalized Ratio* (INR);
b) Determination of fibrinogen;

c) Determination of thrombine time;
d) Determination haemorrhage time by Duke;
e) Determination of coagulation time by Lee-White.

79. **C.S. Level of anticoagulation depends on indications for administration and INR in patients with valvular prosthesis:**
a) 0,5-1,0;
b) 1,0-2,0;
c) +2,0-4,0;
d) 4,0-5,0;
e) 5,0-6,0.

80. **C.S. Your actions of INR before extraction are lower than therapeutic (< 2):**
a) + Increase the dose of coagulant until INR is in therapeutic limit and perform tooth extraction;
b) Lower and perform tooth extraction;
c) Stop administrating of anticoagulant and perform tooth extraction;
d) Slowly lower the dose of anticoagulant, then stop anticoagulant therapy and perform tooth extraction;
e) Perform tooth extraction and raise the dose of anticoagulant.

81. **C.S. Your actions of INR before extraction are higher than individual therapeutic recomended level indicated by general doctor:**
a. Raising the dose of anticoagulant until INR is in therapeutic limits and perform tooth extraction;
b. + Lowering the dose of anticoagulant until INR is in therapeutic limits and perform tooth extraction;
c. Stop administration of anticoagulant and perform tooth extraction;
d. Slowly lower the dose of anticoagulant, then stop anticoagulant therapy and perform tooth extraction;
e. None of the above.

82. CM. Which method is used to drain palatal abscess?
A. – one linear incision parallel to alveolar ridge;
B. +Triangular excision;
C. – incision perpendicular to mesio-palatine suture;
D. +excision in „slice of orange” ;
E. –linear incision parallel to mesio-palatine suture.

83. CM. Which morphological changes are characteristic for odontogenic osteomyelitis?
A. +Purulent infiltration of bone marrow;
B. +vascular thrombosis;

C. +discomposure of thrombi;
D. +exudation of blood;
E. - osteoradionecrosis;

84. C.M. Patient with diffuse mandibular osteomyelitis may present:
A. -Hypersalivation;
B. +Trismus;
C. +Skin or mucosal fistulae;
D. +Thickening of bone-periosteum limit around causing tooth;
E. +Symptom Vincent d'Alger is positive.

85. C.M. Local clinical symptoms of acute odontogenic osteomyelitis are:
A. +Diffuse edema with congested, shiny skin;
B. – Painless regional palpation;
C. +Oral mucosa is congested and swollen;
D. +Palpation of alveolar process is painful on both sides with periosteal thickening;
E. +Teeth are spontaneously painful and mobile on percussion covered by hypertrophic gingiva. Elimination of puss from gingival sulcus.

86. C.M. As etiological factor of osteomyelitis can be the following pathological conditions:
A. – acute pulpitis;
B. +Chronic periapical processes in acutisation;
C. +Fractures of maxillary bones;
D. + Hematogenic contamination from distant inflammatory processes;
E. + Alveolitis.

87. C.M. Acute odontogenic osteomyelitis presents the following symptoms:
A. + fever, general altered state, mobility of causing and adjacent teeth, asymmetric face
B. – low fever, normal general state;
C. – intense pain in maxillary bones are not permanent;
D. – dull pain of causing tooth which appears periodic;
E. + Parestezia on the trajectory of the inferior alveolar nerve if mandible is affected.

88. C.M. Supuration is characterized by collection of puss, which is viscous yellow or greenish liquid made of:
A. +necrotic tissue;
B. +polimorfonuclear cells living and destroyed;
C. +fibrin;
D. +microorganisms, toxins;
E. - lymphatic liquid.

89. C.M. Phlegmon is characterized by:
A. +diffuse infiltration of tissue (without precise limits);

B. +swelling, redness and pain on palpation;
C. +content is exudate with polimorfonuclear cells, bacteria, necrotic tissue;
D. + are provoked by aggressive bacteria with high virulent activity (streptococcus);
E. – without severe clinical symptoms.

90. C.M. Symptoms of infraorbital abscess:
A. +Edema in infraorbital region and lower eyelid;
B. +Swelling of upper lip;
C. +Lateral part of the nose is deviated to healthy side;
D. +Slight anesthesia of upper lip;
E. – Well seen naso-labial fold.

91. C.M. Zygomatic abscess symptoms are:
A. +Edema, congestion of skin in zygomatic region;
B. +Edema can spread to neighboring regions (temporal, infraorbital, parotid);
C. +In some cases trismus is by implication of m. masseter;
D. +Local hypertermia;
E. –None of the above.

92. C.M. Symptoms of buccal abscess represent:
A. +Diffuse swelling of the cheek with congested, shiny and smooth skin;
B. – Grooves around the mouth are well seen;
C. +Strong edema around the cheek region;
D. +buccal mucosa in congested, shiny with marks of teeth, covered with deposits;
E. +Palpation of buccal region is painful and fluctuation can be seemed.

93. C.M. Abscess of parotid abscess has the following symptoms:
A. +fever, chills;
B. +septic state;
C. +loss of working capacity.
D. +headache, insomnia, loss of appetite;
E. –Swallowing disorders.

94. C.M. Submental space abscess etiological factors are:
A. +Septic processes from lower incisors and canines;
B. - Septic processes from lower molars;
C. +Furuncle of lower lip and mental region;
D. +Spreading form adjacent spaces (sublingual, submandibular);
E. +Osteomyelitis of mandible in mental region.

95. C.M. Clinical symptoms of sublingual abscess are:
A. + Swelling in anterior part of the floor of the mouth, pain on palpation and fluctuation;
B. + Congestion of sublingual mucosa which is shiny and raised;

C. + Sublingual groove as a “cocktail crest” covered by fibrin deposits;
D. + Tongue pressed to the healthy side;
E. – Inflammatory constriction.

96. C.M. Functional changes in sublingual abscess are:
A. +dysphagia;
B. +Dull pain on mastication and phonation;
C. +Tongue movements are painful;
D. -Trismus
E. - Diplopia.

97. C.M. Differential diagnosis of sublingual abscess is made with:
A. +submandibular abscess;
B. +internal perimandibular abscess;
C. +Ranula and dermoid cyst of the floor of the mouth;
D. –Osteomyelitis of the mandible;
E. – Fracture of the mandible.

98. C.M. Complications of tongue base abscess can be:
A. +Spreading in adjacent spaces;
B. +Septicemia;
C. +Asphyxia;
D. -Anchilosis;
E. +Lingual paresis.

99. C.M. Infectious process in masseteric space can develop:
A. +Between muscles and skin;
B. +Between muscles and external surface of mandible,
C. +In thickness of the muscle;
D. –In the ramus of the mandible;
E. –In parotid gland.

100. C.M. Local symptoms of pterigo-mandibular space abscess are:
A. +Edema and infiltration in subangulomandibular space;
B. +Mucosa of pterigo-mandibular raphe is congested, in tension, shiny;
C. +Trismus;
D. –Swallowing is painful;
E. -Macroglosia.

101. C.M. Symptoms of lateral pharyngeal space abscess are:
A. +Edema in pre- and retrosternocleidomastoidian region;
B. +Trismus;

C. +Endobucal swelling on one side of lateral pharyngeal wall;
D. +Pharyngeal isthmus is narrowed;
E. –Under angle of mandible fluctuation can be felt.

102. C.M. Etiological factors of floor of the mouth phlegmon are:
A. +Inferior teeth inflammatory processes;
B. +Sialolitiasis with implication of Warthon duct;
C. –Inflammatory processes of superior teeth;
D. +Septic punctures or foreign objects in floor of the mouth region;
E. +Furuncle with localization in lower part of the face.

103. C.M. Local symptoms of floor of the mouth phlegmon:
A. +Massive swelling of the whole floor of the mouth;
B. +Edema in cape (superior and inferior);
C. +Skin in tension with marble zones;
D. +On palpation wood-like hardness without fluctuation in some cases with crepitation.
E. – Swallowing and respiration without changes;

104. C.M. Endobuccal symptoms of floor of the mouth phlegmon:
A. +Sublingual mucosa is swollen bilateral in cocktail’s crest, in tension, red, covered in fibrin deposits;
B. – Palpation of mandibulo-lingual groove without pain;
C. + Tongue is large in volume with marks of teeth;
D. +Tongue covered with dirty deposits;
E. +Tongue movements are extremely painful.

105. C.M. General symptoms of diffuse hemifacial phlegmon are:
A. +General toxico-septic state;
B. Adinamic or anxious patient;
C. +Aspect of deep toxemie with “facies teros”;
D. +Fever (39-40°C), chills;
E. – Shift of leucocilal formula to the left.

106. C.M. Which clinical symptoms can be seen in aerobic hemifacial phlegmon:
A. +Congested skin;
B. +Cianotic skin;
C. +infiltrate which is hard on palpation;
D. –Gaseous crepitation;
E. +Fluctuation on palpation.

107. CM. Trismus is a symptom in:
A. Submental abscess
B. +Infratemporal abscess

C. +Hemifacial phlegmon
D. +Temporal abscess
E. Genian (cheek) abscess

108. CM. Usually, genian abscess is caused by:
A. Superior incisors
B. Inferior incisors
C. Superior and inferior canines
D. Superior and inferior premolars
E. Superior and inferior molars

109. **CM. Borders of infratemporal space**:
A. Anterior – maxillary tuberosity and inferior margin of the temporal surface of the zygomatic bone
B. Inferior – buccopharyngea fascia
C. Posterior – styloid process and anterior surface of the condylar process of the ramus of the mandible
D. Internal – external surface of the pterygoid process of the sphenoid bone
E. External – external surface of the ramus of the mandible

110. CM. Clinic signs of a submandibular abscess are:
A. High fever (above 40 ^{o} C)
B. Trismus
C. A rotten molar on the lower jaw
D. Hyperemia and edema of the soft tissues in submandibular region
E. Pain and induration of the soft tissues in submandibular region during palpation

111. CM. Clinic signs of a phlegmon of the bottom of the oral cavity are:
A. Pain during swallowing, fever
B. Fast onset, trismus
C. Edema and painful infiltrate of the soft tissues in submandibular region bilateral
D. Low fever, slow onset
E. Edema of the inferior part of the temporal region

112. CM. Surgical approach for abscess of the root of the tongue:
A. Intraoral on the median line
B. Extraoral, a 4-5 cm long vertical incision on the median line
C. Extraoral, a horizontal incision in the submental region
D. Extraoral, in submandibular region parallel to the body of the mandible

E. Extraoral, a 4-5 cm long horizontal incision between hyoid bone and chin

113. CM. orbital abscess is a complication of:
A. Phlegmon of the bottom of the oral cavity
B. Temporal abscess
C. Lateropharyngeal abscess
D. Thrombophlebitis of the angular vein
E. Acute purulent sinusitis

114. CM. Surgical approach for orbital abscess is:
A. Submandibular incision
B. Internal margin of the orbit
C. Inferior and superior orbital margin
D. Through the maxillary sinus
E. External margin of the orbit

115. CM. Clinic signs of a genian (cheek) abscess are:
A. Edema of the soft tissues of the genian region
B. Disappearance of the nasolabial fold
C. Pain during opening of the mouth
D. No pain during opening of the mouth
E. Disturbances in nose breathing on the affected side

116. CM. Clinic signs of a pterygomandibular abscess are:
A. Trismus, painful opening of the mouth
B. Edema of mucosa in the retromolar area
C. Headache
D. Xerostomia
E. Pain in the region of the body of the mandible

117. CM. For lymphadenitis in syphilis is specific:
A. Induration of the lymph node, RW positive
B. Biopsy proves presence of treponema pallidum
C. Lymph nodes are attached to each other and to nearby tissue, RW negative
D. Purulent lymphadenitis
E. Biopsy doesn’t prove presence of treponema pallidum, RW negative

118. CM. Furuncles in what region can lead to angular vain phlebitis?
A. Upper lip
B. Periorbital

C. Lower lip and chin
D. Genian and parotid-masseteric
E. Corners of the mouth, infraorbital

119. CM. Dangerous localization of the furuncles on the face:
A. Upper lip
B. Perinasal
C. Inferior lip
D. Chin
E. Frontal region

120. CM. Treatment of odontogenic acute purulent sinusitis:
A. Only non-surgical treatment
B. Tooth extraction and symptomatic treatment
C. Sinusotomy
D. Tooth extraction, treatment with vasoconstrictor medication, physiotherapy
E. Endonasal puncture of the sinus in case no oro-nasal communication is formed after extraction

121. CM. Perforation of the maxillary sinus can occur during extraction of:
A. First upper premolar
B. First upper molar
C. Second upper molar
D. Second upper premolar
E. Canine

122. CM. Clinical signs of a chronic oro-nasal communication:
A. We can introduce an instrument into the sinus through the alveola
B. Valsalva test negative
C. No pathological signs on the x-ray
D. We can determine the communication on the x-ray
E. Liquids pass from oral cavity to nasal cavity

123. CM. In case of chromic sinusitis with oro-nasal communication, treatment is:
A. Tooth extraction under antibiotic medication
B. Endonasal sinus puncture and oro-nasal communication plastia
C. Oro-nasal communication plastia
D. Surgical treatment of the maxillary sinus
E. All variants

124. CM. Complications of odontogenic sinusitis:
A. Upper maxillary osteomyelitis
B. Orbit infection
C. Genian (cheek) abscesses
D. Sepsis
E. Brain abscess

125. CM. Clinical signs of purulent parotitis:
A. Edema in parotid-masseteric region
B. Pus from the Stennon duct
C. Hyperemia in parotid-masseteric region
D. Trismus
E. Pain during movements of the mandible

126. CM. Differential diagnosis of purulent parotitis is done in comparation with:
A. Epidemic parotitis
B. Osteomyelitis of ramus of the mandible
C. Submandibular abscess
D. Parotidean lithiasis
E. Parotidean tumors

127. CM. In parenchymatous parotitis, on the x-ray with contrast substance we will see:
A. Round or oval cavities
B. Grape - like picture
C. Salivary ducts are well seen
D. Main duct is dilated
E. All salivary ducts are dilated

128. CM. Palpation of the salivary gland in acute purulent parotitis determines:
A. Presence of pain during palpation
B. Indurations in the gland
C. Pus from the duct
D. No of pain during palpation
E. No pus from the duct

129. CM. During complex treatment of acute sialadenitis, we introduce in to the duct:
A. H2O2 3%
B. Lipoidol 1-2 ml

C. Antibiotics and ferments
D. Warm antiseptic solutions
E. Artificial saliva

130. CM. Sialodochitis is an inflammatory process of:
A. Wharton duct
B. Stenon duct
C. Big salivary glands
D. Small salivary glands
E. Submandibular gland

131. CM. Clinical signs for Sjogren syndrome:
A. Xerostomia
B. Xeropthalmia
C. Ulcers
D. Conjunctivitis
E. Eczema

132. CM. Nose bleeding hemostasis is performed by:
A. Anterior tamponade
B. Posterior tamponade
C. Using a special endonasal balloon to compress the blood vessels
D. Suturing
E. Antiseptic solution usage

133. CM. What soft tissues ca be damaged in case of wound in OMF region:
A. Superficial (skin, muscles)
B. Deep (muscles, glands, mucosa)
C. Cranial nerves
D. External carotid artery branches
E. Facial skeleton

134. CM. Common signs for all wounds in OMF region are:
A. Pain
B. Bleeding
C. Breathing disorders
D. Eating disorders
E. Tachycardia and dyspnea

135. CM. Levels of OMF region:
A. Superior
B. Medial
C. Inferior
D. Lateral
E. Posterior

136. CM. Mandible fractures can be:
A. Single
B. Double
C. Simple
D. Comminuted
E. Direct and complex

137. CM. What factors influence movement of fragments in fractures:
A. Force of the trauma
B. Muscles contraction
C. Mechanism of trauma
D. Direction of the line of fracture
E. Other chronic diseases

138. CM. Posttraumatic asphyxia appears in case of:
A. Comminuted fracture of the mental region (chin)
B. Nasal bone fracture
C. Larynx edema
D. Upper jaw fracture with soft palate injuries
E. Orbit fracture

139. CM. Clinical signs of Le Fort II fracture:
A. Face edema
B. Sensitivity disturbance
C. Normal occlusion
D. Eye ecchymosis (black eye)
E. Deviation of the maxilla

140. CM. The most severe complications of the upper maxillary fractures are:
A. Severe bleedings
B. Brain contusion
C. Occlusal disorders
D. Traumatic shock

E. Phlegmon, acute osteomyelitis, sinusitis

141. CM. Clinical signs of Le Fort I fracture:

A. Alveolar process mobility
B. Lips and chin ecchymosis
C. Painful palpation
D. Occlusal disorders
E. Severe bleedings

142. C.M The maxillary bone participates in the formation of the following cavities:

A.+Orbit
B.+Nasal
C.+Oral
D.-Pterygomaxillary
E.+Maxillary sinus

143. C.M The tooth luxation occurs in case of:

A.- The contusion of the dentoalveolar ligaments
B.+The partial or total rupture of the dentoalveolar ligaments
C.+Fracture of the alveolar process
D.-Fracture of the maxilla or the mandible
E.-None of these answers

144. CM Select the local signs of mandible fractures with fragment dislocation:

A.+Pain
B.-Phonation disorders
C.+The pathological mobility of the fragments
D.+Occlusal disorders
E.-Sensory disturbances in the mandibular nerve region

145. CM What is the role of emergency immobilization:

A.- To reduce the fragments in the anatomical position
B.+ To reduce pain
C.-To prevent the infection
D.+To reduce the risk of asphyxia
E.+To reduce the bleeding

146. CM Select the following answers in case of median fracture of the mandible:

A.+The secondary movement is absent in case of balanced muscular tractions
B.+Occlusal disorders do not occur in case of the mobilization of the mandible

C.+The patient presents ecchymoses in the vestibular or sublingual folds
D.- The patient presents hyperesthesia in the lower incisive nerve
E.- It is commonly seen in ottoragia

147. CM Select the clinical signs of posterior bilateral temporomandibular luxation:
A.+ Ottoragia
B.+Frontal pathological overocclusion
C.-Anteriorly and posteriorly diverted menton
D.+ Half-open mouth
E.-The presence of a preauricular swelling as a result of the dislocation of the condylus from the joint

148. CM Select the causes leading to morphological and functional changes in the temporomandibular joint with the production of recurrent dislocations:
A.+ Postencephalic myoclonic disorders
B.- Polyarticular rheumatism
C.+ Atrophy of masseter muscles after poliomyelitis
D.- Anterior intracapsular condylar fractures
E.+ Occlusal-articular disorder

149. CM Emergency treatment of associated traumas includes:
A.+ The application of wound bandages and the temporary immobilization of the fractures
B.+ The control of the shock
C.+ Haemostasis and airway clearance
D.+ Supporting the vital functions
E.- Teeth extractions from the line of the fracture

150. CM Select the basic rules for the application of ligatures of aethella on the dental arch:
A.+ The splint is fixed with metal wire on each tooth or over one tooth
B.+ The ligature is located at the neck of the teeth
C.+ The ligature should not trap the gum
D.+ The ligature have a length of 5-7mm and bend to the center and the occlusal line
E.- The ligature bends to the gingival edge

151. CM The line of fracture of the zygomatico-orbital complex contains:
A.+ Zygomatico-maxillary suture
B.- The internal wall of the orbit
C.+ Zygomatico-temporal suture
D.+ Zygomatico-frontal suture
E.-The medial wall of the maxillary sinus

152. CM Select the symptoms related to the anterior fractures of the zigomatico-orbital complex with fragment movement:
A.+ Diplopia
B.+ Infraorbital hypoesthesia
C.- Frontal inocclusion
D.+ Epistaxis
E.-Deviation of the median line

153. CM Select the causes of infraorbital nerve disorders (paraesthesia, hypesthesia, anesthesia):
A.+ Fractures of the orbital plane
B.+ Fractures of the zygomatic bone
C.+ Fractures of the maxilla(Le Fort II)
D.+ Nerve damage during kicks
E.- Fractures of the nasal bone

154. CM Select the most common forms of traumas of the nasal pyramid
A.+Traumas of the cartilaginous skeleton
B.- Le Fort II fractures
C.- High craniofacial disjunction(Le Fort III)
D.+Fractures of the nasal pyramid(open)
E.+Fractures of the nasal pyramid(closed)

155. CM Select the nasal fractures that heal spontaneously:
A.+ Fractures without dislocation
B.- Fractures with dislocation
C.+ Fractures of the cartilage
D.- Fractures with obstructing of the nasal pyramid
E.- All the nasal pyramid fractures

156. CM Select the main components of the temporomandibular joint:
A.+ Condyle
B.+ Mandibular Fossa
C.+ Articular Eminence
D.- Temporal and mandibular bones
E.+ Articular Disc

157. CM Select the non-specific symptoms of acute arthritis:
A.- Menton deviation

B. + Spontaneous, pulsating, irritating pain in the affected area
C.+ Preauricular swelling and congestion
D.+ Severely reduced mandible movements
E.- Free painless movements of the mandible

158. CM Differential diagnosis of non-specific acute arthritis:
A.+Pretragian folliculitis
B.+Ottomastoiditis
C.+ Pretragian Lymphadenitis
D.-Constriction of the mandible
E.-Subangulomandibular adenitis

159. CM Select the anatomical elements affected by subacute temporomandibular arthritis:
A.+ Joint Capsule
B.+ Joint ligaments
C.+ Articular disc
D.- Mandibular condyle
E.- Glenoid Fossa

160. CM. The symptomatic triad of chronic arthritis consists of:
A. + Pain
B.+ Cracments
C.+ Mechanical articular disorders
D.- Limited movements of the mandible
E.- Signs of acute inflammation

161. CM Differential diagnosis of anterior unilateral luxations is made with:
A.+ Fractures of the condyle process
B.+ Facial paralysis
C.- Mesio symphyseal Fracture
D. – Supurative acute parotiditis
E. +Spastic contracture of masticatory muscles

162. CM Select the antiseptic substances used in OMF traumas:
A. +Peroxyde hidrogen
B. +KmnO4 diluted
C.-Quaternary ammonium compounds
D.+Chlorhexidine
E.-Alcoholic iodine solution

163. CM Biopsy is necessary in order to diagnose:
A.+ Benign tumors
B.+ Malignant tumors
C.-Cystic formations
D.- Inflammatory processes
E.- Foreign objects

164. CM Define Odontoma:
A.- It is a bone structured tumor
B.+ It is a tooth structured tumor
C.+ It is a benign tumor
D.- It is a malignant tumor
E.+ It originates from dental tissue

165. CM Define osteoma:
A.+It is a benign tumor
B.-It is a malignant tumor
C.+It consists of mature good differentiated bone tissue
D.-It consists of young ill-differentiated bone tissue
E.-It is fast-growing

166. CM Select the early symptoms of malignant parotidian pleomorphic adenoma:
A.+ Skin adherence
B.- The presence of regional adenopathy
C.- Trismus
D.+Spontaneous pain in the tumoral zone
E.+ Symptoms of dysfunction of the facial nerve

167. CM Radiologically, ameloblastoma can be described by:
A.+Rare bone
B.-Opacity
C.+Clear contours
D.+Cellular structures in the form of soap bubbles
E.- Bone loss with unclear contour

168. CM Select the best methods of examining the patients with osteoclastoma:
A.+ Panoramic radiography
B.+ Computerized tomography
C.-Ultrasonography
D.-Cytological examination

E.+Histological examination

169. CM Select the necessary steps before using radiotherapy treatment of the patient with facial tumors:
A.+ Cleaning the oral cavity
B.+ The removal of metallic prostheses
C.+ The removal of metallic fillings
D.-Blood transfusions
E.- The use of aethella on the teeth

170. CM Which of the following factors are involved in the development of melanoma
A.- Age
B.-Sex
C.+Trauma
D.-Nutrition
E.-Heatstroke

171. CM The purpose of curettage after tooth extraction is:
A.-Blood clot removal
B.+Removal of patological tissue(granulation)
C.+Removal of foreign bodies(root rests, crown fragments etc.)
D.- Filling of the alveolus with blood
E.-To stop the bleeding

172. CM When does an extraction have indications for a root forceps:
A.+When there is access to the root
B.+The dental root has an extraalveolar portion sufficiently protruding to fix the blades of the forceps
C.+The root is located at the limit of the alveolar wall and the bone allows the creation of a periradicular ditch to insinuate and fix the blades
D.- Dental root is below bone level
E.- The dental root is found at the bottom of the alveolus

173. CM The extraction of the dental roots with the elevator is indicated in cases where:
a) + Dental roots have a large destruction and it is not possible to use the forceps;
b) + The roots are visible in the alveolus;
c) + It is possible to insinuate the elevator between the walls of the alveolus and the root;
d) -The root is deep in the alveolus;
e)- Any tooth root.

174. Select the roots that can be extracted by alveolotomy:
a) + Roots welded to the alveolar wall;
b) + convergent roots;
c)- Roots with hyperkermentosis;
d) + Roots under dental bridges;
e) + Very recurrent roots.

175. CM In the case of extraction with root separation it is recommended:
a) + Do not drill too deep;
b) + Do not use carborundum discs;
c) -Do not resect the interradicular septum;
d)- Do not resect the alveolar wall;
e) + Do not separate with the chisel and hammer from the beginning.

176. CM Alveoplastic extraction is indicated at:
a) + Single extractions on extruded teeth;
b) + Multiple extractions on teeth affected by caries;
c) + Single extraction to un-extruded teeth;
d) + Multiple extractions in marginal periodontides;
e)- Laborious extractions of root remnants.

177. CM The bone pincers in the case of alveolotomy extraction can be used for:
a) -Regularization of deformed roots;
b)- interradicular septal resection;
c) + Regularization of the bone for suture;
d) + Alveolar wall resection during trepanation;
-e) Extraction.

178. CM Separation of roots is indicated when:
a) + These are joined through the floor of the pulp chamber and can not be extracted together;
b) + Roots are too divergent;
c) + The roots are too convergent, with the presence of a thick bone septum between them;
d) -Small root holes are located at the bottom of the alveolus;
e)- A tooth rest remained deeply intraalveolar.

179. CM. In the separation of roots, it is contraindicated to use:
a) + Carborundum Discs;
b) + Dalets;
c) + Horico Discs;

d) -Tungsten cylindrical cutters;
e)- Diamond-shaped cylindrical cutters.

180. CM. The process of healing the post-surgical wound is conditioned by:
a) + Local Factors;
b) + General Factors (Patient Field);
c) -Quality of intervention;
d) -Patient attitudes and wound care;
e)- Season.

181. CM. The healing of the post-surgical wound may be delayed by:
a) + Deviated alveolar plaques;
b) -Alveolar wall resection;
c) + Persistence of the interradicular septum;
d) + Hypovitaminosis C and D;
e) -Corticotherapy.

182. CM. Which statements about post-operative oro-sinus communication are true:
a) + The opening of the maxillary sinus is one of the most frequent and serious post-operative injuries;
b) -The Valsalva Maneuver certainly indicates the presence or absence of orosinus communication;
c) + Sinus teeth, most often, are molars;
d) + Diagnosis of orosinus communication is done by exploration with buttoned probe or radiographic examination;
e) + In the technique of the oro-sinus communication plaster, the palatal flap can be used.

183. CM. During the curettage of the post-surgical alveolar, the following accidents can occur:
a) + Lower alveolar nerve injury;
b) + Orosinusal communication;
c) -the trauma of alveolar nerves;
d) -aggressive curettage can cause early secondary haemorrhage;
e)- Insufficient curettage produces postextractional alveolitis.

184. CM. Postextractional complications are:
a) -Prolonged haemorrhage, lasting 15-20 minutes;
b) + Post-extractional Alveolitis;
c) + Early secondary haemorrhage, usually triggered during the night;
d) -Tardive secondary bleeding, which usually occurs late at night;
e) -Normal postextractional bleeding, lasting 30-60 minutes.

185. CM. Local postoperative haemostasis measures are:
a) + Entry into the alveolus of the hemostatic materials;
b) + Alveolar curettage for removing foreign bodies;
c) + For repeated anesthesia of the given area, troncular blockage is preferred instead of local infiltration;
d)- Supraveolar padding fixed with suture threads for 48 hours;
e) + Regularization of the alveolar bone.

186. CM. Which of the following statements regarding the treatment of post-extractional alveolitis are true:
a) + The use of iodoformed meads intraalveolar;
b) + Rigorous, profound curettage of the bone
c) -Sedation of pain by infiltration with anesthetic solutions;
d) + Abundant irrigation of the alveolus with warm antiseptic solutions;
e) + Stimulation of local reactivity with the help of physical agents.

187. CM. The etiology of post-operative alveolitis:
a) + Entrapment of materials for antiseptic and haemostatic purposes;
b) + Presence of activated proteolytic ferment in saliva;
c) + Smoking in the first 2 hours post-treatment;
d) -Cardiovascular pathologies;
e) + Local vasomotor disorders caused by the operative act or by the ischemic action of adrenaline in the anesthetic solution.

188. CM. Which of the following statements about dry post-treatment alveolitis are true:
a) + The dry alveolitis is free of congestion, with local signs of trophic suffering;
b) -In the alveolus there is a tissue that bleeds gently;
c) -The gum is swollen with congested, turgescent edges;
d) + The intraalveolar clot is absent totally or partially;
e) + The exposed alveolar bone is the source of continuous neuralgic pain.

189. CM. In the case of post-extractional dry alveolitis it is indicated:
a) + Curettage of the postextractional alveolus;
b) -Diathermocoagulation of the walls and bottom of the alveolus;
c) + Tamponation of the alveolus
d) -Vishnevski ointment mask;
e) -Physiotherapy.

190. CM. The post-extractional alveolitis can be:
a) + Moisture;

b) + Dry;
c) Primary;
d) -Secondary;
e) -Non-specific.

191. CM. The post-extractional recommendations are:
a) -Consume liquids with the straw only in order not to create negative pressure;
b) -Keeping the pad for one hour;
c) + Dental brushing will resume the next day;
d) -Avoid eating soft foods for 24-48 hours;
e) + Analgesics.

192. CM. Permanent teeth are extracted in the following situations:
a) -Simple gangrene teeth to which endodontic methods have failed;
b) + Teeth that caused bone infections (periostite, osteomyelitis);
c) -traumatized teeth;
d) -Teeth fractured transversally in the apical third;
e) + Teeth in malposition, orthodontic irreducible.

193. CM. Loco-regional or general absolute contraindications of dental extraction are:
a) -In the first two years after an acute myocardial infarction;
b) -Extraction during the first 3 months and the last 2 months of pregnancy;
c) -acute leukosis;
d) + Teeth in areas undergoing recent radiotherapy;
e) + Teeth from malignant neoplastic processes.

194. CM. Relative (temporary) local-regional contraindications of dental extraction are:
a) + Localized or diffuse inflammatory conditions with altered general condition;
b) -During the first days of menstruation, there is an increased risk of bleeding;
c) + Acute oropharyngeal mucosal disorders;
d) + Bone destruction that would predispose to fractures in pathological bone (cysts, benign tumors);
e) -Patients with chronic viral hepatitis.

195. CM. Applying the forceps and the tooth socket must meet the following conditions:
a) + is made in the extension of the tooth projection;
b) -Apply the vestibular blade first, where the visibility is better;
c) -The forceps are applied coronarly away from the alveolar margin, so as not to damage the gum;

d) + The stronger socket with the feeling of "common body" between the forceps and the tooth for extraction;
e) + It is intended to adapt the forceps to the neck of the tooth for extraction.

196. CM. Which of the following root separation statements are correct:
a) + For upper molars the trench is T-shaped;
b) + Separation of the roots is carried out using the spherical milling cutter or the fissure cutter;
c) -Root separation extraction indications include convergent root molars when the apex spacing is greater than the opening of the alveolus;
d) + After the root separation, the extraction is completed with the root dental forceps
e) + The indications of root separation include barred roots.

197. CM. What are the indications of alveolotomy extraction:
a) + Divergence and deep root reabsorption;
b) -Roots with dento-alveolar mobility;
c) -Dental roots without hypermarketosis;
d) + Roots remaining under conjunctive prosthetic works;
e) + Radicular remnants after old extractions.

198. CM. The times of radicular extraction technique by alveolotomy:
a) + Incisions for the creation of a trapezoidal or triangular type flap;
b) -Initial decolation of gingivitis and then of the periosteum;
c) + Bone resection with root remnant exposition;
d) -Gradual cutting, almost from the rest of the radicular;
e) -Reapply and suture of the flap.

199. CM. Complications after inferior 3rd molar odontectomy:
a) + ATM Lux;
b) Oro-sinus communication;
c) + Post-cerebral dental haemorrhage;
d) + Lesion of the lower alveolar nerve vasculature;
e) + Luxation or fracture of the 12-year-old molar.

200. CM. Factors facilitating lower M3 odontectomy:
a) + Medio-angular position;
b) Long and thin roots;
c) Lack of tooth in the dental arch;
d) Narrow periodontal area;
e) + Roots formed on 1/3 or 2/3.

201. MC. Density of available bone in edentulous site has a primary influence on:

A. Healing time
B. +Surgical approach
C. +Implant design
D. Number of implants
E. All the above

202. M.C. Requirements necessary for achieving a good primary implant stability:

A. +Absence of movement at the bone-implant interface
B. Overdrilling
C. +Close approximation of living bone to the biocompatible implant surface
D. +Adaption of the drilling protocol to bone density
E. The diameter of the implants should be the same as bone width

203. MC. Which authors listed four bone qualities found in edentulous jaw bone?

A. Branemark
B. +Lekholm and Zarb
C. Hounsfield
D. +Misch
E. Bucur

204. SC. According to Misch, the D1 bone density is met in the following region:

A. Canine to canine in maxilla
B. Posterior region in maxila
C. Posterior region in mandible
D. +Anterior mandible
E. Anterior region of maxilla

205. SC. Lekholm and Zarb listed bone quality according to which region?

A. Anterior an posterior region of maxila and mandible
B. +Anterior region of maxila and mandible
C. Posterior region of maxila and mandible
D. Anterior of maxila and posterior of mandible
E. Canine to canine in maxilla

206. SC. Bone density MOST precisely determined before surgery by_____

A. Periapical radiograph
B. Lateral cephalometric image

C. +CBCT
D. OPG
E. Lateral cephalometric radiography

207. MC. What can be determined during implant site preparation?
A. +Density of the bone
B. +Bone volume
C. +Thickness of crestal cortical bone
D. Secondary stability
E. Presence or absence of an inflammatory process

208. SC. According to the European Association for osseointegration, which insertion torque is considered to be optimal:
A. From 0 to 25 Ncm
B. +From 10 to 40 Ncm
C. From 40 to 90 Ncm
D. Over 90 Ncm
E. Over 120 Ncm

209. SC. Density of the bone from strong to weak by Misch classification:
A. D2,D4,D1,D3
B. +D1,D2,D3,D4
C. D4,D3,D2,D1
D. D3,D1,D4,D2
E. D1,D2,D4,D3

210. MC. Characteristics of D1 bone according to Misch classification:
A. +Dense cortical bone
B. Complete haversian system
C. +Highly mineralized
D. Highly vasculirized
E. All the above

211. Choose the methods used for preventing overheating during osteotomy:
A. +The use of 0.9% of sterile saline solution
B. Intravenous dextrose solution
C. +Intermittent drilling
D. Distilled water
E. Continuous drilling

212. Factors related to heat generated during drilling of implant osteotomy are:

A. Implant design
B. +Drilling pressure
C. +Drill speed
D. +Bone density
E. Intermittent drilling

213. SC. Early implants exposure is classified by H. Tal into:

A. +4 classes (0,1,2,3,4)
B. 3 classes (0,1,2,3)
C. 5 classes (0,1,2,3,4,5)
D. 6 classes (0,1,2,3,4,5,6)
E. None of the above

214. MC. Which actions are necessary to be performed in case of early implant exposure appearance?

A. Removal of implant and insertion of another one after healing
B. Suturing the soft tissues above
C. +Connection of the healing abutment
D. +Checking the implant stability
E. Removal of implant and insertion of another one at another place

215. SC. Choose the best option for irrigation during implant site preparation:

A. Hypertonic saline solution
B. +Isotonic solution 0.9%
C. Distilled water
D. Lugol solution 0,5%
E. No irrigation

216. MC. Choose the possible consequences of insufficient irrigation during drilling of implant site:

A. +Bone overheating
B. +Early failure
C. Sinusitis
D. +Periimplantitis
E. No irrigation

217. MC. Choose the options aimed to avoid bone overheating during implant site preparation:

A. +Intermittent drilling (in and out drilling)

B. +Respect the drill diameter order
C. +Irrigation during drilling
D. Continuous drilling
E. No irrigation

218. MC. Blood supply from D1 bone is mostly from_____

A. +Blood vessels
B. Bone marrow
C. +Periosteum
D. Lymphatic vessels
E. Skin

219. Advantages of D2 bone (by Misch) are:

A. +Provides optimal implant bone contact
B. Irrigation is not needed
C. +Better quality than D1 bone
D. +Lead to better implant stability
E. Faster integration period

220. Which is the conventional term for healing period considered in oral implantology:

A. +3 months in mandible
B. 3 months in maxilla
C. 6 months in mandible
D. +6 months in maxilla
E. 3 months in maxilla and 6 months in mandible

221. SC. For what type of bone (according to Misch classification) the undersized drilling may be recommended?

A. +D4
B. D2
C. D3
D. D1
E. All the above

222. SC. Choose the order from higher risk to lower risk of overheating during osteotomy preparation according to bone density (Misch):

A. D4,D3,D2,D1
B. +D1,D2,D3,D4
C. D2,D3,D4,D1

D. D1,D4,D3,D2
E. D3,D2,D1,D4

223. SC. Disadvantages of D3 (by Misch) bone:
A. Anterior maxila is often narrow
B. Oversize by mistake
C. One-surgical step implant placement
D. +Often smaller primary stability
E. All the above

224. SC. Choose the recommended space between implants:
A. +2,5-3mm
B. 1mm
C. 5mm
D. 2mm
E. <1mm

225. SC. Choose the optimal implant-crown ratio:
A. +Smaller than 1:1
B. More than 1:1
C. More than 2:1
D. Less than 2:1
E. It has norelevance

226. MC. Choose the advantages of autogenous bone grafting:
A. +Osseo-regeneration
B. Bone substitution
C. +Less graft integration failures
D. Less number of wounds (surgical sites)
E. The intervention duration is shorter

227. Choose the disadvantages of tilted positioned implants (in buccal-lingual aspect).
A. Poor integration
B. +Difficult prosthetic treatment
C. +Inappropriate force distribution
D. Periimplantitis
E. Prolonged healing time

228. MC. Which is the reason for increased time for healing in case of D4 (by Misch) bone:

A. +Amount of osteoblast is less
B. +Allow bone to remodel at the surface
C. +To decrease the risk of failure in case of poor primary stability
D. To allow bone become stronger
E. Increasing bone volume

229. MC. Choose the approaches in the wide posterior maxilla with D4 bone (by Misch):

A. +Greater implant diameter
B. Smaller diameter
C. +Under-preparation protocol
D. +Bone condensing
E. There is no need to follow any protocol

230. MC. Choose the elements that forms the biological width around implants:

A. Oral mucosa
B. +Junctional epithelium
C. +Subepithelial connective tissue
D. +Gingival sulcus depth
E. The roots of neighboring teeth

231. MC. When the biological width formation around implants start:

A. +After the second surgical step in two-steps implant placement.
B. +After implant insertion in one surgical step approach.
C. After implant insertion in two surgical steps approach.
D. After prosthetic rehabilitation.
E. 1 year after implantation

232. SC. What does early implants placement (type 2) mean:

A. Implants placement at 7 days after tooth extraction
B. Implants placement after bone healing
C. +Implant insertion after soft tissue healing (4-8 weeks)
D. Implant placement after partially bone healing (12-16 weeks).
E. Postextractional implant placement

233. SC. What does early implants placement (type 3) mean:

A. Implants placement at 7 days after tooth extraction
B. Implants placement after bone healing

C. Implant insertion after soft tissue healing (4-8 weeks)
D. +Implant placement after partially bone healing (12-16 weeks).
E. Postextractional implant placement

234. SC. According to sagittal socket classification (Kan 2011), type 1 socket means:
A. +Considerable amount of bone is present on the palatal aspect of the socket
B. Considerable amount of bone is present on the buccal aspect of the socket
C. The root is positioned in the middle of the alveolar process.
D. There is no bone on both aspects (palatal and buccal).
E. Considerable amount of bone is present on vertical aspect

235. MC. What does trans-crestal sinus floor elevation mean?
A. +Sinus floor elevation through the implant site
B. Sinus floor elevation through a separate window
C. +Also known as closed sinus lifting
D. Also known as opened sinus lifting
E. Also known as half-opened sinus lifting

236. MC. What does lateral sinus floor elevation mean?
A. Sinus floor elevation through the implant site
B. Also known as closed sinus lifting
C. +Sinus floor elevation through a separate window
D. +Also known as opened sinus lifting
E. Also known as half-opened sinus lifting

237. MC. Sub-antral classification (SA, by Misch) refers to:
A. +Residual bone height divided in 5 groups
B. Residual bone height divided in 4 groups
C. Residual bone height to the inferior alveolar nerve divided in 4 groups
D. +Amount of bone under the sinus floor
E. Residual bone height to the inferior alveolar nerve divided in 3 groups

238. MC. What does biological stability mean?
A. Primary implant stability
B. +Secondary implant stability
C. +Stability of implant after healing period
D. Stability of implant after insertion into the bone
E. Stability of implant after 4 weeks

239. SC. According to subantral classification of Misch, SA-4 refers to the following height of bone:

A. Less than 4mm
B. +Less than 5mm
C. From 5 to 10mm
D. More than 10mm
E. Less than 10mm

240. SC. In order to check the presence or absence of sinus membrane perforation, the following maneuver is performed:

A. Vincent maneuver
B. Percution maneuver
C. +Valsalva
D. Probing of Schneiderian membrane
E. All the above

241. MC. Which parameters describes the primary stability of implants:

A. +Insertion torque
B. +Periotest values
C. +ISQ values
D. +Branemark probe
E. Radiography

242. MC. Which accidents and complications may occur during implant surgery in upper jaw:

A. +Perforation of the buccal bone
B. Perforation of the mandibular canal
C. +Perforation of the sinus floor
D. +Perforation of the nasal floor
E. Fracture type LeFort I

243. MC. Choose the biomaterials that are considered to be resorbable:

A. Xenograft
B. +Autogenous bone
C. +Collagen and hydoryapatite
D. Titanium alloys
E. All the above

244. MC. Choose the possible causes of early implant exposure:

A. +The microbial leakage from implant platform

B. Poor implant stability
C. +Mechanical trauma over soft tissue that cover the implant
D. +Periimplantitis
E. Deeper implant placement

245. MC. What criteria should be analyzed on CBCT before sinus lifting:
A. +Permeability of the sinus
B. +Presence or absence of maxillary sinus pathology
C. Naso-palatine nerve topography
D. Inferior alveolar nerve topography
E. TMJ

246. MC. Choose the complications related to implants and implant surgery:
A. +Biological complications
B. Physical complications
C. +Mechanical complications
D. Bone loss of 1,5mm during first year after loading.
E. Chemical complications

247. MC. Choose the contraindications for implant surgery:
A. +Bisphosphonates therapy
B. Paresthesia of the lower lip
C. Patients over 65 years
D. +Uncontrolled diabetes
E. Controlled diabetes

248. SC. Choose biomaterials that have osteoinduction properties:
A. Xenograft
B. Allograft
C. +Autograft
D. Synthetic Materials
E. All the above

249. Choose the correct affirmation about osteoconduction:
A. encourages the transformation of undifferentiated cells to active bone cells
B. living osteoblasts within the graft material aid in the bone renovation process
C. +guides the reparative growth of the native bone, serving as a framework
D. Directly stimulates the cell to differentiate into bone cells
E. All the above

250. MC. Which intra-operative complication may appear during lateral sinus floor elevation:

A. Maxillary sinusitis
B. +Implant protruding into sinus
C. +Sinus membrane perforation
D. +Spreading of the graft into sinus
E. Injury of lower alveolar nerve