



TESTS FOR STATE EXAMINATION

1. C.M. Mark lesions of the hard dental tissues that appears in time of development:

- A. Hypoplasia and hyperplasia
- B. Fluorosis and dysplasia Capdepont
- C. Erosion and necrosis
- D. Imperfect dentin genesis and amelogenezis
- E. Marble bone disease

2. C.M. Choose lesions of hard dental tissues that appears after eruption are:

- A. Pathological abrasion
- B. Wedge defects
- C. Imperfect amelogenesis
- D. Imperfect dentinogenesis
- E. Hyperesthesia

3. C.S. Mark types of hypoplasia:

- A. Acute and chronic
- B. Light, medium and severe
- C. Local and systemic
- D. I, II, III degree
- E. Permanent and deciduous

4. C.M. Enamel hypoplasia is differentiated with:

- A. Medium decay
- B. Demineralization spot
- C. Enamel necrosis
- D. Superficial decay
- E. Enamel erosion

5. C.S. Fluor intoxication appear as result of:

- A. Tea increase consume
- B. Flourat salt increase consume
- C. High level of flour in water
- D. Remineralisation therapy
- E. Consume of antibiotics

6. C.M. Mark types of fluorosis with lossless of dental hard tissues:

- A. Shaded
- B. Destructive
- C. Erosive
- D. Maculated
- E. Granular-cretous



7. C.M. From hereditary affection of teeth development are:

- A. Necrosis and erosion
- B. Amelogenesis and dentinogenesis imperfect
- C. Decay and pulpitis
- D. Capdepont dysplasia and marble born disease
- E. Apical periodontites and parodontites

8. C.M. Dentinogenesis imperfect is characterized:

- A. Crown tissue under development
- B. Crown absence
- C. Root under development
- D. Root absence
- E. Teeth mobility

9. C.M. Localization of wedge defects is:

- A. Cervical region of palatal surfaces of the tooth
- B. Cervical region of lingual surfaces of the tooth
- C. Occlusion surfaces
- D. Cervical region of jugal surfaces of the incisival teeth
- E. Cervical region of vestibular surfaces of the canines and premolars

10. C.S. Electrophoresis is:

- A. Electric current therapy
- B. Treatment with high frequency electric current
- C. Administration of medicinal substances in tissues by continuous current
- D. Administration of medicinal substances in tissues by alternative current
- E. Administration of medicinal substances in tissues by ultrasound

11. C.M. Positive diagnosis of medium carious cavity is based on:

- A. No history of spontaneous pain
- B. Absence of necrotic pigmented dentine
- C. Sensitive probing of enamel-dentine junction
- D. Vertical percussion is painfull
- E. Horisontal percussion painless

12. C.M. Mark clinical signs of profound caries:

- A. Pain disappears immediately after removing of excitant
- B. Nagging pain in the tooth after removing excitant
- C. Passages pain form chemical excitant
- D. Pain caused by touching the tooth
- E. Asymptomatically

13. C.S. Indicate clinical signs of profound caries :

- A. Dolor sensation from long term mechanical excitatory



- B. Asymptomatic
- C. Feeling of elongation of the tooth
- D. Dolor sensations from thermal excitants
- E. Spontaneous pain

14. C.M. Positive diagnosis of profound caries is based on:

- A. Deep carious cavity
- B. Undermine enamel edges
- C. Dentine without changes
- D. Sensitive probing of enamel dentine junction
- E. Horizontally percussion painfull

15. C.M. Positive diagnosis of profound caries is based on:

- A. Probing at the bottom of carious cavity is painful
- B. Pulp excitability 2-6 mA
- C. Pulp excitability 10 - 12 mA
- D. Gingival recession
- E. Vertical percussion painfull

16. C.M. Excitability in the case of caries may be within following measures:

- A. 30 – 40 mA
- B. 40 – 100 mA
- C. 2 – 6 mA
- D. 10 – 12 mA
- E. 15 – 25 mA

17. C.S. Specify the aspect of dental plague of superficial chronic caries:

- A. Hard pigmentation
- B. Pointed decrepit dentine
- C. Decrepit
- D. White cretaceous
- E. Normal

18. C.M. In macular stage of caries using polarizing microscopy, in enamel is detected following particularities:

- A. Square shape
- B. Triangular shape
- C. Rhomb shape
- D. Base is oriented exteriorly to enamel
- E. Base is oriented interior to pulp

19. C.M. Changing the chemical composition of enamel is accompanied by:

- A. Crystal size modification
- B. Crystal shape modification
- C. Reduction of mechanical resistance
- D. Sudden increase of permeability for a range of materials



E. Disorder of crystal orientation

20. C.M. In superficial stage of caries using polarizing microscopy, are detected following particularities:

- A. The area of enamel destruction
- B. Prezence of microorganisms
- C. Intact dentin enamel junction
- D. Missing changes in enamel
- E. Detected changes in dentin

21. C.M. By photonic microscopy in medium caries are found following areas:

- A. Opaque area
- B. Translucide dentin area
- C. Area of cretaceous dentin
- D. Dentin area substitution
- E. Necrosis and demineralization

22. C.M. Mark a main parameters of dental assintence planification:

- A. Intensity of dental caries
- B. The spred of dental caries
- C. Number of affected teeth
- D. Number of extracted teeth
- E. Number of untouched teeth

23. C.S. Specify which volume of information denotes CPE index

- A. Efficiency of profilaxy
- B. Insufficiency of profilactic work
- C. Quality of profilactic work
- D. Sufficiency of profilactic work
- E. Caries intensity

24. C.S. Carbohydrate with the most harmful cariogenic potential is:

- A. Amidin
- B. Dextrins
- C. Galactose
- D. Sucrose
- E. Maltose

25. C.M. Wich microelements deficit favors the development of caries process:

- A. Calcium
- B. Phosphorus
- C. Molibdenum
- D. Vanadium
- E. Seleniu



26. C.M. Mark the localization zones of caries lesion in molars and premolars:

- A. Oclusional surface (fissures)
- B. Blind fosa
- C. Contact surfaces
- D. Jugal surface
- E. Lingual surface

27. C.M. Wich group of teeth are less affected by caries process:

- A. Molars
- B. Canines
- C. Incisors
- D. Premolars
- E. Inferior incisors

28. C.M. First visible manifestation of dental caries is expressed by:

- A. Loss of hard dental substances
- B. White cretaceus spot
- C. Cuticle detachment
- D. Losing of translucidity
- E. Brown pigmentation

29. C.M. Specify the role of tooth biofilm:

- A. Protective
- B. Maintaining the constant mineral content of saliva
- C. Defends adamantine crystals by action of acids arrived in oral cavity
- D. Contribute microorganism fixation in oral cavity
- E. Contribute to the formation of colonies

30. C.M. Indicate stages of bacterial attachment on pellicle:

- A. Micromolecules absorption
- B. Reversible fixation of bacteria on the surfaces
- C. Ireversible fixation of bacteria
- D. Formation of extracelular structures
- E. Micromolecule storage

31. C.S. Pellicle is a product of:

- A. Saliva
- B. Microorganism
- C. Blood
- D. Lymph
- E. Tissue fluid

32. C.M. Determine factors that condition demineralization source:

- A. Oral cavity microflora
- B. Quantity and quality of saliva
- C. Fluoride content in potable water



D. Prolonged decrease of Ph of plaque below critical board

E. Keeping constant mineral content of saliva.

33. C.M. From Streptococci family of microorganisms, increased cariogenic potential have following:

A. Str. salivarius

B. Str. mitis

C. Str. milleri

D. Str. sanguis

E. Str. nehemolitic

34. C.M. What are the favorable conditions in the mouth that lead to remineralization of enamel:

A. Clearance of dental plaque

B. Reducing the consumption of glucides

C. Respect the nutritive regime

D. Asanation of oral cavity

E. Water fluoridation

35. C.M. What are the characteristics of dentine plaque:

A. It is a non-bleeding plaque

B. Plaque is directly exposed to pathogenic buccal agents

C. Plaque is infected

D. Dentinal plaque has on surface dentinal fluid

E. Dentinal plaque doesn't contain microorganisms

36. Capping materials must produce the following effects:

A. Decalcination of pigmented dentine

B. Whitening pigment sectors

C. Destruction of pathogens

D. Remineralization of decalcination dentine

E. Therapeutical effect on dental pulp

37. C.S. Mark conditions of appearance of dental caries:

A. The accumulation of dental deposits on the contact surface and on the cervical region

B. Correct oral hygiene

C. Absence of physiological attrition on masticatory surface

D. Absence of glucides in nutrition

E. Absence of dental plaque on teeth

38. C.S. Mark clinical signs of medium carious cavity :

A. Pain which disappeared with removal of excitants

B. Asymptomatic

C. Indolor sensation from thermal excitants

D. Indolor sensation from mechanical excitants

E. Indolor sensation from chemical excitants



39. C.M. Positive diagnosis of medium caries is based on:

- A. Presence of medium carious cavity
- B. Pigmented and decrepit dentin
- C. Dolor percussion
- D. Radiological changes in periapical tissues
- E. Acute irradiation pain

40. C.S. Positive diagnosis of medium caries is based on:

- A. Sensible probing on dentin enamel junction
- B. Communications of carious cavity with dental cavity
- C. Painful probing on the all the bottom of carious cavity
- D. Night pain
- E. Vertical percussion is painful

41. C.M. Differential diagnosis of profound caries is made with:

- A. Acute focal pulpitis
- B. Chronic fibrous pulpitis
- C. Acute periodontitis
- D. Chronic gangrenous pulpitis
- E. Chronic periodontitis

42. C.S. Quality of the filling depends on:

- A. Correct confection of filling material
- B. Localization of carious cavity
- C. Depthness of carious cavity
- D. Group of teeth
- E. Masticatory forces

43. C.M. Debrits of dentin from carious cavity is removed with:

- A. Methylene blue
- B. Sol. 0.005% chlorhexidine
- C. 3% hydrogen peroxide solution
- D. 5% cloramine solution
- E. 96 degrees Alcohol

44. C.M. Determine the basic goal of isolatory filling:

- A. Protection of the pulp from toxication of filling material
- B. For better adhesion in usage of amamlgams
- C. Protection of the pulp from chemical action of permanent filling
- D. Protection of the pulp from thermal action in amalgam filling
- E. Protection of dentin

45. C.M. Mark errors and complications in the treatment of caries:

- A. Accidental opening of pulpal horn
- B. Insufficient knowledge of the topography of the pulp chamber



- C. Acute traumatic pulpitis
- D. Removal of decrepit dentin insufficient
- E. Recedivant caries

46. C.M. Mark errors and complications in the treatment of dental caries:

- A. The presence of enamel undermined edges
- B. Filling material contraction
- C. Incorrectly mixing of filling material
- D. Incorrect carious cavity preparation
- E. Incorrect technique of carious cavity filling

47. C.M. Errors and complications in the treatment of Class II caries cavity by Black:

- A. Inflammation interdental papilla
- B. Resorption of the bone of interdental septum
- C. Correct formation of contact point
- D. Overfilling
- E. Accumulation of food debris in the interdental space

48. C.M. Frequently used prepartes for remineralization therapy are:

- A. Sol. 40% glucose
- B. Sol. 10% calcium gluconate
- C. Sol. 1-3% remodent
- D. Sol. 25% magnesium sulfate
- E. Sol. 1-2% sodium fluoride

49. C.M. Specify objective appreciations of the efficiency in remineralization therapy:

- A. Coloration in vivo with sol. 2% blue methylene
- B. Dissecting macules with air jet
- C. Method of probing the affected area
- D. Rentgenography of teeth with maculated cavities
- E. Application of thermal excitants

50. C. M. Filling without preparation can be in:

- A. The wedge defects
- B. Enamel erosion
- C. Using of chemical and light curing composite materials
- D. On the vestibular surface of teeth
- E. Medium and profund cavities on the vestibular surface

51. C.M. Acutization of chronic pulpitis can be succed:

- A. Dental extractions
- B. Nervous oversolicity
- C. Surgical intervention
- D. Viral origin diseases
- E. Bacterial origin diseases



52. C.M. Mark sources of infection of the pulp:

- A. Carious cavity
- B. Neuritis
- C. Groove afection by caries
- D. Enamel erosion
- E. Stenocardy

53. C.M. Sources of infection of the pulp can be:

- A. Fractures of enamel
- B. Deep wedge defects
- C. Neuritis of II and III branches of the trigeminal nerve
- D. Paradontal pockets
- E. Hypothyriozis

54. C.M. To apreciate diagnosis of pulpitis need to keep following considerations:

- A. Pulp probing is painfull on the walls
- B. The bottom of the cavity
- C. One - a single point of the bottom of the cavity
- D. All surface of the bottom
- E. On the cervical region

55. C.M. Specify contraindication for vital extirpation:

- A. Pregnancy 8th month
- B. Pregnancy 4th month
- C. Pregnancy 2nd month
- D. Epilepsy
- E. Pregnancy 6th month

56. C.S. Electroexcitability of the pulp at young person is equal to following measures:

- A 40-50 mA
- B. 2-6 mA
- C. 50-55 mA
- D. 20-30 mA
- E. 10-15 mA

57. C.S. Electroexcitability of the pulp at 61 – 70 years person is equal to following measures:

- A 40-50 mA
- B. 4-6 mA
- C. 50-55 mA
- D. 20-30 mA
- E. 10-15 mA

58. C.S.What are the values of pH in the normal pulp tissue:

- A. 6,15-6,35
- B. 5,30-6,25



C. 6,02-7,02

D. 7,0-7,12

E. 7,30-7,44

59. C.S. Modifications of periodontium in chronic pulpitis have following forms:

- A Enlargement of periodontal space
- B. Resorption of bone tissue in the apical root region
- C. Pulp denticles
- D. Source of osteoporosis
- E. Radicular granuloma

60. C.M. Specify signs of acute forms of pulpitis :

- A. Spontaneous pain
- B. Action of mechanical, chemical, thermal excitans provoke long lasting pain
- C. Night pain intensification
- D. Paroxysms pain with indolor interva
- E. Pain in time of mastication

61. C.S. In cases of acute pulpitis action of mechanical, thermal, chemical excitans provoce pain:

- A Long lasting
- B. Short period
- C. Nagging
- D. Constant
- E. Dull

62. C.M. Alternation with paroxystic pain with indolor intervals in acute and acutization of chronic pulpitis depend on:

- A. Adaptive property of the body on the action of long lasted pain
- B. Property of the nervous system to exhaustion
- C. Compression frequency of nervous receptors from the pulp inflammation
- D. Pronounced excitability of nerve receptors
- E. Tooth mobility

63. C.S. Acute inflammatory process in focal acute pulpitis begins in:

- A. Coronar portion of the pulp
- B. Radicular portion of the pulp
- C. Pulp horn
- D. Coronar and radicular portion of the pulp
- E. All the pulp

64. C.S. Pain in case of acute focal pulpitis appear from:

- A Thermal excitants
- B. Chemical excitants
- C. Mechanical excitants
- D. Only from thermal and mechanical excitants



E. From any excitants

65. C.S. Irradiation of pain in focal acute pulpitis can be in following regions:

- A. Neck region
- B. In the opposite jaw
- C. The neighbore teeth
- D. Without irradiations
- E. In ear

66. C.S. Electroexcitability of the pulp in acute focal pulpitis is reduced to following measures:

- A. 10-20 mA
- B. 20-30 mA
- C. 35-40 mA
- D. 40-45 mA
- E. 45-50 mA

67. C.M. In diffuse acute pulpitis, inflamatory proces is extended in:

- A. Coronar pulp
- B. Periodontium
- C. Transectory plice
- D. Radicular pulp
- E. In gingiva

68. C.M. Specify type of pain in acute diffuse pulpitis:

- A. Night pain
- B. Long lasting from excitants
- C. During the day
- D. Persistent localized pain
- E. Irradiated pain

69. C.M. Pain in acute diffuse pulpitis in the superior teeth irradiate in following regions:

- A. Temporal
- B. Supraorbital
- C. Zygomatic bone
- D. In the inferior arch teeth
- E. Cervical

70. C.M. Pain in acute diffuse pulpitis in the inferior teeth irradiate in:

- A. Occipital region
- B. In ear
- C. Submandibular region
- D. Temporal region
- E. Orbital area



71. C.S. Specify painfull region after probing in diffuse acute pulpitis :

- A. On the walls of the pulp cavity
- B. The entire bottom surface
- C. One point of the bottom of the cavity
- D. On the walls and bottom of the cavity
- E. On the walls of the caries cavity

72. C.M. For chronic forms of pulpitis is characterized following types of pain:

- A. Nagging during mastication
- B. Induced by cold air
- C. The passage from a hot-cold medium
- D. In time of mastication in affected tooth
- E. Night pain

73. C.S. In chronic fibrous pulpitis pain is delay from:

- A. Sol. of iodinol 1%
- B. mechanical excitants
- C. Cold Water
- D. Hit water
- E. Sweet

74. C.S. In chronic fibrous pulpitis, radiologically is observed dilatation of periodontal gap in following numbers of cases:

- A. 15%
- B. 30%
- C. 38%
- D. 40%
- E. 50%

75. C.M. Patient with chronic gangrenous pulpitis complain pain from:

- A. Hot
- B. Cold
- C. Warm
- D. Changing the air temperature
- E. Pressure on the tooth

76. C.S. In the case of evolution gangrenous pulpitis probing can be:

- A. Indolor
- B. Dolor in canal orifice
- C. Sensitive on the bottom of the cavity
- D. Dolor on the wall of the cavity
- E. Dolor in the cervical region

77. C.S. Pain from thermal excitants in gangrenous pulpitis can pass :

- A. Immediately
- B. After 10 min



- C. Gradually
- B. After 20 min
- C. After 30 min

78. C.M. Changing in periodontium in gangrenous pulpitis can occur in form of:

- A. Resorption of the alveolar wall
- B. Resorption of cementum of the root
- C. Dilatation of periodontal gap
- D. Osteoporosis focal in the apical region
- E. Osteolysis focal in the apical region

79. C.S. Electroexcitability of the pulp in chronic gangrenous pulpitis is:

- A. 10-15 mA
- B. 15-20 mA
- C. 20-30 mA
- D. 30-45 mA
- E. 50-80 mA

80. C.M. Patient with chronic hypertrophic pulpitis may complain following:

- A. Nagging pain from excitants
- B. Exposure of the pulp
- C. Bleeding from tooth
- D. From pressure on the tooth
- E. Pain during mastication

81. C.S. Examination of chronic hypertrophic pulpitis presents carious cavity with :

- A. Rest of the fillings
- B. Decrepit dentin
- C. Nutritive rests
- D. Proliferative tissue
- E. Brown hard dentine

82. C.M. Pain in chronic exacerbated pulpitis has following characteristics:

- A. Paroxysmal
- B. Lasting longer
- C. Spontaneous
- D. Irradiation in the trigeminal nerve branches
- E. Nagging

83. C.M. Radiologically in chronic exacerbated pulpitis can see:

- A. Dilatation of periodontal sulcus
- B. Bone pocket
- C. Osteoporosis in the apical region
- D. Osteolysis in the root apical region
- E. Areas of bone destruction



84. C.M. Specify the task of the dentist in treatment pulpitis :

- A. Restoring the demineralization focal
- B. Liquidation of the inflammatory process from the pulp, relieve the pain
- C. Stimulation of reparative processes and dentinogenesis
- D. Prevention of periodontitis
- E. Restoration of tooth shape and function

85. C.S. Esence of biological treatment of pulpitis consist from:

- A. Preservation of the partial vitality of the pulp
- B. Devital amputation
- C. Vital extirpation
- D. Non-vital extirpation
- E. Preservation of total pulp vitality

86. C.S. Monitorization after direct capping in incipient inflammation of the pulp take:

- A. 2 ½ years
- B. 6 months
- C. 5 years
- D. 1 year
- E. 2 years

87. C.M. Specify in wich affection is indicated vital amputation:

- A. Acute focal pulpitis
- B. Acute diffuse pulpitis
- C. Chronic fibrous pulpitis
- D. Accidental opening of the pulp
- E. Chronic hypertrophic pulpitis

88. C.M. Determine when is indicated vital amputation:

- A. Monoradicular teeth
- B. Pluriradicular teeth
- C. Only in children and young people
- D. Up to 25-30 years
- E. Impossibility to apply direct capping

89. C.S. Specify the disadvantages of vital amputation:

- A. Cervical quality
- B. Monitorization for a long time
- C. It can be continued with total extirpation method
- D. Low percentage of succes
- E. Necessity to desensibilise pulp by anesthesy

90. C.M. Specify indications for vital extirpation :

- A. Acute focal pulpitis
- B. Acute diffuse pulpitis



- C. Chronic apical granulous periodontitis
- D. Chronic fibrous pulpitis
- E. Acute apical periodontitis

91. C.M. Periodontium consist from:

- A Complicated anatomical formation
- B. Conjunctival anatomical origin formation
- C. Fisures located between compact lamina of dental alveola and root
- D. Anatomical structures located between the compact lamina of dental alveola and radicullar cementum
- E. Anatomical structures, located between the dental alveola and radicullar cementum

92. C.M. Mark the types of periodontitis by etiology:

- A. Medicamentous
- B. Infections
- C. Allergycal
- D. Traumatival
- E. As a result of incorect treatment

93. C.M. Determine type of pain characterized for acute apical serous periodontitis

- A. Localized pain
- B. Continuous pain
- C. Periods of pain are with the relieve period
- D. Nagging pain correspond to the affected tooth
- E. The pain irradiates by trigeminal nerve branches

94. C.M. Specify type of pain in acute purulent apical periodontitis:

- A Nagging
- B. Increasing of the pain is pulsating
- C. Pain from touching the tooth, the biting on the tooth, tooth lengthening sensation
- D. Spontaneous pain with long relieve period
- E. Sometimes irradiation on the trigeminal nerve branches

95. C.S. Radiographically deviations in the maxilary bone in patients with acute apical periodontitis is:

- A. Focal of osteoporosis in the region with unclear contours
- B. Unclear picture of broken line focal
- C. Loss of clarity of picture
- D. Pictures of clear spongy substance
- E. Focal of osteolysis with well-defined limits

96. C.M. Specify clinical picture of acute apical periodontitis:

- A Painful probing in one localized point on traiectory on pulpal horn
- B. Painful probing on the bottom of carious cavity
- C. Indolor probing
- D. Pain increase from cold and hot excitants



E. Thermal reaction of the tooth is painless

97. C.M. Specify characteristics for Electric diagnostic and percussion in acute apical periodontitis:

- A. Indolor percussion
- B. Horizontal percussion dolor
- C. Vertical percussion dolor
- D. Electric diagnostic react to the current 100 mka and more
- E. E O D react at at 60 mka

98. C.S. Final diagnosis of fibrous periodontitis is between :

- A Patient complaints
- B. Electric diagnostic
- C. Radiological picture
- D. Probing
- E. Percussion

99. C.S. Radiological picture of chronic fibrous periodontitis present:

- A. Deformation of periodontal sulcus with periodontal bone resorption of dental alveola
- B. Dilatation of periodontal sulcus in apical region
- C. Uniform sulcular dilatation of periapical region and resorption of radicular cementum
- D. Uniform dilatation of periodontal sulcus in hypercementosis
- E. Deformation in periodontal sulcus in shape of broken line

100. C.M. Patient's complains in chronic granulous periodontitis:

- A. Insignificant painful sensations
- B. Insignificant pain from sweet
- C. Sensation of "pressing", swelling discomfort
- D. Insignificant pain from hot food
- E. Insignificant pain during pressing on teeth

101. C.S. For which form of periodontitis is characteristic the for presence of fistula:

- A. For chronic Fibrous Periodontitis
- B. For chronic Granulomatous Periodontitis
- C. For chronic Granulous
- D. For acute purulent Periodontitis
- E. For chronic Granulous Periodontitis in stage of aggravation

102. C.S. The symphom of vasoparesis is characteristic For:

- A. Acute serous Periodontitis
- B. Chronic Granulomatous Periodontitis
- C. Acute purulent Periodontitis
- D. Chronic Granulous Periodontitis



E. Chronic Fibrous Periodontitis

103. C.S. On radiologic film in Chronic Granulous Periodontitis is appreciated:

- A. Uniform dilatation at periodontal space in periapical region
- B. Osteolysis focus in apical region
- C. Osteolysis focus in apical region with vague contour
- D. Osteolysis focus in apical region with vague contour and broken line
- E. Osteolysis focus in round shape, with clear limits well delimited and 0,5 cm in diameter

104. C.M. Following of which manifestations, chronic granulated periodontitis can serve source of intoxication of the whole organism:

- A. Consequence of alveolar process resorption
- B. Toxic products of inflammation are absorbed in blood
- C. Proliferation of granulations in osteomedullary space of maxillars and formation of fistules with pus secretion
- D. Consequence of resorptive process of cementum of the root
- E. Consequence of resorptive process in radicular dentin

105. C.S. Specify properties of calcium hydroxide:

- A. Possess bacteriostatic effect
- B. Contribute to permeabilisation of the root canal
- C. Possesses strong bactericidal effect
- D. It is used in the drying step of the root canal
- E. Doesn't reabsorb

106. C.S. The diagnosis of chronic Granulomatous Periodontitis in most of cases is established on:

- A. Probing
- B. Percussion
- C. Radiologic data
- D. Palpation
- E. Electric odontometry data

107. C.M. Mark what elements accumulate in cavities formed in chystigranuloma and radicular cysts:

- A. Degenerated epithelial cells
- B. Eosinophil exudate, proteic detritus, lipid detritus
- C. Cholesterol crystals
- D. Serous exudate
- E. Lymphocyte and histiocyte infiltration



108. C.S. Favorable prognostic of granulomatous periodontitis in case of correct opportune treatment is transicted in :

- A. Granular periodontitis
- B. Chistogranulom
- C. Chronic fibrous periodontitis
- D. Radicullar cyst
- E. Chronic marginal periodontitis

109. C.S. Chysto – granuloma is papered with:

- A. Epithelium
- B. Granulous tissue
- C. Epithelial bay
- D. Plasmatic cells
- E. Plasmatic cells and leucocytes

110. C.M. Identify in which clinical circumstances is uncertain the result of endodontic treatment:

- A. Teeth with with bell-shaped canals that form a bayonet
- B. Teeth with chronic periapical infection
- C. Containing of foreign bodies in root canals of teeth (rest of enedodontical instruments)
- D. Teeth with curved and penetrable root canals.
- E. Pluriradicular teeth with false ways .

111. C.M.Using radiological examination is possible to determine:

- A. The presence of foreign bodies
- B. Number and shape of the roots
- C. Teeth mobility II-III degree
- D. Roots with different anatomical structures (mandibular canal, mentonier foramen)
- E. Tooth masticatory efficiency

112. C.M.Established requirements to medicamentous remedies used in root canal sterilization:

- A. To act on the pathogenic flora of endodontic space
- B. To destroy pathogenic flora of endodontic space
- C. To act on the products of disintegration of the root canal
- D. To neutralize disintegration products of organic waste
- E. To decrease the number of microorganisms in canal



113. Removal of the pellicle "smear layer" of the walls of the root canals during their preparation:

- A. May be carried out by repeated endodontic irrigation with 2.5 % NaOCl solution
- B. Is required for adhesion and optimum adaptation of root filling materials to dentin walls
- C. Is carried out by using ultrasonic systems for root canal preparation
- D. Is carried out by using the laser for root preparation
- E. Can be obtained using EDTA solution, at final stage of preparation of root canals.

114. C.M. Highlight goals of root canal obturation:

- A. To hermetise root canals all along the apex
- B. To restore anatomic micro shape and dental function
- C. To block microflora in dentinal canaliculies
- D. To remove bad smell from root canal
- E. Formation of conditions for treatment the apical Pt, regeneration of apical tissue that are pathologic modified

115. C.M. Select the requirements for materials used in canal obturation:

- A. Not to be changed in volume in time
- B. Not to influence under healing of apical region
- C. Not to be radiological contrasts
- D. To passess bactericide effect
- E. Not to be resorbable in root canals

116. C.M. Mark positive properties for gutta – percha posts:

- A. Cause hermetically close of root canals
- B. Are soluble and easy to be removed
- C. Radiological opacity
- D. Doesn't absorb saliva and microorganisms
- E. Easy to be removed

117. C.M. In stage of filling of the rootcanal with periodontitis tooth must present clinical symptoms as:

- A. Not to have painful sensations to mastication
- B. In pause not to be painful
- C. To vertical percussion to be painless
- D. Palpation in region of root apex projection is painless
- E. To be painless to horizontal percussion

118. C.M. The tooth with apical periodontitis must be filled only if the following conditions:

- A. Radicular paper points are dry



- B. Paper points are wet
- C. Turundae are uncoloured
- D. No smell from the canal
- E. Weak smell from the canal

119. C.S. Lentulo in time of filling of root canals have to rotate:

- A. Against clock needle
- B. Clockwise
- C. Direction of rotation doesn't important
- D. From the beginning by the clock needle in the end opposite.
- E. filling root canals manually by rotation of lentulo

120. C.S. Root canal filing in periodontitis is made till:

- A. Easy discharge transapicaly
- B. Radiological apex
- C. Physiological isthm
- D. Anatomical apex
- E. Level of filing is not important.

121. C.S. Rest of guttaperchea is removed by:

- A. With sharp excavator
- B. With burs
- C. With hot excavator or smoother
- D. Not necessary to remove it
- E. Is adaptive to the length of the root canal before the insertion.

122. C.S. Mechanical processing (instrumentation) of root canal in periodontitis is done by usage of technique:

- A. Crown – Down
- B. Step – Back
- C. Step – Back, and Crow - Down
- D. Initially Step – Back, ending with Crown – Down
- E. Is not important wich technique is used

123. C.M.Mechanical processing of root anal in apical Periodontitis is done with by:

- A. With gutta cone
- B. By thirds (1/3, 1/2, 1/3)
- C. By thirds, begining with apical third
- D. By thirds, begining with radicular isthmus
- E. By „Lentullo”



124. C.S. The technique of vertical condensation of gutta – percha is done with wich instrument:

- A. Spreader
- B. Plugger
- C. Gutta condenser
- D. Needle from the syringe
- E. Probe.

125. C.M. Drying of root canal is done with:

- A. Sterile paper points
- B. Air from syringe tray
- C. Turundae moisted in alcohol or ether
- D. Turundae on radicular needle
- E. Turundae moisted in vagothyl

126. C.S. Determine which method is used in the conservative surgery treatment of periodontitis of mandibular molars:

- A. Apical resection
- B. Hemisection
- C. Radicular amputation
- D. Extraction of tooth
- E. Curettage

127. C.M. Indicate complications of acute and chronic in acutization periodontitis:

- A. Periostitis
- B. Acute osteomyelitis
- C. Parodontitis
- D. Gingivitis
- E. Lateral exetus

128. C.M. Name the consequences of insufficient fixation or irresponsible instrumentation processing of root canal:

- A. Aspiration of instruments
- B. Lipotomy
- C. Anaphylactik shock
- D. Trauma of soft tissues
- E. Swallowing of instrument

129. C.M. Which causes can lead to appearance of subcutaneous emphysema:



- A. Large apical foramen
- B. Usage for drying of root canal of air pistol
- c. Cleaning of root canals with concentrate solution of H₂O₂
- D. Insertion of air by hight preasure into root canal
- E. Root canal filling with liquid endodontical paste.

130. C.S. How many visits is necessary for treatment of acute purulent periodontitis:

- A. 1
- B. 2
- C. 3
- D. 4
- E. 2-3

131. C.M. Indicate which pathological elements of affection are primary:

- A. Nodule, macula, vesicle
- B. Erosion, ulcer, fissure
- C. Pustule, papilla, cyst
- D. Crust, scar
- E. Pigmentation, squoamos.

132. C.M.Indicate which pathological elements of affection are secundar:

- A. Papula, bula
- B. Vesicle, macula
- C. Scares, ulcer
- D. Erosion, crust
- E. Pustula, nodule

133. C.M.Mark additional examination of patints with oral mucousa diseases:

- A. Inspection
- B. Palpation
- C. Functional test
- D. Laboratory methods
- E. Anamnesis of disease.

134. C.M.Determin clinical manifestation of acute mechanical traumas:

- A. Hematoma
- B. Erosion and ulcerations
- C. apht
- D. Pustule
- E. Acantolisis



135. C.M. Specify substance used in treatment of chemical trauma (burning with acids):

- A. Water with soap
- B. Lime water 1%
- C. Citric acid 0.5 %
- D. Chlorhidric acid 0.1%
- E. Acetic acid 0.5%

136. C.S. Mark the cause of galvanic currents in the mouth:

- A. Cement filling
- B. Composite filling
- C. Presence of different metals
- D. Acrylic dentures
- E. Dental tartar.

137. C.M. The differential diagnosis in cases of leukoplakia can be:

- A. Lichen planus
- B. Chronic hyperplastic candidiasis
- C. Bullous erythema multiform
- D. Pemfigus vulgaris
- E. Exfoliative cheilitis.

138. C.M. Location of outbreaks of leukoplakia is:

- A. Red margin of inferior lip without affection of the skin
- B. Oclussial line of jugal mucouse
- C. Tongue mucouse
- D. Gingival mucouse
- E. Nosal mucouse

139. C.M. In what forms evolve leukoplakia:

- A. Nodular
- B. Plate
- C. Ulcerous
- D. Erosive and verucous
- E. Tipical.

140. C.M. Differential diagnosis of Tuberculosis is made with:

- A. Tuberculis in case of tertiar sifilis
- B. Lupus erythematosus and lephra
- C. Stomatitis ulcero-necrotic Vincent



- D. Piogen granulom
- E. Impetigo.

141. C.M.Name the most important mechanism of anaphylactic shock:

- A. Permeability increasing of microcircular vessels
- B. Increasing of blood vessels tonus
- C. decreasing of vessels tonus, colaps, decreasing of circulatory blood volume
- D. Decreasing permeability of microcirculatory vessels
- E. Increasing in volume of circulant blood.

142. C.S.Contact allergy occurs in patients with:

- A. Golden dentures
- B. Acrylic dentures
- C. Dentures from different metals
- D. A lot of amalgam fillings
- E. Light curing composite fillings.

143. C.S. Indicate primary elements characteristic for polimorf exudative erythema:

- A. Macula, papula, urticarial boards, vesicules, bublbes
- B. Aphts
- C. Pustule & scars
- D. Erosion and ulcers
- E. Rhagades and scuama.

144. C.M. Mark hematopoetic system diseases:

- A. Leukosis (acute and chronic)
- B. Diabetes mellitus
- C. Avitominosis
- D. Agranulocitosis
- E. Pemphygus.

145. C.M.Glossalgia (stomalgia) is characterized by symptoms:

- A. Burning, stining
- B. Tiredness after speaking
- C. Acute continuous pain
- D. Malaise
- E. Tongue edema.

146. C.M.Disordered taste sensation is expressed by:

- A. Distortion of taste sensation



- B. Decreased or absent taste sensation
- C. Increased taste sensation
- D. Without taste changes
- E. Sensation of acute pain.

147. C.M. Indicate clinical forms of pemphigus:

- A. Aphthos
- B. Erosiv
- C. Vulgaris and vegetant
- D. Ulcero- necrotic
- E. Foliatee and seborrheic (erythematous).

148. C.M. Indicate clinical manifestations of pemphigus vulgaris:

- A. Appearance of vegetation in the bottom of erosion which elevate above surrounding tissues
- B. Appearance of aphthae
- C. In the bottom of vegetation proliferation absent
- D. Vegetation in the bottom of erosion don't elevate above surrounding tissues
- E. Presence of erosions

149. C.S. Lupus erythematosus, according to modern concepts, belongs to the group:

- A. Viral diseases
- B. Allergic diseases
- C. Autoimmune diseases
- D. Mycosis
- E. Infectious diseases

150. C.M. Identify forms of lupus erythematosus:

- A. Chronic
- B. Recurrent
- C. Acute
- D. Exacerbation
- E. Vulgar.

151. C.S. Furrowed (plicate) tongue is disease from group of:

- A. Infections
- B. Autoimmune
- C. Development anomalies
- D. Mycotic
- E. Allergic diseases



152. C.M.Mark classification of cheilites by A. Maschlileison and S. Kutin:

- A. Independent cheilites
- B. Symptomatic cheilitis
- C. Allergic cheilitis of contact
- D. Macrocheilitis
- E. Actinic cheilitis

153. C.M.Establish clinical forms of actinic cheilites and weather:

- A. Exudative
- B. Dry
- C. Erosive
- D. Ulcerous
- E. Exacerbated

154. C.M.Name the clinical forms of lichen red plan:

- A. Verucous
- B. Exudative – hyperemic
- C. Hyperkeratosis
- D. Typical and bullous form
- E. Vulgaris

155. C.M.Specify the clinical manifestations of allergic diseases:

- A. Acute catarrhal stomatitis
- B. Polimorf exudative erythema
- C. Fixed erythema
- D. Fordyce diseases
- E. Melkerson – Rosenthal syndrome, Sjogren Syndrome.

156. C.S.Specify which of the following microorganisms in the oral flora are responsible for oral candidiasis:

- A. Grampositive
- B. Gramnegative
- C. Cocci
- D. Levuric cells
- E. Bacili

157. C.M.Indicate clinical morphological forms of oral candidiasis:

- A. Nodular
- B. Pseudomembranous
- C. Erythematous (aphthous)



- D. Hyperplazic
- E. Ulcero-erosive.

158. C.M.Clinical sign of erythema (Vaquez diseases) depend on:

- A. Circular eritrocitis mass
- B. Volume of circulant blood
- C. Blood viscosity
- D. Decreasing of blood torrent
- E. Increasing in number of trombocytis

159. C.M.Indicate pathogenic agents in ulcero-necrotic gingivostomatites Vincent:

- A. Stafilococi
- B. Fusobacterii
- C. Streptococci
- D. Boreliia Vincent
- E. Pneumococii

160. C.M.Determine the predilection of red lichen plan on buccal mucosa:

- A. Jugal mucouse in region of retromolar trigonum
- B. Mouth floor mucouse
- C. Hard palate
- D. Soft palate
- E. Lateral surface of the tongue

161. C.M.Mark determinants pink pale hue of gums :

- A. Lack of submucosal layer
- B. The concentration of melanin
- C. Translucency gingival epithelium to blood vessels
- D.Type of Food
- E.The concentration of fluoride in drinking water

162. C.M.Select the forms of gingivitis:

- A. Catarrhal
- B. Granules
- C. Ulcerated
- D. Erosion
- E. Hypertrophic

163. C.M.Mark forms of expansion of marginal periodontitis:

- A. Located



- B. Generalised
- C. Fast
- D. Slow
- E. Progressive

164. CM. Indicate the forms of parodontosis:

- A. Light
- B. Medium
- C. Grave
- D. Catarrhal
- E. Hypertrophic

165. CS. Name what determines clinical pathological tooth mobility Grade 2:

- A. Tooth displacement in vestibulo – oral sense exceeding 1mm
- B. Move tooth vestibular – oral sense over 2mm
- C. Displacement of the tooth bucco - oral and mesial – distal sense over 1-2mm
- D. Movement of the tooth in all directions
- E. The vertically movement of tooth

166. CS. Name the correct definition of gingivitis:

- A. Inflammation of parodontal tissue with progressive destruction of periodontium and alveolar bone
- B. A dystrophic process of parodontium
- C. Gum inflammation, accompanied by damage of gingival-dental ligament
- D. Gingival inflammation, evolving without affecting of gingival-dental ligament.
- E. A progressive parodontium tissue destruction.

167. CM. Indicate the laboratory methods which allow diagnosis in periodontal diseases:

- A. Full analysis of blood
- B. Cytological method
- C. Virological method
- D. Urine Tests
- E. The bacteriological test

168. CM. Name causal factors that determine the development of hypertrophic gingivitis:

- A. Pregnancy
- B. Group management of difenin preparations
- C. Blood diseases
- D. Puberty period
- E. The B group of vitamins hipoavitaminosis



169. CS. Mark the primary pathological process in the case of hypertrophic gingivitis:

- A. The proliferation
- B. The ulceration
- C. The atrophy
- D. For sclerosis
- E. The destruction

170. CM. Select the clinical signs of hypertrophic gingivitis:

- A. periodontal pockets
- B. dental mobility
- C. false pocket
- D. aesthetic Disorders
- E. gingival hypertrophy

171. CM. Indicate the methods of treatment of ulcerative gingivitis:

- A. removal of necrotic film
- B. Removing tartar below and supragingivally
- C. Applications with antibiotics and corticosteroids
- D. instillations in periodontal pocket
- E. Gingivoectomy

172. CM. Indicate the clinical manifestations of parodontosis mild form:

- A. The color of gums is unchanged or pale
- B. Edge of gum adheres closely to the cervical margins of tooth
- C. Gums are bleeding from a light touch
- D. Gingival pocket has a depth of 3mm
- E. Abundant amounts of soft dental deposits

173. CS. Name what determines clinically tooth mobility Grade 1:

- A. Tooth movement in vestibular-oral sense, maximum 1mm
- B. Tooth movement in vestibular-oral sense, over 2mm
- C. Tooth movement in vestibular-oral and mesial-distal sense over 1-2mm
- D. Tooth movement in all directions
- E. Tooth movement in vertically sense

174. CS. Name instrument for determining periodontal pocket depth:

- A. periodontal probe
- B. forceps
- C. Excavator



- D. The endodontic needle
- E. Plugger

175. CM. Specify the clinical picture of marginal parodontitis, medium form:

- A. Gingival hyperemia
- B. Bone lysis on ½ length of the root
- C. Edem
- D. Tooth mobility I and II degree
- E. Changes in the lining of the mouth

176. CM.. Indicate surgical treatment methods that can be used in marginal periodontitis diseases:

- A. Curettage
- B. Gingivectomy
- C. Operations flap
- D. Pulp amputation
- E. Gingivoplasty

177. C.S. Indicate purpose of periodontal curettage:

- A. Removal of necrotic granulation tissue and periodontal pockets
- B. Radical elimination of gum line
- C. Get the bevel (intervention with flap)
- D. Create periodontal access
- E. For diagnostic

178. C.M Indicate purpose of flap surgery:

- A. Radical elimination of periodontal pockets
- B. Restoration of epithelium junction
- C. Removal of gumline
- D. Create periodontal access
- E. For diagnostic

179. C.M. Called curettage periodontal purpose:

- A. Removing the contents of periodontal pockets
- B. Removal of chronic periapical outbreak
- C. Removal of necrotizing root cementum
- D. Removal of pathological tissue from periodontal pocket
- E. Creating flap

180.C.M. Specify some symptoms of parodontosis:



- A. Gingival recession
- B. Insignificant dental deposits
- C. Gingival pruritus
- D. Gingival hypertrophy
- E. Bleeding gums

181. CM.Call criteria of gingivoplasty:

- A. Surgical remodeling of the gingiva and gingival papilla
- B. Restoring a normal forms and functional gum
- C. Curettage of nectrotizing cementum
- D. Flap creating
- E. Access creating

182. CM. Name classification of marginal parodontitis on USA school criteria:

- A. Prepubertal parodontitis
- B. Juvenile parodontitis
- C. Rapidly progressive parodontitis
- D. Adult parodontitis
- E. Parodontosis

183.CM. Indicate the factors are involved in the pathogenesis of parodontosis:

- A. Neurodystrophic
- B. Reduced reactivity of the body
- C. Tissue hypoxia
- D. Immunological factor
- E. Catarrhal respiratory syndrome

184. CM.Name specific defense factors of gingival sulcus fluid:

- A. Complement
- B. Lactoferrin
- C. Ig G antibodies
- D. Ig M antibodies
- E. Mechanical barrier

185. CM. Mark clinical manifestations of periodontitis, mild form:

- A. The loss of bone support up to 1/3 of root length
- B. Retraction of gingival up to 1/3 of root length
- C. Loss of bone support up to 1/2 of root length
- D. Retraction of gingival up to 1/2 of root length
- E. Dental mobility 1 degree



186. CM. Indicate morphological picture of yearly parodontitis:

- A. infiltrating inflammatory subepitelial induration
- B. sclerotic changes in the surface of parodontal layers
- C. Resorbing changes of interdental bone of coronary septum edge
- D. Interdental septum necrosis
- E. Purulent elimination of periodontal pockets

187. CM. Name criteria to appreciate periodontal disease in the index CPITN:

- A. Bleeding gums
- B. The presence of dental hard deposits
- C. pockets
- D. The depth of periodontal pockets
- E. Changes in the lining of the mouth

188. CM. Name principles according to local treatment (CPITN):

- A. I-oral hygiene code
- B. II code-scaling and dental hygiene
- C. Code III scaling, curettage and oral hygiene
- D. Code IV – deep scaling, complex treatment
- E. Code - V - treatment of oral mucosa

189. CM. Name codification of periodontal lesions (after CPITN):

- A. 0- absence of disease
- B. 1 - gingival bleeding
- C. The presence of dental tartar
- D. The presence of periodontal pockets with values from 3.5 to 5.5
- E. The presence of dental caries

190. CS. Mark peculiarities of periodontal bleeding after curettage of granulation tissue:

- A. It is emphasized
- B. No change
- C. Decreases
- d) is absent
- e) is extended in time

191. CM. Indicate parodontitis classification (by location):

- A. Localized
- B. Generalized
- C. Mixed



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D. Apical

E. Focal

192. CM. Indicate the classification of parodontitis (after development):

A. Acute

B. Chronicle

C. Remission

D. Localized

E. Generalized

193. CM. Name therapeutic methods of etiotope in treatment of periodontitis:

A. Oral hygiene

B. Suppression of dental deposits

C. Correction of occlusal surface

D. Remineralizing therapy

E. Conservative therapy

194. CS. Select surgical method applied to remove superficial periodontal pockets:

A. periodontal abscess incision

B. curettage

C. flap technique

D. Re-implantation tooth

E. Gingivectomy and its changes

195. CS. Mark cause of pathological mobility of teeth for parodontitis:

A. Chronic inflammation of periapical tissues

B. Bone tissue resorption of first and second degree

C. The absence of neighbor tooth

D. The absence of antagonist tooth

E. gingival tissue inflammation

196. CS. Choose precancerous parodontal diseases (parodontome):

A. Catarrhal gingivitis

B. Periodontitis

C. epulis, papilloma, fibroma

D. Vincent necrotizing ulcerative gingivitis

E. Parodontosis

197. CS. Name disease known as idiopathic parodontal disease:

A. Parodontosis



- B. Parodontitis
- C. syndrome Papion - Lefever
- D. Hypertrophic gingivitis
- E. epulis

198. CS. Mark the depth of periodontal pockets in parodontitis, milder shape:

- A. A significant increase in clinical pocket depth
- B. 4.5 mm pockets
- C. pockets of 6 mm
- D. 10 mm pockets
- E. bone pocket.

199. CS. Name contraindication for ultrasonic scaling:

- A. The marginal periodontitis localized form
- B. generalized marginal periodontitis
- C. The medium marginal periodontitis form
- D. During pregnancy
- E. infectious diseases

200. CM. Name orthopedic treatment benefits in parodontitis:

- A. Influences in the development of inflammatory processes
- B. Suppresses dental mobility
- C. Fix arcades defects
- D. Suppresses trauma in temporomandibular joints
- E. Remineralise

201.M.C. Specify the exogenous theories of caries initiation:

- A. Enzymatic
- B. Proteolytic
- C. Organotropic
- D. Neurotrophic
- E. Biochemical

202.M.C. Specify two microbial functions which are absolutely necessary for dental caries:

- A. The capacity to synthesize intra- and extracellular polysaccharides
- B. The ability of all microorganisms to concurrently ferment acids
- C. The capacity of all plaque microorganisms to form acids in the same extent
- D. The ability to produce acids
- E. All the above

203.M.C. Specify the diagnosis methods of Class II caries according to Black:

- A. Transillumination



- B. Floss test
- C. Radiography
- D. Vital staining
- E. Chemical test

204.M.C. The differential diagnosis of caries at the white spot stage is made in relation to:

- A. Superficial caries
- B. Fluorosis
- C. Hypoplasia
- D. Cuneiform defect
- E. Dental erosions

205. M.C. What are the goals of the general treatment of dental caries:

- A. to normalize the metabolic processes
- B. to act on the underlying condition
- C. to increase the body's resistance to causal factors
- D. to act on oral microflora
- E. to increase the salivary pH

206.M.C. Oral fluid has an important role in protecting teeth against caries by:

- A. Acid neutralization
- B. Buffer capacity
- C. Salivary flow
- D. Content of Ca and P ions
- E. Action on mucosa

207. M.C. The indications for medicated fillings are:

- A. Medium caries
- B. Superficial caries
- C. Deep caries
- D. Pulp horn clearing
- E. Painful sensations in the tooth/toothache

208. M.C. Liners are used:

- A. to prevent the passage of harmful substances from filling materials
- B. to reduce the sensitivity of freshly cut dentine
- C. to act therapeutically on the dental pulp
- D. to devitalize the dental pulp
- E. to favor the adhesion of materials

209. M.C. What physico-chemical properties does dentin-paste have:

- A. good seal of carious cavity for up to one month;
- B. mechanical stability to masticatory forces;
- C. it is easily inserted and removed from cavity;
- D. high toxicity
- E. low thermal conductivity.



210. M.C. What physico-chemical properties does phosphate cement have:

- A. Good adhesion to cavity walls and edges
- B. It is not toxic
- C. Mechanical resistance to masticatory forces
- D. Chemical stability
- E. Unsatisfactory physiognomic properties

211. M.C. What physico-chemical properties do photopolymer composite materials have:

- A. Perfect adhesion to hard dental tissues
- B. Mechanical resistance resembling the enamel
- C. Plasticity
- D. Chemical instability
- E. High aesthetic properties

212. M.C. Which consequences may the lack of contact points between neighboring teeth have:

- A. Trauma to gingival papilla caused by food
- B. Development of chronic apical periodontitis
- C. Development of stomatitis
- D. Development of chronic marginal periodontitis
- E. Development of pulpitis

213. M.C. What are the causes of recurrent caries:

- A. Cavity preparation with incomplete removal of necrotic dentine
- B. Necrotic dentine powder remains
- C. Insufficient dental treatment
- D. Applying the filling material to wet cavity
- E. Excessive dentin drying

214. Hypoplasia more commonly affects:

- A. The incisal edge of permanent central incisors
- B. The occlusal edge of the cusps of tooth 6
- C. Teeth that develop in the same terms
- D. Canines and two permanent molars
- E. Premolars and lateral incisors

215. M.C. The clinical manifestations of granular-chalky fluorosis are:

- A. Well outlined pigmented inclusions
- B. Yellowish adamantine color
- C. Erosions
- D. Punctiform macules
- E. Grooves due to lack of adamantine

216. M.C. Specify the symptoms of imperfect amelogenesis:

- A. Communication with dental pulp chamber



- B. Brown adamantine
- C. Rugosity of tissues
- D. Chaotically oriented multiple fissures
- E. Adamantine detachment from the dentine

217. Hypoplasia is clinically characterized by:

- A. Symmetric white macules
- B. Bright white macules
- C. Sensitive white macules
- D. Macules that stain
- E. Macules changing their shape

218. M.C. What are the traumatic injuries of teeth:

- A. Contusion
- B. Luxation
- C. Fracture
- D. Cuneiform defect
- E. Erosions

219. What are the clinical manifestations of hyperesthesia:

- A. Transient pain to cold
- B. Permanent pain to hot
- C. Irradiating pain to cold and hot
- D. Transient pain to sour, sweet and salty
- E. Pain caused by teeth involvement

220. M.C. Specify the clinical symptoms of the cuneiform defect:

- A. It has a perigingival localization
- B. Thick, shiny and smooth walls
- C. Open pulp chamber
- D. Bleeding pulp
- E. Closed pulp chamber

221. M.C. Identify the cause of spontaneous pain in acute pulpitis:

- A. Disturbances of blood supply
- B. Excitation of nerve-endings by bacterial toxins
- C. Excitation of nerve-endings by desintegration produces of organics substance from dentine and pulp
- D. PH modification in focus of inflammation
- E. Modifications in chemical composition of saliva

222. M.C. Determine in which cases is indicated biologic method:

- A. Chronic fibrous pulpitis
- B. Acute diffuse pulpitis
- C. Acute focal pulpitis
- D. Chronic hypertrophic pulpitis



E. Accidental exposure of the pulp

223. M.C. Establish what are the contraindications for biologic method application in pulpitis treatment:

- A. Periapical radiologic changes
- B. With prothetic purpose
- C. Electric pulp vitality 2-6 mA
- D. Reduce electric pulp test less than 25 mA
- E. Caries cavity to neck region

224. M.C. Indicate the chemical composition for arsenic paste:

- A. Arsenium trioxide
- B. Cocaine
- C. Thymol
- D. Pigment
- E. Cellulose fibers

225. M.C. Count the errors and complications neglected in pulpitis treatment with nonvital method:

- A. Necrosis of adjacent gingiva
- B. Necrosis of alveolar bone
- C. Application of devitalization paste in insufficient open cavity
- D. Difficult anesthesia
- E. Further extension of carious process

226. M.C. Count the errors and complications committed in pulpitis treatment by extirpation method:

- A. Incomplet extirpation of pulp
- B. Traumatic-irritation of periodontium
- C. Trauma of soft tissues
- D. Perforation of root canal
- E. Necrosis of alveolar bone

227.C.S. The most common factor of appereace of inflamatory process in periodontium is conditioned by:

- A. Microflora virulence
- B. Action of bacterial endo and exotoxines on periapical tissue
- C. Chronic trauma
- D. Attenuation of adaptive mechanisms of periodontium
- E. As a result of incorrect treatment

228.C.M Determine morphopathological changes which take initial place in apical acute periodontitis:

- A. Appereace of tissular infiltration with polimorfo-nuclear leukocytes
- B. Predominance of perivascular lympho-histiocytic infiltration
- C. Abces formation with tissular necrosis



D. Widening of periostium and alveolar resorbtion

E. Presence of polynuclear solitaire

229. C.M. Indicate the causes of appearance of chronic fibrous periodontitis:

A. Incorrect treatment of other forms of periodontitis

B. Not treated acute periodontitis

C. Pushing out of apex of radicular filling

D. Healing of other forms of periodontitis

E. As a result of treatment of pulpitis

230. C.M. Indicate morphopathological changes in chronic granulous periodontitis :

A. Increasing of leucocyte infiltration

B. Tissue necrosis and abscess formation

C. Appereace of fibrous tissue

D. Formation of granulous tissue with big amount of cappilaries, fibroblasts, plasmatic cells, leucocytes.

E. Lysis of periapical tissue by osteoclasts (cortical lamellae of alveolar, dentine, radicular cementum

231. C.M. Indicate morphopathological changes wich take place in chronic granulomatous periodontitis:

A. A partial substitution of periodontal tissue with granulation tissue

B. Missing of wallpaper epithelium

C. Consist of fibroblast,histocytes,limfocytes

D. Collagen elastic fibers

E. Granulous tissue is separate from adjacent bone by fibrous capsule

232.C.M. Which are the basic principles of the treatment in apical periodontitis:

A. Root canal filling with minimal pushing of material above apex

B. Effective processing of infected root canals

C. Root canal filling till the physiological narrowing

D. Treatment of the periapical lesion till the exudacion cease

E. Root canal filling till apical foramen.

233.C.M. Establish requirements to medicamentose remedies which are used in root canal sterilization are:

A. To possess bactericide and fungicide effect

B. To not be inactivated in nutritional medium

C. To differ in color from surrounding tissue medium

D. To posses a lasting antibacterial effect

E. To be inactivated on contact with blood,plasma,purulent exudate

234. C.M. Antiseptical action of calcium hydroxide is based on :

A. Alkaline Ph

B. Acid ph

C. Reduced solubility in water



D. Sudden OH ion releasing in contact with tissular liquid

E. Gradual OH ion releasing in contact with tissular liquid

235. C.M. Indicate when may occur perforation of root canal walls:

A. When instrument axe doesn't fulfil to root canal axe

B. In time of incorrect instrumental preparation

C. In time of usage of blunt instruments

D. In time of usage of mechanical drill

E. In time of usage of instruments with large caliber

236. C.M. Highlight Doctor's attitude in case of apical acute periodontitis medicamentous origin (arsenic):

A. Immediately removing of coronal and radicular pulp

B. Mechanic and medicamentous root canals processing with their filling

C. Medicamentous processing of root canals with antiseptics (2% chloramine, 3% H₂O₂)

D. Mechanic and medicamentous processing of root canals, enlargement of apical orifice, tooth left opened

E. To leave in root canal a turundae moistened in 5% sol Unithiol or 1% Iodinol

237. CM Mark morpho-functional complex of periodontium :

A. Gingiva

B. Periodontium

C. alveolar bone tissue

D. Cement

E. enamel

238. M.C. Gingiva is composed from:

A. Interdental papilla

B. Marginal gingiva

C. Alveolar gingiva

D. Periodontal space

E. Interdental septum

239. M.C. Mark morphological components of the gingiva:

A. Epithelium

B. Submucous layer

C. Connective tissue or lamina propria

D. Fat tissue

E. Glandular elements

240. CM Mark peculiarities of gingival epithelium structure:

A. It is a multi-layered tissue

B. possess keratinization properties

C. regenerates continuously

D. Contribute to the secretion of saliva

E. The presence of abundant glycogen in epithelial cells



241. M.C. Mark what is the gingival sulcus:

- A. Its the space between tooth root and alveolar bone
- B. Is the space between tooth surface and the gingiva that adhere to it
- C. It is a pathologic formation
- D. It is a physiologic formation
- E. Is the synonym for "periodontal pocket"

242. CM Mark the width of the periodontal space along the tooth root in norm:

- A. The largest dimension is recorded at the edge of the root apex and tooth socket
- B. The largest dimension of the periodontal space is the middle third of the root
- C. At the apex of the root periodontal area is narrower
- D. In the middle third of the root periodontal space narrows
- E. periodontal space has the same dimensions along the tooth root

243. CM Name which factors condition development of localized periodontal disease:

- A. The incorrect application of fillings
- B. Making the wrong prosthesis
- C. Reducing reactivity body
- D. Pulpites
- E. Blood disorders

244. M.C. According to form of evolution gingivitis can be:

- A. Acute
- B. Chronic
- C. Exacerbated
- D. Progressive
- E. Tardy

245. M.C. Select what are the general factors that determine development of periodontal disease:

- A. Anomalies of teeth position
- B. Carious cavities
- C. Endocrine diseases
- D. Somatic diseases
- E. Disorders of nervous system

246. CM Microbial plaque matrix is composed of:

- A. Lactobacterii
- B. Streptococci
- C. Protein
- D. Sucrose
- E. Polysaccharides

247. M.C. Mark what are the qualitative changes of saliva that cause development of bacterial plaque:



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RED.: 01

DATA:

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- A. Hyposalivation
- B. Reduction of lipase quantity
- C. Low concentration of immunoglobulins
- D. Reduction of saliva secretion rhythm
- E. Increase of lysozyme content

248. M.C. Kulajenko probe will allow us to:

- A. Appreciate capillary stability to vacuum
- B. Speed of haematoma formation
- C. Concentration of glycogen in gingiva
- D. Determination of hygienic index
- E. Determination of periodontal pocket content

249. CM Select which are the principles of local treatment of catarrhal gingivitis:

- A. Removing of calculus and dental deposits
- B. Removing of incorrectly made fillings and prosthesis
- C. Application of anti-inflammatory remedies
- D. Implementation of sclerosing remedies
- E. Implementation of keratoplastic remedies

250. M.C. Mark, general treatment of catarrhal gingivitis includes:

- A. Administration of vitamins C, P, B1, A, E
- B. Oral administration of Vicasol
- C. Gingival massage
- D. Orthodontic treatment
- E. Antibiotics administration.

Aprobat

la ședința Catedrei de odontologie, parodontologie și patologie orală

Proces verbal nr. _____ din _____ 20__

Șef catedră, prof. univ., d. h. ș. m.

_____ Sergiu Ciobanu