



"Aprobat"
Decanul Facultății Stomatologie
conf. univ., dr.șt.med.
Solomon O.
_____ 2021

Discutate și întărite la ședința
Catedrei de chirurgie oro-maxilo-facială
pediatrică și pedodonție "Ion Lupan"
procesul verbal nr. ____
de la _____ 2021
conf. univ., dr.șt.med. Railean S.

Testele pentru Examenul de absolvire la disciplina Pediatric dentistry

1. CS Specify when until the age of 3 years dental caries is most often found:
 - a) in the pits and fissures of molars
 - b) in cervical region of incisors**
 - c) on the proximal surfaces of molars
 - d) on the proximal surfaces of incisors
 - e) on all surfaces of teeth
2. CS Determine when at the age of 3-4 years dental caries is most often found:
 - a) in the pits and fissures of molars**
 - b) in cervical region of incisors
 - c) on the proximal surfaces of molars
 - d) on the proximal surfaces of incisors
 - e) on all surfaces of teeth
3. CS Name when after the age of 4 years dental caries is most often found:
 - a) in the pits and fissures of molars
 - b) in cervical region of incisors
 - c) on the proximal surfaces of molars**
 - d) on the proximal surfaces of incisors
 - e) on all surfaces of teeth
4. CS Select the first affected by caries are the following temporary teeth:
 - a) superior incisors**
 - b) inferior incisors
 - c) first molars
 - d) second molars
 - e) canines
5. CS Name the order of affection of temporary teeth by caries:
 - a) inferior incisors, superior incisors, first molars, second molars, canines



- b) first molars, second molars, superior incisors, inferior incisors, canines
c) superior incisors, inferior incisors, first molars, second molars, canines
d) superior incisors, first molars, second molars, canines, inferior incisors
e) superior incisors, first molars, second molars, inferior incisors, canines
6. CM Determine the evolution of dental caries at children is characterized by the following particularities:
- a) **multiple character of teeth lesion**
b) **symmetric character of affection**
c) **clinical evolution is weakly pronounced, especially during the root resorption period**
d) **circular caries**
e) lesion of cutting boarder of frontal teeth and cuspids of lateral teeth
7. CS Tick what forms of temporary teeth caries at children most often is met:
- a) incipient caries
b) superficial caries
c) **medium caries**
d) profound caries
e) maculated caries
8. CM Determine how the cervical region of temporary teeth is frequently affected by caries, as:
- a) **the enamel is weakly mineralized in the cervical region**
b) the enamel is more mineralized in the cervical region
c) **the enamel there is thinner in the cervical region**
d) **the enamel there is thicker in the cervical region**
e) retention of food favors the formation of dental plaque
9. CM Clarify way dental fissures at children are often affected by caries:
- a) **incomplete mineralization**
b) **retention of food remainders**
c) **open fissures, incomplete mineralization, retention of food remainders**
d) thicker enamel
e) thinner enamel not resisting to pressure during mastication
10. CM Characterized florid evolution of dental caries at children:
- a) **extended decalcification in surface and in depth**
b) **affection of certain groups of teeth**
c) affection of one tooth
d) **affection of several surfaces of teeth**
e) **rapidly progression**
11. CM Explained the treatment tactics of caries at children:
- a) **intensity of carious process**
b) **deepness and localization of carious process**
c) requirements of parents



d) **age and psychological particularities of the child, tooth development period, general pathology**

e) **tooth development period**

12. CS Indicate what is the treatment of I degree of carious activity at children:

- a) preparation and obturation of carious cavity
- b) **preparation and obturation of carious cavity and oral cavity hygiene**
- c) remineralization therapy
- d) tardy obturation
- e) endogenous therapy of dental caries

13. CM Indicate what is the treatment of II degree of carious activity at children:

- a) **preparation and obturation of carious cavity and oral cavity hygiene**
- b) **remineralization therapy 2 times per year**
- c) **tardy obturation**
- d) **endogenous therapy of dental caries 2 times per year**
- e) radiotherapy

14. CM Indicate what is the treatment of III degree of carious activity at children:

- a) **preparation and obturation of carious cavity and oral cavity hygiene**
- b) **remineralization therapy 3 times per year**
- c) **tardy obturation**
- d) **endogenous therapy of dental caries 3 times per year**
- e) radiotherapy

15. CS Determine the order of performing main operations for the preparation of carious cavity:

- a) opening of carious cavity, removal of pain, removal of affected tissues (necrotomy), formation of cavity, processing of cavity edges
- b) **removal of pain, opening of carious cavity, removal of affected tissues (necrotomy), formation of cavity, processing of cavity edges**
- c) removal of pain, processing of cavity edges, opening of carious cavity, removal of affected tissues (necrotomy), formation of cavity
- d) opening of carious cavity, removal of pain, formation of cavity, removal of affected tissues (necrotomy), processing of cavity edges
- e) processing of cavity edges, opening of carious cavity, removal of pain, removal of affected tissues (necrotomy), formation of cavity

16. CM Determine the obturation of a fissure with signs of enamel destruction at a child of 8 years requires:

- a) non-invasive sialing of fissure
- b) remineralization therapy with subsequent non-invasive sealing of fissure
- c) **invasive sialing with the subsequent application of fluoride varnish**
- d) **invasive sialing with flow composite with the subsequent application of remineralization therapy**
- e) invasive sealing with polycarboxylate cement, chemo-composite microfil



17. CS Name what helium - composite nano-hybrids with adhesive system of generation IV - VIII are indicated for the obturation of medium carious cavities of permanent teeth at children in:
- classes I-II
 - class III
 - class I-IV
 - class V
 - classes I-V**
18. CM Specify what is clinical signs characterized for medium acute caries:
- affection of a big number of teeth**
 - narrow entrance into the carious cavity**
 - unitary affection (affected is a single tooth)
 - damaged dentine**
 - demineralization of enamel**
19. CM Select the supplementary methods of diagnosing dental caries at children:
- vital coloration**
 - Feodorov-Volodkina hygienic index
 - transillumination**
 - RAS test (acid resistance of enamel)
 - thermal diagnostics**
20. CM Determine oriented towards of etiotropic therapy of dental caries:
- increase of hard dental tissue resistance and improvement of regeneration capacities
 - removal of non-vital enamel and dentine**
 - increase of organism's resistance
 - assurance of cavity isolation from oral environment**
 - restoration form and color of tooth
21. CM Characterize oriented towards of pathogenic therapy of dental caries:
- increase of hard dental tissue resistance and improvement of regeneration capacities**
 - removal of non-vital enamel and dentine
 - increase of organism's resistance**
 - assurance of cavity isolation from oral environment
 - restoration form and color of tooth
22. CM Select the efficiency of remineralization therapy in the treatment of dental caries can be appreciated by:
- is appearance of carious maculae**
 - appearance of gloss on the previously affected surface**
 - colorimetric method**
 - drying of surface**
 - electroodontodiagnostic



23. CM Specify when in case of caries of IIIrd degree of activity is recommended:
- obturation of all carious cavities with amalgam in a single visit
 - tardy obturation of carious cavities**
 - obturation of carious cavities after remineralization therapy**
 - obturation of all carious cavities with composite compound in a single visit
 - depulpation of teeth, as caries is frequently complicated with chronic inflammatory processes
24. CM Determine what factors are provoked appearance of pulpitis of temporary and permanent teeth at children:
- chemical**
 - toxic-bacterial**
 - traumatic**
 - thermal**
 - alimentary
25. CS Name the most frequent factors that determine the appearance of temporary teeth pulpitis at children:
- chemical
 - toxic-bacterial**
 - traumatic
 - thermal
 - alimentary
26. CM Select basic particularities of evolution of temporary teeth pulpitis:
- most often are observed the acute forms
 - most often are observed the chronic forms**
 - rapid transition of one form of pulpitis into another, evolution with variable symptomatology**
 - disturbance of general state of organism**
 - often are observed inflammations of periodontal tissues and lymphatic ganglions**
27. CS Name what symptoms in case of acute diffuse pulpitis a child of 3 years can present:
- agitation, fever, refuse to eat, permanent pains intensifying during mastication, the child can point at the affected tooth
 - agitation, fever, intense pains, spontaneous or provoked by any excitants, most often appearing in the evenings with short painless intervals, the child can not indicate the affected tooth**
 - acute pains provoked by thermal or mechanical excitants, disappearing immediately upon the removal of excitant, the child can point at the affected tooth
 - agitation, fever, acute spontaneous pains with long painless intervals, the child can point at the affected tooth
 - permanent pains during mastication
28. CS Specify when percussion of tooth in case of acute diffuse pulpitis is:
- not painful



- b) **slightly painful**
c) painful
d) very painful
e) painful in some cases
29. CS Explain what clinical manifestations of chronic fibrous pulpitis are the following:
a) **there are no accusers, sometimes paroxysmal pains provoked by different excitants: thermal, mechanical and chemical ones**
b) nighttime spontaneous pains without irradiation, provoked by any excitant
c) rarely, pains after change of temperature from cold to warm
d) piercing pains, often caused by mechanic excitants, often hemorrhages from dental cavity
e) permanent pains, gradually intensifying, especially during mastication or when touching the tooth
30. CS Specify when in case of chronic gangrenous pulpitis pains are appear:
a) due to diverse excitants, however, they can disappear with removal of excitant
b) **after meals, after some time from taking food**
c) due to diverse excitants, remaining for a long time even after removal of excitants
d) spontaneous, nighttime
e) permanent pains, gradually intensifying, especially during mastication or when touching the tooth
31. CS Determine the chronic hypertrophic pulpitis is characterized by the following:
a) there are no accusers, sometimes paroxysmal pains provoked by different excitants: thermal, mechanical and chemical ones
b) nighttime spontaneous pains without irradiation, provoked by any excitant
c) rarely, pains after change of temperature from cold to warm
d) **piercing pains, often caused by mechanic excitants, often hemorrhages from dental cavity**
e) permanent pains, gradually intensifying, especially during mastication or when touching the tooth
32. CS Explain when in case of chronic hypertrophic pulpitis pains are characterized by the following:
a) spontaneous appearance, usually nighttime
b) permanent pains
c) appearance after meals, after some time from taking hot food
d) **appearance after the penetration of nutrients and are associated with hemorrhage**
e) appearance due to any excitants and maintained for a long time after removal of excitants
33. CS Name which among the various forms of pulpitis most often at children are observed:
a) acute focal form
b) acute diffuse form
c) **chronic fibrous form**
d) chronic gangrenous form
e) chronic hypertrophic form
34. CM Indicate were the probing in case of chronic gangrenous pulpitis is painful:
a) in the point of pulpal horn projection
b) in the entire floor of the carious cavity



- c) in the entire floor of the carious cavity and in the point of pulpal chamber opening
d) in the coronary part of pulp
e) in the orifices of channels or in the depth of channels
35. CS Specify when affection of apical periodontium tissues is most often detected radiologically in the following form of temporary teeth pulpitis:
- acute diffuse pulpitis
 - acute pulpitis with affection of periodontium and lymphatic ganglions
 - chronic fibrous pulpitis
 - chronic gangrenous pulpitis**
 - chronic hypertrophic pulpitis
36. CS Select what essence of conservative (biological) treatment of pulpitis is consists:
- removal of coronary pulp and preservation of radicular pulp vitality - under local or general anesthesia
 - after devitalization of pulp - amputation of coronary pulp and mummification of radicular pulp
 - removal of coronary pulp and a part of radicular pulp under local or general anesthesia
 - treatment of inflammatory processes with medicamentous preparations**
 - removal of coronary and radicular pulp under local or general anesthesia
37. CS Explained what is the essence of vital pulp amputation:
- removal of coronary pulp and preservation of radicular pulp vitality - under local or general anesthesia**
 - after devitalization of pulp - amputation of coronary pulp and mummification of radicular pulp
 - removal of coronary pulp and a part of radicular pulp under local or general anesthesia
 - treatment of inflammatory processes with medicamentous preparations
 - removal of coronary and radicular pulp under local or general anesthesia
38. CS Determine the essence of vital pulp extirpation method consists in the following:
- treatment of inflammatory process in pulp with medicamentous preparations
 - removal of coronary pulp and a part of radicular pulp under local or general anesthesia
 - after devitalization of pulp - amputation of coronary pulp and mummification of radicular pulp
 - removal of coronary pulp and preservation of radicular pulp vitality - under local or general anesthesia
 - removal of coronary and radicular pulp under local or general anesthesia**
39. CS Specify the essence of profound pulp amputation method consists in the following:
- treatment of inflammatory process in pulp with medicamentous preparations
 - removal of coronary pulp and a part of radicular pulp under local or general anesthesia**
 - after devitalization of pulp - amputation of coronary pulp and mummification of radicular pulp
 - removal of coronary pulp and preservation of radicular pulp vitality - under local or general anesthesia
 - removal of coronary and radicular pulp under local or general anesthesia
40. CS Name the essence of non-vital pulp amputation method consists in the following:



- a) treatment of inflammatory process in pulp with medicamentous preparations
- b) removal of coronary pulp and a part of radicular pulp under local or general anesthesia
- c) **after devitalization of pulp - amputation of coronary pulp and mummification of radicular pulp**
- d) removal of coronary pulp and preservation of radicular pulp vitality - under local or general anesthesia
- e) removal of coronary and radicular pulp under local or general anesthesia
41. CS Tick the essence of non-vital pulp extirpation method consists in the following:
- a) treatment of inflammatory process in pulp with medicamentous preparations
- b) **removal of coronary and radicular pulp after devitalization of pulp**
- c) after devitalization of pulp - amputation of coronary pulp and mummification of radicular pulp
- d) removal of coronary pulp and preservation of radicular pulp vitality - under local or general anesthesia
- e) removal of coronary pulp and a part of radicular pulp under local or general anesthesia
42. CS Determine in case of acute focal pulpitis, when the cavity of a young permanent tooth is not opened, the following actions are necessary:
- a) to open the tooth cavity and apply the method of direct capping
- b) **to apply the method of indirect capping**
- c) to perform vital amputation
- d) to perform profound amputation
- e) to perform vital extirpation
43. CS Select what the vital amputation of pulp is performed with:
- a) a spherical bur with a pneumatic tool
- b) **a spherical bur with an usual tool or with the excavator**
- c) a cylindrical bur with an usual tool
- d) a pulp extractor
- e) drill
44. CS Explain what for the vital amputation of pulp one shall use the pastes:
- a) endodont
- b) camphor-phenol
- c) with antibiotics and sulfonamides
- d) with glucocorticoids
- e) **pastes based on calcium hydroxide**
45. CS Specify what the principal stages of the biological method of treating pulpitis are:
- a) preparation of carious cavity, application of arsenic paste, opening of tooth cavity, removal of coronary pulp, application of resorcin-formalin solution, application of resorcin-formalin paste, isolation material and permanent filling
- b) anesthesia, preparation of carious cavity, medicamentous treatment, opening of tooth cavity, application of calcium hydroxide, application of isolation material and permanent filling



- c) anesthesia, preparation and medicamentous treatment of carious cavity, opening of tooth cavity, amputation of pulp, hemostasis, application of calcium hydroxide paste, application of isolation material, permanent filling
- d) preparation of carious cavity, medicamentous treatment, application of curative paste, application of isolation material, permanent filling**
- e) anesthesia, preparation and medicamentous treatment of carious cavity, opening of tooth cavity, amputation of coronary pulp, removal of a part of radicular pulp, hemostasis, medicamentous treatment, application of paste based on calcium hydroxide, filling of channel, application of isolation material, permanent filling
46. CS Name what the principal stages of vital pulpotomy are:
- a) preparation of carious cavity, application of arsenic paste opening of tooth cavity, removal of coronary pulp application of resorcin-formalin solution, application of resorcin-formalin paste, isolation material and permanent filling
- b) anesthesia, preparation of carious cavity, medicamentous treatment, application of calcium hydroxide paste, application of isolation material and permanent filling
- c) anesthesia, preparation and medicamentous treatment of carious cavity, opening of tooth cavity, amputation of pulp, hemostasis, application of calcium hydroxide paste, application of isolation material, permanent filling**
- d) preparation of carious cavity, medicamentous treatment, application of curative paste, application of isolation material, permanent filling
- e) anesthesia, preparation and medicamentous treatment of carious cavity, opening of tooth cavity, amputation of coronary pulp, removal of a part of radicular pulp, hemostasis, medicamentous treatment, application of paste based on calcium hydroxide, filling of channel, application of isolation material, permanent filling
47. CS Tick what the principal stages of profound pulpotomy are:
- a) preparation of carious cavity, application of arsenic paste, opening of tooth cavity, removal of coronary pulp, application of resorcin-formalin solution, application of resorcin-formalin paste, isolation material and permanent filling
- b) anesthesia, preparation of carious cavity, medicamentous treatment, application of calcium hydroxide paste, application of isolation material and permanent filling
- c) anesthesia, preparation and medicamentous treatment of carious cavity, opening of tooth cavity, amputation of pulp, hemostasis, application of calcium hydroxide paste, application of isolation material, permanent filling
- d) anesthesia, preparation of carious cavity, medicamentous treatment, application of curative paste, application of isolation material, permanent filling
- e) anesthesia, preparation and medicamentous treatment of carious cavity, opening of tooth cavity, amputation of coronary pulp, removal of a part of radicular pulp, hemostasis, medicamentous treatment, application of paste based on calcium hydroxide, filling of channel, application of isolation material, permanent filling**
48. CS Select the principal stages of non-vital pulpotomy:



- a) **preparation of carious cavity, application of arsenic paste, opening of tooth cavity, removal of coronary pulp, application of resorcin-formalin solution, application of resorcin-formalin paste, isolation material and permanent filling**
- b) anesthesia, preparation of carious cavity, medicamentous treatment, application of calcium hydroxide paste, application of isolation material and permanent filling
- c) anesthesia, preparation and medicamentous treatment of carious cavity, opening of tooth cavity, amputation of pulp, hemostasis, application of calcium hydroxide paste, application of isolation material, permanent filling
- d) anesthesia, preparation of carious cavity, medicamentous treatment, application of curative paste, application of isolation material, permanent filling
- e) anesthesia, preparation and medicamentous treatment of carious cavity, opening of tooth cavity, amputation of coronary pulp, removal of a part of radicular pulp, hemostasis, medicamentous treatment, application of paste based on calcium hydroxide, filling of channel, application of isolation material, permanent filling
49. CS Indicate the principal stages of non-vital pulpectomy:
- a) preparation of carious cavity, application of arsenic paste, opening of tooth cavity, removal of coronary pulp application of resorcin-formalin solution, application of resorcin-formalin paste, isolation material and permanent filling
- b) anesthesia, preparation of carious cavity, medicamentous treatment, application of calcium hydroxide paste, application of isolation material and permanent filling
- c) anesthesia, preparation and medicamentous treatment of carious cavity, opening of tooth cavity, amputation of pulp, hemostasis, application of calcium hydroxide paste, application of isolation material, permanent filling
- d) anesthesia, preparation of carious cavity, medicamentous treatment, application of curative paste, application of isolation material, permanent filling
- e) **preparation of carious cavity, application of arsenic paste, opening of tooth cavity, removal of coronary pulp, removal of radicular pulp, hemostasis, medicamentous and instrumental treatment, filling of channel, application of isolation material, permanent filling**
50. CM Name the evolution particularities of pulpitis at children:
- a) presence of residual pulpitis
- b) **appearance of primary chronic pulpitis**
- c) irradiating pains
- d) **involvement of periodontium and regional lymphatic ganglions into the inflammatory process**
- e) **prevalence of chronic forms compared to the acute ones**
51. CM Tick the chronic forms of pulpitis of temporary and permanent teeth:
- a) **simple**
- b) granulated
- c) **hypertrophic**
- d) granulomatous
- e) **gangrenous**



52. CM Name indications for the application of biological method in the treatment of pulpitis of temporary teeth:
- a) **chronic evolution of carious process**
 - b) acute purulent pulpitis
 - c) **chronic simple pulpitis**
 - d) chronic hypertrophic pulpitis
 - e) **acute serous pulpitis**
53. CM Select indications for the treatment of pulpitis of temporary teeth with use of vital amputation method:
- a) **acute serous pulpitis**
 - b) **traumatic pulpitis**
 - c) **simple chronic pulpitis with activity degree III of dental caries**
 - d) chronic gangrenous pulpitis
 - e) acute diffuse pulpitis
54. CM Specify in case of chronic fibrous pulpitis, when the cavity of a young permanent tooth is open, may be applied:
- a) **direct pulp capping**
 - b) indirect pulp capping
 - c) **vital pulpotomy**
 - d) **profound pulpotomy**
 - e) vital pulpectomy
55. CM Indicate in cases of vital pulpotomy of pulp the following methods of anesthesia are used:
- a) applicative
 - b) **infiltrative**
 - c) **trunk method**
 - d) **general method**
 - e) subcutaneous
56. CM Select indications for the vital pulpotomy of pulp:
- a) **chronic fibrous pulpitis of temporary and permanent teeth**
 - b) **accidental opening of pulpal chamber (during preparation)**
 - c) **acute focal pulpitis of permanent teeth**
 - d) chronic gangrenous pulpitis
 - e) fracture of dental corona with large opening of pulpal chamber
57. CM Name what apical periodontitis at children is most often provoked by the following factors:
- a) **toxic-bacterial**
 - b) **traumatic**
 - c) hereditary
 - d) **medicamentous**
 - e) **allergic**



58. CS Specify what most often at children is found the apical periodontitis:
- chronic granulomatous
 - chronic granulated**
 - exacerbation of chronic periodontitis
 - acute serous
 - acute purulent
59. CS Name what the radiological image of chronic apical granulated periodontitis is characterized by:
- absence of essential changes, widening of periodontal space, vague trabecular image in the region of inflammatory process
 - presence of a destruction focus in the alveolar bone with lesion of cortical plate with irregular shape or candle fire - shaped, etc.**
 - widened periodontal spaces mostly in the region of root apex
 - presence of a destruction focus in the alveolar bone with lesion of cortical plate with regular limits of spherical or oval shape
 - narrowing of periodontal space in the region of root apex
60. CM Name the main principles of treating apical periodontitis at children:
- removal of cause**
 - removal of pruritus
 - treatment of inflammatory process in the periapical region**
 - raising the general resistance of the child's organism**
 - action over the microflora of radicular channel and micro-dentinary channels**
61. CM Select the main scopes of treating apical periodontitis at children:
- action over the microflora of radicular channel and micro-dentinary channels**
 - removal of pruritus
 - removal or inhibition of apical inflammatory process**
 - creation of conditions for apexogenesis**
 - stimulation of reparative processes in the tissues of apical periodontium**
62. CS Select the optimum alternative of treating chronic apical periodontitis of a tooth with developed roots at a child 7 aged suffering from rheumatism:
- obturation of channels with zinc-eugenol paste
 - obturation of channels with resorcin-formalin paste
 - extraction**
 - obturation of channels + physiotherapeutic treatment
 - obturation of channels with zinc-eugenol paste + gutta-percha cone
63. CM Select the chronic apical periodontitis at children can be:
- simple
 - granulated**
 - fibrous**
 - gangrenous



e) **granulomatous**

64. CM Name acute apical periodontitis at children can be:

- a) partial
- b) diffuse
- c) **serous**
- d) **purulent**
- e) fibrous

65. CM Explain what for the acute apical periodontitis are characteristic:

- a) nocturnal spontaneous pains
- b) **permanent stabbing pains**
- c) **permanent pains intensifying at intercuspitation**
- d) irradiating pains
- e) painless

66. CM Tick what endodontic materials are used for the obturation of channels in the temporary teeth:

- a) intradont
- b) paste + gutta-percha cone
- c) paste + silver pivot
- d) **zinc-oxide-eugenol paste**
- e) **iodoform paste**

67. CM Indicate when clinical and radiological supervisions (dispensary control) after the treatment of apical periodontitis of temporary and permanent teeth is performed after:

- a) 2 days
- b) 2 weeks
- c) **3 months**
- d) **6 months**
- e) **12 months**

68. CS Describe the tetracycline teeth:

- a) the screwdriver or cask shape of dental crown and the incisive margin has a crescent shape
- b) the shape screwdriver or cask shape of dental crown
- c) first molars are cone-shaped, tubercles are insufficiently formed
- d) **dental crown has yellow color**
- e) spear-shaped

69. CS Select the cause of local hypoplasia:

- a) a general disease of mother during pregnancy
- b) a general disease of the child during the first year of life
- c) **periapical inflammatory process of the temporary dental root, complicated luxation of temporary tooth**
- d) artificial feeding of the child



- e) a trauma, a tumor, an inflammatory process in the region of one or several roots of permanent teeth
70. CS Determine what the dentinogenesis imperfecta is conditioned by:
- modification of ectodermal cells function
 - pathological modifications of mesoderm**
 - toxic action of fluoride on ameloblasts
 - excretion of insoluble calcium and fluoride compounds from organism
 - action of fluoride on phosphatase
71. CS Specify what the amelogenesis imperfecta is caused by:
- modification of ectodermal cells function**
 - pathological modifications of mesoderm
 - toxic action of fluoride on ameloblasts
 - excretion of insoluble calcium and fluoride compounds from organism
 - action of fluoride on phosphatase
72. CS Tick what the fluorosis is provoked by:
- somatic diseases of child
 - diseases of mothers during pregnancy
 - excessive consumption of carbohydrates
 - bed oral hygiene
 - excessive consumption of fluoride**
73. CS Indicate what specific prophylaxis of fluorosis consists of:
- limiting of excessive consumption of fluoride**
 - administration of preparations that increase the non-specific resistance of organism
 - exposure to ultraviolet radiation in the spring-summer period for 15-20 cures, beginning with 1/4 of biodose
 - treatment of chronic somatic diseases
 - administration of fluoride preparations
74. CS Select what tissues the Stainton-Capdepont syndrome is affects:
- the enamel of permanent teeth
 - the dentine of temporary and permanent teeth
 - the enamel and dentine of permanent teeth
 - the enamel and dentine of temporary and permanent teeth**
 - the enamel of temporary and permanent teeth
75. CS Select what tissues the amelogenesis imperfecta is affects:
- the enamel of temporary teeth
 - the enamel of permanent teeth
 - the enamel and dentine of permanent teeth
 - the enamel and dentine of temporary and permanent teeth
 - the enamel of temporary and permanent teeth**



76. CS Name what tissues the dentinogenesis imperfect is affects:

- a) the dentine of temporary teeth
- b) the dentine of permanent teeth
- c) the dentine of temporary and permanent teeth**
- d) the enamel and dentine of permanent teeth
- e) the enamel and dentine of temporary and permanent teeth

77. CS Tick what the following clinical signs are characteristic for dentinogenesis imperfecta:

- a) white maculae, multiple, localized on the vestibular surface of dental crown
- b) the surface of dental crowns is rough; the enamel is present in the form of small islets
- c) the teeth have normal dimensions, the enamel is not affected, the dental roots are short, the dental channels and cavity are obliterated**
- d) pathological abrasion of teeth, enamel preserved in the form of small islets, the dental roots are short, and the channels are obliterated
- e) white maculae, multiple, localized on the all surface of dental crown

78. CS Select what the following clinical signs are characteristic for the Stainton-Capdepont syndrome:

- a) white maculae, multiple, localized on the vestibular surface of dental crown
- b) the surface of dental crowns is rough; the enamel is present in the form of small islets
- c) the teeth have normal dimensions, the enamel is not affected, the dental roots are short, the dental channels and cavity are obliterated
- d) pathological abrasion of teeth, enamel preserved in the form of small islets, the dental roots are short, and the channels are obliterated**
- e) white maculae, multiple, localized on the all surface of dental crown

79. CM Select the factors that determine the particularities of the clinical evolution of periodontal diseases in children:

- a) Morphological and functional immaturity of the periodontal tissues**
- b) The sex of the child
- c) Disproportions of growth and maturation of periodontal tissues, structures and systems, which ensure the body's adaptation to the external environment**
- d) Diction disorder
- e) Psychological state

80. CM Name the peculiarities of the clinical evolution of periodontal diseases in children:

- a) The inflammatory-destructive process is the main characteristic sign for all forms of periodontal disease
- b) Idiopathic conditions of the periodontium with progressive lysis of the periodontal tissues and neoplastic processes occur rarely**
- c) Diseases of the periodontium are associated with a sudden decrease in the immune status
- d) The catarrhal and hypertrophic form of gingivitis is most common**



- e) **The pathological processes may disappear without traces under the action of minimal interventions or without them, or, notwithstanding the removal of the cause, they may acquire a progressive and independent character**
81. CS Indicate the location of the involvement in mild catarrhal gingivitis in children:
- Marginal gum
 - Gingival papilla**
 - Alveolar gum
 - Alveolar bone
 - Periodontium
82. CS Characterize what is typical of necrotizing ulcerative gingivitis in children:
- Necrotic film on the gums**
 - Bleeding and edema of the gums
 - Increasing the volume of the gum, the presence of false periodontal pockets
 - Unitary canker sores and macules on the oral mucosa
 - Gum recession
83. CM Mark what data radiography offers in pediatric periodontics:
- Location, size and type of bone lesions**
 - The appearance of the internal cortex of the alveolar bone**
 - The appearance of the spongy bone, especially at the level of the interdental septa**
 - Depth of false periodontal pockets
 - Degree of pathological mobility
84. CM Customize how the clinical examination of marginal periodontitis in children is performed:
- With pressure
 - Inspection**
 - Percussion**
 - Auscultation
 - Palpate**
85. CM Indicate what is mandatory in the prevention of periodontal disease in children:
- Hygienic training of the oral cavity**
 - Clinical examination of children with systemic diseases of the body**
 - Prevention of malocclusion**
 - Identification and correction of abnormal insertion of soft tissues in the oral cavity**
 - Myogymnastics
86. CS Indicate the appropriate hygienic remedies in the treatment of periodontal pathology in children:
- Curative toothpastes**
 - Hygienic toothpaste
 - Elixirs
 - Dental powders



- e) Deodorants for the oral cavity
87. CS Mark the factor that contributes to the development of local chronic gingivitis in children:
- Diseases of the gastrointestinal tract
 - Dental crowding**
 - Blood diseases
 - Exudative diathesis
 - Kidney disease
88. CS Describe the clinical signs of chronic catarrhal gingivitis in children:
- Congestive hyperemia, bleeding and edema of the gingival papillae**
 - Gums are enlarged, deformed
 - Gums are pale, the gingival recession 1-3 mm
 - Gingival margin is ulcerated, covered with gray film, putrid odor
 - Gums are pale, the package of teeth is exposed
89. CS Plan the treatment of chronic catarrhal gingivitis in children:
- Oral hygiene, plaque removal, sclerosis agents, physiotherapy
 - Hygiene of the oral cavity, removal of dental plaque, application of curative dressings**
 - Oral hygiene, elimination of local factors (correction of the brake, plasticity of the vestibule of the mouth, etc.), electrophoresis with vitamins, all types of massage
 - Anesthesia, plaque removal, application of proteolytic enzymes, antibacterial agents
 - Anesthesia, massage, application of keratoplastic drugs on the gums
90. CS Mark the clinical signs of hypertrophic gingivitis in children:
- Bleeding and edema of the gingival papillae
 - Gums are enlarged, deformed**
 - Gums are pale, the gingival recession 1-3 mm
 - Gingival margin is ulcerated, covered with gray film, putrid smell
 - Gum is hyperemic, edematous
91. CS Highlight the clinical signs of ulcer-necrotic gingivitis in children:
- Bleeding and edema of the gingival papillae
 - Gums are enlarged, deformed
 - Gums are pale, the gingival recession 1-3 mm
 - Gingival margin is ulcerated, covered with gray film, putrid smell**
 - Gum is hyperemic, edematous
92. CS Mark at which values of the PMA index the mild form of gingivitis is found:
- $\leq 10\%$
 - $< 30\%$**
 - $> 50\%$
 - 30-60%
 - $\geq 60\%$



93. CS Indicate at what values of the PMA index the average form of gingivitis is found:

- a) $\leq 10\%$
- b) $< 30\%$
- c) $> 50\%$
- d) 30-60%**
- e) $\geq 60\%$

94. CS Highlight the values of the PMA index for the severe form of gingivitis:

- a) $\leq 10\%$
- b) $< 30\%$
- c) $> 50\%$
- d) 30-60%
- e) $\geq 60\%$**

95. CS Realize treatment hypertrophic gingivitis in children:

- a) Oral hygiene, dental plaque removal, sclerosis substances, physiotherapy**
- b) Hygiene of the oral cavity, removal of dental plaque, application of medical dressings
- c) Oral hygiene, elimination of local factors (correction of the brake, plastic of the mouth vestibule, etc.), electrophoresis with vitamins, all types of massage
- d) Anesthesia, dental plaque removal, application of proteolytic enzymes, antibacterial substances
- e) Anesthesia, antibacterial substances, physiotherapy

96. CS Indicate the treatment of ulcer-necrotic gingivitis in children:

- a) Anesthesia, antibacterial substances, physiotherapy
- b) Oral hygiene, dental plaque removal, sclerosis substances, physiotherapy
- c) Hygiene of the oral cavity, removal of dental plaque, application of medical dressings
- d) Oral hygiene, elimination of local factors (correction of the brake, plastic of the mouth vestibule, etc.), electrophoresis with vitamins, all types of massage
- e) Anesthesia, dental plaque removal, application of proteolytic enzymes, antibacterial substances**

97. CS Mark the factor that most frequently causes traumatic erosion of the lower surface mucosa of the tip of the tongue in children aged 1-2 months:

- a) Oral hygiene items for newborns
- b) Toys with sharp edges
- c) Teeth erupted prematurely**
- d) Pacifiers, rubber bottles on glass
- e) Rings for tooth eruption

98. CS Describe the characteristic changes for traumatic lesions of the oral mucosa in children:

- a) Unitary erosions of round or oval shape, painful
- b) Unitary erosion of irregular shape, slightly painful or painless**
- c) Vesicles in different sectors of the oral mucosa
- d) Acute catarrhal gingivitis



- e) White cheesy deposits on the oral mucosa
99. CM Specify the most common location of erosions and decubital ulcers of the oral mucosa in children:
- a) The hard palate
 - b) On the tip or lateral surface of the tongue**
 - c) On the palatal veil
 - d) In the jugal region**
 - e) On the passing envelope
100. CS Specify the factor that determines the success of the treatment of traumatic erosions and decubital ulcers of the oral mucosa in children:
- a) Analgesics
 - b) Elimination of the factor that damages the mucous membrane**
 - c) Disinfectants
 - d) Keratoplastic drugs
 - e) Antibacterial drugs
101. CS Specify at what age Bednar's aphtha is detected in children:
- a) First months of life**
 - b) Prepreschool age
 - c) Preschool age
 - d) School age
 - e) Adolescence
102. CS Indicate the order of treatment of chronic trauma of the oral mucosa:
- a) Anesthesia, removal of the cause, antiseptic treatment, keratoplastics
 - b) Removal of the cause, antiseptic processing, keratoplastics**
 - c) Removal of the cause, anesthesia, antiseptic treatment, keratoplastics
 - d) Antiseptic treatment, anesthesia, keratoplastics
 - e) Antiseptic processing, keratoplastics
103. CS Name the viruses which cause herpangina in children:
- a) Herpes simplex
 - b) Coxsackie and Esho**
 - c) Chickenpox
 - d) Immunodeficiency
 - e) Foot-and-mouth disease
104. CS Name the pathogen of acute herpetic stomatitis:
- a) Herpes simplex virus**
 - b) Association of bacteria and viruses in the oral cavity
 - c) Oral microflora with pathogenic capacities, favored by the decrease of the organism's reactivity
 - d) Candida tropicalis
 - e) Herpes labialis virus



105. CS Indicate the age at which children have a maximum risk of infection with acute herpetic stomatitis:
- Children older than 3 years
 - Up to 1 year
 - From 1 year to 3 years**
 - Children fed naturally in the first year of life
 - Children fed artificially in the first year of life
106. CM Select the factors that favor the onset of acute herpetic stomatitis:
- Overcooling**
 - Administration of immunosuppressants**
 - Hormonal and emotional fluctuations**
 - Any disease of the body**
 - Heredity
107. CM Name the routes of transmission of the herpes simplex virus to humans:
- Aerogen**
 - Aquatic
 - By contact**
 - Food
 - Transplacental**
108. CS Name the characteristic element of the eruptions period of the oral mucosa in acute herpetic stomatitis:
- Macula
 - Bulla
 - The vesicle
 - Pustule
 - Aphtha**
109. CM Select the characteristic clinical signs for the mild form of acute herpetic stomatitis:
- Lymphadenitis**
 - Raising the body temperature more than 38° C
 - Aphtha on the oral mucosa**
 - Catarrhal gingivitis**
 - Arthritis
110. CM Mark the characteristic clinical signs for the severe form of acute herpetic stomatitis:
- Lymphadenitis**
 - Raising the body temperature to 37° C
 - Aphtha on the oral mucosa**
 - Ulcerative gingivitis**
 - Blisters on the perioral skin**



111. CM Specify on the basis of which criteria the severity of acute herpetic stomatitis is established:
- The number of elements on the mucosa of the oral cavity**
 - Number of recurrences
 - Body temperature**
 - Location of eruptions**
 - General condition**
112. CS Determine the most important remedies in the treatment of recurrent chronic herpetic stomatitis in children:
- Antiviral remedies**
 - Anti-inflammatory, antiseptic and keratoplastic remedies
 - Anesthetic remedies
 - Immunostimulatory remedies
 - Antiseptics, ferments
113. CS Name the causative agent of thrush in children:
- Fusobacteria
 - Mushrooms of the genus Candida**
 - Actinomycetes
 - Spirochetes
 - Trichophytes
114. CM Specify the routes of infection with fungi of the genus Candida of the oral cavity in children:
- Aerogen
 - By contact**
 - Through household objects**
 - By intravenous infusions
 - By means of birth**
115. CM Specify what is characteristic of acute oral candidiasis in children:
- Raising body temperature
 - The appearance of round erosions
 - The appearance of films, whitish deposits, which resemble cheese**
 - Appearance of white punctate deposits on the intact or hyperemic surface of the oral mucosa**
 - Hyperemia and edema of the gums
116. CS Perform local treatment of the oral candidiasis in children:
- Mucosal anesthesia, antiseptic treatment and application of rosehip oil
 - Removal of the loose top layer of the deposits, processing with 1-2% sodium bicarbonate solution, then canesten or clotrimazole**
 - Anesthesia, antiseptic treatment, application of neomycin ointments, symptomycin
 - Anesthesia, application of acyclovir ointment
 - Anesthesia, processing with 1-2% sodium bicarbonate solution, then with keratoplastics



117. CM Characterize the clinical signs of polymorphic exudative erythema in children:
- Red-purple papules on the skin**
 - Blisters on the red edge of the lips**
 - Hemorrhagic crusts on the lips**
 - Erosions on hyperemic oral mucosa**
 - Virotic warts on the mucous membrane of the lips
118. CM Name the medicines recommended for the local treatment of polymorphic exudative erythema in children:
- Anesthetics**
 - Antihistamines (applications)
 - Ointments with corticosteroids and antibiotics**
 - Keratoplastics**
 - Fermentation**
119. CM Indicate the factors of special importance for the occurrence of meteorological cheilitis in children:
- Constitutional particularities**
 - Vicious habits**
 - The action of unfavorable meteorological factors**
 - Disorder of lip architecture**
 - Infectious-allergic factor
120. CS Describe the clinical manifestations of geographical tongue:
- The filiform papillae on the dorsal side of the tongue are white, increasing their size
 - Uneven desquamation of the epithelium on the dorsal surface of the tongue**
 - Deep fissures, in which the epithelium is normal
 - On the dorsal side of the tongue, round erosion, covered with fibrinous deposits
 - Hypertrophy of the papillae at the tip of the tongue
121. CS Describe what characterizes the dry form of exfoliative cheilitis:
- Congestive hyperemia on the red edge
 - Scales well fixed in the center and raised at the edges**
 - Erosions
 - Massive purulent crusts
 - Cracks on the lips, covered with wet white deposits
122. CS Describe what is formed in the angular region of the lips at cheilitis of fungal etiology in children:
- Erosion with purulent eliminations
 - "Honey" crusts
 - Erosion with wet white deposits**
 - Massive hemorrhagic crusts
 - Diffuse erythema, urticarial rash



123. CM Select methods of organizing dental care for children:

- a) **By sanitizing the oral cavity**
- b) **By dispensary control**
- c) By call
- d) **By addressing**
- e) Through knowledge

124. CM Mention the methods of organizing the rehabilitation of the oral cavity in communities organized by children:

- a) **Centralized**
- b) **Decentralized**
- c) Supercentralized
- d) **Mixed**
- e) Individual

125. CM Name the principles of dental rehabilitation:

- a) **Successive**
- b) **Systematic**
- c) **Full**
- d) **By sector**
- e) Seasonal