**TESTS**

**for III rd year students examination, VI th semester**

**2015-2016 year**

**by assistant professor Olesea Musteaţă**

**Dental caries (Tooth decay)**

1. M.C. Identify the processes for dental caries manifestation:

A. Pathologic

B. Appears after eruption

C. Physiologic

D. Appears before eruption

E. Is manifested by demineralization of hard dental tissues

2. M.C. Specify what are the processes in dental caries manifestation:

A. Physiologic

B. Pathologic

C. After erruption

D. With hard tissues demineralization

E. With hard tissue decrepit

3**.** S.C. The morbidity degree for caries is determined by:

A. Number of extracted teeth

B. Number of roots

C. The number of fillings

D. COE (caries, obturation, extraction) index

E. Number of cavities

 4. M.C. The spread degree of caries is determined by the percentage of people who have:

A. Extracted Teeth

B. Affected Teeth

C. Teeth with obturations

D. Root rests

E. Tooth cavities

5. M.C. Mark the indices for public dentistry planning:

A. Intensity degree of dental caries

B. Spread degree of dental caries

C. Medium number of affected teeth

D. Number of extracted teeth

E. Number of health teeth

6. M.C. COE index points out the information about:

A. Prophylaxy efficience

B.The insufficience of prophylactic work

C.The quality of prophylactic work

D.The sufficience of prophylactic work

E.The intensity of caries

7. M.C. For determination the spread degree of caries is necessary to take into consideration the:

A . Number of people in group

B. Separate individ

C. Female sex

D. Male sex

E. Various climate and geographic conditions

8. M.C. To settle the intensity degree of dental caries is done in dependence on:

A. Different climate conditions

B. Same economic conditions

C. Age of individuals

D. Different social conditions

E. Various geographic conditions

9. S.C. According toWHO recommendations the intensity of dental caries is determined:

A. Yearly

B. Every 15 years

C. With 5 and 10 years intervals

D. With 2 and 3 years intervals

E. Every half year

10. M.C. The appreciation of Dental caries index in dependence on COE index for 12 years old has the following levels:

A. The lowest 0 - 0,1

B. Low 1,2 - 2,6

C. Medium 2,7 - 4,4

D. High 4,5 - 6,5

E. Very high 7,0 and up

11. S.C. Indicate the level of recommended by WHO for dental caries intensity through COE index to 12 years old :

A. The lowest 0,01-1,2

B. Low 1,2 - 2,6

C. Medium 2,3 – 5,1

D. High 5,3 – 6,8

E. Very high 7,0 and up

12. S.C. Indicate the carbohydrate with the most noxious cariogenic potential:

A. Starch

B. Dextrines

C. Galactose

D. Saccharine

E. Maltose

13. S.C. Specify the carbohydrate with the most noxious cariogenic potential:

A. Maltose

B. Fructose

C. Saccharine

D. Galactose

E. Glucose

14. M.C. Unequal extent and intensity of dental caries in different regions of globe is conditioned by following factors:

A. Low fluor content in organism

B. Nutrition character

C. Absence microorganisms of oral cavity

D. Vitamine deficiency

E. Bad oral cavity higiene

15. M.C. Determine what are the conditions of caries origin:

A. Accumulation of dental deposits on contact and cervical surface of tooth

B. Absence of evident attrition to occlusal surface

C. Correct oral hygiene

D. Frequent consumption of carbohydrates

E. Presence of soft foods

16. M.C. Select what are the cariogenic oligoelements:

A. Lithium

B. Strontium

C. Magnesium

D. Molybden

E. Selenium

17. M.C. Dental caries process development is the result of some base microelement insufficiense as:

A. Calcium

B. Phosphorus

C. Molybden

D. Vanadium

E. Selenium

18. M.C. The election zones of caries lesions localization to molars and premolars are:

A. The fissures of masticatory surfaces

B. Natural pits

C. Contact surfaces

D. Buccal surfaces

E. Oral surface

19. M.C. The specific localization of dental caries to premolars and molars is on:

A. Oral surface

B. Whole surfaces

C. Natural pits

D. Contact surfaces

E. Masticatory surfaces

20. M.C. Indicate the group of teeth which are less affected by caries:

A. Molars

B. Canines

C. Incisors

D. Premolars

E. Lateral group of teeth

21. M.C. The maxillary incisors are affected in dependence on:

A. Ectopic position in dental arch

B. Trema

C. Diastema

D. Crowded position of tooth in dental arch

E. Normal position of teeth in dental arch

22. M.C. Extent of damage for maxillary incisors depends on:

A. Normal position of teeth in dental arch

B. Trema presence

C. Tortuous teeth

D. Whole forms of position

E. Vestibular position in arch

23. M.C. First visible manifestation of dental caries is expressed in:

A. Loss of hard tooth substance

B. White spot lesion

C. Cuticle displacement

D. Translucidity loss

E. Dark-brown pigmentation

24. M.C. First visible manifestations of dental caries are expressed in:

A. Color change

B. Loss of gloss

C. Loss of superficial layer integrity

D. The presence of dentin decrepit

E. Dark-brown pigmentation

25. M.C. First visible manifestation of dental caries is expressed in:

A. Pain due to thermal excitant

B. Asymptomatic

C. The strong staining with 2% solution of methylene blew

D. Cuticle displacement

E. Light-brown pigmentation

 26. M.C. Indicate the clinical signs of superficial caries:

A. Presence of decrepit dentin

B. Pain passages from chemical excitants

C. Positive vertical percusion

D. Positive vitality tests

E. White spot lesions

 27. M.C. Superficial caries is possible to diagnosed with next clinical symptoms:

 A. Pain passages from chemical excitants

 B. Loss of adamantine integrity

C. Hypersensitivity to thermal excitants

D. White spot lesion

E. The presence of dentin decrepit

 28. M.C. Positive diagnosis for superficial caries is based on:

A. Induce pain that disappears when remove the cuase

B. Pain from salty

C. Pain from sweet

D. Pain from sour

E. Pain when press the tooth

29. M.C. Positive diagnosis of superficial caries is based on:

A. Positive vitality tests

B. Roughness in center of white spot or brown extended spots

C. Loss of hard dental tissue

D. Absence of destroyed dentine

E. Night pain

30. M.C. Differential diagnosis of superficial caries is made with:

A. Adamantine Hypoplasia

B. Wedge-form defect

C. Acidic necrosis

D. Fluorosis

E. Medium caries

 31. M.C. Differential diagnosis of superficial is made with:

A. Medium caries

B. Acidic necrosis

C. Erosion of hard tissues

D. Deep caries

E. Chronic periodontitis

 32. M.C. Differential diagnosis of macular caries is made with:

A. Maculated fluorosis

B. Hypoplasia with macula

C. Wedge-form defect

D. Superficial caries

E. Acidic necrosis

33. M.C.Indicate clinical signs of moderate caries:

A. Induce pain that disappears with removing the cause

B. Night pain

C. Induce pain and does not disappears when remove it

D. Dolor sensations from chemical excitants

E. Dolor sensations from thermal excitants

 **34.** M.C. Clinical manifestation of moderate caries is:

A. Induce pain that does not disappears once with excitant remove

B. Dolor sensations from chemical excitants

C. Asymptomatic

D. Pain from thermal and mechanical excitants that disappears once with excitant remove

E. Positive vertical percusion

35. M.C. Positive diagnosis of moderate caries is based on:

A. Presence of not so deep caries cavity

B. Pigmental and decayed dentine

C. Sensible probing to dento-enamel junction

D. Presence of caries cavity with a thin layer of intact dentine

E. Vertical percussion is painful

36. M.C. Indicate the cases when moderate caries is diagnosed:

A. Absence of spontanious pain in history of disease

B. Absence of pigmental and decayed dentine

C. Sensible probing to dento-enamel junction

D. Vertical percussion is painful

E. Transversal percussion is negative

37. M.C. Differential diagnosis of moderate caries is done with:

A. Wedge – form defect

B. Acidic necrosis

C. Chronic apical periodontitis

D. Deep caries

E. Superficial caries

38. M.C. Moderate caries is differentiated from:

A. Superficial caries

B. Chronic periodontitis

C. Erosions of hard tissues

D. Wedge-form defect

E. Chronic gangrenous pulpitis

39. M.C. Clinical signs of profound caries are:

A. Induced pain that disappears at the same time with excitant removal

B. Annoying pain in tooth affer the removing of exciter

C. Passenger dolors from chemical exciters

D. Induced pain on touching the tooth

E. Asymptomatic

40. S.C. Indicate clinical signs of deep caries:

A. Painful sensations from long lasting mechanical excitants

B. Asymptomatic

C. Sensation of “long tooth”

D. Painful sensations from thermal excitants that disappears once with cause remove

E. Spontanious pain

41. M.C. Positive diagnosis of deep dental caries is based on:

A. Deep caries cavity

B. The enamel margins are undermined

C. The dentine isn’t changed

D. Sensible probing to dentin-enamel junction

E. Transversal percussion is positive

42. M.C. Positive diagnosis of deep caries is based on:

A. Probing is painful on caries cavity bottom

B. Pulp vitality is 2-6 mA

C. Pulp vitality is 10-12 mA (reduce)

D. Gingival retraction

E. Vertical percussion is positive

43. M.C. Differential diagnosis of deep caries is done with:

A. Acute focal pulpitis

B. Acute apical periodontitis

C. Chronic gangrenous pulpitis

D. Chronic fibrous pulpitis

E. Moderate caries

44. M.C. Differential diagnosis of deep caries is done with:

A. Chronic granulous periodontitis

B. Chronic granulomatous periodontitis

C. Moderate caries

D. Chronic fibrous pulpitis

E. Acute apical periodontitis

45. M.C. The excitability in caries has the limits of:

A. 30 – 40 mA

B. 40 – 100 mA

C. 2 – 6 mA

D. 10 – 12 mA

E. 15 – 25 mA

46. S.C. The aspect of wounded dentine on bottom superficial caries is:

A. Hard pigmented

B. Points of decayed dentine

C. Decayed

D. White spot

E .Normal

47. M.C. In macular caries the focus in enamel in polarization microscopy is:

A. Square shape

B. Triangular shape

C. Rhomb shape

D. Base directed exterior to enamel

E. Base directed interior to pulp

48. M.C. Dental caries in stage of macula (up to 1mm) in tooth section can be:

A. Translucent zone

B. Transparent zone

C. Opaque zone

D. Body of lesion

E. Neck of lesion

49. M.C. Modification of chemical composition for enamel is accompanied by:

A. Reducing of its mechanical resistance

B. Suddenly increase of permeability to many matters

C. The enlargement of microspaces

D. Modification of christals form

E. Modifications in odontoblasts structure

50. M.C. Change of chemical composition in enamel is characteristic in:

A. Modification of christals dimensions

B. Modification of christals forms

C. Increase of mechanical resistance

D. Suddenly increase of permeability to many matters

E. Disturbance of christals direction

51. M.C. In superficial caries the polarization microscopy makes evident:

A. Zone of enamel destruction

B. Presence of microorganisms

C. Dentin-enamel junction is intact

D. Absence of changes in enamel

E. Modifications in dentine

52. M.C. In superficial caries the polarization microscopy makes evident:

A. Intact dentin-enamel junction

B. Dentin-enamel junction is affected

C. Modifications in dentine are present

D. Modifications in dentine are absent

E.The outer layer of enamel is not changed

53. M.C. The photonic microscopy in medium caries finds out:

A. Necrosis and demineralization

B. Opaque zone

C. Transparent and intact dentine zone

D. Zone of reparative dentine

E. Zone of changes in dental pulp

54. M.C. Moderate caries to photonic microscopy presents the zones:

A. Opaque zone

B. Transparent and intact dentine zone

C. Zone of chalky dentine

D. Substitution dentine area

E. Necrosis and demineralization

55. M.C. In first zone of moderate caries in photonic microscopy is distinguished:

A. Rests of destroyed enamel

B. Intact enamel

C. Rests of destroyed dentine

D. Destroyed dentine with big amount of microorganisms

E. Transparent dentine

56. M.C. Photonic microscopy in first zone of moderate caries determines:

A. Areas of necrotic dentine

B. Dentinal tubules in norm

C. Dentinal tubules confluence with microcavities and form caverns

D. Caverns with bacteria content

E. Transparent dentine

57. M.C. In second zone in moderate caries by photonic microscopy we distinguish:

A. Layers of transparent dentine

B. Layers of intact dentine

C. Dentinal canaliculi are dilated and deformed

D. Layers of dentine with hypermineralization

E. Caverns with bacteria content

58. M.C. The photonic microscopy in third zone of moderate caries attested:

A. Layers of reparative dentine

B. Direction is less strict of dentinal canaliculli

C. Degenerative-distrophic phenomena in dental pulp

D. Opaque dentine

E. Pulp abscess

59. M.C. Indicate causes of yellow-brown pigmentation of decayed enamel:

A. Acetone

B. Haemoglobin pigments

C. Metall pigments

D. Nicotine

E. Methylglycoxal

60. M.C. Select the organic acids that according to chemical – parasitic theory lead to carious process:

A. Pyruvic acid (CH3· CO · COOH)

B. Malic acid (C4 H6 O5)

C. Acetic acid (C2 H4 O2)

D. Butyric acid (CH3 · (CH2)2 · COOH)

E. Lactic acid (C2H5O · COOH)

61. M.C. What are the predisposing factors from the oral cavity with injury role in dental caries etiology according to Miller theory:

A. Salivation

B. Quantity and quality of saliva

C. Alimentation character

D. Hereditary factor

E. Oral cavity hygiene

62. M.C. According to Miller theory detrimental role in caries etiology is given to predisposal factors from oral cavity as:

A. Oral cavity hygiene

B. Quantity and quality of saliva

C. Hereditary factor

D. Content of mineral salts in water

E. Alimentation character

63. S.C. What is the weakest place in Miller theory because of what happens demineralization:

A. Reduction of bucal liquid PH – its neutralization

B. Maintenance of bucal PH neutral

C. Maintenance of bucal PH acidic

D. Maintenance of bucal PH 6,8-7,0

E. Maintenance of bucal PH basic

64. M.C. State the critical PH of oral cavity which according to Miller theory can cause enamel demineralization:

A. PH - 4.5

B. PH - 6.8

C. PH - 5.0

D. PH - 4.3

E. PH - 7.0

65. M.C. Identify what is the role of dental pellicle:

A. It has protection role

B. Constantly keeps the mineral content of saliva

C. Protects the enamel christals from the action of acids that get into oral cavity

D. Contributes to microorganisms fixation

E. Contributes to formation of microorganism colonies

66. M.C. Dental pellicle has next aims:

A. Contributes to dental plaque formation

B. Executes the role of protection

C.Constantly keeps the mineral content of saliva

D. Reduces enamel solubility

E.Maintains enamel solubility

67. M.C. The stages of bacteria fixation on dental pellicle by Silverstone are:

A. Micromolecules absorption

B. Chemical fixation of mobile bacteria

C. Reversible fixation of bacteria on surface

D. Absence of bacteria

E. Development of secondary microflora

68. M.C. Silverstone has confirmed next stages for bacteria fixation on dental pellicle:

A. Micromolecules absorption

B. Reversible fixation of bacteria on surface

C. Ireversible fixation of bacteria

D. Formation of extracellular structure (matrix)

E. Deposition of micromolecules

69**.** M.C. Enumerate stages in dental plaque formation:

A. Fixation of bacteria on pellicle

B. Formation of extracellular structure (matrix)

C. Growth of bacteria and dental plaque formation

D. Chemical fixation of bacteria

E. Development of secondary microflora

70. M.C. Name the components of dental matrix:

A. Proteins

B. Salivary glycoproteins

C. Phosphoproteins

D. Extracellular bacterial polysaccharides

E. Bicarbonates

71. S.C. Pellicle is the product of a component:

A. Saliva

B. Microorganisms

C. Blood

D. Lymph

E. Tissue liquid

72. S.C. Indicate the organic acid with highest ionization level from bacterial plaque composition:

A. Formic acid

B. Propionic acid

C. Lactic acid

D. Pyruvic acid

E. Acetic acid

73. M.C. Enumerate streptococci with anaerobe fermentation from the dental plaque:

A. Str. Mutans

B. Str. Virident

C. Str. Sanguis

D. Str.Non-haemolytic

E. Str. Salivarius

74. S.C. Mark the most important salivary tampon systems:

A. Glycoproteic

B. Proteic

C. Phosphatic

D. Phosphoproteic

E. Bicarbonatic

75. M.C. State the composition of salivary glycoproteins from first layer of bacterial plaque:

A. Hemosamine

B. Glycine

C. Proline

D. Asparagic acid

E. Glutamic acid

76. M.C. Mention the factors with influence on dental plaque formation (by Silverstone):

A. Structure of tooth surface

B. Saliva

C.Gingival liquid

D. Oral cavity hygiene

E. Anatomic structure of tooth and its relation with surrounding tissues

77. M.C. Enumerate the carbohydrates in reserve from bacterial plaque:

A. Soluble dextrines

B. Amylopectine

C. Glycoproteins

D. Glycogen

E. Levan

78. M.C. Select carbohydrates with minimum cariogenic potential:

A. Dextrines

B. Glucose

C. Starch

D. Fructose

E. Maltose

79. M.C. Name the substances with minimum cariogenic potential:

A. Sorbytol

 B. Malita

 C. Xylose

 D. Fructose

 E. Starch

80. M.C. State streptococcus species characteristic for dental caries to human:

A. Str. sobrinus

B. Str.mileri

C. Str.sanguis

D. Str. mutans

E. Str. faecalis

81. S.C. What carbohydrate has the most noxious cariogenic potential:

A. Glucose

B. Fructose

C. Lactose

D. Maltose

E. Saccharine

82. M.C. Name carbohydrates with reduce cariogenic potential:

A. Lactose

B. Starch

C. Glucose

D. Dextrines

E. Maltose

83. M.C. Specify carbohydrates with intermediar cariogenic potential:

A. Glucose

B. Fructose

C. Lactose

D. Dextrines

E. Maltose

84. M.C. The enzymatic devision of carbohydrates has the following products:

A. Malic acid (C4 H6 O5)

B. Lactic acid (C2H5O · COOH)

C. Formic acid

 D. Pyruvic acid (CH3· CO · COOH)

E. Glutamic acid

85. M.C. Specify role of glucanes in dental plaque formation:

A. Assure adhesion of bacteria one to another

B. Assure adhesion of bacteria to tooth surface

C. Stimulate thickening of dental plaque

D. Contribute to increase of dental deposit dimensions

E. Contribute to increase of dental deposit volume

86. M.C. Specify the moments that are considered by some authors receptive to dental caries:

A. Predilection of Str. Mutans in enamel

B. High adhesion of polysaccharides to enamel

C. High fermentation activity of microorganisms

D. Mineral content is reduced in saliva

E. Enamel solubility is reduced

87. S.C. Specify the moments that are considered by some authors as to be receptive to dental caries:

A. Reduced enamel solubility

B. Reduced mineral content in saliva

C. High adhesion of polysaccharides in enamel

D. Appearance of centripetal osmotic currents

E. Appearance of centrifugal osmotic currents

88. M.C. Specify role of glucanes in dental plaque formation:

A. Contribute to increase of dental deposit volume

B. Assure adhesion of bacteria one to another

C. Have property to produce polymers

D. Increase Immunoglobulines class A

E. Have demineralization influence under enamel

89. M.C. Pathogenesis ability of bacterial plaque depends on:

A. Synthesis of extracellular bacterial polysaccharides

B. Str. Mutans capacity to fermentate a wide variety of carbohydrates

C. Lactobacillus capacity to fermentate a wide variety of carbohydrates

D.Concentration of numerous microorganisms on small surface

E.Long time decrease of PH plaque under critic

90. M.C. Specify the periods and salivary PH that makes possible cariostatic protection:

A. During mastication

B. During sleep

C. Neutral

D. Alkaline

E. Acid

91. M.C. High cariogenic potential have next group of streptococci:

A. Str. Milleri

B. Str. Mutans

C. Str. Sanguis

D. Str. Faecalis

E. Str. Salivarius

92. M.C. Streptococci group with high cariogenic potential include:

A. Str. Salivarius

B. Str. Mitis

C. Str. Milleri

D. Str. Sanguis

E. Str. Non-haemolytic

93. S.C. The most visible changes in incipient caries is determined in enamel, indicate interested layer:

A. Opaque layer

B. Translucid layer

C. Under superficial layer

D. Superficial layer

E. Transparent layer

94. M.C.The appearance of demineralization focus is determined of variable factors correlation, such as:

A. Oral cavity microflora

B. Character of alimentation

C. Quantity and quality of salivation

D. Fluorine content in water

E. PH decrease

95. M.C. Specify variety of factors which correlation conditioned demineralization focus:

A. Excess of sweets

B. Quantity and quality of salivation

C. Fluorine content in drink water

D. Long time decrease of PH plaque under critic

E. Constant preservation of saliva mineral content

96. M.C. Name the factors that condition appearance of dental caries:

A. General factors

B. Local factors

C. State of hard tissues

D. Strength of hard tissues

E. Saliva

97. M.C. Dental caries appearance is conditioned of the following factors:

A. Hard tissues resistance

B. Local factors

C. Saliva

D. Milk fluoridation

E. Vaccination

98. M.C. Enumerate general factors that conditioned appearance of dental caries:

A. Food ration

B. Fluorine content in water

C. Functional changes of organs and body systems

D. Extreme influence

E. Food rests-carbohydrates

99. M.C.Specify general factors in dental caries etiology:

A. Food rests-glucides

B. Fluorine content in water

C. Diet, food ration

D. Dental plaque microorganisms

E. Correction of dento-maxillary anomalies

100. M.C. Specify general factors that condition the appearance of dental caries:

A. Dental plaque microorganisms

B. Modifications of buccal liquid composition

C. Modifications of buccal liquid character

D. Alimentary rests – carbohydrates

E. Extreme states of organism

101. M.C. Dental caries is the result of local factors action as:

A. Extreme states of organism

B. Alimentation

C. Remineralization effect of saliva

D. Dental plaque microorganisms

E. Food rests - carbohydrates

102. M.C. The resistance of dental caries is determined of following factors:

A. Perfect structure of enamel

B. Chemical composition of enamel

C. Genetic code

D. Reduced viscosity of saliva

E. Low concentration of calcium in saliva

103. M.C. Cariogenic situation in oral cavity happens when:

A. Fairly concentration of hydrogenum ions in oral cavity

B. Free ions capacity to produce progressive demineralization of hard tissues

C. Synthesis of intracellular bacterial polysaccharides

D. Centripetal capillary currents

E. Centrifugal osmotic currents

104. M.C. Enumerate favorable conditions in oral cavity that lead to enamel remineralization:

A. Dental plaque elimination

B. Reduction of carbohydrates consumption

C. Diet respect

D. Oral cavity sanation

E. Water fluoridation

105. M.C. Classification of dental caries in dependence on affected tissue by Lucomski:

A. Macular caries

B. Enamel caries

C. Caries of dentine

D. Caries of parapulpal dentine

E. Cementum caries

106. M.C.Specify stages in dental caries development according to topographic classification:

A. Macular caries

B. Superficial caries

C. Moderate caries

D. Profound caries

E. Caries in fissures

107. M.C. Specify stages in dental caries development according to topographic classification:

A. Superficial caries

B. Secondary caries

C. Simple caries

D. Profound caries

E. Recurrent caries

108. M.C. According to evolution, dental caries can be:

A. Secondary caries

B. Chronic caries

C. Acute caries

D. Not complicated

E. Stationed caries

109. M.C. Specify dental caries classification in relation with localization regions:

A. Caries in fissures and pits

B. Proximal caries

C. Cervical caries

D. Caries of cementum

E. Profound caries

110. M.C. In relation with zones of localization dental caries is clasiffied:

A. Profound caries

B. Caries of enamel

C. Moist caries

D. Caries in fissures and pits

E. Proximal caries

111. M.C. According to types of evolution dental caries is classified in: (by M.Gafar and Andreescu)

A. Caries with rapid evolution

B. Caries with slow evolution

C. Stationed caries located on free faces of teeth

D. Caries with acute evolution

E. Caries with chronic evolution

112. M.C. Dental caries according to types of evolution can be classified in: ( by M.Gafar and Andreescu):

A. Caries with compensated evolution

B. Caries with decompensed evolution

C. Moist caries (damp)

D. Dry caries

E. Stationed caries, localised on free surfaces of teeth

113. M.C. According to deepness dental caries is classified in:

A. Superficial caries

B. Moderate caries

C. Deep caries

D. Caries of fissures

E. Cervical caries

114. M.C. In relation with pulp cavity damage dental caries is classified in ( by Gafar and Andreescu):

A. Simple caries

B. Complicated caries

C. Penetrated caries

D. Unpenetrated caries

E. Caries with simple pulpal gangrenae

115. M.C. How is the dental caries classified according to the degree of dental pulp damage ( by Gafar and Andreescu):

A. Simple caries without signs of pulp inflammation

B. Complicated caries

C. Caries with rapid evolution

D. Recurrent caries

E. Proximal caries

116. M.C. According to dental pulp implication, dental caries is classified in ( by Gafar and Andreescu):

A. Simple caries, without signs of pulpal inflammation

B. Simple caries, with sighs of pulpal inflammation

C. Complicated caries with preinflammatory hyperemia

D. Caries complicated with pulpitis

E. Penetrated caries

117. M.C. According to pulp damage degree complicated caries is (by Gafar and Andreescu):

A. Preinflammatory hyperemia

B. Acute and chronic pulpitis

C. Simple pulp gangrenae

D. Acute apical periodontitis

E. Proximal caries to fronral teeth level

118. M.C. Indicate complicated caries according to damage degree of pulp (by Gafar and Andreescu):

A. Complicated caries with inflammatory hyperemia

B. Complicated caries with acute pulpitis

C. Damp complicated caries

D. Proximal caries to frontal teeth

E.Complicated caries with chronic apical periodontitis

119. M.C. Specify the types of complicated caries taking into consideration the degree of pulp affection (by M. Gafar and Andreescu):

A. Complicated caries with acute apical periodontitis

B. Complicated caries with chronic apical periodontitis

C. Simple pulp gangrenae

D. Apical periodontitis which partial benefit of conservative treatment

E. With pulp chamber openning

120. M.C. Classification of dental caries in dependence on therapeutical possibilities is (by Gafar and Andreescu):

A. Caries of Ist degree

B. Caries of IInd degree

C .Caries of IIIrd degree

D. Caries of IVth degree

C. Caries of Vth degree

121. M.C. Indicate clinical manifestations of dental caries:

A. Pathologic process

B. Occurs after eruption

C. Occurs before eruption

D. It is a disease

E. Occurs only to mature persons

122. S.C. Indicate clinical manifestations of dental caries:

A. Occurs before eruption

B. Involves only milk teeth

C. Involves only permanent teeth

D. Pathologic process

E. Physiologic process

123. M.C. Dental caries is a process manifested as:

A. Demineralization of hard tissues

B. Hard tissues decay

C. Occurs before eruption

D. Without demineralization

E. Appears after eruption

124. M.C. Indicate clinical manifestations of dental caries:

A. Pathologic process

B. Without decay

C. Occurs after eruption

D. With decay

E. Occurs before eruption

125. S.C. Dental caries manifestations are:

A. Pathologic process

B. Physiologic process

C. Without decay

D. Without demineralization

E. Occurs before tooth eruption

126. M.C. Extent degree of dental caries is determined in:

A. Percentage of persons with caries

B. Percentage of persons with obturations

C. Percentage of persons with extractions

D. Percentage of persons with tooth roots

E. Percentage of persons with intact teeth

127. S.C. Specify corelation which determines the degree of dental caries extent:

A. Percentage of persons which had caries

B. Number of tooth roots

C. Number of tooth cavities

D. Intact teeth

E. Extracted teeth

128. M.C. In order to determine the intensity degree of dental caries it is necessary to take into consideration:

A. To examine groups of people in different climacteric conditions

B. Age of patient

C. To examine groups of people in the same climacteric conditions

D. Sex of individuals

E. Alimentation

129. S.C. Determination of intensity degree for dental caries is performed based on:

A. Gender of individuals

B. To examine groups of people in different climacteric conditions

C. Individuals alimentation

D. To examine groups of people in the same climacteric conditions

E. Geographic zone

130. M.C. Calculation of intensity degree for dental caries needs the following data:

A. Groups of population in different geographic conditions

B. Groups of population in different climacteric conditions

C. Examination in the same climacteric conditions

D. The social economic conditions

E. The alimentation of individuals

131. M.C. Minimum cariogenic effect have:

A. Galactose

B. Glucose

C. Maltose

D. Starch

E. Dextrines

132. M.C. Ununiform extent and intensity of dental caries in different regions of earth are conditioned of following factors:

A. Low content of fluorine in the water

B. Character of alimentation

C. Presence of microorganisms

D. High content of fluorine in water

E. Incorrect alimentation

133. M.C. In different regions of earth ununiform extent and intensity of dental caries are conditioned of following factors:

A. Low oral cavity hygiene

B. Vitamines deficience

C. Character of alimentation

D. Low content of fluorine in the water

E.Absence of microorganisms

134. S.C. Factors that condition ununiform extent and intensity of dental caries are:

A. Deficience of vitamines

B. Perfect oral hygiene

C. Irational alimentation

D. High content of fluor in water

E.Absence of microorganisms

135. M.C. Factors with determination role in ununiform extent and intensity of dental caries in different regions are:

A. Character of alimentation

B. Low oral cavity hygiene

C. High content of fluorine in water

D. Excess of vitamines in organism

E. Perfect oral hygiene

136. M.C. Determine the conditions in dental appearance:

A. Frequent consumption of carbohydrates

B. Soft food in alimentation

C. Correct oral cavity hygiene

D. Absence of physiologic attrition of masticatory surfaces

E. Absence of dental deposit on contact surfaces of teeth

137. S.C. Dental caries occur in the following conditions:

A. Accumulation of dental deposit on contact surface and cervical region of teeth

B. Correct oral cavity hygiene

C. Absence of physiologic attrition of masticatory surfaces

D. Absence of glucydes in alimentation

E. Absence of dental deposits on teeth

138. M.C. Positive diagnosis of superficial caries is set up in base of:

A. Pain that disappears once with cause removal

B. Pain from thermal excitants (seldom)

C. Pain from chemical excitants

D. Pain to pressure on tooth

E. Night pain

139. M.C. Positive diagnosis of superficial caries is based on:

A.Pain from thermal excitants (seldom)

B.Pain from chemical excitants

C.Absence of pain from sweet

D.Pain from the pressure on the tooth

E.Pain that doesn’t disappear after removal of causal factor

140. S.C. Positive diagnosis of superficial caries is set up in base of:

A. Pain from sweet

B. Absence of pain to cold

C. Absence of pain to sour

D. Pain from warm

E. Night pain

141. M.C. Positive diagnosis of superficial caries is possible when:

A. Positive vitality tests

B. Mat aspect of tooth

C. Loss of hard dental tissue

D. Absence of altered dentine

E. Communication with pulp chamber

142. M.C. Positive diagnosis of superficial caries is based on:

A. Integrity of pulp chamber

B. Absence of altered dentine

C. Loss of hard dental tissue

D. Negative vitality tests

E. Presence of altered dentine

143. M.C. Determine positive diagnosis of superficial caries:

A. Positive vitality test

B. Absence of altered dentine

C. Tooth crown is shiny

D. Presence of altered dentine

E. Opaque aspect

144. S.C. Indicate clinical signs characteristic for superficial caries:

A. Loss of hard dental tissue

B. Presence of altered dentine

C. Communication with pulp chamber

D. Negative vitality tests

E. Absence of crown gloss

145. M.C. Clinical signs of moderate caries are:

A. Induce pain that disappears once with cause removal

B. Asymptomatic

C. Painful sensations from mechanical excitants

D. Painful sensations from chemical excitants

E. Absence of pain to thermal excitants

146. M.C. Clinical characteristics of moderate caries are:

A. Asymptomatic

B. Pain from mechanical excitants

C. Pain from thermal excitants

D. Induce pain that does not disappear with cause removal

E. Painless sensations from thermal excitants

147. M.C. Moderate caries is manifested with following clinical signs:

A. Induce pain that disappears with cause removal

B. Asymptomatic

C. Painless sensations from thermal excitants

D. Painless sensations from mechanical excitants

E. Painless sensations from chemical excitants

148. S.C. Moderate caries is diagnosed with the following clinical signs:

A. Asymptomatic

B. Induce pain from excitants that does not disappear after cause removal

C. Painless from thermal excitants

D. Painless from chemical excitants

E. Painless from mechanical excitants

149. M.C. Positive diagnosis of moderate caries is based on:

A. Presence of medium caries cavity

B. Pigmented and decayed dentine

C. Painful percussion

D. X-ray changes in periapical tissues of tooth

E. Acute pain with irradiation

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

A. Sensible probing to dentine-enamel junction

B. Caries cavity communicates with pulp chamber

C. Painful probing to whole caries cavity bottom

D. Night pain

E. Vertical percussion is painful

151. M.C. Differential diagnosis of moderate caries is performed with:

A. Wedge-form defect

B. Chronic apical periodontitis

C. Incipient caries

D. Focal acute pulpitis

E. Acidic necrosis

152. S.C. Differential diagnosis of moderate caries is performed with:

A. Profound caries

B. Acute diffuse pulpitis

C. Chronic gangrenous pulpitis

D. Acute apical periodontitis

E. Incipient caries

153. M.C. Clinical signs of profound caries are:

A. Induce pain that disappears with causes removal

B. Annoying pain in tooth after excitant removal

C. Transient pain from chemical excitants

D. Induce pain on touching the tooth

E. Acute pain with irradiation

154. M.C. Deep caries presents the following clinical signs:

A. Asymptomatic

B. Passenger pain from chemical excitants

C. Night pain

D. Acute pain with irradiation

E. Pain on touch the tooth

155. S.C. Count the symptoms characteristic for deep caries:

A. Induce pain that disappears once with causes removal

B. Acute pain in tooth after causes removal

C. Night pain

D. Pain on touch the tooth

E. Acute pain with irradiation

156. M.C. Positive diagnosis of deep caries is bases on:

A. Probing of caries cavity bottom is painful

B. Electric pulp vitality 10-12 mA

C. Electric pulp vitality 20-30 mA

D. Gingival retraction

E. Vertical percussion is painful

157. M.C. Differential diagnosis of deep caries is performed with:

A. Acute focal pulpitis

B. Chronic fibrous pulpitis

C. Acute periodontitis

D. Chronic gangrenous pulpitis

E. Chronic periodontitis

158. S.C. Deep caries is differentiated from:

A. Medium caries

B. Acute diffuse pulpitis

C. Acute periodontitis

D. Chronic periodontitis

E. Catarrhal gingivitis

159. M.C. In stain caries the cross section of enamel detects:

A. Transparent zone

B. Opaque zone

C. Mat zone

D. Chalky zone

E. Zone of secondary enamel

160. M.C. In the enamel of superficial caries is detected:

A. Zone of destroyed enamel

B. Presence of microorganisms

C. Changes in enamel are absent

D. Changes in dentin

E. Enamel-dentin junction is damaged

161. M.C. Photonic microscopy in moderate caries finds out:

A. Necrosis and demineralization

B. Zone of transparent and intact dentine

C. Zone of substitute dentine

D. Opaque zone

E. Chalky zone

162. M.C. Photonic microscopy in moderate caries finds out:

A. Zone of changes in the pulp

B. Zone of transparent and intact dentine

C. Opaque zone

D. Mat zone

E. Chalky zone

163. M.C. The photonic microscopy in first zone of moderate caries marks out:

A. Rests of destroyed enamel

B. Dentine with big amount of microorganisms

C. Areas of soft dentine

D. Transparent dentine

E. Zone of chalky dentine

164. S.C. The photonic microscopy in first zone of moderate caries marks out:

A. Destroyed dentine with big amount of microorganisms

B. Intact enamel

C. Transparent dentine

D. Zone of chalky dentine

E. Zone of opaque dentine

165. M.C. The photonic microscopy in first zone of moderate caries marks out:

A. Areas of soft dentine

B. Dilated dentinal tubules

C. Dentinal tubules here and there are linked with microcavities and form caverns

D. Caverns with bacteria content

E. Opaque dentine

166. M.C. The photonic microscopy in first zone of medium caries marks out:

A. Areas of decayed dentine

B.Dilated dentinal tubules

C.Dentinal tubules here and there confluence with microcavities

D. Layers of transparent dentine

E. Narrow dentinal tubules

167. M.C. The photonic microscopy in first zone of moderate caries marks out:

A.Caverns with bacteria content

 B.Dilated dentinal tubules

C. Intact enamel

D. Pulp abscess

E. Dentinal tubules do not contain bacteria

168. M.C. The photonic microscopy in second zone of medium caries marks out:

A. Layers of transparent dentine

B. Layers of intact dentine

C. Dentinal canaliculi are dilated and deformated

D. Caverns with bacteria content

E. Dentinal tubules are dilated and deformated

169. M.C. The photonic microscopy in second zone of moderate caries marks out:

A. Dentinal canaliculi are dilated and deformated more to pulp direction

B. Layers of demineralization dentine

C. Caverns with bacteria content

D. Transparent dentine

E. Narrow dentinal tubules

170. M.C. Which predisposal factors have unfavorable role in dental caries appearance according to Miller theory:

A. Salivation

B. The character of alimentation

C. Hereditary factor

D. The hygiene of oral cavity

E. Content of mineral salts in water

171. M.C. Determine the role of dental pellicle:

A. Contributes to microorganisms fixation

B. Contributes to formation of colonies

C. Has protection role

D. Reduces enamel solubility

E. Maintains enamel solubility

172. M.C. The pathogenic capacity of bacterial plaque is conditioned of:

A. Synthesis of extracellular bacterial polysaccharides

B. Capacity of str. Mutans to fermentate wide variety of carbohydrates

C. Long time decrease of PH plaque under critic

D. Lactobacillus capacity to fermentate of wide variety of carbohydrates

E. Capacity to elaborate polymers

173. M.C. Specify the causal factors of demineralization focus:

A. Functional changes of organs and systems of organs

B. Character of alimentation

C. Oral cavity microflora

D. Long time decrease of PH plaque under critic

E. Constant preservation of salivary mineral content

174. M.C. Enumerate factors that condition appearance of dental caries:

A.Saliva

B. Resistance of hard tissues

C. Food rests-glucides

D. State of hard tissues

E. Milk fluoridation

175. M.C. Identify general factors that contribute to dental caries appearance:

A. Alimentation

B. Extreme influences

C. Diet

D. Microoorganisms of dental plaque

E. Correction of dento-maxillary anomalies

176. M.C. Name factors that characterize dental tissue resistance:

A. Chemical composition of enamel

B. Genetic code

C. Low viscosity of saliva

D. Low concentration of calcium in saliva

E. Reduction of glucyde content

177. M.C. Specify favourable conditions of oral cavity that lead to enamel remineralization:

A. Reduction of carbohydrates consumption

B. Elimination of dental plaque

C. Water fuoridation

D. Oral cavity sanation

E. Correction of dento-maxillary anomalies

178. M.C. Modifications of hard dental tissues in dental caries are manifested in form of:

A. Demineralization focus

B. Remineralization focus

C. Tissue distruction

D. Destroyed cementum layer

E. Caries cavity occurs

179. M.C. In hard tissues of dental caries are produced the following modifications:

A. Remineralization focus

B. Caries cavity occurs

C. Tissue distruction

D. Destroyed cementum layer

E. Demineralization in focus

180. S.C. Determine the essence of remineralization therapy:

A. The supply of mineral components in demineralization focus

B. Preparation of hard tissues

C. Frequent consumption of vitamins

D.To respect of oral hygiene

E. Long maintain of critic level of H+ (hydrogenum ions) in oral cavity

181. M.C. Indicate mineral composition of dry remedy Remodent:

A. Calcium

B. Magnesium

C. Lithium

D. Kalium

E. Sodium

182. M.C. What is the mineral composition of dry remedy Remodent:

A. Sodium

 B. Chlor

C. Lithium

D. Organic materials

E. Vanadium

183. M.C. The components of dry remedy Remodent are:

A. Calcium

B. Iron

C. Potasium

D. Sodium

E. Chlor

184. M.C. Dry remedy Remodent has the following composition:

A. Potasium

B. Calcium

C. Chlor

D. Sodium

E. Fluor

185. M.C. Efficiency of remineralization therapy is determined by:

A. Disappearance of demineralization focus

B. Reduction of demineralization focus

C. Restoration of natural glossy of enamel

D. Reduction of focus in size

E. Deterioration of superficial layer of enamel

186. M.C. Efficacy of remineralization therapy is visible after:

A. Disappearance of demineralization focus

B.Deterioration of superficial layer of enamel

C.Reducing of demineralization focus

D.Restoration of natural glossy of enamel

E. Increase of demineralization focuses

187. M.C. The efficiency of remineralization therapy is determined by:

A. Disappearance of demineralization focus

B. Restoration of natural glossy of enamel

C. No changes in demineralization focus

D. Extention of demineralization focus in depth

E. Distruction of superficial layer of enamel

188. S.C. The restoration of demineralization focus depends on:

A. Deepness of changes in region of pathologic process

B. Male/Female gender

C. Geographic conditions

D. The used remedy

E. Time of address

189. M.C. Remineralization treatment has main components such as:

A. Strictly respect the oral cavity hygiene

B. Daily applications with remineralization solutions

C. Once in two days applications with remineralization solution

D. Use of carbohydrates between meals

E. Destruction of superficial enamel layer

190. M.C.The treatment of superficial caries foresees:

A.The smoothing of plain surfaces of afected teeth

B.Local application of remedies with remineralization effect

C.Preparation of caries cavities

D.Without any preparation

E. Remineralization therapy

191. M.C. Name the basic principles in carious cavity preparation:

A. Complete excision of altered tissues

B. Tactful attitude with enamel

C. Tactful attitude with health dentine

D. Smoothing of caries cavities margins

E. Partial excision of altered tissues

192. M.C. Name what are the most often used remedies in remineralization therapy:

A. 10% solution of Calcium Gluconate

B. 40% solution of Calcium Glucosamine

C. 1-3% solution of Remodent

D. 25% solution Magnesium sulfate (MgSO4)

E. 1-2% solution of Sodium fluoride (NaF)

193. S.C. The remineralization therapy consists in:

A. 10 applications with remineralization solutions

B. 15-20 applications dayly

C. Massage with fluoride pastes 15-20 procedures

D. Covering of teeth with fluoride varnish – 10 seconds, once in two days

E. 5 applications dayly

194. M.C. Indicate the requirements for obturation materials:

A. Easy to be introduced in caries cavity

B. To have high adhesive properties

C. To have sufficient strength and resistance to mechanic agents

D. Not to change tooth color

E. To be chromostable

195. M.C. Enumerate the requirements to filling materials:

A.The powder of filling materials not to be hydroscopic

B. Not to change its color under food action

C. Not to change tooth color

D.Not to possess high thermoconductible properties

E. To color the tooth

196. S.C. Specify the purpose of temporary obturations:

A.Caries cavity filling for 1-2 days

B. Caries cavity filling for 1-2 weeks

C. Caries cavity filling for 1-2 months

D. Caries cavity filling for 3 months

E.Caries cavity filling for 6 months

197. M.C. The most used materials for temporary filling are:

A. Phosphate cement

B. Artificial dentine

C. Zinc sulphate cement

D.Vinoxol

E.Dentine paste

198. M.C.The composition of artificial dentine powder is:

A.Zinc sulfate

B.Zinc oxide

C.Magnesium sulfate

D.White clay

E.5-10% caolinum

199. S.C. Indicate what is used to mix the artificial dentine:

A. Clove oil

B. Water

C. Vaseline

D. Olive oil

E. Alcoholic thymol

200. S.C. Indicate the instrument used to mix artificial dentine:

A. Plastic spatula

B. Metallic spatula

C. Wooden spatula

D. Glass spatula

E. Plastic and metallic spatula

201. M.C. Specify the surface of glass pad that is used to mix artificial dentine:

A. Rough surface of glass pad

B. Smooth surface

C. On rough and smooth surface

D. Indifferent

E. On rough surface with metallic spatula

202. M.C. Specify the mode of artificial dentine preparation:

A.The powder is added to the water, so to absorb all the water

B.The water is added to the powder

C.The powder is added by small portions mixing with metallic spatula

D.The powder is added to the water to absorb all it, the is added by small portions till the necessary consistance

E.Doesn’t matter to what is added

203. S.C. Specify setting time for artificial dentine is:

A. 1 minute and 30 seconds - 2 minutes

B. 3 minutes

C. 4 minutes

D. 5 minutes

E. 1 hour

204. S.C. Final setting time for artificial dentine is after:

A. 10 minutes

B. 20 minutes

C. 4 minutes

D.40 minutes

E. 1 hour

205. M.C. Prepared mass of artificial dentine is introduced:

A. In portions with smoother

B. One part with smoother

C. It is condensed with plugger

D. It is condensed with cotton pellet

E. For modeling are used instruments for filling

206. S.C. Artificial dentine is used as:
A. Temporary fillings

B. Filling of root canals

C. Bases

D. Permanent filling of milk teeth

E. Filling of first class by Black

207. M.C. The composition of dentine paste is:

A.Powder of artificial dentine

B.Vegetable oil

C.Eugenol

D.Peach oil

E.Aromatic substances

208. S.C. Specify setting time of dentin paste:

A. To body temperature in 2-3 minutes

B. To body temperature in 2-3 hours

C. To body temperature is hydrofobe

D. To body temperature isolated from saliva

E. To body temperature in 24 hours

209. M.C. Indications of dentine paste application are:

A. To isolate medicaments

B. As a isolation base

C. Temporary filling from 2-6 months

D. As a dressing for arsenic paste

E. As a bandage when paraformaldehyde paste is applied

210. M.C. Select the materials for temporary obturation use:

A. Zinc oxide paste with eugenol

B. Phosphate cement

C.Vinoxol

D. Zinc eugenol cement

E. Polycarboxilate cement

211. M.C. Indicate the materials for permanent obturation:

A. Cements

B. Polimers and composite materials based on them

C. Inlaid works

D. Amalgams

E. Fotopolimers

212. M.C. Glassionomer cements are indicated for:

A. Base obturation

B. Cavities obturation

C. Fissure sealing

D. Pits sealinf

E. Root canals obturation

213. M.C. Glassionomer cements have positive properties:

A. Good adhesion

B. Biologic compatibility

C. Does not irritate pulp

D. Receptive to moisture in setting process

E. Esthetic

214. M.C. Specify base obturations with calcium hydroxide content:

A. Calcimol

B. Calcimol LC

C. Calcipulpe

D. Meron

E. Point

215. M.C. Indicate the technique for mixing the phosphate cement:

A. Is mixed on smooth surface of the glass pad

B. Is mixed on rough surface of the glass pad

C. To liquid is added big portion of powder and are mixed

D. To powder is added the liquid till saturation and is mixed

E. Next portion powder is added only when the previous portion was well mixed.

216. M.C. Cement is considered ready and good for caries cavity filling when:

A. When pick up spatula the mass is stretched in fibers

B. When pick up spatula the mass is teared

C. Surface of mass is smooth and glossy

D. Surface of mass is smooth and the consistence of sore-cream

E. Surface of mass is rough with proeminences of 1-2 mm

217. M.C. When is Phosphate cement use:

A. Carious cavities in teeth under crowns

B. Obturation of permanent teeth

C. Obturation of temporary teeth

D. Obturation of V th class cavities

E. As a isolation base

218. M.C.Phosphate cement is used for cementation:

A. Crowns

B. Inlays

C. Posts

D. Veneers

E. Bridges

219. M.C. Enumerate the comercial names of phosphate cements:

A. Visphate

B. Phosphate with silver

C. Phosphate

D. Phosphate cement with fluor content

E. Phosphate for fixation

220. M.C. What are the stages for caries cavity obturation:

A. Tooth isolation

B. Antiseptic cleaning of caries cavity

C. Drying of caries cavity

D. Instrumental processing

E. Beveling the cavity margins

221. M.C. Caries in macular form is confused with:

A. Enamel trauma

B. Dental erosion

C. Macular stage in fluorosis

D. Granular-erosive form od fluorosis

E. Wedge-form defect

222. S.C. What are the stages in caries cavity obturation:

A. Drying of caries cavity

B. Application of obturation material

C. Obturation modeling

D. Grinding, polishing the obturation

E. Obturation isolation from the buccal liquid

223. M.C. Permanent materials for obturation are:

A. Fuji II LC

B. Evicrol

C. Prizma

D. Herculite

E. Apexit

224. M.C. Materials for temporary obturation are:

A. Plastobtur

B. Artificial dentin

C. Dentin paste

D. Polycarboxylate cement

E. Zinc eugenate cement

225. M.C. Materials for temporary obturation are:

A. Silidont

B. Dentin paste

C. Zinc eugenate cement

D. Calmecine

E. Plastobtur

226. M.C. Requirements to base obturation areȘ

A. Antiinflamatory capacities

B. Bactericidal properties

C. Bacteriostatic properties

D. Not to irritate dental pulp

E. To make setting after application

227. M.C. Curative paste in deep caries is places onȘ

A. Cavity bottom

B. On all walls

C. Thin layer of sensible dentine

D. Pulp horn

E. Pigmented dentine

228. M.C. Specify symptoms characteristic for deep caries:

A. Pain caused from thermal and chemical excitants

B. Big amount of soft dentin

C. Spontaneous annoying pain

D. Painful probing on cavity bottom

E. Painful percussion

229. M.S. In diagnosis macular caries are used many methods, specify the most judicial:

A. Thermal probe

B. Hot probe

C. Electric probe

D. Drying method

E. Vital coloration

230. S.C. What are the most efficient methods used in differential diagnosis between macular caries and dental dystrophy:

A. Vital pulp test

B. Thetmal probe

C. Vital coloration

D. Probing

E. Drying

231. M.C. Name groups of permanent obturation materials:

A. Cements

B. Amalgams

C. Based on selfcuring artificial resin

D. Based on light curing artificial resin

E. Based on artificial dentin

232. M.C. Indirect capping is a complex therapeutic act to ensure:

A. Caries prevention

B. Desinfection of dentine wound

C. Obturation of dentine canaliculi

D. Pulp preotection

E. Stimulation of noedentinogenesis mechanisms

233. M.C. What are the particularities of dentinar wound:

A. It is non bleeding

B. It is direct exposed to excitants

C. It is infected

D. Eliminates dentinal liquid

E. Without defence possibilities

234. M.C. What are the particularities of dentinar wound:

A. It is non bleeding wound

B. Wound is direct exposed to buccal excitants

C. It is a infected wound

D. Dentinar wound has on its surface a dentinar liquid

E. Dentinar wound does not contain microorganisms

235. M.C. Notice what are the factors that influence dental plaque formation (by Silverstone):

A. Structure of tooth surface

B. Saliva

C. Gingival liquid

D. Bad oral hygiene

E. Dental caries

236. M.C. Indicate the advantages of silver amalgam:

A. Hardness

B. Plastic properties

C.Does not change the tooth color

D. Cuprum increase hardness and marginal adhesion

E. Cuprum increase speed of solidification

237. M.C. What are the caries detectors for determination altered dentin in the cavity after preparation:

A. Methylene blue 1%

B. Fuxin acetate 1%

C. Discovery

D. Dinal

E. Green brilliant

238. M.C. Name the advantages for silver amalgam obturation:

A.Hardness

B.High thermal conductibility

C.Plasticity

D.Doesn’t destroyed and doesn’t change in saliva

E.Changes the crowns and prothesis from gold

239. M.C. Name disadvantages for Silver amalgam obturation:

A.Changes the tooth colour

B.Weak adhesion

C.Volume changes (retraction)

D.Toxic for mucosa of oral cavity

E.High thermal conductibility

240. M.C. Capping materials must produce the following effects:

A. Decalcination of pigmented dentine

B. Bleaching of pigmented sectors

C. Destroy pathogens

D. Remineralization decalcinated dentine

E. Therapeutic effect on dental pulp

241. S.C. Specify components of smear layer:

A. Bacteria

B. Enamel prisms

C. Dentinal debris

D. Tomes processes

E. Components of buccal liquid

242. M.C. For caries cavities sterilization is used:

A. Dimexid 5%

B. Betadine

C. Lizozime

D. Chlorhexidine 0.002-0.006%

E. Ethanol

243. M.C. Indications of composite materials use are:

A. Carious cavities of Ist and Vth class

B. Obturation of root canals

C. Wedge – form defect

D. For inlay make

E. For core build make

244. M.C. Specify what will the obturation quality depend on:

A. Material for obturation

B. Choice and mixing of material

C. Patient age

D. Formation and drying of cavity

E. Medicamentous preparation of caries cavity

245. M.C. Qualitative of obturation will depend on:

A. To respect technique of obturation

B. Class of caries cavity

C. Formation of caries cavity

D. General state of organism

E. Obturation smoothing after setting

246. M.C. Indicate what will the choice of obturation material depend on:

A. Tooth group belonging

B. Patient desire

C. Sex of patient

D. Localization of caries cavity

E. Clinic diagnosis

247. M.C. Dental caries is divided in:

A. Simple caries

B. Complicated dental caries

C. Secondary caries

D. Recurrent caries

E. Triangular caries

248. M.C. According to WHO dental caries is classified into:

A. Superficial caries

B. Enamel caries

C. Moderate caries

D. Dentine caries

E. Recurrent caries

249. M.C. The rules necessary for application of base obturation are:

A. To cover all bottom

B. To cover walls until margins

C. Walls are covered untill dentin-enamel junction

D. Base thickness to be 3-4 mm

E. Base thickness to be 2-3 mm

250. M.C. The purpose of application the base obturation not until the margins of caries cavities is:

A. Phosphate cement is resorbed

B. Esthetic changed

C.Obturation falls

D. Secondary caries occurs

E. Marginal adhesion is destroyed

251. M.C. Determine what is the importance of material condensation:

A. To introduce more material

B. For good adhesion of material

C.Mechanic fixation of obturation is increased

D.Not to formed empties in obturation

E.For caries cavity modelling

252. M.C. Notice the instruments used for material condensation:

A.Two-ended smoother

B. Plugger-smoother

C.Probe

D.Plugger

E.Excavator

253. S.C. Select the instruments to introduce the material in carious cavity:

A. Probe

B. Plugger-smoother

C. Two-ended smoother

D.Spatula

E.Excavator

254. M.C. The quality of obturation depends on:

A. Correctness made obturation

B.Localization of caries cavity

C.Deepness of caries cavity

D. Belonging group of tooth

E.Masticatory forces

255. M.C. Name the most frequent errors in obturation preparation:

A. Volume changes

B. Mixing time is reduce

C. Increase the adhesion

D. Shrinkage because of high density of cement

E. Fluid and dense consistence of material

256. M.C. Dentinal debris from the caries cavity are removed with:

A. Aer jet

B. Water jet

C. 3% solution of Hydrogenum peroxide

D. 2% solution of Chloramine

E. 96% Alcohol

257. M.C.What is used for caries cavity drying:

A. Aer jet

B. Alcohol

C. Cotton pellet with ether

D. H2O2 3%

E. Cloramine 2 %

258. M.C. Indicate the purpose for application the isolation base obturation:

A. Protection of pulp from the toxic action of filling material

B. To increase the adhesion in usage of amalgam

C. Pulp protection from chemical agents, in filling with Silicina and acrilate materials

D. Pulp protection from thermal agents, in case of filling with amalgam

E. Dentine protection

259. M.C. The stages for preparation a caries cavity to filling:

A.The choice and preparation of material for filling

B.Application of the matrix or strip

C.Medicamentous preparation of caries cavity

D.Drying of the cavity

E.Application of isolation base

260. M.C. The stages for obturation a caries cavity are:

A.Application of isolation base

B.The drying of a caries cavity

C.Introducing of filling material into the cavity

D.Material condensation

E.Modelling of the filling

261. M.C. Specify clinical forms of dental caries according to WHO:

A. Deep caries

B. Caries of cementum

C. Arrested caries

D. Odontoclasia

E. Melanodontia

262. M.C. Indicate what is used to introduce the obturation mass in carious cavity:

A. Finger

B. Two-ended smoother

C. Probe

D.Plugger-smoother

E. Spatula

263. M.C. Isolation of caries cavity from saliva is done with:

A. Sucction system

B.Cotton rolls

C.Cotton wad

D. Cofferdam - Rubberdam

E. Air jet

264. M.C. What is used for matrix or strip fixation in obturation the IInd class cavities:

A.Matrix retainer

B.With hand

C.With cotton turundae or wood pin

D.It is free left in interdental space

E.With probe

265. M.C. Name the instruments used for modelling the obturation:

A. Plugger

B. Smoother

C. Celuloid opercula

D. Celuloid strip

E. Probe

266. M.C. Modelling of contact surfaces during obturation is done with:

A. Celuloid strip

B. Metallic plaque

C. Celuloid caps

D. Plaque must adhere tight to inferior margin of tooth (neck) and margins of caries cavities

E. Plaque must be fixed free to contact surface of tooth

267. C.M. The procedure used for obturation in overocclusion is:

A.The filling is removed

B.The excess will be removed

C.The excess is appreciated with articulating paper

D.The articulating paper is placed between neighbouring teeth

E.The overcontracts are removed with bur’s help

268. M.C. Impression place of obturation is grinded with:

A. Carbide bur

B. Spheric bur

C. Finire

D. It is done immediately after filling

E. It is not recommended immediately after filling

269. S.C. Simultaneous with general and local treatment od dental caries is:

A. Reglation of salivary secretion rhythm

B. Reglation of water consumption

C. Reglation of fat consumtion

D. Reglation of artherial tension

E. Reglation of physical effort

270. M.C. Dental caries treatment is done in several ways:

A. Radiologic

B. Conservative

C. Surgical

D. Colorimetric

E. General

271. M.C. Dental caries treatment may be realized in several ways, what are the most principal:

A. Laminaria addministration

B. Polyvitamin addministration

C. Surgical treatment

D. Remineralization therapy

E. Crowns

272. M.C. Enumerate necessary instruments for obturation with amalgam:

A. Special material for obturation

B. Plugger with big active part

C.Amalgam tregger for amalgam

D.Dental spatula to carry the amalgam material

E. Plugger or polish with special active part

273. M.C. Indicate the stages in obturation with amalgam:

A. Isolation base from phosphate cement till the dento-enamel junction

B. The amalgam is introduced instantaneously

C. A small portion of amalgam is introduced and is condensed propertly with plugger

D. A new portion of amalgam is introduced and tightly condensed by previously one

E. The following portions ave not well condensed

274. M.C. Specify if is necessary to place base until dentine-enamel junction in obturation with amalgam:

A. Yes

B. No

C. Lining is placed on cavity bottom

D. It is applied until dentine-enamel junction

E. If integrity of isolated material is destroyed, will occurs passenger pain to thermal agents because of high thermal conductibility of amalgam

275. M.C. Specify how is the height of amalgam obturation determined:

A. On contact surface is placed indigo strip and patient must close dental arches in occlusion

B. Ask the patient to make contact of dental arches

C. Ask patient to close dental arches and do several lateral movements

D. Impression of antagonist tooth shows the amalgam surplus that is removed with smoother

E. Amalgam surplus is removed with hand

276. M.C. Specify the modeling of amalgam filling is done with:

A. Cotton pellet

B. Smoother

C. Spatula

D. Plugger

E. Fingers

277. M.C. Specify the setting time for the Silver amalgam is:

A. Not more than 30 minutes

B. Not more than 60 minutes

C. Setting time an hour and a half (1 h 30 min.)

D. Setting time 16-24 hours

E. 10 minutes

278. M.C. Indications to patients with amalgam obturation are:

A. To eat after 6-8 hours

B. Not to eat 1-1,5 hours

C. During 6-8 hours not to eat on that side

D. Obturation is smoothed after 24 hours

E. Smoothing is done after 48 hours

279. M.C. For smoothing amalgam filling are used:

A. Carborund stones

B. Polires

C. Finires

D. Spheric burs

E. Cylindric burs

280. M.C. Mention what is used for obturation the IInd class cavities:

A.Metallic strips

B.Matrixes

C. Matrix retainer

D. Matrix must be fixed and adhere to the gingival wall of the cavity

E. Probe

281. M.C. Specisy when is done the application of matrix:

A. Before the application of isolation base

B. After introducing the isolation base

C. Before the amalgam is introduced

D. After the amalgam is introduced

E. After matrix fixation, the amalgam is introduced into the cavity by small portions

282. M.C. Formation of contact point in amalgam obturation is done with:

A. After matrix removal, with light compress on masticatory face of filling with finger tips

B. After matrix removal, with light compress on masticatory face of filling with a cotton pellet fixed on pincer

C. After matrix removal, with light compress on masticatory face of filling with plugger

D. To press dental arches

E. With probe

283. M.C. The principles of preparation and obturation the cavities on contact surfaces to neighboring teeth are:

A. Preparation in one visit

 B. Are prepared in two times

C. It is filled the first cavity

D. Are filled both in one visit

E. First is filled the cavity with less accessible cavity

284. M.C. What are the stages in caries cavity preparation:

A. Opening and enlargement

B. Excision the soft dentine

C. Necrectomy

D. Cavity formation

E. Beveling the cavity margins

285. M.C. Notice what is the obturation procedure with composite materials in hypoplasia, erosion, superficial caries:

A. Enamel etching

B. Application of alkaline solution for 5-7 sec.

C. Enamel etching 5 min.

D. Surface is washed and dried with air jet

E. Application of obturation mass

286. M.C. Specify tooth pastes recommended for dental caries prophylaxis:

A. Sensodyne

B. Colgate

C. Lesnaia

D. Ftorodent

E. Blend a Med

287. M.C. Specify the attitude when defect is in the limits of enamel:

 A. Caries cavity is prepared and etching is done for 15 sec.

B. Is placed isolation base

C. It is washed and dried with air jet

D.It is not dried

E. Application of obturation mass

288. M.C. Finely smoothing of composite obturation is done with:

A. Surplus of material is removed with rubber cups

B. With diamond bur

C. Polishing is done with special paste

D. Cylinder bur

E. Polir

289. M.C. Establish the possible errors in differential diagnosis of dental caries:

A. Deep dental caries

B. Chronic fibrous pulpitis

C. Chronic fibrous periodontitis

D. Chronic granulous periodontitis

E. Chronic granulomatous periodontitis

290. M.C. Identify the errors and complications in dental caries treatment:

A. The accidental openning of pulpal horn

B. The insufficient knowledge of pulp cavity topography

C. Acute traumatic pulpitis

D. Insufficient removal of decayed dentine

E. Application of isolation base till dentine-enamel junction

291. M.C. Dental caries treatment foresees the following errors and complications:

A. Presence of undermined enamel margins

B. Shrinkage of filling material

C. Incorrect mixing of filling material

D. Incorrect preparation of caries cavity

E. Denying of technique for caries cavity filling

292. M.C. During dental caries treatment are attested some errors and complications as:

A. Inflammation and pulp necrosis after filling with silicate and silico-phosphate cements

B. Inflammation and necrosis of pulp after filling with plastic masses

C. Neglecting of principles for application the isolated base

D. Application of isolated base until dentine-enamel junction

E. Application of Dycal on the caries cavity bottom in deep caries

293. M.C. Erros and complications in treatment of dental caries in IInd class caries cavities by Black are:

A.The inflammation of interdental papilla

B.The resorbtion of bone tissue of interdental septum

C.The incorrect formation of contact point

D.Filling overflowing

E.The accumulation of food rests in the interdental space

294. M.C. Errors and complications after application the filling:

A.The filling immediately falls out or after a period of time from its setting

B. Application of „Life” remedy on deep caries floor

C.Pain from hot and cold

D.Acute focal or diffused pulpitis

E.Secondary or recurrent caries

295. M.C. Name the causes of obturation fall:

A.Preparation and correct formation of caries cavity

B. Preparation and insufficient formation of caries cavity

C. Insufficient drying of cavity

D. Incorrect choise of filling material and errors in its preparation

E. Insufficient openning of caries cavity

296. M.C. Dentine paste posses the following physico-chemical properties:

A. Does not color hard tissues of tooth

B. Posses high thermal conductibility

C. Does not disturb action of curative base obturation

D. It is not toxic

E. Setting time 2 hours

297. M.C. Name the remedies often used in remineralization therapy:

A. 40% solution of Glucose

B. 10% solution of Calcium gluconate

C. 1-3% Remodent

D.25% solution of Magnesium sulphate

E. 1-2% Sodium fluoride

298. M.C. Indicate remedies used in remineralization therapy:

A. 5% solution of Sodium salicilate

B. 2% Remodent

C. 1,5% solution of Sodium fluoride

D. 10% solution of Calcium gluconate

E. 10% solution of Phytin

299. M.C. Specify the remedies with remineralization effect:

A. 1-3% Remodent

B. 5% solution of Calcium gluconate

C. 0,2% solution of Sodium fluoride

D.1% solution of Sodium fluoride

E. 5% Phosphate cement with fluor

300. M.C. Indicate the composition of dry remedy Remodent:

A. Calcium

B. Magnesium

C. Fluor ( 3,45%)

D. Calcium ( 0,2%)

E. Sodium (16%)

301. M.C. The composition of Remodent remedy contains:

A. Sodium (16%)

B. Chlor (30%)

C. Fluor (3,45%)

D. Organic composition (44,5%)

E. Calcium lactate (4,35%)

302. S.C. Mark the delivering form of Remodent remedy:

A. Solution

B. Powder

C. Pills

D. Suspension

E. Capsules

303. S.C. Mention what forcees the preparation procedures of 1-3% solution of Remodent:

A. Powder is disolved in distiled water

B. To crush pills, then to disolve in distiled water

C. Remodent powder is disolved in furaciline solution

D.Tablets are pounded and disolved in physiologic serum

E. Remodent powder is disolved in alcohol solution 75%, then added 30g to a glass with distiled water

304. C.S. Remineralization therapy consists in:

A.10 aplications dayly

B. 15-20 aplications dayly or every other day

C. Friction with flourin paste 15-20 visits dayly

D. Covering of the teeth with flour varnish 10 visits every other day

E. 5 aplications dayly

305. M.C. Notice what is the objective method to appreciate efficacy of remineralization therapy:

A. Coloration in vivo with 2% solution methylene blue

B. Drying of carious maculae with air jet

C. Probing of afected zone

D. X-ray to teeth with maculated caries

E.Application of thermal excitants

306. M.C. The evolution of macula after remineralization therapy is:

A.Complete dissappears

B. Restoration of enamel translucidity

C. Dicrease of macula in dimension

D. Dicrease of demineralization coeficient of enamel

E.Complete remineralization and restoration of enamel translucidity

307. M.C. Establish what is the local treatment of caries in stage of macula:

A. Oral cavity sanation

B. Adequate oral hygien

C.Character of alimentation

D.Remineralization therapy

E. General treatment

308. M.C. General treatment for caries in stage of macula is:

a) Comprimats of NaF - 0,0022, 1 time per day

b) Vitatfor ½- 1 tea spoon per day in time of meal 3 months period

c) Calcium gluconat 0,5, in pills 1- 4 times per day

d) Fitina tablets 0.25 1-3 times per day during 1 month

e) Ampiox 0,5, i.m. 0.5-3 times per day, dissolved in 5 ml water for injections

309.C.M. Pharmacologic properties of Vitafluor are caused by:

A.Complex of vitamines A, B, C, D2, E

B.Sodium fluoride

C.Complex of vitamines A, C, D2

D.Calcium (Ca)

E.Phosphorus (P)

310. C.M. Count the components of Fluor varnish:

A. Sodium fluoride

B.Balsam of white fir

C.Distiled water

D.Chlorophorm

E.Ethilic alcohol

311. C.M. Name calcium remedies used in caries prophylaxy:

A. 0,5 g tablets of Calcium lactate

B. 10% solution of Calcium gluconate

C. 0,5g tablets Calcium gluconate

D. 0,5 g tablets of Calcium carbonate

E. 0,25g tablets of Calcium oxide

312. C.M.Indicate the remedies used in general therapy of dental caries:

A. 0,5g tablets of Phytin

B. 0,25g tablets of Phytin

C. 0,5g tablets of Calcium gluconate

D. 0,25g tablets of Calcium gluconate

E. 0,25g tablets of Calcium lactate

313. C.M. Specify medicamentous remedies, used in dental caries prophylaxy:

A. Calcium lactate 0,5 g

B. 3 % solution of Remodent

C. 0,5 g Calcium glycerophosphate

D. 0,25 g Calcium glycerophosphate

E. Vitafluor 5 ml

314. C.M. Remedies used in remineralization therapy are:

A.Fluor varnish

B.10% sol. of Calcium gluconate

C.2% sol. of Sodium fluoride

D. Anesthesine paste

E. Remodent solution

315. C.S. Determine the mode of remineralization therapy use:

A. 5 applications with remineralization solution and change of turundae every 5 minutes

B. 10 applications each 20 minutes with change of turundae every 10 minutes

C. 13 applications each 15 minutes with change of turundae every 5 minutes

D. 20 applications during 30 minutes with change of turundae every 5 minutes

E.15-20 applications with remineralization solution during 20 minutes with change of turundae every 5 minutes

316. M.C. Count the stages of remineralization therapy treatment:

A. The tooth surface is carefully cleaned from deposits with excavator

B. The tooth surface is carefully cleaned mechanicaly, with brush and turundae moisted in H2O2 sol. 2%

C. It is dried with air jet

D. It is colored with water solution of methylene blue

E. Applications with turundae moisted in remineralization solution for 15-20 minutes

317. S.C. Notice the recommendations to patients after the end of remineralization therapy:

A. Not to drink coffee

B. Not to use natural colorants in food ration

C. 5 hours not to rinse

D. Not to eat 3-5 hours

E. Not to eat and rinse 2 hours

318. S.C. Specfy the treatment with remineralization therapy:

A. 18-20 applications daily

B. 18-20 applications every other day

C. 15-20 applications daily or every other day

D. 18-20 applications during one month

E. 18-20 applications every other day and recent cover with Sodium fluoride varnish

319.S.C. Mention the efficacy of remineralization therapy:

A. Disappearance of sensibility to thermal,chemical excitants

B. Disappearance of demineralization focus

C. Decrease or disappearance of demineralization focus

D. Decrease of demineralization focus

E. Formation of caries cavity

320. M.C. For more objective determination of remineralization therapy efficacy is performed selective coloration with:

A. Used coloring method with Schiller-Pisarev solution

B. 5 % alcoholic solution

C. 2% solution of methylene blue

D. Fuxin

E. Brilliant green

321. M.C. Make evident in what consists the results of remineralization therapy:

A. Macula completely may disappear

B. It is decreased in dimensions

C. Possible the increase of demineralization coefficient

D. Possible the increase of remineralization coefficient

E. Enamel translucidity is restored

322. S.C. Incomplete remineralization is attested in:

A. Incipient modifications

B. Deep modifications

C. Extended modifications

D. Organic matrix is destroyed

E. Multiple incipient modifications with small maculae in dimensions

323. S.C. Specify the necessary in remineralization therapy in black and brown maculae:

A. 15-20 applications to treatment cure

B. Teeth cover with fluor varnish

C. Do not prepare hard tissues and obturate the cavities

D. Applications with 3-5% Remodent solution

E. Applications with 2% sol. of Sodium fluoride

324. M.C. Treatment of superficial caries to smooth surfaces of teeth is:

A. Obturation without preparation

B. Polishing and use of remineralization therapy

C. Devitalization

D. Therapeutic treatment is not indicated

E. Cover tooth with artificial crown

325. S.C. The clinic procedures when focus is localized in fissures and contact surfaces of superficial caries:

A. Use remineralization therapy

B. Fissures sealants

C. Cover with fluor varnish

D. Preparation of caries cavities and their obturation

E. Evidence in dispensary

326. M.C. Specify when the obturation is performed without preparation:

A. In wedge form defects

B. Enamel erosions

C. Use of composite materials (fotopolimers)

D. On vestibular surface of teeth

E. Medium cavities and deep cavities on vestibular surface

327. M.C. Indicate what cavities need obligatory preparation:

A. Caries in macula stage

B. Superficial caries

C. Deep caries

D. Wedge - orm defect

E. Apical periodontitis

328. S.C. Name the base principle in caries cavity preparation:

A. Excision of altered tissues

B. Maximum excision of altered tissues

C. Tolerant preparation of enamel

D. Tolerance to health dentine

E. Maximum excision of altered tissues and maximum tolerance to dentine

329. M.C. General principles for preparation the hard dental tissues are:

A. Anesthesia

B. Medicamentous processing

C. The openning of caries cavity

D. Removal of soft and pigmented dentine

E. Enlargement of the cavity

330. M.C. Preparation of carious cavities is guided after general principles as:

A. Full excision of altered dentine

B. Leniently attitude to health enamel

C. Creation of retentive points

D. Careful attitude to health dentine

E.Caries cavity enlargement

331. M.C. Indicate the consequence of stages in caries cavity preparation:

A. Openning of the caries cavity

B. Anesthesia

C. Cavity formation

D. Cavity enlargenet

E. Drying of the cavity

332. C.S. Name what methods of anesthesia are most often used in dentistry:

A. Local anesthesia

B. General anesthesia

C. Inhalation anesthesia

D. Anesthesia by application

E. Application, infiltration, trunck anesthesia

333. S.C. Fear reduce is done with:

A. Sedative administration

B. Tranquilisator and sedative administration

C. Inhalation narcosis

D. Intravenous narcosis

E. Electroodontoanalgesia

334. S.C. The prpose of caries cavity opening is:

A. Remove undermined margins of enamel that do not have supporting dentine

B. To remove suspended walls of enamel and dentine

C. Suspended enamel without altered dentine is kept for preparation of vestibular surface to frontal teeth

D.To preparation of II nd class cavities is removed from intact tissue

E. It is done with inverted cone and wheel burs

335. C.M. Select the burs used for caries cavities openning:

A. Wheel – like burs

B. Inverted – cone burs

C. Spherical burs of small and medium size

D. Fissure – like burs

E. Carbide stones

336. C.M. The purposes which are followed in caries cavity enlargement are:

A. The removal of decayed and pigmented dentine

B. Prevention of ulterior extension of pathologic process

C. Excavation for the non – altered dentine

D. The creation of favourable conditions for filling fixation

E. The creation for accessory cavities

337. C.M. Name what are the instruments used in caries cavity enlargement:

A. Excavator

B. Diamond burs and carbide burs

C. Carbide stones

D. Spherical burs

E. Inverted – cone burs

338. M.C. Determine the purposes of interrupted preparation:

A. To avoid removal of suspended walls

B. Reduce pain

C. To avoid overheating of hard tissues

D. To avoid pulp chamber openning

E. Reduce wavy course of bur

339. M.C. Indicate when is possible to leave decayed and pigmented dentine in caries cavity:

A. In superficial caries

B. In medium caries

C. In deep caries

D. To avoid exposure and trauma of dental pulp

E. To avoid traumatic pulpitis

340. S.C. Specify the final stage in caries cavity preparation:

A. Caries cavity openning

B. Caries cavity enlargement

C. Necrectomy

D. Caries cavity formation

E. Medicamentous preparation and drying of caries cavity

341. C.S. Mark what is he goal for caries cavity formation:

A. Creation of favorable conditions for the filling fixation

B. Caries cavity formation

C. Formation of caries cavity bottom

D. Formation of the walls and bottom

E. The abrasion and smoothing of the enamel

342. C.M. General principles for preparation a caries cavity are:

A. The walls and the bottom of cavity are under the right angle

B. The enamel margins must be right and smoothed

C. The walls must be parallel one to another

D. The entrance into the cavity must be large

E. The bottom the cavity must be straight and plain

343. M.C. What will the form of Ist class cavities depend on:

A. Tooth that is prepared ( premolar ,molar ,incisor)

B. Often depends on particularities of natural depressions where happens distruction of dental tissues

C. Dimensions of cavity

D. Depth of cavity

E. Quantity of decayed and pigmented dentine

344. M.C. Select the forms of already prepared Ist class cavities:

A. Cylindrical

B. Triangular

C. Tetragonal

D. Rhomb or cruciform

E. Oval shape on vestibular surface

345. S.C. When are jointed carious cavities of Ist class to molars:

A. When all fissures are affected

B. When caries cavity on buccal surface of molars in natural pit and fissures on masticatory surface

C. Presence of caries cavity on proximal and fissures

D. Presence of fissures to proximal surface

E. Presence of cavity on contact surface and in fissures

346. S.C. Set out when the caries cavity of IInd class is prepared in the limits of contact surface:

A. Localization of cavity on contact surface

B. Presence of embrasure (trema, diastema)

C. Absence of neighboring tooth

D. In localization to buccal surfaces of molars and premolars

E. In localization to proximal surfaces of incisors, canines, premolars

347. M.C. Indicate the forms of already prepared IInd class cavities when neighbor tooth is absent:

A. Cylindrical form

B. Triangular shape with base to masticatory surface

C. Triangular shape with base to neck

D. Oval shape

E. Rectangular shape

348. S.C. The attitude when neighbor tooth is present in IInd class cavity:

A. Access is done through contact surface

B. Access is done through masticatory surface

C. Access is done through contact surface with opening in neck region

D. Tactic to wait until cavity will not progress to masticatory surface

E. If neighbor tooth has obturation the access is made through it

349. S.C. The purpose for creation the additional in IInd class lesions is:

A. Favours the process stability

B. Provide infallible conditions for filling fixation

C. Favours the simplify work

D. Prevents the filling rotation

E. Decrease vertical pressure over the filling

350. S.C. The limits for additional area formation are:

A. Enamel to ¼-1/5 of masticatory surface

B. Dentine to ¼-1/5 of masticatory surface

C. Dentine to ½ of masticatory surface

D. Enamel to ½ of masticatory surface

E. Enamel and dentine to 1/3 of masticatory surface

351. S.C. When is formed a common additional area to molars and premolars:

A. In chronic profound caries

B. When in carious process are trained anterior and posterior surfaces of premolars and molars

C. When contact surfaces are affected

D. In chronic medium caries

E. When simultaneous are affected anterior and buccal walls

352. M.C. Indicate the cavity shape when process has trained contact surface and neighboring tooth is absent (III class):

A.Is formed a cavity on affected surface

B. It is formed in triangular shape

C. It is formed base and accessory cavity on oral surface

D. It is formed on proximal surface and makes an angle with cavity on oral surface

E. It is formed a cavity of oval shape

353. M.C. Name The shape in IVth class cavities:

A. It is formed in oval shape

B. Formation of a cavity in triangular shape with creation of the additional cavity

C. Creation of right angle between the bottom of principal cavity and additional one.

D. The additional area must be smaller, with ¼ from the palatal (lingual) surface of tooth.

E. The accessory surface must occupy till ¼ from the buccal surface of tooth.

354. M.C. Specify cases when additional area if formed on incisal margin (IV class):

A. When massive lesion of angle

B. When minimum lesion of angle

C. When incisal margin is abrasioned

D. When incisal margin is intact

E. When incisal margin is fractured

355. S.C. Indicate forms of Vth class cavities:

A. Triangular

B. Rectangular

C. Trapezium

D. Oval

E. Swallow – tail shape

356. S.C. It is important in Vth class cavities each wall in relation with caries cavity floor to be in angle of:

A. Obtuse

B. Sharp

C. Right

D. 100 degrees

E. 45 degrees

357. S.C. Select which cavities are named atypical:

A.On the masticatory surface

B.On the proximal surfaces

C.That do not correspond with Black’s classification

D.Cervical cavities

E.On the masticatory surface that is confluence with proximal surfaces

358. M.C. Pain to preparation can be avoid when use:

A. Warned-out burs

B. Sharp burs

C. It is important to do preparation with interrupted movements

D. Preparation with pressure

E. Preparation without pressure

359. M.C. Pain reduce is possible in:

A. Medicamentous preparation of caries cavity

B. Cooling during preparation

C. To use pneumatic unit

D. Preparation of cavities with antiseptics

E. To use sperical burs of small size and sharp

360.M.C. Provenience of word „obturation” (filling):

A. Latin origin

B. Russian origin

C. Greek origion

D. From word plumbum

E. From word plumbum, that means „plumb”

361. S.C. Specify definition for obturation process:

A. Replacement of gap in hard dental tissues

B. Restoration of anatomic structure of tooth

C. Caries cavity obliteration with anatomic shape creation

D. A procedure to substitute the defect and restore anatomic shape of tooth

E. Treatment to substitute the defect and restore anatomic shape

**„Treatment of pulpitis”**

**by assistant professor Olesea Musteaţă**

363. M.C. Indicate clinical manifestations in pulp inflammation:

A. Varied

B. Conditioned by general health state

C. Conditioned by local buccal situation

D. Unvaried

E. Not conditioned by local and general health state

364. S.C. What is the percentage of patients addressing to doctor with acute pulpitis:

A. 25%

B. 38%

C. 45%

D. 10%

E. 50%

365. S.C. What is the percentage of patients addressing to doctor with chronic pulpitis:

A. 62%

B. 40%

C. 25%

D. 38%

E. 42%

366. M.C. Determine principal methods in pulpitis diagnosis:

A. Interrogation

B. Inspection

C. Probing

D. Percussion

E. Tooth mobility

367. M.C.Determine the principal role in pulpitis diagnosis taking into consideration next methods:

A. Thermal probe

B. Pulp vitality test

C. X-ray

D. Periodontal pocket

E. Tooth mobility

368. M.C. Indicate the associated diseases with pain irradiation in teeth and maxillaries:

A. Neuralgia

B. Neuritis of II and III branch of trigeminus

C. Ganglionitis

D. Alveolitis

E. Pericoronaritis

369. M.C. Establish the associated diseases with pain irradiation in teeth and maxillaries:

A. Lymphadenitis

B. Dental plexalgia

C. Stenocardy

D. Hypothyroidism

E. Hypothermia

370. M.C. Indicate the causes for aggravation of chronic forms of pulpitis:

A. Functional overloading

B. Tooth trauma

C. Caries cavity filled with food rests

D. Hypothermia

E. Hyperthyroidism

371. M.C. Indicate the causes for aggravation of chronic forms of pulpitis:

A. Emotional overloading

B. Nervous overloading

C. Surgical intervention

D. Viral disease

E. Hyperthyroidism

372. M.C. The source of pulp infectation is:

A. Caries cavity

B. Neuralgia

C. Fissures presence

D. Enamel erosion

E. Stenocardy

373. M.C. The source of pulp infectation is:

A. Enamel fractures

B. Deep wedge form defects

C. Neuritis of II and III branches of trigeminus

D. Periodontal pockets

E. Hypothyroidism

374. M.C. The source of pulp infectation is:

A. Dental plexalgia

B. Inflammation focuses of bones

C. Traumas of maxillaries bones

D. Hypothyroidism

E. Ganglionitis

375. M.C. Name the procedures that anticipate probing of carious cavity:

A. Food debris removal

B. Free enamel margins removal

C. Decayed dentin removal

D. After drying of the cavity

E. Caries cavity formation

376. M.C.To set up diagnosis of pulpitis, the following will be taken into consideration:

A. Painful sensibility of dental pulp when probing on the walls

B. Probing the cavity bottom

C. Probing the cavity bottom in a single point

D. On whole bottom surface

E. In neck region of tooth

377. M.C. Specify the resons for comparative vertical percussion:

A. Intoxication of periodontium

B. Inflammation of periodontium

C. Caries cavity

D. Wedge – form defect

E. Periodontal pockets

378. M.C. Positive diagnosis of pulpitis is based on:

A. Sensibility to cold water

B. Sensibility to hot water

C. Reaction to ether

D. Irrigation with water from syringe

E. Reaction to ethanol

379. M.C. To determine the pulp reaction to electric current is necessary to take into consideration the following:

A. Periodontal diseases

B. Central nervous system diseases

C. Endocrine disorders

D. Age of the patien

E. Localization of caries cavity

380. S.C. For young persons the electric pulp test is equal with:

A. 40-50 mA

B.2-6 mA

C.50-55 mA

D.20-30 mA

E.10-15 mA

381. S.C. For persons 61-70 age electric pulp test is equal with values:

A. 40-50 mA

B. 4-6 mA

C. 50-55 mA

D. 20-30 mA

E. 10-15 mA

382.S.C. For persons 81-90 age electric pulp test in acute pulpitis is equal with:

A. 40-50 mA

B. 4-6 mA

C. 50-55 mA

D. 20-30 mA

E. 10-15 mA

383. S.C. In chronic forms of pulpitis periodontal changes are in:

A. 10% cases

B. 80% cases

C. 28% cases

D.7% cases

E. 1% cases

384. S.C. Periodontal modifications in chronic forms of pulpitis are:

A. Enlargement of periodontal space

B. Bone resorbtion in apical region of root

C. Pulpal denticles

D. Focuses of osteoporosis

E. Radicular granuloma

385. M.C. Indicate the symptoms of acute forms of pulpitis:

A. Spontaneous pain

B. The action of mechanical, chemical, thermal excitants produce long lasting pain attack

C. Intensification of pains during night

D. Paroxysmal pain with indolent periods

E. Pain in mastication

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

A. Disturbances of blood supply

B. Excitation of nerve-endings by bacterial toxines

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

387. S.C. In acute pulpitis the action of mechanical, thermal, chemical excitants produce pain:

A. Long lasting

B. Short lasting

C. Annoying

D. Constant

E. When bitting of the tooth

388. S.C. Intact pulp accepts a temperature of:

A. 6-100 C

B. 20-30 0C

C. 30-40 0C

D. 50-600 C

E. 90-100 0C

389. M.C. Paroxysmal pains with painless intervals are characteristic for:

A. Deep caries

B. Chronic gangrenous pulpitis

C. Acute pulpitis

D. Chronic aggravated pulpitis

E. Acute apical periodontitis

390. M.C. Alternation of paroxysmal pain with painless intervals in acute and chronic aggravated pulpitis depends on:

A. Organism propriety to adapt to long lasting pain

B. Nervous system propriety to overwork

C. Periodic compression of nervous receptors after pulp inflammation

D. Pronounced excitability of nervous receptors

E. Teeth mobility

391. S.C. Hyperesthesia of Head zones in acute forms of pulpitis is marked in size of:

A. 40-45%

B. 72-76%

C. 65-67%

D. 30-32%

E. 81-84%

392. S.C. Specify what is the focal acute pulpitis:

A. Tardy stage of pulp inflammation

B. Debut stage of inflammation

C. Alteration stage of inflammation

D. Proliferation stage of inflammation

E. Stage of chronic inflammation

393. S.C. The inflammatory process in acute focal pulpitis debutes in:

A. Coronal part of pulp

B. Radicular part of pulp

C. Pulp horn

D. In coronal and radicular pulp

E. In whole pulp

394. S.C. The duration of inflammatory process in acute focal pulpitis doesn’t exceed:

A. 3 nictemerals

B. 2 nictemerals

C. 1 nictemeral

D. 4 nictemerals

E. 12 hours

395. S.C. Name excitant factors that release pain in acute focal pulpitis:

A. Thermal excitants

B. Chemical excitants

C. Mechanical excitants

D. Only to thermal and mechanical

E. To any kind of excitants

396. S.C. Indicate the duration of pain attacks in focal acute pulpitis are:

A. 10-15 minutes

B. 10-30 minutes

C. 1-2 hours

D. 40-45 minutes

E. 5-10 minutes

397.S.C. Establish painless period in acute focal pulpitis:

A. Several hours

B. A day

C. One week

D. 10-15 minutes

E. Several days

398. S.C. Establish the region of pain irradiation in acute focal pulpitis:

A. Neck region

B. In opposite maxillary

C. In neighboring teeth

D. Is not irradiated

E. In ear

399. S.C. Establish time for more pronounced pain in acute focal pulpitis:

A. Morning

B. During day

C. Night

D. All of the time

E. Evening

400. M.C. Examination of caries cavity in acute focal pulpitis finds out:

A. Decayed dentine

B. Hard dentine

C. Food rests

D. Filling rests

E. Polyp

401. S.C. Establish the regions where probing in acute focal pulpitis is painful:

A. Caries cavity

B. Caries cavity bottom

C. Single point of cavity

D. Enamel-dentine junction

E. Neck region

402. S.C. Specify how is the pain manifested n acute focal pulpitis to a wet cotton pellet moisted in cold water :

A. Isn’t gone with excitant removal

B. Immediately pass with excitant removal

C. Does not produce pain

D. Irradiate on trigeminal nerve proiection

E. Lasts 30-40 minutes

403. S.C. Electric excitability of pulp in acute focal pulpitis is reduced to:

A. 10-20 mA

B. 20-30 mA

C. 35-40 mA

D. 40-45 mA

E. 45-50 mA

404. M.C. X-ray examination in acute focal pulpitis is indicated to determine:

A. Localization of caries cavity

B. Periodontal pocket

C. Inflammation focus in periapical tissues

D. Artificial crown

E. Instrument fracture

405. M.C. Acute focal pulpitis is differentiated from:

A. Profound caries

B. Acute diffuse pulpitis

C. Chronic fibrous pulpitis

D. Acute apical periodontitis

E. Papillitis

406. M.C. Acute focal pulpitis is differentiated from:

A. Chronic apical periodontitis

B. Neuralgia

C. Chronic fibrous pulpitis

D. Dental plexalgia

E. Inflammation of papilla

407. M.C. Indicate the extent of inflammatory process in acute diffuse pulpitis:

A. In the coronal pulp

B. In the periodontium

C. In the transient fold

D. In the radicular pulp

E. In the gum

408. S.C. Determine the painless intervalsin acute diffuse pulpitis:

A. 10-20 minutes

B. 30-40 minutes

C. 5-15 minutes

D. 40-50 minutes

E. One hour

409. M.C. Mark the pain characteristics in acute diffuse pulpitis:

A. Persistent night pain

B. Long time lasting from excitants

C. Pain during the day

D. Persistence of localized pain

E. Irradiating pain

410. M.C. Pain in acute diffuse pulpitis to maxillary teeth irradiates in:

A. Temporal region

B. Supraorbital

C. In zygomatic region

D. In mandible teeth

E. In cervical region

411. M.C. Pain in acute diffuse pulpitis of mandibular teeth irradiates in:

A. Occipital region

B. Ear

C. Submandibular region

D. Temporal

E. Supraorbital

412. S.C. Establish the region where the probing in acute diffuse pulpitis is painful:

A. On pulp chamber walls

B. Whole cavity bottom

C. In a single point of cavity bottom

D. On walls and bottom of the cavity

E. It is painless

413. S.C. Electric excitability of pulp in acute diffuse pulpitis is:

A. 2-6 mA

B. 10-12 mA

C. 15-25 mA

D. 30-60 mA

E. 100-200 mA

414. M.C. Differential diagnosis of acute diffuse pulpitis is made with:

A. Focal acute pulpitis

B. Profound caries

C. Chronic exacerbated pulpitis

D. Alveolitis

E. Wedge-form defects

415. M.C. Differential diagnosis of acute diffuse pulpitis is made with:

A. Acute apical periodontitis

B. Chronic apical periodontitis in exacerbation

C. Neuralgias of trigeminus

D. Sinusitis

E. Medium caries

416. M.C. Specify pain characteristics for chronic forms of pulpitis:

A. Linger pain during alimentation

B. To cold air

C. To move from warm to cold place

D. In decayed tooth during feeding

E. Night pain

417. M.C. Patient with chronic fibrous pulpitis complains on pain to different excitants:

A. Thermal

B. Mechanical

C. Chemical

D. Physical

E. Touching the tooth

418. S.C. Reflex pain in chronic fibrous pulpitis occurs late from:

A. 1% Iodinol solution

B. Ethanol

C. Cold water

D. Warm water

E. Sweet

419. S.C. Specify probing particularities of pulp in chronic fibrous pulpitis:

A. Painless

B. Sensible

C. Little painful

D. Painful

E. Weak painful

420. S.C. Indices of electric excitability in chronic fibrous pulpitis may be in the limits:

A. 10 mA

B. 20 mA

C. 30 mA

D. 45 mA

E. 60 mA

421. S.C. In chronic fibrous pulpitis the radiological image finds out enlargement of periodontal space in in a size of:

A. 15%

B. 30%

C. 38%

D. 40%

E. 50%

422. M.C. Differential diagnosis in chronic fibrous pulpitis is performed with:

A. Profound caries

B. Acute focal pulpitis

C. Neuralgia of trigeminus nerve

D. Sinusitis

E. Chronic gangrenous pulpitis

423. M.C. Patient with chronic gangrenous pulpitis complains on:

A. Hot

D. Cold

C. Warm

D. Air temperature change

E. Pressure on the tooth

424. M.C. Examination in chronic fibrous pulpitis notices a caries cavity:

A. Profound

B. Medium

C. Superficial

D. With filling rests

E. Under artificial crown

425. M.C. Specify what are the signs in incipient stage of chronic gangrenous pulpitis:

A. Pain of the dental pulp

B. Bleeding of dental pulp

C. Pain on caries cavity walls

D. Pain on caries cavity bottom

E. Pain in neck region of the tooth

426. S.C. In linger evolution of chronic gangrenous pulpitis probing can be:

A. Painless

B. Painful in canal orifice

C. Sensible on cavity bottom

D. Painful on cavity walls

E. Painful in neck region of the tooth

427. S.C. Pain from thermal excitants in chronic gangrenous pulpitis will disappear :

A. Immediately

B. After 10 minutes

C. Gradually

D. After 20 minutes

E. After 30 minutes

428. M.C. In chronic gangrenous pulpitis modifications in periodontium are in form of:

A. Resorbtion of alveolars wall

B. Resorbtion of root cementum

C. Enlargements of periodontal space

D. In apical region a focus of osteoporosis

E. In apical region a focus of osteolysis

429. S.C. In chronic gangrenous pulpitis the electric excitability of pulp is:

A. 10-15 mA

B. 15-20 mA

C. 20-30 mA

D. 30-45 mA

E. 50-80 mA

430. M.C. Differential diagnosis of chronic gangrenous pulpitis is performed with:

A. Profound caries

B. Acute focal pulpitis

C. Chronic fibrous pulpitis

D. Wedge-form defect

E. Chronic apical periodontitis

431. M.C. Patient with chronic hypertrofic pulpitis complains on:

A. Annoying pain from excitants

B. Concrescence in tooth

C. Bleeding from the tooth

D. Pain on pressure the tooth

E. Pain during mastication

432. S.C. The examination of chronic hypertrofic pulpitis notices a caries cavity with:

A. Rests of obturation

B. Decayed dentine

C. Food rests

D. Proliferative tissue

E. Hard dentine with brown colour

433. M.C. Differential diagnosis of chronic hypertrofic pulpitis is made with:

A. Acute diffuse pulpitis

B. Chronic gangrenous pulpitis

C. Proliferation of gingival papilla

D. Proliferation of granular tissue from periodontium

E. Acute focal pulpitis

434. M.C. Specify the characteristics of pain for chronic exacerbated pulpitis:

A. Paroxysmal

B. Acute persistent pain

C. Spontaneous

D. With irradiation in trigeminus nerve branches

E. With submandibular irradiation

435. S.C. Specify the characteristic of probing in chronic hypertrophic pulpitis:

A. Painless

B. Painful

C. Sensible

D. Little painful

E. Weak pain

436. S.C. Electric excitability in chronic hypertrophic pulpitis is decrease in value of:

A. 80 mA

B. 20 mA

C. 30 mA

D. 45 mA

E. 50 mA

437. M.C. The radiologic image in chronic exacerbated pulpitis determines:

A. Enlargement of periodontal space

B. Osseous pocket

C. Osteoporosis in apical region

D. Osteolysis in apical region of tooth

E. Destruction zones of osseous tissue

438. M.C. Differential diagnosis of chronic exacerbated pulpitis is performed with:

A. Acute focal pulpitis

B. Acute diffuse pulpitis

C. Acute apical periodontitis

D. Chronic exacerbated periodontitis

E. Profound caries

439. M.C. Specify indications which are necessary in pulpitis treatment:

A. Restoration of demineralized focus

B. Liquidation of inflammation focus in pulp and pain diminish

C. Stimulation of reparative processes and dentinogenesis

D. Prevention of periodontitis

E. Restoration of tooth form and function

440. S.C. Essence of biologic method in pulpitis treatment consists in:

A. Partial preservation of pulp vitality

B. Non vital amputation

C. Vital extirpation

D. Non vital extirpation

E. Total preservation of pulp vitality

441. 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

442. S.C. Establish for how much time is applied the bandage in Ist visit of indirect capping to pulp inflammation treatment:

A. 8 days

B. 3 days

C. 2 days

D. One day

E. 6 hours

444. S.C. Indicate how long is kept the bandage in II-nd visit of indirect capping to pulp inflammation treatment:

A. 1-2 days

B. 3-5 days

C. 20-30 days

D. 14-15 days

E. 7-10 days

445. S.C. Indicate how long is the dressing kept in Ist visit of direct capping to pulp inflammation treatment:

A. 6 hours

B. 2 days

C. 1 day

D. 10-14 days

E. 7-10 days

446. S.C. Establish how long is recommended to keep temporary filling after vital amputation:

A. 20-30 days

B. 15-20 days

C. 7-10 days

D. 48 hours

E. 27 hours

447. S.C. Establish how long time must be the dressing kept in indirect pulp capping by classic method of treatment:

A. 7-10 days

B. 1-3 days

C. 14-15 days

D. 3-5 days

E. 5-9 days

448. S.C. Establish the period of time for dressing application in II-nd visit of direct capping in treatment the pulp inflammation:

A. 6 months

B. 10-14 days

C. 20-30 days

D. 7-10 days

E. 2 days

449. S.C. Follow up period after direct pulp capping lasts for:

A. 2 ½ years

B. 6 months

C. 5 years

D. 1 year

E. 2 years

450. M.C. Mention what are the materials used in indirect capping of pulp inflammation treatment:

A. Dycal

B. Biocalex 3

C. Vitapulp

D. Hydrex

E. Pulpol

452. M.C. Determine for what type of teeth vital amputation is indicated:

A. To monoradicular teeth

B. To pluriradicular teeth

C. Only to children and teenagers

D. Untill 25-30 years old

E. Impossible application of direct capping

453. M.C. Specify the teeth when vital amputation is possible to perform:

A. Frontal superior

B. Frontal inferior

C. Superior molars

D. Inferior molars

E. Inferior premolars

454. S.C. Establish from counted disadvantages which are specific for vital amputation:

A. Cavity at the neck of the tooth

B. Long time control

C. It can be continued with total pulp extirpation method

D. Low percent of success

E. Needs pulp desensitization with anesthesia

455. M.C. The chances of success in vital amputation are minimum in:

A. Diabetes mellitus

B. Vasculopathy

C. Oral respiration

D. Infantile deglutition

E. Endocrine disorders

456. M.C. Establish which one from the counted advantages are specific for vital amputation:

A. Biologic character

B. Vital conservation of radicular pulp

C. Development of roots to immature teeth

D. Assure end of tooth eruption

E. Possibility of complete pulp extirpation in failure

457. M.C. Specify when is vital extirpation indicated:

A. Acute focal pulpitis

B. Acute diffuse pulpitis

C. Chronic apical granulous periodontitis

D. Chronic fibrous pulpitis

E. Acute apical periodontitis

458. M.C. Specify when is vital extirpation indicated:

A. Chronic gangrenous pulpitis

B. Chronic apical granulomatous periodontitis

C. Chronic hypertrophyc pulpitis

D. Chronic apical periodontitis in aggravation

E. Acute marginal periodontitis

 459. M.C. Mark the contraindications for vital extirpation:

A. Pregnancy 8th month

B. Pregnancy 4th month

C. Pregnancy 2th month

D. Epilepsy

E. Pregnancy 6th month

460. M.C. Indicate the advantages for vital extirpation:

A. Complete treatment in one visit

B. Optimal conditions for healing apical pulpal process

C. Echelon the canal treatment in several visits

D. Absence of technique difficulty in comparison with other methods

E. Short working time

461. M.C. Determine what are the advantages for vital extirpation:

A. Pulp excision in several visits

B. Reduced risk of canal infection in comparison with non vital extirpation

C. It can be practiced in any form of pulp inflammation

D. Prevents infection of apical periodontium

E. It can be applied only in acute pulpitis

462. M.C. Determine in which situations vital extirpation is indicated:

A. Essential neuralgia of trigeminus

B. Neuralgia of teeth caused by denticles

C. Expressed pathologic abrasion

D. With a prosthetic goal for artificial metal crowns

E. Hyperesthesia of dentine that doesn’t give up to ordinary treatment

463. M.C. Establish the principles for vital extirpation:

A. Respect of asepsys

B. Possibility to respect asepsys without unpleasant results

C. Needs apex trepanation

D. Are contraindicated caustic antiseptics

E. Possibility of root filling in the same visit

464. M.C. Specify contraindications for vital extirpation:

A. Epileptic seizures

B. Heart disease

C. Sensibility to anesthetics

D. Trismus

E. Mandible constriction

465. M.C. Specify what are the advantages for vital extirpation:

A. It is painless

B. Use of devitalization substances with deep uncontrolled action because of preservation the blunt part of apical pulp

C. Blunt part of apical pulp permits use of some antiseptic substances with uncontrolled action in deepness

D. Application in any form of pulp inflammation

E. Insurance of optimal healing of blunt part of apical pulp

466. S.C. Mention the type of healing for apical pulpal blunt after vital extirpation:

A. Dentinoid

B. Calcarous

C. Fibrous

D. Cementoid

E. All above mentioned

467. M.C. Specify to which group of teeth are recommended medium thickness of barb broaches:

A. Central maxillary incisors

B. Inferior premolars

C. Vestibular canal of maxillary premolars

D. Palatal canal of maxillary premolars

E. Mesial canal of mandibular molars

468. M.C. Specify to which group of teeth are recommended thick barb broaches:

A. Central superior incisors

B. Canines

C. Inferior premolars

D. Palatal canal of superior molars

E. Distal canal of inferior molars

469. S.C. Name real minimum calibre of a barb broach:

A. 0,15 mm

B. 0,25 mm

C. 0,30 mm

D. 0,35 mm

E. 0,06 mm

470. S.C. Name real number of barbs on active part of barb broach:

A. 42

B. 46

C. 48

D. 52

E. 54

471. M.C. Specify in which canals is possible to use barb broaches of fine calibre:

A. Vestibular canals of superior molars

B. Mesial canals of inferior molars

C. Vestibular canals of first superior premolars

D. Superior lateral incisors

E. Inferior incisors

472. M.C. Specify in which canals can be used extra-extra thin barb broaches:

A. Mesiovestibular canal of superior first molar (6 years tooth)

B. Inferior lateral incisors

C. Superior lateral incisors

D. Vestibular canal of superior first premolar

E. Mesiovestibular canal second maxillary molar (12 years tooth)

473. S.C. Indicate the necrotizing substance which is used for chemical desensitization of dental pulp:

A. Phenic acid

B. Trioxymethylin

C. Arsenic

D. Trichresolphormaline

E. Chlorhexydine

474. S.C. What contact anesthetic substance is used on arsenic pastes:

A. Dicaine

B. Procaine

C. Lidocaine

D. Cocaine

E. Pantocaine

475. M.C. Name the components of arsenic fibers:

A. Thymol

B. Pigment

C. Arsenic anhydride

D. Wax

E. Cellulose fibers

476. M.C. Name the composition of arsenic paste:

A. Cocaine

B. Thymol

C. Carboxymethylcellulosa

D. Wax

E. Arsenium trioxide

477. M.C. Indicate the chemical the composition for arsenic granules:

A. Thymol

B. Pigment

C. Wax

D. Arsenic anhydride

E. Dicaine

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

A. Arsenium trioxide

B. Cocaine

C. Thymol

D. Pigment

E. Cellulose fibers

479. M.C. Establish to which teeth is performed nonvital amputation:

A. Teeth that won’t survive too long

B. Ectopic Teeth

C. Included teeth

D. Inaccessible canals for the correct endodontic treatment

E. General contraindications to preserve living pulp

480. M.C. Name real indications for non vital amputation:

A. Third superior molars

B. Third inferior molars

C. Other permanent teeth

D. Temporary teeth

E. Teeth from focus of fracture

481. M.C. Establish the indications for non vital pulp amputation:

A. Inferior molars to elders

B. Superior molars to elders

C. Superior periodontal teeth with mobility

D. Inferior periodontal teeth with mobility

E. Coronal-radicular fractures

482. M.C. Establish which counted disadvantages are specific for non vital extirpation:

A. Acute inflammatory complications of apical periodontium

B. Acute inflammatory complications of marginal superficial periodontitis

C. Tardy healing of apical bont

D. Necessity of several visits of antiseptic treatment to avoid chronic apical inflammatory complications

E. As a rule is complication with chronic apical periodontitis

483. M.C. Establish what are contraindications specific for non vital extirpation:

A. Deep caries with subgingival evolution

B. Chronic gangrenous pulpitis

C. Third inferior molars to persons to young persons

D. Third inferior molars to persons up to 45 years old

E. Extirpation with prosthetic purpose

484. M.C. Specify what is the root canal obturation limit in vital extirpation:

A. 2,5 mm

B. 2 mm

C. 1,5 mm

D. 1 mm

E. 0,5 mm

485. M.C. Indicate the requested qualities for root canal obturation:

A. Bacteriostatic

B. Bactericide

C. Sterilizable

D. Do not colour the hard dental tissue

E. Hidrophilic

487. M.C. Specify the advantages for zinc oxide eugenol pastes used in root canal obturation:

A. Satisfactory physical-chemical properties

B. Superior adhesion of zinc phosphate cement

C. Low price

D. Convenient setting time

E. Maximum radioopacity

“Structure of dental pulp”

488. S.C. Specify what is the substance where takes place the matabolism of dental pulp:

A. Blood vessels

B. Pulpcells

C. In basic substance

D. In collagen fibers

E. In peripheric layer of pulp

489. M.C. Name the dynamic states of basic substance of dental pulp:

A. Vacuolization

B. Polymerization

C. Mineralization

D. Petrification

E. Depolymerization

490. M.C. Establish what is the polymerization degree of basic substance depend on:

A. Patient age

B. Functional activity

C. Pathologic state

D. Affected degree of radicular pulp

E. General state of organism

491. M.C. Specify what is the depolymerization of basic substance depend on:

A. Strptococci

B. Protheolotyc enzimes

C. General health state

D. Patient age

E. Pulp inflammation

492. S.C. Determine what is the pulp vitality depend on:

A. Methabolic function basic substance

B. Patient age

C. Form of pulpitis

D. Localization of caries cavity

E. Presence of dental deposits

493. M.C. Specify what fibers does dental pulp contain in::

A. Collagenous

B. Reticular

C. Elastic

D. Argyrophil

E. Odontoblasts

494. M.C. Establish the orientation types of pulpal fibers:

A. Diffuse

B. Fascicular

C. Chaotic

D. Vertical

E. Tangential

495. M.C. Indicate cellular layers of dental pulp:

A. Central

B. Subodontoblastic

C. Interstitial

D. Perypheral ( odontoblastic)

E. Superficial

496. M.C. Specify what does the cytoplasm of odontoblasts contain:

A. Cellular organelles

B. Ribosomes

C. Polyzomes

D. Mithochondria

E. Golgi complex

497. M.C. Indicate the functions of odontoblasts:

A. Formation of basic substance

B. Formation of argirofire fibers

C. Formation of collagen fibers

D. Formation of cluster fibers

E. Formation of reticular fibers

498. S.C. Determine what does the subodontoblastic layer contain:

A. Pulpocytes

B. Osteocytes

C. Histiocytes

D. Fibroblasts

E. Plasmocytes

499. M.C. Determine the composition of cetral layer of pulp:

A. Fibroblasts

B. Histiocytes

C. Pulpocytes

D. Osteocytes

E. Monocytes

500. M.C. Establish the composition of central layer of dental pulp:

A. Histiocytes

B. Plasmatic cells

C. Lymfocytes

D. Argirofire fibers

E. Pulpocytes

501. S.C. Mark the dimensions of fibroblasts:

A. 9-15 mm

B. 3-5 mm

C. 7-8 mm

D. 16-18 mm

E. 20-25 mm

502. M.C. Establish what does the cytoplasm of odontoblasts contain in:

A. Mitochondria

B. Ribosomes

C. Fibriles

D. Collagen fibers

E. Reticullar fibers

503. Determine what are the fuctions of fibroblasts:

A. Formation of basic substance

B. Formation of collagen fibers

C. Defence

D. Plastic

E. Trophic

504. S.C. Specify what is the shape of histiocytes:

A. Irregular

B. Oval

C. Polygonal

D. Star-like

E. Spherical

505. S.C. Specify what is the shape of plasmocytes:

A. Spherical or oval

B. Polygonal or oval

C. Spherical or polygonal

D. Star-like shape

E. Spheroid

506. S.C. Indicate what are the dimentions of plasmocytes:

A. 5-7 mm

B. 10-25 mm

C. 9-13 mm

D. 15-18 mm

E. 20-23 mm

507. S.C. Specify what is the shape of plasmocytes nucleus:

A. Oval or spheroid

B. Spheric or oval

C. Oval or oblonged

D. Poligonal or sphenoid

E. Star-like

508. M.C. Determine what are the plasmocytes functions:

A. Synthesis of globulines

B. Synthesis of antibodies

C. Formation of basic substance

D. Formation of collagen fibers

E. Formation of elastic fibers

509. S.C. Specify what is the shape of neutrophile and basophils:

A. Spheroid or oval

B. Oval or oblonged

C. Polygonal or spheric

D. Star-like

E. Spheroid

510. M.C. Establish what does the cytoplasm of granulocytes contain in:

A. Mitochondria

B. Ribosomes

C. Golgi complex

D. Reticular cells

E. Reticular fibers

511. S.C. Identify what does the cytoplasm of granulocytes contains in:

A. Cytoplasmatic network

B. Osteocytes

C. Histiocytes

D. Limphocytes

E. Granulocytes

512. M.C. Specify what does the cytoplasm of limphocytes contain in:

A. Mitochondria

B. Lisosomes

C. Pinocytose vesicles

D. Ribosomes

E. Leucocytes

513. M.C. Mark what are the functions of dental pulp:

A. Trophic

B. Barrier and protection

C. Plastic

D. Repartition of masticatory pressure

E. Formation of alveolar osseoss tissue

514. M.C. Name morphologic modifications of dental pulp depending on age:

A. Vacuolization of odontoblasts

B. Reticular distrophy of dental pulp

C. Pulp petrification

D. Pulpal acantolysis

E. Degradation

515. M.C. Mark what are the factors in pulpal inflammation etiology:

A. Protection factors of organism

B. Protection factors of pulp

C. Excitant action duration

D. Location of caries cavity

E. Microflora of caries cavity

516. M.C. What are the sourses of pulp infectation:

A. Caries cavity of tooth

B. Infected dentine tubules

C. Retrograde path

D. Periodontal pocket

E. Through enamel

517. M.C. Specify what are the causes of pulp inflammation:

A. Mechanical trauma

B. Microorganisms and their toxines

C. Chemical factors

D. Presence of calculus deposites

E. Application of base material

518. M.C. Indicate what are the characteristic signs of inflammation:

A. Alteration

B. Hypertrophy

C. Exudation

D. Metabolism disorders

E. Proliferation

519. M.C. Differential diagnosis of chronic pulpitis is performed with:

A. Acute apical periodontitis

B. Exacerbated periodontis

C. Deep caries

D. Alveolitis

E. Glosalgia

520. M.C. Mark what are the contraindications for biologic method application in pulpitis treatment:

A. Up to 40 years old

B. Hypertension

C. Aterosclerosis

D. Candidiasis

E. Children with glosalgia

521. M.C. Mark what are the contraindications for biologic method application in pulpitis treatment:

A. Alveolitis

B. Diabetus mellitus

C. Avitaminosis

D. Marginal periodontitis

E. Periodontosis

522. 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

523.M.C. Determine when is vital amputation of pulp indicated:

A. Pulitis treatment to pluriradicular teeth, when there is accidental exposure of the dental pulp

B. Acute focal pulpitis

C. Acute diffuse pulpitis

D. Hypertrophic pulpitis

E. Deep caries

524. M.C. Determine when is vital amputation of pulp indicated:

A. Hypertrophic pulpitis

B. Gangrenous pulpitis

C. Chronic fibrous pulpitis

D. Electric pulp test below 40 mA

E. Acute diffuse pulpitis

525. M.C. Determine when is contraindicated vital amputation:

A. To monoradicular teeth

B. Hypertension

C. Diabetes mellitus

D. Avitaminosis

E. Acute focal pulpitis

526. M.C. Specify when is vital amputation of pulp contraindicated:

A. Acute focal pulpitis

B. Deep caries

C. Marginal periodontitis

D. Pluriradicular teeth

E. Chronic fibrous pulpitis

527. M.C. Specify when is vital extirpation of pulp indicated:

A. Acute focal pulpitis

B. Acute diffuse pulpitis

C. Chronic fibrous pulpitis

D. Apical periodontitis

E. Marginal periodontitis

528. M.C. Specify when is vital extirpation of pulp indicated:

A. Chronic hypertrophic pulpitis

B. Chronic gangrenous pulpitis

C. Accidental exposure of pulp

D. When electric pulp test is below 100 mA

E. Marginal periodontitis

529. M.C. Indicate clinical states when vital extirpation is contraindicated:

A. Individual unbearable of anesthetics

B. In general somatic states

C. In acute focal pulpitis

D. Age 20 years old and up

E. Marginal periodontitis

530. M.C. Name the diseases when non vital Method of non vital extirpation is indicated:

A. Acute focal pulpitis

B. Chronic fibrous pulpitis

C. Chronic hypertrophic pulpitis

D. Chronic gangrenous pulpitis

E. Acute diffuse pulpitis

531. M.C. Name clinical situations when non vital extirpation is contraindicated:

A. Absolute impermeability of root canals

B. Miocardium infarct

C. Severe neurologic states

D. Acute focal pulpitis

E. Chronic gangrenous pulpitis

532. M.C. Establish the goals of patient premedication in pulpitis:

A. To obtain stabilization of central nervous system functions

B. To remove conditions of inadequate reaction of patient

C. To treat pulpitis in first visit

D. Pulp extirpation

E. Application of temporary dressing

533. S.C. Name the medicaments used in biologic method of pulpitis treatment:

A. Zinc-eugenate paste

B. Thymol paste

C. Phenol paste

D. Silver nitrate paste

E. Zinc phosphate paste

534. M.C. Count the medicaments used in biologic method of pulpitis treatment:

A. Calcium hydroxide remedies

B. Antibiotics

C. Glucocorticoids

D. Enzymes

E. Phenol paste

535. M.C. Determine the remedies used in biologic method for pulpitis treatment:

A. Antimicrobial

B. Sulphanilamides

C. Nitrofuranes

D. Thymol paste

E. Phenol paste

536. M.C. Indicate the remedies used in biologic method for pulpitis treatment:

A. Glucosaminoglucanes

B. Collagen remedies

C. Biosubstrate

D. Zinc phosphate paste

E. Foredent paste

537. M.C. Specify clinical criteria of efficient treatment in biologic method:

A. Absence of pain reactions

B. Electric pulp test values are 2-6 mA

C. Absence of radiologic changes in periodontium – in term

D. Pain from thermal excitants

E. Pain to percussion

538. M.C. Specify the action time for arsenic paste:

A. 10-12 hours

B. 15-20 hours

C. 30-35 hours

D. 24-36 hours

E. 48 hours

539. S.C. Indicate action time for devitalized paste with slow effect:

A. 5-6 days

B. 15-18 days

C. 20-25 days

D. 30-40 days

E. 7-15 days

540. M.C. Specify what is the correct diagnosis in pulpitis depends on:

A. History of disease

B. Current evolution of disease (Anamnesis morbis)

C. Age

D. Presence of general disease

E. Dynamic of evolution for previous treatment

541. M.C. Count the errors and complications commited in pulpitis treatment with vital amputation:

A. Difficult anesthesia

B. Incorrect remove pulp chamber roof

C. Hemorrhage

D. Incorrect dosage of arsenic paste

E. Fracture of endodontic instruments

543. 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 anestesia

E. Further extention of carious process

544. M.C. Count the errors and complications commited in pulpitis treatment by extirpation method:

A. Pain to extirpation

B. Fracture of barb-broach

C. Aggravation of marginal periodontitis

D. Neuralgia

E. Aggravation of sinusitis

545. M.C. Count the errors and complications commited 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

546. S.C. Mark the errors and complications in pulpitis treatment with extirpation method:

A. Hemorrhage of root canal

B. Pusing the infected pulp in periodontium

C. Perforation of radicular wall

D. Perforation of pulp chamber bottom

E. Aggravation of marginal periodontitis

547. M.C. Count the errors and complications after root canal obturation in pulpitis:

A. Pain to percussion

B. Pain to mastication

C. Fracture of endodontic instrument

D. Perforation at trifurcation

E. Fracture of the bur

548. M.C. Count the errors and complications after root canal obturation in pulpitis:

A. Incomplete obturation of root canal

B. Overfilling

C. Pain in extirpation

D. Aggravation of general state

E. Trauma of tissues

549. M.C. Indicate the errors and complications after pulpitis treatment with vital amputation method:

A. Acute pain with irradiation

B. Pain to thermal excitants

C. Pain when press on the tooth

D. The tooth color is changed

E. Inflammation of marginal gingiva

550. S.C. Specify causes of complications in vital amputation of pulp:

A. Negligence of asepsys rules

B. Errors in diagnosis

C. Incorrect choise of instruments for diagnosis

D. Electric pulp test is low

E. Destructive apical process

551. M.C. Name control methods of failure used in vital amputation method:

A. Total extirpation of dental pulp

B. Medicamentous treatment of root canal

C. Obturation of root canal in limmits of apical foramen

D. Endodontic treatment of canal

E. Use of curative pastes

552. M.C. What are the physico - therapeutical methods used in complications treatment after root canal obturation:

A. Fluctuorization

B. Darsonval current

C. Magnitotherapy

D. Transcanalar electrophoresis

E. Culer-Sherbacov

553. S.C. Mark physico - therapeutical methods used in complications treatment after root canal obturation:

A. RUS - therapy

B. Magnitotherapy

C. Transcanalar electrophoresis

D. Culer-Sherbacov

E. Ultraviolet lights

554. M.C. Specify the actions of medicaments used in biologic method of pulpitis treatment:

A. Reduce inflamation in pulp

B. Stimulation of dentinogenesis processes

C. Pulp necrosis

D. Periodontium inflammation

E. Catarrhal gingivitis

555. S.C. Specify the actions of medicaments used in biologic method of pulpitis treatment:

A. Izolation of pulp chamber and dental pulp from agressive biologic agents

B. Necrosis of dental pulp

C. Apical distructive process

D. Stomatitis

E. Catarrhal gingivitis

556. M.C. Mark what actions have corticosteroids used for pulpitis treatment with biologic method:

A. Antiinflammatory

B. Hyposensitive

C. Analgesic

D. Dentinogenesis

E. Cauterization

557. M.C. Mark what are the actions of enzymes used for pulpitis treatment with biologic method:

A. Necrolitic

B. Mucolitic

C. Antiinflammatory

D. Hyposensitive

E. Analgetic

558. M.C. Determine what are the negative actions of antibiotics used in pulpitis treatment with biologic method:

A. Lead to bacteria resistance to antibiotics

B. Inhibits fagocyte activity of pulpal cells

C. Inhibits activity of odontoblats

D. Stimulates dentinogenesis

E. Cauterization action

559. M.C. Specify what are the clinical characteristics of pulp inflammation:

A. Varied

B. Conditioned by general state

C. Not varied

D. No conditioned by local health state

E. Not conditioned by general health state

560. M.C. The diagnosis of pulpitis is set up in base on:

A. Interrogatory

B. Inspection

C. Palpation

D. General state of organism

E. Local state of oral cavity

561. M.C. Specify associated diseases where is pain irradiation in teeth and maxillaries:

A.Lymphadenitis

B. Dental plexalgia

C. Stenocardy

D. Hypothyreosis

E. Hyperthyreosis

562. M.C. Specify associated diseases where is pain irradiation in teeth and maxillaries:

A. Lymphadenitis

B. Neuralgia

C. Neuritis of II and III brances of trigeminus

D. Hyperesthesia

E. Pericoronaritis

563. M.C. Aggravation of chronic pulpitis preceded of:

A. Functional overloading

B. Tooth trauma

C. Nervous overloading

D. Bacterial diseases

E. Alveolitis

564. M.C.Aggravation of chronic pulpitis is preceded of:

A. Caries cavity full with food rests

B. Hypothermia

C. Overstress

D. Stenocardy

E. Hyperthyreosis

565. M.C. Aggravation of chronic pulpitis is preceded of:

A. Surgical intervention

B. Viral diseases

C. Dental plexalgia

D. Hypothyreosis

E. Pericoronaritis

566. M.C. Possible infection sources of pulpitis are:

A. Caries cavity

B. Erosions of the enamel

C. Stenocardy

D. Alveolitis

E. Ganglionitis

567. M.C. Count the methods that foretell exploration of carious cavities:

A. Necrotic dentine removal

B. Removal of overhanging enamel margins

C. Calculus removal

D. Soft deposits removal

E. Caries cavity preparation

568. M.C. What is necessary to take in account when set up diagnosis of pulpitis:

A. Probing on the walls of cavity

B. Probing of cavity bottom

C. Probing in single point

D. Probing to enamel-dentine junction

E. Probing ro neck region

569. S.C. What is necessary to take in account when set up diagnosis of pulpitis:

A. Probing of walls

B. Probing of cavity bottom

C. Probing to enamel-dentine junction

D. Probing to neck

E . Probing to oclusal surface of tooth

570. S.C. Specify what determine the comparative percussion of teeth:

A. Periodontium intoxication

B. Presence of caries cavity

C. Presence of periodontal pockets

D. Presence of wedge-form defect

E. Presence of acidic necrosis

571. M.C. In determination the pulp reaction to electric current is important to take in account the following:

A. Periodontal diseases

B. Patient age

C. Central nervous system diseases

D. Caries cavity localization

E. Presence of necrotic dentine

572. M.C. In determination the pulp reaction to electric current is important to take in account the following:

A. Endocrine disorders

B. Periodontal diseases

C. Presence of necrotic dentine

D. Localization of caries cavity

E. Presence of deposits on teeth

573. M.C. Indicate the symptoms characteristic for acute forms of pulpitis:

A. Spontanoius pain

B. Action of mechanical, chemical, thermal excitants

C. Pain is aggravating at night period

D. Permanent pain

E. „Long” tooth symptom

574. M.C. Name the symptoms characteristic for acute forms of pulpitis:

A. Paroxismal pain with painless intervals

B. Spontanious pain

C. Pain to mastication

D. Pain to percussion

E. „Long” tooth sensation

575. M.C. Identify the reasons of spontanious pain in acute pulpitis:

A. Disorders in blood vessels system

B. Excitation of nervous endings with bacterial toxine

C. Excitation of nervous endings with desintegration produces of organic substance from dentine and pulp

D. Changes in chemical composition of saliva

E. Changes of calculus composition

576. M.C. Radiologic image in pulpitis indicates:

A. Caries cavity localization

B. Periodontal pocket

C. Lenght of artificial crown

D. Instrument fracture

E. Presence of necrotic dentine

577. M.C. Differential diagnosis in acute focal pulpitis is performed with:

A. Deep caries

B. Acute diffuse pulpitis

C. Chronic fibrous pulpitis

D. Acute marginal periodontitis

E. Acute periodontitis

578. M.C. Differential diagnosis in acute focal pulpitis is performed with:

A. Papillitis

B. Acute diffuse pulpitis

C. Acute gingivitis

D. Chronic gangrenous pulpitis

E. Chronic periodontitis

579. M.C. Mark the pain characteristics in acute diffuse pulpitis:

A. Night persistent

B. Long lasting from excitants

C. Pain during day

D. Localized pain

E. Pain when touch the tooth

580. M.C. Pain in acute diffuse pulpitis to superior teeth irradiates in:

A. Temporal region

B. Supraorbital region

C. Mandibular region

D. Cervical region

E. Occipital region

581. M.C. Pain in acute diffuse pulpitis to superior teeth irradiates in:

A. Mandible teeth

B. Supraorbital region

C. Cervical region

D. Ear

E. Occipital region

582. M.C. Pain in acute diffuse pulpitis to inferior teeth irradiates in:

A. Occipital region

B. Ear

C. Submandibular region

D.Tempotal region

E. Supraorbital region

583. M.C. Pain in acute diffuse pulpitis to inferior teeth irradiates in:

A. Submandibular region

B. Ear

C. Occipital region

D. Cervical region

E. Supraorbital region

584. M.C. Pain in acute diffuse pulpitis of superior teeth irradiates in:

A. Ear

B. Occipital region

C. Mandibular teeth

D. Supraorbital region

E. Cervical region

585. M.C. Electric excitability of dental pulp in acute diffuse pulpitis is:

A. 30 mA

B. 40 mA

C. 50 mA

D. 20 mA

E. 15 mA

586. M.C. Differential diagnosis in acute diffuse pulpitis is performed with:

A. Acute focal pulpitis

B. Chronic aggravated pulpitis

C. Chronic hypertrophic pulpitis

D. Chronic gangrenous pulpitis

E. Wedge-form defect

587. M.C. Differential diagnosis in acute diffuse pulpitis is performed with:

A. Acute apical periodontitis

B. Trigeminus neuralgia

C. Sinusitis

D. Medium caries

E. Wedge-form defect

588. M.C. Mark the pain characteristics for chronic forms of pulpitis:

A. Linger pain during alimentation

B. Inspiring the cold air

C. Move from warm to cold place

D. Night

E. Paroxismal

589. M.C. Determine the pain characteristics in chronic forms of pulpitis:

A. Linger pain during alimentation

B. Inspiring cold air

C. Night

D. Paroxismal

E. During the day

590. S.C. Determine the pain characteristics in chronic forms of pulpitis:

A. Move from warm to cold place

B. When press the tooth

C. Pain in the night

D. Pain in the morning

E. Permanent

591. M.C. The patient with chronic fibrous pulpitis presents pain to excitants:

A. Thermal

B. Mechanical

C. Touch the tooth

D. Physical

E. Percussion

592. M.C. Differential diagnosis of chronic fibrous pulpitis is performed with:

A. Deep caries

B. Chronic gangrenous pulpitis

C. Trigeminus neuralgia

D. Sinusitis

E. Alveolitis

593. S.C. Differential diagnosis of chronic gangrenous pulpitis is performed with:

A. Chronic apical periodontitis

B. Medium caries

C. Acute focal pulpitis

D. Acute diffuse pulpitis

E. Wedge-form defect

594. M.C. Patient with chronic hypertrophic pulpitis complains on:

A. Annoying pain from excitants

B. Excrescence of meat in the tooth

C. Bleeding from the tooth

D. Pain on pressing the tooth

E. Night pain

595. M.C. Patient with chronic hypertrophic pulpitis complains on:

A. Bleeding from the tooth

B. Pain to mastication

C. Pain when press the tooth

D. Night pain

E. Transitory pain

596. S.C. Indicate when is differential diagnosis of chronic hypertrophic pulpitis is performed:

A. Gingival papilla proliferation

B. Acute focal pulpitis

C. Acute diffuse pulpitis

D. Chronic gangrenous pulpitis

E. Chronic fibrous pulpitis

597. M.C. Establish what is the doctor role in pulpitis treatment :

A. Stimulation of inflammatory processes

B. Prevention of periodontitis

C. Liquidate inflammatory focus in pulp and attenuate pain

D. Stimulation of reparative processes and dentinogenesis

E. Intensification of inflammatory process

598. S.C. Specify when is biologic method indicated:

A. Acute focal pulpitis

B. Chronic fibrous pulpitis

C. Acute diffuse pulpitis

D. Chronic hypertrophic pulpitis

E. Chronic gangrenous pulpitis

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

A. To monoradicular teeth

B. To pluriradicular teeth

C. Until 25-30 years old

D. Impossible to use direct capping

E. Chronic fibrous pulpitis

600. M.C. Specify what are the components of cytoplasm in odontoblast cell:

A. Cellular organelles

B. Ribosomes

C. Polysomes

D. Nucleus

E. Leucocytes