**TESTS ORAL PATHOLOGY**

**V year students, X semester**

**1. The submucosal layer is more pronounced in the mucosal region:**

A. Lips D. Hard Palate

B. Jugal E. Tongue

C. Gingival

**2. According to their appearance, the pathological elements can be confused with the** **lingual papillae:**

A. Filiform D. Circumvallate

B. Fungiform E. All answers are correct

C. Foliate

**3. Secondary injuries are:**

A. Nodule, macula, vesicula

B. Erosion, ulcer, fissure

C. Pustule, papule, cyst

D. Crust, scar

E. Pigmentation, aphtae

**4. Secondary lesions are the following:**

A. Nodule, bulla

B. Vesicula, macula

C. Aphtae, ulcer

D. Erosion, crust

E. Pustule, nodule

**5. In which of the above elements the diameter exceeds 1,5 cm:**

A. Scar D. Nodule

B. Papule E. Weal

C. Erythema

**6. Nature of macula is distinguished:**

A. Inflammatory D. Acantholytic

B. Hemorrhagic E. All of the above

C. Spongy

**7. As an elementary lesion the scalp has a formation of:**

A. The epithelial layer D. The entire mucosa

B. Tunic proper E. A physiological process

C. The submucosal layer

**8. If the dimensions of the papules exceed 5 mm, the following are formed:**

A. Hives D. Plates

B. Maculae E. Scars

C. Ulcerations

**9. Injuries are classified as:**

A. Primary

B. Secondary D. Combined

C. Tertiary E. Complex

**10. The diagnosis of drug allergy is made by:**

A. Skin samples D. Allergic history

B. Provocative evidence E. Radiography

C. Laboratory methods

**11. Leukoplakia is a chronic condition of the mucosa and is manifested by:**

A. Hyperkeratinization of the epithelium

B. The appearance of blisters

C. The appearance of bulla

D. Erythema

E. The presence of scars

**12. Leukoplakia affects only:**

A. Skin D. Oral mucosa and other mucous membranes

B. Skin and oral mucosa E. Skin and other mucous membranes

C. Oral mucosa

**13. What group of diseases of the oral mucosa belongs to the leukoplakia:**

A. Infectious lesions D. Allergic lesions

B. Precancerous lesions E. Independent lesions

C. Traumatic injuries

**14. What group of diseases of the oral mucosa belongs to the acute herpetic stomatitis:**

A. Traumatic lesions

B. Allergic lesions

C. Mucosa modifications in exogenous intoxication

D. Infectious lesions

E. Modifications in dermatoses

**15. In the case of acute herpetic stomatitis, gingiva is more affected in:**

A. The vestibular part D. The palatal part

B. Frontal tooth area E. Retroalveolar area

C. Oral part of premolars

**16. In the case of acute herpetic stomatitis, the tongue is:**

A. Rhomboid D. Fissured

B. Hairy E. Covered with deposits

C. Lacquered

**17. In typical cases, chronic herpes infection is manifested by localized blisters:**

A. Separate

B. Disseminated throughout the oral mucosa

C. Only on the lower lip

D. Only on the tongue

E. No answer is correct

**18. Following the rupture of vesicles in recurrent chronic herpetic stomatitis, on the mucosa are** **formed:**

A. Ulcers D. Erosions

B. Erythema E. Crusts

C. Scars

**19. Shingles is caused by the virus:**

A. HIV D. Influenza

B. Herpes simplex E. Varicella

C. Varicella Zoster

**20. Mention what types of pain are characteristic for shingles:**

A. Neuralgic D. Lancenate

B. Pulsative E. Dull

C. Annoying

**21. Foot-and-mouth disease is an acute infectious disease of etiology:**

A. Traumatic D. Microbial

B. Allergic E. Viral

C. Mycotic

**22.The decisive role in the onset of ulcero-necrotic stomatitis Vincent is attributed to:**

A. Trauma to the oral mucosa

B. Apical periodontitis

C. Oral hygiene

D. Salivation

E. Decreased resistance of the body to infection

**23. Ulcero-necrotic stomatitis belongs to the group of lesions:**

A. Traumatic D. Systemic

B. Infectious E. Precancerous

C. Allergic

**24. In Vincent's stomatitis, the ulcers are covered with massive necrotic deposits of color:**

A. Gray - green D. Yellow

B. Gray-yellowish E. White-gray

C. Gray

**25. Indicate the compartment to which tuberculosis belongs according to the classification of lesions of the oral mucosa:**

A. Traumatic injuries D. Bacterial infections

B. Allergic lesions E. Virotic lesions

C. System changes

**26. Which form of tuberculos is most commonly affects the oral cavity:**

A. Colicative form D. Lupus vulgaris

B. Miliary form E. All mentioned above

C. Ulcerative form

**27. Primary element in lupus vulgaris is:**

A. Cornificate plaque

B. Nodule

C. Vesicula

D. Urticaria

E. Pustule

**28. In lupus tuberculosis the outbreak has the appearance of a superficial ulcer, covered with papillomatous growths resembling:**

A. Hematomas

B. Fibroids

C. Raspberry seeds

D. Warts

E. All of the above

**29. The primary lesion of ulcerative miliary tuberculosis is:**

A. The tubercle D. Papule

B. Macula E. Vesicula

C. Erythema

**30. What is the most common form of secondary lues in the case of damage to the oral mucosa:**

A. Spotted syphilis D. Ulcerative syphilis

B. Papular syphilis E. Erosive syphilis

C. Pustular syphilis

**31. Indicate which pathogen caused the development of oral candidomycosis:**

A. Candida tropicalis D. Candida krusei

B. Candida guilliermondii E. All mentioned

C. Candida albicans

**32. Oral candidiasis has the following clinical-morphological forms:**

A. Nodular

B. Pseudomembranous

C. Erythematous (atrophic)

D. Hyperplastic

E. Ulcerative and erosive

**33. Allergic injury with the worst prognosis is:**

A. Quincke angioneurotic edema

B. Melkersson-Rosenthal Syndrome

C. Anaphylactic shock

D. Catarrhal-hemorrhagic stomatitis

E. Drug allergy

**34. Polymorphic exudative erythema injures:**

A. Predominantly the oral mucosa

B. Oral and genital mucosa

C. Eye mucosa

D. Cutaneous epithelium of the face

E. Cutaneous epithelium of the body

**35. The charges in the case of polymorphic exudative erythema are:**

A. Rash on the mucous membranes and skin

B. Mild itching

C. Pain in the mouth

D. Weakness

E. No answer is correct

**36. Characteristic for polymorphic exudative erythema on the skin is the drawing:**

A. Lace

B. Crescent

C. Cockade

D. Linear

E. Mesh

**37. The character of oral lesions in polymorphic exudative erythema is:**

A. Painless

B. Very painful both in peace and under the action of movements

C. Painful only by the action of thermal factors

D. Painful only by the action of mechanical factors

E. A little painful

**38. Indicate the regions of the oral mucosa most frequently affected by polymorphic exudative erythema:**

A. Retromolar

B. The Palatine Veil

C. Anterior

D. Mucosa on the gear line

E. The entire oral mucosa

**39. In polymorphic exudative erythema on swollen and hyperemic lips, erosions are covered with a dense layer of:**

A. Whitish deposits D. Black-brown crusts

B. Brown deposits E. All mentioned

C. Dense greenish deposits

**40. The toxic-allergic form of polymorphic exudative erythema is characterized by recurrence caused by:**

A. Cold D. Drug administration

B. Alcohol consumption E. Allergen administration

C. Sunstroke

**41. Which of the above includes chronic recurrent aphthous stomatitis?**

A. Precancerous lesions D. Dermatoses

B. Infectious lesions E. Allergic lesions

C. Traumatic lesions

**42. Vitamin C deficiency develops:**

A. Beriberi disease D. Vaquez anemia

B. Scurvy E. Pellagra

C. Pernicious anemia

**43. At a cardio-vascular insufficiency the oral mucosa and the lips are stained in :**

A. Bright red D. Light brown

B. Pale pink E. Cyanotic

C. Gray

**44. It is considered that the development of glossalgia (burning mouth symptom) is based on:**

A. Pathologies of the digestive tract

B. Vascular diseases

C. Endocrinopathies

D. Diseases of the central and peripherical nervous system

E. More etiologic factors

**45. Genuine pemphigus is characterized by acantholysis of cell from:**

A. The horny layer of epithelium

B. Basal lamina layer

C. The layer of mucosa’s own tunic

D. The submucosal layer

E. Malpighi layer

**46. In what clinical form does pemphigus more frequently injure the oral mucosa?**

A. Vegetative D. Seborrheic

B. Vulgaris E. In all forms

C. Foliaceous

**47. A peculiarity of pemphigus vulgaris in the oral cavity is its evaluation:**

A. With bulla

B. With pustules

C. No vesicles

D. Simultaneously with blisters and pustules

E. E. Simultaneously with vesicles, bullae and pustules

**48. Mention the main characteristic symptom of the diagnosis of pemphigus:**

A. Pospeloc symptom D. Moller symptom

B. Nikolski symptom E. The symptom of apple jelly

C. Hunter symptom

**49. What is the common symptom that requires a differential diagnosis of pemphigus with** pemphigoid, polymorphic exudative erythema, drug allergy, stomatitis, bullous form of lichen rubber planus?

A. Vesicles D. Ulcers

B. Erosions E. Vegetations

C. Scars

**50. Chronic lupus erythematous affects the cutaneous epithelium in the form of:**

A. Disc D. Butterfly

B. Half-moon E. Bee

C. Cone

**51. The basic morphologic element of red lichen planus is:**

A. Erythema D. Cornified papule

B. Tubercle E. Pigmented macula

C. Crust

**52. Which form of oral lichen rubber planus is very rare?**

A. Typical

B. Exudative-hyperemic

C. Erosive-ulcerative

D. Bullous

E. Hyperkeratosis

**53. The worst clinical form of lichen rubber planus is:**

A. Typical

B. Exudative-hyperemic

C. Erosive-ulcerative

D. Bullous

E. Hyperkeratosis

**54. Prolonged presence of erosions in oral lichen planus leads to:**

A. Keratinizationof the damages surface

B. Formation of hyperkeratosis warts

C. Crust formation

D. Mucosal atrophy and vegetation formation

E. Superficial healing of the mucosa

**55. Usually oral lichen planus in the oral cavity is complicated with:**

A. Desquamative tongue

B. Allergic reaction

C. Ulcero-necrotic stomatitis Vincent

D. Candidiasis

E. Erosive gingivitis

**56. Fissured tongue can be a symptom of syndrome:**

A. Behcet D. Melkerson-Rosenthal

B. Sjogren E. All of the above

C. Stevens-Johnson

**57. Localization of desquamative glossitis al the level of lingual mucosa is on the:**

A. The dorsal face of the tongue

B. The ventral surface of the tongue

C. Lateral surfaces of the tongue

D. All surfaces of the tongue

E. Apex of the tongue

**58. Rhomboid glossitis is located on the midline of the tongue:**

A. Anterior to circumvallate papillae

B. Lateral to the circumvallate papillae

C. Posterior to the circumvallate papillae

D. On the tip of the tongue

E. Closer to the root of the tongue

**59. Exfoliative cheilitis is manifested by:**

**A. Desquamation D. The appearance** of cracks

B. Erosion E. Hyperkeratinization

C. Ulceration

**60. Mention the characteristic symptom of glandular cheilitis:**

A. Bleeding

B. Presence of keratosis plaques

C. Depression of some sectors

D. Dewdrops

E. White foamy deposits

**61. Actinic cheilitis is an inflammatory disease that occurs:**

A. To the long action of the sun’s rays

B. To the action of X-rays

C. To the action of ultraviolet rays (with an increased sensibility to insolation)

D. To all person in all insolation conditions

E. Only to insolation

**62. In the etiology of atopic cheilitis great importance is given to following factors:**

A. Genetic D. Chemical

B. Traumatic E. Mechanical

C. Thermal

**63. Eczematous cheilitis is considered a symptom of eczema underlying the inflammation of the skin with character:**

A. Allergic D. Neuro-allergic

B. Neurogenic E. Bacterial

C. Toxic

**64. Leukoplakia is a chronic lesion of the mucosa characterized by:**

A. The appearance of vesicles

B. The appearance of bullae

C. The hyperkeratinization of epithelium

D. The inflammation of the chorion

E. The presence of the atrophic scars

**65. The preferred site of leukoplakia is:**

A. The red edge of the lower lip

B. The red edge of the upper lip

C. Mucosa in the region of buccal commissure

D. Mucosa in the jugal retromolar region

E. Mucosa of the palatine veil

**66. Clinical manifestation of the leukoplakia may be in the form of:**

A. Erythema D. Plaques

B. Maculae E. Erosions

C. Warts

**67. Differential diagnosis of leukoplakia is done with:**

A. Oral lichen planus

B. Lupus erythematous

C. Chronic hypertrophic candidiasis

D. Secondary recurrent syphilis

E. No answer is correct

**68. The treatment of leukoplakia includes:**

A. Rehabilitation of oral cavity

B. Administration of oily solutions of vitamin A and E

C. Surgical methods

D. Cryosurgery

E. No answer is correct

**69. In acute herpetic stomatitis on the affected oral mucosa can be observed:**

A. Bullae D. Erosions

B. Vesicles E. Superficial ulcerations

C. Aphthae

**70. The injury elements in acute herpetic stomatitis are located on:**

A. Red of the lips D. Jugal mucosa

B. Palate E. Pharyngeal mucosa

C. Tongue

**71. The differential diagnosis of acute herpetic stomatitis is made with:**

A. Aphthous fever

B. Herpetic angina

C. Polymorphic exudative erythema

D. Allergic conditions

E. Pemphigus

**72. The main clinical symptoms of the Zoster zone are:**

A. Fever

B. Erythematous and vesicular lesions along the path of sensory nerves

C. Inflammation of the intervertebral lymph nodes

D. Erythema and vesicles on the skin

E. Xerostomia

**73. General symptoms of the Zoster zone are:**

A. Indisposition D. Fever until 38-390C

B. Headache E. Xerostomia

C. Chills

**74. Differential diagnosis of the Zoster zone is made with:**

A. Chronic aphtous recurrent stomatitis

B. Pemphigoid

C. Pemphigus

D. Allergic lesions

E. Acute herpetic stomatitis

**75. In the treatment of Zoster zone, it is necessary to administrate:**

A. Antihistamines D. Ganglion blocking

B. Analgesics E. Vitamins B1, B2, B12

C. Antiviral preparations

**76. Specify the microorganisms that favor the evolution of Ulcero-necrotic stomatitis Vincent:**

A. Spirochete Vincent

B. Fusobacterium nucleatum

C. Prevotella intermedia

D. Porphyromonas gingivalis

E. No answer is correct

**77. Ulcero-necrotic stomatitis Vincent may appear as a complication of:**

A. Viral infections

B. Allergic erosive stomatitis

C. Polymorphic exudative erythema

D. Trophic ulcerations in cardiovascular diseases

E. No answer is correct

**78. Clinical symptoms of Ulcero-necrotic gingivo-stomatitis may be:**

A. Xerostomia D. Pain during deglutition

B. Trismus E. Asymmetry of the face

C. Gingival bleeding

**79. The differential diagnosis of Ulcerative-necrotic stomatitis Vincent is mainly made with:**

A. Secondary syphilitic eruptions D. Agranulocytosis

B. Cardiovascular lesions E. Scurvy

C. Leukemia

**80. Differential diagnosis of tuberculous lupus is made with:**

A. Herpetic stomatitis

B. Tertiary syphilis

C. Chronic recurrent aphtous stomatitis

D. Leprosy

E. Lupus erythematous

**81. What appears later on the sector which was delimited by hyperemia and indurationof the hard canker on the mucosa:**

A. An erosion D. An aphtae

B. An ulcer E. A tubercle

C. A crack

**82. Differential diagnosis of hard canker is made with:**

A. Chronic traumatic ulcers

B. Trophic ulcers

C. Cancerous ulcer

D. Acute traumatic ulcer

E. Tuberculous ulcer

**83. In what form occurs acute candidiasis:**

A. Hyperplastic D. Ulcerative

B. Pseudomembranous E. Atrophic

C. Erosive

**84.Chronic hyperplastic candidiasis is characterized by the appearance on the oral mucosa of some:**

A. White spots D. White deposits

B. Plates E. Tree-like designs

C. Papillary hyperplasia

**85.The differential diagnosis of oral candidiasis is made with:**

A. Leukoplakia D. Lupus vulgaris

B. Lichen rubber planus E. Leukemia

C. Lupus erythematosus

**86. To confirm the diagnosis of candidiasis it is necessary to perform the analysis of fungi:**

A. Quantitative D. Fluorescent

B. Qualitative E. Luminescent

C. Biochemistry

**87. In the local treatment of oral candidiasis, ointments are with:**

A. Micoheptin D. Terbinafine

B. Nystatin E. Gentamicin

C. Clotrimazole

**88. Candidiasis prophylaxis includes:**

A. Oral cavity hygiene

B. Prosthesis hygiene

C. Administration of antibiotics and cytostatics under the protection of antifungals

D. Administration of vitamins B, C

E. No answer is correct

**89. Specify the stages of evolution of allergic reactions:**

A. Pathophysiological D. Pathochemistry

B. Pathomorphological E. Cytochemical

C. Immunological

**90. The differential diagnosis of anaphylactic shock is made with:**

A. Renal insufficiency

B. Cardiac insufficiency

C. Epilepsy

D. Quincke angioneurotic edema

E. Heart attack

**91. What are the most urgent measures in the treatment of anaphylactic shock?**

A. Reducing allergen absorption

B. Normalization of blood pressure

C. Fighting with spasms

D. Combating asphyxia

E. No answer is correct

**92. Specify the clinical symptoms of Quincke's angioneurotic edema:**

A. Unexpected debut

B. Headache

C. Vomiting

D. Swelling of the lips, tongue, soft palate

E. Swelling of the eyelids and cheeks

**93. According to the degree of expressiveness of the inflammatory reactions in the drug allergy, we distinguish:**

A. Catarrhal-hemorrhagic stomatitis

B. Erosive stomatitis

C. Ulcerative-necrotic stomatitis

D. Hyperplastic stomatitis

E. Atrophic cheilitis

**94. The onset of polymorphic exudative erythema has a detrimental element in the oral cavity:**

A. Macula D. Urticarial wound

B. Papule E. Vesicula and bulla

C. Hyperkeratosic papule

**95. Mention the forms of polymorphic exudative erythema:**

A. Allergic

B. Infectious

C. Allergic-infectious

D. True polymorphic exudative erythema

E. Toxic-allergic

**96. The cutaneous localization of the lesion elements in the polymorphic exudative erythema is predominantly characteristic for:**

A. Face D. Feet

B. Neck E. Forearms

C. Hands

**97. Which mucosa is more frequently affected in polymorphic exudative erythema:**

A. Cheeks D. Tongues

B. Lips E. Hard palate

C. Soft Palace

**98. In polymorphic exudative erythema on the mucous membrane of the lips and oral cavity it is observed:**

A. Urticarial wheals

B. Bulla with serous or hemorrhagic contents

C. Multiple erosions

D. Dense yellowish deposits

E. Positive Nikolski symptom

**99. Polymorphic exudative erythema differs from pemphigus by:**

A. Epithelialization of erosion in a shorter time

B. Lack of Țzank acantholytic cells

C. Epithelialization of cells for a long time

D. Negative Nikolski symptom

E. The condition appears in full health

**100. Exudative erythema differs from acute herpetic stomatitis by:**

A. Smaller erosions

B. Higher erosions

C. Lack or reduced number of lesions of the marginal gum

D. Typical skin symptoms

E. Recurrences

**101. Chronic recurrent aphthous stomatitis of the oral mucosa is characterized by:**

A. Occurrence of ulcers

B. Recurrences of aphtae

C. The appearance of bulla

D. Traumatic evolution

E. Periodic exacerbations

**102. Mention the clinical forms of foot-and-mouth disease:**

A. Chronic superficial aphthous stomatitis

B. Recurrent chronic foot-and-mouth disease

C. Deep reccurent aphtae

D. Superficial reccurent aphtae

E. Healing deep reccurent aphtae

**103. Recurrent chronic foot-and-mouth disease begins with:**

A. Hyperemia stain

B. Stain with a diameter of 1 cm

C. Stain with a diameter of 2 cm

D. Painful stain

E. Painless stain

**104. The most common recurrent chronic foot-and-mouth disease rash is located on:**

A. Jugal mucosa

B. The labial mucosa

C. The sides of the tongue

D. Red lips

E. The hard palate

**105. The differential diagnosis of recurrent chronic foot-and-mouth disease is made with:**

A. Traumatic erosions D. Syphilitic papules

B. Candidiasis erosions E. Allergic erosions

C. Herpes erosions

**106. What remain on the oral mucosa after the healing of the recurrent deep scarring:**

A. Tree-like scars

B. Smooth scars

C. Superficial scar

D. Retractable scars

E. Scar similar in color to leukoplakia

**107. Scars from aphtae located on mouth angle or soft palate can cause:**

A. Deformation of the mucosa D. Speech defects

B. Swallowing pain E. All listed

C. Microstomy

**108. The differential diagnosis of deep scarring aphtae is made with:**

A. Mucosovial bullous dermatitis

B. Recurrent chronic foot-and-mouth disease

C. Trophic ulcer

D. Traumatic ulcer

E. Vincent ulcerative-necrotic stomatitis

**109.Mention the characteristic symptoms of Sjogren's syndrome:**

A. Xerostomie

B. Xerophthalmia

C. Atrophic changes in the lingual papillae

D. Xeroderma and skin peeling

E. Ulcerations on the oral mucosa

**110. Vitamin deficiency can develop hypo- and avitaminosis like:**

A. Nourishing D. Resorbing

B. Food E. Catabolic

C. Destructive

**111. Name vitamins that increase the body's overall reactivity:**

A. PP D. Group B (B1, B2, B6)

B. A E. K

C. C

**112. Name the vitamins that increase the body's resistance to infections by amplifying antibodies:**

A. Group B D. E

B. D E. C

C. A

**113. Which of the following vitamins ensures the permeability and strength of blood vessels:**

A. E D. U

B. P E. C

C. K

**114. In the normal activity of vital processes vitamin C is required for:**

1. Stimularea sintezei colagenului
2. Reglarea permeabilității pereților vasculari
3. Stimularea eritropoezei
4. Participarea activă la procesele de oxidoreducere
5. Influența activă asupra rezistenței organismului

**115. What causes hypo- and avitaminosis A in the oral cavity:**

A. Xerostomy D. Erosions

B. Hyperkeratosis papillomas E. Ulcers

C. Hypersalivation

**116. Specify in the treatment of which processes vitamin A is widely used:**

A. Erosive ulcers D. Necrosis of hard dental tissues

B. Dystrophic E. Damage to the salivary glands

C. Hyperkeratosis

**117. Changes in the oral mucosa in gastrointestinal diseases are manifested by:**

A. Ulcerative changes D. Xerostomy

B. Changing the color of the oral mucosa E. Sialorrhea

C. Phenomena of hyperkeratosis

**118. Trophic ulcers of the oral mucosa in blood circulation disorders are manifested by:**

A. Rough edges

B. Bottom covered with white-gray necrotic deposits

C. Absence of inflammatory reaction in adjacent tissues

D. Bottom covered with green deposits

E. Smooth hardened edges

**119. Mention the manifestations that occur in the oral cavity in the case of diabetes mellitus:**

A. Xerostomy D. Trophic ulcers

B. Catarrhal stomatitis E. Hyperplasia of the lingual papillae

C. Oral candidiasis

**120. What clinical picture mimics the onset of acute leukemia:**

A. Influenza D. Fever

B. Angina E. Paresthesias

C. Diarrhea

**121. In acute leukosis, the hyperplastic syndrome in the oral cavity is manifested by:**

A. Hyperplastic gingivitis D. Necrotic ulcers on the hard palate

B. Hypertrophic gingivitis E. Hyperplastic processes on the tongue and lips

C. Atrophic gingivitis

**122. More frequently, diseases of the nervous system are manifested in the oral cavity by:**

A. Unpleasant subjective sensations

B. Ulcers

C. Taste disorders

D. Salivary disorders

E. Erosions

**123. The symptoms of "burning mouth" syndrome are:**

A. Stinging sensations in the tongue

B. Feelings of pain in the jaw

C. Burning sensations in the lips

D. Burning and stinging sensations all over the oral mucosa

E. Erosions and ulcers

**124. Name synonyms for glossalgia:**

A. Paresthesia of the tongue

B. Glossopyrosis

C. Glossodynia

D. Prosopalgia

E. Stomalgia

**125. The following symptoms may be characteristic of glossalgia:**

A. Burning of the mucous membrane of the tongue

B. Rarely pain in different areas of the tongue

C. More often pain in different areas of the tongue

D. Visible changes on the back of the tongue

E. Unchanged tongue

**126. Glossalgia symptoms are intensified in:**

A. During the meal D. Evening

B. After discussion E. In all cases

C. After emotions

**127. The differential diagnosis of glossalgia is made with:**

A. Neuritis D. Different tumors

B. Neuralgia E. No answer is correct

C. Injuries to the oral mucosa

**128. The treatment of glossalgia is complex and requires:**

A. Rehabilitation of the oral cavity

B. Measures of action on the central nervous system

C. Measures to influence the peripheral mechanisms of pain

D. Treatment of general diseases

E. No answer is correct

**129. Specify the clinical forms of pemphigus:**

A. Discoid D. Foliaceous

B. Vulgaris E. Seborrheic (erythematous)

C. Vegetative

**130. In the etiology of pemphigus the most widespread theories are:**

A. Bacterial

B. Viral

C. Metabolism of mineral salts in the body

D. Autoimmune

E. Endocrine

**131. What are the characteristic histological signs of pemphigus?**

A. Hyperkeratosis D. Edema

B. Papillomatosis E. Parakeratosis

C. Acantholysis

**132. Name the areas most commonly affected by pemphigus vulgaris in the oral cavity:**

A. Buccal mucosa D. The floor of mouth

B. Lip mucosa E. No answer is correct

C. The hard palate

**133. In pemphigus vulgaris, rashes appear on the oral mucosa:**

A. Pigmented D. With moderate inflammation

B. Unchanged E. Dry

C. Endured

**134. There are several periods in the evolution of buccal pemphigus:**

A. Acute D. Recurrent

B. Remission E. Epithelialization

C. Debut

**135. The differential diagnosis of pemphigus is made with:**

A. Pemphigoid

B. Polymorphic exudative erythema

C. Drug allergy

D. Herpetiform dermatitis

E. No answer is correct

**136. The main clinical symptoms of chronic lupus erythematosus are:**

A. Acanthosis D. Hyperkeratosis

B. Acantholism E. Atrophy

C. Erythema

**137. What are the manifestations of chronic lupus erythematosus on the red edge of the lips:**

A. Typical shape

B. Hyperkeratosis form

C. Form without clinically manifested atrophy

D. Erosive-ulcerous form

E. Deep form

**138. The differential diagnosis of chronic lupus erythematosus is made with:**

A. Traumatic injuries D. Actinic cheilitis

B. Mouthwash E. Manganotti abrasive cheilitis

C. Leukoplakia

**139. The clinical symptoms of acute lupus erythematosus in the oral cavity are:**

A. Edematous and hyperemic macules

B. Vesicular eruptions

C. Bullous eruptions

D. Erosions coated with fibrin

E. Ulcers and hyperkeratosis

**140. The etiology of lichen rubber planus is based on theories:**

A. Bacteriological D. Toxic-allergic

B. Neurology E. All listed

C. Viral

**141. The papules in the flat red lichen may have the shape:**

A. Triangular D. Square

B. Oval E. Polygonal

C. Round

**142. The site of predilection for papular eruptions in lichen rubber planus is the buccal mucosa:**

A. Jugal in contact with molars

B. Transitory folds

C. The lateral surfaces and the ventral of the tongue

D. Gingival

E. Of the buccal floor

**143. Lichen rubber planus rarely affects the oral mucosa of:**

A. Tongue D. Hard palate and soft palate

B. Lips E. Gums

C. Mouth floor

**144. What are the clinical forms of flat red lichen on the mucous membrane of the oral cavity and the red edge of the lips:**

A. Typical form D. Pemphigoid

B. Vesicular E. Bullous

C. Exudative-hyperemic

**145. In the case of Lichen rubber planus, the papules on the oral mucosa may be colored:**

A. White-yellowish D. White-pink

B. White-bluish E. White-gray

C. Violet

**146. A peculiarity of the Lichen rubber planus is the tendency of the papules to fuse:**

A. In the form of a sinuous pattern D. Along the path of the nerves

B. In the form of a lace pattern E. In the shape of a ring pattern

C. In the form of a tree pattern

**147. Indicate which of the clinical forms of Lichen rubber planus are less common:**

A. Typical form D. Exudative-hyperemic form

B. Erosive-ulcerative form E. Hyperkeratosis form

C. Bullous shape

**148. Symptoms of the typical oral form of Lichen rubber planus are:**

A. Feelings of constriction D. Roughness

B. Asymptomatic evolution E. Spontaneous pain

C. Burning of the mucosa

**149. Name the typical symptoms of the erosive-ulcerous form of oral lichen planus:**

A. The presence of erosions

B. Rarely ulcers

C. Very painful erosions and ulcers

D. Erosions and mildly painful ulcers

E. Sometimes the presence of the symptom of perifocal subepithelial detachment

**150. The essential signs in bullous form of Lichen planus are:**

A. The appearance of blisters or bulla in the damaged focus

B. The appearance of blisters or blisters near the papules

C. The appearance of ulcers

D. Bulla with serous or hemorrhagic contents

E. Atrophic scars

**151. For the hyperkeratotic form of buccal lichen planus are characteristic:**

A. Diffuse hyperkeratosis

B. Pronounced hyperemia in the injured focus

C. Severe hyperkeratosis

D. Melting of keratinized papules into plaques

E. The very clear outline of the plates

**152. The hyperkeratotic form of buccal lichen planus is located mainly on the mucosa:**

A. Palatine D. Sublingual

B. Gingival E. The lower part of the tongue

C. Buccal

**153. The symptoms of malignancy of lichen planus in the oral cavity are:**

A. The onset of pain

B. Bleeding from the outbreak

C. Sudden acceleration of cornification

D. Condensation of the base of the hearth

E. The appearance of hemorrhagic lips

**154. The differential diagnosis of oral lichen planus is made with:**

A. Lupus erythematosus D. Candidiasis

B. Leukoplakia E. No answer is correct

C. Bowen's disease

**155. Papillary syphilis differs from oral lichen by:**

A. Large polygonal papules

B. Large oval or round papules

C. When scraping, the shell of the syphilitic papule detaches

D. When scraping, the syphilitic papule shell does not come off

E. All listed

**156. The fissured tongue is often a picture resembling a branched pattern:**

A. A deep furrow in the center

B. Depilated longitudinal envelopes

C. Superficial lateral braces

D. Lateral envelopes covered with calcareous papillae

E. Envelopes covered with filiform papillae

**157. Scaling glossitis is more common in people with:**

A. Collagenosis D. Polymorphic exudative erythema

B. Pemphigus E. Psoriasis

C. Seborrheic dermatosis

**158. The diversity of the clinical picture of squamous gloss is manifested by:**

A. Appearance of a white-gray spot

B. Exfoliation of filiform papillae in the hearth

C. The appearance of a bright red-smooth sector

D. The drawing migrates to the surface of the tongue

E. The cornification sectors at scraping are detached

**159. The clinical appearance of the squamous gloss is conditioned by the names:**

A. Keratotic glossitis D. Exfoliative glossitis

B. White glossitis E. Migratory glossitis

C. Geographic tongue

**160. The scaly areas of the tongue are also present on the mucosa:**

A. Palatine D. Sublingual

B. Labial E. Transitory folds

C. Buccal

**161. Pain often occurs in the descuamative glossitis:**

A. Traumatic factors D. Hard food

B. Spicy food E. All listed

C. Hot food

**162. The differential diagnosis of descuamative glossitis:**

A. Glossitis because of avitaminosis

B. Leukoplakia

C. Viral infections

D. Rhomboid glossitis

E. Allergic conditions

**163. The patient's complaints in the case of “hairy” tongue may be:**

A. The bizarre aspect of tongue

B. Artificial sensations on the tongue

C. Itching on the soft palate

D. Vomiting reflex

E. Itching on the hard palate

**164. In the case of “hairy” tongue , the objective examination reveals the papillae:**

A. Enlarged fungiforms

B. Elongated filiforms

C. Thickened filaments

D. Brown filiform

E. Enlarged circumvalates

**165. In the case of “hairy” tongue, the pathological focus is located on the midline and:**

A. It has a round shape D. It goes to the edge of the tongue

B. It has an oval shape E. It does not pass towards the tip of the tongue

C. Do not move to the edge of the tongue

**166. In the case of “hairy” tongue, treatment includes:**

A. Keratoplastics D. Cryotherapy

B. Keratolytics E. Immunomodulators

C. Anti-inflammatory

**167. In the rhomboid glossitis on the upper part of the tongue a solitary focus of the form is determined:**

A. Square D. Triangular

B. Linear E. Oval

C. Rhomboid

**168. Sometimes the pathological focus in the rhomboid tongue is:**

A. Pink mucosa D. Eroded mucosa

B. Nipple proliferation E. Ulcerative mucosa

C. Exfoliated mucosa

**169. Complaints of patients with rhomboid glossitis:**

A. Missing D. Appear in cases of anxiety

B. Presence of burns E. Occur in relapses

C. Formations in the affected sector

**170. The differential diagnosis of rhomboid glossitis is made with:**

A. Glossitis in vitamin deficiency lesions

B. Squamous glossitis

C. Manifestations in leucosis

D. Tumors of the tongue

E. Manifestations in cardiovascular diseases

**171. Name the main factors underlying the etiology of exfoliative cheilitis:**

A. Nervous system disorders

B. Pathology of the endocrine system

C. Pathology of the blood system

D. Hyperfunction of the thyroid gland

E. Diseases of the oral mucosa

**172. Clinically, there are several forms of exfoliative cheilitis, specify them:**

A. Granular D. Exudative

B. Atrophic E. Abrasive

C. Dry

**173. The dry form of exudative cheilitis is manifested by:**

A. Crusts D. Burning sensations in the lips

B. Dry lips E. Scales

C. Erosions

**174. The exudative form of exfoliative cheilitis is characterized by the presence of:**

A. Pain

B. Sensations of aridity

C. Lip edemas

D. Scales

E. Massive crusts of yellow-gray color

**175. The differential diagnosis of the dry form of exfoliative cheilitis is made by:**

A. Actinic cheilitis D. Meteorological cheilitis

B. Allergic contact cheilitis E. Lupus erythematous

C. Eczematous cheilitis

**176. The exudative form of exfoliative cheilitis will be differentiated from:**

A. The exudative form of actinic cheilitis

B. Cheilitis Manganotti

C. Atopic cheilitis

D. Meteorological cheilitis

E. The erosive-ulcerous form of lupus erythematous

**177. Mention the forms of simple glandular cheilitis:**

A. Tertiary D. Secondary

B. Traumatic E. Recurrent

C. Primary

**178. Secondary glandular cheilitis develops on background of:**

A. Lichen rubber planus D. Pemphigus

B. Polymorphic exudative erythema E. Leukoplakia

C. Allergic cheilitis

**179. At the onset of simple glandular cheilitis it is established:**

A. Pain in the lips

B. The presence of crusts

C. Not too dry lips

D. Stinging in the lips

E. Exfoliation of the lips

**180. During the evolution of glandular cheilitis appear:**

A. Pain D. Ulcers

B. Erosions E. Dryness

C. Cracks

**181. The etiological factors of allergic contact cheilitis may be:**

A. Lipstick preparations

B. Toothpaste preparations

C. Acrylic prosthesis resins

D. Professional factors

E. No answer is correct

**182. Patient complaints in contact allergic cheilitis are:**

A. Crust formation

B. Plaque formation

C. Lip edema

D. Itching

E. Burning sensation

**183. More severe forms of allergic contact cheilitis are manifested by:**

A. Severe inflammation D. Cracks

B. Small blisters E. Deep ulcers

C. Erosions

**184. The factors that cause meteorological cheilitis are:**

A. Neurodermitis D. Wind

B. Seborrhea E. No answer is correct

C. Humidity

**185. In the case of meteorological cheilitis, patients accuse:**

A. Severe pain D. Ulceration

B. Dry lips E. Exfoliating lips

C. Feelings of constriction

**186. Meteorological cheilitis can cause:**

A. Leukoplakia

B. Limited lip hyperkeratosis

C. Manganotti precancerous cheilitis

D. Herpetic stomatitis

E. Bowen's disease

**187. Actinic and meteorological cheilitis includes the following clinical forms:**

A. Exudative D. Ulcerative

B. Dry E. All forms

C. Erosive

**188. Atopic cheilitis is considered a symptom of:**

A. Neurodermitis D. Pemphigus

B. Lichen rubber planus E. Atopic dermatitis

C. Lupus erythematous

**189. In the etiology of atopic cheilitis, the following factors are of great importance:**

A. Genetics C. Bacterians E. Chemicals

B. Allergic D. Mechanicals

**190. Patients with atopic cheilitis accuse:**

A. Tingling D. Lip hyperemia

B. Itchy lips E. Exfoliation of the red border of the lips

C. Spontaneous pain

**191. Symptoms of acute eczematous cheilitis may include:**

A. Lip burns D. Hyperemia

B. Itch E. No answer is correct

C. Edema

**192. The elements of the clinical manifestation in acute eczematous cheilitis are:**

A. Lichenification D. Crusts

B. Excoriations E. Bullae

C. Vesicles

**193. The chronic form of eczematous cheilitis is characterized by:**

A. The appearance of cracks

B. Mitigation of acute inflammatory phenomena

C. The appearance of the microbial slug

D. Scales

E. Edema

**194. Medicinal preparations in the treatment of glossitis are:**

A. Antiseptics D. Antibiotics

B. Vitamins E. Corticosteroids

C. Keratoplastic preparations

**195. The clinical symptoms of erythema (Vaquez disease) depend on:**

A. Mass of circulating erythrocytes

B. Circulating blood volume

C. Blood viscosity

D. Increased platelet count

E. No answer is correct

**196. The group of diseases of the haematopoietic system includes:**

A. Leukosis (acute and chronic) D. Agranulocytosis

B. Diabetes mellitus E. Pemphigus

C. Avitaminosis

**197. The clinical manifestations of pemphigus vulgaris are:**

A. The appearance of vegetation on the bottom of erosion, which protrudes on the neighboring sectors

B. The appearance of canker sores

C. Lack of vegetation at the bottom of erosion

D. Vegetation at the bottom of erosion does not protrude into neighboring areas

E. The presence of erosions

**198. The clinical manifestations of allergic diseases are:**

A. Acute catharhal stomatitis, acute herpes stomatitis

B. Polymorphic exudative erythema

C. Fixed erythema, contact stomatitis

D. Fordyce's disease

E. Melkersson-Rosenthal syndrome, Sjogren's syndrome

**199. Contact allergy occurs in patients with:**

A. Prosthetic constructions of gold

B. Acrylic prostheses

C. Prostheses from different alloys

D. Multiple amalgam fillings

E. Light-curing composite fillings

**200. Name the most important mechanisms of anaphylactic shock:**

A. Increasing the permeability of microcirculatory bed vessels

B. Increased blood vessel tone

C. Decreased blood tone, collapse, reduced blood circulation

D. Decreased permeability of microcirculatory vessel vessels

E. Increased circulating blood volume

1. B
2. C
3. A,B
4. C,D
5. C
6. A
7. A
8. D
9. A,B
10. A,B,C,D
11. A
12. D
13. C
14. D
15. D
16. E
17. A,B,C,D
18. D
19. C
20. A
21. E
22. E
23. B
24. A
25. D
26. D
27. A,B,C,D
28. C
29. A
30. B
31. C
32. B,C,D,E
33. C
34. B
35. A,B,C,D
36. C
37. B
38. C
39. D
40. E
41. E
42. B
43. E
44. E
45. E
46. B
47. C
48. B
49. A
50. D
51. D
52. D
53. C
54. E
55. D
56. D
57. A,C,E
58. A
59. A
60. D
61. C
62. A
63. D
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66. B,C,D,E
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147. C,E
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188. A,E
189. A,B,C
190. B,D,E
191. A,B,C,D
192. C,D
193. A,B,C
194. A,B,C
195. A,B,C,D
196. A,D
197. C,E
198. A,B,C
199. B
200. A,C