**Tests for IV year 2018-2019**

1. 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

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

A. 25%

B. 38%

C. 45%

D. 10%

E. 50%

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

A. 62%

B. 40%

C. 25%

D. 38%

E. 42%

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

A. Interrogation

B. Inspection

C. Probing

D. Percussion

E. Tooth mobility

5. 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

6. 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

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

A. Lymphadenitis

B. Dental plexalgia

C. Stenocardy

D. Hypothyroidism

E. Hypothermia

8. 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

9. 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

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

A. Caries cavity

B. Neuralgia

C. Fissures presence

D. Enamel erosion

E. Stenocardy

11. 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

12. 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

13. 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

14. 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

15. 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

16. 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

17. 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

18. 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

19. 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

20.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

21. 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

22. 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

23. 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

24. 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

25. 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

26. 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

27. 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

28. 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

29. 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%

30. 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

31. 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

32. 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

33. 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

34. 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

35.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

36. 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

37. 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

38. 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

39. 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

40. 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

41. 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

42. 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

43. 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

44. 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

45. 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

46. S.C. Determine the painless intervals in acute diffuse pulpitis:

A. 10-20 minutes

B. 30-40 minutes

C. 5-15 minutes

D. 40-50 minutes

E. One hour

47. 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

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

A. Temporal region

B. Supraorbital

C. In mandibular zone

D. In mandibular teeth

E. In cervical region

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

A. Occipital region

B. Ear

C. Submandibular region

D. Temporal

E. Supraorbital

50. 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. On walls of carious cavity

51. 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

52. 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

53. 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

54. 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

55. 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

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

A. 1% Iodinol solution

B. Mechanical excitants

C. Cold water

D. Warm water

E. Sweet

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

A. Painless

B. Sensible

C. Little painful

D. Painful

E. Weak painful

58. 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

59. 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%

60. 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

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

A. Hot

D. Cold

C. Warm

D. Air temperature change

E. Pressure on the tooth

62. 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

63. 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

64. 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

65. 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

66. 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

67. 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

68. 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

69. 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

70. 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

71. 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

72. 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

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

A. Painless

B. Painful

C. Sensible

D. Little painful

E. Weak pain

74. 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

75. 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

76. 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

77. 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

78. 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

79. 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

80. 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

81.Indicate which material is used for indirect capping in one visit in pulp inflmation:

A.Fonco ciment

B.Citronellol

C.Timozin

D.Calxil

E.Cyanodent

82. 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

83. 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

84. 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

85. 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

86. 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

87. 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

88. 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

89.Vital amputation is indicated in:

A. Acute focal pulpitis

B.Acute diffuse pulpitis

C.Chronic fibrous pulpitis

D.Accidental pulp opening

E.Chronic hypertrophic pulpitis

90. 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

91. 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

92. 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

93. 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

94. 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

95. 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

96. 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

97. 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

98. 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

99. 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

100. 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

101. 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

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

A. Epileptic seizures

B. Heart disease

C. Sensibility to anesthetics

D. Trismus

E. Mandible constriction

103. 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

104. 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

105. 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

106. 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

107. 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

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

A. 42

B. 46

C. 48

D. 52

E. 54

109. 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

110. 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)

111. 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

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

A. Dicaine

B. Procaine

C. Lidocaine

D. Cocaine

E. Pantocaine

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

A. Thymol

B. Pigment

C. Arsenic anhydride

D. Wax

E. Cellulose fibers

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

A. Cocaine

B. Thymol

C. Carboxymethylcellulosa

D. Wax

E. Arsenium trioxide

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

A. Thymol

B. Pigment

C. Wax

D. Arsenic anhydride

E. Dicaine

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

A. Arsenium trioxide

B. Cocaine

C. Thymol

D. Pigment

E. Cellulose fibers

117. 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

118. 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

119. 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

120. 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

121. 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

122. 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

123. 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

124.Specify types of pastes used for root canal obturation, which strengthen in the canal:

A.Calcium hydroxide materials (Apexid)

B. Materials based on calcium oxide

C.Guttapercha cones

D.Iodoform paste

E.Zinc phosphate ciment

125. 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

126. 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

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

A. Vacuolization

B. Polymerization

C. Mineralization

D. Petrification

E. Depolymerization

128. 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

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

A. Streptococci

B. Protheolotyc enzimes

C. General health state

D. Patient age

E. Pulp inflammation

130. 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

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

A. Collagenous

B. Reticular

C. Elastic

D. Argyrophil

E. Odontoblasts

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

A. Diffuse

B. Fascicular

C. Chaotic

D. Vertical

E. Tangential

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

A. Central

B. Subodontoblastic

C. Interstitial

D. Perypheral ( odontoblastic)

E. Superficial

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

A. Cellular organelles

B. Ribosomes

C. Polyzomes

D. Mithochondria

E. Golgi complex

135. 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

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

A. Pulpocytes

B. Osteocytes

C. Histiocytes

D. Fibroblasts

E. Plasmocytes

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

A. Fibroblasts

B. Histiocytes

C. Pulpocytes

D. Osteocytes

E. Monocytes

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

A. Histiocytes

B. Plasmatic cells

C. Lymfocytes

D. Argirofire fibers

E. Pulpocytes

139. 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

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

A. Mitochondria

B. Ribosomes

C. Fibriles

D. Collagen fibers

E. Reticullar fibers

141. Determine what are the fuctions of fibroblasts:

A. Formation of basic substance

B. Formation of collagen fibers

C. Defence

D. Plastic

E. Trophic

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

A. Irregular

B. Oval

C. Polygonal

D. Star-like

E. Spherical

143. 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

144. 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

145. 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

146. 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

147. 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

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

A. Mitochondria

B. Ribosomes

C. Golgi complex

D. Reticular cells

E. Reticular fibers

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

A. Cytoplasmatic network

B. Osteocytes

C. Histiocytes

D. Limphocytes

E. Granulocytes

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

A. Mitochondria

B. Lisosomes

C. Pinocytose vesicles

D. Ribosomes

E. Leucocytes

151. 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

152. 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

153. 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

154. 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

155. 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

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

A. Alteration

B. Hypertrophy

C. Exudation

D. Metabolism disorders

E. Proliferation

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

A. Acute apical periodontitis

B. Apical chronic periodontitis

C. Deep caries

D. Alveolitis

E. Glosalgia

158. 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

159. 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

160. 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

161.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

162. 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

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

A. To monoradicular teeth

B. Hypertension

C. Diabetus mellitus

D. Avitaminosis

E. Acute focal pulpitis

164. 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

165. 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

166. 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

167. 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

168. 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

169. 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

170. 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

171. 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

172. 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

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

A. Antimicrobial

B. Sulphanilamides

C. Nitrofuranes

D. Thymol paste

E. Phenol paste

174. 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

175. 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

176. 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

177. 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

178. 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

179. 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

180. 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

181. 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

182. 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

183. 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

184. 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

185. 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

186. 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

187. 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

188. 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

189. 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

190. 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

191. 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

192. 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

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

A. Antiinflammatory

B. Hyposensitive

C. Analgesic

D. Dentinogenesis

E. Cauterization

194. 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

195. 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

196. 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

197. 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

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

A.Lymphadenitis

B. Dental plexalgia

C. Stenocardy

D. Hypothyreosis

E. Hyperthyreosis

199. 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

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

A. Functional overloading

B. Tooth trauma

C. Nervous overloading

D. Bacterial diseases

E. Alveolitis

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

A. Caries cavity full with food rests

B. Hypothermia

C. Overstress

D. Stenocardy

E. Hyperthyreosis

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

A. Surgical intervention

B. Viral diseases

C. Dental plexalgia

D. Hypothyreosis

E. Pericoronaritis

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

A. Caries cavity

B. Erosions of the enamel

C. Stenocardy

D. Alveolitis

E. Ganglionitis

204. 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

205. 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

206. 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

207. 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

208. 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

209. 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

210. 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

211. 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

212. 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

213. 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

214. 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

215. 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

216. 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

217. 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

218. 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

219. 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

220. 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

221. 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

222. 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

223. 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

224. 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

225. 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

226. 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

227. 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

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

A. Thermal

B. Mechanical

C. Touch the tooth

D. Physical

E. Percussion

229. 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

230. 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

231. 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

232. 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

233. 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

234. 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

235. 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

236. 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

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

A. Cellular organelles

B. Ribosomes

C. Polysomes

D. Nucleus

E. Leucocytes

238. C.M. Indicate what represent periodontium:

A. An complicate anatomic formation

B. A conjunctive tissue

C. A fissure localized between compact lamelae of dental alveolar and root.

D. Anatomic formation localized between compact lamelae of dental alveola and root cementum.

E. Anatomic formation, localized between dental alveolar and root cementum

239.C.M. Throughout it’s extent periodontium is edged with :

A. Maxilar bone

B. Through apical foramen with dental pulp

C. At the alveolar margine with gingiva and periostium

D. Oral cavity

E. Vestibul and oral cavity

240. C.S. Specify term of formation of periodontium:

A. 1 month after radicular apex formation

B. In the same period with final dentinar apex formation

C. 1 year after complete radicular apex formation

D. 6 months after complete radicular apex formation

E. 3 months after complete radicular apex formation

241. C.S. According to E. Gofung data the width of periodontal fissure is:

A. The mandibule 0,15 – 0,22 mm, maxilla 0,2 – 0,25 mm

B. The mandible 0,2 – 0,25 mm, maxilla 0,15 – 0,22 mm

C. The mandible 0,22 – 0,27 mm, maxilla 0,25 – 0,9 mm

D. The mandible 0,1 – 0,2 mm, maxilla 0,2 – 0,3 mm

E. The width of periodontal fissure is the similar to maxilla and mandible

242. C.S. Specify which change support with age the width of periodontal fissure is:

A. Becomes wider in case of inflammation

B. Becomes wider after thickening of periodontium

C. Periodontal fissure is reduced till 0,1-0,15 mm

D. At the beginning is reduced, then during ageing becomes thick

E. Process of ageing is not reflected to the status of periodontal fissure.

243. C.M. Indicate when ca be modified the thickness of periodontium:

A. In pathological processes

B. Overload tooth

C. In hipercimentosis

D. As a result of caries cavity preparation

E. As a result of amalgam filling

244.C.M. Fascicules of calogene periodontal fibers are classified:

A. Transseptal fibres

B. Free gingival and circular fibers

C. Pectinates and obliques fibers

D. Apical fibers group

E. Transitory fibers

245. C.M. Functions of periodontium are:

A. To maintain inflammatory processes in periodontium

B. Support or mechanical

C. Nutritive

D. Formative

E. Sensorial

246. C.S. Basic functions of periodontium is:

A. Plastic and trophic

B. Distribution of masticatory preasure

C. Support or mechanical

D. Sensorial

E. Protection

247. C.M. According to etiology periodontitis can be distinguished as:

A. Medicamentous

B. Infectious

C. Alergic

D. Traumatic

E. As a result of incorrect treatment

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

A. Microflora virulence

B. Action of bacterial endo and exotoxines on periapical tissue

C. Chronic trauma

D. Attenuation of adaptive mechanisms of periodontium

E. As a result of incorrect treatment

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

A. Appereace of tissular infiltration with polimorfo-nuclear leukocytes

B. Predominance of perivascular lympho-histiocytic infiltration

C. Abces formation with tissular necrosis

D. Widening of periostium and alveolar resorbtion

E. Presence of polynuclear solitaire

250. C.M. Indicate characteristic of acute serous apical periodontitis:

A. Localized pain

B. Uninterrupted pain

C. Painful periods alternate into unpainful periods

D. Pain with annoying character in affected tooth

E. Irradiation of the pain on trigeminus nerve path

251. C.M. Determine the nature of pain in acute purulent periodontitis:

A. Annoying pain

B. Intensified pain, pulsations appearence

C. Pain on touching the tooth, sensation of “long tooth”

D. Pain “attacks” with long lasting painless periods

E. Sometimes pain irradiates along trigeminus nerve path

252.C.S. Specify radiological picture in acute apical periodontitis:

A.Pocket of osteoporosis in region of radicular apex with unclear outline

B. Pocket with unclear picture with shape of braking line

C. Loosing of clarity picture

D. Clear picture of spongious substance

E. Osteolisis outbreak with clear outlines

253. C.M. Indicate clinical sign in apical acute periodontitis:

A. Painful probing on one localized point in pulp horn projection

B. Painful probing on all the bottom of carious cavity

C. Painless probing

D. Thermodiagnosis: the pain is intensified from cold and hot excitings

E. The reaction of tooth from thermal factors are absent

254. C.M. Percussion and electriodontodiagnosis of apical acute periodontitis is:

A. Paintess percussion

B. Pain to horizontal percussion

C. Pain to vertical percussion

D. Electricodontodiagnosis – reacts to 100 mkA current and more than

E. EOD – reacts-to current 60 mkA

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

A. Incorrect treatment of other forms of periodontitis

B. Not treated acute periodontitis

C. Pushing out of apex of radicular filling

D. Healing of other forms of periodontitis

E. As a result of treatment of pulpitis

256. C.S. Specify based on what is established diagnosis of fibros periodontitis:

A. Patient acuses

B. Electric odontodiagnosis

C. Xray image

D. Probing

E. Percussion

257. C.S. Specify changes present on x-ray image in chronic fibrous periodontitis:

A. Deformation of periodontal space with bone tissue resorbtion of dental alveola

B. Delation of periodontal space in periapical region with maintaining of the cortical

C. Uniform dilation of periodontal space, in periapical region and resorbtion of radicular cementum

D. Uniform dilation of periodontal space and hypercemen tosis

E. Deformation of periodontal space in form of broken line

258.C.M. Indicate morphopathological changes in chronic fibrous periodontitis:

A. Movements of cellular elements and increasing of fibrous tissue with thick fascicules

B. Appereance of small inflammatory outbrakes and vascular sclerosis

C. Formation of granulous tissue and decreasing number of cellular elements

D. Formation of fibrous tissue with thick fascicules and a big amount of capilares

E. Appearance of epithelial passage and tissue with thick fascicules

259. C.S. Chronic granulous periodontitis appears:

A. Usually after pulpitis

B. As a result of chronic granulomatous periodontitis

C. As a result of acute periodontitis and it is a stage of evolution of chronic inflamtion

D. As the result of not treated in time of dental caries

E. As a result of insufficient sanitation of oral cavity

260. C.M. Patient’s complains with chronic granulomatous Periodontitis are:

A. Insignificant painful sensations

B. Insignificant pain from sweet

C. Sensation of “pressing”, swelling discomfort

D. Insignificant pain from hot food

E. Insignificant pain during pressure on teeth

261. C.S. Indicate for which form of periodontitis is characteristic presence of the fistula:

A. For chronic Fibrous Periodontitis

B. For chronic Granulomatous Periodontitis

C. For chronic Granulous

D. For acute purulent Periodontitis

E. For chronic Granulous Periodontitis in stage of aggravation

262.C.M. Specify in which form of chronic periodontitis is not neccesary Xray examination,for diagnosis :

A. Gingival hiperimy of affected adiacent tooth

B. Presence of fistula

C. Chronic granulomatous

D. Chronic granulous

E. Chronic fibrous

263. C.S. Identify for which form of periodontitis is characteristic symptom of vasoparesis:

A. Acute serous Periodontitis

B. Chronic granulomatous periodontitis

C. Acute purulent Periodontitis

D. Chronic Granulous Periodontitis

E. Chronic Fibrous Periodontitis

264. C.S. Specify radiological picture of Chronic Granulous Periodontitis:

A. Uniform dilatation of periodontal space in periapical region

B. Osteolisis pocket in apical region

C. Osteolisis pocket in apical region with unclear contour

D. Osteolisis pocket in apical region with unclear contour with border of broken line shape

E. Round shape osteolisis with clear limmits well delimited and 0,5 cm in diameter

265. C.M. Indicate morphopathological changes in chronic Granulous Periodontitis :

A. Increasing of leucocyte infiltration

B. Tissue necrosis and abscess formation

C. Appereace of fibrous tissue

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

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

266. C.S. Which form of chronic periodontitis is the most active:

A. Chronic fibrous

B. Chronic granulous

C. Chronic granulomatous

D. Exacerbated chronic granulomatous periodontitis

E. Exacerbated chronic fibrous periodontitis

267. C.M. As a result of which manifestation chronic granulous periodontitis can be a source of intoxication of whole organism:

A.consequence of resorptive process in alveola

B.Toxic products of inflammation are absorbed in blood

C. Granular proliferation in osteomedular space of maxilares, formed fistules with purulent secretion

D. Consequence of resorbtive process in radicular cement

E. Consequence of resorbtive process in radicular dentine

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

A. Have bacteriostatic effect

B. Contribute to root canal permeability

C. Have a strong bactericidal effect

D. Is used when canal is dryed

E. Is not resorbable

269. C.M. In most of the cases clinical manifestation of chronic granulomatous periodontitis is established by:

A. With clinical manifestation

B. Without clinical manifestation

C. Absence of subjective and objective data

D. Presence of Subjective and objective data

E. Sometimes can be created fistula, hyperemia, swelling

270. C.S. In most of the cases diagnosis of chronic granulomatous periodontitis is established by:

A. Probing

B. Percussion

C. Radiologic data

D. Palpation

E. Electric odontometry data

271. C.M .In chronic Granulomatous Periodontitis radiological picture show:

A. Pocket and osteolysis in apical region with unclear contour

B. Small pocket of osteolysis with well expressed contour

C. Lysis pocket in shape of broken line

D. Round pocket or oval pocket with aproximative 0,5 cm in diameter

E. Pocket lysis with limits like “flame tonque”

272. C.M. Indicate in wich teeth more often is present appearance of granulomus :

A.Molars

B.Incisors

C.Canines

D.Premolars

E. Incisors and canines

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

A. A partial substitution of periodontal tissue with granulation tissue

B. Missing of wallpaper epithelium

C. Consist of fibroblast,histocytes,limfocytes

D. Colagen elastic fibers

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

274. C.M. Characteristic of granuloma are:

A. Formation of the cavity

B. Plasmatic cells content

C. Protein and lipide detritus content

D. Numerous capillary blood vessels

E. Crystals of cholesterin

275. C.M. Accroding to anatomical structure granuloma is devided into:

A. Simple and complex

B. Simple and mixed

C. Collagenic granuloma

D. Elastic granuloma

E. Nonepithelial and epithelial

276. C.M. Mark which elements are accumulated in cavities of chystogranuloma and radicular cyst:

A. Degenerated epithelial cells

B. Eosinophil exsudate, proteic and lipide rest

C. Cholesterin crystals

D. Serous exudate

E. Lymphocyte and hystiocyte infiltration

277. C.S .Favorable results of treatment of granulomatous periodontitis, is its passage in:

A. Granulous periodontitis

B. Chystogranulom

C. Fibrous periodontitis

D. Radicular cyst

E. Chronic periodontitis

278. C.M. Indicate symptoms of chronic exacerbated periodontitis:

A. Constant pain and collateral edema

B. Dental mobility and pain on palpation

C. Probing and thermal probe cause pain

D. EOM – 60 mkA

E. Radiologic image show unclear picture of spongy bone

279. C.S. Specify type of epithelial tissue of chistogranulom:

A. Epidermal

B. Reticular layer

C. Adventitia

D. Pavimentos stratified

E. Keratinous layer

280. C.S. Chysto – granuloma is coated by:

A. Epithelium

B. Granulous tissue

C. Epithelial bay

D. Plasmatic cells

E. Plasmatic cells and leucocytes

281. C.M. Which are radiological characteristic of cysto-granuloume:

A. Clear outline

B. Unclear outline

C. Lack of bone structure in bone pocket resorbtion

D. Radiologic opacity

E. Allivation of radiological picture

282. C.S. What size can reach cystic granulom:

A. 0,5 cm

B. 0,25 cm

C. 1,8 cm

D. 0,5 – 0,8 cm

E. 2,5 cm

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

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

B. Effective processing of infected root canals

C. Root canal filling till the physiological norrowing

D. Treatment of the periapical lesion till the exudacion cease

E. Root canal filling till apical foramen.

284. C.M. Indicate in which clinical cases is doubtful endodontic treatment:

A. The teeth with bell-shaped canals and bayonet shape

B. Teeth with chronic periapical pockets

C. Teeth with foreign bodies in their root canals

D. Teeth with curbed but permeable canals

E. Pluriradicular teeth with false ways.

285. C.M. By using radiological examination can be determined :

A. Presence of foreign bodies

B. Number and root shape

C. Tooth mobility II – III degree

D. Relation of roots with different anatomic formation (mental foramen, mandibular canal)

E. Masticatory eficience of tooth

286. C.M. Indentify categories of the patients to whom is performed treatment of chronic periodontitis:

A. Clinical healthy patients

B. Patients with attenuated forms of pathology

C. Patients with aggravated systemic pathology

D. Non-transportable patients

E. Mental disorders patients

287. C.M. With radiological examination is possible to determine:

A. Root canals lengths compared to adjacent teeth

B. Absence of pain, edhem, fistula

C. Rests of rotten mass

D. Data about the width and shape of the tooth cavity

E. Number and shape of roots

288. C.M. Indicate passage ways of action on microbian flora of root canal :

A. Opening of pulp chamber

B. Physico – chemical

C. Incision on transitory fold

D. Chemical

E. Isthmus enlargement and root apex

289. C.M. The goal of medicamentous cleaning of root canal are:

A. To act under pathogenic flora from endodontic space

B. To liquidate pathologic flora from endodontic space

C. To act under degenerated produces from root canal

D. To neutralize degenerated produces of organic rests

E. To decrease the number of microorganisms from root canal

290. C.M. Through which way is made sterelisation of macro and micro canals:

A. Relievind periapical inflammation

B. As a result of efficient biomechanical treatment

C. Chemical stability of antiseptic solution in root canals

D. Abundent medicamentous procesing of endodontical space

E. Stimulation of inflammatory periapical process

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

A. To possess bactericide and fungicide effect

B. To not be inactivated in nutritional medium

C. To differ in color from surrounding tissue medium

D. To posses a lasting antibacterial effect

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

292.C.M. Indicate antiseptics used in endodontical treatment :

A. Chloramine

B. Antibiotics

C. Natrium hypochlorite

D. Chlorhexidine

E. Resorcin formaline

293. C.M.Sol. of Natrium hypochlorite 3% has the property to:

A. Dissolve organic remnants

B. Dicrease periapical inflammation

C. Sterilize root canal

D. Stimulate the regenerative processes in periapical region

E. Enlarge the root canal

294. C.S. Indicate which substance contain‘’Parcan’’ (Septodont):

A.Sol.1% Hipochlorit Na

B. Clorhexidine

C. Sol.3%purificated hipochlorit Na

D. Alchool ethylic

E. Dexametazone

295. C.M. Modern antiseptics are:

A. Chlorhexidine

B. Chloramine

C. Sodium hipoclorite

D. Formaline

E. 1-3% sol carbolic acid

296. C.M. Infected Zone by Lucomschi in periodontitis are:

A. Macrocanal zone

B. Paradontal zone

C. Microcanalicular zone

D. Marginal periodontium zone

E. Periodontal fissure zone

297. C.M.The purpose of root canal filing is:

A. To seal the canals till the apex

B. To restore anatomic micro shape and dental function

C. To block microflora in dentinal canalliculi

D. To remove bad small from tooth cavity

E. To form canditions for the apical periodontitis treatment, regeneration of apical tissue which are pathalogic modified

298. C.M. Establish the requirement for root canal filling materials:

A. To not changed volume in time

B. To not influence on healing of apical scarring

C. To not be radiopaque

D. To possess an bactericide effect

E. To not be resorbable in root canals

299. C.M. Indicate materials based on epoxide resine which are used in root canal filling:

A. Foredent

B. AH26, AH +

C. Pepsodent

D. Endodent, termosil

E. Diaket

300. C.M. Paste based on zinc oxide and eugenol are:

A. Forfenan

B. Zinc-eugenol

C. Endometazon

D. Biocalex

E. Rezodent

301. C.M. Guttapercha points are compound from:

A. Gutapercea 20%

B. Gutapercea 60%

C. Zn oxide 60%

D. Was 12%

E. Bariu sulphate 5%, metallic acids 3%

302. C.M. Mark positive properties of guttapercha points:

A. Favors sealing of root canals

B. Are soluble and easy removed

C. Are radiologicaly contrasts

D. Are not absorbing saliva and microorganisms

E. Are easy removing

303. C.M. Establish technique of use of guttapercha points :

A. Mixt root canal filling ( classical method)

B. Ultrasound condensation technique

C. Inserting of gutapercea without paste

D. Vertical condensation ( hot method)

E. Vertical condensation ( cold method)

304. C.M. The requirements of thermafil technique are :

A. Usage of plastic instrument for root canal filling covered by alpha guttapercha

B. Usage of plastic alpha instrument

C. Require heating oven to melt guttapercha

D. Usage of gutta-percha points 0.6 conicity

E. Cold lateral condensation

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

A. Alcaline Ph

B.Acid ph

C. Reduced solubility in water

D. Sudden OH ion releasing in contact with tissular liquid

E. Gradual OH ion releasing in contact with tissular liquid

306.. C.M. Which clinical symptom will represent tooth with periodontitis at the step of filling:

A. To not have painful sensations on mastication

B. In pause tooth to not cause pain

C. On vertical percussion to be painless

D. Palpation in region of root apex projection is painless

E. To be painless on horizontal percussion

307. C.M. The tooth with Periodontitis must be filled according to the following conditions :

A. Radicular turundae or paper points are dry

B. Paper points are wet

C. Turundae are clean

D. Absence of smell from root canal

E. Presence of smell from root canal

308..C.S. Frequence of rotation of Lentullo during root canal filling is:

A. 30.000 rot/min

B. 5000 rot/min

C. 300 rot/min

D. 2000 rot/min

E. 800 – 1000 rot/min

309. C.S. Lentullo in time of root canal filling must to rotate :

A. Against clock pin

B. According to Clock pin

C. Direction of rotation doesn’t matter

D. Initial According to Clock pin, in the end against

E. Manualy rotate lentula in time of filling.

310. C.S. In periodontitis root canal filling is made till:

A. Small pushing transapicaly

B. Radiological apex

C. Physiological isthmus

D. Anathomical apex

E. The filling level isn’t important.

311. C.M. What we will do in case if lentullo is not achieving needed depth:

A. Distance till apex is filled , changing lentullo

B. Distance till apex is filled with Kerr file N.10-20

C. Distance till apex is filled with drill

D. Distance till apex is filled with miller file

E.Distance till apex is filled with dilator of canal

312. C.M. Finishing of root canal filling is considered when:

A. In tooth cavity is no more paste

B. In tooth cavity appear surplus of paste

C. In mouth of entrance in root canal is formed con with top turned in canal

D. In mouth of entrance in root canal is not formed con with top turned in canal

E. Appear pain during root canal filling

313. C.S. In root canal filling gutta-percha, is inserted with:

A.Fingers

B. Pincer

C. It is not important, important is to get the task

D. Probe

E. Smoother

314. C.S. Specify how is removed the rest of guttapercha points (extracanalar):

A. With sharp Excavator

B. With bur

C. With hot excavator or smoother

D. It is not necessary to remove it

E. Is adopted to the length of root canal till the insertion.

315. C.M. Indicate effects of calcium hydroxide in case of periapical overfilling:

A. Is not causing pain because it is easy resorbable

B. Produce sensitivity but is easy resorbable

C. Do not have negative action on periapical tissue

D. Produce necrosis at considerable overfilling

E. Is inactivated in tissular liquid

316. C.M. Correct root canal filling is performed when:

A. Filling is homogeneous and continuous

B. Is performed till radiological apex

C. Material is pushed transapicaly

D.Guttapercha is inserted transapicaly

E. Is performed uneven and fragmented.

317. C.S. Specify instrument used in lateral condensation of gutta – percha:

A. With gutta condensor

B. Manuall plugger

C. Spreader

D. Needle from syringe

E. With usage of ultrasound inserted into root canal together with post

318. C.S. Determine the limit of gutta-percha insertion :

A. After sealer insertion it is not necessary to determine guttapecha insertion level

B. Physiologic apex

C. Radiologic apex

D. Anatomic apex

E. Apical foramen with creation of maximum sealing

319. C.S. Instrumental processing of root canal in Periodontitis is performed by usage of:

A. Crown – Down technique

B. Step – Back

C. Step – Back, and Crow - Down

D. Initially Step – Back, finished by Crown – Down tecnique

E. Is not important

320.C.M. Instrumenta processing of root canal in apical Periodontitis is performed by:

A. With gutta-percha points

B. By thirds (1/3, ½, 1/3)

C. By thirds, begining with apical third

D. By thirds, begining with radicular isthmus

E. With lentullo

321.. C.S. Which instrument is used in vertical condensation of guttapercha:

A. Spreader

B. Plugger

C. Gutta – condensor

D. Needle from syringe

E. Probe

322. C.M. Drying of root canal is performed with:

A. Sterile paper points

B. Air from syringe of dental unit

C. Turundae moisted in alcohol or ether

D. Turundae on radicular needle

E. Turundae moisted in vagothyl 36%

323. C.M. identify goals of mechanical preparation of root canal by ESE( European Society Endodontics) are:

A. Removing of canalar content

B. Usage of required instruments

C. Removing of existant microorganism

D. Root canal filling

E. Prepare root canal for filing

324. C.S. Which measures is made in case of presence of broken instrument in upper molar :

A. We try to remove instrument

B. Refilling of root canal

C. In case of impossibility to fill effective root canal – we make radicular amputation

D. Hemisection

E. Tooth extraction

325. C.S. Determine wich from conservative-surgical method is carried out in case of periodontitis at mandibular molars

A. Apical resection

B. Hemisection

C. Root amputation

D. Tooth extraction

E. Chiuretage

326. C.M. Complication of acute and exacerbated periodontitis are:

A.Periostites

B. Acute osteomyelitis

C. Parodontitis

D. Gingivitis

E. Letal exetus

327. C.M. Indicate when may occure perforation of root canal walls:

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

B.In time of incorrect instrumental preparation

C. In time of usage of blunt instruments

D. In time of usage of mechanical drill

E.In time of usage of instruments with large caliber

328. C.M. Consequences of insufficient fixation of the instrument in time of mechanical processing of root canal may lead to:

A. Inhalation of instruments

B. Syncope

C. Anafilactic shock

D. Trauma of soft tissue

E. Swallowing of instruments

329. C.M. In which situation can be produced inhalation or swallowing of instruments:

A. Unconscious tongue movements

B. Insufficient fixation of endodontical instrument during x-ray

C. Bad quality of instrumental processing of root canal

D. Incorect fixation of instrument in the doctors’ hand

E. Incorrect behaviour of patent in dental chair

330. C.M. Which measure are indicated in case of swallowing the instrument :

A. Special diet (potatoe, pea )

B. Radiologic control during several days

C. Clyster

D. Surgical intervention to remove the instrument

E. Patient hospitalization in surgical department

331. C.M. Highlight the reasons that can cause subcutaneous emphizemus:

A. Large apical foramen

B. Drying of root canals with air pistols

C. Usage of high concentration of hydrogen peroxide in time of root canal procesing

D. Compressed air flow with hight power in root canal

E. Root canal filling with liquid endodontical paste.

332.C.M. Indicate the factors that can lead to instrument breaking in time of root canal processing :

A. Incorrect force appling on the instrument

B. Usage of qualitative instrument

C. Unsuitable force appliance of instrument with radicular ax

D. Usage of sharp instruments

E. Usage of qualitative stainless steel instruments

333. C.M. Indicate the rules which doctor have to respect to avoid fracture of the instrument :

A. Usage of endodontic instrument strictly subsequence

B. Usage of endodontic instrument just in wet environment

C. Working part of instrument sterilised on the flame of spirtiera

D. To respect angles of curvature of pulpoextractoarelor, drill, channel dilators

E. Term of use of instrument is not important

334.C.M. Indicate in which teeth in time of filling material can enter in mandibular foramen:

A. Incisors

B. Mandibular premolars

C. Canines

D.In time of filling of distal root canals of inferior molars

E. Teeth 8.

335.C.S. Specify in how many visits is performed treatment of acute purulent periodontitis:

A. 1

B. 2

C. 3

D. 4

E. 2 or 3

336.C.S.Specify how many visits is necessary for treatment of chronic exacerbated granulous periodontitis :

A. 5

B. 2

C. 3

D. 1

E. 1 or 2 visits

337.C.S.Specify in how many visites is performed treatment chronic fibrous periodontitis:

A. 1

B. 2

C. 3

D. 4

E. 1 or 2

338. C.M. Which action will have doctor in case of chronic granulomatous periodontitis of tooth 26, with vestibular,mesial and distal root canals not penetrable but with periapical process :

A. The treatment will be in 1 visit, filling of the root canal till possible limit.

B. In bucal canal leave bandage of EDTA for 48 hours

C. Leave tooth open, in second visit will pass the canals

D. Remove on bandage, pass the canals, filling the canals

E. As a consecince of non filled canals tooth will be extracted.

339. C.M. In case of periostites in region of teeth 24,25,26, as a result of chronic exacerbated periodontitis of tooth 25, tactics of dentist will be:

A. Xray tooth 25

B. Patient go for incision on transitory fold 24,25,26

C. Phisiotherapeutical treatment

D. Drainage through opening of teeth , mechanical and medicamentous processing of root canals

E. Drainage through root canal, enlargement of apical foramen. Leave tooth open.

340. C.M. Which action will have doctor in case of chronic granulous periodontitis tooth 36. In lingual canal presents of fractured instrument vestibular canal is filled ½ of root and it is curved:

A. Indication for tooth Extraction

B. filling of distal root canal and permanent cavity filling

C. Hemisection and anterior root extraction

D. Applying of turunda with EDTA,in not crossable canal drenage

E. Removing of the drenage and cross the root canals.

341. C.M Indicate stages of permeability process of the root canal:

A. Cavity preparation

B. Coronal preparation of root canal (3-5mm)

C. Apical preparation of root canal (2-3mm)

D. Central preparation of root canal

E. Preparation of trans apical zone.

342.C.M.Indicate instruments for root canal enlargement :

A. K-rimer

B. K-file

C. H-file

D. Pulpextractor

E. Radicular file.

343. C.S. Specify dentist action in case of toxic periodontitis caused by arsenical past in tooth 24:

A. Extraction of the tooth 24

B. Removing the bandage, enlargement of tooth cavity and mechanical and medicamentous root canal treatemnets, tooth leave open

C. Opening of the tooth cavity, mechanical and medicamentous processing of root canals. Leave bandage with unitiol in root canal.

D. Indication for phisiotherapeutical treatment till pain releave.

E. Interviewing the patient. Recommended irrigation with iodinol

344. CM Which dentist action will be in case of toxic periodontitis caused by arsenical paste:

A. Indication for tooth extraction

B. Indication of physiotherapy procedures

C. Open tooth cavity, mechanical and medicamentos processing of root canals

D. We indicate mouth bath with sodium carbonate and salt water

E. On the mouth of entarence in root canal is applied turunda melted in iodine solution.

345. C.S. Specify dentist action in treatment of toxic periodontitis caused by arsenical paste:

A. Insertion in root canal of wet turunda melted in iodine solution,temporar bandage.

B. In mouth of enterance of root canal is left a turunda melted in iodine solution,temporar bandage

C. Melted turunde in iodine solution is left in the tooth cavity. apply 2-3 times heated flour. Leave tooth open.

D. Intracanalar electrophoresis with a solution of KI (potassium iodide).

E. Indication of bath mouth with iodine solution and salt for patients

346. C.M. Which dentist action will be in case of chronic fibrous periodontis tooth 13. 2/3 of the crown are destroyed:

A. Radiography to determine root Condition

B. Will be extracted

C. Permanent filling of apical third with "Apexit"

D. Inlay manufacturing

E. Convince the patient to maintain the tooth

347. C.M. Which dentist action will be in case of chronic granulomatous periodontitis tooth 26. Granuloma located in the region of the disto vestibular root:

A. Root canal filling in 1 visit

B. Root canal filling in 3-4 visits

C. Root canal filling in 2 visits

D. Apixectomy of disto vestibular root

E. Hemisection

348. C.M. Indicate dentist action in case of diagnosis of radicular cyst in the region of teeth 44,45:

A. Extraction of teeth 44, 45 with cystectomy

B. Root canal filling of teeth 44.45 with "Sealapex" and gutta-percha points

C. Cystectomy

D. Apexectomy of teeth 44.45

E. Hemisection

349. C.M. Highlight the criteria of efficient endodontic treatment:

A. Disappearance of the pain in causal tooth

B. Depends on used antiseptic solution

C. Restoration of bone tissue in case of presence of changes in periapical tissues

D. Depends on root canal filling

E. Functional and anatomical shape restoration of the tooth

350. C.S. Indicate terms of radiological examination in endodontical treatment by ESE(European Society of Endodontics) are:

A. Imediate after treatment

B After 6 months

C. After 1 year

D. After 2 months

E. After 4 months

351. C.M. Indicate possible erors during tooth cavity preparation:

A. Tooth cavity opening in one or two visits, being confused with root orifices

B. Removing of too much of tooth tissue which cause the weakening of tooth crown

C. Lack of direct access to the root canals

D. Removing of undermined dentine

E. Cavity with direct access to the root canals

352. C.S. Identify endodontic instruments with high elasticity :

A. Stainless steel

B. Carbonized steel

C. Ni-Ti Alloys

D. Gauze

E. Steel

353.C.M. Indicate when is used endodontic Instrumentul Gates Gliden:

A. For enlargement of mouth of entarence in root canal

B. Removing of rest of dentin from root canals

C. Passage of the coronar third of root canal

D. Processing of the apical third of the canal

E. remooving of gutta-percha from the root canal

354. C.S. Specify for what is used endodontic instrument Largo:

A. Enlargement of the root canal orifice

B. The permeability of the coronal third of the root canal

C. Enlargement of the apical orifice

D. Permiability of narrowed canals

E. Enlargement of the root canal

355. C.M. Establish working technique with K-Reamer:

A. Is inserted into root canal, is performed clockwise rotation ¼ or ½ shift

B. Is inserted into root canal, then is rotated reverse clockwise ¼ or ½ shift

C. In time of work is strong pushed

D. Is Elastic with increased capacity for excision

E. Is performed penetration, rotation, retraction

356. C.M. Identify instruments for enlargement and shaping of root canal walls:

A. "Endosore File"

B. Pulpoextractor

C. K-file

D. Rasp

E. H-file (drill Headstrom)

357. C.M. Identify instruments for widening of the root canal:

A. K-file

B K-flexofile

C. K-Rimer

D. Golden medium K-flexofile

E. Hedstrom-file

358. C.M. Establish which is widening technic of the root canal with Hedstrom, file (H-file):

A. Removing of affected tissues only in one direction at the retraction

B. Dentin removing is performed on rotation

C. Dentin removing is performed on scraper

D. 90o-180o rotation and retraction

E. 180o - 360o rotation and retraction

359. C.S.Specify what represent canal Leader 2000 :

A. A multi-functionable angle piece

B. An endodontic instrument for permiability of root canal

C. An endodontic instruments for root canal filling

D. An endodontic instrument for root canal enlargement

E. An endodontic Instrument for antiseptical processing

360. C.M.Indicate which skills are performed by canal Leader 2000 piece:

A. Enlargment of the root canal orifices

B. Mechanical procesing of root canal

C. Preparation of carious cavities

D. Root canal filling

E. To perform full rotation into root canal

361. C.M. Indicate type of movement of endodontic handpiece:

A. Rotating movements forward-backward in limits 30-1500

B. Rotating movements forward-backward simultaniously with rotary one

C. Rotating movements forward-backward simultaniously with those pushing 0,4 – 0,8 mm.

D. To root canal processing does vertical movements by pushing and regulated with pressure appliance

E.Vertical pushing and retraction without practising pressure while canal processing.

362. C.M. Establish importants of usage of cofferdam in endodontical treatment:

A. Prevent swallowing of dental dust, instruments, and antiseptic solution from root canal

B. Defend tooth cavity and root canal from the saliva and microorganisms envasion

C. Prevent instrument fracture into root canal

D. Prevent perforation of root canal walls

E. Improving access to working field and root canal

363. C.M. Indicate the requirements for acces cavity:

A. Complete removal of the pulp chamber roof

B. Removing the pulp chamber roof in projection of entarance of root canals

C. Finding of all canals

D. Direct access of instrument till 1/3 apical or till first canal curveture

E. To conserve tooth structure

364. C.M. Determine what is established by working length determination:

A. Permeability

B. Widening

C. Level of the final filling

D. The apical foramen opening

E. Instrumental allowed limit

365. C.S. Name notion of root canal working length:

A. Distance from the radiological apex till the of root canal orifices

B. The distance from the radicular apex till the of root canal orifices

C. Distance from the physiological narrow till the mouth of entarence into root canal

D. Distance from apical foramen till the root canal orifice

E. Distance from anatomical foramen till root canal orifice

366. C.S. Specify why it is important to determine working length of the tooth and not of the root.

A. Working length of the tooth is more important for clinician

B. Working length of the tooth and of the root is the same thing

C. In clinical situation is not possible to determine working length of the root

D. Working length of the tooth- distance from physiological narrowing till incisal line or masticatory surface

E. It is not important to determine

367. C.M. Indicate method of working length determination :

A. The stopper is fixed by the table length on different tooth root

B. It should be confirmed radiologically

C. It can be performed by electronic method

D. Insertion of the file till it fall and appear pain

E. Stopper is fixed by average length

368. C.M. Mark requirements for root canal after mechanical procesing:

A. To keep it’s direction

B. To be different shape and size

C. To have conic shape

D. To not have steps

E. To end at the apical constriction

369. C.M. Determine what action has processing of curved root canals :

A. Instrument is given shape of curved root canal

B. Usage of Ni-Ti instruments with active tip (aggressive)

C. Usage of flexible instruments Ni-Ti, with passive tip

D. Instruments Movements must be propulsive

E. Instruments Movements must be rotary-propulsive not exceeding 90-100

370. C.M. Indicate function of canal chemical solutions during mechanical preparation of root canal :

A. Evacuation of gangrenous rest and dentinal debris

B. Removing of the bad smell

C. Moistening

D. Creation of conditions for treatment

E. Antiseptic action, removing of oiled layer (organic and inorganic compounds)

371.C.M. Establish basic principles of the most effective and sparing method of apical Periodontitis treatment :

A. Carefully mechanical processing of infected root canal

B. Removal the action of the biogenic amine

C. Treatment of transapical pocket till exudate disappearance

D. Desensitisation of organism

E. Further filling of root canal

372. C.M. Indicate properties of trypsin :

A. Bacteriostatic effect and stimulation of tissue regeneration

B. Anesthetic effect

C. Stimulation of phagocytosis and inhibition of hyaluonidase

D. Wide antimictobial spectrum

E. Distructive effect on bacterial toxines

373. M.C.Indicate properties of chlorhexidine:

A. Bactericide action

B. Pronounced antiexudative effect

C. Antiseptic action

D. Desensitising effect

E. Bactericide effect on gram pozitive and gram negative bacteria

374.C.M. Indicate properties of iodinol :

A. Creation of conditions for exudate evacuation

B. Wide antibacterial spectrum and to favor tissue regeneration

C. Distructive effect

D. Antimicotic effect

E. Is not toxic and allergenic

375. C.M. Indicate properties of steroids in treatment of apical periodontitis:

A. Pronounced anti-inflammatory action

B. Antimicrobial effect with wide spectrum

C. Desensitising effect

D. Accelerates tissue regeneration

E. Antiexudativ effect

376. C.M. Hightlight Doctor’s attitude in case of apical acute Periodontitis medicamentous origin (arsenic):

A. Immediately removing of coronal and radicular pulp

B. Mechanic and medicamnentous root canals processing with their filling

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

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

E. To leave in root canal a turundae moisted in 5% sol Unitiol or 1% Iodinol

377. C.M. Indicate necessary measure to be carried out in tooth with pronounced exudative process:

A. To process mechanicaly and medicamentous after to seal

B. For few days leave open

C. To trepanned dental crown

D. To enlarge apical foramen

E. To perform infiltrative anesthesia and expecte attenuation of the inflammatory process

378.C.M. Indicate necessary measure to carry out attenuation of pain in tooth in case of acute inflammatory process:

A. To trepannize the tooth by air turbine handpiece

B. To leave the tooth opened for several days

C. For trepanation is used mechanic hand piece

D. To enlarge apical orifice

E. To perform anesthesia

379.C.S. Specify remedies which are indicated in appereance of intoxication symtoms (fever, headache, weakness):

A. Analgetics

B. Antibiotics

C. Tooth extraction

D. To perform anesthesia on transitory fold

E. Physioterapy

380. C.M. Establish most efficient measures in acute periodontitis complicated with periostitis:

A. To trepanned tooth and expect pain relieve

B. To made anesthesia on transition fold

C. To inject antibiotics at the transition fold level

D. Subperiostal horizontal incision not less than 2cm, till exudate appereance

E. Extraction of the tooth

381. C.S. Specify when is filled root canal in acute periodontitis:

A. In first visit

B. In second visit

C. In third visit

D. After 5-7 days after pain sensations disappear

E. On the fourth visit

382. C.M. Establish when is filled root canal in acute periodontitis:

A. The requirement of the patient

B. Removal of pain sensations

C. At disappearance of exudate

D. When probing and thermal factors action are painless

E. When palpation and percussion are painless

383. C.M Indicate which measure was carried out when pain appear after root canal filling:

A. It is indicated phyzioterapy

B. It is indicated analgetics

C. Is performed incision on transitory fold

D. Is indicated Mouth bath with saline solution

E. It is recommended to apply hot – water bottle till the pain is attenuated

384. C.M. Indicate undertaken measures in case of multirooted teeth with unpermeable canals:

A. Is applied mixt method of treatment: ipregnation and filling with Foredent

B. Electrophoresis with tincture of iodine

C. Tooth is extracted

D. Filling crossable land of root canal.Prevent patient about possible consecince

E. Tooth is filed in third visit

385. C.M. Indicate necessary measure to perform in treatment of traumatic acute apical periodontitis:

A. Insertion in the transitional fold 0.5 ml of hydrocortisone

B. Radiography is performed

C. Imobilization of tooth

D. Remove the cause, symptomatic treatment is indicated

E. Electroodontometry is performed

386. C.M. Which are the factors wich involve choosing treatment method of chronic apical periodontitis:

A. Size of periapical tissue damage

B. The degree of manifestation of local symptoms

C. Dental group of which the affected tooth make part

D. The patient's general status (endocarditis, nephritis, etc..)

E. Patient Visit

387. C.M. Indicate methods of treatment of chronic apical Periodontitis:

A. Conservative

B. Biologic

C. Conservative – surgical

D. Amputation method

E. Surgical

388. C.M. Indicate the tasks which have to be respected in treatment of chronic apical periodontitis:

A. To restore the anatomical shape of the tooth

B. To act on flora and micro macrocanale

C. To restore function

D. To remove the action of biogenic amines

E. To remove inflammation of the periodontium

389. C.M. Indicate desired objectives in treatment of chronic apical periodontitis tasks:

A. Stimulation of periodontal tissue regeneration

B. To act on The inflammatory process of root canal

C. Mechanical Enlargement of root canal

D. Body Desensitisation

E. Enlargement of the apical orifice

390. C.M. Extension of the cavity on the lingual or oclusal surface in the treatment of apical periodontitis provides:

A. Favorable access to root canal

B. Direct acess without obstacles for endodontic instrument in root canal

C. Efficient fixing of obturation

D. Exudate evacuation

E. Direct action on periapical tissues

391. C.M. Indicate cautionary rules which are necessary to respect in treatment of chronic apical periodontitis:

A. Thorough and thoughtful is performed mechanically debris removing that prevents content pushing trans-apicaly

B. Removing of debris on thirds, beginning from apical third

C. Preventive Insertion of antiseptics into canal (2% sol. Chloramine)

D. To work attentive to avoid canal injection

E. Removing content on the third of root, start with coronary third

392. C.M. The usage of remedies based on EDTA in time of permeability of narrow and obliterated canals is based on:

A. Formation of compounds with enamel calcium

B. Formation of compounds with dentine calcium

C. Demineralized effect followed by remineralized

D. Chelating effect

E. Calcium solubleness

393. C.M.Which technique is used for work with EDTA in case of narrow canals:

A. Cotton turunda moisted in EDTA sol. is introduced in the root canal for 20-30 sec.

B. A new portion is introduced after 30 sec.

C. The already formed complex is absorbed and new one portion is introduced

D. EDTA sol. is pushed in canal with special syringe

E. The sol. is changed 2-4 times in time of 1-2 min.

394. C.M. Indicate used instruments in time of Canal enlargement after EDTA action :

A. Drill

B. Pulp extractor

C. H-file

D. Alize

E. Lentullo

395. C.M. Indicate techniques of root canal drying:

A. Canal is dried with cotton turundae

B. We act with compressed air

C. Canal is dried with cotton and absorbent paper

D. Is dried with gutta-percha post

E. Is dried with absorbent paper

396. C.M Establish desired goals in treatment of chronic periodontitis :

A. Action under microflora of carious cavity

B. Removing of necrotized pulp

C. Action under microflora of cavity throught different medicamentous substances

D. Action under microflora of canal with different medicamentous substances

E. Mechanical enlargement of root canal and apical orifice (by indication)

397. C.S. Specify absolute indication in treatment of monoradicular in one visit :

A. Clean cotton turunda

B. Painless percution

C. Presence of fistula

D. When the canal is completely crossable

E. Satisfactory clinical evolution

398. C.S. Specify necessary action in case of acutisation of process after filling :

A. To insert in transition fold 0.1 ml fold. Hydrocortisone

B. To insert in transitory fold 0.2 ml of hydrocortisone (dissolved in 2% Novocaine)

C. Applications on transitory fold of Tantum Verde" for 10 min.

D. Applications of corticosteroids ungvente

E. Mouth bath with salt

399. C.S. Specify necessary action in case of acutisation of inflammatory process after root canal filling:

A. Insertion in transitory fold of 2% novocaine

B. Insertion in transitory fold of root apex Projection 1 ml. Lincomycin 2% lidocaine (1:1)

C. Insertion in transitory fold 2 ml. sol. Lidocaine 2%

D. Insertion in transitory fold of apex projection sol. lincomycin

E. We indicate mouth bath with "Rotocan" and analgesics

400. C.S. Specify posibilities of treatment in one visit of monoradicular tooth with exacerbated chronic periodontitis :

A. Yes

B. No

C. Yes, if it is indicated incision of soft tissue on transitory fold

D. No, because the result will be complicated by phlegmon

E. It is contraindicated

401. C.M. Establish characteristic sign of acute serous periodontitis:

A. Pain appears only from preasure on tooth, gradually increasing

B. Irradiation of the pain, feeling like "grown up" of tooth

C. Tooth mobility is not determined

D. It is possible mucosal hyperemia, pain on palpation

E. Changes in the lining surrounding mucosa of the tooth is not determined

402. C.M Establish characteristic signs of acute purulent periodontitis:

A. Time of disease-few days

B. Presents of fistula with serous-purulent secretion

C. Permanent pain,periodic pulsative,wich intensify on touching the tooth.Posible pain irradiation.Tooth file like prolonged

D. General state of patient is satisfied

E. Is possible hyperemia of mucosa, pain to palpation

403.C.M. Indicate hemisection segnificants:

A. Extraction of root with his coronal part

B. Is realized at mandibular molars

C. Is realized on maxillary molars

D. Is realized on mandibular premolars

E. Root extraction without coronal part that belongs it

404. C.M Indicate root amputation segnificance:

A. Root extraction together with coronal part that belongs to it

B. Root extraction without coronal part of the tooth

C. Is performed on maxillary molars

D. Is performed on mandibulary molars

E. Is performed on premolars

405. C.M. Indicate necesar measure in case of fracture of the instrument in root canal:

A. Tooth radiography

B. To inform patient

C. Determine the length of the instrument remained in the hand

D. Try to remove instrument

E. Extraction of the tooth

406. C.M. Identify the most efficient root canal filing material in treatment of chronic periodontitis:

A. Pasta with antibiotics

B. Phosphate cement

C. Silapex or apexid

D. Iodoform paste

E. Endometazon with gutta-percha cones

407. C.M. Establish Doctor’s action in case of haemorrhage in root canal:

A. To insert cotton turundae with in Iodinol

B. To insert cotton turundae with sol. H2O2 3%

C. To insert cotton turundae with alcohol

D. To insert cotton turundae with physiologic solution

E. To insert cotton turundae with Vagothyl solution

408. C.M. Indicate mechanism of action of hydrogen peroxide on the gangrenous contents of the root canal:

A. Dry

B. Thermal effect

C. Dentin decalcification

D. Release of active oxygen

E. Formation of acid from contact with necrotic pulp

409. C.S. Specify for which affection is characteristic presence of fistula:

A. Acute serous Periodontitis

B. Acute purulent Periodontitis

C. Chronic granulous Periodontitis

D. Chronic granulomatous periodontitis

E. Chronic fibrous Periodontitis

410. C.M. Indicate on why depend terms of treatment of chronic periodontitis:

A. Affiliation of group of tooth

B. Age of patient

C. Root canals permeability

D. Antibacterial activity of used remedies

E. Form of periodontitis

411. Specify the necessity of ciment overfilling in the treatment of chronic periodontitis:

A. Yes, because cement stimulates the regeneration of bone tissue

B. No, because it’s considered to be a strange body

C.No, because it’s considered to be a strange body and it doesn’t give the possibility for periodontal tissue regeneration

D.No, because it can lead to the acutization of inflamatory process

E.Yes, because it does not iritatethe tissues and does not color the tooth

412. C.S. Specify Basic propertie of EDTA solution :

A. Antiseptic action

B. Dentin decalcination

C. Wetting of the canal

D. Anti-inflammatory effect

E. Stimulation of regenerative processes

413. C.S. Specify remedies which are not indicated for root canal sterilization:

A. Antiseptics

B. Enzime

C. Based on EDTA

D. Antibiotics

E. Chemoterapeutics

414. C.M. Indicate which antiseptics can be used ad the stage of necrotic pulp removing from root canal:

A. Sol. Chloramic 1-2%

B. Sol. Metronidazole

C. Sol. Chlorhexidine 0.02%

D. Sol. tincture of iodine 5%

E. Sol. sol. Iodinol 1%

415. C.S. Specify The most favorable form of chronic periodontitis :

A. Chronic granulous Periodontitis

B. Chronic fibrous Periodontitis

C. Chronic granulomatous periodontitis

D. Exacerbation of chronic fibrous periodontitis

E. ABC

416. C.M. Establish the goals of treatment in acute periodontitis treatment :

A. Anatomical shape restoration

B. Removing of the inflammatory process from periodontium

C. Prevention of destructive forms of periodontitis

D. Tooth function restoration

E. Removing of the infection source

417. C.S. Specify The basic method in diagnosis of chronic apical periodontitis :

A. EOM

B. Radiography

C. Probing

D. Percussion

E. Thermometry