**Topics for the promotion exam**

**Year IV 2024-2025**

**ENDODONTICS**

**1. C. M. Identify what the periodontium represents:**

**A. A complicated anatomical formation**

**B. A highly specialized connective tissue**

**C. A fissure located between the compact plate of the alveolus and the root**

**D. Space located between root cementum and alveolar bone**

**E. An anatomical formation, located between the dental alveolus and the cementum of the dental root**

**2. C. M. Indicate what the periodontium borders directly along its entire extent:**

**A. With the maxillary bone**

**B. Through the apical foramen with the dental pulp**

**C. At the edge of the alveolus with the gum and the periosteum**

**D. With the oral cavity**

**E. With the oral vestibule and oral cavity**

**3. C. S. Specify the term of periodontal formation:**

**A. Later one month after the definitive formation of the root apex**

**B. At the same time as the definitive formation of the dentine apex**

**C. More than a year after the development of the root apex**

**D. More than 6 months after the final development of the root apex**

**E. More than 3 months after the definitive formation of the root apex**

**4. C. S. Specify the width of the periodontal gap according to the data of E. Gofung:**

**A. At the mandible 0.15-0.22mm, maxilla 0.2-0.25mm**

**B. At the mandible 0.2-0.25mm, maxilla 0.15-0.22mm**

**C. At the mandible 0.22-0.27mm, maxilla 0.25-0.9mm**

**D. At the mandible 0.1-0.2mm, maxilla 0.2-0.3mm**

**E. The width of the periodontal gap is the same in the maxilla and mandible**

**5. C.S. Specify what changes the periodontal fissure width undergoes with age:**

**A. It becomes wider in case of inflammation**

**B. It becomes wider as a result of the thickening of the periodontium**

**C. It shrinks to 0.1-0.15mm**

**D. Initially, it shrinks, later, in the aging process, it thickens**

**E. The aging process practically does not reflect on the state of the periodontal fissure**

**6. C. M. Indicate the situations when the thickness of the periodontium can change:**

**A. In pathological processes**

**B. When the tooth is overloaded**

**C. In hypercementosis**

**D. As a result of carious cavity preparation**

**E. Following the application of the amalgam filling**

**7. C. M. Indicate how the collagen fibers are classified:**

**A. Transseptal fibers**

**B. Free gingival fibers and circular fibers**

**C. Pectinate and oblique fibers**

**D. Group of apical fibers**

**E. Transient fibers**

**8. C. M. Determine the functions of the periodontium:**

**A. To maintain the inflammatory processes in the periodontium**

**B. Support or mechanics**

**C. Nutritive**

**D. Formative**

**E. Sensitive**

**9. C. S. Identify the basic function of the periodontium:**

**A. Plastic and food**

**B. Distribution of masticatory pressure**

**C. Support or mechanics**

**D. Sensory**

**E. Protection**

**10. C. M. Determine which forms of periodontitis we distinguish by etiology:**

**A. Medicines**

**B. Infectious**

**C. Allergic**

**D. Traumatic**

**E. As a result of incorrect treatment**

**11. C. S. Specify which factors more frequently condition the appearance of the inflammatory process in the periodontium:**

**A. Virulence of the microflora**

**B. The action of bacterial endo- and exotoxins on the periapical tissues**

**C. Chronic trauma**

**D. Attenuation of the adaptive mechanisms of the periodontium**

**E. Incorrect treatment**

**12. C. M. Determine the morphopathological changes that initially occur in the case of acute apical periodontitis:**

**A. Occurrence of tissue infiltration with polymorpho-nuclear leukocytes**

**B. Predominance of lympho- and histiocytic perivascular infiltrates**

**C. Tissue necrosis with abscess formation**

**D. Thickening of the periosteum and resorption of the alveolus**

**E. The presence of solitary polynuclear cells**

**13. C. M. Indicate the characteristics of acute serous apical periodontitis:**

**A. Localized pain**

**B. Uninterrupted pain**

**C. Periods of pain followed by periods without pain**

**D. A nagging pain in the affected tooth**

**E. Radiating pain along the path of the trigeminal nerve**

**14. C. M. Determine the nature of the pain in acute purulent apical periodontitis:**

**A. Excruciating pain**

**B. The pain intensifies, the appearance of pulsation**

**C. Pain when touching the tooth, sensations of tooth elongation**

**D. Pain in the form of seizures with longer painless periods**

**E. Irradiation sometimes along the path of the trigeminal nerve**

**15. C. S. Specify the radiological picture in acute apical periodontitis:**

**A. Foci of osteoporosis in the region of the root apex with unclear outline**

**B. Blurred drawing with broken line focus**

**C. Loss of clarity of the radiological drawing**

**D. Clear drawing of spongy substance**

**E. Foci of osteolysis with clear, well-defined boundaries**

**16. C. M. Indicate the clinical signs in acute apical periodontitis:**

**A. Painful probing in a point located in the projection of the pulpal horn**

**B. Painful probing over the entire floor of the carious cavity**

**C. Painless probing**

**D. On thermodiagnosis, the pain intensifies from cold and hot stimuli**

**E. The reaction of the tooth to thermal factors is missing**

**17. C. M. How does percussion and electroodontodiagnosis manifest in a tooth with acute apical periodontitis:**

**A. Painless percussion**

**B. Pain on horizontal percussion**

**C. Pain on vertical percussion**

**D. Electrodental diagnostics – parameters above 100 µA**

**E. EOD – parameters up to 60 µA**

**18. C. M. Indicate the causes of chronic fibrous periodontitis:**

**A. Incorrect treatment of other forms of periodontitis**

**B. Acute untreated periodontitis**

**C. Propulsion of the root canal obturation material past the apex**

**D. Healing other forms of periodontitis**

**E. As a consequence of treating pulpitis**

**19. C. S. Specify the basis on which the diagnosis of fibrous periodontitis is established:**

**A. The patient's allegations**

**B. Electroodontodiagnostics**

**C. The radiological cliché**

**D. Surveying**

**E. Percussion**

1. **C. S. Specify the changes present on the radiological cliché in chronic fibrous periodontitis:**

**A. Deformation of the periodontal gap with resorption of the bone tissue of the dental alveolus**

**B. Expansion of the periodontal cleft in the periapical region, with preservation of the cortex**

**C. Uniform dilatation of the cleft, in the periapical region and resorption of root cementum**

**D. Uniform dilatation of the periodontal gap and hypercementosis**

**E. Deformation of the periodontal slit in the form of a broken line**

1. **C. M. Indicate the morphopathological changes that occur in chronic fibrous periodontitis:**

**A. Movement of cellular elements and enlargement of fibrous tissue with thick bundles**

**B. The appearance of small inflammatory foci and sclerosing of the vessels**

**C. Formation of granular tissue and decrease in the number of cellular elements**

**D. Formation of fibrous tissue with thick bundles and a large number of capillaries**

**E. Appearance of epithelial tracks and tissue with thick bundles**

1. **C. S. Specify the situations when chronic granulating periodontitis occurs:**

**A. Usually following pulpitis**

**B. As a result of chronic granulomatous periodontitis**

**C. As a result of acute periodontitis**

**D. As a result of not treating the caries in time**

**E. As a result of non-qualitative remediation of the oral cavity**

1. **C. M. Highlight the accusations of patients with chronic granulomatous periodontitis:**

**A. Insignificant pain sensations**

**B. Insignificant sweet pains**

**C. Sensation of pressure, laceration (swelling), embarrassment**

**D. Trivial pain from hot food**

**E. Insignificant pain during pressure on the teeth**

**24. C. S. Identify for which form of periodontitis the presence of fistula is characteristic:**

**A. Chronic fibrous periodontitis**

**B. Chronic granulomatous periodontitis**

**C. Chronic periodontitis granulation form**

**D. Acute purulent periodontitis**

**E. Chronic granulomatous periodontitis in the acute stage**

**25. C. M. Specify in which form of chronic periodontitis the radiological examination is not necessary to establish the presumptive diagnosis, significant being:**

**A. Hyperemia of the gum adjacent to the affected tooth**

**B. Presence of fistula**

**C. Chronic granulomatous**

**D. Chronic periodontitis granulation form**

**E. Fibrous chronic**

**26. C. S. Identify the form of periodontitis for which the symptom of vasoparesis is characteristic:**

**A. Acute serous periodontitis**

**B. Chronic granulomatous periodontitis**

**C. Acute purulent periodontitis**

**D. Chronic periodontitis granulation**

**E. Chronic fibrous periodontitis**

**27. C. S. Specify the radiological picture of chronic granulating periodontitis:**

**A. Uniform dilatation of the periodontal cleft in the periapical region**

**B. Focus of osteolysis in the apex region**

**C. Focus of osteolysis in the apex region with blurred contours**

**D. Focus of osteolysis in the periapical region with indistinct contours, with a border in the form of a broken line.**

**E. Foci of osteolysis of a round shape, with clear, well-defined borders and a diameter of 0.5 cm**

**28. C. M. Indicate the morphopathological changes that occur in chronic granulating periodontitis:**

**A. Increased leukocyte infiltration**

**B. Tissue necrosis and abscess formation**

**C. The appearance of fibrous tissue**

**D. Formation of granulation tissue with a large number of capillaries, fibroblasts, plasma cells, leukocytes**

**E. Lysis of periapical tissues by osteoclasts (cortical lamina of alveolus, dentine, root cementum)**

**29. C. S. Highlight the most active form of chronic periodontitis (Pt):**

**A. chronic fibrous periodontitis**

**B. chronic granulation periodontitis**

**C. Chronic granulomatous Pt**

**D. Chronic granulomatous Pt in exacerbation**

**D. Fibrous chronic Pt in exacerbation**

**30. C. M. As a result of which manifestations, chronic granulating periodontitis can serve as a source of intoxication for the whole organism:**

**A. The consequence of the resorptive process in the alveolus**

**B. The toxic products of inflammation absorbed into the blood**

**C. Granulations proliferate in the osteomedullary space of the jaws, forming fistulas with purulent secretion**

**D. The consequence of the resorptive process in the root cementum**

**E. The consequence of the resorptive process in the root dentin**

**31. C. S. The properties of calcium hydroxide:**

**A. It has a bacteriostatic effect**

**B. Contributes to the permeabilization of the root canal**

**C. It has a strong bactericidal effect**

**D. It is used in the canal drying stage**

**E. It does not resorb**

**32. C. M. Highlight the clinical manifestations of chronic granulomatous periodontitis in most cases:**

**A. With clinical manifestations**

**B. No clinical manifestations**

**C. Lack of subjective and objective data**

**D. The obvious presence of subjective and objective data**

**E. Sometimes fistula, hyperemia, edema can be created**

**33. C. S. The diagnosis of chronic granulomatous periodontitis, in most cases, is based on:**

**A. Surveys**

**B. Percussion**

**C. Radiological data**

**D. Palpation**

**E. Electroodontometry data**

**34. C. M. Highlight the radiological picture of chronic granulomatous periodontitis:**

**A. Focus and bone lysis in the region of the apex with unclear outline**

**B. Small focus of bone lysis with well-defined outline**

**C. Focus of lysis in the form of a broken line**

**D. Round or oval focus with a diameter of approximately 0.5 cm**

**E. Outbreak of lysis in the form of "tongues of fire"**

**35. C. M. Indicate the teeth in which the appearance of granulomas is more frequent:**

**A. Molars**

**B. Incisors**

**C. Canines**

**D. Premolars**

**E. Incisors, canines**

**36. C. M. Indicate the morphopathological changes that occur in chronic granulomatous periodontitis:**

**A. A partial substitution of periodontal tissues with granulation tissue**

**B. Epithelial covering is missing**

**C. Content of fibroblasts, histiocytes, lymphocytes**

**D. Elastic collagen fibers**

**E. The granulation tissue is delimited from the adjacent bone by a fibrous membrane**

**37. C. M. For periradicular granuloma it is characteristic:**

**A. Cavity formation**

**B. Plasma cell content**

**C. Content of protein and lipid debris**

**D. Numerous capillary-type blood vessels**

**E. Cholesterol crystals**

**38. C. M. Determine how the periradicular granuloma is divided according to the anatomical structure:**

**A. Simple and compound**

**B. Simple and mixed**

**C. Collagenous granulomas**

**D. Elastic granulomas**

**E. Non-epithelial and epithelial**

**39. C. M. Mark which elements accumulate in the cavities of cystogranulomas and radicular cysts:**

**A. Degenerating epithelial cells**

**B. Eosinophilic exudate protein and lipid debris**

**C. Cholesterol crystals**

**D. Serous exudate**

**E. Perivascular lympho- and histiocytic infiltrates**

40. C. S. The favorable healing of granulomatous periodontitis, in case of timely and correct treatment, is its passage into:

A. Granulating periodontitis

B. Cystogranuloma

C. Chronic Fibrous periodontitis

D. Radicular cyst

E. Chronic periodontitis

41. C. M. Indicate the symptomatology of chronic periodontitis in the acute stage:

A. Constant pain and collateral edema

B. Dental mobility and pain on palpation

C. Probing and thermal testing cause pain

D.EOD – 60 mA

E. Radiological blurring of the spongy substance pattern

42. C. S. Specify the type of cystic granuloma epithelium:

A. Epidermal

B. The reticular layer

C. Adventitial

D. Pavement multilayer

E. The keratinized layer

43. C. S. Indicate what the cystic granulomas are covered with:

A. Epithelium

B. Granulation tissue

C. Epithelial traversing

D. Plasma cells

E. Plasma cells and leukocytes

44. C. M. What is the radiological characteristic of cystic granulomas:

A. Clear outline

B. Blurred outline

C. Lack of bone structure in the focus of bone resorption

D. Radiolucency

E. Attenuation of the radiological pattern

45. C. S. What sizes can cystogranuloma reach:

A. 0.5 cm

B. 0.25 cm

C. 1.8 cm

D. 0.5-0.8 cm

E. 2.5 cm

46. C. M. Determine what are the basic principles in the treatment of apical periodontitis:

A. Obturation of the root canals with minimal pistoning of the obturation material after the apex

B. Careful and thorough treatment of infected root canals

C. Obturation of root canals until physiological narrowing

D. Treat the periapical focus until the exudation ceases

E. Obturation of the root canals up to the apical orifice

47. C. M. Identify in which clinical situations the result of endodontic treatment is doubtful:

A. Teeth with bell-shaped or bayonet-shaped root canals

B. Teeth with chronic periapical foci

C. Teeth in the canals of which there are foreign bodies (remnants of endodontic instruments)

D. Teeth with curved but permeable canals

E. Multiradicular teeth with false canals

48. C. M. With the help of the radiological examination it is possible to determine:

A. The presence of foreign bodies

B. Number and shape of roots

C. Dental mobility II - III degree

D. The ratio of roots with different anatomical formations (mental foramen, mandibular canal)

E. The masticatory efficiency of the tooth

49. C. M. Identify the categories of patients treated for chronic periodontitis:

A. Clinically healthy patients

B. People with attenuated forms of pathologies

C. Patients with serious systemic pathologies

D. Non-transportable patients

E. Patients with mental disorders

50. C. M. With the help of the radiological examination it is possible to establish:

A. The length of the root canals compared to the neighboring teeth

B. Absence of pain, edema, fistula

C. The remains of rotten masses

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

E. Number and shape of roots

51. C. M. Indicate the ways of action on the microflora of the root canal:

A. Opening the pulp chamber

B. Physico-chemical

C. Incision on the transitional fold

D. Chemical

E. Widening of the isthmus and root apex

52. C. M. Highlight the goals of medicinal root canal treatment:

A. To act on the pathogenic flora in the endodontic space

B. To destroy the pathogenic flora from the endodontic space

C. To act on the disintegration products in the root canal

D. To neutralize the products of disintegration of organic residues

E. To reduce the number of microorganisms in the root canal

53. C. M. By what means is the sterilization of macro and micro canals achieved:

A. Relief of periapical inflammation

B. As a result of thorough biomechanical treatment

C. Chemical stability of antiseptics in root canals

D. Abundant medicated processing of the endodontic space

E. Stimulation of periapical inflammatory processes

54. C. M. Establish the requirements for medicinal preparations used for root canal sterilization:

A. Possess bactericidal and fungicidal effects

B. Not to be inactivated in nutrient media

C. To differ in color from the surrounding tissues

D. Possess prolonged antibacterial effect

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

55. C. M. Indicate the antiseptics used in endodontic treatment:

A. Chloramines

B. Antibiotics

C. Sodium hypochlorite

D. Chlorhexidine

E. Resorcinol-formalin

56. C. M. Highlight the properties of the 3% sodium hypochlorite solution:

A. To dissolve the organic remains

B. To reduce periapical inflammation

C. To sterilize the root canal

D. To stimulate periapical regeneration processes

E. To widen the root canal

57. C. S. Indicate which of the substances are contained in the "PARCAN" preparation (the "Septodont" company):

A. Sol.1% Hypochlorite of Na

B. Chlorhexidine

C. Soil. 3% purified by Na hypochloride

D. Ethyl alcohol

E. Dexamethasone

58. C. M. Indicate the current antiseptic preparations:

A. Chlorhexidine

B. Chloramine

C. Sodium hypochlorite

D. Formalin

E. Soil. 1-3% carbolic acid

59. C. M. Specify which are the infected areas (according to Lucomschi) in the case of periodontitis:

A. Macrochannel area

B. Periodontal area

C. Microcanalicular area

D. Marginal periodontal area

E. Periodontal fissure area

60. C. M. Highlight the objectives of obturation of root canals in periodontitis:

A. Sealing the canals to the apex

B. Restoring the anatomical shape and dental function

C. Blockage of the microflora in the dentinal canaliculi

D. Removal of fetid odor from the tooth cavity

E. Formation of conditions for the treatment of apical periodontitis, regeneration of pathologically modified periapical tissues

61. C. M. Establish the requirements for the materials used for filling the root canal in periodontitis:

A. Not to change its volume over time

B. Not to exert action on the scarring of the apical osteitis

C. There should be no radiological contrast

D. Possess bactericidal effect

E. Not to be resorbed in the root canals

1. **C. M. Indicate the materials based on epoxy resins, used for obturation of the root canal in periodontitis:**

**A. Foredent**

**B. AH 26, AH +**

**C. Pepsodent**

**D. Endodontic, thermosil**

**E. Diaket**

1. **C. M. Indicate the pastes based on zinc oxide and eugenol:**

**A. Forfenan**

**B. Zinc-eugenol**

**C. Endomethasone**

**D. Biocalex**

**E. Resident**

1. **C. M. Indicate the composition of gutta-percha cones:**

**A. Gutta-percha 20%**

**B. Gutta-percha 60%**

**C. Zn oxide 60%**

**D. Wax 12%**

**E. Barium sulfate 5%, metal oxides 3%**

1. **C. M. Mark the positive properties of gutta-percha cones:**

**A. Favors the sealing of the root canals**

**B. They are soluble and easy to unclog**

**C. Radiologically there are contrasts**

**D. They do not absorb saliva and microorganisms**

**E. Easily removed**

**66. C. M. Establish the techniques of using gutta-percha cones:**

**A. Mixed obturation of root canals (Classical method)**

**B. Ultrasonic condensation technique**

**C. Insertion of gutta-percha cones without paste**

**D. Hot vertical condensation technique**

**E. Cold lateral condensation technique**

**67. C. M. Indicate the requirements stipulated in the Termafil Technique:**

**A. Use of plastic canal obturators styled with phase α gutta-percha**

**B. The use of phase α plastic canal obturators**

**C. Requires a heating oven dedicated to softening gutta-percha**

**D. Use of 06 taper gutta-percha cones**

**E. The grinding of gutta-percha can also be done with the spirit flame**

**68. C. M. The antiseptic action of calcium hydroxide is based on:**

**A. Alkaline ph**

**B. Acidic ph**

**C. Low solubility in water**

**D. Sudden release of OH ion upon contact with tissue fluids**

**E. Gradual release of OH ion upon contact with tissue fluids**

**69. C. M. What clinical symptoms will the tooth with periodontitis present at the obturation stage:**

**A. There should be no pain during chewing**

**B. The resting tooth should not cause pain**

**C. To be painless on vertical percussion**

**D. Palpation in the region of the root apex projection is painless**

**E. To be painless on horizontal percussion**

70. C. M. The tooth with periodontitis must be filled in compliance with the following conditions:

A. Root masses or paper cones are dry

B. The paper cones are wet

C. The dishes are clean

D. Lack of odor from the root canal

E. The presence of odor from the root canal

71. C. S. Indicate the rotation frequency of the Lentullo needle during root canal obturation:

A. 30000 rpm

B. 5000 rpm

C. 300 rpm

D. 2000 rpm

E. 800-1000 rpm

72. C. S. Lentullo during canal obturation must rotate:

A. Counter-clockwise

B. Clockwise

C. The direction of the rotations does not matter

D. Initially-after those of the ciasornik, in the end-against them

E. To close the channels manually, turning the lentullo

73. C. S. Obturation of root canals in periodontitis is carried out until:

A. A slight transapical repulsion

B. Radiological apex

C. Physiological isthmus

D. Anatomical apex

E. The level of obturation is not important

74. C. M. What will we do if Lentullo does not reach the observed depth:

A. We close the distance to the apex by changing Lentullo

B. The distance to the apex is closed with the Kerr needle N.10-20

C. The distance to the apex is closed with the drill

D. The distance to the apex is closed with the Miller needle

E. The distance to the apex is closed with the canal dilator

75. C. M. When the obturation of the root canal is considered complete:

A. There is no more paste in the tooth cavity

B. Excess paste appears in the tooth cavity

C. Upon entering the canal, a cone is formed with the tip pointing into the canal

D. A cone is not formed when entering the channel with the tip pointing into the channel

E. Pain occurs during canal obturation

76. C. S. When filling the canal with a gutta-percha pivot, the pivot is introduced with:

A. Soft fingers

B. forceps

C. It doesn't matter with what, the important thing is to achieve the goal

D. Probe

E. Smoother

77. C. S. Specify how to remove the excess cone from gutta-percha (extra-canal):

A. With the sharp excavator

B. With the cutter

C. With the heated excavator or dental smoother

D. There is no need to remove it

E. It adapts to the length of the canal up to the introduction

78. C. M. Indicate the effects of calcium hydroxide in case of periapical overshoot:

A. It resorbs easily, so it does not cause pain

B. Produces excruciating pain, but resorbs easily

C. There is no negative action on living periapical tissues

D. At a significant excess it produces necrosis

E. It is inactivated in tissue fluids

**79. C. M. Obturation of the root canal is performed correctly when:**

**A. Obturation is homogeneous and uninterrupted**

**B. It is performed to the radiological apex**

**C. Transapical material is repelled**

**D. Gutta-percha is inserted transapically**

**E. It is carried out inhomogeneous and fragmented**

**80. C.S. Specify the instrument used in the Gutta-percha Lateral Condensation Technique:**

**A. Gout-condenser**

**B. The manual plow**

**C. The spreader**

**D. Syringe needle**

**E. With the help of ultrasound inserted into the canal together with the pivot**

**81. C. S. Determine the limit of insertion of the gutta-percha cone:**

**A. When preemptively introducing the canal sealer, the cone introduction level does not need to be determined**

**B. Physiological apex**

**C. The radiological apex**

**D. Anatomical apex**

**E. The apical foramen, with the creation of a maximum seal**

**82. C. S. Instrumental treatment of root canals in periodontitis is performed using the technique:**

**A. Crown-Down Techniques**

**B. Step-Back**

**C. Step-Back and Crown-Down**

**D. Initially Step-Back, we finish processing with Crown-Down**

**E. It doesn't matter**

**83. C. M. Specify how to perform the instrumental processing of root canals in apical periodontitis:**

**A. With the gutta-percha cone**

**B. In thirds (1/3; ½; 2/3...)**

**C. In thirds, starting with the apical third**

**D. In thirds, starting with the canal ostium**

**E. With Lentullo**

**84. C. S. What instruments will we use in the method of vertical condensation of gutta-percha:**

**A. The spreader**

**B. The plugger**

**C. Gout-condenser**

**D. Syringe needle**

**E. Probe**

**85. C. M. Root canal drying is performed with:**

**A. Sterile paper cones**

**B. Compressed air from the dental unit**

**C. Meshes soaked in ether or alcohol**

**D. Measles on the root needle**

**E. Tables, soaked with vagotil**

**86. C. M. Identify the objectives of mechanical preparation of the root canal according to SEE (European Society of Endodontics):**

**A. Removal of channel content**

**B. Using the necessary tools**

**C. Elimination of existing microorganisms**

**D. Obturation of the root canals**

**E. Conformation of canals for obturation**

**87. C. S. Specify what measures are carried out in the case of the presence of a fractured instrument in the root canal of the upper molar:**

**A. We are trying to remove the tool**

**B. Root canal filling**

**C. In case of impossibility to effectively block the root canal - we perform the root amputation**

**D. We perform the hemisection**

**E. We extract the tooth**

**88. C. S. Determine which method is used for conservative-surgical treatment in case of periodontitis in the mandibular molars:**

**A. Apical resection**

**B. Hemisection**

**C. Amputation of the root**

**D. Dental extraction**

**E. Curettage**

**89. C. M. Indicate the complications of acute periodontitis and chronic acute periodontitis:**

**A. Periostitis**

**B. Acute osteomyelitis**

**C. Periodontitis**

**D. Gingivitis**

**E. Exetus lethal**

**90. C. M. Indicate the situations when perforation of the root canal walls can occur:**

**A. When the axis of the instrument does not coincide with the axis of the root canal**

**B. During incorrect tooling**

**C. When using blunt instruments (blunt)**

**D. When using the mechanical dilator**

**E. When using large caliber instruments**

**91. C. M. Name the consequences of insufficient fixation of the instrument during mechanical processing of the root canal:**

**A. Aspiration of the instruments**

**B. Lipotomy**

**C. Anaphylactic shock**

**D. Soft tissue trauma**

**E. Swallowing the instrument**

**92. C. M. Indicate the situations that can lead to aspiration or swallowing of the instrument:**

**A. Unconscious movements with the tongue**

**B. Insufficient fixation of the root needle during radiography**

**C. Non-qualitative instrumental processing of the root canal**

**D. Insufficient fixation of the instrument in the doctor's hands**

**E. An incorrect behavior of the patient in the dental chair**

**93. C. M. What measures are indicated in case of swallowing the instrument:**

**A. Special diet (potatoes, peas, etc.)**

**B. Radiological control over several days**

**C. Enema**

**D. Surgical intervention to remove the instrument**

**E. Hospitalization of the patient in the surgical ward**

**94. C. M. Highlight the reasons that can lead to the appearance of subcutaneous emphysema:**

**A. Wide apical foramen**

**B. Using compressed air guns for drying root canals**

**C. Treatment of root canals with concentrated hydrogen peroxide solution**

**D. Passage of high power compressed air into the root canals**

**E. Obturation of root canals with liquid endodontic pastes**

**95. C. M. Indicate the factors that can lead to the fracture of the instrument in the process of root processing:**

**A. Improper application of force on the instrument**

**B. The use of qualitative instruments**

**C. Mismatch of the root-axis with that of the application force of the instrument**

**D. Use of sharp instruments**

**E. Use of qualitative stainless steel instrumentation**

**96. C. M. Indicate the rules to be followed to avoid fracturing the medical instruments:**

**A. The use of endodontic instruments in strict dimensional succession**

**B. Use of endodontic instruments only in wet environment**

**C. Sterilization of the working part of the instrument with the spirit flame**

**D. Compliance with the angles of curvature of pulp extractors, drills, canal dilators**

**E. The term of use of the instrument does not matter**

**97. C. M. Indicate the teeth during obturation of which the obturation material from the root canal can enter the mandibular canal:**

**A. Incisors**

**B. Mandibular premolars**

**C. Canines**

**D. Lower molars at distal root obturation**

**E. Teeth 8**

**98. C. S. Specify in how many sessions the treatment of acute purulent periodontitis is carried out:**

**A. A session**

**B. Two sessions**

**C. Three sessions**

**D. Four sessions**

**E. Two or three sessions**

**99. C. S. Specify how many sessions are mandatory in the treatment of chronic granulating periodontitis in the exacerbation stage:**

**A. Five**

**B. Two**

**C. Three**

**D. A visit**

**E. In one or two visits**

**100. C. S. Specify in how many sessions the doctor manages to treat chronic fibrous periodontitis:**

**A. One session**

**B. Two**

**C. Three**

**D. Four**

**E. One or two visits**

**101. C. M. What will the doctor's actions be in the case of granulomatous periodontitis of tooth 2.6, having non-passing mesial and distal vestibular canals, but with periapical processes:**

**A. We treat in one visit, we close the root canals as deep as possible**

**B. In the oral canals we leave tables with EDTA (Largal) under the dressing (48 hours)**

**C. We leave the tooth open, in the second visit we pass the canals**

**D. We remove the dressing, pass the respective channels, close the channels**

**E. As a consequence of the canals not being blocked, the tooth is extracted**

**102. C. M. In the case of periostitis in the region of teeth 24, 25, 26, as a result of the exacerbated chronic periodontitis of tooth 25, what will be the doctor's actions:**

**A. X-ray of tooth 25**

**B. He goes to the surgical room for the incision on the transition fold 24, 25, 26**

**C. Physiotherapy treatment**

**D. We form drainage by opening the tooth, instrumentally and medicinally we process the root canal**

**E. We form drainage through the root canals, widening the apical hole. The tooth is left open**

**103. C.M. What will the doctor's actions be in the case of chronic granulating periodontitis of tooth 36, with the presence of a fractured instrument in the lingual canal, and the vestibular one being only ½ obturated, the root showing curvature:**

**A. We indicate tooth extraction**

**B. We close the distal canal, apply permanent obturation**

**C. We perform the hemisection and extract the anterior root**

**D. We apply EDTA tables in non-passing canals. Dressing**

**E. We remove the dressing and pass the root canals**

**104. C. M. Indicate the stages of the root canal permeabilization process:**

**A. Cavity preparation**

**B. Treatment of the coronal part of the canal (3-5mm)**

**C. Treatment of the apical part of the root canal (2-3mm)**

**D. Processing of the central part of the channel**

**E. Processing of the trans-apical area**

**105. C. M. Identify the instruments for dilating the root canal:**

**A. The K-rhymer**

**B. K-files**

**C. H-files**

**D. The pulp extractor**

**E. Root needle**

**106. C. S. Specify the measures taken by the doctor in the case of toxic periodontitis of arsenical origin in tooth 24:**

**A. We extract tooth 24**

**B. We remove the dressing, widen the cavity of the tooth and process the root canals instrumentally and medicinally, leaving the tooth open**

**C. We open the tooth cavity, process the root canals instrumentally and medicinally. In the root canals we leave tables soaked with unitiol. Dressing.**

**D. We recommend physiotherapy until the pain subsides**

**E. We question the patient. We recommend irrigation with iodinol**

**107. C. M. What will be the doctor's actions in case of toxic periodontitis of arsenical origin:**

**A. Tooth extraction is indicated**

**B. Physiotherapy procedures are indicated**

**C. We open the cavity of the tooth, perform medicinal and instrumental processing of the root canals**

**D. We indicate mouthwashes with soil. sodium carbonate and salt water**

**E. A soil-soaked table is applied to the root canal opening. of iodine.**

**108. C. S. Specify the doctor's tactics in the treatment of toxic periodontitis of arsenical origin:**

**A. We introduce into the root canal tables soaked with tincture of iodine under a temporary dressing.**

**B. A mesh soaked with tincture of iodine is left on the root canal opening under a temporary dressing.**

**C. We drain the table with tincture of iodine and leave it in the tooth cavity. 2-3 times we apply the heated Fuluor. We leave the tooth open.**

**D. Intracanal electrophoresis with KI (potassium iodide) solution.**

**E. We indicate to the patient mouthwashes with soil. of salt and iodine**

**109. C. M. What will be the actions of the doctor in chronic fibrous periodontitis of tooth 13, with the destruction of the crown of the tooth more than 2/3.:**

**A. Taking radiographs to determine the condition of the root**

**B. Heading for extraction**

**C. Definitive obturation of the apical third**

**D. Making the inlay**

**E. We convince the patient to keep the tooth**

**110. C. M. What will be the doctor's actions in case of granulomatous periodontitis of tooth 2.6, the granuloma being located in the region of the disto-vestibular root:**

**A. Root canal obturation in one visit**

**B. Obturation of root canals in 3-4 visits**

**C. Obturation of root canals in 2 visits**

**D. Apical resection of the apex of the disto-vestibular root**

**E. Hemisection**

**111. C. M. Indicate the doctor's actions when diagnosing a radicular cyst in the region of the teeth 44,45:**

**A. Extraction of teeth 44;45 together with cystectomy**

**B. Root canal obturation of teeth 44, 45 with "Sealapex" and gutta-percha pivots**

**C. Cystectomy**

**D. Apical resection of teeth 44,45**

**E. Hemisection**

**112. C. M. Highlight the effectiveness criteria of endodontic treatment:**

**A. Disappearance of pain in the causative tooth**

**B. They depend on the antiseptics used**

**C. Restoration of bone tissue in cases of presence of changes in periapical tissues**

**D. Depends on the canal obturation material**

**E. Restoring the functionality and anatomical shape of the tooth**

**113. C. S. Specify the time of truthful assessment of the effectiveness of endodontic treatment in chronic granulomatous periodontitis:**

**A. As soon as possible after treatment**

**B. Up to 6 months**

**C. After 2 and more years**

**D. Over 2 months**

**E. Over 3 months**

**114. C. M. Indicate possible errors during tooth cavity preparation:**

**A. The opening of the tooth cavity in one or two points, being confused with the root holes**

**B. Removal of large amounts of tooth with weakening of the coronal hardness**

**C. Lack of direct access to the root canals**

**D. Removal of undermined dentin**

**E. Cavity with direct access to root canals**

**115. C. S. Identify the endodontic instruments with higher degree of elasticity:**

**A. Stainless steel**

**B. Made of carbonized steel**

**C. Made of Ni-Ti alloy**

**D. From gauze**

**E. Made of steel**

**116. C. M. Indicate what the Gates Gliden endodontic instrument is used for:**

**A. Widening of the root hole**

**B. Evacuation of dentinal sawdust from the root canals**

**C. Passage of the right segment of the coronary part and part of the root canal**

**D. Treatment of the apical third of the canal**

**E. Evacuation of gutta-percha from the canal**

**117. C. S. Specify what the Largo endodontic instrument is used for:**

**A. Widening of the root canal opening**

**B. Permeability of the upper third of the root canal**

**C. Widening of the apical orifice**

**D. Permeability of narrow channels**

**E. Widening of the root canal**

**118. C. M. Establish the working technique with the K-Reamer:**

**A. It is inserted into the channel, clockwise rotation is performed by ¼ or ½ of a turn**

**B. It is inserted into the channel, then rotated counterclockwise ¼ or ½ turn**

**C. Pushes hard while working**

**D. Elastic with increased excision capabilities**

**E. Penetration, rotation, retraction are performed**

**119. C. M. Identify the instruments for dilating and leveling the walls of the root canals:**

**A. "File Endorsements"**

**B. The pulp extractor**

**C. K-files**

**D. Raspelul**

**E. H-file (Headstrom drill)**

**120. C. M. Identify tools for widening the root canal:**

**A. K-files**

**B. K-flexophiles**

**C. The K-rhymer**

**D. K-flexophile Golden medium**

**E. Hedstrom-file**

**121. C. M. Determine what is the root canal widening technique with Hedstrom-file (H-file):**

**A. We excise the affected tissues only in one direction – upon retraction**

**B. Excision of the dentin occurs during rotation**

**C. Excision of the dentin occurs during scraping**

**D. 900-1800 rotation and retraction**

**E. 1800 – 3600 rotation and retraction**

**122. C. S. Specify what Canal Lider 2000 is:**

**A. A multifunctional angle piece**

**B. An endodontic instrument for root canal permeabilization**

**C. An endodontic instrument for obturation of the root canal**

**D. An endodontic instrument for widening the root canal**

**E. An endodontic instrument for root lavage**

**123. C. M. Indicate the operations performed with the help of the Canal Lider 2000 piece:**

**A. Widening of the root canal openings**

**B. Carrying out the mechanical processing of the root canals**

**C. Preparation of carious cavities**

**D. Obturation of channels**

**E. Performing complete rotation in the root canal**

**124. C. M. Indicate the type of movements produced by the endodontic piece:**

**A. Alternating rotation movements within the limits of 30 – 150**

**B. Alternating rotation movements simultaneously with rotary ones**

**C. Alternate rotation movements simultaneously with pistoning movements of 0.4 – 08 mm**

**D. When processing the channels, it makes vertical pistoning movements and adjustment by exerting pressure**

**E. Vertical pistoning and retraction movements without exerting pressure when processing channels**

**125. C.M. State the importance of cofferdam use in endodontic procedures:**

**A. Prevents swallowing of dental sawdust, instruments, root canal cleaning fluids**

**B. Protects the cavity of the tooth and the root canal from the presence of saliva and the penetration of microorganisms**

**C. It prevents the instrument from fracturing in the root canal**

**D. Prevents perforation of the root canal walls**

**E. Improves access to the operative field and the root canal**

**126. C. M. State the objectives of the access cavity:**

**A. Complete removal of the ceiling of the pulp chamber**

**B. Removal of the ceiling of the pulp chamber in the projection of the location of the root canal openings**

**C. Locating all channels**

**D. Direct access of the instrument up to the apical third or up to the first curvature of the canal**

**E. Preservation of dental structure**

**127. C. M. Determine what we appreciate with the help of the working length of the tooth:**

**A. Permeability**

**B. Widening**

**C. Limit of definitive obturation**

**D. Opening of the apical orifice**

**E. Instrumentation Permissible Limit**

**128. C. S. Formulate the notion of "working root length":**

**A. The distance from the radiological apex to the root canal opening**

**B. The distance from the root apex to the canal orifice**

**C. The distance from the physiological narrowing to the canal entrance**

**D. The distance from the apical hole to the root canal hole**

**E. The distance from the anatomical hole to the root canal hole**

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

**A. The working length of the tooth is more important to the clinician**

**B. The working length of the tooth and the root is one and the same**

**C. Because in clinical situations it is not possible to determine the working length of the root**

**D. The working length of the tooth – the distance from the physiological narrowing to the incisal line or the masticatory surface**

**E. It is not important what is to be determined**

130. C. M. Indicate the technique for determining the working length of the tooth:

A. The rubber indicator is determined according to the table of root lengths for different teeth

B. It needs to be confirmed radiologically

C. It can be done electronically

D. We introduce the radicular needle until it collapses and pain occurs

E. The rubber indicator is fixed at the level of the average tabular length

131. C. M. Mark which requirements the root canal must meet after mechanical processing:

A. To keep his direction

B. To be of different shape and size

C. Be conical in shape

D. To lack thresholds

E. To end at the apical constriction

132. C. M. Determine what measures involve the processing of curved root canals:

A. The instrument is given the shape of the curvature of the processed channel

B. Use of Ni-Ti tools with an active (aggressive) tip

C. Use of Ni-Ti alloy flexible instrumentation with passive tip

D. Instrument movements must be propulsive

E. Instrument movements must be rotary-propulsive not exceeding 900-1000

133. C. M. Indicate the functions of root canal washing solutions during mechanical processing:

A. For evacuation of gangrenous remains and dentinal sawdust

B. To remove the fetid smell

C. Lubrication

D. To create conditions for treatment

E. Antiseptic action, removing the "oily" layer (organic and inorganic compounds)

134. C. M. Establish the fundamental principles of the most effective and sparing method of treatment in apical periodontitis:

A. Meticulous mechanical processing of infected root canals

B. Removing the action of biogenic amines

C. Treatment of the transapical focus until the exudate disappears

D. Desensitization of the body

E. Subsequent obturation of the canal

135. C. M. State the properties of trypsin:

A. Bacteriostatic effect and stimulates tissue regeneration

B. Anesthetic effect

C. Stimulates phagocytosis and inhibits hyaluronidase

D. Broad antimicrobial spectrum

E. Destructive effect on bacterial toxins

136. C. M. State the properties of chlorhexidine:

A. Bactericidal action

B. Pronounced anti-exudative effect

C. Antiseptic action

D. Desensitizing effect

E. Bactericidal effect on gram-positive and gram-negative bacteria

137. C. M. State the properties of Iodinol:

A. The property of creating conditions for exudate evacuation

B. Wide antibacterial spectrum and favors tissue regeneration

C. Destructive effect

D. Antimycotic effect

E. It is not toxic and allergenic

138. C. M. State the properties of steroids in the treatment of apical periodontitis:

A. Pronounced anti-inflammatory action

B. Broad-spectrum antimicrobial effect

C. Desensitizing effect

D. It accelerates tissue regeneration

E. Antiexudative effect

139. C. M. Highlight the doctor's actions in case of acute apical periodontitis of arsenical origin:

A. Immediate removal of the coronal and root pulp

B. Mechanical and medicinal processing of the root canals with their subsequent obturation

C. Medicinal treatment of canals with antiseptics (2% chloramine solution, 3% H2O2, etc.)

D. Mechanical and drug processing of the canals, widening of the apical hole, the tooth is left open

E. To leave in the root canal a mesh soaked with 5% soil. unitiol or 1% soil. iodinol

140. C. M. Identify the necessary measures to perform on the tooth in case of pronounced exudative process:

A. To be mechanically and medicinally processed, then sealed

B. For a few days to leave open

C. To trephine the dental crown

D. To widen the apical foramen

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

141. C. M. Identify the necessary measures to alleviate pain in case of acute periapical inflammatory process:

A. To trephine the tooth with the help of the turbine

B. Leave the tooth open for a few days

C. For trepanning to use the mechanical piece

D. To widen the apical orifice

E. To perform anesthesia

142. C. S. Specify the remedies indicated when the symptoms of intoxication appear (headache, fever, weakness, etc.):

A. Analgesics

B. Antibiotics

C. Tooth extraction

D. Performing anesthesia at the transitional fold

E. Physiotherapy

143. C. M. Determine the most effective measures in acute periodontitis complicated with periostitis:

A. To trephine the tooth and wait for the alleviation of the pain

B. To perform anesthesia at the transitional fold

C. To inject antibiotics at the level of the transition envelope

D. Subperiosteal horizontal incision, not smaller than 2cm, until the exudate appears

E. Tooth extraction

144. C. S. Specify when the canal is blocked in acute periodontitis:

A. On the first visit

B. On the second visit

C. On the third visit

D. Over 5-7 days after the disposition of pain sensations

E. On the fourth visit

145. C. M. Determine when the root canal is blocked in acute periodontitis:

A. At the patient's request

B. After removing the pain sensations

C. When the exudate disappears

D. When probing and the action of thermal factors is painless

E. When palpation and percussion are painless

146. C. M. Indicate the measures taken when pain occurs after canal obturation:

A. Physiotherapy procedures are indicated

B. Analgesics are indicated

C. A wide incision is made on the transitional fold

D. Mouthwashes with salt are indicated

E. It is recommended to apply the heating pad until the pain subsides

147. C. M. Indicate the measures taken in the case of multirooted teeth with impermeable canals:

A. The combined method of treatment is applied. Impregnation and obturation of canals with "Foredent"

B. Electrophoresis with tincture of iodine

C. The tooth is extracted

D. We close the channels along the passing length. We prevent the patient from the possible consequences

E. The tooth is filled in the third visit

148. C. M. Indicate the necessary measures to perform in the treatment of acute apical periodontitis of traumatic origin:

A. The introduction of 0.5 ml of hydrocortisone into the transitional pocket

B. We take the x-ray

C. We grind the tooth

D. We remove the cause, we indicate symptomatic treatment

E. We perform electroodontometry

149. C. M. What are the factors that involve the choice of treatment method for chronic apical periodontitis:

A. The extent of periapical tissue destruction

B. Degree of manifestation of local symptoms

C. The group of teeth to which the affected tooth belongs

D. General condition of the patient (endocarditis, nephritis, etc.)

E. Patient visit

150. C. M. Indicate the treatment methods of chronic apical periodontitis:

A. Conservative

B. Biological

C. Conservative-surgical

D. Amputation method

E. Surgical

151. C. M. Indicate the tasks that must be respected in the treatment of chronic apical periodontitis:

A. Restoring the anatomical shape of the tooth

B. Action on the flora in macrochannels and microchannels

C. Restoration of function

D. Removing the action of biogenic amines

E. Removal of periodontal inflammation

152. C. M. Indicate the objectives pursued in the treatment of chronic apical periodontitis:

A. Stimulation of periodontal tissue regeneration

B. To act on the inflammatory process through the root canal

C. Mechanical widening of the canal

D. Desensitization of the body

E. Widening of the apical orifice

153. C. M. Expansion of the cavity on the lingual or masticatory surface in the treatment of apical periodontitis ensures:

A. Favorable access to the root canal

B. Direct, unobstructed access to the canal for endodontic instrumentation

C. Sufficient fixation of the obturation

D. Drainage of exudate

E. Direct action on the periapical tissues

154. C. M. Indicate the necessary precautionary rules to be observed in the treatment of chronic apical periodontitis:

A. Meticulous and careful mechanical removal of root debris that prevents trans-apical root content propulsion

B. Evacuation of debris by thirds, starting with the apical third

C. Preventive introduction of the antiseptic into the canal (2% chloramine solution)

D. To work carefully, to avoid injecting the canal

E. Removal of root content in thirds, starting with the coronal third

155. C. M. The use of EDTA-based remedies to permeabilize narrow and obliterated canals is based on:

A. Formation of compounds with enamel Ca

B. Formation of compounds with dentinal Ca

C. Demineralizing effect, followed by remineralizing

D. Chelating effect

E. Solubilization of calcium

156. C. M. What techniques work with EDTA in the case of narrow channels:

A. The EDTA solution is introduced on a cotton pad in the transient part of the root canal for 20-30 sec.

B. A new portion is introduced over 30 sec.

C. The formed complex is absorbed and a new portion is introduced

D. EDTA solution is pistoned into the channel by means of a special syringe

E. The solution is changed 2-4 times for 1-2 min.

157. C. M. Indicate the instruments used to widen the root canal after the action of EDTA

A. The drill

B. The pulp extractor

C. H-files

D. Alizor

E. Lentullo

158. C. M. Indicate the root canal drying techniques:

A. The canal is dried with cotton balls

B. We operate with compressed air

C. The canal is dried with cotton balls and paper cones

D. Dry with gutta-percha cones

E. Dry with paper cones

159. C. M. Establish the objectives pursued in the treatment of chronic periodontitis:

A. Action on the microflora of the carious cavity

B. Removal of necrotic pulp

C. The action on the microflora of the cavity by means of different medicinal substances

D.The action on the microflora of the canal with different medicinal substances

E.Mechanical dilation of the root canal and apical orifice (according to indications)

160. C. S. Specify the absolute indication for the treatment of monoradicular teeth in a single session:

A. Clean table

B. Painless percussion

C. The presence of fistula

D. In the event that the channel is completely pass-through

E. Satisfactory clinical evolution

161. C. S. Specify the necessary action in case of exacerbation of the process after obturation:

A. To be inserted into the transition pouch 0.1 ml. of hydrocortisone

B. To be introduced into the transition pocket 0.2 ml of hydrocortisone (dissolved in 2% sol. novocaine)

C. Applications on the transition envelope with soil. "Tantum verde" for 10 min.

D. Applications with corticosteroid ointments

E. Salt water mouthwashes

162. C. S. Specify the necessary action in case of exacerbation of the inflammatory process after canal obturation:

A. The introduction of soil into the transition envelope. of novocaine 2%

B. Insertion in the transition pocket in the projection of the root apex 1 ml. Lincomycin with 2% lidocaine (1:1)

C. Insertion into the transition pouch 2 ml. 2% soil. LIDOCAINE

D. The introduction into the transition fold in the projection of the apex of the sol. lincomycin

E. We recommend mouthwashes with "Rotocan" and analgesics

163. C. S. Specify the possibility of treating monoradicular teeth in a single visit in the acute phase of chronic periodontitis:

A. Yes

B. No

C. Yes, in the case of the presence of indications for soft tissue incision on the transition flap

D. No, because as a consequence it will be complicated with phlegmon

E. It is contraindicated

164. C.M. Determine the characteristic symptoms of acute serous periodontitis:

A. Pain in the tooth occurs only when pressed, gradually increasing

B. Irradiation of pain, the tooth seems "grown"

C. Tooth mobility is not determined

D. Mucous hyperemia, pain on palpation is possible

E. Changes in the mucosa adjacent to the tooth are not detected

165. C. M. Determine the characteristic symptoms of acute purulent periodontitis:

A. Duration of illness – several days

B. The presence of fistula with serous-purulent discharge

C. Permanent pain, periodically pulsating, intensifies when touching the tooth. Possible radiation of pain. The tooth looks "grown"

D. The general condition of the patient is satisfactory

E. Mucous hyperemia, pain on palpation is possible

166. C. M. State the meaning of hemisection:

A. Removal of the root together with the coronal part that belongs to it

B. It is done at the molars of the mandible

C. It is performed on the molars of the upper arch

D. It is done at the premolars of the mandible

E. Extraction of the root without the coronal part belonging to it

167. C. M. State the meaning of root amputation:

A. Extirpation of the root together with the coronal part that belongs to it

B. Removal of the root without the coronal part of the tooth

C. It is performed on the molars of the upper arch

D. It is performed on the molars of the mandible

E. It is performed on premolars

168. C. M. Indicate the necessary measures to be taken in case of instrument fracture in the root canal:

A. X-ray of the tooth

B. Patient information

C. Determining the length of the instrument remaining in the hand

D. Attempting to remove the instrument

E. Extraction of the tooth

169. C. M. Identify the most effective canal filling materials in the treatment of chronic periodontitis:

A. Antibiotic paste

B. Phosphate-cement

C. Sialapex or apex

D. Iodoform paste

E. Endomethasone

170. C. M. Determine the actions of the doctor in case of hemorrhage from the root canal:

A. To introduce a mesh with iodinol

B. To introduce a mesh with 3% hydrogen peroxide

C. To introduce a table with alcohol

D. To introduce a table with soil. physiological

E. A gauze soaked with vagotil should be applied

171. C. M. Indicate the mechanism of action of oxygenated water on the gangrenous contents of the root canal:

A. Dry

B. Thermal effect

C. Dentin decalcification

D. Release of active oxygen

E. Acid formation on contact with necrotic pulp

172. C. S. Specify the condition for which the presence of fistula is characteristic:

A. Acute serous periodontitis

B. Acute purulent periodontitis

C. Chronic periodontitis granulation

D. Chronic granulomatous periodontitis

E. Chronic fibrous periodontitis

173. C.M. Indicate what the terms of treatment of chronic periodontitis depend on:

A. Group membership of the tooth

B. Age of the patient

C. Permeability of root canals

D. The antibacterial activity of the preparations used

E. Form of periodontitis

174. C. S. State the need for cement retraction in the treatment of chronic periodontitis:

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

B. No, because it is considered a foreign body

C. No, because it is considered a foreign body and prevents the regeneration of periodontal tissues

D. No, because as a consequence the inflammatory process is exacerbated

E. Yes, because it does not irritate the tissues and does not stain the tooth

175. C.S. Specify the basic property of the EDTA solution:

A. Antiseptic action

B. Dentin decalcification

C. Canal wetting

D. Anti-inflammatory effect

E. Stimulation of regenerative processes

176. C. S. Specify the remedies that are not indicated for root canal sterilization:

A. Antiseptics

B. Enzymes

C. Based on EDTA

D. Antibiotics

E. Chemotherapy

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

A. Soil. 1-2% soil. chloramine

B. Soil. metronidazole

C. Soil. 0.02% chlorhexidine

D. Soil. 5% tincture of iodine

E. Soil. 1% soil. iodinol

178. C. S. Specify the most favorable form of chronic periodontitis:

A. Chronic periodontitis granulation

B. Chronic fibrous periodontitis

C. Chronic granulomatous periodontitis

D. Exacerbation of chronic periodontitis

E. ABC

179. C. M. set the goals of acute periodontitis treatment:

A. Restoring the anatomical shape

B. Removal of the inflammatory process from the periodontium

C. Prevention of destructive forms of periodontitis

D. Restoring the function of the tooth

E. Removal of the focus of infection

180. C. S. Specify the basic method in diagnosing the form of chronic apical periodontitis:

A. EOD

B. X-ray

C. Surveying

D. Percussion

E. Thermometry

181. C. S. Specify the location of the peripheral processes of the odontoblasts.

A. In the central layer of the pulp

B. Parallel to the fibers of the pulp

C. In the dentinal tubules

D. In the fundamental substance of the pulp

E. In the lymphatic vessels

**182. C. M. Indicate the constant dynamic state of the basic substance of the dental pulp:**

**A. Polymerization**

**B. Demobilization**

**C. Neutral**

**D. Inert**

**E. Impulse transmission**

**183. C. M. The protective role of the pulp is fulfilled by:**

1. **plasma cells**
2. **Macrophages**
3. **Histiocytes**
4. **Odontoblasts**
5. **Peroxidases**

**184. C. M. Name the pulp cells that perform a protective function:**

1. **Neutrophil granulocytes**
2. **Endothemiocytes**
3. **Acid phosphatase**
4. **Histiocytes**
5. **Alkaline phosphatase**

**185. C. M. Making a correct diagnosis depends on:**

1. **Position of the patient on the chair**
2. **Following the patient examination sequence**
3. **From the thorough examination of the oral cavity**
4. **From the correctness of completing the medical history of a dental patient**
5. **From the age of the patient**

**186. C. S. Making a correct diagnosis depends on:**

1. **Age of the patient**
2. **Compliance with the patient examination sequence**
3. **From the sex of the patient**
4. **From the patient's position on the chair**
5. **From the state of the oral cavity**

**187. C. S. Making a correct diagnosis depends on:**

1. **Thorough examination of the oral cavity**
2. **From the correctness of completing the medical history of a dental patient**
3. **From the general state of the body**
4. **From the sex of the patient**
5. **From the use of additional research methods**

**188. C. S. At a young age, the electrical sensitivity of the pulp is:**

1. **40-50 µA**
2. **2-6 µA**
3. **50-55 µA**
4. **20-50 µA**
5. **10-15 µA**

**189.CS. At the age of 61-70, the electrical sensitivity of the pulp is:**

1. **40-50 µA**
2. **4-6 µA**
3. **50-55 µA**
4. **20-30 µA**
5. **10-15 µA**

**190. The condition of a "grown" tooth is associated with:**

1. **disintegration and partial destruction of fibers**
2. **collagen fibers**
3. **accumulation of exudate in the apical area of ​​the periodontium**
4. **hyperemia and swelling of the gums**
5. **excessive load on the tooth**
6. **the effect of temperature on the tooth**

**191. The symptom of vasoparesis is determined when examining patients with:**

1. **chronic fibrous periodontitis**
2. **chronic periodontitis granulation**
3. **chronic granulomatous periodontitis**
4. **chronic exacerbated periodontitis**
5. **chronic gangrenous pulpitis**

**192. Expansion of the periodontal gap in the region of the root apex is characteristic for:**

1. **chronic fibrous periodontitis**
2. **chronic periodontitis granulation**
3. **chronic granulomatous periodontitis**
4. **acute periodontitis**
5. **medium caries**

**193. Which of the symptoms are characteristic of cystogranuloma:**

1. **clear contours of the focus of destruction on x-ray up to 5 mm**
2. **lack of bone structure in the focus of destruction**
3. **expansion of the periodontal gap**
4. **the center of destruction with blurred contours**
5. **narrowing of the periodontal gap**

**194. Endodontic instruments for widening the root canal:**

1. **Reamer**
2. **H-file, K-file**
3. **Slow needle**
4. **spreader**
5. **the pulp extractor**

**195. Select the endodontic instruments for obturation of the root canal:**

1. **Reamer**
2. **H-files**
3. **Lentullo needle, spreader**
4. **K-files**
5. **The pulp extractor**

**196. What is the concentration of the sodium hypochlorite solution used for medicinal processing of the root canal:**

1. **2-3%**
2. **3-5%**
3. **5-6%**
4. **6-8%**
5. **8-10%**

**197. The treatment of acute purulent exudative apical periodontitis in the endosseous phase can be carried out as follows:**

1. **applying a soothing dressing**
2. **application of calcium hydroxide**
3. **endodontic drainage and general analgesics**
4. **endodontic drainage and transosseous drainage, analgesics, sedatives**
5. **in case of failure of the first ones, the extraction, mesation of the alveolus and general antibiotics are performed**

**198. Mark the types of periodontitis (by etiology):**

* 1. **Medicinal**
  2. **Infectious**
  3. **Allergic**
  4. **Traumatic**
  5. **Results of incorrect treatment**

**199. Determine the characteristics of pain in acute serous apical periodontitis:**

**D. Pain with nagging character corresponding to the affected tooth**

**E. Radiating pain along the path of the trigeminal nerve**

**200. Highlight the characteristics of pain in acute purulent apical periodontitis:**

**A. Nagging**

**B. Intensifies, pulsates**

**C. When touching the tooth, biting on the tooth, sensations of lengthening the tooth**

**D. In the form of access with longer painless periods**

**E. It sometimes radiates along the course of the trigeminal nerve**

**201. Name the particularities of percussion and electroodontodiagnosis of acute apical periodontitis:**

**A. Painless percussion**

**B. Pain on horizontal percussion**

**C. Pain on vertical percussion**

**D. Electroodontodiagnostics - reacts to current of 100 mka and above**

**E. E O D – reacts to a current of 60 mka**

**202. The radiological cliché in the case of chronic fibrous periodontitis represents:**

**A. Deformation of the periodontal gap with resorption of the bone tissue of the dental alveolus**

**B. Deformation of the periodontal gap in the form of its dilatation in the periapical region, with preservation of the cortex**

**C. Uniform dilatation of the cleft, in the periapical region and resorption of root cementum**

**D. Uniform dilatation of the periodontal gap and hypercementosis**

**E. Deformation of the periodontal slit in the form of a broken line**

**203. Determine for which form of periodontitis the presence of fistula is characteristic:**

**A. Fibrous chronic**

**B. Chronic granulomatous**

**C. chronic granulating form**

**D. Acute purulent**

**E. Chronic granulosa in acute stage**

**204. Name the sources of intoxication of chronic granulomatous periodontitis:**

**A. The consequence of the resorptive process in the alveolus**

**B. The toxic products of inflammation are absorbed into the blood**

**C. Granulations proliferate in the osteomedullary space of the jaws, forming fistulas with purulent secretion**

**D. The consequence of the resorptive process in the root cementum**

**E. The consequence of the resorptive process in the root dentin**

**205. Mark which elements accumulate in the cavities formed in cystogranulomas and radicular cysts:**

**A. Degenerating epithelial cells**

**B. Eosinophilic exudate protein and lipid debris**

**C. Cholesterol crystals**

**D. Serous exudate**

**E. Lympho- and perivascular histiocytic infiltrates**

**206. The tooth with periodontitis must be filled in compliance with the following conditions:**

**A. The root systems are dry**

**B. The paper cones are wet**

**C. The masses are colorless**

**D. without smell**

**E. With weak odor and little color**

**207. Instrumental processing of root canals in apical periodontitis is carried out:**

**A. With the help of the gutta-percha cone**

**B. In thirds (1/3; ½; 1/3 …)**

**C. In thirds, starting with the apical third**

**D. In thirds, starting with the root isthmus**

**E. With the help of the "Lentullo" tool**

**208. Indicate the complications of acute periodontitis and chronic acute periodontitis:**

**A. Periostitis**

**B. Acute osteomyelitis**

**C. Periodontitis**

**D. Gingivitis**

**E. Exetus lethal**

**209. Indicate the clinical signs of acute apical periodontitis:**

**A. Painful probing in a point located in the projection of the pulpal horn**

**B. Painful probing along the bottom of the carious cavity**

**C. Painless probing**

**D. Pain intensifies from hot and cold stimuli**

**E. The reaction of the tooth to thermal factors is painless**

**210. In the endoosseous stage of acute purulent apical periodontitis, the following occur**

**aspects:**

* 1. **the pain is neuralgic**
  2. **decrease of local pH**
  3. **vascular disorders**
  4. **swelling and infiltration of the mucosa**
  5. **lysis of the bone tissue in the center of the lesion**

**211. The morphopathological picture of acute serous apical periodontitis is dominated by:**

* 1. **chemical changes**
  2. **enzymatic changes**
  3. **pain**
  4. **vascular changes**
  5. **bone resorption**

**212. The treatment of exudative serous apical periodontitis requires, among other things:**

* 1. **the administration of anti-inflammatory drugs**
  2. **administration of analgesics**
  3. **evidencing the gangrenous content**
  4. **semi-occlusive dressing**
  5. **the administration of immunosuppressants**

**213. In the general antibiotic treatment of serous exudative apical periodontitis it is possible**

**manage:**

* 1. **penicillin**
  2. **ampicillin**
  3. **phenylbutazone**
  4. **diclofenac**
  5. **tetracycline**

**214. The radiological examination is relevant:**

1. **in hyperemic acute apical periodontitis**
2. **in acute total serous apical periodontitis**
3. **in acute purulent apical periodontitis in the first stages**
4. **in chronic apical periodontitis**
5. **in acute subperiosteal serous apical periodontitis**

**215. Solvents used in endodontics:**

* 1. **Chloroform**
  2. **Xylene**
  3. **eucalyptus oil**
  4. **chlorhexidine**
  5. **oxygenated water**

**216. Factors to be taken into account in case of treatment of perforations in the endo-periodontal space:**

* 1. **the level of the perforation - above or below the level of the alveolar bone**
  2. **the location of the perforation**
  3. **size- size**
  4. **sex**
  5. **age**

**217. The materials used in the treatment of perforations on the floor of the palpation room are:**

* 1. **TRI-AB paste**
  2. **mineral MRI**
  3. **ethoxybenzoic acid (super EBA)**
  4. **Mineral thyroxide aggregate (MTA)**
  5. **arsenical paste**

**218. Apical resection is indicated in:**

* 1. **incompletely blocked channels, impossible to unblock**
  2. **limited mouth opening**
  3. **false root canals in the apical third**
  4. **poor oral hygiene**
  5. **Temporary teeth**

**219. Apical resection is indicated in:**

* 1. **canal obturation in chronic periodontitis with massive excesses in the bone tissue of the material**
  2. **difficult access to the tooth (third molar)**
  3. **heart diseases**
  4. **trismus**
  5. **diabetes mellitus**

**220. Prognostic factors of correct endodontic treatment are:**

* 1. **Optimum chemo-mechanical instrumentation of root canals**
  2. **creating a sealed root filling**
  3. **teeth endodontically filled in several sessions**
  4. **exceeding the root apex after endodontic treatment with obturation material**
  5. **the use of rotary instruments**

**221. The causes of endodontic treatment failure can be:**

* 1. **diagnostic errors**
  2. **treatment plan errors**
  3. **Incorrect access cavity**
  4. **choosing the incorrect cutter**
  5. **the use of rotary instruments**

**222. The causes of endodontic treatment failure can be:**

* 1. **omission of a root canal**
  2. **occurrence of complications (broken needles, thresholds)**
  3. **periodontal health status**
  4. **incomplete blockages of the canals**
  5. **general state of health**

**223. The negative prognostic factors of endodontic treatment are:**

* 1. **broken instruments in the channel**
  2. **massive extrusion of the obturation material**
  3. **complete removal of softened dentine from the root canal walls**
  4. **the teeth were endodontically filled in one or two sessions**
  5. **patients with allergic reactions**

**224. The correct evaluation of the healing of chronic periapical lesions is based on:**

* 1. **radiological examination**
  2. **the difficulty of retreatments**
  3. **histopathological examination**
  4. **clinical examination**
  5. **Vicious habits**

**225. List the disadvantages of the hot vertical condensation method:**

* 1. **method is very fast less than 10 seconds**
  2. **laborious with effort**
  3. **requires excessive widening of the root canal**
  4. **is performed only on multiradicular teeth**
  5. **it is performed on temporary teeth**

**226. Factors influencing the risk of fracturing the endodontic instrument in the canal:**

* 1. **the nature of the material from which it is made**
  2. **manufacturing technique**
  3. **tool wear**
  4. **The degree of mastery of the correct technique - in vitro\**
  5. **the shape of the instrument**

**227. Factors influencing the risk of fracture of the endodontic instrument in the canal:**

* 1. **the use of rigid needles**
  2. **practitioner experience**
  3. **preparation of an incorrect access cavity**
  4. **the degree of channel curvature**
  5. **technique of use**

**228. Diagnostic methods for the fenestration/apical perforation phenomenon**

* 1. **the use of the operating microscope**
  2. **use of apex locator**
  3. **using the endoscope**
  4. **the use of dandelion**
  5. **use inspection**

**229. List the advantages of the McSpadden thermomechanical root canal obturation method:**

* 1. **very fast method, why is it less than 10 seconds**
  2. **is used in narrow channels**
  3. **is used for curved channels**
  4. **closes most of the endodontic space**
  5. **the time-consuming method**

**230. List the advantages of the McSpadden thermomechanical root canal obturation method:**

* 1. **the association of a sealing cement ensures a better apical sealing of the root canal than other methods**
  2. **Rapid generation of a large amount of heat in the endodontic space**
  3. **gives homogeneity and density to the obturation**
  4. **the practitioner needs experience**
  5. **lack of necessary materials**

**231. Mandatory rules for the correct obturation of the canals - Obtura System**

* 1. **the appropriate widening of the channel**
  2. **injecting gutta-percha at the temperature indicated on the leaflet**
  3. **softening gutta-percha at 70 degrees**
  4. **correct placement of the tip of the cannula**
  5. **softening gutta-percha at 30 degrees**

**232. Endodontic retreatment consists of the following stages:**

* 1. **access to the endodontic space**
  2. **removal of existing coronary and canal materials**
  3. **three-dimensional sealing of the endodontic network**
  4. **covering the tooth with a crown**
  5. **polishing the tooth**

**234. Contraindications in root amputation:**

* 1. **roots with deep bone bags**
  2. **fused roots**
  3. **blocking channels with calcareous deposits**
  4. **microstomia**
  5. **temporary teeth**

**235. Mandatory criteria for performing hemisectioning:**

* 1. **the remaining root must be correctly treated endodontically**
  2. **sufficient length of outstanding roots**
  3. **fused roots**
  4. **the affected marginal periodontium**
  5. **roots with unformed apex**

**236. Mandatory criteria for replanting:**

* 1. **good general condition**
  2. **healthy marginal periodontium**
  3. **minimally traumatized alveolus**
  4. **broken roots during extraction**
  5. **roots with incompletely blocked canals**

**237. Mandatory criteria for replanting:**

* 1. **preserving the morphological integrity of the tooth during extraction**
  2. **pathologically affected marginal periodontium**
  3. **the presence of the apical pathological process**
  4. **the certainty of a correct endodontic treatment of the root**
  5. **fractured roots**

**238. The success of endodontic treatment depends on:**

* 1. **Anatomical-clinical diagnosis**
  2. **knowledge of the morphology of the endodontic space**
  3. **the state of oral cavity hygiene**
  4. **antimicrobial treatment**
  5. **treatment with antibiotics**

**239. The objectives of channel obturation are:**

* 1. **preventing the penetration of microflora and oral fluids into the periapical tissues**
  2. **blocking the remaining microorganisms from the endodontic system through the periapical obturation material**
  3. **preventing the retrograde penetration of periapical fluids (exudate) into the canals**
  4. **adequate mechanical treatment**
  5. **surgical treatment**