**Tests for 3 year 2023-2024**

* M.C. Indicate clinical manifestations in pulp inflammation:
	1. **Varied**
	2. **Conditioned by general health state**
	3. **Conditioned by local buccal situation**
	4. Unvaried
	5. Not conditioned by local and general health state
* S.C. What is the percentage of patients addressing to doctor with acute pulpitis:
	1. 25%
	2. **38%**
	3. 45%
	4. 10%
	5. 50%
* S.C. What is the percentage of patients addressing to doctor with chronic pulpitis:
	1. **62%**
	2. 40%
	3. 25%
	4. 38%
	5. 42%
* M.C. Determine principal methods in pulpitis diagnosis:
	1. **Interrogation**
	2. **Inspection**
	3. **Probing**
	4. **Percussion**
	5. Tooth mobility
* M.C.Determine the principal role in pulpitis diagnosis taking into consideration next methods:
	1. **Thermal probe**
	2. **Pulp vitality test**
	3. **X-ray**
	4. Periodontal pocket
	5. Tooth mobility
* M.C. Indicate the associated diseases with pain irradiation in teeth and maxillaries:
	1. **Neuralgia**
	2. **Neuritis of II and III branch of trigeminus**
	3. **Ganglionitis**
	4. Alveolitis
	5. Pericoronaritis
* M.C. Establish the associated diseases with pain irradiation in teeth and maxillaries:
	1. Lymphadenitis
	2. **Dental plexalgia**
	3. **Stenocardy**
	4. **Hypothyroidism**
	5. Hypothermia
* M.C. Indicate the causes for aggravation of chronic forms of pulpitis:
	1. **Functional overloading**
	2. **Tooth trauma**
	3. **Caries cavity filled with food rests**
	4. **Hypothermia**
	5. Hyperthyroidism
* M.C. Indicate the causes for aggravation of chronic forms of pulpitis:
	1. **Emotional overloading**
	2. **Nervous overloading**
	3. **Surgical intervention**
	4. **Viral disease**
	5. Hyperthyroidism
* M.C. The source of pulp infectation is:
	1. **Caries cavity**
	2. Neuralgia
	3. **Fissures presence**
	4. **Enamel erosion**
	5. Stenocardy
* M.C. The source of pulp infectation is:
	1. **Enamel fractures**
	2. **Deep wedge form defects**
	3. Neuritis of II and III branches of trigeminus
	4. **Periodontal pockets**
	5. Hypothyroidism
* M.C. The source of pulp infectation is:
	1. Dental plexalgia
	2. **Inflammation focuses of bones**
	3. **Traumas of maxillaries bones**
	4. Hypothyroidism
	5. Ganglionitis
* M.C. Name the procedures that anticipate probing of carious cavity:
	1. **Food debris removal**
	2. **Free enamel margins removal**
	3. **Decayed dentin removal**
	4. After drying of the cavity
	5. Caries cavity formation
* M.C.To set up diagnosis of pulpitis, the following will be taken into consideration:
	1. Painful sensibility of dental pulp when probing on the walls
	2. **Probing the cavity bottom**
	3. **Probing the cavity bottom in a single point**
	4. **On whole bottom surface**
	5. In neck region of tooth
* M.C. Specify the resons for comparative vertical percussion:
	1. **Intoxication of periodontium**
	2. **Inflammation of periodontium**
	3. Caries cavity
	4. Wedge – form defect
	5. Periodontal pockets
* M.C. Positive diagnosis of pulpitis is based on:
	1. **Sensibility to cold water**
	2. **Sensibility to hot water**
	3. Reaction to ether
	4. Irrigation with water from syringe
	5. Reaction to ethanol
* M.C. To determine the pulp reaction to electric current is necessary to take into consideration the following:
	1. **Periodontal diseases**
	2. **Central nervous system diseases**
	3. **Endocrine disorders**
	4. **Age of the patien**
	5. Localization of caries cavity
* S.C. For young persons the electric pulp test is equal with:
	1. 40-50 mA
	2. **B.2-6 mA**

 C.50-55 mA

 D.20-30 mA

 E.10-15 mA

* S.C. For persons 61-70 age electric pulp test is equal with values:
	1. **40-50 mA**
	2. 4-6 mA
	3. 50-55 mA
	4. 20-30 mA
	5. 10-15 mA
* S.C. For persons 81-90 age electric pulp test in acute pulpitis is equal with:
	1. 40-50 mA
	2. 4-6 mA
	3. **50-55 mA**
	4. 20-30 mA
	5. 10-15 mA
* S.C. In chronic forms of pulpitis periodontal changes are in:
	1. 10% cases
	2. 80% cases
	3. **28% cases**

 D.7% cases

 E 1% cases

* S.C. Periodontal modifications in chronic forms of pulpitis are:
	1. **Enlargement of periodontal space**
	2. **Bone resorbtion in apical region of root**
	3. Pulpal denticles
	4. Focuses of osteoporosis
	5. Radicular granuloma
* M.C. Indicate the symptoms of acute forms of pulpitis:
	1. **Spontaneous pain**
	2. **The action of mechanical, chemical, thermal excitants produce long lasting pain attack**
	3. **Intensification of pains during night**
	4. **Paroxysmal pain with indolent periods**
	5. Pain in mastication
* M.C. Identify the cause of spontaneous pain in acute pulpitis:
	1. **Disturbances of blood supply**
	2. **Excitation of nerve-endings by bacterial toxines**
	3. **Excitation of nerve-endings by desintegration produces of organics substance from dentine and pulp**
	4. **PH modification in focus of inflammation**
	5. Modifications in chemical composition of saliva
* S.C. In acute pulpitis the action of mechanical, thermal, chemical excitants produce pain:
	1. **Long lasting**
	2. Short lasting
	3. Annoying
	4. Constant
	5. When bitting of the tooth
* S.C. Intact pulp accepts a temperature of:
	1. 6-100 C
	2. 20-30 0C
	3. 30-40 0C
	4. **50-600 C**
	5. 90-100 0C
* M.C. Paroxysmal pains with painless intervals are characteristic for:
	1. Deep caries
	2. Chronic gangrenous pulpitis
	3. **Acute pulpitis**
	4. **Chronic aggravated pulpitis**
	5. Acute apical periodontitis
* M.C. Alternation of paroxysmal pain with painless intervals in acute and chronic aggravated pulpitis depends on:
	1. **Organism propriety to adapt to long lasting pain**
	2. **Nervous system propriety to overwork**
	3. **Periodic compression of nervous receptors after pulp inflammation**
	4. Pronounced excitability of nervous receptors
	5. Teeth mobility
* S.C. Hyperesthesia of Head zones in acute forms of pulpitis is marked in size of:
	1. 40-45%
	2. 72-76%
	3. **65-67%**
	4. 30-32%
	5. 81-84%
* S.C. Specify what is the focal acute pulpitis:
	1. Tardy stage of pulp inflammation
	2. **Debut stage of inflammation**
	3. Alteration stage of inflammation
	4. Proliferation stage of inflammation
	5. Stage of chronic inflammation
* S.C. The inflammatory process in acute focal pulpitis debutes in:
	1. Coronal part of pulp
	2. Radicular part of pulp
	3. **Pulp horn**
	4. In coronal and radicular pulp
	5. In whole pulp
* S.C. The duration of inflammatory process in acute focal pulpitis doesn’t exceed:
	1. 3 weeks
	2. **2 weeks**
	3. 1 weeks
	4. 4 weeks
	5. 12 hours
* S.C. Name excitant factors that release pain in acute focal pulpitis:
	1. Thermal excitants
	2. Chemical excitants
	3. Mechanical excitants
	4. Only to thermal and mechanical
	5. **To any kind of excitants**
* S.C. Indicate the duration of pain attacks in focal acute pulpitis are:
	1. 10-15 minutes
	2. **10-30 minutes**
	3. 1-2 hours
	4. 40-45 minutes
	5. 5-10 minutes
* 35.S.C. Establish painless period in acute focal pulpitis:
	1. **Several hours**
	2. A day
	3. One week
	4. 10-15 minutes
	5. Several days
* 36. S.C. Establish the region of pain irradiation in acute focal pulpitis:
	1. Neck region
	2. In opposite maxillary
	3. In neighboring teeth
	4. **Is not irradiated**
	5. In ear
* 37. S.C. Establish time for more pronounced pain in acute focal pulpitis:
	1. Morning
	2. During day
	3. **Night**
	4. All of the time
	5. Evening
* 38. M.C. Examination of caries cavity in acute focal pulpitis finds out:
	1. **Decayed dentine**
	2. Hard dentine
	3. **Food rests**
	4. Filling rests
	5. Polyp
* 39. S.C. Establish the regions where probing in acute focal pulpitis is painful:
	1. Caries cavity
	2. Caries cavity bottom
	3. **Single point of cavity**
	4. Enamel-dentine junction
	5. Neck region
* 40. S.C. Specify how is the pain manifested n acute focal pulpitis to a wet cotton pellet moisted in cold water :
	1. **Isn’t gone with excitant removal**
	2. Immediately pass with excitant removal
	3. Does not produce pain
	4. Irradiate on trigeminal nerve proiection
	5. Lasts 30-40 minutes
* 41. S.C. Electric excitability of pulp in acute focal pulpitis is reduced to:
	1. 10-20 mA
	2. **20-30 mA**
	3. 35-40 mA
	4. 40-45 mA
	5. 45-50 mA
* 42. M.C. X-ray examination in acute focal pulpitis is indicated to determine:
	1. **Localization of caries cavity**
	2. **Periodontal pocket**
	3. **Inflammation focus in periapical tissues**
	4. Artificial crown
	5. Instrument fracture
* 43. M.C. Acute focal pulpitis is differentiated from:
	1. **Profound caries**
	2. **Acute diffuse pulpitis**
	3. **Chronic fibrous pulpitis**
	4. Acute apical periodontitis
	5. **Papillitis**
* 44. M.C. Acute focal pulpitis is differentiated from:
	1. Chronic apical periodontitis
	2. Neuralgia
	3. **Chronic fibrous pulpitis**
	4. Dental plexalgia
	5. **Inflammation of papilla**
* 45. M.C. Indicate the extent of inflammatory process in acute diffuse pulpitis:
	1. **In the coronal pulp**
	2. In the periodontium
	3. In the transient fold
	4. **In the radicular pulp**
	5. In the gum
* 46. S.C. Determine the painless intervals in acute diffuse pulpitis:
	1. 10-20 minutes
	2. **30-40 minutes**
	3. 5-15 minutes
	4. 40-50 minutes
	5. One hour
* 47. M.C. Mark the pain characteristics in acute diffuse pulpitis:
	1. **Persistent night pain**
	2. **Long time lasting from excitants**
	3. Pain during the day
	4. Persistence of localized pain
	5. **Irradiating pain**
* 48. M.C. Pain in acute diffuse pulpitis to maxillary teeth irradiates in:
	1. **Temporal region**
	2. **Supraorbital**
	3. **In mandibular zone**
	4. **In mandibular teeth**
	5. In cervical region
* 49. M.C. Pain in acute diffuse pulpitis of mandibular teeth irradiates in:
	1. **Occipital region**
	2. **Ear**
	3. **Submandibular region**
	4. **Temporal**
	5. Supraorbital
* 50. S.C. Establish the region where the probing in acute diffuse pulpitis is painful:
	1. On pulp chamber walls
	2. **Whole cavity bottom**
	3. In a single point of cavity bottom
	4. On walls and bottom of the cavity
	5. On walls of carious cavity
* 51. S.C. Electric excitability of pulp in acute diffuse pulpitis is:
	1. 2-6 mA
	2. 10-12 mA
	3. 15-25 mA
	4. **30-60 mA**
	5. 100-200 mA
* 52. M.C. Differential diagnosis of acute diffuse pulpitis is made with:
	1. **Focal acute pulpitis**
	2. Profound caries
	3. **Chronic exacerbated pulpitis**
	4. **Alveolitis**
	5. Wedge-form defects
* 53. M.C. Differential diagnosis of acute diffuse pulpitis is made with:
	1. **Acute apical periodontitis**
	2. **Chronic apical periodontitis in exacerbation**
	3. **Neuralgias of trigeminus**
	4. **Sinusitis**
	5. Medium caries
* 54. M.C. Specify pain characteristics for chronic forms of pulpitis:
	1. **Linger pain during alimentation**
	2. **To cold air**
	3. **To move from warm to cold place**
	4. **In decayed tooth during feeding**
	5. Night pain
* 55. M.C. Patient with chronic fibrous pulpitis complains on pain to different excitants:
	1. **Thermal**
	2. **Mechanical**
	3. **Chemical**
	4. Physical
	5. Touching the tooth
* 56. S.C. Reflex pain in chronic fibrous pulpitis occurs late from:
	1. 1% Iodinol solution
	2. Mechanical excitants
	3. **Cold water**
	4. Warm water
	5. Sweet
* 57. S.C. Specify probing particularities of pulp in chronic fibrous pulpitis:
	1. Painless
	2. Sensible
	3. Little painful
	4. **Painful**
	5. Weak painful
* 58. S.C. Indices of electric excitability in chronic fibrous pulpitis may be in the limits:
	1. 10 mA
	2. 20 mA
	3. **30 mA**
	4. 45 mA
	5. 60 mA
* 59. S.C. In chronic fibrous pulpitis the radiological image finds out enlargement of periodontal space in in a size of:
	1. 15%
	2. **30%**
	3. 38%
	4. 40%
	5. 50%
* 60. M.C. Differential diagnosis in chronic fibrous pulpitis is performed with:
	1. **Profound caries**
	2. **Acute focal pulpitis**
	3. Neuralgia of trigeminus nerve
	4. Sinusitis
	5. **Chronic gangrenous pulpitis**
* 61. M.C. Patient with chronic gangrenous pulpitis complains on:
	1. **Hot**
	2. Cold
	3. Warm
	4. **Air temperature change**
	5. Pressure on the tooth
* 62. M.C. Examination in chronic fibrous pulpitis notices a caries cavity:
	1. **Profound**
	2. Medium
	3. Superficial
	4. **With filling rests**
	5. **Under artificial crown**
* 63. M.C. Specify what are the signs in incipient stage of chronic gangrenous pulpitis:
	1. **Pain of the dental pulp**
	2. **Bleeding of dental pulp**
	3. Pain on caries cavity walls
	4. Pain on caries cavity bottom
	5. Pain in neck region of the tooth
* 64. S.C. In linger evolution of chronic gangrenous pulpitis probing can be:
	1. Painless
	2. **Painful in canal orifice**
	3. Sensible on cavity bottom
	4. Painful on cavity walls
	5. Painful in neck region of the tooth
* 65. S.C. Pain from thermal excitants in chronic gangrenous pulpitis will disappear :
	1. Immediately
	2. After 10 minutes
	3. **Gradually**
	4. After 20 minutes
	5. After 30 minutes
* 66. M.C. In chronic gangrenous pulpitis modifications in periodontium are in form of:
	1. Resorbtion of alveolars wall
	2. Resorbtion of root cementum
	3. **Enlargements of periodontal space**
	4. In apical region a focus of osteoporosis
	5. **In apical region a focus of osteolysis**
* 67. S.C. In chronic gangrenous pulpitis the electric excitability of pulp is:
	1. 10-15 mA
	2. 15-20 mA
	3. 20-30 mA
	4. 30-45 mA
	5. **50-80 mA**
* 68. M.C. Differential diagnosis of chronic gangrenous pulpitis is performed with:
	1. Profound caries
	2. Acute focal pulpitis
	3. **Chronic fibrous pulpitis**
	4. Wedge-form defect
	5. **Chronic apical periodontitis**
* 69. M.C. Patient with chronic hypertrofic pulpitis complains on:
	1. **Annoying pain from excitants**
	2. **Concrescence in tooth**
	3. **Bleeding from the tooth**
	4. Pain on pressure the tooth
	5. **Pain during mastication**
* 70. S.C. The examination of chronic hypertrofic pulpitis notices a caries cavity with:
	1. Rests of obturation
	2. Decayed dentine
	3. Food rests
	4. **Proliferative tissue**
	5. Hard dentine with brown colour
* 71. M.C. Differential diagnosis of chronic hypertrofic pulpitis is made with:
	1. Acute diffuse pulpitis
	2. Chronic gangrenous pulpitis
	3. **Proliferation of gingival papilla**
	4. **Proliferation of granular tissue from periodontium**
	5. Acute focal pulpitis
* 72. M.C. Specify the characteristics of pain for chronic exacerbated pulpitis:
	1. **Paroxysmal**
	2. **Acute persistent pain**
	3. **Spontaneous**
	4. **With irradiation in trigeminus nerve branches**
	5. With submandibular irradiation
* 73. S.C. Specify the characteristic of probing in chronic hypertrophic pulpitis:
	1. Painless
	2. Painful
	3. Sensible
	4. **Little painful**
	5. Weak pain
* 74. S.C. Electric excitability in chronic hypertrophic pulpitis is decrease in value of:
	1. **80 mA**
	2. 20 mA
	3. 30 mA
	4. 45 mA
	5. 50 mA
* 75. M.C. The radiologic image in chronic exacerbated pulpitis determines:
	1. **Enlargement of periodontal space**
	2. Osseous pocket
	3. Osteoporosis in apical region
	4. **Osteolysis in apical region of tooth**
	5. Destruction zones of osseous tissue
* 76. M.C. Differential diagnosis of chronic exacerbated pulpitis is performed with:
	1. **Acute focal pulpitis**
	2. **Acute diffuse pulpitis**
	3. **Acute apical periodontitis**
	4. **Chronic exacerbated periodontitis**
	5. Profound caries
* 77. M.C. Specify indications which are necessary in pulpitis treatment:
	1. Restoration of demineralized focus
	2. **Liquidation of inflammation focus in pulp and pain diminish**
	3. **Stimulation of reparative processes and dentinogenesis**
	4. **Prevention of periodontitis**
	5. **Restoration of tooth form and function**
* 78. S.C. Essence of biologic method in pulpitis treatment consists in:
	1. Partial preservation of pulp vitality
	2. Non vital amputation
	3. Vital extirpation
	4. Non vital extirpation
	5. **Total preservation of pulp vitality**
* 79. M.C. Determine in which cases is indicated biologic method:
	1. Chronic fibrous pulpitis
	2. Acute diffuse pulpitis
	3. **Acute focal pulpitis**
	4. Chronic hypertrophic pulpitis
	5. **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:
	1. 8 days
	2. 3 days
	3. **2 days**
	4. One day
	5. 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:
	1. 1-2 days
	2. 3-5 days
	3. 20-30 days
	4. 14-15 days
	5. **7-10 days**
* 83. S.C. Indicate how long is the dressing kept in Ist visit of direct capping to pulp inflammation treatment:
	1. 6 hours
	2. **2 days**
	3. 1 day
	4. 10-14 days
	5. 7-10 days
* 84. S.C. Establish how long is recommended to keep temporary filling after vital amputation:
	1. 20-30 days
	2. **15-20 days**
	3. 7-10 days
	4. 48 hours
	5. 27 hours
* 85. S.C. Establish how long time must be the dressing kept in indirect pulp capping by classic method of treatment:
	1. **7-10 days**
	2. 1-3 days
	3. 14-15 days
	4. 3-5 days
	5. 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:
	1. 6 months
	2. 10-14 days
	3. **20-30 days**
	4. 7-10 days
	5. 2 days
* 87. S.C. Follow up period after direct pulp capping lasts for:
	1. 2 ½ years
	2. 6 months
	3. 5 years
	4. 1 year
	5. **2 years**
* 88. M.C. Mention what are the materials used in indirect capping of pulp inflammation treatment:
	1. **Dycal**
	2. **Biocalex 3**
	3. **Vitapulp**
	4. **Hydrex**
	5. Pulpol
* 89.Vital amputation is indicated in:
	1. **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:
	1. To monoradicular teeth
	2. **To pluriradicular teeth**
	3. **Only to children and teenagers**
	4. **Untill 25-30 years old**
	5. Impossible application of direct capping
* 91. M.C. Specify the teeth when vital amputation is possible to perform:
	1. Frontal superior
	2. Frontal inferior
	3. **Superior molars**
	4. **Inferior molars**
	5. Inferior premolars
* 92. S.C. Establish from counted disadvantages which are specific for vital amputation:
	1. Cavity at the neck of the tooth
	2. Long time control
	3. It can be continued with total pulp extirpation method
	4. **Low percent of success**
	5. Needs pulp desensitization with anesthesia
* 93. M.C. The chances of success in vital amputation are minimum in:
	1. **Diabetes mellitus**
	2. **Vasculopathy**
	3. Oral respiration
	4. Infantile deglutition
	5. **Endocrine disorders**
* 94. M.C. Establish which one from the counted advantages are specific for vital amputation:
	1. **Biologic character**
	2. **Vital conservation of radicular pulp**
	3. **Development of roots to immature teeth**
	4. Assure end of tooth eruption
	5. **Possibility of complete pulp extirpation in failure**
* 95. M.C. Specify when is vital extirpation indicated:
	1. **Acute focal pulpitis**
	2. **Acute diffuse pulpitis**
	3. Chronic apical granulous periodontitis
	4. **Chronic fibrous pulpitis**
	5. Acute apical periodontitis
* 96. M.C. Specify when is vital extirpation indicated:
	1. **Chronic gangrenous pulpitis**
	2. Chronic apical granulomatous periodontitis
	3. **Chronic hypertrophyc pulpitis**
	4. Chronic apical periodontitis in aggravation
	5. Acute marginal periodontitis
* 97. M.C. Mark the contraindications for vital extirpation:
	1. **Pregnancy 8th month**
	2. Pregnancy 4th month
	3. **Pregnancy 2th month**
	4. **Epilepsy**
	5. Pregnancy 6th month
* 98. M.C. Indicate the advantages for vital extirpation:
	1. **Complete treatment in one visit**
	2. **Optimal conditions for healing apical pulpal process**
	3. Echelon the canal treatment in several visits
	4. **Absence of technique difficulty in comparison with other methods**
	5. **Short working time**
* 99. M.C. Determine what are the advantages for vital extirpation:
	1. Pulp excision in several visits
	2. **Reduced risk of canal infection in comparison with non vital extirpation**
	3. **It can be practiced in any form of pulp inflammation**
	4. **Prevents infection of apical periodontium**
	5. It can be applied only in acute pulpitis
* 100. M.C. Determine in which situations vital extirpation is indicated:
	1. Essential neuralgia of trigeminus
	2. **Neuralgia of teeth caused by denticles**
	3. **Expressed pathologic abrasion**
	4. **With a prosthetic goal for artificial metal crowns**
	5. **Hyperesthesia of dentine that doesn’t give up to ordinary treatment**
* 101. M.C. Establish the principles for vital extirpation:
	1. **Respect of asepsys**
	2. Possibility to respect asepsys without unpleasant results
	3. Needs apex trepanation
	4. Are contraindicated caustic antiseptics
	5. **Possibility of root filling in the same visit**
* 102. M.C. Specify contraindications for vital extirpation:
	1. **Epileptic seizures**
	2. **Heart disease**
	3. **Sensibility to anesthetics**
	4. **Trismus**
	5. Mandible constriction
* 103. M.C. Specify what are the advantages for vital extirpation:
	1. **It is painless**
	2. Use of devitalization substances with deep uncontrolled action because of preservation the blunt part of apical pulp
	3. Blunt part of apical pulp permits use of some antiseptic substances with uncontrolled action in deepness
	4. **Application in any form of pulp inflammation**
	5. **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:
	1. **Dentinoid**
	2. Calcarous
	3. Fibrous
	4. Cementoid
	5. All above mentioned
* 105. M.C. Specify to which group of teeth are recommended medium thickness of barb broaches:
	1. **Central maxillary incisors**
	2. **Inferior premolars**
	3. Vestibular canal of maxillary premolars
	4. Palatal canal of maxillary premolars
	5. Mesial canal of mandibular molars
* 106. M.C. Specify to which group of teeth are recommended thick barb broaches:
	1. **Central superior incisors**
	2. **Canines**
	3. **Inferior premolars**
	4. **Palatal canal of superior molars**
	5. Distal canal of inferior molars
* 107. S.C. Name real minimum calibre of a barb broach:
	1. **0,15 mm**
	2. 0,25 mm
	3. 0,30 mm
	4. 0,35 mm
	5. 0,06 mm
* 108. S.C. Name real number of barbs on active part of barb broach:
	1. **42**
	2. 46
	3. 48
	4. 52
	5. 54
* 109. M.C. Specify in which canals is possible to use barb broaches of fine calibre:
	1. **Vestibular canals of superior molars**
	2. **Mesial canals of inferior molars**
	3. Vestibular canals of first superior premolars
	4. **Superior lateral incisors**
	5. **Inferior incisors**
* 110. M.C. Specify in which canals can be used extra-extra thin barb broaches:
	1. Mesiovestibular canal of superior first molar (6 years tooth)
	2. **Inferior lateral incisors**
	3. **Superior lateral incisors**
	4. **Vestibular canal of superior first premolar**
	5. Mesiovestibular canal second maxillary molar (12 years tooth)
* 111. S.C. Indicate the necrotizing substance which is used for chemical desensitization of dental pulp:
	1. Phenic acid
	2. Trioxymethylin
	3. **Arsenic**
	4. Trichresolphormaline
	5. Chlorhexydine
* 112. S.C. What contact anesthetic substance is used on arsenic pastes:
	1. Dicaine
	2. Procaine
	3. Lidocaine
	4. **Cocaine**
	5. Pantocaine
* 113. M.C. Name the components of arsenic fibers:
	1. Thymol
	2. Pigment
	3. Arsenic anhydride
	4. Wax
	5. **Cellulose fibers**
* 114. M.C. Name the composition of arsenic paste:
	1. **Cocaine**
	2. **Thymol**
	3. Carboxymethylcellulosa
	4. Wax
	5. **Arsenium trioxide**
* 115. M.C. Indicate the chemical the composition for arsenic granules:
	1. Thymol
	2. **Pigment**
	3. **Wax**
	4. **Arsenic anhydride**
	5. **Dicaine**
* 116. M.C. Indicate the chemical composition for arsenic paste:
	1. **Arsenium trioxide**
	2. **Cocaine**
	3. **Thymol**
	4. Pigment
	5. **Cellulose fibers**
* 117. M.C. Establish to which teeth is performed nonvital amputation:
	1. **Teeth that won’t survive too long**
	2. **Ectopic Teeth**
	3. Included teeth
	4. **Inaccessible canals for the correct endodontic treatment**
	5. General contraindications to preserve living pulp
* 118. M.C. Name real indications for non vital amputation:
	1. **Third superior molars**
	2. **Third inferior molars**
	3. Other permanent teeth
	4. **Temporary teeth**
	5. Teeth from focus of fracture
* 119. M.C. Establish the indications for non vital pulp amputation:
	1. **Inferior molars to elders**
	2. **Superior molars to elders**
	3. **Superior periodontal teeth with mobility**
	4. **Inferior periodontal teeth with mobility**
	5. Coronal-radicular fractures
* 120. M.C. Establish which counted disadvantages are specific for non vital extirpation:
	1. **Acute inflammatory complications of apical periodontium**
	2. Acute inflammatory complications of marginal superficial periodontitis
	3. Tardy healing of apical bont
	4. Necessity of several visits of antiseptic treatment to avoid chronic apical inflammatory complications
	5. **As a rule is complication with chronic apical periodontitis**
* 121. M.C. Establish what are contraindications specific for non vital extirpation:
	1. **Deep caries with subgingival evolution**
	2. **Chronic gangrenous pulpitis**
	3. Third inferior molars to persons to young persons
	4. Third inferior molars to persons up to 45 years old
	5. Extirpation with prosthetic purpose
* 122. M.C. Specify what is the root canal obturation limit in vital extirpation:
	1. 2,5 mm
	2. 2 mm
	3. **1,5 mm**
	4. **1 mm**
	5. 0,5 mm
* 123. M.C. Indicate the requested qualities for root canal obturation:
	1. **Bacteriostatic**
	2. **Bactericide**
	3. Sterilizable
	4. **Do not colour the hard dental tissue**
	5. 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:

* 1. **Satisfactory physical-chemical properties**
	2. Superior adhesion of zinc phosphate cement
	3. **Low price**
	4. **Convenient setting time**
	5. **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:

* 1. **Central**
	2. **Subodontoblastic**
	3. Interstitial
	4. **Perypheral ( odontoblastic)**
	5. Superficial

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

* 1. **Cellular organelles**
	2. **Ribosomes**
	3. **Polyzomes**
	4. **Mithochondria**
	5. Golgi complex

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

* 1. **Formation of basic substance**
	2. Formation of argirofire fibers
	3. **Formation of collagen fibers**
	4. Formation of cluster fibers
	5. Formation of reticular fibers

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

* 1. **Pulpocytes**
	2. Osteocytes
	3. Histiocytes
	4. Fibroblasts
	5. Plasmocytes

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

* 1. **Fibroblasts**
	2. **Histiocytes**
	3. Pulpocytes
	4. Osteocytes
	5. **Monocytes**

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

* 1. **Histiocytes**
	2. **Plasmatic cells**
	3. **Lymfocytes**
	4. Argirofire fibers
	5. Pulpocytes

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

* 1. **9-15 mm**
	2. 3-5 mm
	3. 7-8 mm
	4. 16-18 mm
	5. 20-25 mm

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

* 1. **Mitochondria**
	2. **Ribosomes**
	3. Fibriles
	4. Collagen fibers
	5. Reticullar fibers

141. Determine what are the fuctions of fibroblasts:

* 1. **Formation of basic substance**
	2. **Formation of collagen fibers**
	3. Defence
	4. Plastic
	5. Trophic

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

* 1. **Irregular**
	2. Oval
	3. Polygonal
	4. Star-like
	5. Spherical

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

* 1. **Spherical or oval**
	2. Polygonal or oval
	3. Spherical or polygonal
	4. Star-like shape
	5. Spheroid

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

* 1. 5-7 mm
	2. **10-25 mm**
	3. 9-13 mm
	4. 15-18 mm
	5. 20-23 mm

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

* 1. **Oval or spheroid**
	2. Spheric or oval
	3. Oval or oblonged
	4. Poligonal or sphenoid
	5. Star-like

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

* 1. **Synthesis of globulines**
	2. **Synthesis of antibodies**
	3. Formation of basic substance
	4. Formation of collagen fibers
	5. Formation of elastic fibers

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

* 1. **Spheroid or oval**
	2. Oval or oblonged
	3. Polygonal or spheric
	4. Star-like
	5. Spheroid

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

* 1. **Mitochondria**
	2. **Ribosomes**
	3. **Golgi complex**
	4. Reticular cells
	5. Reticular fibers

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

* 1. **Cytoplasmatic network**
	2. Osteocytes
	3. Histiocytes
	4. Limphocytes
	5. Granulocytes

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

* 1. **Mitochondria**
	2. **Lisosomes**
	3. **Pinocytose vesicles**
	4. **Ribosomes**
	5. Leucocytes

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

* 1. **Trophic**
	2. **Barrier and protection**
	3. **Plastic**
	4. Repartition of masticatory pressure
	5. Formation of alveolar osseoss tissue

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

* 1. **Vacuolization of odontoblasts**
	2. **Reticular distrophy of dental pulp**
	3. **Pulp petrification**
	4. Pulpal acantolysis
	5. Degradation

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

* 1. **Protection factors of organism**
	2. **Protection factors of pulp**
	3. **Excitant action duration**
	4. Location of caries cavity
	5. Microflora of caries cavity

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

* 1. **Caries cavity of tooth**
	2. **Infected dentine tubules**
	3. **Retrograde path**
	4. **Periodontal pocket**
	5. Through enamel

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

* 1. **Mechanical trauma**
	2. **Microorganisms and their toxines**
	3. **Chemical factors**
	4. Presence of calculus deposites
	5. Application of base material

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

* 1. **Alteration**
	2. Hypertrophy
	3. **Exudation**
	4. **Metabolism disorders**
	5. **Proliferation**

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

* 1. **Acute apical periodontitis**
	2. **Apical chronic periodontitis**
	3. **Deep caries**
	4. Alveolitis
	5. Glosalgia

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

* 1. **Up to 40 years old**
	2. **Hypertension**
	3. **Aterosclerosis**
	4. Candidiasis
	5. Children with glosalgia

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

* 1. Alveolitis
	2. **Diabetus mellitus**
	3. **Avitaminosis**
	4. **Marginal periodontitis**
	5. **Periodontosis**

160. M.C. Establish what are the contraindications for biologic method application in pulpitis treatment:

* 1. **Periapical radiologic changes**
	2. **With prothetic purpose**
	3. Electric pulp vitality 2-6 mA
	4. **Reduce electric pulp test less than 25 mA**
	5. **Caries cavity to neck region**

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

* 1. **Pulitis treatment to pluriradicular teeth, when there is accidental exposure of the dental pulp**
	2. **Acute focal pulpitis**
	3. Acute diffuse pulpitis
	4. Hypertrophic pulpitis
	5. Deep caries

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

* 1. Hypertrophic pulpitis
	2. Gangrenous pulpitis
	3. **Chronic fibrous pulpitis**
	4. **Electric pulp test below 40 mA**
	5. Acute diffuse pulpitis

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

* 1. **To monoradicular teeth**
	2. **Hypertension**
	3. **Diabetus mellitus**
	4. **Avitaminosis**
	5. Acute focal pulpitis

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

* 1. Acute focal pulpitis
	2. **Deep caries**
	3. **Marginal periodontitis**
	4. Pluriradicular teeth
	5. Chronic fibrous pulpitis

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

* 1. **Acute focal pulpitis**
	2. **Acute diffuse pulpitis**
	3. **Chronic fibrous pulpitis**
	4. Apical periodontitis
	5. Marginal periodontitis

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

* 1. **Chronic hypertrophic pulpitis**
	2. **Chronic gangrenous pulpitis**
	3. **Accidental exposure of pulp**
	4. When electric pulp test is below 100 mA
	5. Marginal periodontitis

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

* 1. **Individual unbearable of anesthetics**
	2. **In general somatic states**
	3. In acute focal pulpitis
	4. Age 20 years old and up
	5. Marginal periodontitis
* 168. M.C. Name the diseases when non vital Method of non vital extirpation is indicated:
	1. **Acute focal pulpitis**
	2. **Chronic fibrous pulpitis**
	3. **Chronic hypertrophic pulpitis**
	4. Chronic gangrenous pulpitis
	5. **Acute diffuse pulpitis**
* 169. M.C. Name clinical situations when non vital extirpation is contraindicated:
	1. **Absolute impermeability of root canals**
	2. **Miocardium infarct**
	3. **Severe neurologic states**
	4. Acute focal pulpitis
	5. Chronic gangrenous pulpitis
* 170. M.C. Establish the goals of patient premedication in pulpitis:
	1. **To obtain stabilization of central nervous system functions**
	2. **To remove conditions of inadequate reaction of patient**
	3. To treat pulpitis in first visit
	4. Pulp extirpation
	5. Application of temporary dressing
* 171. S.C. Name the medicaments used in biologic method of pulpitis treatment:
	1. **Zinc-eugenate paste**
	2. Thymol paste
	3. Phenol paste
	4. Silver nitrate paste
	5. Zinc phosphate paste
* 172. M.C. Count the medicaments used in biologic method of pulpitis treatment:
	1. **Calcium hydroxide remedies**
	2. **Antibiotics**
	3. **Glucocorticoids**
	4. **Enzymes**
	5. Phenol paste
* 173. M.C. Determine the remedies used in biologic method for pulpitis treatment:
	1. **Antimicrobial**
	2. **Sulphanilamides**
	3. **Nitrofuranes**
	4. Thymol paste
	5. Phenol paste
* 174. M.C. Indicate the remedies used in biologic method for pulpitis treatment:
	1. **Glucosaminoglucanes**
	2. **Collagen remedies**
	3. **Biosubstrate**
	4. Zinc phosphate paste
	5. Foredent paste
* 175. M.C. Specify clinical criteria of efficient treatment in biologic method:
	1. **Absence of pain reactions**
	2. **Electric pulp test values are 2-6 mA**
	3. **Absence of radiologic changes in periodontium – in term**
	4. Pain from thermal excitants
	5. Pain to percussion
* 176. M.C. Specify the action time for arsenic paste:
	1. 10-12 hours
	2. 15-20 hours
	3. 30-35 hours
	4. **24-36 hours**
	5. **48 hours**
* 177. S.C. Indicate action time for devitalized paste with slow effect:
	1. 5-6 days
	2. 15-18 days
	3. 20-25 days
	4. 30-40 days
	5. **7-15 days**
* 178. M.C. Specify what is the correct diagnosis in pulpitis depends on:
	1. **History of disease**
	2. **Current evolution of disease (Anamnesis morbis)**
	3. Age
	4. Presence of general disease
	5. **Dynamic of evolution for previous treatment**
* 179. M.C. Count the errors and complications commited in pulpitis treatment with vital amputation:
	1. **Difficult anesthesia**
	2. **Incorrect remove pulp chamber roof**
	3. **Hemorrhage**
	4. Incorrect dosage of arsenic paste
	5. Fracture of endodontic instruments
* 180. M.C. Count the errors and complications neglected in pulpitis treatment with nonvital method:
	1. **Necrosis of adjacent gingiva**
	2. **Necrosis of alveolar bone**
	3. **Application of devitalization paste in insufficient open cavity**
	4. Difficult anestesia
	5. Further extention of carious process
* 181. M.C. Count the errors and complications commited in pulpitis treatment by extirpation method:
	1. **Pain to extirpation**
	2. **Fracture of barb-broach**
	3. Aggravation of marginal periodontitis
	4. Neuralgia
	5. Aggravation of sinusitis
* 182. M.C. Count the errors and complications commited in pulpitis treatment by extirpation method:
	1. **Incomplet extirpation of pulp**
	2. **Traumatic-irritation of periodontium**
	3. Trauma of soft tissues
	4. Perforation of root canal
	5. Necrosis of alveolar bone
* 183. S.C. Mark the errors and complications in pulpitis treatment with extirpation method:
	1. **Hemorrhage of root canal**
	2. Pusing the infected pulp in periodontium
	3. Perforation of radicular wall
	4. Perforation of pulp chamber bottom
	5. Aggravation of marginal periodontitis
* 184. M.C. Count the errors and complications after root canal obturation in pulpitis:
	1. **Pain to percussion**
	2. **Pain to mastication**
	3. Fracture of endodontic instrument
	4. Perforation at trifurcation
	5. Fracture of the bur
* 185. M.C. Count the errors and complications after root canal obturation in pulpitis:
	1. **Incomplete obturation of root canal**
	2. **Overfilling**
	3. Pain in extirpation
	4. Aggravation of general state
	5. Trauma of tissues
* 186. M.C. Indicate the errors and complications after pulpitis treatment with vital amputation method:
	1. **Acute pain with irradiation**
	2. **Pain to thermal excitants**
	3. Pain when press on the tooth
	4. The tooth color is changed
	5. Inflammation of marginal gingiva
* 187. S.C. Specify causes of complications in vital amputation of pulp:
	1. **Negligence of asepsys rules**
	2. Errors in diagnosis
	3. Incorrect choise of instruments for diagnosis
	4. Electric pulp test is low
	5. Destructive apical process
* 188. M.C. Name control methods of failure used in vital amputation method:
	1. **Total extirpation of dental pulp**
	2. **Medicamentous treatment of root canal**
	3. **Obturation of root canal in limmits of apical foramen**
	4. **Endodontic treatment of canal**
	5. Use of curative pastes
* 189. M.C. What are the physico - therapeutical methods used in complications treatment after root canal obturation:
	1. **Fluctuorization**
	2. **Darsonval current**
	3. Magnitotherapy
	4. Transcanalar electrophoresis
	5. Culer-Sherbacov
* 190. S.C. Mark physico - therapeutical methods used in complications treatment after root canal obturation:
	1. **RUS - therapy**
	2. Magnitotherapy
	3. Transcanalar electrophoresis
	4. Culer-Sherbacov
	5. Ultraviolet lights
* 191. M.C. Specify the actions of medicaments used in biologic method of pulpitis treatment:
	1. **Reduce inflamation in pulp**
	2. **Stimulation of dentinogenesis processes**
	3. Pulp necrosis
	4. Periodontium inflammation
	5. Catarrhal gingivitis
* 192. S.C. Specify the actions of medicaments used in biologic method of pulpitis treatment:
	1. **Izolation of pulp chamber and dental pulp from agressive biologic agents**
	2. Necrosis of dental pulp
	3. Apical distructive process
	4. Stomatitis
	5. Catarrhal gingivitis
* 193. M.C. Mark what actions have corticosteroids used for pulpitis treatment with biologic method:
	1. **Antiinflammatory**
	2. **Hyposensitive**
	3. **Analgesic**
	4. Dentinogenesis
	5. Cauterization
* 194. M.C. Mark what are the actions of enzymes used for pulpitis treatment with biologic method:
	1. **Necrolitic**
	2. **Mucolitic**
	3. **Antiinflammatory**
	4. Hyposensitive
	5. Analgetic
* 195. M.C. Determine what are the negative actions of antibiotics used in pulpitis treatment with biologic method:
	1. **Lead to bacteria resistance to antibiotics**
	2. **Inhibits fagocyte activity of pulpal cells**
	3. **Inhibits activity of odontoblats**
	4. Stimulates dentinogenesis
	5. Cauterization action
* 196. M.C. Specify what are the clinical characteristics of pulp inflammation:
	1. **Varied**
	2. **Conditioned by general state**
	3. Not varied
	4. No conditioned by local health state
	5. Not conditioned by general health state
* 197. M.C. The diagnosis of pulpitis is set up in base on:
	1. **Interrogatory**
	2. **Inspection**
	3. Palpation
	4. General state of organism
	5. 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**
	1. Hyperthyreosis
* 199. M.C. Specify associated diseases where is pain irradiation in teeth and maxillaries:
	1. Lymphadenitis
	2. **Neuralgia**
	3. **Neuritis of II and III brances of trigeminus**
	4. Hyperesthesia
	5. Pericoronaritis
* 200. M.C. Aggravation of chronic pulpitis preceded of:
	1. **Functional overloading**
	2. **Tooth trauma**
	3. **Nervous overloading**
	4. **Bacterial diseases**
	5. Alveolitis
* 201. M.C.Aggravation of chronic pulpitis is preceded of:
	1. **Caries cavity full with food rests**
	2. **Hypothermia**
	3. **Overstress**
	4. Stenocardy
	5. Hyperthyreosis
* 202. M.C. Aggravation of chronic pulpitis is preceded of:
	1. **Surgical intervention**
	2. **Viral diseases**
	3. Dental plexalgia
	4. Hypothyreosis
	5. Pericoronaritis
* 203. M.C. Possible infection sources of pulpitis are:
	1. **Caries cavity**
	2. **Erosions of the enamel**
	3. Stenocardy
	4. Alveolitis
	5. Ganglionitis
* 204. M.C. Count the methods that foretell exploration of carious cavities:
	1. **Necrotic dentine removal**
	2. **Removal of overhanging enamel margins**
	3. Calculus removal
	4. Soft deposits removal
	5. Caries cavity preparation
* 205. M.C. What is necessary to take in account when set up diagnosis of pulpitis:
	1. **Probing on the walls of cavity**
	2. **Probing of cavity bottom**
	3. **Probing in single point**
	4. Probing to enamel-dentine junction
	5. Probing ro neck region
* 206. S.C. What is necessary to take in account when set up diagnosis of pulpitis:
	1. **Probing of walls**
	2. **Probing of cavity bottom**
	3. Probing to enamel-dentine junction
	4. Probing to neck
* E . Probing to oclusal surface of tooth
* 207. S.C. Specify what determine the comparative percussion of teeth:
	1. **Periodontium intoxication**
	2. Presence of caries cavity
	3. Presence of periodontal pockets
	4. Presence of wedge-form defect
	5. Presence of acidic necrosis
* 208. M.C. In determination the pulp reaction to electric current is important to take in account the following:
	1. **Periodontal diseases**
	2. **Patient age**
	3. **Central nervous system diseases**
	4. Caries cavity localization
	5. Presence of necrotic dentine
* 209. M.C. In determination the pulp reaction to electric current is important to take in account the following:
	1. **Endocrine disorders**
	2. **Periodontal diseases**
	3. Presence of necrotic dentine
	4. Localization of caries cavity
	5. Presence of deposits on teeth
* 210. M.C. Indicate the symptoms characteristic for acute forms of pulpitis:
	1. **Spontanoius pain**
	2. **Action of mechanical, chemical, thermal excitants**
	3. **Pain is aggravating at night period**
	4. Permanent pain
	5. „Long” tooth symptom
* 211. M.C. Name the symptoms characteristic for acute forms of pulpitis:
	1. **Paroxismal pain with painless intervals**
	2. **Spontanious pain**
	3. Pain to mastication
	4. Pain to percussion
	5. „Long” tooth sensation
* 212. M.C. Identify the reasons of spontanious pain in acute pulpitis:
	1. **Disorders in blood vessels system**
	2. **Excitation of nervous endings with bacterial toxine**
	3. **Excitation of nervous endings with desintegration produces of organic substance from dentine and pulp**
	4. Changes in chemical composition of saliva
	5. Changes of calculus composition
* **213. M.C. Radiologic image in pulpitis indicates:**
	1. **Caries cavity localization**
	2. **Periodontal pocket**
	3. Lenght of artificial crown
	4. Instrument fracture
	5. Presence of necrotic dentine
* 214. M.C. Differential diagnosis in acute focal pulpitis is performed with:
	1. **Deep caries**
	2. **Acute diffuse pulpitis**
	3. **Chronic fibrous pulpitis**
	4. Acute marginal periodontitis
	5. Acute periodontitis
* 215. M.C. Differential diagnosis in acute focal pulpitis is performed with:
	1. **Papillitis**
	2. **Acute diffuse pulpitis**
	3. Acute gingivitis
	4. Chronic gangrenous pulpitis
	5. Chronic periodontitis
* 216. M.C. Mark the pain characteristics in acute diffuse pulpitis:
	1. **Night persistent**
	2. **Long lasting from excitants**
	3. Pain during day
	4. Localized pain
	5. Pain when touch the tooth
* 217. M.C. Pain in acute diffuse pulpitis to superior teeth irradiates in:
	1. **Temporal region**
	2. **Supraorbital region**
	3. **Mandibular region**
	4. Cervical region
	5. Occipital region
* 218. M.C. Pain in acute diffuse pulpitis to superior teeth irradiates in:
	1. **Mandible teeth**
	2. **Supraorbital region**
	3. Cervical region
	4. Ear
	5. Occipital region
* 219. M.C. Pain in acute diffuse pulpitis to inferior teeth irradiates in:
	1. **Occipital region**
	2. **Ear**
	3. **Submandibular region**
* **D.Tempotal region**
* E. Supraorbital region
* 220. M.C. Pain in acute diffuse pulpitis to inferior teeth irradiates in:
	1. **Submandibular region**
	2. **Ear**
	3. **Occipital region**
	4. Cervical region
	5. Supraorbital region
* 221. M.C. Pain in acute diffuse pulpitis of superior teeth irradiates in:
	1. Ear
	2. Occipital region
	3. **Mandibular teeth**
	4. **Supraorbital region**
	5. Cervical region
* 222. M.C. Electric excitability of dental pulp in acute diffuse pulpitis is:
	1. **30 mA**
	2. **40 mA**
	3. **50 mA**
	4. 20 mA
	5. 15 mA
* 223. M.C. Differential diagnosis in acute diffuse pulpitis is performed with:
	1. **Acute focal pulpitis**
	2. **Chronic aggravated pulpitis**
	3. Chronic hypertrophic pulpitis
	4. Chronic gangrenous pulpitis
	5. Wedge-form defect
* 224. M.C. Differential diagnosis in acute diffuse pulpitis is performed with:
	1. **Acute apical periodontitis**
	2. **Trigeminus neuralgia**
	3. **Sinusitis**
	4. Medium caries
	5. Wedge-form defect
* 225. M.C. Mark the pain characteristics for chronic forms of pulpitis:
	1. **Linger pain during alimentation**
	2. **Inspiring the cold air**
	3. **Move from warm to cold place**
	4. Night
	5. Paroxismal
* 226. M.C. Determine the pain characteristics in chronic forms of pulpitis:
	1. **Linger pain during alimentation**
	2. **Inspiring cold air**
	3. Night
	4. Paroxismal
	5. During the day
* 227. S.C. Determine the pain characteristics in chronic forms of pulpitis:
	1. **Move from warm to cold place**
	2. When press the tooth
	3. Pain in the night
	4. Pain in the morning
	5. Permanent
* 228. M.C. The patient with chronic fibrous pulpitis presents pain to excitants:
	1. **Thermal**
	2. **Mechanical**
	3. Touch the tooth
	4. Physical
	5. Percussion
* 229. M.C. Differential diagnosis of chronic fibrous pulpitis is performed with:
	1. **Deep caries**
	2. **Chronic gangrenous pulpitis**
	3. Trigeminus neuralgia
	4. Sinusitis
	5. Alveolitis
* 230. S.C. Differential diagnosis of chronic gangrenous pulpitis is performed with:
	1. **Chronic apical periodontitis**
	2. Medium caries
	3. Acute focal pulpitis
	4. Acute diffuse pulpitis
	5. Wedge-form defect
* 231. M.C. Patient with chronic hypertrophic pulpitis complains on:
	1. **Annoying pain from excitants**
	2. **Excrescence of meat in the tooth**
	3. **Bleeding from the tooth**
	4. Pain on pressing the tooth
	5. Night pain
* 232. M.C. Patient with chronic hypertrophic pulpitis complains on:
	1. **Bleeding from the tooth**
	2. **Pain to mastication**
	3. Pain when press the tooth
	4. Night pain
	5. Transitory pain
* 233. S.C. Indicate when is differential diagnosis of chronic hypertrophic pulpitis is performed:
	1. **Gingival papilla proliferation**
	2. Acute focal pulpitis
	3. Acute diffuse pulpitis
	4. Chronic gangrenous pulpitis
	5. Chronic fibrous pulpitis
* 234. M.C. Establish what is the doctor role in pulpitis treatment :
	1. Stimulation of inflammatory processes
	2. **Prevention of periodontitis**
	3. **Liquidate inflammatory focus in pulp and attenuate pain**
	4. **Stimulation of reparative processes and dentinogenesis**
	5. Intensification of inflammatory process
* 235. S.C. Specify when is biologic method indicated:
	1. **Acute focal pulpitis**
	2. Chronic fibrous pulpitis
	3. Acute diffuse pulpitis
	4. Chronic hypertrophic pulpitis
	5. Chronic gangrenous pulpitis
* 236. M.C. Determine when is vital amputation indicated:
	1. To monoradicular teeth
	2. **To pluriradicular teeth**
	3. **Until 25-30 years old**
	4. **Impossible to use direct capping**
	5. Chronic fibrous pulpitis
* 237. M.C. Specify what are the components of cytoplasm in odontoblast cell:
	1. **Cellular organelles**
	2. **Ribosomes**
	3. **Polysomes**
	4. **Nucleus**
	5. Leucocytes
		+ 1. . C.M.Indicate instruments for root canal enlargement :
	6. K-rimer
	7. **K-file H-file**
	8. **lentulo**
	9. **H-file**
	10. Pulpextractor
	11. Radicular file.

239. Select the endodontic instruments for obturation of the root canal:

a. Reamer

b. H-files

c. Lentullo needle, spreader

d. K-files

e. The pulp extractor

240. Solvents used in endodontics:

 a. Chloroform

 b. Xylene

 c. eucalyptus oil

 d. chlorhexidine

 e. oxygenated water

241. Prognostic factors of correct endodontic treatment are:

a. Optimum chemo-mechanical instrumentation of root canals

b. creating a sealed root filling

c. teeth endodontically filled in several sessions

d. exceeding the root apex after endodontic treatment with obturation material

e. the use of rotary instruments

242. The causes of endodontic treatment failure can be:

a. diagnostic errors

b. treatment plan errors

c. Incorrect access cavity

d. choosing the incorrect cutter

e. the use of rotary instruments

243. The causes of endodontic treatment failure can be:

a. omission of a root canal

b. occurrence of complications (broken needles, thresholds)

c. periodontal health status

d. incomplete blockages of the canals

e. general state of health

244. The negative prognostic factors of endodontic treatment are:

a. broken instruments in the canal

b. massive extrusion of the obturation material

c. complete removal of softened dentine from the root canal walls

d. the teeth were endodontically filled in one or two sessions

e. patients with allergic reactions

245. List the disadvantages of the hot vertical condensation method:

a. method is very fast less than 10 seconds

b. laborious with effort

c. requires excessive widening of the root canal

d. is performed only on multiradicular teeth

e. it is performed on temporary teeth

246. Factors that influence the risk of fracturing the endodontic instrument in the canal:

a. the nature of the material from which it is made

b. manufacturing technique

c. tool wear

d. The degree of mastery of the correct technique - in vitro\

e. the shape of the instrument

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

a. the use of rigid needles

b. practitioner experience

c. preparation of an incorrect access cavity

d. the degree of channel curvature

e. technique of use

248. Diagnostic methods for the fenestration/apical perforation phenomenon

a. the use of the operating microscope

b. use of apex locator

c. using the endoscope

d. the use of dandelion

e. use inspection

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

a. very fast method, why is it less than 10 seconds

b. is used in narrow channels

c. is used for curved channels

d. closes most of the endodontic space

e. the time-consuming method

250. Mandatory rules for the correct obturation of channels - System Obtura

a. the appropriate widening of the channel

b. injecting gutta-percha at the temperature indicated on the leaflet

c. softening gutta-percha at 70 degrees

d. correct placement of the tip of the cannula

e. softening gutta-percha at 30 degrees

251. The success of endodontic treatment depends on:

a. Anatomical-clinical diagnosis

b. knowledge of the morphology of the endodontic space

c. the state of oral cavity hygiene

d. antimicrobial treatment

e. treatment with antibiotics

252. The objectives of canal obturation are:

a. preventing the penetration of microflora and oral fluids into the periapical tissues

b. blocking the remaining microorganisms from the endodontic system through the periapical obturation material

c. preventing the retrograde penetration of periapical fluids (exudate) into the canals

d. adequate mechanical treatment

e. surgical treatment