**Tests for students V year**

**PERIODONTOLOGY**

1. CM Mark morpho-functional Complex of periodontium :

A. Gingiva

B. Periodontium

C. alveolar bone tissue

D. Cement

E. enamel

2. M.C.Gingiva is composed from:

A. Interdental papilla

B. Marginal gingiva

C. Alveolar gingiva

D. Periodontal space

E. Interdental septum

3.. M.C.Mark morphological components of the gingiva:

A. Epithelium

B. Submucous layer

C. Connective tissue or lamina propria

D. Fat tissue

E. Glandular elements

4. Mark which is the insertion place of adherent gum:

A. The space between adjacent teeth

B. alveolar bone

C. neck region of the teeth

D. hard palate

E. Enamel

5. S.C.Mark localization of marginal gingiva:

A. In the space between the neighbouring teeth

B. On alveolar bone

C. Arround teeth neck

D. To radicular apex

E. To radicular bifurcation

6. CM Mark peculiarities of gingival epithelium structure:

A. It is a multi-layered tissue

B. possess keratinization properties

C. regenerates continuously

D. Contribute to the secretion of saliva

E. The presence of abundant glycogen in epithelial cells

7. CS Select cells of which gingival epithelium form contact with enamel apatite crystals:

A. Oral Epithelium

B. basal epithelium

C. sulcular Epithelium

D. adherent Epithelium

E. The cells of each of these layers connect together with texture organic enamel apatite crystals

8. M.C.The rose-pale shade of gingiva is because of:

A. Absence of submucosa layer

B. Melanin concentration

C. Translucence of gingival epithelium due to blood vessels

D. Kind of nutrition

E. Concentration of Fluor in potable water

9. CM Mark which is the concentration of glycogen in gingival epithelial cells in gingivitis:

A. in norm gingival epithelial cells don’t contain glycogen or can be find traces of glycogen

B. The amount of glycogen increases with inflammation

C. The amount of glycogen decrease in inflammation

D. gingival epithelial cells normally contain a significant concentration of glycogen

E. The concentration of glycogen in gingival epithelial cells is not subject to change in case of inflammatory gingival process

10. M.C.Mark what is the gingival sulcus:

A. Its the space between tooth root and alveolar bone

B. Is the space between tooth surface and the gingiva that adhere to it

C. It is a pathologic formation

D. It is a physiologic formation

E. Is the synonym for “periodontal pocket”

11. CS Mark at which level is the bottom of the gingival sulcus:

A. In the cervical region of enamel

B. In the dentine-enamel junction

C. In the anatomical neck

D. In the cervical region of root

E. varies depending on the age of the patient but without damaging the tooth circular ligament

12. S.C. Select the depth of gingival sulcus in norm:

A. 1,0 – 1,5 mm

B. 1,5 – 2,0 mm

C. 2,0 – 2,5 mm

D. 2,5 – 3,0 mm

E. 3,0 – 3,5 mm

13. C.S.Gingival fluid is formed as a result of:

A.glandular secretions of gingival ephithelium

B. Increased permeability of the blood vessels in the gingival sulcus

C. local inflammatory processes

D. Some endocrine changes

E. Hypersecretion of salivary gland

14. C.S.Gingival liquid has the following characteristics:

A. Has a similar composition with blood serum

B. Contains aminoacids, fibrinolytic factors, gamaglobuline

C. Has protective function of surrounding periodontal tissue

D. The quantity of gingival liquid is increased in gingival inflammation

E. Contains leukocytes

15. C.S. Gingival fluid can be collected from:

A. The spaces between the tooth root and the alveolar bone

B. salivary gland ducts

C. gingival sulcus

D. periodontal area

E. tooth cavity

16 CS .Mark which are defense mechanisms that determine the function of the gingive:

A gingival epithelium keratinization response as a response to mechanical pressure

B. Ability of lysozyme to depolymerize polysaccharides cell membrane of microorganisms

C. Production of antibodies lymphoid cells and plasma cells

D. The ability of phagocytosis

E. protection function is performed by the above-named properties

17.. CS Mark what type of fibers form circular ligament:

A. Elastic fibers

B. argirofile fibers

C. reticular fibers

D. collagen fibers

E. myelinated fibers

18. CS By chemical structure and composition cement resembles with:

A. enamel Tissue

B. The bone tissue

C. dentinal tissue

D. pulp tissue

E. None of these tissues

19. M.C.Name cementum wich is localized at the top of root:

A. Acellular

B. Cellular

C. Primary

D. Secondary

E. Pericementum

20. M.C.Name the cementum localized to the root bifurcation:

A. Acellular

B. Cellular

C. Primary

D. Secondary

E. Pericementum

21. CM. Continuous formation of cementoid tissue is carried out by:

A. acellular Cement

B. cellular cement

C. primary cement

D. secondary Cement

E. Periciment

22. CS Mark cells that secrete the organic matrix of cement:

A. Odontoblaste

B. Cimentoblaste

C. Cimentoclaste

D. Fibroblasts

E. osteoclast

23. CM Mark the width of the periodontal space along the tooth root in norm:

A. The largest dimension is recorded at the edge of the root apex and tooth socket

B. The largest dimension of the periodontal space is the middle third of the root

C. At the apex of the root periodontal area is narrower

D. In the middle third of the root periodontal space narrows

E. periodontal space has the same dimensions along the tooth root

24. M.C. Mark structural elements that form periodontium:

A. Collagen fibers

B. Fibroblasts

C. Mastocytes

D. Blood vessels

E. Pulp

25. CM Periodontal Fascicule of collagen fiber orientation are divided as:

A transseptal fibers

B. parallel fibers

C. oblique Fibre

D circular Fibre

E. perpendicular fibers

26. CM Mark cellular elemets of periodontium:

A. Fibroblasts

B. Erythrocytes

C. mastocytes

D. plasmacytes

E. Histocytes

27. CS Mark which type of cell under certain conditions can cause a cyst:

A. Fibroblasts

B. Mastocytes

C. Osteoblasts

D. Epithelial Cells

E. Cementoblast

28. CS Mark which structural elements of periodontium constitute the support base of the tooth:

A collagen fibers

B.celular elements

C. Elastic fibers

D. Blood vessels

E. Nerves

29. M.C Mark.what are the main functions of periodontum:

A. Keeping the tooth in alveola

B. Force spreading in mastication process

C. Insurance of cementum nutrition

D. Sensory

E. Respiratory

30. CS Select which fiber participate in periodontal regeneration in case of orthodontic movement:

A. Elastic fibers

B. collagen fibers

C.argirofile fibers

D. Reticular fibers

E. myelinated fibers

31. CS Mark how vary periodontal space size with age:

A. increase

B. decrease

C. stay unchanged

D. decrease only in the middle third of the tooth root

E decrease only at the apical part

32. CM Select which cells are basis of alveolar bone structure and root cementum:

A. Osteoblasts

B. Odontoblasts

C. Lymphocytes

D. Cementoblasts

E. epithelial cells

33. CS Mark cells wich lead to formation of alveolar bone:

A. Odontoblast

B. Cementoblast

C. Cementoclast

D. Osteoblasts

E. mastocytes

34. C.M. Alveolar bone tisue consists of:

A compact substance

B. muscular fibers

C. spongy substance

D. Odontoblaste

E. Bone marrow

35. CM Radiological image of periodontium allows us to see:

A. alveolar bone tissue

B. dental pulp

C. enamel-dentin junction

D. dentoalveolar Ligaments

E. periodontal phant

36. CM Mark what image presents us contact radiography (performed inside the mouth):

A. periodontal tissues Status in the region of 3-4 teeth

B. Characteristics of one jaw

C. structural features of both jaws

D. Relationship between jaws

E. Structural changes in the tooth root apex 3-4 teeth

37. CM Which is radiological aspect of interdental septum, the rule:

A. It has a conical shape

B. unclear shape of septa top

C. Possess a pyramid shape

D. interdental septa have the appearance of an area of ​​osteoporosis

E. interdental septa tops are rounded

38. CM Select how is the picture of the upper jaw bone trabeculae:

A are arranged horizontal

B. predominant network design

C. predominant vertical orientation

D. Are oblique

E. a uniform loop

39. C.M.Select which are periodontal functions:

A. Defense

B. trophic

C. Plastic

D. Depreciation

E. The secretion

40. CS Mark how is explained plastic function of periodontium :

A. continuous formation of periodontal tissues

B. The ability of keratinization

C. The uniform distribution of masticatory pressure

D. formation of gingival fluid

E. The presence of capillaries and nerves

41. CM Mark which cell types release periodontal plastic function:

A. Cimentoblasts

B. Osteoblasts

C. Odontoblasts

D. Lymphocytes

E. Fibroblasts

42. CM Name which factors condition development of localized periodontal disease:

A. The incorrect application of fillings

B. Making the wrong prosthesis

C. Reducing reactivity body

D. Pulpites

E. Blood disorders

43. CM Mark which factors condition development of generalised periodontal disease:

A. Endocrine Disorders

B. Gastrointestinal Disorders

C. Infectious Diseases

D. cardiovascular disease

E. diseases of the skin

44. M.C.According to form of manifestation gingivitis can be:

A. Catarrhal

B. Granulant

C. Ulcerative

D. Erosive

E. Hypertrophic

45. M.C. According to extension gingivitis can be:

A. Exacerbated

B. Cattarhal

C. Localized

D. Chronic

E. Generalized

46. M.C.According to form of evolution gingivitis can be:

A. Acute

B. Chronic

C. Exacerbated

D. Progressive

E. Tardy

47. M.C.According to form of manifestation marginal periodontitis can be:

A. Ulcerative

B. Mild

C. Medium

D. Severe

E. Hypertrophic

48. M.C.According to evolution character are distinguished the following forms of marginal periodontitis:

A. Acute

B. Chronic

C. Aggravated

D. Abscess

E. Generalized

49. M.C.According to form of extension marginal periodontitis can be:

A. Localized

B. Generalized

C. Rapidly

D. Tardy

E. Progressive

50. M.C.According to type of evolution, periodontosis is classified in:

A. Chronic

B. Acute

C. Remission

D. Exacerbated

E. Abscessed

51. M.C.According to form of manifestation periodontitis can be:

A. Mild

B. Medium

C. Severe

D. Catarrhal

E. Hypertrophic

52. M.C.Select what are the local factors that determine development of periodontal desease:

A. Bacterial plaque

B. Occlusion anomalies

C. Diabetus mellitus

D. Insufficient hygiene of oral cavity

E. Diseases of gastro – intestinal system

53. M.C.Select what are the general factors that determine development of peridontal disease:

A. Anomalies of teeth position

B. Carious cavities

C. Endocrine diseases

D. Somatic diseases

E. Disorders of nervous system

54. M.C.Select what are the specific regions for bacterial plaque localization:

A. On proximal surfaces of teeth

B. To neck region

C. On occlusal surfaces

D. In fissures, pits of crown

E. On incisal margin

55. M.C.Mark what are the causes of bacterial plaque

A. Particularities of anatomic structure and tooth position

B. Insufficient oral hygiene

C. Incorrect brushing of teeth

D. Qualitative and quantitative modifications of saliva and buccal liquid

E. Diseases of epitelium of cardiovascular system

56. S.C.Mark what is the bacterial plaque:

A. Epithelial membrane that covers errupted tooth

B. Product of saliva composed from aminoacids and glucides

C. A crowd of bacteria and produces of vital activity that are fixed on tooth surface

D. A membrane of tooth protection

E. A produce of gingival liquid

57. CM Microbial plaque matrix is composed of:

A. Lactobacterii

B Streptococci

C. Protein

D. Sucrose

E. Polysaccharides

58. CM Mark inorganic Components of microbial plaque:

A. Magnesium

B. Potassium - K

C. Iodine

D. Phosphorus

E. Zinc

59. CM Mark the correct order of the stages of dental plaque formation:

A. Formation of extracellular structure

B. Formation of film on the surface of the tooth

C. Growth of bacteria and plaque

D. Fixing bacteria on film

E. Resorption of the bone

60. M.C.Mark what the quantitative changes of saliva that cause development of bacterial plaque:

A. Dicrease of saliva volume

B. Hypersalivation

C. Increase of lipase

D. Reduction of saliva secretion

E. High concentration of imunoglobulins

61. M.C.Mark what are the qualitative changes of saliva that cause development of bacterial plaque:

A. Hyposalivation

B. Reduction of lipase quantitaty

C. Low concentration of imunoglobulins

D. Reduction of saliva secretion rhythm

E. Increase of lysozyme content

62. CM Mark which are clinical methods of examination and diagnosis of periodontal disease:

A. Interrogation

B. Inspection exobucal

C. Endobucal Inspection

D. Blood analises

E. Radiography

63. M.C.Mark what are the auxilliary methods of periodontal examination:

A. Radiologic

B. Analyses

C. Electroodontometry

D. Shiller – Pisarev probe

E. Functional methods

64. S.C.Schiller – Pisarev probe permits us to determine:

A. Concentration of glycogen in gingiva

B. Situation of cappilaries in gingiva

C. Mobility degree of teeth

D. Manifestation of distructive changes of periodontium

E. Profoundness of periodontal pockets

65. CS Mark, dental pathological mobility I degree corresponds to:

A. tooth Movements vestiblo-oral sense of maximum 1mm

B. tooth Movements vstibulo-oral sensemore than 2mm

C. tooth Movements vestiblo-oral and mesio-distal more than 1-2 mm

D. tooth Movements in every sense

E. tooth Movements in the vertical plan

66. Mark, dental pathological mobility II degree corresponds to

A. tooth Movements vestiblo-oral sense of maximum 1mm

B. . tooth Movements vstibulo-oral sensemore than 2mm

C. tooth Movements vestiblo-oral and mesio-distal more than 1-2 mm

D. tooth Movements in every sense

E. tooth Movements in the vertical plan

67. S.C.Mark, the depth of gingival pocket is appreciated with:

A. Probe

B. Tweezer

C. Excavator

D. Endodontic needle

E. Plugger

68. M.C.Kulajenko probe will allow us to:

A. Appreciate cappilary stability to vacuum

B. Speed of haematoma formation

C. Concentration of glycogen in gingiva

D. Determination of hygienic index

E. Determination of periodontal pocket content

69. CM Gravity of periodontitis, by periodontal code is estimated as follows:

A. 0.1-1.0 - mild periodontitis

B. 1.0-4.0 - mild periodontitis

C. 1,5-4,0 - average periodontitis

D. 4.0-5,0 - average periodontitis

E. 4.0 to 8.0 - severe periodontitis

70.. CM Mark, gingivitis gravity by gingival code is estimated as follows:

A. 0.1-1.0 - mild gingivitis

B. 1.0-4.0 - mild gingivitis

C. 1.1 to 2.0 - Average gingivitis

D. 4.0-5,0 - gingivitis average

E. 2.1 to 3.0 - severe gingivitis

71 S.C.PMA index permits us to appreciate the:

A. State of marginal periodontum

B. State of oral cavity hygiene

C. Degree of gingival retraction

D. Degree of gingival bleeding

E. Composition of periodontal pachet content

72. C.S.Mark, in norm hygienic index corresponds to:

A. till 1 ball

B. Over 1 ball

C. Up to 2 balls

D. Up to 0.5 balls

E. Up to 2.5 balls

73. C.S.Mark which is the aim of the CPITN index apreciation:

A. Determination of the manifestation of clinical signs of periodontal disease

B. oral mucosa state

C. regional lymph nodes state

D. The bone resorbtion

E. Determination of gingival fluid

74. C.M. PI index is estimated as follows:

A. 0,1 - 1,0 - early stage or the degree of damage

B. 1.5 to 4.0 - II degree of damage

C. 4.0 -8.0 - III degree of damage

D. 1.0 to 4.0 - the degree of damage

E. 4.0 to 8.0 - II degree of damage

75. S.C.PI index will permit us to appreciate the:

A. Intensity and spreading of periodontal disease

B. State of oral hygiene

C. Degree of teeth mobility

D. Degree of gingival bleeding

E. Profoundness of periodontal pocket

76. C.S.Mark, what determine the term "gingivitis"

A periodontal tissue inflammation with progressive destruction of periodontal and alveolar bone

B. A process of periodontal dystrophic

C. Inflammation of the gingiva, accompanied by gingival tooth ligament damage

D. Inflammation of the gingiva, which evoluete without affecting gingival tooth ligament

E. A process of progressive destruction of periodontal tissues

77. M.C.Mark what are the local factors that contribute to gingivitis development:

A. Microbial plaque

B. Crowded teeth

C. Diastema

D. Trema

E. Pulp inflammation

78. M.C.Mark clinical picture and differential diagnosis of gingivitis:

A. Is manifested in old-age

B. Bone tissue resorbtion is absent

C. Tooth mobility

D. Absence of pockets

E. Purulent eliminations from periodontal pockets

79. C.M Mark, chronic catarrhal Gingivitis develop as a result of:

A. acute respiratory infections

B. dental plaque

C. Disturbance of the endocrine system

D. Action of long professional action

E. Inflammation of the dental pulp

80. M.C.Mark clinical signs for chronic catarrhal gingivitis:

A. Absence of pain

B. Distructive process of interdental septum

C. Gingival bleeding during tooth brushing

D. Gingival papilla is hypertrophic

E. There is gingival hyperemia with cyanotic shade

81. CM Select which are the clinical features of catarrhal gingivitis exacerbation stage:

A. Pain in time of eating

B. insignificant gingival Bleeding

C. gingiva is edematous, reddish color

D. Lack of dental plaque deposits

E. The presence of periodontal pockets

82. CM Mark, catarrhal symptomatic Gingivitis can occur :

A. infectious affection

B. Some allergies

C. generalized periodontitis

D. deep cavity

E. pulpitis

83. CM Select, which radiological methods can be applied to study periodontal disease:

A. thermometry

B. panoramic radiography

C. Sialografia

D. Electroodontometria

E. Orthopantomography

84. CM Select which laboratory methods allow us to establish the diagnosis and selection of appropriate treatment of periodontal disease:

A blood analises

B. cytological method

C. virological method

D. general urinalysis

E. Bacterial examination

85. M.C.Select what is the clinical picture of acute catarrhal gingivitis:

A. Gingival bleeding to easy touch with probe

B. Halitosis

C. Hyperplasia of interdental papilla

D. Pain during alimentation

E. Intoxication state of organism

86. CM Mark, chronic catarrhal gingivitis is manifested by:

A red gingiva

B. pocket depth 3.5-4.5 mm

C. Bleeding in time of brushing

D. gingival enlargement

E. gingival cyanotic hiperemy

87. CM Mark, untreated chronic catharal gingivitis may be cause of:

A. hipertophic gingivitis

B. ulcerative gingivitis

C. wedged Defect

D. generalized periodontitis

E. dental caries

88. CS Mark how could be called ulcerative gingivitis:

A. ulcerative Periodontitis

B. Papillon-Lefevre syndrome

C. Vincent necrotizing ulcerative gingivitis

D. Vincent necrotizing ulcerative periodontitis

E. Vincent necrotizing ulcerative Periodontotis

89.C.S. Select, which is Radiological picture of catarrhal gingivitis exacerbation stage:

A. absence of bone distruction

B. outbreaks of osteoporosis in the interdental septa

C. Detection of focals of osteosclerosis in the interalveolar septa

D. The presence of osteodistruction in the medium third of interdental septa

E. resorptionof interalveolar septa

90. M.C.Select what are the measures for treatment the chronic catarrhal gingivitis:

A. Removal of soft and hard deposits

B. Administration of antipyretics and antibiotics

C. Indications of physical – therapeutical treatment

D. Local application of antiinflammatory remedies and keraroplastic one

E. Application of sclerozing therapy

91. C.S Select which specific clinical features of mild catarrhal gingivitis:

A. Inflammation of the interdental gingiva

B. inflammation of marginal gingiva

C. inflammatory Processes of alveolar gingiva

D. The presence of gingival pocket

E. inflammatory of The gingival-dental ligaments

92. M.C.Select what are the causal factors in hypertrophic gingivitis development:

A. Pregnance

B. Addaministration of difenine

C. Blood system disease

D. Pubertary period

E. Hypovitaminosis B

93. S.C.Select what is the degree of gingival hyperplasia in hypertrophic gingivitis of medium gravity:

A. Covers ¼ from tooth surface

B. Covers 1/3 from tooth surface

C. Covers ½ from tooth surface

D. Covers more than ½ of tooth surface

E. Covers all the tooth surface

94. S.C.Select what is the degree of gingival hyperplasia in hypertrophic gingivitis of mild gravity:

A. Covers till 1/3 from tooth crown

B. Covers more than ½ of tooth crown

C. Covers more than 2/3 of tooth crown

D. Covers all coronal surface

E. Covers till ½ from coronal surface

95. M.C.Select what is the degree of gingival hypertrophia in hypertrophic gingivitis of severe gravity:

A. Covers 1/3 from tooth surface

B. Covers till ½ of tooth crown

C. Covers 2/3 from coronal surface

D. Covers all the coronal surface

E. Covers till 2/3 of coronal surface

96. CM . Select which are the results of laboratory tests for chronic catarrhal gingivitis:

A. Reduce the number of leukocytes

B. Increase in gingival fluid immunoglobulin

C. Increased collagenase activity

D. Reduce the number of b-lymphocytes

E. Increasing the concentration of erythrocytes in the blood

97. CM Select which are anatomo-pathological changes in catarrhal gingivitis:

A. Disturbance of normal epithelium keratinisation

B. absence of phenomena paracheratosis

C. Reducing the amount of glycogen in squamous cell layer

D. thickening and cross-linking of collagen fibers

E. Increase the number of mastocytis

98. CM Select which factors could contribute to the development of necrotic ulcerative gingivitis:

A. acute respiratory affection

B. Using the abundance of carbohydrates

C. Psychological stress and emotional

D. III molar eruption difficulty

E. increased concentration of fluoride in the drinking water

99. CM Select which are patient complaints if necrotic ulcerative gingivitis:

A pronounced. Pain in the gingiva during eating

B. Pain at night

C. gingival bleeding while brushing teeth

D. Mobility of teeth

E. bad smal, putrid mouth

100. CM Select which are objective examination results of ulcero-necrotic gingivitis:

A. Poor oral hygiene

B. hyperemy of gingiva

C. gingival hypertrophy

D. gingiva at the periphery is covered by a necrotic membrane

E. The II degree of tooth mobility

101. M.C.Select clinical signs of ulcerative gingivitis:

A. Acute beginning

B. Slow beginning

C. Gingival hyperplasia

D. Gingival haemorrhage

E. Prononced pain durring brushing and nutrition

102. M.C.Mark, the objective examination in ulcerative – necrotic gingivitis will notice:

A. Limphatic submandibular nodules are made greater

B. General state is affected

C. Gingiva is covered with necrotic membrane of grey colour

D. Root exposure with 2-3 mm

E. Hypertrophic gingiva

103. CM Mark, bacterioscopic examination of the product extracted from the focar in ulcero-necrotic gingivitis allows detection of following germs:

A. Fusobactery

B. Fungis

C. Treponema pallidum

D. Koch bacillus

E. spirochetes

104. CM Select which morphological changes occur in ulcero-necrotic gingivitis:

A. acanthosis epithelium

B. decrease vascular permeability

C. The increase in the number of collagen fiber

D. leukocyte infiltration

E. This phenomenon of stasis in blood and lymphatic vessels

105. M.C.Mark, what particularities are characteristic for gingivitis:

A. Is often met to persons in age

B. Frequent connection of gingival inflammatory processes with demineralization focuses (caries in stage of stain to the tooth neck)

C. Gingival bleeding to probing

D. Presence of periodontal pockets

E. Presence of ostedistructive processes on x-ray film

106. CM Mark, catharal gingivitis must be distinguished from:

A. symptomatic catharal Gingivitis in case of infection s and allergies

B. symptomatic tatharal Gingivitis periodontitis

C. pulpitis

D. osteomyelitis

E. neuralgia

107. CS Select which pathological process predominates in hipertrofic gingivitis:

A. The proliferation

B. ulceration

C. atrophy

D. sclerosis

E. destruction

108. C.M. Mark, evolution of hipetrofic gingivitis :

A. Acute

B. Chronic

C. acutisation

D. Progressive

E. Fast

109. CM Select which clinical forms are characteristic for hipetrofic gingivitis:

A. edematous

B. ulcerous

C. fibrous

D. Gangrenous

E. proliferative

110. CM Select, which conditional factors may make the process of gingival proliferation:

A. overflowing edges of fillings

B. Endocrine Disorders

C. Anomalies of tooth position

D. Hiposalivation

E. dental plaque

111. CM Select which are patients complaints in hipetrofic gingivitis:

A. The unusual aspect of gingiva

B. gingival Bleeding during brushing

C. nocturnal pain

D. Facial Asymmetry

E. Pain with irradiation in the head

112. CM Mark, fibrous hypertrophic Gingivitis is characterized by:

A. gingiva is cyanotic

B. The presence of dental deposits

C. gingival bleed at the slightest touch

D. lack of periodontal pockets

E. resorbtion ofinterdental septum

113. M.C.Mark, clinical signs of hypertrophic gingivitis:

A. Presence of periodontal pockets

B. Teeth mobility

C. False pocket

D. Esthetic disorders

E. Gingiva dicreased in volume

114. C.M. .Mark clinical Sign of ulcerative gingivitis are:

A dental calculus

B. bad smal

C. dental Mobility

D. Pain during eating

E. pockets

115. CM Mark, laboratory examination of gingivitis:

A. Electroodontometry

B. Bacterial examination

C. general blood analises

D. surgeon Consultation

E. Sialografy

116. S.C.Mark, in gingivitis on radiogram determined the following changes:

A. Changes are not determined

B. Resorbtion interalveolar septum to 1/3 from root length

C. Absence of interalveolar septum

D. Resorbtion with osseouss pocket

E. Osteoporosis of interalveolar septum

117. CM Select which are the principles of local treatment of catarrhal gingivitis:

A. Removing of calculusr and dental deposits

B. Removing of incorrectly made fillings and prosthesis

C. Application of anti-inflammatory remedies

D. Implementation of sclerosing remedies

E. Implementation of keratoplastic remedies

118. M.C.Mark, general treatment of catarrhal gingivitis includes:

A. Administration of vitamins C, P, B1, A, E

B. Oral administration of Vicasol

C. Gingival massage

D. Orthodontic treatment

E. Antibiotics administration.

119.C.M.Mark, treatment of catarrhal gingivitis consists of:

A. mouth asanation

B. Removal of dental calculus

C. instillation of periodontal pockets

D. Applications of local inflammatories

E. vitamin therapy

120. M.C.Mark, treatment for ulcerative gingivitis consists in:

A. Removal of necrotic pellicle

B. Removal of subgingival and supragingival calculus

C. Applications with antibiotics, glucocorticoids

D. Instillations in periodontal pocket

E. Gingivectomy

121.. C.M. Mark, General Treatament of ulcerative gingivitis include:

A. cardiac remedies

B vitamin therapy

C. desensitized remedies

D. metronidazole per os

E. Bathes with antiseptic

122. M.C.Mark, the principles for hypertrophic gingivitis treatment are:

A. Removal of calculus

B. Sclerozing therapy

C. Electrophoresis with Heparine

D. Prosthetic treatment

E. Curretage of false gingival pockets

123. CM Mark, treatment of hypertrophic gingivitis consists of:

A. intrapapilar injections sol. 50-60% glucose

B. Applications of corticosteroid gels

C. Gingivoectomy

D. Administration of antipyretic remedies

E. The use of tranquilizers

124. CS Select, which is radiological picture of chronic catarrhal gingivitis:

A. Alveolar bone structure is normal

B. focar Bone resorption

C. Diffuse bone resorption

D. The presence of bone pockets

E. focars of osteodistrucţion of peaks of intralveolare septa

125. CS Select, which is radiological picture of acute catarrhal gingivitis:

A. Alveolar bone structureis normal

B. Diffuse bone resorption

C. outbreaks of osteoporosis and osteosclerosis

D. The presence of bone pockets

E. resorption on the third of intralveolar septa

126. CM Select which are changes in chronic catarrhal gingivitis :

A edematiation and hyperemia of dental papilla

B. is hyperemy and cyanotic of gingival margin

C. The gingival margin is covered with gray deposits

D. interdental papillae are ulcerated

E. determination in gingival pockets of granulation tissue

127. C.M. Select which are obiective sign in Vincent ulcero-necrotic gingivitis:

A. papillae are edematous, hyperemous

B. The gingival margin is covered by a necrotic membrane which easily removable

C. Hypertrophy of gingival line

D. ulcers at the margins of gingiva

E. soft deposits on gingival margine

128.C.M. Mark, local Tratamentul of Vincent ulcero-necrotic gingivitis include:

A. sclerosing therapy

B. Irrigation with antiseptic solutions and subsequent implementation of the solution mixture with metronidazole chlorhexidin

C. Gingivoectomy

D. Application of antibiotic unguent

E. gingival anesthesia for removing of necroticdeposits

129.C.M. Mark, general Tratamentul of Vincent ulcero-necrotic gingivitis include:

A. vitamin A. Therapy

B. Antibiotic therapy

C. Surgical treatment

D. desensibilization remedies

E. Physiotherapy

130. CM Select treatment of fibrous hypertrophic gingivitis :

A. Suppression of traumatic factors and sclerosing therapy

B. Physical therapy

C. Application of anesthetic remedies

D. Administration of antibiotics per os

E. mouthirigation with antiseptic solutions

131. CM Mark at which age is more prevalent periodontal destructive changes:

A. Young people

B. In adolescents

C. In people over 40 years old

D. In people under 30

E. The old people

132. CM Select which are local risk factors in the development of inflammatory periodontal diseases:

A. Anomalies and deformation of maxilars

B. Diabetes

C. neuropathies

D. gingivolabial frenulum hypertrophy

E. oral vestibule reduced in volume

133. CM Select which are general risk factors in the development of periodontal disease.

A. dental caries

B. Rheumatism

C. hormonal dysfunction

D. Plaque

E. dental malpositions

134. S.C. Mark, periodontosis is a pathologic process characterized by:

A. Gingival inflammation with wounding dento – gingival ligaments

B. Inflammation of periodontal tissue with its progressive distruction

C. Inflammation of periodontium

D. Distrophic process of periodontium

E. A process of progressive distruction of periodontal tissue

135. CS Select which is the primary processes in the development of periodontosis

A. Inflammatory Processes

B. dystrophic processes

C. Development of gingival pockets

D. dental caries

E. hypertrophic processes

136. M.C.Mark, what are the particularities of diagnosis for periodontosis:

A. Gingival inflammation

B. Gingival retraction with neck exposure, then root exposure

C. Presence of gingival pockets

D. Presence of cardiovasculary system disease

E. Osseouss localized resorbtion

137. CM Mark, characteristics of radiological examination in case of periodontosis:

A. Signs of inflammatory bone destruction of interdental septum

B.clear contour of interdental septum

C. Reducing the height of the interdental septum

D. Expansion of periodontal space

E. downward harmonizationof alveolar bone structure with alternating outbreaks of osteoporosis and osteosclerosis

138. M.C.Mark, clinical manifestations of periodontosis :

A. Neck exposure and root exposure as the result of gingival retraction

B. Periodontal pockets with 5 mm depth

C. Association of noncarious lesions (wedge – form defect, hyperesthesia)

D. Teeth mobility

E. Soft deposits

139. M.C.Mark, mild form of periodontosis is manifested by:

A. Gingiva colour is not changed or iseasy pale

B. Gingival margin is tightly adherent to tooth surface

C. Gingival bleeding to easy touch

D. Gingival pocket has 3 mm depth

E. Soft dental deposits in abundance

140. M.C.Mark, what are the acuses of patients with easy form of periodontosis:

A. Unpleasant sensations in gingiva, itches

B. Gingival bleeding during brushing

C. Teeth mobility

D. Root exposure

E. Gingivalgia during alimentation

141. M.C.Mark, patients with medium form of periodontosis acuse the:

A. Root exposure

B. Hyperesthesia of dental tissue

C. Increase volume of gingiva

D. Pain in the region of intact teeth to chemical factors or temperature changes

E. Teeth mobility

142. M.C.Mark, what are the signs characteristic for medium form of periodontosis:

A. Exposure till 1/3 from root surface

B. Reduction till ½ of height of interdental osseouss septum

C. Teeth mobility of IInd degree

D. Dream pain

E. Gingival pocket

143. M.C.Mark, severe form of periodontosis is manifested by:

A. Root exposure of ½ and more

B. Enlargement of interdental spaces

C. Resorbtion of interdental septum 2/3 of length

D. Hyperesthesia of tooth tissue

E. Gingival hypertrophia

144. CM Select which morphological changes occur in periodontosis:

A. Decreased elasticity of blood vessels

B. Sclerosis of blood vessels

C. Reduction of capillary number

D. Hypoxia pronounced gingival

E. increase the amount of oxygen in the gingiva

145.CM Select which pathological processes occurres in the bone tissue and bone marrow for periodontosis:

A thickening of bone trabeculae of spongy substance

B. Endothelial Hyperplasia

C. sclerosis of vascular lumen

D. Alternate outbreaks of osteoporosis and osteosclerosis

E. inflamatory processes

146. CM Select which are pathological picture of gingiva in periodontosis:

A. mucoid swelling

B. Necrosis of collagen and argirofile fibers

C. epithelium Hypertrophy

D. cellular distrophy

E. fibrinoid lesion

147. M.C.Mark, what does the complex treatment of periodontosis include:

A. Treatment of systomic disease (cardiovascular, aterosclerosis)

B. Remineralization therapy

C. Gingival massage

D. Physical – therapeutical treatment

E. anticoagulant therapy

148. CS Mark, the main simptom of differentiation of the gingivitis from periodontitis:

A. absence of periodontal pockets

B. teeth mobility

C. interdental septum resorption

D. Bone pockets formation

E. Purulent secretion from the periodontal pocket

149. CS Mark the main simptom of the differentiation of ulcerative gingivitis :

A. gingival Bleeding while brushing teeth

B. The presence of spirochetes and fusobacteries in the extract from focar

C. Qualitative changes in peripheral blood

D gingival pain during eating

E. bad smal from mouth

150. M.C.Mark, what is the treatment attitude of catarrhal gingivitis:

A. Removal of dental deposits

B. Application of antiinflammatory remedies

C. Application of keratoplastic remedies

D. Indications of physico – therapeutical treatment

E. Gingivotomy

151. M.C.Mark, local treatment of catarrhal gingivitis includes:

A. Antiseptical baths

B. Applications with “Solcoseril” ointment

C. Removal of sub-and supragingival calculus

D. Oral administration of antibiotics

E. Application of sclerozing remedies

152.C.M. Mark local treatment of hypertrophic gingivitis:

A. Applications of heparin unguents

B. Applications of hydrocortisone

C. Sclerosing therapy

D. Diatermocoagulation

E. Mouthwash with antibacterial remedies

153. M.C. Mark clinical signs characteristic for periodontitis:

A. Is manifested in special to young persons

B. Presence of periodontal pockets

C. Absence of gingival inflammation

D. Distructive modifications of interalveolar septum

E. Presence of osseouss pockets

154. CM Mark the perculiarities of periodontitis in a state of remission:

A. Gingiva has a pale pink color

B. Gingiva adheres tightly to the surface of the tooth

C. The presence of dental deposits

D. Gingival atrophy

E. Radiologic not detected active processes of bone destruction

155. CM Select which is etiological factors that determine localized periodontitis:

A. Abnormalities of occlusion with overuse of a group of teeth

B. Disorders of the gastrointestinal system

C. Diabetes

D. Incorect applied filling

E. Incorrect orthodontic treatment

156. C/M Mark which are picture of obiective examination in generalized periodontitis.

A. Lack of periodontal pockets

B. Progressive alveolar bone resorption

C. The presence of subgingival plaque

D. Lack of gingival inflammation

E. Lack of dental mobility

157. C.M. Mark periodontium components:

A. Alveolar gingiva, periodontal support, internal and external cortical

B. Oral mucosa, periodontium, alveolar bone

C. Gingiva, root cementum, alveolar bone

D. Periodontium represented by loose of connective tissue in periodontal space

E. Cells, blood and lymphatic vessels, nerve fibers, fibrillated elements as dento-alveolar ligaments

158. CS Mark gingival sulcus depth:

A 0-2mm

B. 0.5 to 3.5 mm

C. 0.3-0.5 mm

D. 0.2-6mm

E. None of these

159. C.M. Gingival sulcus is bounded by:

A. enamel

B. Insertion epithelium

C. Insertion of epithelial

D. oral epithelium

E. dental pulp

160. CM Mark junction in insertion zone of epithelium that is released by:

A Basal membrane

B. Hemidesmosomi

C. Collagen fibers

D. Dental pulp

E. Enamel

161. CS Actinobacillus actinomycetemcomitans is associated with periodontal pathology in the following, mark it:

A. Catarrhal gingivitis

B. Juvenile periodontitis

C. Chronic gingivitis

D. Ulcerative gingivitis

E. Localized chronic periodontitis

162. CS Mark bacteroides intermedius that is involved in the production of:

A. Juvenile periodontitis

B. Periodontitis

C. Chronic gingivitis

D. Acute ulcerative gingivitis

E. Generalized chronic periodontitis

163. CM Mark destructive action(inflammatory origin)of bacteria on periodontal is the result:

A. Interruption of blood floow

B. Destruction of nerve endings

C. Hemotaxins

D. Antigens

E. Ferments

164. C.M. Mark the structure of dental plaque:

A. Inflammatory exudate

B. Bacterial Aggregates

C. Desquamated epithelial cells

D. Products of cellular metabolism

E. Saliva

165. Cs Mark in appearance of pathological tooth mobility periodontal disease etiological factor is considered:

A. Occlusal Trauma

B. Septic inflammation

C. Genetics

D. Lack of oral hygiene

E. Malocclusions

166. CM Indicate origin of FAO (osteoclastelor activating factor) :

A. A product of macrophages

B. An important factor of alveolar bone destructive

C. An enzyme

D. The product of specific immune response of tisular type

E. Product type of nonspecific humoral immune response

167. CS Indicate origin of FAO (osteoclastelor activating factor):

A. A hormone

B. Product of tissue-type specific immune response

C. The type of nonspecific humoral immune response

D. The product of macrophages

E. An enzyme

168. CS Mark cantity of ​​hyaluronidase in periodontal pockets is:

A Relatively high

B. Increased much

C. Absent

D. Insignificant

E. Low

169. C.M. Mark evolution of traumatical oclusion:

A. Produce periodontal inflammation

B. lead to periodontal pockets

C. Influences pathological process of initiation and development of periodontal pockets

D. The secondary factor in the pathogenesis of periodontitis

E. Produce noninflammatory pathological changes

170. C.M. Mark general diseases:

A. favors production of periodontal disease

B. trigger periodontal disease

C. fasten periodontal disease progression

D. Facilitates complications appearence

E. favors the occurrence of recidives

171. CM Mark diseases which obviously influence development of periodontal disease are:

A. Rheumatism

B. Respiratory Infections

C. Cardiovascular

D.Hypovitaminosis

E. Diabetes

172.C.M. Mark the influence of general diseases:

A. favors production of periodontal disease

B. Determine production of periodontal disease

C. Grab development of periodontal disease

D. Facilitates installation of complications and recurrence of periodontal disease

E. Reduce the effect of local treatment

173. CM Mark early gingival lesion in gingivitis are represented by:

A. Ulceration

B. Edhema

C. Congestion

D. Irritant from calculus

E. Septic inflammation

174. C.M.Mark particularity of bleeding in gingivitis, mild form:

A. Challenged

B. Spontaneous

C. Unimportant amount

D. Light

E. related to the stage of inflammation

175. M.C. Mark incidence of periodontitis disease:

A. Frequently under 18 years old

B. Rarely under 18 years old

C. With high incidence up to 35-40 years old

D. To 52-55 years old is 90%

E. Frequently under 16 years old

176. M.C. Chronic periodontitis of mild form, clinically is represented by:

A. Gingival hyperemia

B. Easy spontaneous secretion

C. Edema

D. III degree of tooth mobility

E. Changes of epitelium of oral cavity

177. M.C.Mark periodontitis of medium form, clinically is represented by:

A. Gingival hyperemia

B. Osseouss lysis till ½ from root length

C. Edema

D. Teeth mobility of III degree

E. Changes of epitelium of oral cavity

178. M.C. Mark periodontitis of severe form, clinically is represented by:

A. Periodontal pockets more than 5-6 mm

B. Teeth mobility of II – III degree

C. Osseouss lysis more than ½ length of root

D. Absence of osseouss lysis of root

E. Absence of periodontal pockets

179. C.S. Mark II degree dental mobility means:

A. Vestibule-oral Mobility

B. Approximal and vestibule-oral Mobility

C. Axial Mobility

D. Mobility vestibule-orala, approximal and axial

E. Absent of mobility

180. CM Mark hypertrophic and hyperplastic gingivitis are more common in:

A. Girls

B. Boys

C. Pregnancy

D. At some physiological periods

E. Children

181. Select pecularity pf radiological examination in periodontology, can determine:

A Bone density

B. Relations of bone relief

C. The depth of periodontal pockets

D. The dental inflammation

E. Inflamatory gingival forms

182. Cm Mark in periodontology, radiological examination gives relations to:

A. The bone atrophy

B. bone atrophyc shape

C. The morphology of the periodontal space

D. Evolution of bone resorption

E. Inflamatory gingival forms

183. CS Mark complementary examinations which confirm diagnosis of periodontitis are:

A. Reoparodontografy

B. photoplethysmography

C. biomicroscopy

D. electroodontometry

E.thermical test

184. CM Mark which of the following investigations are necessary to establish the diagnosis periodontitis:

A panoramic radiography

B. probing

C. percution

D. vitality test

E. electroodontometry

185. M.C.Indicate the surgical methods of treatment that can be used in treatment of periodontal lesions:

A. Curettage

B. Gingivectomy

C. Flap procedure

D. Pulp amputation

E. Gingivoplasty

186. CM Antibiotics are indicated (in the treatment of periodontitis)

A. in acutisation

B. before surgery intervention

C. after surgery intervention

D. are accompanied by allergic component

E. are accompanied by distrophic processes

187. CS Mark indication of Antihistaminic remedies in the treatment of periodontitis:

A. in acutisation

B. before surgery intervention

C. after surgery intervention

D. are accompanied by allergic component

E. are accompanied by distrophic processes

188. C.S. Mark curettage task:

A. Elimination of degenerate and necrotic tissue from the parodontal pockets

B. radicular Elimination of gingival line

C. Getting the bevel (the intervention flap)

D. Creating of periodontal access

E. for diagnosis

189. C.M. Mark aim of flap surgery:

A. Eliminate periodontal pockets

B. Restoring epithelial junction

C. to remove gingival margin

D. Creating of periodontal access

E. for diagnosis

190. C.S. Mark including of occlusal therapy:

A selective grinding

B.teeth Immobilization

C. stabilizing Bridges

D. sclerosant therapy

E. rinsing with antiseptics

191. CS Mark in parodontal diseases Vitamins(including Vit. C) are indicated accompanied by:

A. gingival Bleeding

B. allergic al Component

C. acutisation of process

D. with imun component

E. with dystrophic component

192. CS Mark meaning of marginal periodontitis:

A. inflammatory disease of marginal parodonium

B. superficial gingival inflammation

C. generalized degenerative periodontal process

D. pulp inflamation

E. noncarious dental lessions

193. CS Mark periodontotis mean:

A. inflammatory disease of marginal parodonium

B. superficial gingival inflammation

C. generalized degenerative periodontal process

D. Outgrowing

E. hypertrophy

194. CM Mark patients with diabetes myelitis surgical methods of treatment of periodontitis predisposing to:

A. Renal Complications

B. Bleeding complications

C. Infectious Complications

D. doctor Contamination

E. Acceleration of cicatrisation

195. M.C.Mark periodontal curettage consists in:

A. Elimination of periodontal pocket content

B. Curettage of the chronic periapical focus

C. Curettage of necrotized cementum

D. Removal of pathologic tissue from periodontal pocket

E. flap making

196. CM Mark symptoms in cases of periodontitis are:

A. gingival recession

B. insignificant dental deposits

C. uncomfort in gingiva

D. outgrowing gingiva

E. gingival Bleeding

197. M.C. Gingivoplasty consists in:

A. Surgical remodelling of gingiva and gingival papilla

B. To restore the normal and functional shape

C. Curettage of necrotized cementum

D. Flap creating

E. Creating access

198. CM Patients examination with chronic periodontal diseases are achieved by:

A. motives prezentation

B. Anamnesis

C. paraclinical examination

D. objective clinical examination of paradontium

E. complementary examinations

199. Clinical examination of marginal periodontium is realized by:

A. Inspection

B. Percussion

C. Listening

D. palpation

E. Thermical test

200. CS Periodontium keep the teeth in alveola and transmit mechanical stress during mastication by:

A. alveolodental ligaments

B. superficial periodontium

C. apical periodontium

D periodontal Fundamental Substance

E. epitelium of oral cavity

201. C.M. Pecularities of periodontium are:

A. embryonic origin because of common morphological unit

B. A functional unit due to tissular phenomena

C. pathological unit of all components

D. morphological ecosistem

E. structural unit

202. CM ARPA (classification) highlights in periodontal diseases following processes, mark it:

A. Inflammatory

B. Dystrophic

C. The growth of tissues

D. Bleeding

E. Traumatic

203. CM USA school (immunological criteria) proposed classification of periodontitis, mark it:

A. prepubertal periodontitis

B. Juvenile Periodontitis

C. rapidly progressive periodontitis

D. Adult Periodontitis

E. periodontosis

204. CM Mark pecularities of periodontitis in preclinical phase:

A. with clinical signs

B. without clinical signs

C. Following the creation of a "state of periodontal"

D. form of inflammation in early stage

E. with periodontal pockets

205. Cm In direct local etiology of periodontal disease are taken into consideration the following factors:

A.oclusal Trauma

B. dentoalveolar Disharmonies

C. bacterial Plaque

D. calculus

E. dental caries

206. CM Some of factors involves in the pathogenesis of periodontosis are considered:

A. In order neuro-dystrophic

B. reduced reactivity of the organism

C. Hypoxia

D. Respiratory System

E. imunologic factor

207. CM Subgingival microbial dental plaque action specific on periodontium by:

A. Actinobacillus actinomycetemcomitans

B. intermedius bacteria

C. Klebsiella

D. Roteus

E. Stafilococus

208. CM Defensive factor characteristics gingival sulcular fluid are:

A. Complement (extravasated in serum)

B. Lactoferrin

C. Antibodies Ig G

D.Antibodies Ig M

E. mechanical barier

209. CM Mild periodontosis is estimated in the following cases:

A. Bone Loss support to 1/3 of the length of the root

B. Initial crest bone reaching 1/3 of root length

C. Loss of bone support up to ½

D. Initial bone crest reaching ½

E. dental Mobility IGR.

210. C.M. Medium periodontosis is estimated in cases:

A. Bone Loss support to 1/3 of the length of the root

B. Initial bone crest reaching 1/3 of root length

C. Loss of bone support up to ½

D. Initial bone crest reaching ½

E. dental Mobility IGR.

211. CM Agravated periodontosis is estimated in case:

A. Bone Loss support to 1/3 of the length of the root

B. Initial bone crest reaching 1/3 of root length

C. Loss of bone support over ½

D. Initial bone crest exceeding ½

E. teeth Mobility

212. CM Periodontal abscess contain is represented by an exudate:

A. Serohematic

B. Purulent

C. granulation tissue

D. polymorphonuclear

E. cellular debris

213. C.M.Mark semnification of "sclerosis"

A pathological tissue induration

B. Increase its stromal component

C. Necrosis

D. hyperemia

E. tumefaction

214. CM Mark pathological picture of incipient periodontitis:

A. infiltrating inflammatory induration under the epithelium

B. sclerotic changes in the layers of periodontium

C. Changes resorption of interdental bone septum at the coronary edge

D. necrosis

E. purulent elimination

215. CM Pathological picture of periodontitis is accompanied by:

A. appearence of periodontal pockets

B. Destruction of septum

C. bone resorption

D. inflammation of periodontal layers

E. extraoral modifications

216.CM Some of subjective manifestations of periodontitis are accompanied by:

A. Bleeding

B. teeth mobility

C. Purulent eliminations from periodontal pockets

D. Hyperesthesia the dental cervix

E. pulsatile pain during night

217. CM Severity degree of affection is determined according to:

A periodontal pocket depth

B. The bone resorption

C. teeth Mobility

D. gingival Bleeding

E. dental calculus

218. C.S. In advanced forms of periodontal disease with extensive destructive lesions titers of antibodies to antigens subgingival plaque have values, mark it:

A. Low

B. relatively low

C. High

D. Absent

E. undetectable

219. IgA class antibodies are present in the trench and gingival tissue:

A. The large amount

B. The relatively large amount

C. Absent

D. has not been revealed

E. The small amount

220. CM Enlargement of periodontal space without producing real pockets is the result of:

A hereditary factor

B. Bruxism

C. Wearing orthodontic appliances

D. microbial Factors

E.imunological factors

221. CS Mark gingival recession in mild periodontitis:

A. always accompanies inflammation

B. is transitory

C. appears sometimes

D. occurs in elderly patients

E. treatments do not provide favorable results

222. C.S. Second degree teeth mobility means:

A. vestibulo-oral mobility

B. vestibulo-oral and aproximal

C. axial Mobility

D. vestibular, aproximal and axial

E. absence of mobility

223. CM Examination of teeth mobility is achieved by:

A periodontal probe

B. usual probe

C. forceps

D. Bidigital

E. Pincer

224. CM Mark periodontal index isused for the study:

A. Status of evolutionary

B. The spread of periodontal lesions

C. Diagnosis of pulpitis

D. treatment of periodonditis

E. determination of radiological picture

225. C.M. Periodontal index estimates:

A. The gingival inflammation

B. teeth. Mobility

C. periodontal pockets

D. Changes in oral mucosa

E. dental calculus

226 M.C. Apreciaton criteria of periodontopaty by CPITN index are:

A.gingival hemoragy

B.dental calculus presence

C.periodontal pockets

D.Deepness of periodontal pockets

E.changes of oral cavity mucosa

227. CM Mark treatment principles under the Code (as CPITN)

A.code I - oral hygiene

B. Code II-scaling and oral-dental hygiene

C. Code III-scaling, curettage and oral hygiene

D. Code IV-scaling deeply, complex treatment

E. Code V-treatment of oral mucosa

228.C.M. Mark coding of periodontal lesions (after CPITN)

A. 0-absence of disease

B. 1 gingival bleeding

C. The presence of dental calculus

D. The presence of periodontal pockets with values ​​3.5-5.5 mm

E. The presence of wedge defects

229. C.M. Radiological examination provides:

A. The localisation, size and type of bone lesions

B. Appearance of the internal cortical alveolar bone

C. The appearance of spongy bone especially in the interdental septa

D. false periodontal pocket depth

E. The pathological mobility

230. Local complication of periodontal disease are:

A. dental caries

B. gingival Abscess

C. acute pulpitis

D. fluorosis

E. enamel hypoplasia

231. Local complication of periodontal abscess is:

A. dental caries

B. Osteomyelitis

C. Apical Periodontitis retrograde way

D. fluorosis

E. enamel hypoplasia

232. CS After curettage granulation tissue is bleeding:

A. It is emphasized

B. No change

C. Decreases

D. is absent

E. Take time

233. M.C.Gingivectomy is indicated in:

A. Hypertrophy that doesn’t give up to antiinflammatory treatment

B. Gingivitis in pregnance

C. In region of lateral teeth

D. Acute gingivitis

E. Desquamative gingivitis

234. C.M. Gingivectomy is contraindicated

A. person with disability

B. hormonal gingivitis

C. descuamative gingivitis

D. The elderly

E. periodontitis

235. C.M. Mark flap surgery indication:

A. in periodontal abscess

B. periodontal lesions

C. pockets with vertical atrophy

D. posterior teeth in bone resorbtion

E. The pregnancy gingivitis

236. CM Mark classification of periodontitis (after development)

A. mild

B. medium

C. Severe

D. exacerbate

E. outbreak

237. C.M. Mark classification of periodontitis (by location):

A. Localized

B. Generalized

C. Mixed

D. Apical

E. Outbreak

238. CM Mark classification of periodontitis (after development)

A. Acute

B. Chronic

C. remission

D. located

E. generalized

239. C.M.Pathological features of periodontitis are the following:

A. Inflammation

B. Alveoliza

C. The presence of periodontal pockets

D. gingival recession

E. Changes in periodontium

240. C.M. The term 'alveolisis "means:

A pathological process

B. alveolar bone demineralization

C. As a result of the action of various bacterial enzymes

D. dystrophic changes

E. Overgrowth

241. M.C. Notion about “periodontal pocket” means:

A. Gingivodental sulcus pathological went deeply

B. Migration junctional epithelium in apical direction

C. It is a gingival pocket

D. It is growth in coronal direction of gingiva

E. Appears in periodontalysis process

242. M.C. The content of periodontal pocket includes:

A. Gingival fluid with microorganisms

B. Bacterial produces

C. Purulent secretions

D. Antibodies

E. Antibiotics

243. C.M. Among the theories that explain the mechanism of periodontal disease are :

A. atherosclerotic vascular diseases

B. neuro-dystrophic Section in parodontitis

C. Reducing reactivity body

D. Hypoxia

E. neuromuscular disorders

244. M.C.Periodontal bandage has the purpose to:

A. To protect the wound

B. To maintain tightly the flap to bone

C. Impedes bleeding

D. Impedes excessive formation of granular tissue

E. Prophylaxys of dental caries

245. C.M.Periodontal bandage should possess properties:

A. Plastic

B. hardaning the right time

C. Irritate the surrounding soft tissue

D. Have bactericidal

E. stiffness sufficient

246. C.M. Moving active part tips in ultrasonic scaling is:

A forward-backward

B. Circular

C. Semicircular

D. triangle

E. In the form of eight

247. C.M. The active part of the instrument for ultrasonic scaling is performed mainly in the form of:

A. Spatula

B. Prism

C. Sickle

D. Hemisphere

E. Probe

248. Mark indication of instruments for Ultrasonic scaling with active tips in shape of spatula:

A. At the beginning of scaling

B. To remove supragingival plaque

C. To remove pigment

D. At the end of scaling

E. root curettage

249. C.M. Ultrasonic scaling indications are:

A. supragingival calculus

B. dentine Hyperesthesia

C. In patients with haemophilia

D. In young children

E. In time of surgery

250. C.M. Ultrasonic scaling contraindications are:

A. ulceronecrotic gingivostomatitis

B. In the early stages of gingival disease

C. In time of surgery

D. pronounced dentin Hyperesthesia

E. Patients with infectious

251. M.C. Indications for ultrasonic scaling are:

A. In advanced stages of gingivitis

B. Ulcero – necrotic gingivostomatitis

C. To hemophilia patients

D. In periodontitis with accentuated bleeding

E. Imperfect amelogenesis

252. CS Ultrasonic scaling contraindications are:

A. localized marginal periodontitis

B. generalized marginal periodontitis

C.medium marginal periodontitis

D. During Pregnancy

E. In patients with infectious diseases

253. C.M.Ultrasonic scaling disadvantages are:

A. Separation of enamel prisms

B. Emphasizing pain and bleeding ulceronecrotic gingivostomatitis

C. Emphasizing pain of hyperesthesia

D. damaging epithelial insertion

E. Displacement of fillings with insufficient retention

254. C.M. Ultrasonic scaling advantages are:

A modern and efficient Core scaling

B. well tolerated even by people with dentin hyperesthesia

C. Removal of pigmented deposits on tooth surfaces

D. well supported by young children

E. Used in acute gignival disease

255. C.M. Ultrasonic scaling disadvantages are:

A small ergonomic qualities

B. always produce painful phenomena

C. May cause severe haemorrhage

D. Risk of contamination

E. The possibility of fracturing the tip part actice

256. C.M. Fostering the emergence of dentin hyperesthesia in periodontal disease is given by:

A. Increasing of dental retentivity

B. interdental papillae Tumification due to inflammation

C. Lowering the gingival crest

D. food Retention

E. decreasing of local pH

257. C.M. Periodontal abces appearas result of:

A. suprainfected granulation tissue in pockets

B. acutisation periodontal disease status

C. Exacerbation of microbial virulence

D. increase the amount of subgingival calculus

E. Modifying brushing

258. C.M. Pain in periodontal abscess is:

A. Very intensive

B. Medium intensity

C. Localized

D. Sometimes have tendency to generalize

E. Sometimes pulsatile nature

259. C.M. Chlorhexidine is indicated, mark it:

A. To prevent the plaque deposit

B. Dental hyperaesthesia

C. Periodontal abscess

D. Acute Gingivitis

E. Chronic gingivitis and periodontitis

260. CS Clorhexidin in periodontal disease is used in a concentration of:

A 1%

B 2%

C. 0.00005%

D. 5%

E. 0.05% -0.1%

261. C.M.Chlorhexidine treatment involves:

A. Usage for 5-7 days

B usage for 15-20 days

C. mouth rinsings 2-3 minutes. after teeth brushing

D. mouth rinsings 20 min. after teeth brushing

E. can be neglected

262. C.M. Mark aims of Orthopedic treatment in periodontitis:

A. influence the evolution of pathogenesis pathology data

B. Suppresses tooth mobility

C. Repair defects dental arches

D. Suppresses the joint trauma

E. can be neglected

263. C.M. Curative therapy of inflammatory periodontal disease include:

A. etiological therapy

B. pathogenetic therapy

C. Treatment with stimulants and adaptive defense mechanisms

D. reparative therapy

E. conservative therapy

264. C.M. Etiotropic therapeutical methods are represented by:

A. Oral hygiene

B. Suppression of dental deposits

C. Correction of the occlusion surface

D. Remineralizant therapy

E. Conservative therapy

265. C.M. Hyperesthesia suspension can be achieved:

A. magnezium remedies

B. fluoride remedies

C. vitamin therapy

D. filling of dental erosions

E. chemical factors

266. C.M.Name the instruments used for surgical treatment of periodontal disease:

A. scissors

B. scalpel

C. curettes

D. Excavators

E. periodontal probe

267. CM Complex treatment of periodontal disease include the following features:

A. hygiene Education

B. Selective grinding

C. Installation of temporary rails

D. periodontal surgery

E. anticoagulant therapy

268. C.M. Radiographic can be detected following changes in the jaw bone, mark it:

A. Inflammatory

B. Dystrophic

C. Associated

D. Changes in the content of gingival fluid

E. Changes in gingival fluid viscosity

269. C.M. Mark types of epulis:

A. fibrous

B. Vascular

C. with giant cells

D. Inflammatory

E. In the stage of remission

270. M.C.Mark semnification of term “Periodontal lysis”

A. idiopathic lesions

B. progressive effects of distruction

C. periodontal disease

D. overgrowing

E. hypertrophy

271. C.M. Mark the meaning of 'Idiopathic'

A disease with its own existence

B. Not associated with another medical condition

C. The unknown cause

D. Essential

E. with etiotrop treatment

272. C.M. Mark the meaning of "Osteolysis"

A localized pathological bone destruction

B. Due to inflammatory processes

C. Due dystrophic process

D. Due tumors

E. The process of bone formation

273. C.M. Radiography periodontosis is:

A clear outline of the interdental septum

B. Reducing the height of the interdental septum

C. Alternating outbreaks of osteoporosis and osteosclerosis

D. Expansion of periodontal space

E. bone lysis

274. C.M. Mark the term 'Osteoporosis'

A. Changes in bone structure due to a rarification

B. Accompanied by thinning and demineralization of bone trabecules

C. Accompanied by an increase in its fragility

D. Changes gingival vascular structures

E. process of bone formation

275. C.M. Mark the meaning of the term "periodontology"

A branch of dentistry

B. study periodontium

C. Dealing with periodontal disease

D. Refers diagnosis of pulp disease

E. treatment of pulp disease

276. C.M. Mark the meaning "Atrophy"

A. It is accompanied with nutrition disorders

B. Determine the diminution of respective organ

C. Comes with functional disorders

D. process of bone formation

E. inflammatory process

277. C.M. Mark the meaning of embarrassment:

A. annoying Feeling

B. organic light pain

C. Organic intense pain

D. volume increase

E. change of colour

278. C.M. Mark the meaning of the outline (in periodontology)

A. The limits biological space

B. gingival contour

C. gingival margin

D. festoon gingival

E. periodontal space

279. C.M.Mark the meaning of "swelling"

A. Increasing the volume of tissue

B. Reduce the volume of tissue

C. The swelling

D. Formation concave

E. dystrophic process

280. C.M. Mark the meaning of term "flap"

A. partially detached Fragmented tissue

B. Created surgery

C. used to cover wounds

D. Used for plastic reconstruction of defects with the lack of substance

E. curettage

281. C.M. Mark the meaning of"osteoplastic"

A. Aims to make outline of the alveolar bone

B. Do not remove the bone support

C. root extraction

D. etiotrop treatment

E. hemisection

282. C.M. Mark the purpose of periodontal bandage:

A. To protect the wound

B. Maintain close adaptation of the bone flap

C. Prevents bleeding

D. Prevents excessive granulation tissue formation

E. Involves removing pockets

283. CM Mark the meaning of"root amputation"

A. root section

B. Extraction of root

C. Partial removal of the coronal portion

D. Conservation coronary party

E. osteoplasty

284. Mark the meaning of "antibody"

A. defense Substance

B. substance synthesized in the body

C.specific response

D. synthesized in response to the introduction of an antigen

E. natural projection on the surface of a bone

285. C.M. Mark the meaning of "Arcade"

A. Indicates bone formation

B. Indicates fibrous formation

C. Indicates vascular formations

D. Indicates nerve formations

E. Set in round shape

286.Subgingival curettage is contraindicated in:

A. Acute Gingivitis

B. Chronic gingivitis

C. descuamative Gingivitis

D. pockets at pluriradicular teeth

E. hormonal Gingivitis

287. CM Clorhexidin is an antiseptic of choice against microbial plaque by:

A. antihyperestezic Action

B. Maintain prolonged dental surfaces

C.effective fixation on bacterial surfaces

D. Alteration of bacterial cell wall permeability

E antifungal action

288. C.M. In the treatment of chronic periodontitis immunological products work by, mark it:

A. Empowering phagocytic polymorphonuclear

B. Increased serum complement value

C. Increased serum immunoglobulins

D. antifungal

E. Action bacteriostatic

289. CS Mark which are the reasons of dental pathological mobility in periodontitis:

A. Chronic inflammation of periapical tissue

B. resorption of bone I and II degree

C. The resulting of absence of neighboring tooth

D. As a result of the absence of antagonist tooth

E. destructive periodontal socket and soft tissue inflammation

290. CS Which surgical intervention is needed for removing of deep periodontal pockets:

A. incision of periodontal abscess

B. curettage

C. flap technique

D. reimplantation of tooth

E. Gingivoectomy and its modifications

291. Radiological picture characteristic for generalized advanced periodontitis, mark it:

A. The bone tissue without changes

B. compact laminate distructed

C. alveolar bone resorption

D. bone osteosclerosis

E. Expansion slot periodontal

292.. CS Mark which periodontal disease have name parodontoms:

A. catarrhal Gingivitis

B. Periodontitis

C. epulis, papilloma, fibroma

D. Vincent ulcero-necrotic gingivitis

E. Periodontosis

293. C.S. Which paradontal diseases are idiopathic diseases:

A. Periodontosis

B. Periodontitis

C. Papio-Lefever syndrome

D. hypertrophic Gingivitis

E. epulis, papilloma, fibroma

294. CS Which teeth may be included in the final fixation for advanced mobility:

A. incisors

B. molars, canines

C. Any group of teeth

D. Most, excluding incisor teeth

E. molars and premolars

295. C.S. How many visites are carried out selective grinding of teeth:

A. Five

B. Four

C. Three

D. Two

E. Six

296. CS Mark deepness of periodontal pockets in periodontitis-midle form:

A. clinical significant increasing depth pocket

B. pockets with a depth of 4.5 mm

C. pockets with a depth of 6 mm

D. periodontal pockets deeper than 10mm

E. Bone pocket

297. C.S. Mark patient with medium periodontitis complains:

A. Toothache amplificated by thermal stimulants

B. fetid halitosis

C. Pronounced pain during mastication

D. Pain in the gingiva and supurative secretion from dentogingival pockets

E. Entering in interdental space of debris, tooth mobility

298. CM Mark complains of patient with medium form of periodontosis :

A pronounced pain during mastication

B. gingival recession

C. hyperesthesia in time of teeth brushing and pain from thermal stimulants

D. Pain irradiated character

E. nocturnal pain

299. CS Mark characteristics of radiological picture in severe periodontitis

A bone structure without changes

B. Osteoporosis of interdental septa

C. Expansion periodontal slot

D. alveolar bone Resorbtion, resorbtive outbreaks

E. destructive compact laminate

300. C.M. Mark patient complains in generalized aggravated periodontitis:

A. pronounced teeth Mobility and purulent discharges from periodontal pockets

B. nocturnal tooth pain

C. Pain irradiated character

D. Halen fetid

E. Pain from thermal stimulants

301. C.S. Mark which are afection of profound marginal periodontium:

A. ulceronecrotic Vincent Gingivitis

B. catarrhal gingivitis

C. destruction of alveolar bone

D. epulis

E. bone osteosclerosis

302. CM Mark which formations of periodontal tissues are damaged primarily in periodontitis:

A circular ligament of the tooth

B. gingival mucosal epithelial layer

C. The connective tissue of the mouth

D. root cementum

E. alveolar bone

303. CS Mark patient complains characteristics in mild forms of periodontitis:

A. Complaints missing

B. Evident swelling of the ginigva

C. Pain during mastication

D.Gingival bleeding during tooth brushing

E. Halitosis

304. C.M. Mark superficial marginal periodontal diseases:

A. hypertrophic Gingivitis

B. catarrhal gingivitis

C. epulis

D. fibroma, papilloma

E. alveolar bone atrophy