

1. Periodontally involved root surface must be root planned to?
 - A. Remove the attached plaque and calculus
 - b. Removes necrotic cementum
 - c. Changes the root surface to become biocompatible
 - d. An and B only
 - e. All above*****
2. Lower impacted canine we use
 - A. Panorama

II. Importance of Root Planing in Periodontal Treatment.

Root planing is a treatment to remove necrotic cementum & smoothing the root surface in order to reduce the pocket depth

- B. Occlusal film ****
- C. Periapical film
3. 1) Organic occlusion seen in:
 - A. Functional
 - B. Nonfunctional
 - C. Mutual occlusion *****

Natural Dentition: Organic Occlusion



- Bilateral Posterior Centric Contact
- Anterior Guidance
- Mutually Protective Scheme of Occlusion

4. Class V in anterior teeth reach to cementum best restored with:
 - A. Composite
 - B. GI***
 - C. Amalgam
5. High caries child 9 years old, multiple caries on his primary teeth, mother need treatment to protect his newly partial erupted tooth what can we do:
 - A. Fluoride varnish
 - B. Bit and fissure sealant* **
 - C. Wait until fully erupted then bit and fissure sealant.

6. Ameloblastoma of jaw can be treated by

- A. Excision
- B. Resection ****
- C. Enucleation
- D. Irradiation

Treatment

Treatment of ameloblastoma ranges from conservative curettage to radical resection. Treatment varies according to site, size & characteristics of the ameloblastoma

- Curettage
- En-block resection
- Segmental resection

7. Fissural cyst and entirely located on soft tissue

- A. Nasoalveolar * = Nasolabial cyst *****
- B. Globulomaxillary = variant of OKC, inverted pear-shaped RL area between roots of upper 2,3
- C. Median alveolar cyst
- D. Primordial cyst = OKC

8. Multiple Odontogenic cyst seen in:

- A. Cleidocranial
- B. Paget
- C. Marfan
- D. NBCCS ****

Multiple OKCs usually occur as a component of NBCCS or Gorlin-Goltz syndrome,¹ orofacial digital syndrome,² Noonan syndrome,³ Ehler-Danlos syndrome,⁴ Simpson-Golabi-Behmel syndrome⁵ or other syndromes.

9. What is characteristic features can be seen in anteriolateral part of palate:

- A. Sebaceous gland ****
- B. Taste buds
- C. Salivary gland
- D. Mucous gland

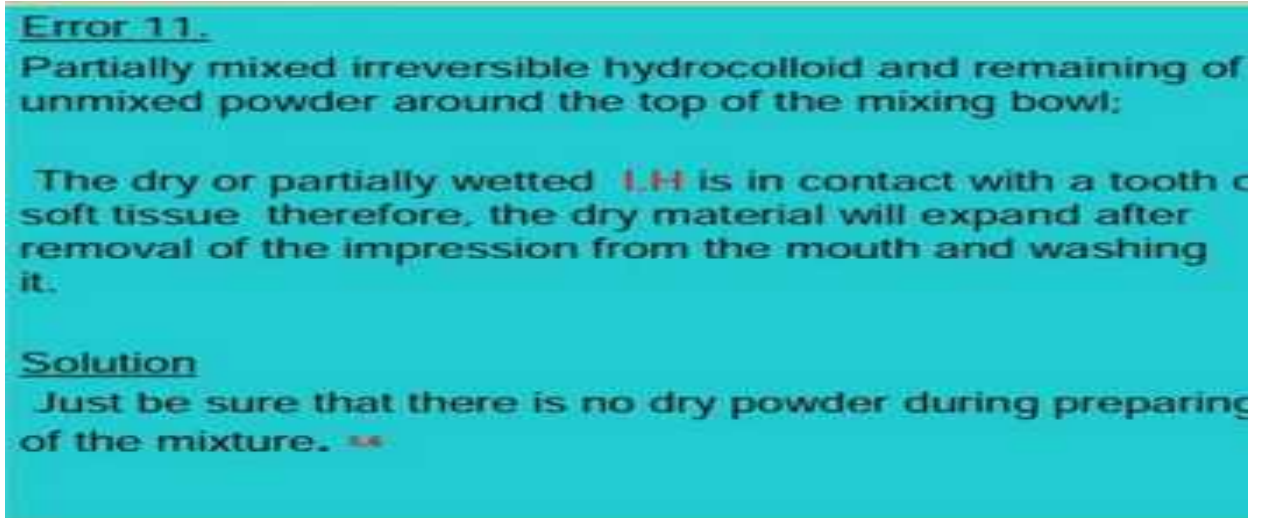
Hard Palate. The oral surface of the hard palate is covered with masticatory mucosa. The epithelium is bound to the underlying bone in anterior regions of the palate by connective tissue. In the anterior lateral regions of the hard palate the submucosa contains fatty tissue. The lateral regions of the posterior parts contain the palatine glands, which extend posteriorly into the soft palate (Fig. 14.27). These glands are pure mucous glands containing only mucous acini. The glands associated with the lingual tonsil are the only other pure mucous glands asso-

10. Activate when swallowing of food:

- A. Submandibular
- B. Von ebner
- C. Pharyngeal mucous ****

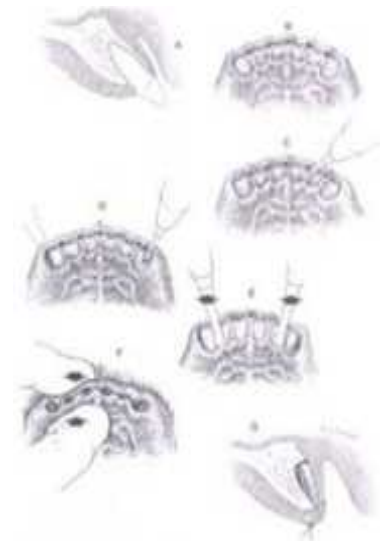
11. Patient came need restoration on upper right canine, take periapical radiograph, there is an image show radiolucency on periapical area in upper right lateral, the image shows no caries no fracture no perio involvement, then your diagnosis is:
- Periapical cyst
 - Radicular cyst
 - Apical abscess
 - Periapical fibrous dysplasia * by exclusion
12. Patient with multiple bone deformity, multiple OKC with Café-au-lait, diagnosis:
- Hegashi syndrome
 - Syphilis
 - Albright syndrome *
 - Addison disease
13. Retention cyst:
- Ranula = extravasation cyst of salivary gland
 - Mucocele *****
 - Dermoid cyst = is a developmental cyst derived from remnants of embryonic skin
14. Patient come with mild pain on biting in his lower right seven, treated RCT before 3 months
- On bitewing: caries under restoration -on periapical: radiolucent on periapical area Your pulpal and perio diagnosis?
- Previous treated with acute apical abscess
 - Previous treated with chronic apical abscess
 - Previous treated with chronic apical periodontitis ***
 - Previous treated with acute apical periodontitis
15. Same as Q 14 but with different choices:
- Same
 - Same*
 - Initiated treated with chronic apical periodontitis
 - Same
16. Cast with positive bubble on it, this is because:
- Bubble during mixing
 - During taking impression **
 - During pouring

17. During taking alginate impression for RPD patient, while removing alginate from patient mouth it adheres and attached between teeth. Problem
- Improper water powder ratio
 - Not enough mixing*****
 - Teeth are too dry



18. Setting expansion of cast investment:
- 2-3 %
 - 1-2%
 - 0.5-1%
 - 0.1- 0.5% *0.9
19. Patient with hemophilia A came to the clinic discomfort and mobile D , on radio graph distal root not absorbed well , but apart of 4 appear from gingiva beside it , what your management :
- Leave it
 - Extraction
 - extraction then suture ***
 - Refer it to specialist
20. Patient came with pain on biting on newly restored upper 6 with composite restoration, patient say that the filing is high, By oral examination there is only sensitivity to touch the tooth, your management
- Reduce the high point *
 - Remove filling then replaced with temporary filling *
 - RCT **
21. In jaw relation record step for complete denture patient, with image that he put the denture on articulator, and then asked what is the third thing we used it to record this step:
- Nasion
 - Occlusal plan ****
 - Infra orbital point
 - Mandibular condyle

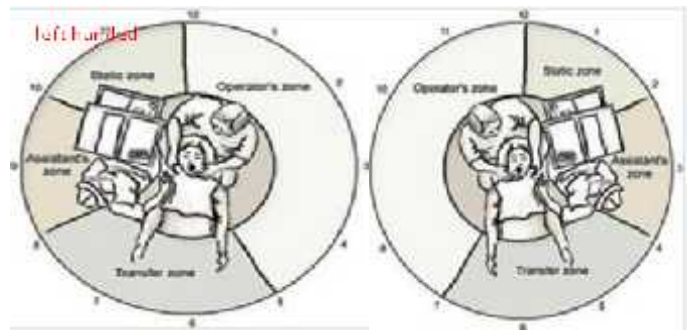
22. Patient with renal replacement and there is an image show a white spot on his soft palate, diagnosis:
- Pseudo membranous thrush *****
 - Erythematous candida
 - Bacterial infection
 - Viral infection
23. Patient come diabetic and hypertensive, you will find :
- General gingival recession *****
 - Gingival abscess
 - Necrotizing gingiva
24. Treatment of juvenile periodontitis?
- Tetracycline *
 - Sulfanilamide
25. Female patient with multiple erosion on her palatal surface of her anterior teeth, what is the more common reason?
- Peptic ulcer ***** Regurgitation erosion
 - Alcohol consume
 - Anaroxia nervosa
26. Space closure is least likely to occur following early loss of a:
- Primary maxillary first molar
 - Primary maxillary second molar
 - Primary maxillary central incisors *****
 - Permanent maxillary central incisor
27. Selection of shade for composite is done: Shade guide:
- Under light
 - After drying tooth and isolation with rubber dam.
 - Dry tooth
 - None of the above. *****
28. What is OBWEGESER'S TECHNIQUE
- OBWEGESER'S TECHNIQUE
- Obwegeser suggested further modification of dean's tech.
 - For cases of extreme premaxillary protrusion.
 - Technique:
 - Teeth are removed as usual.
 - Sockets are connected and rongeurs /burs are used to remove the medullary interradicular bone.
 - A large pear shaped/round bur is taken and the sockets and their interconnecting trough is enlarged.



- iv. Both labial and palatal plates are cut with burs in the canine area to weaken the bone and to form three sided bone flaps in both cortical plates
- v. A small mounted disk is inserted into the sockets and trough, to score/groove, the labial and palatal plates, horizontally weakening them.
- vi. Since the labial cortex is very thin, usually only the palatal cortex need to be scored with the disk
- vii. A pair of broad flat elevators is inserted into the sockets and their connecting trough and is used to # the labial plate labially and palatal plate palatally.
- viii. Finger pressure is used to mold the alveolar process into the desired shape.
- ix. Sutures are placed and a denture splint is used to stabilize the alveolar process(46wks)

29. For the right handed dentist seated to the right of the patient the operator Zone?? Transverse zone? Static zone? Assistant zone?

- A. 8-11o'clock = operator zone
- b. 11-2 = static zone
- c. 2-4 = assistant zone
- D. 4-8 = transverse zone



30. Most powerful elevation and protruded of mandible

- A. Masseter*****
- B. Lateral pterygoid = lateral movement -protrusion-
- C. Medial pterygoid = pulls the angle of the mand. Superiorly, anteriorly & medially
- D. Temporalis = elevates the mandible

31.1219. Saliva ejector is placed:

- A. At the side of working.
- B. Under the tongue.
- C. Opposite the working side.
- D. B + c.*****

32.1220. HVE is placed: HVE is: High Volume Evacuator

- A. At the side of working. *****
- B. Under the tongue.
- C. Opposite the working side.
- D. B+c.

33.1221. Grasping the HVE is by:

- A. Thumb to nose grasp.
- B. Pen grasp.
- C. A+b.*****
- D. None.

Oral Evacuation cont.

- HVE
 - Has beveled end
 - Grasps
 - Thumb to nose grasp
 - Pen grasp
 - Understand the positioning of HVE for each area of the mouth

34.184. In cavity preparation, the width of the cavity is:

- a. 1/2 inter cuspal distance.
- B. 1/3 inter cuspal distance. *****
- c. 2/3 inter cuspal distance.

35. Dr want to make incision in mylohyoid ridge avoid trauma to

- A. Mylohyoid nerve
- B. Lingual*****
- C. Infer. Alveolar
- D. Long buccal

Means when u want to make mylohyoid Ridge trimming. lowering. To elongate alveolar ridge as in flat ridge. What do expect to affect → lingual nerve mylohyoid
مثلا..وعند فتح عملية جراحية

36. Difference between Akinosi and Gow-Gates technique plz??

- A. Gow-Gates technique is indicated for use in quadrant dentistry in cases where soft-tissue anesthesia from the most distal molar to midline is needed, and where conventional inferior alveolar nerve block (IA block) is unsuccessful
- B. Akinosi tech. is the closed mouth technique used for extraction with trismus pts.

37. 1-T#13 is missing, what is the abutment tooth uses?

- A-14&12
- B- 14&15&12
- C-14&12&11*****

38. 3-Length of the files in endo?

- A-20&24&28
- B-21&25&31*****

39. 2-Question about the socket healing by

- A-primary healing
- B- secondary healing *****

Two basic methods of **wound healing (soft tissue):**

1. **Primary intention** (also called *primary closure*): involves minimal re-epithelialization and collagen formation, allowing the wound to be "sealed" within 24 hrs. Healing occurs more rapidly with lower risk of infection and with less scar formation and less tissue loss than wounds allowed to heal by secondary intention. **Examples include: well-repaired and well-reduced bone fractures.**
2. **Secondary intention** (also called *secondary closure*): involves re-epithelialization via migration from the wound edges, collagen deposition in the connective tissue, contracture, and remodeling. The site fills in with granulation tissue. Healing is slower and results in scarring and wound depression. **Examples include: extraction sockets, poorly reduced fractures, and large ulcers.**

40.4-About the ISO instruments file?

- A-length of handle
- B- widths of file tip**

41.5-Posterior 1/3 of the tongue supply by

- A-chorda tympani = anterior 2/3
- B- Glossopharyngeal*****

42.6- Question about Polishing of Glass ionomer filling by??? Aluminum-oxide disc.

43.7-Before application of fissure sealant u should do what???

- A- smoothing the occlusal surface by pumice*****
- B-reshaping of fissure groove
- Sorry about the other

44.8-#35 during removed half root fracture inside the socket? Which name of elevator can be used to remove it??

Crane pick

Root tip pick or apexo elevators

- Used to elevate broken root from a tooth socket
- It is usually necessary to drill a hole into the root, the tip of pick is inserted into the hole and the root is elevated from the socket.

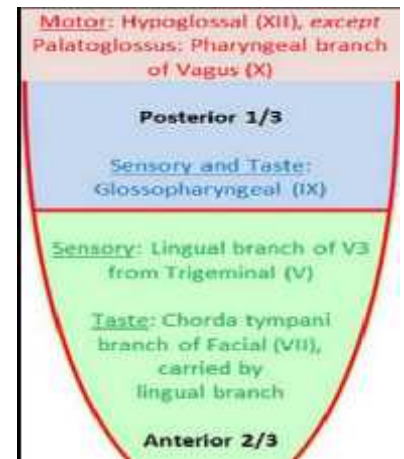
45.9-Question about fluoride supplements for child 9 yrs.?? 1mg tablet per day

46.10-Pt. With recession gingiva in ant. Teeth and feels pain with cold? What u do for him??

- A- fluoride varnish*****
- B- fluoride gel

47.11-Question about Osteogenesis imperfecta??

- A. Also known as brittle bones, fragilitis ossium, osteopsathyrosis, lobster disease
- B. It is disorder of congenital bone fragility caused mutations in the genes that codify for type I procollagen (i.e. COL1A1 and COL1A2).
- C. Characterized by extreme fragility and porosity of bones leading to multiple fractures.
- D. The basic defect lies in the organic matrix because of failure in transformation of fetal collagen into mature collagen.
- E. It may be congenital (Vrolik's type) or acquired later. In childhood (Torden or lobster type or osteopsathyrosis)
- F. Glycine is substituted by another amino acid, usually a bulky R group, can be cysteine.
- G. Blue sclera is present (also present in osteopetrosis, fetal rickets, Marfan syndrome and Ehlers danlos syndrome).
- H. There is abnormal bone turn over leading to increase in alkaline phosphate.
- I. Bisphosphonates decrease osteoclastic resorption of bone, leading to increased bone mass and bone strength.



48.12-Also about condensing osteitis???

Condensing Osteitis= focal sclerosing osteomyelitis

) Def.: is a condition that involves bony sclerosis around the roots of teeth with associated pulpal infection (e.g., pulpitis or pulpal necrosis).

) CLINICAL SIGNS AND SYMPTOMS

1. Commonly seen in children and young adults
2. Associated with a large carious cavity which is asymptomatic tooth,
3. It is a R.O. area surrounded by R.L. margin
4. Radiographic presentation of this process shows localized radiodensity around teeth roots as well as a thickening of the associated periodontal ligament.
5. The teeth most often affected are the mandibular premolars and molars.

) TREATMENT

1. Treat the odontogenic infection either via tooth extraction or endodontic therapy.
2. A persisting lesion may require endodontic retreatment.

49.13-Pt. With condylar fracture?? Radiograph needs

4. Reverse Towne's (Figs 12.17 A and B)

Structures Shown

This view is primarily meant for viewing the condylar neck and head. High fractures of the condylar necks, intra capsular fractures of the TMJ, quality of articular surfaces, condylar hypoplasia or hypertrophy.

50. Hemidesmosome Basal cell epith. Attached to

- a. Lamina Lucida *****
- b. Lamina densa
- c. Lamina propria = C.T.

51.14-Child 5 yrs. With missing D in both side in lower jaws?? Best space-maintainer for him??

→ Band & loop or crown loop

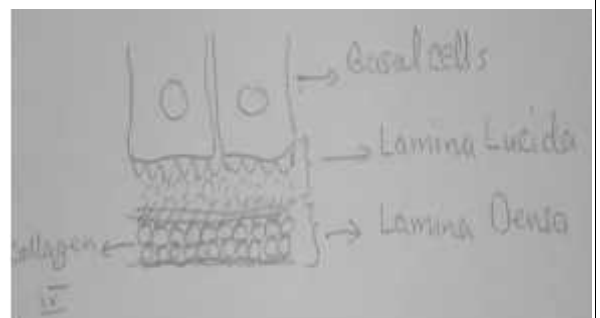
52.15-Which part of fixed bridge contact or put on the abutment?? → Means retainer

53.16-Question about ante low?? Ante's law postulated that:

"the total periodontal membrane area of the abutment teeth must equal or exceed that of the teeth to be replaced."

54.17-By Which different between periapical abscess and periodontal abscess??

- A- vitality tests *****
- B- sinus tract



55.18-Which solution can cause corrosion in the tools?

- A- dophor
- B- sodium hypochlorite*****

56.18 years old pt. The bacterial complex present in his mouth is :

- A. Red complex
- B. Green complex
- C. Purple complex*****

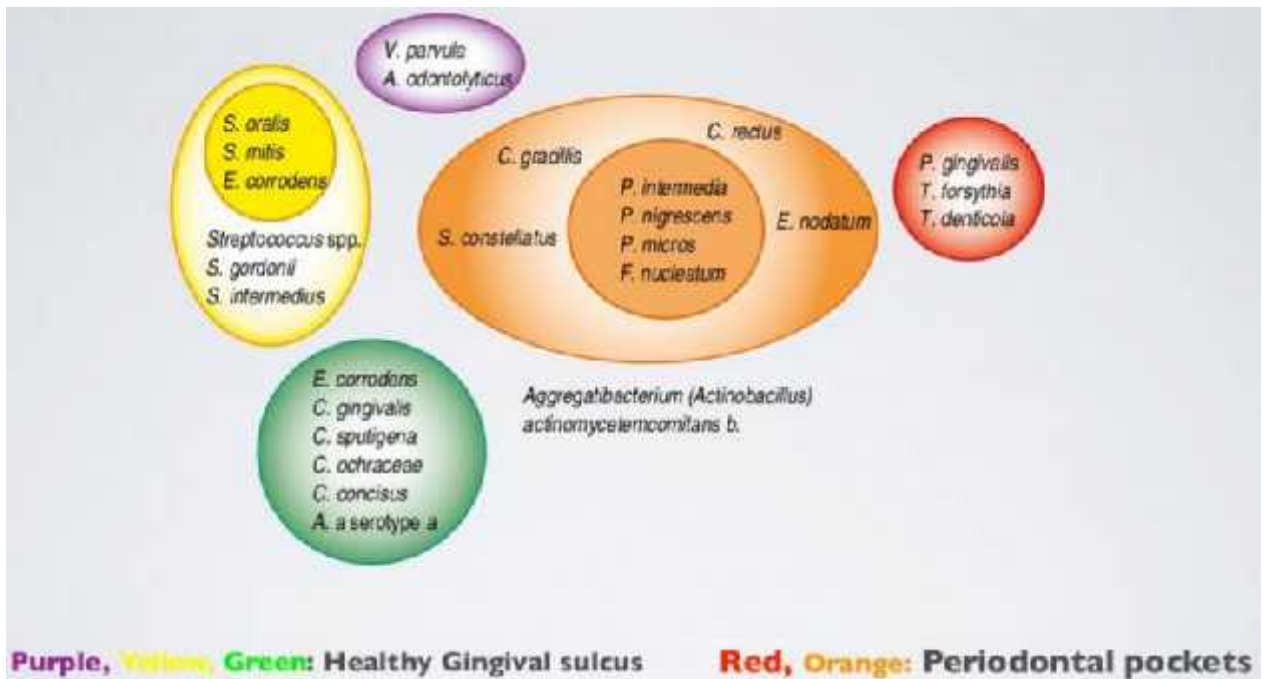
Red or pink colors === gingivitis and periodontist calculus complex on young patient==== yellow or purple
calculus complex on elderly patient=== black pocket ==orange

Periodontal Micro-organisms: (AIIMS MAY 2009)

<ul style="list-style-type: none"> • Early colonizers <ul style="list-style-type: none"> - Independent of defined complexes – Blue complex - Yellow complex - Purple complex 	<ul style="list-style-type: none"> • Naeslundii, A. viscosus - Streptococcus spp • Odontolyticus
<ul style="list-style-type: none"> • Secondary colonizers <ul style="list-style-type: none"> - Green complexes - Orange complexes - Red complexes 	<ul style="list-style-type: none"> • Corrodens, Actinobacillus actinomycescomitans serum a type and Capnocytophaga species. - Fusobacterium, Prevotella, and Campylobacter spp. Actinobacillus actinomycescomitans (Aggregatibacter) serum 'b' type (AIPG 2014) - P. gingivalis, B.forsythus, and T.denticola

Blue, yellow, purple and green sites are associated with healthy sites. Green and orange complexes include species recognized as pathogens in periodontal and nonperiodontal sections.

- **Orange and red complex** consists of microbes associated with initiation and progression of the *periodontal disease*.
- The **red complex** is particularly important because it is associated with **bleeding on probing**, which is an important clinical parameter of destructive periodontal disease.
- *Actinobacillus actinomycescomitans* (Aggregatibacter) serum 'a' type (**green complex**) is kind to host and *Actinobacillus actinomycescomitans* (Aggregatibacter) serum 'b' type is more aggressive.



- The microorganisms primarily considered secondary colonizers fell into the green, orange or red complexes.
- The **Green** complex includes **E. corrodens**, **Actinobacillus actinomycetemcomitans serotype a**, and **Capnocytophaga spp.**
- The **Orange** complex includes **Fusobacterium**, **Prevotella**, and **Campylobacter spp.** The green and orange complexes include species recognized as pathogens in periodontal and nonperiodontal infections.
- The **Red complex** consists of **P. gingivalis**, **B. forsythus**, and **T. denticola**. The red complex is of particular interest because it is **associated with bleeding on probing**, which is an important clinical parameter of destructive periodontal diseases.

The composition of the different complexes is based on the frequency with which microorganisms are recovered together. Interestingly, the early colonizers are either independent of defined complexes (A. naeslundii, A. viscosus) or members of the **yellow** (**Streptococcus spp.**) or **purple complexes** (A. odontolyticus)

57.19-Question about tuberosity fracture when extract 8?? What u do

A- extraction with the tooth

B- splint and wait*****

58.20-Varnish under amalgam why??

-) Cavity varnish is a solution of one or more resins which when applied on cavity walls evaporates leaving restoration and dentinal tubules.
-) The film thickness ranges from 0.25 mm (2-40micrometres)
-) Composition of varnish is natural gum such as copal resin/synthetic resin dissolved in an organic solvent such as alcohol/acetone/other.
-) Cavity varnish reduces microleakage around margins of restoration prevents entry of corrosion products (thus prevents discolouration) etc.
-) Cavity varnishes are contraindicated in the following:

- i. Composite—because it may react with resin
- ii. GIC: Because it will interfere with adhesion in condition where therapeutic effect is needed such as znoe, caoh etc.

) Cavity base is selected on basis of design of cavity, type of permanent restorative material, proximity of pulp etc.

) For amalgam: caoh, znoe can be used as bases for DFG-zinc polycaboxylate.

) For resin: caoh (eugenol may interfere with polymerization)

59.21-Dentine dark and hard how to remove?

A- spoon excavator

B- round with high speed

C- round with low speed*****

60.238- In lingual occlusion, which statement is correct:

1- Buccal max. Cusps do not touch the lingual man. Cusps in centric relation

2- Buccal max. Cusps do not touch the lingual man. Cusps in eccentric relation

3- Lingual max. Cusps touch the man. Teeth in central fossae

4- All of above*****

LINGUALIZED OCCLUSION
 Concept first introduced by Alfred Oysii in 1927
 S.H. Payne (1941) "cuspto-fossae occlusion"
 Round: "lingualized occlusion"
 "Lingualized occlusion can be defined as, the form of denture occlusion that where the maxillary lingual cusps articulate with the mandibular occlusal surfaces in centric working and non-working mandibular positions."

Lingualized occlusion should not be confused with placement of the mandibular teeth lingual to the ridge crest

Indications :

- When patient places high priority on esthetics but oral conditions indicate a non-anatomic occlusal scheme such as:
 - ❖ Severe alveolar resorption
 - ❖ Class II jaw relationship
 - ❖ Displaceable supporting tissues.
- When a complete denture opposes a removable partial denture.
- When a more favorable stress distribution is desired in patients with parafunctional habits.

ADVANTAGES :

- Lingualized occlusal concept is a simple technique requiring less precise records than fully balanced occlusion and is similar in requirements to nonanatomic teeth set on a curve.
- Most of the advantages attributed to both anatomic & non-anatomic forms are retained.
- Cusp form is more natural in appearance compared to non-anatomic tooth form.
- Good penetration of food bolus is possible. This may reduce the lateral chewing component.
- Vertical forces are centralized on mandibular teeth & it provides an area of closure, allowing easier accommodation to unpredictable basal seat changes.
- With lingualized occlusion, additional stability is imparted to the denture during parafunctional movements when balanced occlusion is used
- Can be used in Class II, Class III & cross-bite situations

Lingualized Occlusion

1. Lingualized occlusion can be a type of bilaterally balanced occlusal schemes
2. Anatomic teeth are used in the maxilla opposing a flat-cusped, or shallow-cusped mandibular tooth.
3. Forces directed toward lingual side
4. Maxillary lingual cusps articulate with the mandibular central fossae
5. Elimination of contacts on the buccal cusps in both centric and eccentric
6. The aim is to provide greater masticating efficiency and the elimination of lateral interferences

61.22-Which name of tools used to measure and detect the fissure groove??

Diagnodent

62.23-Which cancer that associated with gardener

A- skin

B- liver

C-thyroid *****& colorectal cancer

Gardner syndrome, also known as **familial colorectal polyposis**,^[1] is an **autosomal dominant** form of polyposis characterized by the presence of multiple **polyps** in the **colon** together with tumors outside the colon.^[2] The extracolonic tumors may include **osteomas** of the skull, **thyroid cancer**, epidermoid cysts,

63.24-Question about what type of flap can use to change unattached gingiva to attached? (I think the question like that??)

A- apical reposition flap**

B- coronal

64.25-Which the following derivate from the 4th pharyngeal arch??

4th(also called the "aortic arch")	1 Cricothyroid muscle 2- all intrinsic muscles of soft palate(including levator veli palatini) except tensor veli palatini	1 Thyroid cartilage 2- superior parathyroids 3- epiglottic cartilage	1 Vagus nerve (X) 2- superior laryngeal nerve	1 Right 4th aortic arch: subclavian artery 2- Left 4th aortic arch: aortic arch
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65.26-Best transport medium for avulsed tooth? HBSS

66.27-Child 8yrs with fracture before half hours with little exposure pulp what u do for him??

A. 8 years old = open apex so apexogenesis or apexification

B. 1/2 hour = VPT is available

C. So the answer DPC

67.28-Pt. During dentist do IV injection feels burning sensation why??

A- injection small veins

B- solution contain (I can't remember)

68.29-The minimum crown root ratio ??

A-1:1***

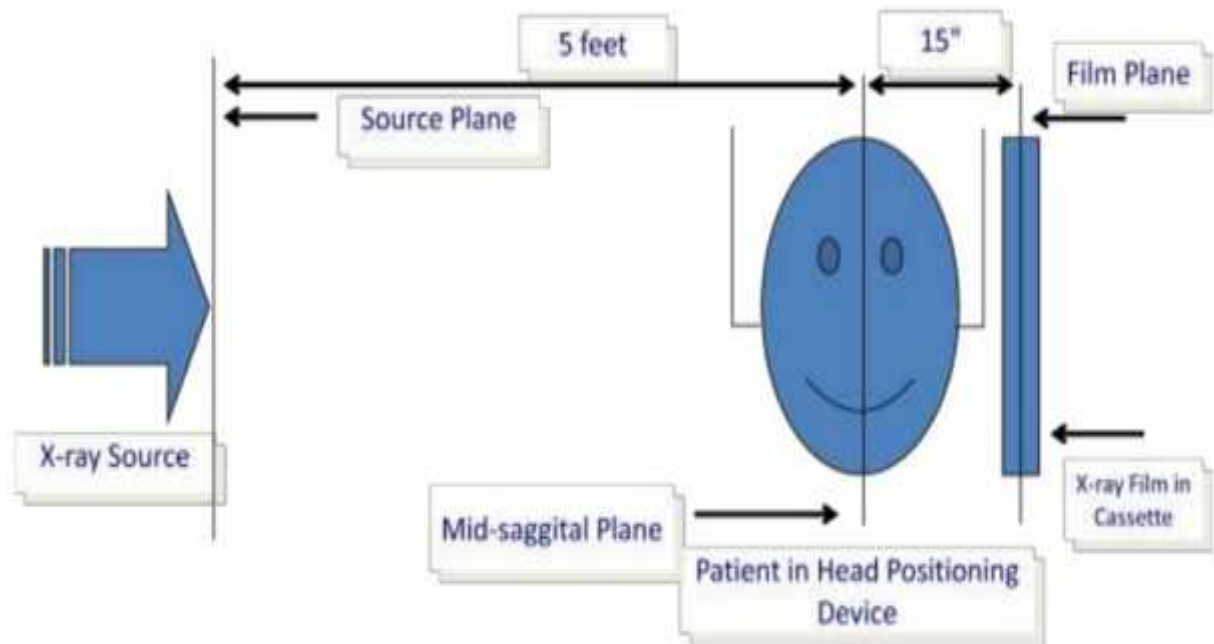
B-1:2

C-2:3

D-2:1

69.30-Implants always made from?? Titanium

70.31-The distance between cephalometric and patients?? 5feet



- 71.32-The average distance in each side in the lower arch for leeway space??
 A-0.8 in maxilla
 B-1.6***1.7
 C-4.5
- 72.33-At the beginning of the operation day in the clinic u should star water air spray for which M.O? Streptococcus Salivaris & Pseudomonas aeruginosa
- 73.34-function of vasoconstriction in L.A?
 Increase safety of the Local Anesthesia
 Prolong the duration of action of local anesthetic agents
 Helps in controlling bleeding
- 74.35-picture for lingual tori in both side??
- 75.36-Child has mild Tetracycline discoloration in permanent tooth what is the proper treatment:
 1. Composite veneer
 2. Home bleaching*****
 3. Pumice micro abrasion
 4. Porcelain veneer
- 76.37- pt. With gingivectomy which type of dressing??? Non eugenol dressing
- 77.1.Child lives in an area with water fluoridation if 0.2 ppm. What is the most appropriate management:
 A. Give daily oral tablets 0.5 mg ...
 B. Give daily oral tablets 1 mg...
 C. Give daily fluoride mouthwash
 D. Perform pits and fissure sealants *****



78.2. What would you do right after taking symptoms from pt.:

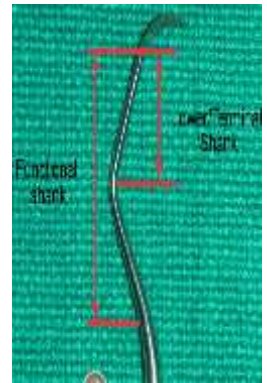
- A. Start cavity preparation
- b. Oral hygiene instructions
- c. X-rays
- d. Start examination*****

79.3. Food low cariogenic potential the following should be characteristic:

- 1. Low buffering capacity
- 2. PH higher than 3
- 3. Contain mineral *****
- 4. Contain protein

80.4. What's the most accurate factors that decide or confirm the outcome disease present in high population country:

- a. Etiological factors
- b. Risk factors *****
- C. Confounding factors



81.5. Blade of PDL instrument should be:

- A. Perpendicular to long access
- B. Parallel to long access
- C. Perpendicular to shank *****



82.6. Patient with gingivectomy surgery. After surgery, xenograft was placed with bioresorbable sutures placed. Which dressing is placed over it?

- A. Eugenol dressing
- b. Non-eugenol based*****
- c. Antibiotic dressing

83.7. Spedding principle:

- a. Used for selection of stainless steel crowns *****

84.8. Radiograph for disk perforation:

- A. MRI
- B. Arthrography*****
- C. CT

85. Which part of instrument is parallel to long axis of tooth?

- A. Shank*****
- B. Blade

A periodontal curette is a curette used in the prophylactic and periodontal care of human teeth. The working tips are fashioned in a variety of shapes and sizes, but they are always rounded at the tip in order to make subgingival cleansing less traumatic to the gingiva. Periodontal scalers feature a sharp tip to access supragingival calculus in tight embrasure spaces, thus making the curette the choice instrument for treating subgingival areas of calculus accumulation.

Curettes are best used when the terminal shank, namely, the last portion of the handle attached to the blade, is held parallel to the long axis of the tooth. To facilitate proper usage, instruments often come with posterior analogs which possess angled terminal

86.9. Which one is flexible:

- A. K File
- b. Reamers (K-flex file) *****
- C. Hedstrom (H file)
- d. Barbed broach

87.10. Child 6 year have abnormal enamel, dentin and pulp in a quadrant your diagnosis is:

- A. Hypoplasia
- B. Regional odontoplasia *****
- c. Dentinogenesis imperfecta
- D. Amelogenesis imperfecta

88.11. Patient has swelling in submandibular area increase with eating what is your diagnosis:

- A. Ranula
- B. Sialolithiasis *****
- C. Mucocele

89.12. The three length of files and reamers that you work by them:

- a. 20-26-29

- b. 21-25-32
- c. 20-25-32
- d. 21-25-31 *****

- 90.13.What does Enamel bonding agent (EBA) consist of:
- a. Unfilled resin *****
 - B. Primer and bonding agent
 - c. A mixture of resins in an acetone or ethanol solvent
 - D. A wetting agent and resins

- 91.14.The subgingival scaler to be safe it should be:
- A. Universal
 - B. The head should be 90% with shank
 - C. Gracey curette*****

- 92.15.Antibiotic inhibit cell biosynthesis:
- A. Penicillin*****
 - B. Tetracycline
 - C. Cyclosporine

93.16.Xray pic of Dentigerous cyst

94.17Pic of Gow gates tech Gow-Gates Mandibular Nerve Block



- 95.18.Pt. Not anesthetized in 1st visit, 2nd visit he has trismus what you do:
- A. Vaze Technique
 - B. Akinosi technique *****

96.19.EDTA removes: a. Calcified Tissue *****

- 97.20.What is GG#1 file length means:
- 1. 20mm *****
 - 2. 30mm
 - 3. 50mm
 - 4. 60mm

98.21.Von Willebrand disease is:

- 1. Hemophilic disease*****

2. Bacterial Endocarditis
3. Congenital cardiac disease
4. Rheumatic fever

99. 22. female pt. Come to your clinic with mass on left side of the neck, slowly growing. Started 6 yrs. Before, first surgeon said its harm sialodentitis, now on CT scan show mass of submandibular gland diagnosis
 a- pleomorphic adenoma *****
 b- adenomatoid odontogenic.

100. 23. Proxy brush with which type of furcation:

- A. Furcation Grade I
- B. Furcation Grade II
- C. Furcation Grade III *****
- D. Furcation Grade IV.

101. 24. In order to activation of periodontal instruments the blade should make angle with facial surface of the tooth
 1- 45:90 ** *****
 2- 90:180
 3- 15:30

102. 25. Co-Cr RPD. Occlusal rest here to

- 1- retention
- 2- reciprocation
- 3 - strength of design
- 4- support *****

103. 27.-. Die ditching means:

- a) Carving apical to finish line. *****
- b) Carving coronal to finish line.
- C) Mark finish line with red pen.

104. 28. To hasten Zinc oxide cement, you add:

- a) Zinc sulfide.
- B) Barium sulfide.
- C) Zinc acetate. *****
- D) Barium chloride

106. Acute abscess is:

- a. Cavity lined by epithelium
- B. Cavity containing pus cells *****
- C. Cavity containing blood cells
- d. Cavity containing fluid

107. What is the correct sequence of events

- A. Differentiation of odontoblast, elongation of enamel epithelium, Dentine formation then enamel formation.

B. Differentiation of odontoblast, dentine formation then enamel formation, elongation of enamel epithelium.

C. Elongation of enamel epithelium, differentiation of odontoblast, dentine formation then enamel formation. *****

108. 1. Proxy brush for:

- a. Type1
- b. 2
- c. 3*
- d. 4

109. 2. Rest seat to prevent torque will be in

- a. Mesial to premolars
- b. Distal to premolars.
- c. Cingulum***

110. 3. Dentifrices contain amount of Chlorohexidine

- a. 12%
- b. 1.2%***

111. 4. Carbohydrate effect on caries by

- a. Duration ***
- b. Form
- c. Type

112. 5. Image of benign tumor, he said accidentally:

- a. Biting
- b. Papilloma
- c. Fibroma***

113. 6. Case with long diagnosis with details of vital tests Thermal: severe pain stops after 15 second, Cold as thermal& electrical respond after 10 seconds What ttt?

- A. RCT *****
- b. Restoration
- c. Pulpotomy

114. 7. What microorganism cause osteomyelitis?

- Strepto coccus
- Staph aureus*****
- Actinomyces

115. 8. Material has color stability

- Composite
- Acrylic resin
- Porcelain*****

116. 9. Difficult pickling after casting Cause:

- Overhanging *****

gases

Water powder ratio

117. 1- long question and then he asked about which factor deficiency lead to hemophilia B :

a- factor VIII hemophilia A

B- factor IX *****

4. What is hemophilia A?

Hemophilia A is a congenital bleeding disorder characterized by a deficiency of clotting factor VIII.

5. What is hemophilia B?

Hemophilia B is a congenital bleeding disorder characterized by a deficiency of clotting factor IX.

6. How are the hemophilias managed?

In general, hemophilia A and hemophilia B are managed with appropriate concentrates of the deficient factor—factor VIII for hemophilia A and factor IX for hemophilia B. Adjunctive treatment with ε-aminocaproic acid (Amicar) and tranexamic acid is also appropriate.

7. How does bleeding typically manifest in a patient with thrombocytopenia compared with a patient with hemophilia?

Patients with severe thrombocytopenia typically present with mucosal bleeds. Patients with hemophilia typically present with deep hemorrhage in weight-bearing joints.

118. 2- bacteria cause acute osteomyelitis in mandible :

a- streptococcus

b- staphylococcus aureus*****

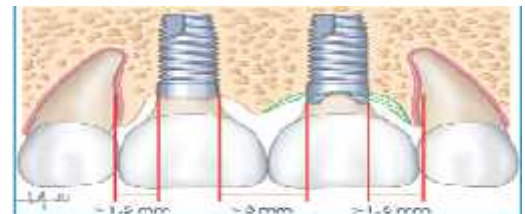
119. 3-minimum distance between two implants

a-1

b-2

c-3*****

d-4



120. 4-force applied by removable appliance:

tapping *

How removable appliances work top ↕

Removable appliances work by simple tipping movements of the crowns of the teeth about a fulcrum close to the middle of the tooth. They also allow differential eruption of teeth, for example by using bite planes. They differ from fixed appliances, which are capable of complex movements of multiple teeth, including bodily movement, root torque and rotation.

121. 5- early in the morning dentist should open the air water spry for 3 min to avoid which bacteria: a- pseudomonas aurignossa *

122. 6- dentist after making impression by hydrocolloids impression material finds water droplet on impression, why:

- a-imbibition
- b- syneresis **

1) Syneresis. When an impression made of this material is removed from the mouth into the air at room temperature, the surface contracts by giving off water to the air. This process is called syneresis and causes the outer layer of the impression to shrink and become distorted.

(2) Imbibition. If the impression is placed in water, it will expand (take up water). This process is called imbibition. Unfortunately, the expansion caused by imbibition will not restore an impression to its original dimensions

123. 7- bacterial not present in child mouth: streptococcus mutans *

20. Are children born with *Streptococcus mutans*?

Children are not born with *Streptococcus mutans*. Instead, they acquire this caries-causing organism between the ages of about 1 and 3 years. Mothers tend to be the major source of infection. The well-delineated age range of acquisition is referred to as the window of infectivity.

Transmission of *S. mutans* may be vertical (e.g., from caregiver to child) or horizontal (e.g., between siblings). Transmission may be decreased by reducing habits such as sharing utensils or foods. Additionally, several studies have demonstrated decreasing maternal levels of *S. mutans* decreases the transmission rate to the child.

124. 8- this question I didn't understand it ,, ha talked about partial denture then he said something oppose retentive arm then he asked about the function :

- a- retention*
- b- support
- c- stability

69. Is it necessary to use clasps around abutment teeth in an RPD?

Clasps may be eliminated around abutment teeth if the teeth are restored with a partial or full crown containing some form of attachment that replaces the functions of the clasps.

These functions include the following:

1. Guide planes for the RPD
2. Prevention of vertical displacement toward the ridge by the occlusal and cingular rest
3. Retentive function from the retentive arm
4. Bracing function from the reciprocal arm

Depending on the type of attachment, all or part of these functions may be replaced. With partial replacement, the remaining functions are incorporated into the RPD.

125. 9- best describe for prepared canal:

- a- apical part is the narrowest in cross section *****
- b- parallel wall terminates at apical collar
- c- parallel wall few millimeters apical collar

126. 10 - best radiograph for implants:






- a- panorama
- b- Cone beam CT*****

127. 11- reason of cleft lip:

- a- improper connection between maxillary and medial nasal process ***

128. 12- disadvantage of ridge lap pontic:
 a-tissue irritation*
 b-bad esthetic
 c-connector break

Table 20.2 PONTIC DESIGN

Pontic design	Appearance	Recommended location	Advantages	Disadvantages	Indications	Contraindications	Materials
Sanitary/hygienic		Posterior mandible	Good access for oral hygiene	Poor esthetics	Nonsensitive zones Impaired oral hygiene	Where esthetics is important Minimal vertical dimension	All metal
Saddle-ridge-lap		Not recommended	Esthetic	Not amenable to oral hygiene	Not recommended	Not recommended	Not applicable
Contour		Molars without esthetic requirements	Good access for oral hygiene	Poor esthetics	Posterior areas where esthetics is of minimal concern	Poor oral hygiene	All metal Metal ceramic All-resin
Modified ridge-lap		High esthetic requirement (i.e., anterior teeth and premolars, some maxillary molars)	Good esthetics	Moderately easy to clean	Most areas with esthetic concern	Where minimal esthetic concern exists	Metal ceramic All-resin All ceramic
Ovate		Very high esthetic requirement Maxillary incisors, canines, and premolars	Superior esthetics Negligible food entrapment Ease of cleaning	Requires surgical preparation Not for residual ridge defects	Desire for optimal esthetics High smile line	Unwillingness for surgery Residual ridge defects	Metal-ceramic All-resin All ceramic

129. 13- household sodium hypochlorite concentration "
 a- 0.5
 b- 5.2 *****

130. 14- picture for impression contain implants:
 a- gingival mask*****<https://www.youtube.com/watch?V=dyktqrc9yi>
 b- implant mask



Implant Mask / scan

Addition curing special silicone for manufacturing flexible gingival masks for implant procedures. Free-flowing, dimensionally stable, tear-resistant. Flows evenly around impression coping with freeflowing properties. Very high elasticity allows repositioning as required. Very easily milled with high final hardness, approx. 70 Shore A.
NEW: Scan Version, for unpowered digital 3D recording. Readable by all standard digital scanners, high recording quality for interference-free image reproduction and data processing. Colour: gingiva

- 131. 15 - x-ray picture for central with periapical large R.L :
 - a- radicular cyst ***
 - b- Dentigerous cyst
- 132. 16- how to hold extremities for hyperactive child during dental ttt:
 - فيه غريبة poose
- 133. 16- patient with pain and swelling in buccal surface and tooth non vital and patient jump by percussion:
 - a- necrotic with apical abscess *
- 134. 17- when to use proxy brush:
 - a- embrasure type 1 dental floss
 - b- embrasure type 2*****
 - c- embrasure type 3 Unitufted brush
 - d- embrasure type 4
- 135. 18- what is the fluoride concentration in fluoride dentifrices : 1100

Fluoride Dentifrices

Fluoride Dentifrices plays a significant role in in caries prevention since it requires active participation by the patient to have any effect. It has been demonstrated that the subject who brush twice a day or more with 1000 ppm or, 1500 ppm or, 2500 ppm fluoride dentifrices, have significantly reduced caries prevalence.

TYPES OF EMBRASSURES	CONDITION OF GINGIVA IN EMBRASSURE	RECOMMENDED CLEANING AIDS
I	Embrasures are completely occupied by healthy interdental papilla	Superfine and thin dental floss, used only for cleaning Sulcus
II	About 75% of embrasure is occupied by the gingiva	Medium or coarse and thick dental Floss
III	About 50% of the embrasure is occupied by gingiva	Thin fine pointed small spiral interdental Brushes
IV	About 25% of the embrasure is occupied by gingiva	Thick spiral interdental Brushes- and fine bristle ended unitufted b Brush
V	Complete occlusion of	Bristle ended unitufted

Fluoride toothpaste and caries

Cochrane systematic review of fluoride toothpaste

football team. The mouthguards were made of the following materials: poly (vinyl acetate-ethylene) copolymer clear thermoplastic; polyurethane; and laminated thermoplastic. El

- 136. 19-how to make amalgam cavosurface stronger:
 - a- cavosurface angle 90**
 - b- be supported by sound dentin **
 - c- forgot the option!
 - D- all *****
- 137. Material used to fabricate mouth guard:
 - a-Poly urethane
 - b-Poly vinyl Acetate**
- 138. 20 - what is the amalgam cavosurface should be :a- 90 *****
- 139. 21- patient with high Masticatory force and need esthetic restoration in posterior area:
 - a- composite with no bevel *****

- b- composite with bevel
- c- glass ionomer

140. 22- space between upper 2 and 3:

- a- primate space *****
- b- leeway space

141. 23- picture for child on left there is missing d with band and loop, he wants to extract the right D, what the space maintainer to use:

- a- lingual arch
- b- band and loop ***

142. 24 - picture for young girl has skeletal class 2 , when to treat :a- 18 y.o *

Class II Treatment.- When?--Early Treatment-

- * Deciduous Dentition - 2 to 7 years of age
- * Mixed Dentition - 8 to 11 years, when the dentition is mixed in nature
- * Transition Dentition - 11 to 12 years, just before the eruption of all second bicuspids- all the second deciduous standing
- * Late Treatment- Adolescent/ Early Perm Dent 12 to 17 years
- * Very Late Treatment- Adult Therapy

Characteristics can be detected to predict certain Un /and Favorable patterns of Growth

But Accurate Growth Predictions are simply not possible to for the children who need it the most!

www.IndianDentalAcademy.com

143. 25- old patient has discomfort in premolar, in x-ray there is abrupt (sudden) midway canal disappear, why :

- a- secondary dentin apically
- b- hypertrophic calcification in apical part *****
- c- bifurcation area

144. 26- question about pregnant women with lesion: pyogenic granuloma *

145. 27 -man with multi specious gland, osteomas in mandible, impacted teeth a- Gardner syndrome *****

146. 28- what is the master apical file:

- a- file give the final shape of apical file *****

147. 29- how to make elastomeric impression:

- a- control moisture*****
- b- ask patient to swallow repeatedly

148. 30- articulator take single relation only:

- a- nonadjustable *** = simple hinge articulator*****
- b- semi adjustable

149. Female pt. Comes with endo treated upper central with M & D caries and have incisal abrasion. Porcelain veneer is planned with modification to cover incisal edge. Veneer should end:
- a. Fourth lingual 0.5 mm before centric occlusal.
 - B. Fourth 1.5 mm before centric occlusion. *****
 - c. Fifth 1.5 mm before centric occlusion.

-There are three ways to manage incisal edge coverage.

no incisal edge coverage- easiest to manage, requires provisionalization less because there is less dramatic change in appearance.

cover incisal edge – less stress on internal aspect of veneer if rounded, less chance of die abrasion, I use on centrals and laterals most for unworn teeth

wrap around incisal edge- this technique used more when significant wear already exists and B-L width is thick. Also provides some mechanical retention for longer extensions (>1.5mm)

150. 31- slowest L.A action:
- a- bupivacaine *****
 - b- mepivcaine = the fastest
 - c- prolicaine

Mepivacaine	7.6	fastest
Etidocaine	7.7	
Lidocaine (BHU 2009)	7.9	
Prilocaine	7.9	
Bupivacaine	8.1	
Tetracaine	8.5	
Procaine	9.1	slowest

151. 32 -weird question about something called hyperalgias:
- I choose: prostaglandin and serotonin

152. 33- which used for special area:
- a- Gracey *****
 - b- universal scalar

153. 34- chemical process indicator, what tell you about item:
- a-steam sterilized *
 - b- sterile
 - c- clean

154. 35- question present in files about sharpening instrument angle :
- a- 80-70
 - b- 90-100 *** (100-110)

155. 36 - most common benign tumor in salivary gland :
- a- pleomorphic adenoma *****
 - b- adenoid cystic carcinoma

156. 37- patient has pain in floor of the mouth while eating :
- a- submandibular salivary gland stone *

157. 38- centric relation : a- bone to bone relation *

158. 39 - what is the RPD which is totally teeth support :
- a- class 1 totally tissue support
 - b- class 2 totally tissue support
 - c- class 3 tooth & tissue support
 - d- class4 *****
159. 40 - in Kennedy - Applegate classification what is the spaces other than one used in design :
- a- modification spaces *
 - b- altered spaces
 - c- advanced spaces
160. 41- malar bone deformity, skeletal class2, hearing loss :
- a- treacher Collin syndrome *****
161. 42- hearing loss, lesion on tongue, notched incisor: congenital syphilis**
162. 43- anatomical structure between premolar, sometime misled as pathological lesion: a- mental foramen ****
163. 44- composition of gutta percha: 70% zinc oxide, 20% gutta percha *
164. 45- make the smoothest surface in composite :
- a- white stone
 - b- 12 bur carbide *****
 - c- coarse green stone

B. (Aluminium oxide): Ref: Sturdevant Art & Science of operative Dentistry 5th/522
 Finishing of composite resin restoration involves the following steps.

1. Initial contouring and finishing with 12 fluted carbide bur.
2. Smoothing with fine white finishing stones and rubber points used at slow speed with air coolant.
3. Levigated aluminum as a final polishing agent.

165. 46- cause pulp irritation: a- zinc phosphate *
166. 47- biopsy for tongue lesion show, S.C.C with undifferentiation, what is the prognosis :
- a- good with no recurrent
 - b- poor with no recurrent
 - c- poor with recurrent *****
167. 48- pulp polyp: a- irreversible pulpitis *
168. 49- at 7 y.o with thumb sucking , how to start treatment :
- a- consulting
 - b- psychiatric*****
 - c- orthodontic

38- Child with thumb sucking
 Before 7 years rewarding, psychiatric
 after 7 years consulting + Appliance

169. 50- (picture) teacher with repeated gastric reflex :

a-attrition

b- abrasion

c-erosion ***** Regurgitation erosion

170. 51 -patient with angular chilitis and glossitis :

a- vit B deficiency *

b- xerostomia

171. 52- what cbc show :

a- rbc , wbc, platlet, hb **

b- rbc , wbc , platlet , hb , ca

172. 53 - how to reduce occur of osteoradionecrosis:

a- endo and periodontal curettage

b- extraction with hyperbaric oxygen therapy *

173. 54 - water irrigation device:

a- dilute bacterial products *****

b- remove plaque

174. 55- shrinkage of cobalt chromo alloy

Base metal alloys have higher casting shrinkage (2.3%) than gold alloys (1.5%)

175. 56 - rarely there is two canals in:

a- distobuccal in upper molar *****

b- mesiobuccal in upper molar

176. 57-patient with Xerostomia more susceptible to:

a- dental caries *****

b- cementum caries

177. 60- patient just take L.A , he get discomfort , warm , his blood pressure 100/75 , and (he is or he is not I can't remember) take arthritis medication recently :

A. hyperglycemia = warm dry skin

B. adrenal insufficiency = cold wet skin

C. adrenal crisis *****

D. hyperthyroidism = warm wet skin

178. 59- question about something in odontogenesis cause remineralization???????????

a- inner epithelium

b- outer epithelium

c- weird option but I picked it grin تعبيري

179. 58- blood supply to TMJ:
 a- external carotid artery ****
 b- internal carotid artery

The vessel supplies the TMJ?	Deep temporal and Masseteric of max. artery Branches of superficial temporal from external carotid
What is the venous drainage of the TMJ?	Superficial temporal, maxillary, and pterygoid plexus
What is the capsule of the TMJ innervated by?	Auriculotemporal nerve (V3)
What is the anterior region of the TMJ innervated by?	Masseteric and deep temporal from V3; Sensory from V3

180. 61- best way to make furrel effect: a- orthodontic extrusion *
181. 62- best way to detect osseous defect: a- bone scan *
182. 63 - this question present in file , I can't remember it correctly but he say about disc and condyle displacement :
 a- anterior * (as in files)
 b- posterior
 c- lateral
 d- medial
183. 64 - main cause of serial extraction is to primary extraction of:
 a- c *
 b- D
 c-4
 d- 5
184. 65 - upper molars developed in tuberosity, occlusal surface will be tilted
 I forgot the options! Distal????
185. 66- fiber optic diagnosis is:
 a- quantitive only **
 b- qualitative only
 c- quantitive and qualitative **
186. 66- material used for canal weeping:
 a- ca(oh)2 *****

187. 67 - prolonged pain with cold, and some spontaneous pain :
 a- irreversible pulpitis ***
 b- reversible pulpitis
 c- there is no accurate information to diagnose الخيارات هاد
188. 68- main cause to marginal failure in crown: A- caries *
189. 69-maximum dose of adrenalin for patient on anti-depressant drugs: 0.04-0.05 *
190. 70 - kind of L.A. Used for doing revascularization :
 فيها أدرينالين الخيار الوحيد
191. How to make grooves in porcelain veneer
 A. Fissure
 B. Tapered **
 C. Round
192. What is the primary goal of diagnosis and treatment planning
 A) eliminate bacterial plaque **
 B) eliminate caries in all patients
193. What is the material of weeping the canal
 A) formocresol
 B) caoh *****
 C) edta
194. What is the primary goal of gingivectomy
 A) pseudo pocket ** *****
 B) infra bony pocket
195. Patient injected inferior nerve block for lower incisor and still have pain what is the extra technique?
 A) long buccal
 B) midline infiltration *****
 C) lingual
 D) mental
196. The most used material of intracoronal bleach
 A) hydrogen peroxide ***
 B) sodium perborate
197. Saturation
 A-chroma*****
 B-hue = the property of color itself
 C-value= lightness or darkness of color
198. Grade II furcation GTR proxy brush
199. Embrasure grade III Unitufted brush
 a) TYPE-1 embrasure with tight contact zones and intact papilla → Floss

- b) TYPE-2 embrasure with concave interproximal surface and Moderate papillary recession → Interdental or Proxy brush
- c) TYPE-3 embrasure with complete loss of papillae → Unitufted brush

200. When to first introduce pedo for tooth brush
- A. When primary teeth erupt *****
 - B. 2 years
201. While extraction of impacted third molar it was displaced posteriorly and superiorly & was fail to extract what u do
- A) CT scan w extract under general anesthesia ***
 - B) extract after week
 - C) follow and leave
202. Porcelain with high esthetic:
- A-inceram <<<< is the strongest
 - b-empress *****
 - c-dicor
203. In radiographic which disease causes multiple radiolucencies:
- A hypothyroidism
 - B hyperparathyroidism *****
 - C ricket disease
204. Diabetic patient will have :
- A) generalized recession ***
 - B) plaque in all teeth
205. What is the class in edentulous areas in both arches with missing canine
- Class I
 - 2
 - 3 *****
 - 4
206. Patient with Xerostomia and pic for case
- A) erosion
 - B) abrasion
 - C) attrition
 - D) root caries *****
207. MTA :
- a. Mineral trioxide aggregate *****
 - b. Metal trioxide aggregate
 - c. Mineral tetraoxide aggregate
208. Case ((shiny hand)): Scleroderma
209. 25 years old female patient with 6 mm overjet How to treat :
- a. Bionator

- b. Reverse headgear
- c. Extraction of premolar** because 6 mm long distance

210. What is the maximum of 2% lidocaine with 1:100000 epinephrine 80 kg pt.?

Rules:

- ① Any Cartilage Contains 1.8 ml.
- ② Max. dose of Ep. in healthy pt = 0.2 mg / visit
- ③ Max. dose of Lido. e' Ep. = 7 mg / kg.
- ④ e' aut Ep = 4.4 mg / kg.
- ⑤ 2% lidocaine means.
 $2\% = \frac{2}{100} = 20 \text{ mg / ml}$. Same 4% = 40 mg/ml.
- ⑥ 1:100 000 Ep means.
 $\frac{1}{100000} = \frac{1 \text{ gm}}{100000 \text{ ml}} = \frac{1000 \text{ mg}}{100000 \text{ ml}}$
 $= 1 \text{ mg} / 100 \text{ ml} = 1 \text{ mg Ep} / 100 \text{ ml Soln}$
 $= 0.01 \text{ mg Ep} / 1 \text{ ml Soln}$. Same for 1:50000 = 0.02
1:200000 = 0.005
- ⑦ Cartilage content = (1.8 ml Soln) from Ep & Lido
- ⑧ Ep. = $\frac{1.8}{\text{content of cart}} \times \frac{0.01}{\text{Ep}} = \frac{1.8 \times 0.01}{1:100000} = 0.018 \text{ mg Ep} / \text{Cartilage}$
- ⑨ Lido = $\frac{1.8}{\text{Lido}} \times \frac{20}{\text{Lido}} = 36 \text{ mg Lido} / \text{Cartilage}$

How many Cartilage for One visit?

No. of Cartilage in one visit = $\frac{\text{Max. dose of Ep. in 1 visit}}{\text{Content of Cart. fr - Ep}}$

= $\frac{0.2 \text{ mg / visit}}{0.018}$

= **11 Carpules / visit**

For 80 kg pt

e' Ep

- ① Max dose of lido = Max dose of lido' Ep. X Pt weight
 $= 7 \text{ mg / kg} \times 80 \text{ kg} = 560 \text{ mg}$
- ② max no of carpules = $\frac{\text{Max dose of lido for his weight}}{\text{Lido content in Carp}} = \frac{560}{36} = 15$

e' aut Ep.

- ① max. dose of lido e' aut Ep X pt. weight
 $= 4.4 \times 80 = 352 \text{ mg}$

$\frac{352}{36} = 9.77 \approx 10$

211. Patient with submandibular swelling the pain increase at meal time & subside after that: Sialolithiasis

212. Aluminum foil test to detect :

- A. Ultrasonic cleaners***
- B. Autoclaving)

213. Leeway space of mandibular arch : بطريقتين مختلفتين احدهما فيها

- a. 1.8 mm

b. 6 mm

c. 3mm*****3.4

214. Lee way in maxilla 1.8***1.9

215. Pic and want anesthetic technique: Nasopalatine nerve block

A. Other Common Names. Incisive nerve block, sphenopalatine nerve block

B. Nerves Anesthetized.

Nasopalatine nerves bilaterally

C. Areas Anesthetized. Anterior portion of the hard palate (soft and hard tissues) from the mesial of the right first premolar to the mesial of the left first premolar

D. Indications

- i. When palatal soft-tissue anesthesia is necessary for restorative therapy on more than two teeth (e.g., subgingival restorations and insertion of matrix bands subgingivally)
- ii. For pain control during periodontal or oral surgical procedures involving palatal soft and hard tissues

E. Contraindications

- i. Inflammation or infection at the injection site
- ii. Smaller area of therapy (one or two teeth)

F. Advantages

- i. Minimizes needle penetrations and volume of solution
- ii. Minimal patient discomfort from multiple needle penetrations

J Disadvantages

- i. No hemostasis except in the immediate area of injection
- ii. Potentially the most traumatic intraoral injection; however, the protocol for an atraumatic injection or use of a CCLAD system can minimize or entirely eliminate discomfort

J Positive Aspiration. Less than 1%

J Alternatives

Local infiltration into specific regions & Maxillary nerve block

J Technique (Single Needle Penetration of the Palate)

1. A 27-gauge short needle is recommended (although a 25-gauge short may be used).
2. Area of insertion: palatal mucosa just lateral to the incisive papilla (located in the midline behind the central incisors); the tissue here is more sensitive than other palatal mucosa
3. Target area: incisive foramen, beneath the incisive papilla
4. Landmarks: central incisors and incisive papilla



5. Path of insertion: approach the injection site at a 45-degree angle toward the incisive papilla
6. Orientation of the bevel: toward the palatal soft tissues

216. The substance in local anesthetic cartridge responsible for prevent oxidation of vasoconstrictor :

- a. Sodium chloride solution
- b. Sodium sulphate
- c. Sodium metabisulphate*****

217. Radiolucent structure between 2 roots of upper vital non carious centrals

- a. Incisive foramen*****
- b. Radicular cyst non vital teeth
- c. Globulomaxillary cyst bilateral inverted pear-shaped RL area between the upper 2&3

218. To prevent osteoradionecrosis for the patient: Extract under hyperbaric oxygen

219. To make the tooth narrower: Make mesial and distal line angle near each other

220. The virus cause herpes:

- A. Epstein bar V. Cause infectious mononucleosis, Burkett's lymphoma ,Nasopharyngeal Carcinoma ,Oral hairy leukoplakia (AIDS patients)
- B. Human papilloma V. =Papovaviridae cause Cervical, vulvar, penile cancers, squamous cell carcinoma
- C. Herpes simplex I ** ***** cause Herpes labialis (cold sores), keratoconjunctivitis Finger infections (whitlow) ,Encephalitis ,Gingivostomatitis &Genital infections
- D. Herpes simplex II Cause Genital Infections, Neonatal infections (acquired during vaginal delivery)

221. Varnish containing fluoride: 5% Na fluoride

222. A picture showing lower deciduous teeth in the right side band and loop to maintain the space of lower D , in the other side badly decayed D need to extract , the best space maintainer after extraction :

- a. Lingual arch ** bilateral on mand. If permanent incisors erupt
- b. Band and loop → we can use it *****
- c. Distal end → for missing E
- d. Nance→ in maxilla

223. Child 4 years have renal disorder what is recommend analgesic for dental pain:

- 1/ 250 mg aspirin
- 2/ 100 mg ibuprofen
- 4/ Acetaminophen *****

224. Pt. Came to your clinic to make a denture. dentist made a steps of denture and perfect try in and no any errors but during delivery dentist found the left side no

occlusion as a thick knife can be inserted between occlusal surfaces, and the right side occlusion is normal what is the management:

- 1/rebasing of upper denture
- 2/relining of lower denture
- 3/ remake of lower denture**

225. What is most favorable place for streptococcus mutans:

- 1/ smooth surface
- 2/deep pits and fissure*****
- 3/root

226. In case of infection which tooth can cause swelling in anterior part of hard palate:

- 1/upper lateral*****
- 2/ upper central
- 3/ upper canine
- 4/upper first premolar

227. In case of class 5 provisional restoration what is factor important for locking

- 1/ 50% expansion of restoration
- 2/ 25 % polymerization shrinkage
- 3/ undercut***** in dental decks

228. The most important factor considered for restoring badly decayed lower left 5. With necrotic time for many times and, doing root canal, post and crown??

- A) diameter of post
- B) post material
- C)type of crown
- D) ferrule***

Oral Surgery Questions

229. 1 - Lefort1 injury

- A/greater Platine artery*****
- B/infra orbital artery
- C/maxillary artery
- D/mandibular vein

of upper teeth results in cracked pot sound. Guérin's sign is present characterised by ecchymosis in the region of greater palatine vessels.

230. 2 -use irrigation when cutting bone due to

- A/prevent risk of infection
- B/remove bad smell of bone

C/heat generation during cutting bone affect bone vitality *****

D/ فاکرھا تقریباً کویس ونشیل

231. 3-The local anesthesia depend on
 A) strength bond between drug and nerve *****
 B) strength bond between drug and its intensity
 C) bond between drug and time of removal from body
232. Paranasal fluid occur in the fracture of the face
 A. Leforte I
 B. Leforte II
 C. Leforte III ***
 D. Zygomatic fracture
 E. All above
233. Salivary gland disease tumor with perineural invasion:
 1. Pleomorphic adenoma.
 2. Adenocytic carcinoma. ***
234. Patient will have multiple extraction what to do after extraction for denture sake:
 1- make interrupted suture cross papillae
 2- leave to heal to avoid elevations from sutured papillae*****
 3- make extensive bone smoothing
 4- put surgical pack only
235. The origin of innervation of post third of tongue
 a. Trigeminal
 b. Lingual
 c. Hypoglossal
 d. Glossopharyngeal** *****
236. Best biopsy type?
 a. Incisional
 b. Excisional ***
237. Which artery supply floor of the mouth?
 1. lingual artery *****
 2. inferior alveolar artery
238. Mandibular growth at condyle
 1- interstitial & chondro replacement
 2- apposition & chondro replacement**** **
 3- apposition & intra membranous = body, ramus & coronoid process
239. - 10Hyper cementosis character
 - 1difficult in extraction
 - 2in Paget disease
 - 3bulbous root

-4very successful extraction by elevator

**** 3&2&1

240. - 11QUESTION about Reiter syndrome .
Patient have TMJ pain & go to ophthalmologist

Reiter's Syndrome

- Triad of conjunctivitis/iritis/keratitis, arthritis & urethritis/dysenteric disease
- M >> F; 70% HLA-B27 positive; 30% AAU
- Arthritis affects knees, sijs, ankles
- Plantar fasciitis
- Keratoderma blenorrhagica on feet & hands
- Circinate balanitis
- Painless mouth ulcers

241. - 12Pt. With chronic renal failure what is developed :
- A. Hyperthyroidism
B. Hyperparathyroidism***

Chronic kidney failure is the most common cause of secondary hyperparathyroidism. **Failing kidneys** do not convert enough **vitamin D** to its active form, and they do not adequately excrete **phosphate**. When this happens, insoluble **calcium phosphate** forms in the body and removes calcium from the circulation. Both processes lead to hypocalcemia and hence secondary hyperparathyroidism. Secondary hyperparathyroidism can also result from malabsorption (chronic pancreatitis, small bowel disease, malabsorption-dependent **bariatric surgery**) in that the fat-soluble vitamin D can not get reabsorbed. This leads to hypocalcemia and a subsequent increase in parathyroid hormone secretion in an attempt to increase the serum calcium levels.

242. 14-Asking about disinfectant of dental chair after HBV .

1- iodophor & hypo chloride*****

2- formaldehyde

3- ethylene oxide gas

4- 100/ ethyl alcohol/detox

1&2

2&3

3&4

Low level disinfection Low level disinfectants kill most vegetative bacteria and some fungi as well as enveloped (lipid) viruses (e.g., hepatitis B, C, hantavirus, and HIV). Low level disinfectants do not kill mycobacteria or bacterial spores. Low level disinfectants are typically used to clean environmental surfaces.

Enveloped Viruses (Herpes simplex, varicella-zoster virus, cytomegalovirus, measles virus, mumps virus, rubella virus, influenza virus, influenza virus, respiratory syncytial virus, hepatitis B & C viruses, hantavirus and human immunodeficiency virus)

LOW LEVEL DISINFECTANTS

1 Phenolic Disinfectants

Phenolic disinfectants are effective against bacteria (especially gram positive bacteria) and enveloped viruses.

INTERMEDIATE LEVEL DISINFECTANTS

2 Alcohols

In the healthcare setting, "alcohol" refers to two water-soluble chemicals: ethyl alcohol and isopropyl alcohol. These alcohols are rapidly bactericidal rather than bacteriostatic against vegetative forms of bacteria (Gram + and Gram -); they also are tuberculocidal, fungicidal, and virucidal against enveloped viruses.

Hypochlorites

Hypochlorites can eliminate both enveloped and nonenveloped viruses if used in correct dilution and contact time. They are also effective against fungi, bacteria, and algae but not spores. Household bleach is typically diluted using 1:50 with water (1000ppm) for surface disinfection. Bleach solutions have been recommended for use in both hospitals and the community as disinfecting solutions. They are included in most recommendations for decontamination of hepatitis and AIDS viruses.

Iodine And Iodophor Disinfectants

Simple iodine tinctures (dissolved in alcohol) These compounds are bactericidal, sporicidal, virucidal and fungicidal but require a prolonged contact time.

HIGH LEVEL DISINFECTANTS

Hydrogen Peroxide

Stabilized hydrogen peroxides are effective against a broad range of pathogens including both enveloped and nonenveloped viruses, vegetative bacteria, fungi and bacterial spores

243. 15 - Mechanism of mandible growth at condyle

Apposition and intramembranous modeling

Interstitial and endochondral

Apposition and endochondral ***

Interstitial and intra membranous

244. - 16Lingual nerve branch of:

- a. Trigeminal N
- b. Mandible N***
- c. Facial N

245. - 17Lingual nerve :

- A. Part of trigeminal n
- B. Supply the submandibular gland
- c. A and B ***

246. - 18Pt need exo ,he takes Antidepressant, amount of epinephrine on anesthesia :

- a. 0.1
- b. 0.02***
- c. 0.4
- d. 0.8

The **lingual nerve** is a branch of the **mandibular division** of the **trigeminal nerve** (CN V₃), which supplies sensory innervation to the **tongue**. It also carries fibers from the **facial nerve**, which return taste information from the anterior two thirds of the tongue, via the **chorda tympani**.

247. - 19Child 6 year have abnormal enamel dentin and pulp in A quadrant you diagnosis is:

- a. Hypoplasia
- B. Regional odontoplasia ***
- c. Dentinogenesis imperfecta
- d. Amelogenesis imperfecta

248. - 20Which pathogen(s) in primary apical periodontitis ?

- A -pneomonas fast lies
- B- many microbial spa***
- C- aerobic

Periodontal infections are usually mixed, most often involving anaerobes such as *Treponema denticola* and *Porphyromonas gingivalis*. The microaerophilic *Actinobacillus actinomycetemcomitans* causes a rare form known as localized juvenile periodontitis.

249. -21What type of L.A have the slowest onset .

- 1procaine***
- 2lidocaine
- 3bupivacaine*

250. - 22 What is formed from epithelial rest of serres

- A. Epithelial root sheath of Hertwig
- B. Lamina dura
- C. Vestibular lamina ***

Rests of Serres	<ul style="list-style-type: none"> • Odontogenic keratocyst • Lateral periodontal Cyst • Gingival Cyst • Glandular odontogenic Cyst
Rests of Serres	<ul style="list-style-type: none"> • Ameloblastomas (Peripheral Ameloblastoma) • Squamous Odontogenic Tumour • Calcifying Epithelial Odontogenic Tumor • Adenomatoid Odontogenic Tumour • Keratinising Cystic Odontogenic Tumour • Odontogenic Gingival Epithelial Hamartoma

251. - 24 Which cranial nerve when injury responsible for gag reflex .

- 1- V
- 2-7
- 3-9 ***glossopharyngeal
- 4-sinal branch of 11

252. 25 - Pharyngeal arch called.

- A maxillary arch*** .
- B mand arch .
- C thyroid .
- D hyoid***

253. - 26 TMG& disc direction displaced

- Anterior***
- Posterior
- Lateral

254. .27 What different between center of the growth and site of growth?????

- a. Independent ****
- b. Centered
- c. The center of growth is rapid**

255. 28 - Mandibular growth at condyle

- 1 interstitial& chondro replacement

2 apposition & chondro replacement ***

3 apposition & intra membranous

256. - 29 In order to activation of periodontal instruments the blade should make angle with facial surface of the tooth

*** 45:90 -1

90:180 -2

15:30 -3

30:45 -4

257. - 30 Question about horner syndrome

Horner Syndrome

- Horner syndrome (HS) is oculosympathetic paresis
 - Loss of sympathetic innervation to the eye
- **No major loss of ocular function**
 - Vision and pupil reflexes remain intact
 - The disorder is largely asymptomatic and often clinically subtle
 - *Little need for therapeutic intervention*
- HS may be caused by lesions associated with significant **morbidity and mortality**

258. - 31 Bone between 2 root parallel to:

A – gingival ***** parallel to marginal gingiva

b – pdl

259. - 34 Low painful anesthesia by:

A. Needle gauge more than 25

B. Stretch the tissue

C. Use topical

D. All***

260. - 33 Child 3 year old 15 kg maximum carpule (local anesthesia) can you give him
 $15 \times 7 = 105 / 36 = 2.9$ carpules

261. 37 - Microorganism that cause failed in endo treated tooth? Strept Salivaris

262. 38 - الاختيارات؟ الهاند بيس اليوم بكتريا مفيش

Pseudomonas aeruginosa***

263. - 32 غريبة of the lower lip origin from

A - Mandible branch of pharyngeal arch*****

B – lingual branch of pharyngeal arch

The lower lip is formed from the mandibular prominence, a branch of the first pharyngeal arch. The lower lip (also called underlip) covers the anterior body of the mandible.

It is lowered by the depressor labii inferioris muscle and the orbiculus oris borders it inferiorly.

Operative and endo Questions

264. 39 - can u swallow mercury every day
 A/10mg/day
 B/5mg/day***
 C/60mg/day
265. - 40Child came to clinic with history of injury trauma from one year and RCT, then central incisor dark color.. the cause is
 A) not complete remove of pulp ***
 B) bleeding from pulp
 C) contamination gutta perch
266. - 41Calcium hydroxide provide
 A) can enhance form hard tissue in root ***
 B) seal canal
267. -. 42AH26 is a root canal sealer:
 A- contains zinc oxide.
 B- contains steroids.
 C- is an epoxy resin. *****
 D- all of the above
268. - 43For the prevention of mercury toxicity in the clinic put it in:
 1. Water.
 2. Sodium chloride.
 3. The appearance of radial.
 4. Fixer of radial. *** or container that well not porn
269. 44 - The only advantage of plain GI without additives over GI with additives:
 1- strength
 2- less contraction ***
 3- shelf life
 4- rapid setting

AH-26

- ▶ Is an epoxy resin
- ▶ Was initially developed as a single fill material
- ▶ Presently used extensively as a sealer

270. 45 - The exact description of healing in endo treatment with radiolucency related to apex and fistula:

- 1: disappear of radiolucency
- 2: asymptomatic tooth
- 3: decrease in radiolucency
- 4: disappear of fistula ****

271. 46 - Mamelon present in maxillary central incisor

- 1 - during Amelogenesis
- 2 – normal ***
- 3 - indicated sever malocclusion

REFERENCE white cards (PEDO) of dental deck; developmental lobes are presented at anterior teeth with Mamelon and they disappear on using incisors for cutting food shortly after eruption. If Mamelon are clearly existed, they refer to malocclusion mostly anterior open bite (Class II, D 1 indicated sever حسب عمر المريض إذا كان صغير normal أما إذا كان كبير فيكون malocclusion

272. - 47 Most retentive crown is:

- d. Full metal***
- e. Veneer

273. - 48 The root of upper lateral incisor in order to be best radiographed use

- A. Paralleling technique
- B. Bisecting technique*****
- C. Panorama

274. 49 - Simpifil type for canal enlargement by niti in: or best NITI rotary file is

- a. Universal protaper***
- B. Reciprocal
- c. Revers S

275. 50 - Successful of rotary in endo achieved by

- 1- use EDTA*****
- 2 - pre enlarged coronary
- 3-proper irrigation

276. 51 - Base under composite posterior restoration

- A – zinc poly carboxylate****
- B – ca(oh)₂

277. 52 - After trituration of amalgam condensation must be

- A. After (3-4) min.at least in order to remove excess mercury ***
- B. Vertically
- C. With little pressure

278. 53 - In root of internal resorption the pulp is:

- A. Reversible pulpitis
- B. Irreversible pulpitis *****
- C. Necrosis

279. 54 - In root of external resorption the pulp is:

- A. Reversible pulpitis
- B. Irreversible pulpitis
- C. Necrosis *****

280. 56 - How many from 1inch the undercut of abutment of removable denture supposed to be????????????????????

- A.080
- B.089

Ortho and pedo

281. 57 - teeth which responsible for crowding teeth

- A/1ry lower first molar
- B/1ry lower second molar ***
- C/permanent first molar
- D/1ry max second molar

282. - 58After do ortho for rotated tooth we should do:

- 1- circumfrenial frenctomy
- 2- circumfrenial fibrotomy ****
- 3- واجهه frenectomy واكيد
- 4- واجابه رابعه فاكرها

283. 59 - 10 years child presented with space between maxillary incisors and have problem in overjet. Treatment????

- 1. Fixed appliance
- 2.removable appliance
- 3.normal no ttt *** (ugly duckling stage)

284. 60 - what is the case the general dentist can treat

- a. Exfoliation of 1ry canine ***
- b. Functional cross bite
- اختيارين متذكراهم

285. 61 - 8years child had trauma in upper central incisor which reveal pulp exposure and the pt. Under go with caoh pulpotomy the way to distinguish success of ttt is

- a . Asymptomatic tooth
- b . Respond to electric pulp test
- c . Continue dentin formation and apical closure ***

286. 62-What is character s of primary teeth?

غريبة بيتكلم canals of primary teeth

287. 63-Pathfinder survey

A-At 5yr in primary teeth,15+25+25+60.in permanent teeth

B-5-10 in primary

C-5 yr. In primary*****

D-5-10in primary 30,45,55,65 in permanent 5,12,15,35,44,65,14

Recommended ages are-
5 year for primary dentition
12,15 ,35-44 & 65-74 for permanent dentition

5th year in relation to levels of caries in the primary dentition which may exhibit over a shorter time span.

12th year—age at which children leave primary school therefore it is last age at which reliable sample may be obtained easily through the school system.

All perm. Teeth have erupted except 3rd molars- for this reason it has been chosen as **"Global Monitoring Age"** for caries for international comparisons & monitoring of disease trends.

288. 64 - Pt have cross bite when move his mandible laterally? Why
- 1.unilateral constriction of maxillary
 - 2.unilateral constriction of mandible
 3. Asymmetrical growth of mandible
 - 4.bilateral constriction of maxilla**
289. 65 - Hand mouth technique. Use
- 1 - punishment
 - 2- -ve reinforcement***
 - 3+ve reinforcement
290. 67 - What is the most important teeth to prevent the severity of crowding:
- a. Upper E
 - b. Upper D Lower E ***
 - c. Lower d
291. 68 - age of most traumatic injury to primary teeth.
- 2:3 ***
- Less 2
- 5::6
- 7:8
292. 69 - trauma to primary teeth mostly cause
- 1 – intrusion ***
 - 2-root fracture
 - 3- tooth fracture
 - 4-bone fracture

293. 70 - Normal range in gingival depth (epithelial attachment) in health mouth
 A 1 to 2
 B 2 to 3 *****
 C 0 to 3
 D 0 to 5

A healthy Sulcular depth is 3 millimeters or less. However, in certain situations, a gingivectomy is necessary to reduce the gingival pocket depths to a healthy 1–3 mm.

294. 71 - Epidemic disease spread in one village, there are 1900 Person the infected person in 2007=300, in 2008=150, the z:???????

1. 1600\150-1900\450 ***
2. 1900\300-1600\150
3. 1600\.....

المصابين بالقرية حنجبي يبدو How its calculate ??????
 وتصميه
 المصابين بالقرية هو وتصميه بعدين حنجبي

295. 72 - Early extraction affect:

- A. Speech and Occlusion***
- B. Speech
- C. Appearance
- D. Appearance and speech

296. 73 - Lost lower 6 and the 7 is tilted best treatment

- A – ortho ***
- B – proximal half crown
- C – microscope crown
- D – non rigid connector

297. Posterior bite plate is used to:

- f. Crowding posterior
- g. Anterior deep bite and distal movement of ant. Teeth ***

Prosthodontics

298. 77 - There's pain in 44,34 which it apartment of RPD what's the reason

- A. There's no stress bleaker **
- B. Problem in major connector
- C. Problem in supporting structure

299. 78 - Best material for impression of flabby tissue:

- 1- plaster of Paris ***
- 2- agar agar
- 3- silicate
- 4- zinc oxide

300. 78 - dentist at the end of the day want to pour alginate imp quickly how can he do that
- Increase powder/water ratio
 - Hot water ***
 - Slurry water
 - Increase thickness

times. Ideally, the water temperature should be 73° F or as close to room temperature as possible. An increase in the water or powder temperature decreases the working and setting times, while a decrease in the water or powder temperature increases the working and setting times. It is recommended that a dispensing bottle be filled with water and held at room temperature to provide product

301. 79 - Co Cr RPD. Occlusal rest here to
- retention
 - stability
 - reciprocation
 - strength of design
 - support ***
302. معناها - 80 Impression that can pour two time is
- Agar
 - Polyvinyl *****
 - Additional silicon
303. 81 - A picture of case, Lower Class I PD with 4 anterior teeth with recession grade ||, what's the ttt
- Extraction of all teeth and make single denture
 - Over denture after teeth preparation**
 - Gum stripper
304. 82 - How can I make appearance of abutment smaller without change in dimensions
- Make mesial and distal line angles near to each other*****
 - Make cervical height of contour more incisally
- تقريبا اتنين منطقيين
305. 83 - Child requires graft in his alveolus what is the best graft
- Autogenous cancellous
 - Freeze dried
 - Autogenous corticocancellous***
306. 84 - After perio surgery we wait 5 ::6 month in order to
- complete re epithelial
 - complete maturation**

307. 86 - How can increase flexibility of the clasp
 k. Increase length **??
 l. Increase diameter
 m. Make it gingival approach
308. 87 - Patient with stone in submandibular gland and have allergy to iodine what type of scanning occlusal
309. The best cement for crown
 A. Resin Modified glass ionomer*****
 B. Zinc phosphate
 C. Resin
310. 1-what is the lesion that have gingival enlargement?
 A-pyogenic granuloma
 b-
311. 2-medication cause gingival enlargement? A-phenytoin
312. 3-two questions with images for Kennedy classes
313. 4-patient came to you and you give him inf. Nerve block and he came to u the day after procedure with trismus from anesthesia which space was affected?
 A-sub mandibular
 b-sub massetric
 C- infratemporal fossa*****

Causes

Trauma to muscles or blood vessels in the infratemporal fossa is the most common etiological factor in trismus associated with dental injections of local anesthetics.

314. 5-patient has mild stain by tetracycline what will you do?
 A-home bleach ****
 b-micro abrasion
 c-polishing
315. The most common material used for intracoronal bleaching
 A. Sodium perborate*****
 B. H₂O₂ = the most common in general
316. 6-patient with badly decayed upper left central with swelling buccal to the buccal vestibule what is the x-ray u will do?
 A-periapical *****
 b-panorama
317. 7-epinephrine in endo surgery with anesthesia?
 A-prolong time ***
 b-vasodilator to the tissue
 c-// to the bone supply

318. 8-pic with anesthesia tech? -inf nerve block
319. 9-9 yrs. Child with swelling due to badly decayed lower right c with no crowding?
A-extract canine
b-extract the two canines***
320. 11-Lefotr 1 injury
a/greater Platine artery*****
b/infra orbital artery
c/maxillary artery
321. 12-In order to activation of periodontal instruments the blade should make angle with facial surface of the tooth
a- 45:90 **
b- 90:180
322. 13-- Most retentive crown is
Full metal ***
Veneer
323. 14-4 yrs. Child has trauma cause intrusion
a-extraction **
b-don't touch it for comfortable
324. 15-dentist at the end of the day want to pour alginate imp quickly how can he do that
a-increase powder/water ratio
b-hot water*****
c-slurry water
325. 16-chair time relining of denture
a-wax
b-light cure acrylic ***
326. 17-patient with prosthetic valve before surgery a-prophylactic AB
327. 18-Ttt of kerato cyst

- **Surgical excision with peripheral osseous curettage**
- **Osteoectomy is the preferred method of management.**
- **In large cyst; Marsupilization, followed by Enucleation.**

328. 19-5 yrs. Child swallow bottle of mouth wash contain 13mg of fluoride
a-refer to emergency immediately
b-make him drink milk or something I don't remember contain ca***

- Fluorosis occurs at 3PPM
- Certainly lethal dose (CLD) of fluoride = 5-10g NaF = 32-64 mg F/kg
- Safety tolerated dose (STD)= ¼ CLD = 1.25-2.5mg F/kg = 8-16mg F/kg
- Lethal dose of fluoride in children=0.6g=60mg.

329. 20-patient cannot localize the pain and u decided to do intraligament injection what is the first place u will inject?
 A-up anterior
 b-lower ant
 c-up post ****
 d- lower post

If the patient cannot determine which arch the pain is coming from, then the clinician should first selectively anesthetize the maxillary arch. This should be accomplished by using a periodontal ligament (intraligamentary) injection. The injection is administered to the most posterior tooth in the quadrant of the arch that may be suspected, starting from

330. 406- local anesthesia in periodontal ligament what effect on pulp:
 a. Cease for 30 min*****
 b. The same = not effect
 c. Great reduce
 d. Slight reduce

Advantages of Periodontal Ligament Anesthesia:
 1. It provides reliable pain control rapidly and easily.
 2. It provides pulpal anesthesia for 30 to 45 minutes.
 3. It is no more uncomfortable than other local anesthesia techniques.
 4. It is completely painless if used adjunctively.
 5. It requires very small quantities of anesthetic solution.
 6. It does not require aspiration before injection.
 7. It may be performed without removal of the rubber dam.
 8. It may be useful in patients with bleeding disorders that contraindicate use of other injections.
 9. It may be useful in young or disabled patients in whom the possibility of postoperative trauma to the lips or tongue is a concern.

331. What is of the following is NOT a sign of occlusal trauma
 A. Fremitus
 B. Gingival recession****
 C. Widening of periodontal ligament
 D. Tooth migration

332. The most common initial sign of occlusal trauma
 A. Tooth mobility*****
 B. Tooth sensitivity
 C. Radio evidence of increase PD space
 D. Loss of pulp vitality

7 Signs & symptoms of occlusal trauma

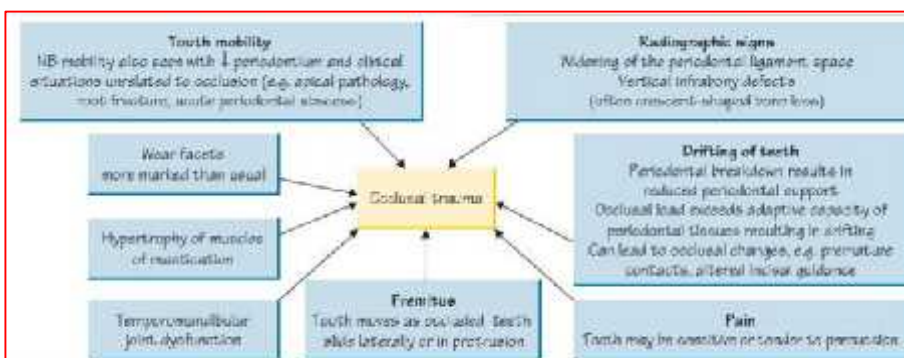
1. Tooth hypermobility
2. Pathological occlusal wear
3. Abreaction
4. Vertical bone loss = localized bone destruction 2^{IV} to PDD
5. Cervical dentin hypersensitivity
6. Pain & tired facial and masticatory muscles or TMJ pain
7. Fremitus= the vibration we feel in teeth when the patient “chop-chops” on their natural bite or in maximum intercuspal occlusion. In anterior teeth,

Tooth mobility is the MOST COMMON sign of occlusal trauma

Tooth mobility describes the amount a tooth moves when pressure is applied to it.

Fremitus describes tooth mobility when under function

Another sign of occlusal trauma is a widened periodontal ligament



333. Trauma causing loosening in 4 anteriors
- Luxation
 - Subluxation
 - Alveolar fracture*****
334. How to avoid laceration in upper 8 impaction flap?
- Widening flap*****
 - Inverted U-shaped flap
 - Excessive force of retraction of flap & cheek
335. Which is more stable orthognathic surgery?
- Apical repositioning of maxilla*****
 - Coronal repositioning of maxilla
 - Backward repositioning of maxilla

procedures varies by the direction of surgical movement, the type of fixation, and the surgical technique employed, largely in that order of importance. The most stable orthognathic proced is superior repositioning of the maxilla, closely followed by mandibular advancement in patients in whom anterior facial height is maintained or increased. (If facial height is decreased by upward reposition of the chin, stability is compromised). The combination of

336. Hemodent contains aluminum chloride epinephrine free

Hemodent® Hemostatic Solution

Hemodent® Liquid is a buffered, aluminum chloride, epinephrine-free hemostatic product that effectively stops minor gingival bleeding. This topical hemostatic agent is recommended to arrest bleeding during crown preparations, before impressions are taken, placing fillings, cement bases, or cementing inlays or crowns, also minor surgery, curettage, gingivectomies, gingivoplasty and deep scaling.

337. Excessive bleeding after extraction
- Foam & celluloid oxide*****
 - Gauze with epinephrine
 - Gelatin foam
338. 4. Apical periodontal bacteria - polymicrobial & microbial
339. 5. 8years badly lower c think - extraction lower c with lingual bar
340. 6. Epulis fissuratum by - alias
341. 7. Flare up happen which tooth - necrotic
342. 8. Suture after extraction -continues lock
343. 9. Active bristle brush - modified stillman
344. 10. Tooth cracked detected - fiber optic
345. 11. Probiotic is bacteria <https://en.wikipedia.org/wiki/Probiotic#Definition>

Definition [edit]

The [World Health Organization's](#) 2001 definition of probiotics is "live micro-organisms which, when administered in adequate amounts, confer a health benefit on the host".^[3]

346. 12. 38°C moist heat better dry - less time
347. 13. Bilateral multiple radiolucency no exposure and displaced 2nd molar - Cherubism
348. 14. Ttt of ossifying fibroma - curettage
349. 15. Child take 50 mg fluoride - go to emergency
350. 16. Ameloblastoma follow up 10 years
351. 17. Gutta percha 30 trim 1mm from diameter become - 0.32
352. 3 - The local anesthesia depend on????
- strength bond between drug and nerve *****
 - strength bond between drug and its intensity ***
 - bond between drug and time of removal from body
353. 6 - Patient will have multiple extraction what to do after extraction for denture sake:
- make interrupted suture cross papillae
 - leave to heal to avoid elevations from sutured papillae*****
 - make extensive bone smoothing
 - put surgical pack only
354. 23-Extra oral block anesthesia after needle touch pterygoid plate in which direction should move?
- forward and anteriorly
 - forward and posteriorly

Technique

- Prep skin overlying sigmoid notch,
- Anesthetize skin and masseter muscle
- Pass spinal needle through sigmoid notch until the pterygoid plate is contacted

Technique

- Withdraw, then re-direct anterior/superior to 4.5 cm for *maxillary block*
- Re-direct posterior/superior toward Foramen Oval for *mandibular block*

355. 31-Bone between 2 root parallel
- to gingival ** parallel to marginal gingiva
 - to pdl
356. 36 - Bacteria in Pericoronitis?
- Staphylococcus
 - bactericides*****
 - famulis

orous medical and surgical treatment. The bacteria that are most commonly associated with pericoronitis are *Peptostreptococcus*, *Fusobacterium*, and *Bacteroides (Porphyromonas)*.²⁰⁻²² Initial treatment of pericoronitis is usually aimed at chloride

357. 50 - Successful of rotary in endo achieved by
 1- use EDTA*****
 2 - pre enlarged coronary
 3-proper irrigation
358. 56 - How many from 1inch the undercut of abutment of removable denture supposed to be
 A. 080
 B. 089***
359. 35 - bacteria which not found in periodontitis
 A) streptococcus
 B/staphylococcus***** by exclusion
 C/bactericide
 D/famulis

Periodontal infections are usually mixed, most often involving anaerobes such as *Treponema denticola* and *Porphyromonas gingivalis*. The microaerophile *Actinobacillus actinomycetemcomitans* causes a rare form known as localized juvenile periodontitis.

Microorganisms worth noting

Streptococcus mutans group Several species are recognized within this group, including *S. mutans* and *S. sobrinus*. Facultative anaerobe. Synthesizes dextrans. → plaque formation. Colony density rises to >50% in presence of high dietary sucrose. Able to produce acid from most sugars. Most important organisms in the aetiology of caries.

Streptococcus oralis group includes *S. sanguinis*, *S. mitis*, and *S. oralis*. Account for up to 50% of streptococci in plaque. Heavily implicated in 50% of cases of infective endocarditis. These are pioneer species.

Streptococcus salivarius group accounts for about half the streptococci in saliva. Inconsistent producer of dextran.

S. intermedius, *S. arginosus*, *S. constellatus* (formerly *S. milleri* group) Common isolates from abscesses in the mouth and at distant sites. Believed to contribute to periodontal disease progression.

Lactobacillus Secondary colonizer in caries. Very acidogenic. Often found in dentine caries.

Porphyromonas gingivalis Obligate anaerobe associated with chronic periodontitis and aggressive periodontitis.

Aggregatibacter actinomycetemcomitans Microaerophilic, capnophilic. Gram -ve rod. Particular pathogen in aggressive periodontitis.

Tannerella forsythia Anaerobic, Gram -ve. Implicated in periodontal diseases.

Prevotella intermedia Found in chronic periodontitis, localized aggressive periodontitis, necrotizing periodontal disease, and areas of severe gingival inflammation without attachment loss.

Prevotella nigrescens New, possibly more virulent.

Fusobacterium Obligate anaerobes. Originally thought to be principal pathogens in necrotizing periodontal disease. Remain a significant periodontal pathogen.

Spirochaetes Obligate anaerobes implicated in periodontal disease; present in most adult mouths. *Borrelia*, *Treponema*, and *Leptospira* belong to this family.

Borrelia vincenti (refringens) Large oral spirochaete; probably only a co-pathogen.

Actinomyces israeli Filamentous organism; major cause of actinomycosis. A persistent rare infection which occurs predominantly in the mouth and jaws and the female reproductive tract. Implicated in root caries.

Candida albicans Yeast-like fungus, famous as an opportunistic oral pathogen; probably carried as a commensal by most people.

360. 1. L.A for pregnant lady? Lidocaine 1/100000 Or lidocaine alone

361. 2. Color code of ester L.A? Always red

TABLE 7-1
Color-Coding of Local Anesthetic Cartridges,
as per American Dental Association Council on
Scientific Affairs

Local Anesthetic Solution	Color of Cartridge Band
Articaine HCl 4% with epinephrine 1:100,000	Gold
Bupivacaine 0.5% with epinephrine 1:200,000	Blue
Lidocaine HCl 2%	Light blue
Lidocaine HCl 2% with epinephrine 1:50,000	Green
Lidocaine HCl 2% with epinephrine 1:100,000	Red
Mepivacaine HCl 3%	Tan
Mepivacaine HCl 2% with levonordefrin 1:20,000	Brown
Prilocaine HCl 4%	Black
Prilocaine HCl 4% with epinephrine 1:200,000	Yellow

362. 3. Child extracted upper 6s what type of RPD ?

- Leave it
- Intrim partial denture*****

363. 4.lateral pterygoid muscle arise from? Great wing of sphenoid and pterygoid plate

364. 5. Heat cure what stage for packing? Dough stage

365. 6. Sign for venous thrombosis? Homan's

366. 7. Type of artificial teeth used with patient with flat ridge?

- 0 degree**
- 20
- 30

367. 8. Good prognosis endodontic perforation:

- Large perf. Above crest of ridge
- Small perf. Below crest of ridge
- Large perf. Below crest of ridge
- Small perf. Above crest of ridge*****

368. 9. In which brushing technique side of tooth brush has an effect? Modified stillman or modified bass

369. 10. Critical ph for tooth demineralization? 5.5

Symptoms of cavernous sinus thrombosis may include:

- Severe headache.
- Swelling, redness, or irritation around one or both eyes.
- Drooping eyelids
- Inability to move the eye.
- High fever.
- Pain or numbness around the face or eyes.
- Fatigue.
- Vision loss or double vision.

370. 11. Name of chondro ...(something) in skull:
- Suture
 - Synchondrosis
 - Fontanelle*****
371. 12. Small caries in between lower E & D in 3yrs old child under GA what to do:
- Composite filling*****
 - Amalgam filling
 - Pulpotomy + crowns
372. 13. Fluorosis most common in:
- Lower incisors
 - Lower bicuspid
 - Lower 6s
 - Upper incisor***** then lower incisor
373. 14. Nerve that you infiltrate to anesthetized anterior part of hart palate in relation to anterior incisors? Nasopalatine
374. 15. Prevent platelet accumulation:
- Factor X
 - Ca
 - Aspirin*****
375. 16. Dye that used to differentiate between normal and cancerous tissue? Toluidine blue
376. 17. Storage of amalgam to prevent contamination in dental clinic:
- Developer solution
 - Fixer solution*****
 - Water
 - Hydrochloric acid
377. 18. 26 AH vs AH plus (epoxy resin): toxic release of formaldehyde & contain cortisone & resorbable
- No release of formaldehyde
378. 19. Pin point pulp exposure due to trauma 1h ago in patient with open apex? DPC
379. 20. What is stressed pulp?
380. 21. Check the occlusion of amalgam filling:
- 1 day after filling
 - 1 hour after filling
 - Before patient dismiss*****



Stressed Pulp Syndrome

- Pulp is **stressed** during every restorative episode
- Stressful effects are additive
- Repeated insults decrease pulp's ability to tolerate injury

381. 1-Most difficult group of teeth that is difficult to anesthetize:

1. Max. Premolars
2. max. Molars
3. mand. Premolar
4. mand. Molars*****

382. 2-Pic. Of Gowgate technique on mandible not on pt. Mouth



383. 3-At which age parent should go to the orthodontist for consultation:

1. When all permanent teeth erupt
2. when all anterior permanent erupt
3. when there is spacing present
4. when there is crowding present*****

384. 4-11yrs old girl had trauma on # 11 before 2 yrs. And now come to the dentist , dentist decide to do revascularization ,, what is the criteria to do revascularization

1. primary teeth with vital pulp
2. permanent tooth with open apex and necrotic pulp
3. permanent tooth with open apex and vital pulp*****
4. primary tooth with necrotic pulp

385. 5-costum tray for final impression in FPD must have:

1. Rigidity*****
2. thinness
3. strength
4. flexibility

386. 6-provisional cement for FPD crown:

1. polycarboxylate *****
2. silicophosphate
3. resin modified glass ionomer (RMGI)

387. 7-ttt of cementum carious in older pt. Best with:

1. RMGI*****
2. compomer
3. amalgam
4. Composite

388. 8-Shade guide for cement during porcelain veneer restoration you must

1. Uses cement base that is lighter than porcelain
2. trying the base without catalyst****
3. Trying catalyst alone
4. trying the base cement mixed with small amount of catalyst

389. 9-pic. (actually about 10 pic.) Of periapical and occlusal x-ray film and the q said Pt. Comes with bilateral impacted canine what is the diagnosis:
1. Dentigerous cyst*****
 2. ameloblastoma
 3. nasopalatine cyst
390. 10-pt. Come for surgical extraction of impacted lower wisdom & he is under warfarin therapy What is the correct INR level at the day of surgery for dentist to do the surgery :
1. ptt 1-1.5
 2. ptt 2-2.5
 3. pt 1-1.5 *****(this is the answer trust me plz not as the files)
 4. pt 2-2.5
391. 11- question about vestibuloplasty present in dr.esam's file
1. obweg technique(this is the correct ans. Nshallah)***
 2. clarck technique.
 3. translocation
392. 12-child with most of his teeth carious :
1. rampant caries*****
 2. nursing syndrome
393. 13-the case with increase both the rate & depth of respiration :
1. hyperventilation
 2. hyperventilation*****
 3. chyne chest breathing (something like this)
 - 4- stridor
394. 14- (case with two q)Female pt. 35 yrs. Old come complaining of white halo around enamel margin of class IV in 11 The restoration done before 3 months and not complaining from pain & sensitivity
>>What is the cause of this white line??
1. injury to enamel of adjacent tooth
 2. inadequate etching & bonding*****
 3. using different bonding system.
- N.B: reasons of white lines:
- 1- traumatic finishing and polishing technique.
 - 2- Improper etching and bonding .
 - 3- high intensity light curing which cause polymerization shrinkage.
395. >>the second q. How to manage this case??
1. Adding composite (repair)*****
 2. finishing & polishing
 3. replacement

396. 15-the most important criteria during prep. Of proximal surface of teeth
- 1.avoid injury to adjacent teeth*****
 2. Clear finish line
 - 3.anatomical prep.
397. 16-creater in the interdental area indicate which of the following:
- 1.1 wall bone defect
 - 2.2wall bone defect*****
 - 3.3wall bone defect
 - 4.combined 1&3 wall
398. 17-pt. Come for routine dental checkup the dentist found that he has susceptibility of caries lesion and applied for him fluoride varnish and instruct him to reduce sugar intake & use fluoridated dentifrice & rinses. After 2 days the pt. Come complaining of a side effect of ttt.
How to treat him ??
- 1.no ttt
 - 2.prescribe salivary enchoregmet *****
 - 3.give him local anesthetic
399. 18-dental forceps component:
1. Hand , shank , beak
 - 2.hand , hinge , beak*****
400. 19-polycystic lateral periodontal cyst is:



1. Odontogenic kerato cyst
 - 2.botrioid cyst*****
 - 3.calcifid cyst
401. 20-cement that irritate pulp--zinc phosphate
402. 21-q of severe ant. & post. Undercut remove posterior & relief ant.
403. 22-70 yrs. Old male pt. Comes to restore his badly decayed upper second molar As comparing this pt. With young adult pt. With regard to older pt.
- 1-have less pulp affection
 - 2.pulp inflam. Progress slower than adult*****
 3. Higher pulp involvement

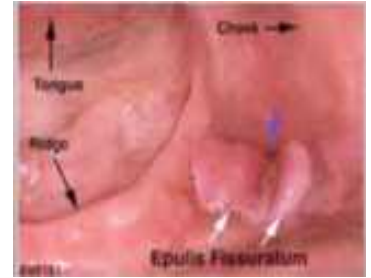
404. 23-38yrs old male pt. Come to restore his badly decayed upper 7 during dentist examination he found white lesion on left cheek with dot of ulceration When he ask pt. He said that he is on tobacco chewing for 10 yrs. What is the appropriate management??
1. Give analgesic and follow up
 2. Send him to oral surgeon for biopsy*****
 - 3.no ttt
405. 24-when the pt. Want denture and extraction of all teeth is inevitable what is the prosthesis that can be done for this pt.??
1. Interim denture
 - 2.immediate denture*****
 - 3.copy denture.
406. 25-periodontal abscess most commonly affect:
- 1.incisors
 - 2.premolar
 - 3.canine
 - 4.molars*****
407. 26-at the age of 10 yrs. What is the permanent teeth present
- 1.all incisors, and 1st molars
 - 2.all incisors,1st molars, lower canine& maxillary first premolar*****
 - 2.all incisors & 1st molars 7 lower canine.
408. 27-if rest seat are prepared before guiding plan what is the most coming complication??
1. Fracture of clasp arm
 - 2.improper rest seat size
 - 3.improper guiding plain*****
409. 28-adult pt. Show high caries risk, what is the most smooth surface suspect to have caries?
1. Labial of max. Ant.
 2. Lingual of max. Ant.
 3. Labial of max. Post. *****
 4. Lingual of max. Post.
410. 29-hyper plastic pulp tissue:
- 1.reversible pulpitis
 - 2.irreversible pulpitis*****
 - 3.necrotic
411. Down syndrome pt., has :
- a. Fissured tongue and protrusive*****
 - b. High caries index

Pulp test Questions

412. Pt. Came to your clinic with pain in his mouth but he cannot localize which the jaw, which test is useful:
1. Thermal test
 2. Percussion test
 3. Anesthetic test ***
 4. Cavity test
413. Patient comes with pain but he can't localize the tooth what is the best test:
1. Thermal test ***
 2. Percussion test
 3. Cavity test
 4. Anesthesia test
414. The best way to make pulp vitality test of a tooth with PFM crown:
1. Cold test
 2. Cold and hot
 3. Cold with or (Under) rubber dam. *** =cold water bath
 4. Electric test
415. Patient complains from cold the best test is:
1. Electric test
 2. Cold test***
 3. Percussion test
 4. Periodontal probe
416. 1-first choice antibiotic for pregnant
- a-ampicillin*****
 - b-tetracycline
 - c-cephalexin
 - d-metronidazole
417. 2-component of elevators instrument: hand - shank - blade
418. 3-treatment of lichen planus corticosteroids
419. 4-during taking panorama x-ray there is error in incisive (radiolucency) what will u do to correct this error
- A. rise Pt. Head up*** يظهر
- B. Make Pt head down
- C. Close his mouth
420. 5-Causes of root fracture after post insertion post → Metal post & tight post
421. 6-مريض CD 10 سنين له gagging ايه Systemic cause gagging
422. 7-most cause of endodontic failure →improper obturation

423. 8- له مريض endo discoloration أشيله بأية after endo bleaching intracoronal barborate sodium & H₂O₂ in non rct teeth

424. 9- مريض CD شاله ظهر حاجه فيه lower ridge hyperplasia epulis fissuratum → لها



425. 10- dislodging force in implant → hinged or swing

426. 11- GG#1 its diameter what? 0.5mm, GG1= file no.50

427. 12- Child on swing & he dropped on his chin this will cause what?
Green stick bilateral condylar fracture, bony lesion or wide surgery

428. 13- contraindication of gingivectomy ?

CONTRAINDICATIONS

- Bone defect can not be corrected
- Fragile gingiva
- Location of the base of the pocket apical to mucogingival junction.

TYPES OF GINGIVECTOMY

- Surgical Gingivectomy
- Gingivectomy by chemosurgery
- Gingivectomy by Electro surgery
- Gingivectomy by Cryosurgery
- Gingivectomy by Laser

429. 14- laser ايه يستخدمه composite? Aragon

PHOTOPOLYMERIZATION OF COMPOSITE RESIN WITH LASER

ARGON LASERS ARE USED FOR THIS PURPOSE.

FOR POLYMERIZATION OF CAMPHORQUINONE ACTIVATED COMPOSITE RESIN, THE ARGON LASER INCREASES:

- ~ THE DEPTH OF CURE
- ~ THE DIAMETRIC TENSILE STRENGTH
- ~ ADHESIVE BOND STRENGTH
- ~ DEGREE OF POLYMERIZATION OF MATERIELS.

430. 15-healing of socket
a- primary b-secondary***** c-tertiary

Question (Miscellaneous)

- During BONE wound healing in a tooth socket, what type of union takes place?
- A. Primary
 - B. Secondary (due to the relative rigidity of bone in a tooth socket, primary union does not take place. Instead, healing is by secondary union)
 - C. Tertiary
 - D. Quaternary

431. 16- Fractured tooth to alveolar crest, what's the best way to produce ferrule effect to return tooth to occlusion
- A) Restore with amalgam core sub-gingivally. ***this correct to return the tooth to occlusion as mentioned in question
- b) Crown lengthening.
- c) Extrusion with orthodontics*

1- Dental secrets 269 – " If the fracture is subgingival, remove the coronal segment and perform appropriate pulp therapy, then reposition the remaining tooth structure coronally either orthodontically or surgically"

And Oxford handbook.

2- <http://www.dental-update.co.uk/articles/35/3504222.pdf>

In the absence of a ferrule, Aykent et al¹⁹ found that in vitro use of a dentine bonding agent with an amalgam core and a direct stainless steel post provided a significant increase in fracture resistance in extracted premolars. Whilst dentine bonding of the amalgam core did not offer any significant improvement when a 1 mm ferrule was present, this study suggests that there may be a role for dentine bonding of amalgam cores when a ferrule cannot be achieved.

Both crown lengthening and orthodontic extrusion may allow for an increased ferrule, but they add additional cost, discomfort and length of treatment times for the patient. Crown lengthening increases the crown to root ratio. Whilst Ichim et al¹⁶ used finite element analysis to predict that crown lengthening did not alter the levels or pattern of stress within the palatal dentine, Gegauff²⁰ concluded that crown lengthening could be problematic.

Gegauff²⁰ investigated whether crown lengthening to achieve a ferrule would affect the static load failure. By placing the finish line further apically, Gegauff postulated that the tooth may be weakened as a result of the resultant decrease in cross-sectional area of the preparation and the increased crown to root ratio. Orthodontic extrusion may avoid this problem as it results in a smaller change in the crown to root ratio.

432. 17-2Q About implants (الصيغه بيتكلم force) Diameter have more effect بتاعته

433. 18-compomer had another name = Polyacid-modified composite resins

434. 19- اسمها GINGIVECTOMY (بيتكلم) حاجه
عملتها MAXILLARY & mandibular incisors وبيقول
 how many walls expected ?
مافهمتش والاختيارات هو??

a-3

b-5-14

c-15-18

d-22-28

435. 20- فيه alginate impression → immediately

436. 21-causes of gingival enlargement

Answer

- 1) inflammatory gingival enlargement,
- 2) medication-induced gingival enlargement,
- 3) hereditary gingival fibromatosis,
- 4) systemic causes of gingival enlargement.

Inflammatory Gingival Enlargement

The gingival enlargement observed may be localized or generalized and is an inflammatory response that occurs when plaque (collection of food debris and bacteria) accumulates on the teeth. This is a result of the patient not accomplishing effective oral hygiene. An example is noted to the right. Gums affected by this condition are often tender, soft, red, and bleed easily. Fortunately, this condition usually resolves with effective oral hygiene practices (tooth brushing, flossing) to remove the plaque and irritants on the teeth.



Medication-Induced Gingival Enlargement

Patients who take certain medications may develop gingival enlargement. In contrast to inflammatory gingival enlargement, the gum tissues in such cases are typically firm, non-tender, pale pink in color, and do not bleed easily. To the right is an example caused by the cardiovascular drug nifedipine. In severe cases, the gingiva may completely cover the crowns of the teeth causing periodontal (gum) disease (due to difficulty in keeping the teeth clean) as well as problems with tooth eruption and alignment. Medication-induced gingival enlargement may resolve either partially or completely when the medication is discontinued. If the medication cannot be discontinued, surgical removal of the excess gingiva (gingivectomy) may be



performed but the condition will likely recur. As this condition is somewhat worsened by the level of plaque accumulation on the teeth, effective oral hygiene measures will reduce the severity.

Q: What medications can cause gingival enlargement?

A: The most commonly implicated drugs associated with gingival enlargement are:

- a. Phenytoin: an anticonvulsant medication used to treat various types of seizures and convulsions.
- b. Cyclosporine: an immunosuppressant medication used to prevent organ rejection after transplant. It may also be utilized in the treatment of a variety of other immune mediated conditions such as psoriasis, atopic dermatitis, rheumatoid arthritis and nephrotic syndrome.
- c. Calcium channel blockers: a class of cardiovascular drugs used in the management of conditions such as hypertension, chest pains and irregular heartbeats. Commonly prescribed examples include nifedipine, amlodipine and verapamil.

Hereditary Gingival Fibromatosis

This is a rare hereditary condition that usually develops during childhood, although some cases may not become evident until adulthood. The condition presents as a slow growing generalized or occasionally localized non-tender, firm, pale pink enlargement of the gingiva. The example to the right reveals how the teeth may become covered by the exuberant gingival overgrowth.



Surgical removal of excess gingiva is often necessary to avoid impaction and displacement of teeth. Repeated surgical removals may be required because of the recurrent nature of this condition.

Systemic Causes of Gingival Enlargement

There are numerous physiologic and systemic conditions that may promote localized and/or generalized gingival enlargement such as pregnancy, hormonal imbalances, and leukemia. To the right is an example of a localized gingival enlargement associated with pregnancy.



Gingival enlargement associated with systemic conditions usually resolves when the underlying condition is treated or in the case of pregnancy, delivery of the child. As with medication-induced gingival enlargement, effective oral hygiene measures will reduce the risk of developing gingival enlargement

437. 22- you make a CD and during insertion there is clicking posteriorly before anteriorly, this is why → high vertical dimension

438. 22-difference between center of growth & site of growth → Enter independent growth

439. 23- Rideal test used for what =phenol- coefficient test

Methods of testing disinfectants

Various methods are employed to test the efficacy of a disinfectant:

- I. Koch's method
- II. Minimum Inhibition Concentration
- III. Rideal Walker Method
- IV. Chick Martin test & Garrod's test
- V. Capacity use dilution test (Kelsey-Sykes test)
- VI. Stability test
- VII. In-use test

440. 24-test for sterilization

Sterilization is best monitored using a combination of mechanical, chemical, and biological indicators.

Mechanical Monitoring

Record cycle time, temperature, and pressure as displayed on the sterilizer gauges for each instrument load.

Chemical Indicators

- J Use chemical indicators, such as indicator tapes, with each instrument load. These indicators change color after exposure to the proper sterilization environment.
- J Failure of the indicator to change color indicates that it was not exposed to the proper sterilization environment (e.g., proper pressure or temperature). In such cases, the instrument load should be re-sterilized.
- J Indicator tapes are sterilizer-specific (i.e., tapes for steam sterilizers cannot be used to test chemical vapor sterilizers).
- J Chemical indicators should not replace biological indicators, as only a biological indicator consisting of bacterial endospores can measure the microbial killing power of the sterilization process.

Biological Indicators:

- J The CDC recommends that you monitor sterilizers at least weekly with biological indicators.¹ Check to see whether your state dental board has different requirements.
- J Biological monitoring can be done in two ways:
 1. In-office incubator and spore monitoring strips (contact your dental supplier for a list of products). This method usually gives results in 24-48 hours.
 2. Mail-in spore monitoring programs (PDF). This process usually takes a week. Although it takes longer to get results using a service, third-party monitoring programs may offer more credibility than in-house monitoring.
- J A positive spore test result indicates that sterilization failed.
- J Maintain a log of spore test results. Check with your state dental board to determine how long you need to keep spore testing records.

441. 25-Causes of isthmus fracture

Answer is: all are correct

1. Incorrect resistance and inadequate retention.
2. Under or over-extension of isthmus width.
3. Excessive occlusal forces.
4. Surface and structural discontinuities

442. 26- growth of mandible Condylar → endochondral apposition

443. 27-Patrix & matrix as component of RPD


RIGID EXTRACORONAL ATTACHMENT

Roach attachment (ball and tube attachment)

Oldest attachment

Patrx – round ball

Matrix - tube

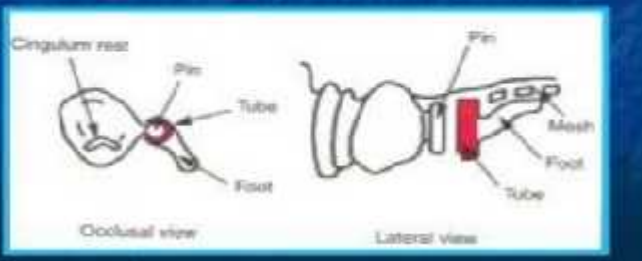


Pin and tube attachment

The simplest

Patrx - pin

Matrix – tube



Components of local anesthesia carpule:

- *Local anesthetic drug (e.g. Lidocaine HCl)
 - > blockage of nerve conduction.
- *Sodium chloride
 - > isotonicity of the solution.
- *Distilled water
 - > Diluent that provides for the volume.
- *Vasopressor (epinephrine)
 - > increase depth & duration of local anesthetic.
 - > decrease absorption of local anesthetic and vasopressor.
- *Antioxidant (Sodium (meta) bisulfite)
 - > reducing agent for vasopressor.

444. 28-Maryland bridge

FPD

Maryland micro mechanical bounded resin for single tooth

445. 29-Content of Anesthetic carpule

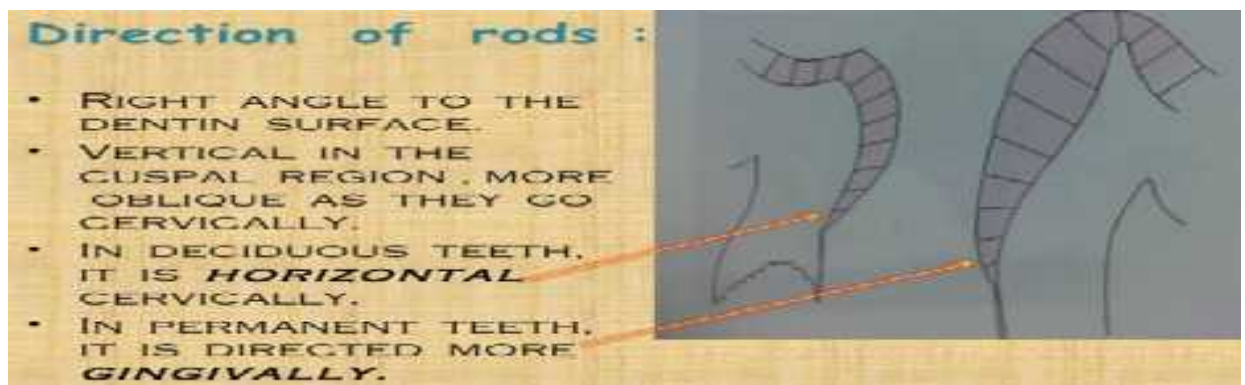
- Lidocaine+ epinephrine+ Ringer's liquid
- Lidocaine+ epinephrine+ distilled water*****
- Lidocaine+ epinephrine only

446. 30-Pt want to increased keratinized gingiva which surgery

- Apical displaced flap*****
- Coronal displaced flap

447. Orientation of enamel rods?

- Perpendicular to CEJ
- Perpendicular to tooth axes
- Parallel to CEJ



448. Simple method of pulp treatment??
- Pulpotomy
 - Pulp capping ***
 - Pulpectomy
 - Apexification
449. In deep caries dentin is:
- Sclerotic
 - Discolored
 - Reparative*****
450. Which part of tooth is parallel to long axis of tooth??
- Shank
 - Blade*****
 - Cutting edge
 - Handle
451. Cause of two foramina at apex:
- Something happened to dental sac
 - Hertwig's sheath*****
452. Following medical conditions may precipitate syncope:
- Hypoglycemia.
 - Mild hyperglycemia.
 - Anti-hypertensive drugs with gang ionic blocking agent.
 - Antidepressant therapy.
- 1 only is correct.
 - 1 and 2 are correct.
 - 2, 3 and 4 are correct.
 - 1, 2, 3 and 4 are correct. (All)*****
453. Check biting in lower denture can occur if
- Occlusal plane above tongue
 - Occlusal plane below tongue
 - Occlusal plane at lower lip
 - None of the above*** Cheek biting due to lack of posterior overjet(horizontal overlap)
454. Which material is mixed very slowly to ensure long working time
- Zinc phosphate cement*****
 - GIC cement
 - Resin Cement

D. Polycarboxylate cement

SETTING REACTIONS OF ZINC PHOSPHATE CEMENT

Chemical Reaction. The chemical reaction that takes place between the powder and liquid of setting phosphate cement produces heat. The amount of heat produced depends upon the rate of reaction, the size of the mix, and the amount of heat extracted by the mixing slab.

Powder to Liquid Ratio. The less powder used in ratio to the liquid, the longer the cement will take to harden. Good technique minimizes the rise in temperature and acidity of the setting cement that can injure the pulp. Generally, for increased strength, decreased shrinkage, and resistance to solubility, it is advisable to blend as much powder as possible to reach the desired consistencies.

Setting Time. The setting time of zinc phosphate cement is normally between 5 and 9 minutes. Four actions that may be taken to maintain and prolong the normal setting time are given below.

- (1) Lower the temperature of the glass mixing slab to between 65° and 75° F (18° to 24° C), if the glass mixing slab is not already cooled below the temperature at which moisture will condense on it.
- (2) Blend the powder slowly.
- (3) Mix the powder over a large area of the cool slab.
- (4) Use a longer mixing time, within optimum limits.

455. 1. Muscle for retraction of mandible:

- A-temporalis*****
- B-lateral pterygoid
- C-medial pterygoid
- D-mylohyoid

456. 2. The first step for remove gutta-percha:

- A-solvent
- B-New hedstorm *****
- C-board brush
- D-reamer

457. 3. -----which is the factor deficiency lead to hemophilia B:

- A.V||
- B.X||
- C.IX*****
- D.IV

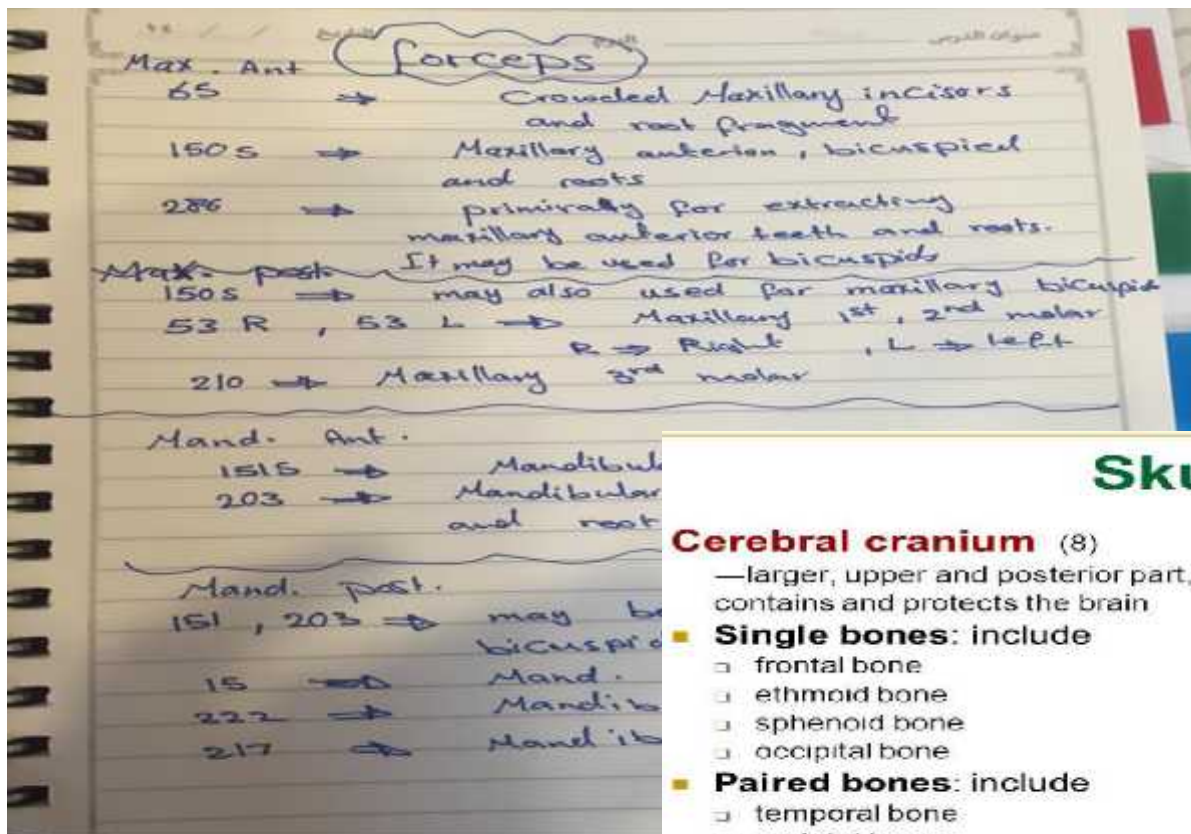
458. 4. Neonate when you give 0.5 fluoride And ---already have fluoride in water ---- (long story)when you calculate you notice ingestion (big number but it is more than 15):

- A. Ingestion milk with calcium--
- B. Emergency hospital--*****

459. 5. Female come with mass on left neck slowly growing before 6yrs---(as file)
 A. Pleomorphic adenoma *****
 B. Adenoid cystic carcinoma
460. 6. pituitary gland for: A. Growth Hormone
461. 7. The needle size for surgery:
 A. 19 gauge
 B. 25 gauge *****
 C. 30 gauge
462. 8. periodontal surgery needle used is: ??????????
 1. 3/8 reverse cutting
 2. 1/2 flat needle
463. 9. pt. has severe pain in #46, Electric test. Negative, Hot test. --- sec, Cold test. 5 secs there is something in #36 Electric. ---Cold ---- Hot ----
 A. Irreversible pulpitis
 B. Reversible pulpitis
 C. Direct pulp capping
 D. root canal treatment
 (Sorry but really I couldn't remember)
464. 10-14 yrs. pt. excessive plaque and calculus , what is the best ultrasonic to be used
 A. Piezoelectric***
 B. Magnetostrictive
 C. Ultrasonics
465. 11. picture of fractured upper complete denture (as file)
466. 12. picture of Dentigerous cyst
467. 13. 4yrs extraction lower left d:
 A. Lingual arch
 B. Distal shoe
 C. Band and loop****
468. 14. pt. has upper right 6 root canal treatment with small MOD caries The best treatment:
 A. Gold crown *****
 B. MOD gold inlay
 C. MOD gold onlay
469. 15. pic (panorama) blue sclera, multiple fracture bone ----:
 A. Dentinogenesis imperfecta
 B. Amelogenesis imperfecta
 C. Osteogenesis imperfecta*****
470. 16. which tooth have rarely two canal:
 A. Distobuccal root of upper first molar*****
 B. Mesio ---
 C. lower central



471. 17. female 35yrs, long story about surgery found Ossifying fibroma the recommended treatment:
- Radiotherapy
 - Curettage--*****
 - Resection-----
 - Leave it until it gets bigger---
472. 18. causative organism of Osteomyelitis :
- Staph aureus*****
 - Strepto—
473. 19. Which time cleft lip:
- 6 week
 - 8 week***
474. 171. All are single bone in the skull EXCEPT:
- Lacrimal.
 - Occipital.
 - Sphenoid.
 - Parietal. *****
475. 20. maxillary upper premolar--forceps:
- 88
 - 150**



476. 1. PT come can't taste sugar in anterior part of tongue which cranial nerve
- Thyroglossal

- B. Vagus
- C. Facial *****chorda tympani
- D. Glossily

477. 2. Pedo 3years with water fluoride 0.2 ppm what u do

- A. 0.25 mg *****
- B. 1mg
- C. Pits fissure sealant
- D. No ttt

478. 3. Case for impacted upper bi lateral canine

- A. Periapical
- B. Dentigerous*****
- C. Residual

479. 4. Difference between AH plus and AH 26 a. Resales formaldehyde

the cement may have one of the lowest toxicities of endodontic sealers.¹⁸⁷ A new formulation of AH26 is AH Plus. This is a two-paste mixing system that assures a better mixture and does not release formaldehyde upon setting.^{63,218} It is more radiopaque and has a shorter setting time (approximately 8 hours), lower solubility, and a better flow compared with AH26. One study demonstrated that AH Plus had a lower short- and long-

480. 5. Case with tongue lesion history appear 2 month

- A. A. Squamous cell carcinoma **
- B. B. Lipoma

481. 6. Case tell u #26 extruded as # 36 extraction and u need go FPD for #35 and # 37 which movement interfere will happen

- A. Right movement
- B. Left movement
- C. Right and left movement
- D. Protruded*****

482. 7. Which muscles down ward mandible

- A. Masseter = elevation and protraction of mandible
- B. Temporalis =Elevation and retraction of mandible Antagonist Platysma muscle
- C. Lateral pterygoid= depresses mandible, protrude mandible side to side movement of mandible
- D. Digastric*****

483. 8. When u go to check examination of mouth which muscles u will move it to can check

- A. Masseter *****
- B. Temporalis
- C. Lateral pterygoid
- D. Medial pterygoid

484. 9. Quiz about osseous defect classification a. Michagin b. Name

بأشوفها متذكرها????????????????/

485. 10. GI modified and composite why uses G I a. As chemical bond released FL

واخيارات يه شبه هو مميزات

) Advantage of GI

- Less shrinkage than polymerizing resin
- No free monomers, Non-irritating to pulp
- Coefficient of thermal expansion similar to dentin
- High compressive strength
- Adhere chemically to enamel and dentin (hydrophilic)
- Fluoride release and recharge (reservoir effect)

) Dis advantage:

- Poor abrasion resistance
- Average esthetic
- Technique sensitive
- Susceptible to take up additional water → hygroscopic expansion
- Susceptible to dehydration → Crazeing, Cracking

) Advantage of resin modified GI

- Set on demand
- Fewer desiccation and hydration problems
- Immediate finishing
- Better esthetics
- Tensile strength, fracture toughness
- Resistance to microleakage
- Bond to resin composite

486. 11. Pt. With extraction # 36 along time need FPD and #37 and #38 go mesially angle what best ttt

A. Extract # 38 and go ortho to correct #37 then do FPD THIS correct

487. تقرير للمريض وقصه كبيره وبيقولك يغسل أدواته يده بيتكلم remove the

بيتكلم بطريقه غير بي فهمك انه ايه لانه بعدها بيتكلم protective for him as first step

488. 13. Pt. With pain spontaneously 2 hours from cold sever

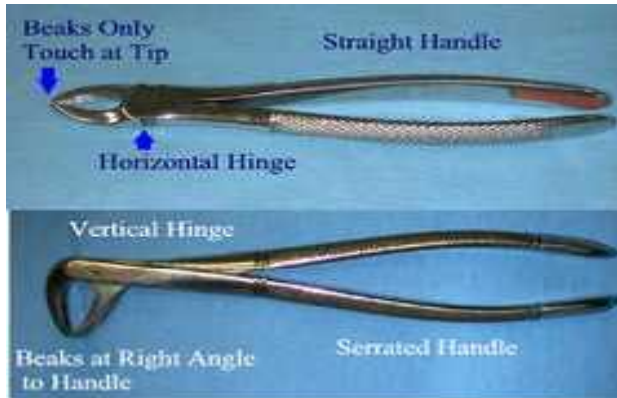
- Reversible
- Irreversible pulpitis *****
- Asymptomatic apical periodontist
- Symptomatic periodontist

489. 14. About dentin sensitivity how can control by 10% strontium/potassium chloride or 5% potassium nitrate

490. 15. Upper two central fracture badly decayed and bone defect which more proper ttt

- Implant

- B. FPR
C. RPD****
491. Distance between x-ray and pt. For cephalometric
A. 5 feet*****
B. 6. = between dentist and x ray
C. 7
492. 17 bacteria not in new porn Streptococcus mutans
493. 18. Bacteria responsible for diffuse apical periodontitis? Microbial spa
494. 19. Pt. Endocardial infection bacteria have role in what system منهم
495. 20. In class three composite upper central which type of groove
A. Full
B. Short incisal and gingival grooves*****
C. Ground
496. 22. Change of tooth disorder happen in which stage
A. Dentinogenesis *****
B. Amelogenesis
C. Enamel hypoplasia
497. 23. Wound healing complete vascularity a. 2-3 b. 7-14**** c. 15 -21
498. 24. Child has cross bite unilateral posterior what's reason ??????????
A. Shifted **
B. Bad chewing
C. Bad mastication
D. Muscles
499. 25. Trauma most happen in which class a.1 b.3 c.2 deviation 1 *****
501. 26. Amalgam with deep caries what you will do steps of caoh then gi then varnish
Caoh--base--varnish--amalgam
502. 27. The least electric fluorescence optic fiber and write some type??????????
503. 28. Child w rubber dam which u choose whole a. Smallest * b. Largest c. Whole
not matter??????????
504. 29. Sodium chloride has role in endodontic ttt kill a. Organic tissue** b. Inorganic
c. Soft tissue d. 4get
505. 30. Indication of thermal Obturation a. Open apex ***b. Narrow canal
506. 31. K file cross section a. Triangle b. Square***** c. Rhomboid.
507. 32. Component of forceps
A. Shank handle blade



B. Handle, hinge, beak

508. 33. Which more important for aker's clasp
- Caries resistance mouth ***
 - Tooth mobility
 - Gingival recession
509. 34. Child with caries in lower E deep and near to pulp which saw in his bitewing x ray which x-ray u will do
- Bitewing from another view
 - Periapical****
 - Occlusal
 - Panorama
510. 35. Denture has problems when delivery to patient has discomforts to it and need correct
- Laboratory*****
 - Clinical
511. 36. patient has hyper ventilation do with what
- CO₂***
 - O₂
 - NO₂= nitrous oxide
512. 37. part name it connects abutment with other parts in FPD and RPD
- Major connector
 - Retainer*****
 - Denture base
513. 38. Another name of drug = diazepam which dose a.100mg b.200mg c.1200mg ?
514. 40. During scaling what's blade angle
- 40-50
 - 60-70
 - 70-80 *****
 - 100-110= Sharpening angle
515. 41. decayed tooth and carbohydrate has role in it which is most important for it
- Time

516. 1_chromic catgut suture absorption:

A-7_10

B-10_15

C-21**

517. 2_histopathology of lichen planus:

A_ acanthosis (Malignant transformation n Atrophic & erosive forms) *****

B_ acantholysis

518. 3_time in minutes of application of topical fluoride:

A_2

B_4*****

C_6

D_8

Table 1. Application of fluoride varnish and gel

Application of fluoride varnish

- Remove excess moisture from teeth a quadrant at a time using gauze or light air.
- Mix fluoride in unit dose or dispense 0.5 ml to 1 ml from tube.
- Apply in a thin layer to all tooth surfaces using a small, disposable applicator.
- Instruct patients:
 1. to avoid hard foods and hot or alcohol-containing items (mouthwashes) for 4 hours.
 2. to not brush or use other oral hygiene aids for the remainder of the day, if possible.

Application of fluoride gel or foam

- Select appropriate tray size for patient.
- Select appropriate formulation: APF or neutral sodium. Use neutral sodium if patient has porcelain or resin restorations.
- Patient is seated upright using small volume suction.
- Remove excess moisture from teeth.

Table 5

Patient Instruction for Fluoride Treatment^a

- Brush and floss the teeth to remove plaque.
- Spread a thin layer of fluoride^b (prescription-strength) on the inside surface of the fluoride trays.
- Place the trays on the teeth for 5 minutes.
- Remove the trays and spit out the excess fluoride.
- Rinse the trays in water and store in a clean, dry container.
- Do not rinse, eat, or drink for at least 30 minutes after the fluoride treatment.
- Best if done before bedtime

519. 4_percentage of fluoride in acidulated phosphate fluoride? A_1.23 %

520. 5_percentage of fractures in maxilla:

A_25 %

B_75%***

C_50%

521. 6_in cephalometric angle, mandible in relation to the cranial base:

A_ANB = mandible to maxilla

B_SNB*****

C_SNA = maxilla

<ul style="list-style-type: none"> • SNA angle 	<ul style="list-style-type: none"> • Formed by the intersection of SN plane and a line joining nasion and point A. • Indicates relative <u>A-P positioning of the maxilla in relation to cranial base.</u> • SNA—82 degrees • Larger values indicates prognathic maxilla while smaller ones suggest retrognathic maxilla.
<ul style="list-style-type: none"> • SNB angle 	<ul style="list-style-type: none"> • Angle between the SN plane and a line joining nasion to point B • Indicates <u>A P positioning of the mandible relative to cranial base.</u> • Average—80 degrees • Increased in Class III and decreased in retrusive mandible
<ul style="list-style-type: none"> • ANB angle 	<ul style="list-style-type: none"> • Formed by the intersection of lines joining nasion to point A and nasion to point B • Denotes <u>relative position of maxilla and mandible to each other.</u> • Mean value is 2degrees

522. 7_distance between cephalometric device and sagittal plane in feet:

A_4

B_5*****

C_6

523. 8_bacteria cause endo failure:

A_feacalis*****

B_bacteriods

- Sundqvist et al. (1998) observed a mean of 1.3 bacterial species per canal and 42% of the recovered strains were anaerobic bacteria. E. faecalis was detected in 38% of the infected root canals.
- E faaecalis is the pathogen of significance in most cases of failing endodontic treatment.

524. 9_pic of patient with accidental trauma in lower lip:

A-fibroma*****

B-papilloma

C-verrocous vulgaris

525. 10_ most flexible file:
 A. Reamer*****
 B. K file
 C. H file
526. 11_ standaradization of endo file acc to:
 A. Length of blade
 B. Diameter of tip*****
527. 12_ irreversible hydrocolloid. We delay pouring more than 15 min, then become soft and chalky. This is due to:
 A. Immersion in disinfectant*****
 B. Dehydration
528. 13_ ttt of Acute Pericronitis:
 A. Antibiotic only
 B. Surgical removal and antibiotic*****
 C. Relief of occlusion
 D. Antiseptic
529. 14_ Indicaion of Maryland bridge:
 A. Young patient*****
 B. Translucency in abutment teeth required
530. 15_ Contraindication of anterior fixed bridge:
 A. Abutment teeth not carious
 B. Considerable amount of ridge resorption*****
 C. Crown extremely long
531. 16_ Best plan of thumb breaking habit:
 A. Encourage from parent
 B. Stop before eruption of upper permanent central incisor*****
 C. Stop before eruption of lower first molar
532. 17_ 6 mm between frenum and floor of mouth, type of major connector:
 A. Lingual bar
 B. Lingual plate*****
 C. Double plate

Lingual Bar	<ul style="list-style-type: none"> Commonly used It is half pear-shaped in cross-section with the thickest portion placed inferiorly It is made from a thick (6-gauge) half pear-shaped wax pattern. There must be a <u>minimum of 8 mm vertical clearance from the floor of mouth</u>. The upper border of the pattern should have a <u>3 mm clearance from the marginal gingiva to avoid any soft tissue reaction</u> The minimum height of the major connector should be atleast 5 mm Lingual bar should be placed as inferior as possible so that movements of the tongue is not restricted and sufficient space can be available above it.
Lingual Plate	<ul style="list-style-type: none"> High lingual frenum, active tissues of the floor of the mouth Long span edentulous ridges, class I or II design RPD and indirect retention is needed Anterior teeth having reduced periodontal support and need stabilization
Double lingual bar also k/a Kennedy bar, lingual bar with continuous bar, split lingual bar (AIPG 2014, AIIMS Nov 2013)	<ul style="list-style-type: none"> Periodontal weakened tooth with spacings. Large interproximal spaces that could cause aesthetic concerns by the metal display of a lingual plate. <p>Indications: Situations where the major connector must contact the natural tooth to provide bracing and indirect retention and there are open cervical embrasures which contraindicate the use of a lingual plate. There must be adequate space for the lingual bar portion of the major connector.</p> <p>Contraindications-</p> <ul style="list-style-type: none"> Where a lingual bar or lingual plate will suffice Any contraindication for a lingual bar, Any contraindication for a lingual plate Diastemas
Labial Bar	<ul style="list-style-type: none"> Extreme lingual inclination of premolars and anterior teeth, inoperable large tori

533. 18_study of oral health on pregnant women in many health center 7aga kda msh fakra awe??

- A. Cohort study = in medicine, it is an analysis of risk factors and follows a group of people who do not have the disease, and uses correlations to determine the absolute risk of subject contraction. It is one type of clinical study design and should be compared with a cross-sectional study. Cohort studies are largely about the life histories of segments of populations, and the individual people who constitute these segments

ويطلق عليها أيضاً

cohort studies وبالإنجليزية^[1]

مجموعتين إحداهما

هي

زمنية معينة

المجموعتين

هذا التقسيم يتم

غير

المستقبلية

هذه

(prospective)

- B. Cross sectional = In medical research and social science, a cross-sectional study (also known as across-sectional analysis, transversal study, prevalence study) is a type of observational study that involves the analysis of data collected from a population, or a representative subset, *at one specific point in time*—that is, cross-sectional data.
- C. Case control = A case-control study is a type of observational study in which two existing groups differing in outcome are identified and compared on the basis of some supposed causal attribute. Case-control studies are often used to identify factors that may contribute to a medical condition by comparing subjects who have that condition/disease (the "cases") with patients who do not have the condition/disease but are otherwise similar (the "controls").^[1] They require fewer resources but provide less evidence for causal inference than a randomized controlled trial.

D. observational study

534. 19_role of V.C in local anesthesia:

- A. Decrease toxicity*****
B. Decrease pain
C. Decrease duration

535. 20_Elliptical motion: Magnetostrict

536. 1-community with high annual population growth need education about;
a-dental caries

537. 2-dental caries is endemic disease means the disease is:
a-habitually present in human population

538. 3-cost effective method to prevent dental caries;
a-water fluoridation

539. 4-flouride which we use in clinic doesn't cause fluorosis;
a-teeth already calcified

540. 5-what is cavo surface angel for amalgam?
A-90

541. 6-necrosis in primary teeth seen in
 A-furcation*****
 b-apical
542. 7-most teeth surface affected by caries??
 A-pits and fissures
543. 8-autoclave vs oven??
 A-break protein cell membrane at low temperature
544. 9-bacteria cause and progress caries??
 A-streptococcus and lactobacillus
545. 10-most tooth need surgical extraction??
 A-mandibular third molar
546. 11-lesion at junction between soft and hard palate and surrounded with
 psudoeplithelium and hyperplasia in salivary gland??
 A-necrotizing sialometaplasia
547. 12-perforation during endo space preparation which is the most surface at didtal
 root of lower molar will have tendency to perforation??
 A-mesial surface
548. 13-father for child 12y old ask you about the age for amalgam restoration??
 A-2y b-20***** c-50y
549. 14-patency file?? Reach apically

Concepts and Strategies

Two factors are closely related to the preparation length: use of a patency file and the apical width. A patency file is a small K-file (usually a size #10 or #15) that is passively extended just through the apical foramen.

Use of a patency file has been suggested for most rotary techniques. This step is believed to remove accumulated debris and help maintain working length. However, the issue is controversial, and many U.S. dental schools did not teach this

550. 15-tip of size 20 endo file??
 A-02 b-0.2*** c-2mm
551. 16-mandibular first permanent molar looks morphology as??
 A-primary mandibular second molar
552. 17-patient with warfarin treatment and you want do surgery??
 A-pt. 1-1.5 INR on same day

BOX 1-23**Management of Patient Who Is Therapeutically Anticoagulated*****Patients Receiving Aspirin or Other Platelet-Inhibiting Drugs***

1. Consult physician to determine the safety of stopping the anticoagulant drug for several days.
2. Defer surgery until the platelet-inhibiting drugs have been stopped for 5 days.
3. Take extra measures during and after surgery to help promote clot formation and retention.
4. Restart drug therapy on the day after surgery if no bleeding is present.

Patients Receiving Warfarin (Coumadin)

1. Consult the patient's physician to determine the safety of allowing the PT to fall to 1.5 INR for a few days.*
2. Obtain the baseline PT.
3. (a) If the PT is 1 to 1.5 INR, proceed with surgery and skip to step 6
(b) If the PT is more than 1.5 INR, go to step 4
4. Stop warfarin approximately 2 days before surgery.
5. Check the PT daily and proceed with surgery on the day when the PT falls to 1.5 INR.
6. Take extra measures during and after surgery, to help promote clot formation and retention.
7. Restart warfarin on the day of surgery.

Patients Receiving Heparin

1. Consult the patient's physician to determine the safety of stopping heparin for the perioperative period.
2. Defer surgery until at least 6 hours after the heparin is stopped or reverse heparin with protamine.
3. Restart heparin once a good clot has formed.

*If the patient's physician believes it is unsafe to allow the PT to fall, the patient must be hospitalized for conversion from warfarin to heparin anticoagulation during the perioperative period. INR, International normalized ratio; PT, prothrombin time

553. 18-patient with fpd after you check in mouth of patient see change color of bridge to cloudy to milky??

A-excessive fired

554. 19-nitrous oxide interfere with??

A-b12

Nitrous Oxide	<ul style="list-style-type: none"> • First <i>prepared by Priestley</i> in 1772 and was called "<i>laughing gas</i>"; first used as an anaesthetic agent in <i>1845 by Horace Wells</i>. • It is a colourless, sweet-smelling, non-irritant gas; <i>good analgesic BUT weak anaesthetic</i> with an MAC of 105. • Maximum safe concentration that can be administered without the risk of hypoxia is <i>approximately 70%</i>. • Diffusion hypoxia or 'Fink effect': At the end of anaesthesia, rapid excretion of nitrous oxide into the alveoli dilutes any oxygen present. This can be overcome by increasing the inspired oxygen concentration during recovery. • Poynting effect: Certain mixtures of nitrous oxide and oxygen will remain in the gaseous phase at pressures and temperatures, at which, nitrous oxide by itself would normally be liquid. • Second gas effect is significant when N_2O is given at 70-80% concentration. However this effect accounts for only a small increase in the concentration of accompanying volatile anaesthetic. <i>(AIIMS Nov 2010)</i> • Nitrous oxide is premixed with oxygen as a 50%: 50% mixture called "Entonox" which is widely used analgesic in obstetrics.
<p>Systemic Effects</p> <ul style="list-style-type: none"> - It diffuses more rapidly into air-filled cavities than any nitrogen can escape causing either a rise in pressure (e.g. in the middle ear) or an increase in volume (e.g. within the gut of an air embolus). Contraindicated in pneumothorax and in patients who have been scuba diving within the previous 24 hours due to the potential for decompression sickness. <i>(AIIMS 1993, PGI 2000, 2003)</i> - Methemoglobinaemia, mainly due to its impurities (Nitric oxide and nitrogen dioxide). - Megaloblastic anaemia because nitrous oxide inhibits methionine synthetase; also it may cause bone marrow suppression. - Reduces bowel motility, increases ICT, causes nausea and vomiting. 	

555. 20-die ditching??

A-carving apical to finish line

556. 21-patient feel sever pain in upper mouth pain is radiated to ear and eye after you check no caries when you pressure on premolar feel pain??

A-maxillary sinusitis

557. 22-patient with lesion in posterior of the tongue we want to take biopsy how to pull the tongue??

A-towel clip

558. 23-the punch hole in the rubber dam for anterior in child?

A-small

559. 24-to prevent toxicity put amalgam in??

A-fixer of radial

560. 25-21y old has submandibular space infection swelling, 36 and 38 is missing on radiograph he has radiolucency extend in 36 37 38 Area with septal trabecula and root resorption??

A-Ameloblastoma

561. 26-during design lingual bur in lower arch for patient what will you start??

A-design rest seat

562. 27-patient come to you after placing new amalgam opposing gold inlay with sensitivity on biting due to galvanic shock??

A-change restoration

Galvanism

- When dissimilar metals present in the oral cavity, come in direct physical contact with each other, may produce electro-galvanism or they galvanic current. This results from potential postoperative pain caused by galvanic shock not a common finding in the dental office but it can be a source of discomfort to an occasional patient
- Best method for reducing or eliminating galvanic shock is to paint external surface of restoration with varnish
- Electric currents measured between a gold crown and an amalgam restoration in the same mouth is approximately 0.5

563. 28-function appliance???

A-bionator or posterior bite block

564. 29-patient with hypertension and want make denture 145/100 what will you see??

A-mucosal change***

b-dry mouth**

c-hyperplasia

d-fungal infection

565. 30-internal resorption??

A-irreversible pulpitis

566. 31-most tooth responsible for crowding in primary teeth??

A-second mandibular molar

567. 32-muscle responsible for cleft palate??

A-levator palatine

568. 33-about rarefaction??

A-thin cortical plate

569. 34-4y child took antibiotic in 8 months what teeth are effected??

A-central and lateral and canine

b-central and lateral and six*****

c-central lateral six canine

570. 35about reepithelization??

A-10-15days

571. 36patient has periodontal diseases in lower six has furcation grade 2 and mobility grade 2 the treatment is??

A-fair

572. 37-common in dens invaginatus??
A-maxillary laterals
573. 38-55y old female had complete denture everything is good but she complains from here aging appearance??
A-excessive low vertical dimension***
b-defect centric occ
574. 39-what color code of plaque in 18y old??
A-purple***
b-red
c-black
575. 40-ultrasonic in endo has advantages than provisional method????????????????
A-faster*****
b-debridement better
c-best access cavity
576. 41-endocranial ossification occur in??
A-synchondrosis
577. 42-enamel hypoplasia??
A-appostion**
b-differentiation
c-proliferation
578. 43-pulp polyp??
A-hyperplastic lesion
579. 44-role anesthesia with saliva
A- reduce anxiety and sensitivity*****
b-block cholinergic receptor
c-block salivary gland....
580. 45-rapid expansion??
A-twice daily
581. 46-after trauma tooth had discoloration with no radiolucency??
A- endo*****
b-crown
c-restorations
582. 47-secromotor to parotid gland??
A-glossopharyngeal
583. 48-how much anesthesia for child 2% 1.8 15 kg weight and 3 years old??
A-1
b-3 *****
c-5

584. 48-most important bone in abutment in rpd??
A-vertical
b-horizontal
c-both****
d-none
585. 49-angle between blade and facial surface
A-70-80*****
b-100-110
c-45-90
586. 50-habit cause mal occlusion which is effect??
A-duration**
b-magnitude
c-force
587. 51-palatal root curved in upper first molar??
A-buccally
588. 52-teeth with gold restoration pain during biting only??
A-defective occlusion**
b-thermal conductivity
589. 53-most stiff impression material??
A-polyether
590. 54-mature teeth with caries and pulp exposure ??
A-partial pulpotomy
b-rct therapy*****
c-conservative
591. 55-very destructive molar u make post and core what is the best material for core??
A-amalgam*****
b-composite
c-resin
592. 56-access cavity for upper central w lateral?? Elso2al dah 3asbny gedaaaaaaaan
a-triangular*****
b-oval
593. 57-the most important in endorotary??
A-proper irrigation
b-using edta***
594. 58-favourable undercut in rpd?????????????
A-.02**
b-.01

595. 59-premature loss of lower second primary molar??
A-mesial drift of first permanent molar
596. 60-serial extraction??
A-first permanent premolar
597. 61-patient 22y smoking and stop from 2 years with inflamed dental papilla??
A-anug
598. 62-epith rest of serres??
A-vestibular lamina
b-dental lamina***
c-sheath of Hertwig
599. 64-so2al 3an technique electrosurgery ba7awel aftkr feeh: D: D
600. 65-so2al 3an epidemiology but not as file kan re5m bardo: D: D
601. Gingival hyperplasia related to phenytoin therapy is :
A) most common in lingual surface
B) most common in older pt.
C) strongly related to phenytoin dosage
D) strongly related to poor oral hygiene*****

Bacterial Biofilm and PGO(Phenytoin Gingival Overgrowth)Development :

studies have found significant correlations between the incidence and/or severity of GO and the amount of accumulated dental plaque and calculus [67, 68]. Other studies have shown that satisfactory oral hygiene is able to reduce the overgrowth

602. 10 years old patient has a white yellowish tooth, with radiographic examination, big pulp chamber, thin dentine and enamel give appearance of ghost teeth - Diagnosis :
1. Dentinogenesis imperfect
 2. Amelogenesis imperfect.
 3. Odontodysplasia*****

Regional Odontodysplasia (Ghost Teeth)

- Imperfecta or odontodysplasia.
- Etiology is thought to be somatic mutation or a latent virus residing in the odontogenic epithelium.
- There is delay or total failure of eruption.

سيكتب أسئلته الرحيم يكون للبيرسون
 حله أسئلتها
 Lolo Mooh بيكمل

603. 1-5 years pt. Missing left upper incisor what ttt5

- a- space maintainers
- b-Maryland bridge*****
- c-no treatment

604. 2-) image. Fibroma (benign tumor)

605. 3-) primary herpetic Gingivostomatitis:

- a.no pain*****
- b.yellow-gray vesicle

1) Herpes Simplex Virus-1

Clinical Features

- ✓ initial exposure to an individual without antibodies to virus is called *primary infection*
- ✓ typically occurs at a young age
- ✓ often asymptomatic

606. 4-) flat, distinct, discolored area of skin:

- a. macule*****
- b. vesicles
- c. measles

607. 5-) remounting process in lap why?

18. Laboratory Remount

Purpose:

1. To correct errors in occlusion that have occurred during processing
2. To return dentures to the correct vertical dimension of occlusion
3. To restore centric and bilateral balanced occlusion

608. 6-) flasking fixed denture:

- a. plaster*****
- b. refractory material

609. 7-) pt. missing 13 and we do FPD what abutment: 14/11/ /12

610. 8-) chronic renal disease come with:

- a. hypothyroidism
- b. hyperparathyroidism*****

611. 9-) enamel dental caries toward to:

- a. pulp
- b. DEJ*****
- c. root

612. 10-) saliva contents =

Saliva contents: 99.5% water - ammonia - electrolytic - glucose - lipids - proteins - antibacterial enzymes

613. 11-) Addition of vasoconstrictor to local anesthesia:

- a. increase bleeding
- b. reduces toxicity of L. A
- c. reduces pain of L. A
- d. increase duration and quality*****

614. 12-) X-ray image for impacted canine palatally and labially.

- A. Dentigerous cyst*****
- b. periapical cyst

615. 13-) que about maxillary growth

Maxillary growth intramembranous apposition deposition of posterior wall of maxillary tuberosity resulting in posterior lengthening of maxilla.... and maxillary complex moves and grows downward and forward. Transverse growth at the median palatine suture

616. 14-) affect periodontal ligament injection in pulpal circulation
- increase
 - decrease***** = limited blood circulation at the injection site for the periodontal ligament technique. So decrease
 - no affect
617. 15-) I did not understand this question<<pt. 9 year come to clinic with nanny :
- history of nanny
 - take history pt.
 - call the parents ** = any medical conditions should take information from the parents
 - no treatment without parents
618. 16-) to measure width of bizygomatic of unsatisfied patient
- face bow*****
 - willis
619. 17-) for child with thumb sucking ... the time for correction by ortho take
- 6 months *****
 - 7
 - 9
 - 4
- If asking about age for correction at 7 years... but here, they mean how much time it takes > 6 months
620. 18-) patient have orthodontic removable appliance... Affect speech
- lingual-alveolars vout for few days
 - lingual-alveolars vout for several week*
 - Lingual vout for few days
 - Lingual vout for several week
621. 19- x-ray show recurrent caries in 6 under amalgam filling and pulp exposure but no pain what treatment:
- extraction
 - DPC then amalgam restoration..*****
 - pulpotomy and space maintainer
622. 20- patient complete denture has hypertension and he take systemic medication what sign and symptoms:
- fungal infection
 - burning mouth
 - xerostomia****
623. 21-) over eruption 26 and missing 36 we do fixed bridge with 35 and 37 what the movement interfere:
- protrusive
 - Active right movement ,,
 - active left movement,,
 - Active left and right passive*
624. 22-) patient 25 years ..mild to moderate caries and no demineralization
- symptom..

- B. sealant..
- C. fluoride..****
- D.no treatment

625. 23-) Clean instrument before entering the sterilization why

- a. It helps to kill bacteria*****
- b. speed sterilization process
- c. For integrity of instrument

626. 24-) to clean instrument before sterilization we used:

- a. chemical solution ..
- B.by manual

Incomplete q because with cleaning we use both hands-free mechanical process such as use of ultrasonic cleaner or instrument washer or by manual but it's worse because it can cause harmful injury to hands by sharp instrument ... and chemical solutions are used so i think it's all

627. 25-) waxing pontic of fixed partial denture

- a. Pk2
- b.pk4
- c. spoon excavator*****

628. 26-) x-ray to endodontics tooth show short filling and we do retreatment but file does not reach to apical constriction why:

- a. ledge*****
- b. perforation
- c. fracture instrument

629. 27-) Parapost system:

- a. Parallel threaded
- b. Tapper threaded
- C. Serrated*****

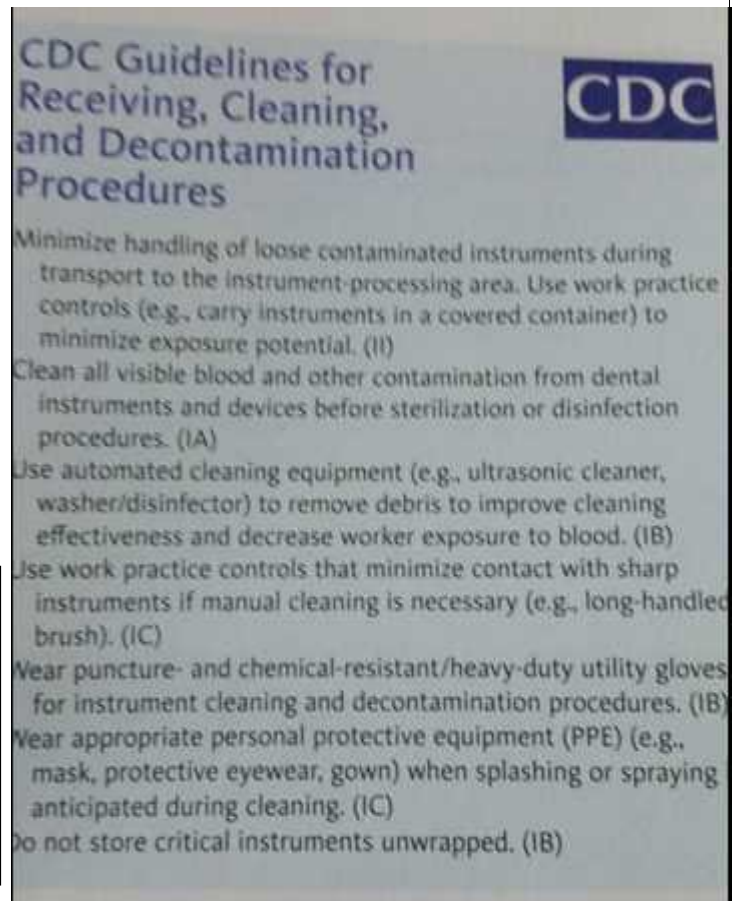
630. 28-) sound tooth and no demineralization symptom but fissure white yellow color.

- A. inactive lesion.
- B. sclerotic dentin. *****.
- C. arrested caries

631. 29-)2que about fissure sealant

632. 30-) 2que about rubber dam use and application

633. 31-)Que about articulator classes



Describe Class I:	Vertical movement is possible, horizontal movement is limited or non existent ***Non adjustable degree
Describe Class II:	Permits horizontal and vertical motion, does not orient motion to the TMJ
Describe Class III:	Simulates condylar pathways, allow orientation of casts relative to joints, can be arcon or non arcon ***Semi adjustable
Describe Class IV:	Performs 3D dynamic registrations ***Fully adjustable

634. 32-1-parakeratinized:

a-don't found it in gingiva = wrong it's found on gingiva

b-in alveolar mucosa = is wrong

c-contain cell like with keratin nuclei*= it does contain keratin

d-something about histology

There is absence of stratum granulosum , and presence of nuclei (histology very characteristic)

What mucosa has 4 layers in which the keratinized layer contains keratin in the cytoplasm with the nuclei still intact?	Para keratinized stratified squamous epithelium
---	---

635. 33 -in questionable perio and pulp teeth with missing 2 cusps how restore it:

a-composite restoration

b-amalgam complex ** (I think this ans)

c-extraction and fpd

d-crown

U need to make pulp test, gum measurements, if endo perio start with endo > crown

If no pulp involved > u can simply make amalgam complex

636. 34 -in cavity what about use of dry, sterilize, disinfected solution :

a-it's useful in deep cavity

b-it cause pulpal irritation*****

c-generally not useful

637. 35 -how to preserve facebow:
 a-self grinding of teeth
 b-simple hinge articulate*****
 c-use of occlusal bite wax or something like this
638. 36-picture of impression coping of implant and there is fluid around it:
 a-gingival mask
 b-implant mask*****
 c-silicone mask
639. 37 -propofol drug uses:
 a-slow the activity of brain *****
 Bronchodilator
 Something in eye
640. 38 -what is the combination syndrome:
 That occur after upper cd and lower class 1 rpd that have natural ant teeth cause osseous resorption in maxilla ant
641. 39-why we make dermal graft in disc perforation:
 A. preserve integrity
 B. make fibrous connective tissue growth*****
 C. degenerate the fibrous c.t
 D. prevent adhesion of disc to glenoid fossa
642. 40-gingival cuff around abutment want use electrosurgery: ???????????
 Pressure light-most increase the speed to 5 min.... -
643. 41 -anesthesia of upper 6 for post sup alveolar nerve but still feel pain before rct
 what additional anesthesia:
 a-anesthesia to ant sup alv nerve (didn't write middle sup)
 b-palatal infiltration**
 c-infiltration buccally
 d-repeat it another time
644. 42-how to make surgical mask effect:
 a-put it in disinfectant
 b-change it between patient*****
 c-hold it from periphery
645. 43-epidemiology:
 a-study the cause of disease***
 b –the risk factor people
 c – survey the disease –
646. 44-interligamentary injection for lower 6 to do rct:
 a-decrease the circulation of pulp*****
 b-increase
 c-same

Epidemiology is the study and analysis of the patterns, causes, and effects of health and disease conditions in defined populations. It is the cornerstone of public health, and

647. 45-advantage of wrought wire above the cast wire in clasp rpd:
 a-less stress to abutment
 b-less irritation to tissue around teeth*** (there is no more flexible choice)
648. 46-peg shape lateral during which stage:
 a-Histodifferentiation
 b-morphodifferentiation*****
 c-apposition
 d-initial

Initiation	<ul style="list-style-type: none"> • Missing teeth • Fusion • Germination
Proliferation	<ul style="list-style-type: none"> • Supernumerary tooth • Odontoma
Histodifferentiation	<ul style="list-style-type: none"> • Amelogenesis imperfecta • Dentinogenesis imperfecta
Morphodifferentiation	<ul style="list-style-type: none"> • Peg teeth, dense in dente • Microdontia • Macrodontia
Apposition	<ul style="list-style-type: none"> • Hypoplasia • Concrescence

649. 47-bacteria must found in retreatment endo: feacalis
650. 48-Hunter Schreger bands: white and black line appear in longitudinal ground of enamel

Hunter-Schreger bands

Hunter Schreger bands are seen here with special illumination in longitudinal ground sections of enamel as light and dark bands.

The red arrows indicate three light bands.

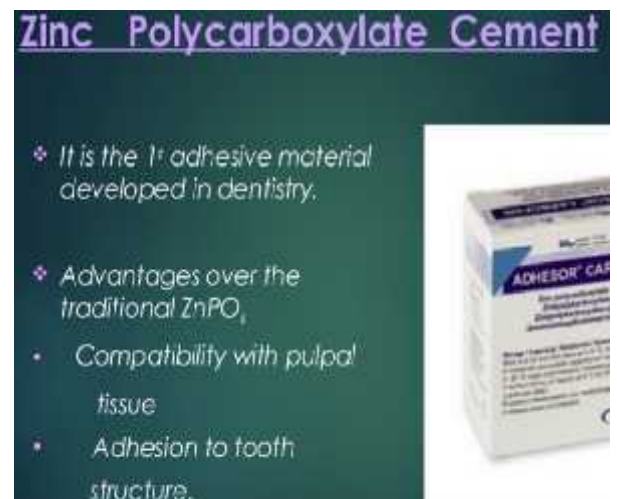


Striae of Retzius

- incremental growth lines seen in enamel and are the result of enamel development.
- When viewed microscopically in cross-section, they appear as concentric rings.
- In a longitudinal section, they appear as a series of dark bands.
- The presence of the dark lines is similar to the annual rings on a tree.



651. 49-the percentage of proximal caries without cavity \:60 %
652. 50-hybrid layer: btw dentin and bond resin
653. 51-different btw acrylic and porcelain teeth in cd:
 a-acrylic less susceptible to stain
 b-acrylic high compressive strength
 c-acrylic high wear resistance*****
 d-acrylic better adhesion to base than porcelain
654. 52 –nerve supply of tmj: auriculotemporal nerve
655. 53-2 q about bone graft in perio
656. 54-instrument use for 3rd incision of modified Widman flap. Blade 15
657. 55-In case of retrograde filling best use:
 A- high copper
 B- free zinc*****
658. 56-to measure width of biozygomatic of unsatisfied patient
 A – face bow*****
 B – willis
659. 57-20yrs pt. Come complain of Pericronitis and pain associated with lower 3 molar and pt. Said the same symptoms occur (before 2 months) and the patient have fever and swelling, so the treatment is
 A-Extract the offending tooth.
 B-Irrigate with hydrogen peroxide and give antibiotic.
 C-Give antibiotic and remove operculum.
 D-extract offending tooth after symptoms disappear. *****
660. 1.. What is the most commonly used cement as a base to protect pulp?
 A. Resin cement
 B. Zinc eugenol
 C. Zinc phosphate
 D. Zinc poly carboxylate*****
661. 2. The chromic catgut is resorbed after in days
 A. 3:5
 B. 7:12
 C. 21*****
662. 3.what is the forceps used to extract upper premolar
 A. No.88
 B. Universal maxillary 150*****
663. 4. There is a wide gap between the delivery and demand in dental care.
 A. Emergency and dental treatment
 B. Public education of self-dental care ***
 C. Resources of dental treatment



- D. Distributions of resources
664. 4.pt. Have carious tooth on diagnosis Cold test 15second Hot test 10secind Electric test pain after 10secind and that of controlled tooth Cold test 5 sec Hot test 5sec
What is management of that tooth
- Extraction
 - Pulp capping
 - Restoration
 - Complete root canal ttt *****
665. 6.what is the most common salivary gland tumor
- Pleomorphic adenoma *****
 - Mucoepidermoid
 - Adenoid cystic
 - Papillary
666. 7.the content structure of salivary gland that has the role of control the conc. Of chloride and sodium in saliva
- Striated duct *****
 - Inter-calated duct
 - Mucin calculi
 - Serous acini
667. 8.child have trauma in child hood cause extreme facial asymmetry now he has limited jaw movement.
- Ankylosis
668. 8.the cone beam radiograph is mostly ????????????????????
- Have great radiation than conventional ways = wrong
 - Can be used as tradional method for pt. Assessment
 - Rare and not applicable
 - It is best way for diagnosis of tmj disc = arthrography (for perforation) and MRI (for disk shape & tmj morphology) so it is wrong also

Cone Beam Computed Tomography

This is a new technology to acquire a CT image by cone beam

Indications

- For diagnosis of cysts, tumors, giant cell lesions.
- Investigation of maxillary antrum, TMJ, osseous dysplasias.
- Implant assessment.
- Orthodontic assessment.
- Views utilizing fracture of mandible and middle third facial selection.

669. 9..pt .70year have invasive poor differentiated ulcer lesion sq.c.c it is prognosis
 A. Good prognosis with less recurrence
 B. Good prognosis with high recurrence
 C. Poor prognosis high recurrence*****
 D. Poor prognosis with less recurrence
670. 10.which of the following has high recurrence rate
 A. Residual cyst
 B. Odontoma
 C. Ameloblastoma*****
671. 11.what is the type of wax used to verify the occlusal reduction for full veneer restoration
 A. Onlay wax*****
 B. Lowa wax
 C. Utility wax
 D. Korecta wax

Impression Waxes

Generally **used** in combination with other impression materials like zinc oxide eugenol, dental impression compound and polysulfide rubber. They are **used** to record non-undercut edentulous portions of the mouth.

(For further details on impression waxes refer to the Chapter 5 on impression materials)

Sticky Wax

These are sticky or tacky when melted and firmly adhere to the surface and are strong and brittle on solidification.

It is **used** to join or stabilize the pieces of broken materials like dentures and casts, temporarily till they are permanently joined. These waxes are also **used** to temporarily join or stabilize the components of a bridge before soldering.

Utility Wax

It is available in the form of sticks and sheets. It is pliable, easily moldable and can stick to the tray. It is **used** to adjust contour of perforated tray for use with hydrocolloids (e.g. to raise flange height and to extend the tray posteriorly).

jaws and to transfer them to mechanical articulator.

5. In onlay and crown preparation these **wax sheets** are **used** to check the extent of occlusal reduction, done and required to be done and the plane of reduced occlusion in comparison of other teeth.

672. 12.the difference between the alveolar epithelium and the gingiva epithelium is
 A. Absence of stratum spinosum
 B. Absence of stratum granulomatous
 C. Absence of stratum cornium*****

673. 13.MTA is a single visit ttt have the only advantage which is
- It provides a high seal ability than conventional method **
 - Have high tensile strength
 - Have high shear strength
 - Provide good relief of pain
674. 14.the main use of dental floss before rubber dam application
- Open contact between teeth for application
 - Verify the roughness and the tightness of the contact*****
 - Ligate tooth for the rubber dam application
 - Remove entrapped food debris in contact area

necessary. Also prior to placement the dentist or assistant should floss the contacts of the teeth being isolated to determine if there are any tight spots.

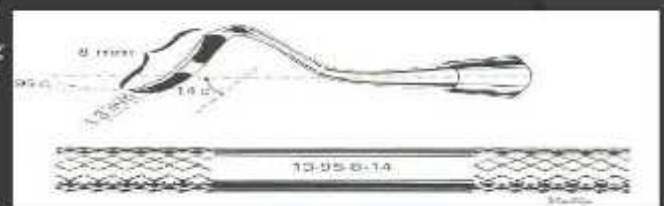
675. 15.the upper central incisor has the following criteria
- Cingulum present at middle lingual surface
 - Mesiodistal width greater than incisocervical
 - Labial surface is smoothly convex with labial lobes and grooves*****
 - Mesial wall is more rounded
676. 16. The overhanging restoration
- Increase the micro leakage of the restoration
 - Affect integrity if proximal contact
 - Affect periodontal health*****
677. 17.the action of the local anesthesia depends on
- Special receptor **
 - Acetylcholine
678. 18.pt have trauma of upper 12 & 11 with defect in labial bone plate what is the appropriate ttt
- Acrylic p d *****
 - Metallic pd
 - Implant supported fpd
 - Tooth supported fpd
679. 19. Image class 4 lower complete edentulous upper. High bone resorption of lower ant region with bad oral hygiene and gingival recession pt. Is diabetic the appropriate ttt if lower ridge
- Implant supported f pd
 - Tooth supported fpd
 - Metallic pd
 - Acrylic pd*****

680. 20.the determinant of periodontal ttt outcome in addition to patient compliance
 A. Patient age
 B. Description of systemic antibiotic
 C. Proper scaling and planning if root*****
681. 21.the supplemental fluoride application depends on
 A. Climate temperature
 B. Age of pt. *****
 C. Previous taken of fluoride
682. 22. Improper occlusal harmony in restoration will cause
 A. Pulp fibrosis
 B. Pulp degeneration
 C. Lateral load and affect periodontal health*****
683. 23.Young pt. Need replacement of old restoration on lower molar he has high attrition on molar area use
 A. Amalgam **
 B. Composite
 C. G ionomer
 D. Full crown
 E. All ceramic restoration
684. 28.what right about Gracey and universal curette
 A. Gracey have one cutting edge universal two
 B. Gracey in specific area universal in inter mouth
 C. Gracey have bi beveled edge 70-degree universal have beveled edge 80degree
 الزوايا تقريبا
 D. Gracey is hemicircular universal triangular
 E. A+b+c
 F. A+b *****
 G. A+b+d
685. 30.in formula of periodontal instrument is 15,38,84,13, The angle of cutting edge is
 A. 15= width of the blade
 B. 38 = angle of the cutting edge*****
 C. 84 = length of the blade
 D. 13 = angle of the blade

4 unit instrument formula: Cutting edge of the instrument is at an angle other than a right angle to the blade.

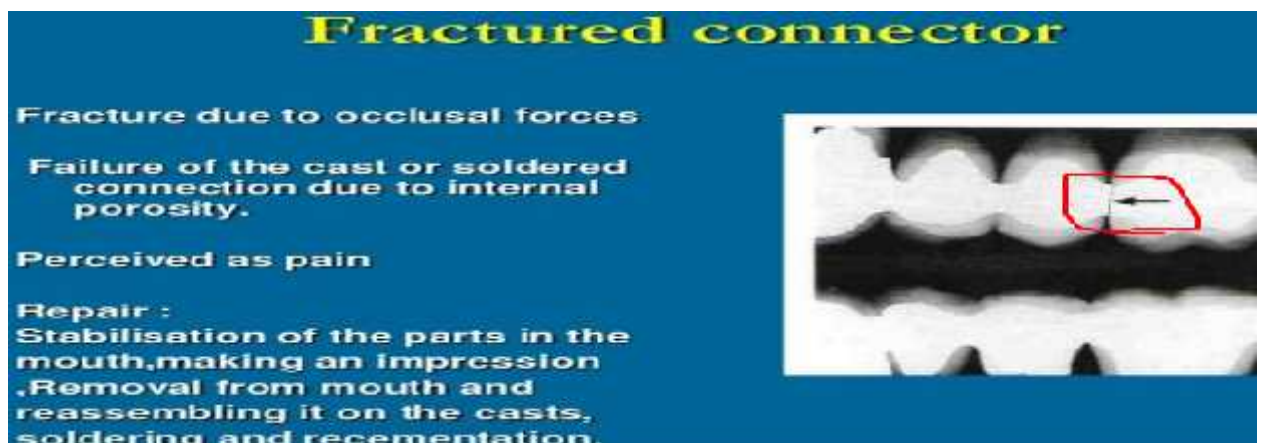
- a. First unit** – Width of the blade in tenths of a millimeter.
b. Second unit - Angle the cutting edge forms with the axis of the handle in centigrade.
c. Third unit – Length of the blade in millimeter.
d. Fourth unit – Angle the blade forms with the axis of the handle in centigrade.

Example:- Gingival marginal trimmer & angle former.



Instrument formula of distal GMT

686. 31. disadvantage of plastic reusable syringe is
 A. Distortion if autoclaved *****
 B. Provide single hand aspiration
 C. Light weight
687. 31. extraction of tooth containing amalgam put it in
 A. Sharp container
 B. Ordinary office container
 C. Autoclaved
 D. In container designed not to incinerated يحرق *****
688. 32. Retreatment if endodontic treated tooth operator not reach to the all length no stick filling
 A. Fracture instrument
 B. Mud
 C. Ledge *****
689. 33. treacher Colin syndrome Have
 A. Defect in clavicle
 B. No hearing loss
 C. Defect in neural cell transfer to facial bone *****
690. 1) fluoride found in fluoride varnish
 A. Stannous fl 2%
 B. Stannous fl 5%
 C. Sodium fl 2%
 D. Sodium fl 5% *****
691. 2) type of graft taken from one side to another side in the same person
 A. Autograft *****
 B. Allograft
 C. Alloplastic
 D. Xenograft
692. 3) pt. come with pain and discomfort in 2nd max molar this molar is posterior abutment to 4 bridge fpd radiograph show no pdl loss and tooth is vital, cause of pain
 A. Loose retainer of abutment
 B. Connector is fracture ***



C. Vertical fracture of the root

693. 4) microorganism cause periodontitis

Periodontal infections are usually mixed, most often involving anaerobes such as *Treponema denticola* and *Porphyromonas gingivalis*. The microaerophile *Actinobacillus actinomycescomitans* causes a rare form known as localized juvenile periodontitis.

694. 5) microorganism cause osteomyelitis → staphylococcus aureus

695. 6) to give anesthesia the incisive area, anasthize the nerve from

- A. Incisive foramen*****
- B. Mental foramen
- C. Greater palatine
- D. Lesser palatine

696. 7) well defined radiolucent area between apex of lower bicuspid which are vital and sound teeth

- A. Radicular cyst
- B. Mental foramen*****

697. 8) female come to clinic to checkup ..in radiograph show well defined radiolucent area 2 mm associated with lower molar and extend 6-7mm below molars with irregular shape and the body of mandible

- A. Single bone cyst*****
- B. Dentigerous cyst
- C. Compound odontoma

698. 9) minimum space between 2 implant

3 ***** 4 .. 5 .. 6

699. 10) time in days to established gingivitis

1-2 .. 2-3 .. 5-7 .. 14-21*****

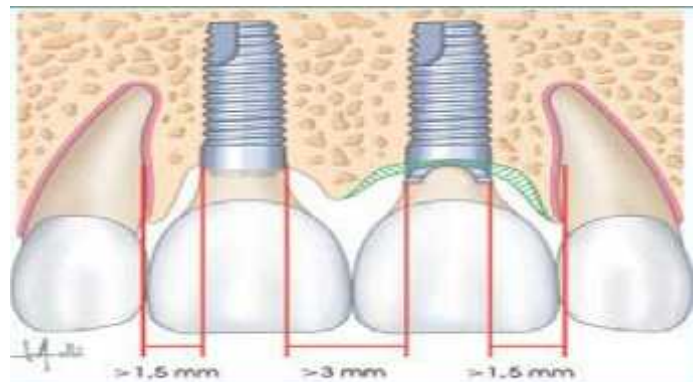


Figura 5. Distancia entre implantes; debe ser > 3 mm. Figure 5. The distance between implants should be > 3 mm.

Stages of Gingivitis						
Stage	Time (Days)	Blood Vessels	Junctional and Sulcular Epithelia	Predominant Immune Cells	Collagen	Clinical Findings
I. Initial lesion	2-4	Vascular dilation Vasculitis	Infiltration by PMNs	PMNs	Perivascular loss	Gingival fluid flow
II. Early lesion	4-7	Vascular Proliferation	Same as stage I Rete pegs Atrophic areas	Lymphocytes	Increased loss around infiltrate	Erythema Bleeding on probing
III. Established lesion	14-21	Same as stage II, plus blood stasis	Same as stage II but more advanced	Plasma cells	Continued loss	Changes in color, size, texture, etc.

700. 11) minimum time for antibiotic

3 **.. 5 .. 7 ..12

701. 12) pt. Come to clinic need extraction and has medical problem we need to give anesthesia 2% adrenaline with 1/100000 epinephrine ..pt. Weight 80 gm ..how much mg of anesthesia

560 ***** .. 345 .. 4get

702. 13) pt. Come with pain in chewing .. Cold test is normal but tooth sensitive and pain on biting

- A. Normal pulp with normal pdl
- B. Normal pulp with symptomatic periodontitis *****
- C. Asymptomatic reversible pulpitis with symptomatic periodontitis
- D. Asymptomatic irreversible pulpitis with asymptomatic periodontitis

703. 14) what is the natural sugar anticariogenic **جه مرتين بطريقتين**

Xylitol .. **تانيه غريبه**


704. 15) what is the best to make centric occlusion

Bone to bone = in centric relation

Tooth to tooth*****

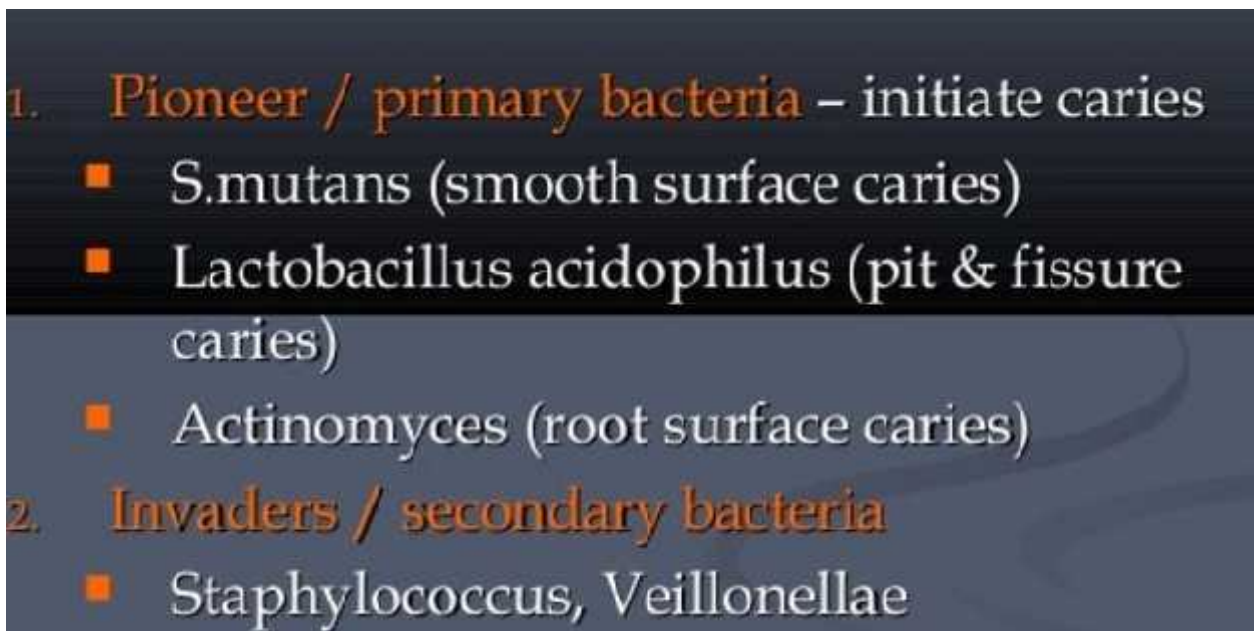
Centric relation:	Centric occlusion:
1-there is no teeth intercuspation.	1-Sometimes, there is maximum
2-it's a maxillomandibular relation, (bone to bone relation).	intercuspation.
3-from which lateral jaw movement can be made.	2-teeth to teeth relation.
4-the condyles are in the most retruded <i>(recently became most anteriorly Glossary of Prosthodontics)</i> unstrained position in the glenoid fossa.	3-there is no free way space.

705. 16) what's the most favorable taper of abutment to make rpd in part of inch 0.020 .. 0.010 ***** .. 0.030 .. 0.039

Kareem Elgamal 

16 I'll go for 0.01 because 0.02 is contraindicated with aker clasp. We use for it wrought wire to avoid excessive stresses

706. 17) using of floss:
 A. Overhang restoration
 B. Disturb interprox. Plaque*****
707. 18) filling restoration used in cavity and adjacent deep pit and fissure
 Glass ionomer cement**
 Compomer
 Amalgam restoration
 Composite restoration
708. 19) streptococcus mutans initiate caries mostly in
 Occ.surface
 Proximal surface*****
 Pit and fissure



709. 20) pt. Come to check up u found white spot on his tooth that change in color from normal enamel and disappear by wetting
 Hypocalcified enamel*****
 Hyper calcified enamel
710. 21) pt. with white spot on his tooth and tooth not cavitated tell pt to check up after
 A. 3 months*****
 B. 4-6 months
 C. 7-9 months
 D. 11-12 months

21 answer is 3 months. Recall period is based on caries risk. Low risk is 1 year, moderate 6 months, high is 3 months. Any active lesion in enamel is considered high risk. Defective restorations is moderate risk. Excellent hygiene is classified as low risk

711. 22)pt. need to make denture and u need to extract all the teeth in one quadrant what is the sequence of extraction
 *posterior and end with canine*****
 *anterior and end with first molar
712. What is the type of wax used to verify the occlusal reduction for full veneer restoration
 A. onlay wax*****
 B. lowa wax
 C. Utility wax
 D. korecta wax

Other types of Dental waxes

Processing waxes: Used for laboratory issues

1. **Sticky wax..** to stick 2 portions of broken restoration or casts before repair.
2. **Utility wax ..** to position artificial teeth to their sheets.
3. **Boxing wax ..** to box an impression to facilitate its pouring in stone.

Impression waxes: No longer be used

1. **Bite registration wax ..** to check high points of dental restorations.
2. **Corrective wax ..** to make functional 2ry impressions.

713. Duration of nerve block anesthesia depends on
 A. Time of removal
 B. Nerve bonding
 C. Amount of anesthesia*****
 D. A+B

Finally, the intrinsic vasodilator activity of different local anesthetic agents will influence their apparent potency and duration of action in vivo. The degree and duration of nerve block is related to the amount of local anesthetic drug that diffuses to the receptor site at the nerve membrane. Following injection of a local anesthetic agent, some of the drug will be taken up by the nerve and some will be absorbed

714. After insertion of complete denture, Pt. Came complaining from pain in TMJ and tenderness of muscle with difficulty in swallowing, this could be due to
- A) increase V dimension Cause clicking, pain and TMJ problems *****
- B) decrease V dimension Cause pain, TMJ problems and angular chilitis

Significance of Vertical Relation

- Correct recording, transferring & incorporating the vertical relations in the prosthesis, determines the success of the prosthesis. Failure to do so may compromise the success of the prosthesis.

• Effects of excessively increasing the vertical dimension:-

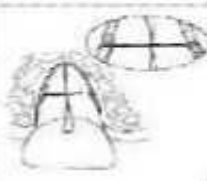
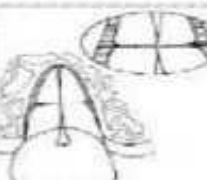


- 1) Discomfort – teeth come into contact sooner than expected.
- 2) Trauma – caused by constant pressure on the mucous membrane.
- 3) Loss of freeway space
- 4) Clicking of teeth – teeth are raised & the opposing cusps frequently meet each other during speech & mastication.
- 5) Appearance – over opening may cause elongation of the face & at rest the lips are parted.

Effect of excessively decreasing the vertical dimension:-

- 1) Inefficiency – the force exerted with the teeth in contact decreases considerably with over closure.
- 2) Cheek biting – the flabby cheek tend to become trapped between the teeth & bitten during mastication.
- 3) Appearance – Closer approximation of nose to chin, soft tissue sag & fall in, & the lines on the face are deepened.
- 4) Soreness at the corner of the mouth (Angular cheilitis) – falling in of the corner of the mouth beyond the vermilion border & the deep fold thus formed become bathed in saliva. This area becomes infected & sore.
- 5) Pain in TMJ – caused due to strain of the joint & associated ligaments.

715. Best diagnosis of root fracture involved in place of fracture during healing:

- A. Interproximal connective tissue
- B. Interproximal bone*****
- C. Interproximal connective tissue and bone
- D. Inflammation tissue

	Healing with		Radiographic signs
Success	1-Calcified tissue		1-The fracture line is seen. 2-The root fragments are in close contact
	2-Interproximal C.T.		1-R. fragments are separated by a narrow RL. Line 2-The fracture edges appear rounded
	3-Interproximal bone & C.T.		Clear bony ridge separates the 2 fragments
Failure	4-Interproximal inflammatory tissue without healing		Widening in the fracture line Radiolucency corresponds to the fracture line

716. Indication of gingivectomy:

- a- edema of gingiva *****
- b- infrabony pocket
- c- adequate attached gingiva
- d- pocket depth below mucogingival junction

1. Gingivectomy and Gingivoplasty

- Gingivectomy – excisional removal of gingival tissue for pocket reduction or elimination.
- Gingivoplasty – reshaping of the gingiva to attain a more physiologic contour.
- Indications
 - Presence of suprabony pockets
 - An adequate zone of keratinized tissue
 - Gingival enlargements
 - Unaesthetic or asymmetrical gingival topography
 - To facilitate restorative dentistry

717. 1-The sequence in deep carious lesion close to pulp are
- GI base, varnish, caoh2
 - Varnish, GI base, caoh2
 - Caoh2, GI base, varnish***
 - Caoh2, varnish, GI base.
718. 2-Pt. Come to you suffering of palatal cleft in which age will that happen:
- In 8th weeks
719. 3-Imaging showing disk position and morphology and TMJ bone:
- MRI
 - CT
 - Arthrography****
 - Plain radiograph.
 - Plain tomography
720. 4-Best treatment of choice for carious exposure of primary molar in 3year old child who complain of toothache during and after food taking:
- Direct pulp capping with caoh
 - Direct pulp capping with ZOE paste
 - Formocresol pulpotomy ****
 - Caoh pulpotomy
721. 5-Basal cranial bone formed from:
- Frontal & Occipital
 - Occipital & Sphenoid *****
 - Frontal & Sphenoid
722. 6-Microorganism in responsible of caries & cavity excavation is:
- Klebsila
 - Streptococcus mutans + Lactobacillus *****
 - Strept + Actinomyces

Etiology

Streptococcus mutans is the main cause of dental decay. Various lactobacilli are associated with progression of the lesion.

723. 7-Mild yellow brown tetracycline staining:
- OR
- Child has Tetracycline discolored in permanent tooth what is the proper treatment:
- Composite veneer
 - Home bleaching*****
 - Pumice micro abrasion
 - Porcelain veneer

724. 8-Material used for perforation
- MTA *****
 - Caoh+ CMCP
 - Formocresol
725. 9-Patient has Leforte I, bleeding mainly from:
- Maxillary artery ***
 - Infraorbital artery
726. 10-Discoloration of endo treated teeth:
- Hemorrhage after trauma.
 - Incomplete remove GP from the pulp chamber.
 - Incomplete removal of pulp tissue. *****
727. 11-dense cusp most common in:
- Max. Lateral incisor
 - Mand. Incisor.
 - Max. Central Incisor*****
728. 12-Material used in RCT:
- Mineral trioxide aggregate "MTA"
729. 13-Interproximal caries of is best detected by: OR The x-ray of choice to detect is:
- Periapical X-ray film
 - Bitewing X-ray film*****
 - Occlusal X-ray film
 - None of the above
730. 14-Patient presented to you after fitting the immediate denture 5 – 10 months, complaining pain and over tissue in the mandibular. What is the diagnosis:
- Epulis fissuratum. *****
 - Hypertrophic frenum
731. 15-Fluoride tablets: = Sodium fluoride chewable tables
- Only swallowed
 - Chewing then swallowing *****
 - Only chewing but not swallowing
732. 16-The most common metal used in used in FPD:
- Titanium
 - Platinum
 - Alloy***
733. 17-An 8 years old boy presents with class III (enamel, dentin with pulp exposure) fracture of tooth#11, which appeared an hour ago, the apex is not closed. Your treatment should be:
- Direct pulp capping with Ca (OH) 2. *****
 - Pulpectomy follows by RCT.
 - Pulpotomy and fill with Ca (OH) 2.

- D. Smoothing of ledges and restore with composite.
- E. Restoration with Glass ionomer cement.

Time Between Trauma and Treatment

For 48 hours after a traumatic injury, the initial reaction of the pulp is proliferative, with no more than a 2-mm depth of pulpal inflammation (see Fig. 17-8). After 48 hours, chances of direct bacterial contamination of the pulp increase, with the zone of inflammation progressing apically⁴⁷; as time passes, the likelihood of successfully maintaining a healthy pulp decreases.

- 734. 18-Common sites of dens invaginatus:
 - A. Maxillary centrals
 - B. Maxillary laterals *****
 - C. Mandibular Premolars
- 735. 19-Impression that can be poured more than once:
 - a. Alginate
 - b. Addition= polyvinyl *****
 - c. Condensation Silicon
- 736. 20-Child requires graft in his alveolus what is the best graft:
 - A. Autogenous cancellous from iliac crest
 - b. Autogenous corticocancellous** (Autogenous corticocancellous graft mainly from ribs)
 - c. Freeze dried
- 737. 21-Pt 17 years complain from lesion like white band in cheek, he was in exam has history of hepatitis C and adrenal disease in childhood, saw tooth:
 - 1. Lichen planus
 - 2. Lichenoid reaction*****
- 738. 22-Perforation at the middle of the root occur your material of choice to be used:
 - 1. Mineral trioxide aggregate (MTA) *****
 - 2. Amalgam
 - 3. Glass ionomer
 - 4. Calcium hydroxide
- 739. 23-Access cavity for upper 4 & 5 premolar has two roots and two canals
 - 1. Ovoid *****
 - 2. Square
 - 3. Triangular
- 740. 24-broken tip of periodontal instrument at sub gingiva, name of instrument used to remove it: a. Schwartz Perio triever
- 741. 25-cervical third of porcelain crown should be:
 - a. Higher Chroma
 - b. Lower chroma
 - c. Higher value ***
 - d. Lower value

742. 1-base of diagnosis
 A. Clinical and radiographic examination
 B. Oral hygiene record*****
743. 2.preventive resin restoration with sealant
 A. Compomer
 B.gi.
 C. Flowable composite *****
 D. Conventional composite

Flowable Composites

• Clinical applications:-

- preventive resin restorations
- small Class 5
- provisional repair
- composite repair
- liners

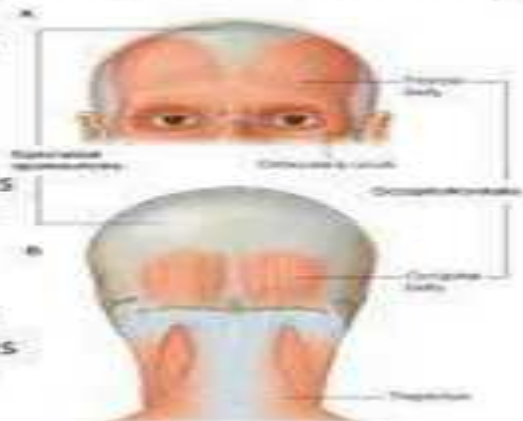
Preventive Resin Restoration "PRR":

- **Conservative, preventive restoration**
- **When frank decay is present in a groove or pit of the occlusal surface**
- **Combines a composite filling with an enamel sealant. Both procedures are performed.**
 - Decay is removed with a small, round bur
 - Composite is placed to fill the prep site
 - Sealant is placed to protect the filling & rest of tooth

744. 3. Most surface of teeth more susceptible to caries
 A. Labial of maxillary anterior
 B. Palatal of max anterior
 C. Buccal of max posterior *****
 D. Palatal o max posterior
745. 4. Most common acute injury during flossing
 A. Injury of inter dental papilla*****
 B. Loss of attachment in palatal of posterior upper
746. 5. Nerve that pass over ilium which can be injury during surgery the lateral femoral cutaneous nerve.
747. 6. Nerve that carries preganglionic fibers to pterygoid plexus
 A. Maxillary
 B. Posterior petrosal *****
 C. Corda tympani
748. 7. Nerve that supply muscles of scalp
 A. facial فيهم الباقيين اختارته لانه الوحيد *****
 B. Aureclo temporal

Muscle of the Scalp (Occipitofrontalis muscle)

- It moves the scalp proper, wrinkle the forehead, and raise the eyebrows. It Has 2 bellies:
- **Frontal belly:** (*origin*) skin & superficial fascia of the eyebrows (*insertion*) aponeurotic tendon & is innervated by **temporal branches** of the facial nerve.
- **Occipital belly:** (*origin*) superior nuchal line of occipital bone & mastoid process of temporal bone (*insertion*) aponeurotic tendon & is innervated by **posterior auricular branch** of the facial nerve.



749. 8. Most common site of mucocele
A. Lower lip
750. Q1/ What cell consider the most radiosensitive;
1/ stratified squamous = stratified cell anti radio sensitive
2/ basal cell of epithelium*****
751. Q2/ Which of fluoride containing material can be used as varnish by professional use:
1/ Act *mouth wash product
2/ Gel *****
The rest of names are strange
752. Q3/ Names of caries system:
1/ MTD
2/ MDF *****
753. Q4/ best way to differentiate b/w acute apical abscess and chronic apical abscess is by:
1- vitality test
2- sinus tract*****
3- swelling
754. Q5/ 24 years female pt. With pain in upper left premolar for 2 days, no response to cold test, no change in radiograph, what to do:
1- RCT *****
2- no ttt
755. Q6/ pain one day after RCT ttt, what to do :
1- analgesic " 200-400 ibuprofen for mild " 400,600 moderate " *****
2- Analgesic as 1 + AB
3/ re endo
756. Q7 / female pt. with melanoma around the mouth, what is the prognosis :
1- Addison *****
2- Gardner
757. Q8/ 3 years old child pt. with tuberculous of lung, active septum, what to do :
1- post pone ttt*****
2- ask all the team wear mask
3- extreme precaution
758. Q9/ pic of 60 years need removable to restore missing teeth upper 5 , 4 has proximal caries , what to do ;
1- extraction
2- remove caries before impression *****
759. 10/ After taken impression by poly-vinyl silicon , the impression poured immediately , the impression has porosity , why ;
1- hydrogen gas release = Because of formed hydroxyl groups... hydrogen released gradually from the set impression material and produce bubbles in gypsum dies

760. 11/ what considered as universal precaution;
 1- considered all blood and body fluid harmful *****
 2- sterilization of critical instrument
761. 12/ the cement most biocompatibility with pulp and periodontium ;
 1- caoh *****
 2- GI
762. 13/ most suitable to described NiTi ;
 1- rigidity
 2- low coefficient of friction*****
763. 14/ complete denture in centric occlusion normal, but eccentric occlusion lower with upper interference, what to do ; Reduction of lingual inclination of max .
764. 15/ which of amid anesthetic can be used as topical anesthesia ;
 1- buvicaine
 2- lidocaine*****
765. 16/. Ttt decide to do full veneer crown , the best benefit of using shoulder finish line :
 1- impression could be taken easily
 2- finish line easily appear in die space ..*****
766. 17/ celluloid matrix composed of : Bis-gamma
767. 18/ extraction of upper canine , the abutment would be ;
 1- premolar
 2- premolar and lateral
 3- premolar and lateral and central*****
768. 19/ removal of impression from pt mouth , impression stuck on the tooth ;
 1- dry teeth *****
 2- removal after
769. 20/ during examination , there is unelevated lesion on the cheek , that has variable " many color " hat is if diagnosis ;
 1- bulla
 2- nodules
 3- macule*****
770. 21/ child has caries on two central incisors upper, what call this;
 1- battle feeding caries **
 2- rampant
 3- surly child caries
771. 22/ pt. after he quit smoking, minor aphthous ulcer appear , what is the cause ;
 1- allergy
 2- dilation of blood vessel ****
 3- nicotine out of blood stream

Pulp Response

- The pulpal response to glass-ionomer cements is favorable.
- The freshly mixed material is very acidic with the pH ranging between 0.9 and 1.6.
- If remaining dentine is adequate it buffers the high pH.
- If the cavity is deep then a liner with calcium hydroxide should be placed before placing the cement.

772. 23/ x-ray for submandibular calculi

The x-ray choice for salivary gland calculi is Sialography
Then we have CT scan, MRI, Conventional radiography

773. Predisposing clinical condition for endodontic flare up

- A. Acute periapical abscess
- B. Acute apical periodontitis
- C. Asymptomatic necrotic pulp with periapical lesion*****
- D. Pain & swelling since the treatment

Endodontic flare up is defined as an acute exacerbation of an asymptomatic pulp and / or periapical pathology after the initiation or continuation of RCT.

In accordance with the current AAE definition, the most likely predisposing clinical condition for occurrence of flare up appears to be the asymptomatic necrotic pulp with periapical lesion.

Option A, B and D (symptomatic) are also predisposing conditions for flare ups but not the most common

774. Which of the following is a common osseous lesion in periodontitis?

- A. Exostosis
- B. Crater*****
- C. Buttressing bone
- D. Hemiseptum

Osseous craters are concavities in the crest of interdental bone confined within facial and lingual walls. Craters make-up about one third of all defects and about two thirds of all mandibular defects.

Which of the following is the most occurring defect in mandible?

Ans: Osseous crater

775. Teeth selection in setting up is based on these factors:

1. Shade of the teeth.
2. Size and shape of the teeth.
3. Angle of the teeth.
4. 1 and 2. *****
5. All the above

776. Classification of bony defects are most helpful in determining the like hood of repair after PD. TTT., is based on

- A. Depth of bone defect
- B. Number of bone walls remaining*****
- C. Distance between the facial & lingual walls
- D. Distance from the crest of defect to CEJ

CLASSIFICATION OF BONE DEFECTS



ANTERIOR TEETH SELECTION (ATS)

▪ **SELECTION CRITERIA:**

- 1) Selection of tooth size
- 2) Selection of tooth shape (Form)
- 3) Selection of tooth colour (shade)
- 4) Selection of tooth material

- **One wall defect** – usually only one interdental wall remains and is called hemi septum if remaining wall is proximal. Poor prognosis for periodontal regeneration since it is difficult to stabilize the graft material to be used in its proper place.
- **Two wall defect** – most prevalent bone defect found interdentially with facial and lingual walls remaining, involves both the interproximal walls which are mainly called crater defects or interdental crater defects.
- **Three wall defect** – occurs most frequently in the interdental region, usually the remaining bony walls are facial, lingual and proximal can be circumferential defects. The ideal osseous defect for a regenerative procedure as this defect shape will favor the stabilization of a graft material to be used.
- **Combined defect** – combination of one, two or three wall



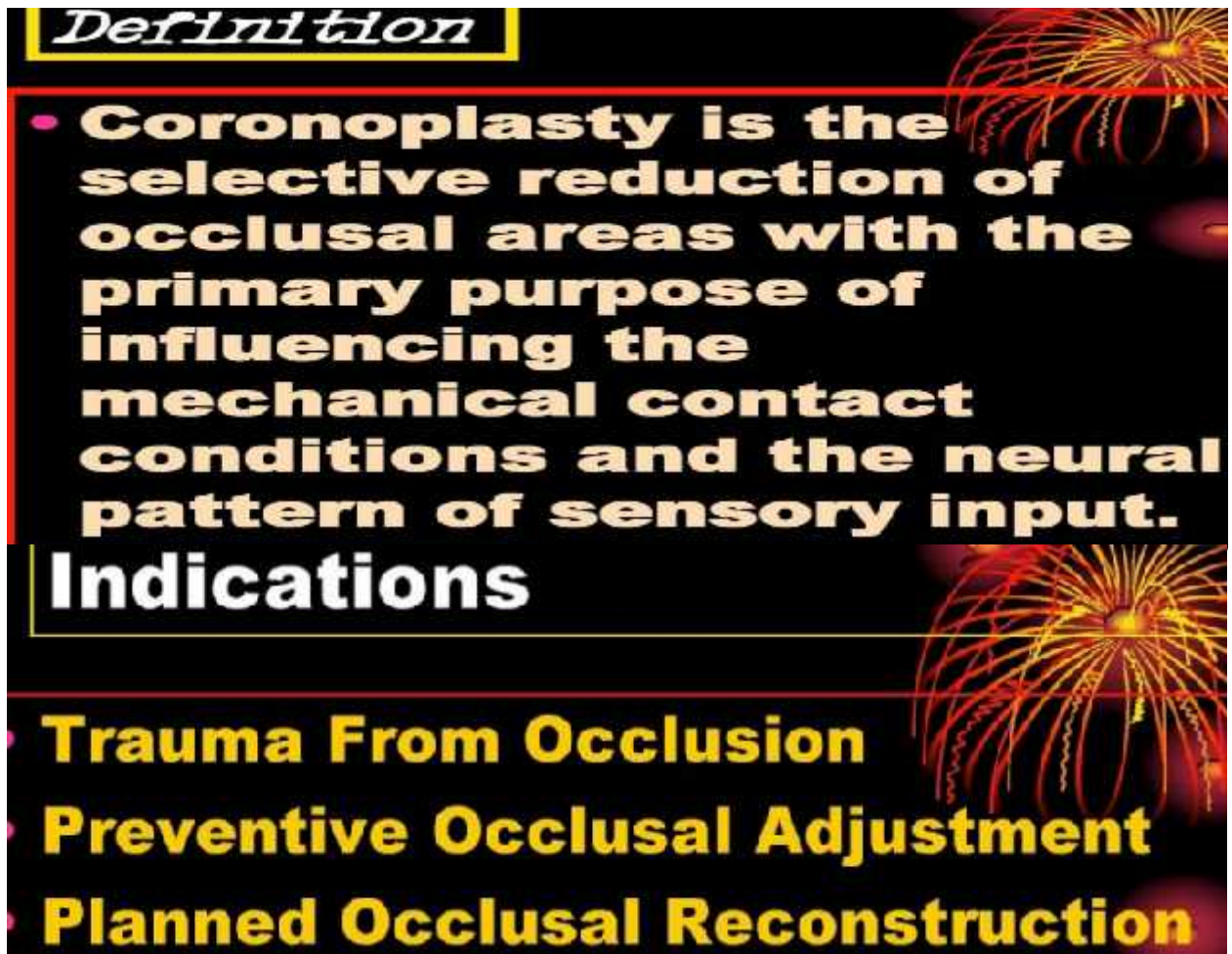
777. Three-wall defects most frequently occur:

- A. On the lingual aspect
- B. On the facial aspect

- C. In the furcation
- D. In the interdental area*****

778. Coronoplasty should be carried out in patients with

- A. Occlusal Prematurities
- B. Parafunction habits
- C. Signs of trauma from occlusion
- D. All of the above *



Definition

- **Coronoplasty is the selective reduction of occlusal areas with the primary purpose of influencing the mechanical contact conditions and the neural pattern of sensory input.**

Indications

- **Trauma From Occlusion**
- **Preventive Occlusal Adjustment**
- **Planned Occlusal Reconstruction**

779. The trauma that has less effect in pulp:

- A. Concussion
- B. Infraction ***
- C. Complicated crown root fracture
- D. Non complicated crown root fracture

Biologic Consequences

Crown infractions are injuries that carry little danger of resulting in pulp necrosis. Meticulous follow-up over a 5-year period is the most important endodontic preventive measure in these cases. If at any follow-up examination, the reaction to sensitivity tests changes, or if on radiographic assessment, signs of

780. The relation between the working edge of the instrument & the tooth surface is
- Angulation
 - Adaptation*****
 - Access
 - Activation

781. Short sharp pain of tooth transmitted to brain by

- A-delta fibers**
- C-fibers
- Beta fibers
- Gamma fibers

Adaptation refers to manner in which the working end of a

Nerve fibres that respond to electric pulp tester – A delta

Nerve fibres that are excited by hydrodynamic events such as air drying and drilling – A delta

Nerve fibres involved in hypersensitivity – A delta

Nerve fibres involved in inflammation – C fibres.

782. Flap used to fix bony un attached pocket to be attached again

- Apical reposition*****= This is treatment of pocket to eliminate it
- Coronal repositioned
- Modified Widman
- Not displaced flap

783. Nine years old pt. With missing mandibular primary canines bilaterally with otherwise normal dentition for his age and low caries incidence
What is the most probable cause of missing teeth

- Previous extraction
- Congenitally missing**
- Traumatic avulsion

784. Bone assessment of abutment teeth

- Horizontal bone loss is more important*****
- Vertical is more imp.
- Equally imp.
- Not imp.

785. For doing a biopsy of a healthy mucosal gingiva of a 38 years old patient harming Hemidesmosome is detected by:

- Lamina dura
- Lamina Lucida*****

786. Main characteristic of compound is:

- High warpage*****
- Need long time to soften entire mass
- Water absorbent during kneading
- Rapid cooling lead internal stress

787. Patient with roughness on skin and shiny palms widening of pdl space but with no ridge restoration and there is a bilateral destruction in angle of mandibular bone (he didn't say radiolucency) what is your diagnosis:
- Neoplasm
 - Scleroderma*****
 - Hyperparathyroidism
 - Aggressive periodontitis
788. The causative in primary apical periodontitis:
- E. Feacalis*****
 - Polymicrobial
 - Gram +ve
789. The function of survey:
- To identify the path of insertion*****
 - To identify the rest sat location
 - To determine the position of major connector
790. 1-Oral herpes caused by which virus:
- herpes simplex type 1*****
 - herpes simplex type 2
791. 2- which Kennedy class no need for indirect retainer:
- 1
 - 2
 - 3*****
 - 4
792. 3- how can u determine that the lesion in endodontic or not endodontic in origin:
- Radiographic appearance
 - Radiographic location
 - Vitality test*****
 - Percussion
793. 4- least test used for pain diagnosis:
- Thermal
 - Electric*****
 - Cavity test
794. 5- you made a bifurcation perforation during endo procedure and cleaning and shaping is finished when u close the perforation:
- Immediately before Obturation*****
 - After Obturation
 - Recall patient later
795. 6- cement base irritant to pulp:
- G. I



B-Polycaboxylate

d- Zinc phosphate*****

796. 7- to avoid discoloration under amalgam varnish should be applied in how many layer →2 Layers minimum

797. 8- percentage of fracture in maxillary teeth:

a-25%

b-45%

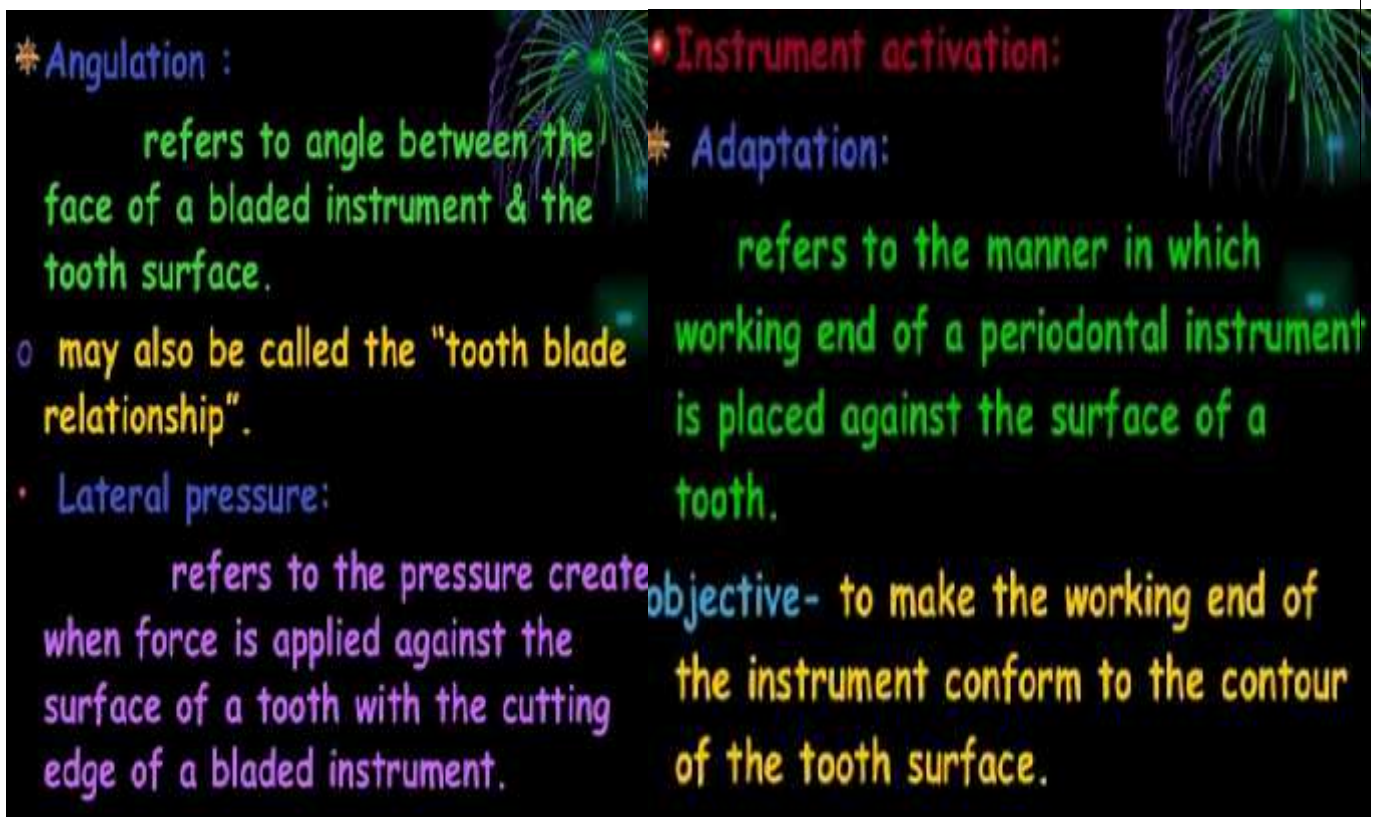
c-75%*****

798. 9- relation between cutting blade and tooth is called:

a-angulation

b- adaptation*****

c-activation



799. 10- blade activation angle:

a-45-90*****

b-70-80

c- 90-110

800. 11- premolar with class 2 amalgam and recurrent carries causing sharp cold pain but not lingering:

a- Remove caries and amalgam then place final restoration*****

b- Start one visit endo

c- Analgesic & antibiotic

801. 12- lower 6 with carious lesion, Cold test 5 sec control tooth 4 sec Hot 4 sec 3 sec Electric test 20 sec 18 sec Not sensitive to percussion so the pulp state is:

- a-healthy pulp
- b-reversible pulpitis*****
- c-irreversible pulpitis
- d-necrotic

802. 13- most biocompatible base for pulp and periodontium:

- A. Caoh
- B. Zinc phosphate
- C. Carboxylate***
- D. Zoe

The reason that ZnO eugenol is a good temporary cement and causes only a mild reaction in pulp is that :

Polycarboxylate Cement :

Uses : Permanent cementation of crowns and bridges, orthodontic bands, stainless steel crowns and for root canal fillings, cement base.

It has excellent biocompatibility, potential adhesion to tooth structure.

Although polycarboxylate cement liquid, is more acidic than $ZnPO_4$ liquid (1.7), it is neutralized more rapidly during setting process. Polyacrylic

803. 14- composite resin with large size filler what is most badly affected:

- a-resin bond
- b- hardness
- c-polish ability*****

804. 15- question about apically positioned gingival flap

- A. OBJECTIVES
 - i. Apical displacement of entire mucogingival unit to eliminate the pockets while retaining the attached gingiva.
 - ii. To maintain keratinized gingiva
 - iii. Surgical access for osseous surgery,
 - iv. Treatment of infrabony pockets and root planning.
- B. USED FOR
 - i. Pocket eradication

- ii. Widening the zone of attached gingiva.
- iii. Crown lengthening procedures for cosmetic enhancement and restorative treatment

C. Indicated in •

- i. Mandibular buccal and lingual surfaces
- ii. Maxillary buccal surfaces

D. It can be raised as

- i. Full thickness flap
- ii. Partial thickness flap

E. Advantages

- i. Reduction of probing depth,
- ii. Preserving or increasing the presurgical zone of gingiva,
- iii. Facilitation of healing, accessibility to bone, roots, furcations, subgingival caries, and other anatomical aberrations,
- iv. Controlling the tissue placement,
- v. Usefulness in conjunction with other treatment modalities.

F. Disadvantages

- i. Sacrifice of crestal alveolar process and supporting bone
- ii. Extensive exposure of root surfaces.

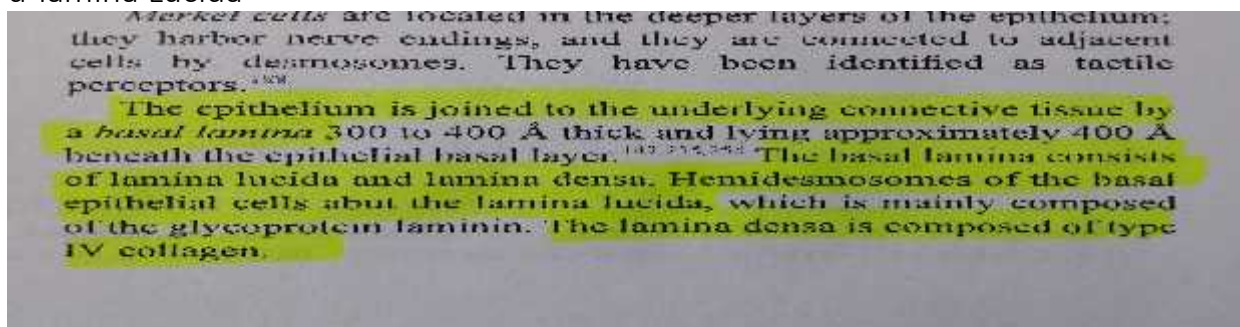
805. 16- histopathology of healthy gingival shows basal cell layer desmosomes attached to:

a-lamina densa

b-lamina dura

c-lamina propria

d-lamina Lucida*****



806. 17- Dentinogenesis imperfecta



807. 18- picture of bluish swollen glazed lesion on tip of tongue and laterally in 25 years female:

- a- Sq. Cell
- b- Hemangioma*****
- c- Neuro fibroma
- d- Lipoma

808. 18- picture of x-ray of condensing osteitis
=Radiographic presentation of this process shows localized radiodensity around teeth roots as well as a thickening of the associated periodontal ligament. The teeth most often affected are the mandibular premolars and molars.



CHRONIC FOCAL SCLEROSING OSTEOMYELITIS (CONDENSING OSTEITIS)

- Unusual reaction of bone to infection
- High degree of tissue reaction and tissue reactivity



809. 19-ttt of keratocyst → Enucleation & curettage

810. 20-what x ray for Sialolithiasis (salivary gland stones) → Sialography

811. 21- pain in floor of mouth intermittent and increase with meals: sialolith

812. 22- لمریض ادرینالین

80 =560mg

813. 23- MTA سؤالین

814. 24- Composition of calculus:

- A. Calcified plaque*****
- B. Organic pellicle
- C. Bacteria

815. 25- old male undergoes extraction of all remaining max teeth so after extraction u do:

- a- interrupted sutures for papilla

b- alveoloplasty for all cases*****

c- primary healing if no granulation tissue

816. 26- time for hand wash:

a-10-15 sec*****

b-25-30 sec

c-40-50 sec

d-50-60 sec



817. 27- FROM PPE:

a- uniform

b-mask*****

818. 28- bacterial spores used as a test for autoclave it is considered:

a- chemical test

b- physical test

c- biological test*****

819. 29- picture and mentioned that patient has lichen and asked about medicine:

A-neomycin

B-bacitracin

C-amphotericin-B *****



820. 1-Salivary gland disease (tumor) with perineural invasion:

A. Pleomorphic adenoma.

B. Adenocystic carcinoma. ***

821. 2- Patient will have multiple extraction what to do after extraction for denture sake:

1- make interrupted suture cross papillae

2- leave to heal to avoid elevations from sutured papillae

3- make extensive bone smoothing *****

4- put surgical pack only

822. 3-most Flexible file :

a-broach

b- reamer*****

a- H file

b- Solvent

823. 4-removing of gutta percha for post insertion which it required minimal removal to avoid perforation and maximum intensity

1-thermal

2-mechanical (drill) *****

3-chemical (solvent)

824. 5-ph of caoh =12.5

825. 6-community education should be about .. Dental caries

826. 7-q about 3y old child what the dosage of florid=0.5mg

827. 8- instrument used to remove broken instrument from gingival sulcus

PERIOTRIEVERS

The Schwartz Periotriever is a set of two double-ended, highly magnetized instruments designed for the retrieval of broken instrument tips from the periodontal pocket.

828. 9- cement irritant to pulp

A- zinc phosphate*****

B- GI

C- zinc polycarboxylate

829. 10- material release fluid .. GI

830. 11- most complication during caoh pulpotomy is

A- internal resorption

B- calcification*****

831. 12- pt with avulsed tooth come to you early with tooth stored in milk u plane to re implant the tooth what time of splinting

a- 2w*****7-10days

b- 4w

c- 6w

832. 13- Patient come back after 24 hours of insertion of upper and low dentures with severe pain in denture bearing area:

A. Denture stomatitis

b. Supraocclusion**

c- overextension

833. 14- hemophilia b which factor responsible for it

a- 8

b- 9*****

834. 15- you made a bifurcation perforation during endo procedure and cleaning and shaping is finished when u close the perforation:

a- Immediately before Obturation*****

b- After Obturation

c- Recall patient later

835. 16- arranged the placement

caoh /varnish /amalgam /gi base

first caoh for the medical benefits than base for the stress absorbing than varnish to prevent discoloration of amalgam finally amalgam

836. 17- blade activation angle:

- a-45-90*****
- b- 70-80
- c-90-110

837. 18- lower 6 with carious lesion Cold test 15 sec compared to control tooth 5 sec Hot 10 sec compared to control tooth 5 sec Electric test 20 compared to control tooth sec 10 sec Not sensitive to percussion so the pulp state is:

- a-healthy pulp
- b-reversible pulpitis
- c-irreversible pulpitis*****
- d-necrotic

838. 19- pic of bluish to red swollen lesion on tip of tongue and laterally :

- a- Sq. Cell
- b- Hemangioma *****
- c- Neurofibroma
- d- Lipoma



839. 20- autoclave compare to dry heat → autoclave is more reliable and efficient.

840. 21- which bacteria cause endo failure → Feacalis

841. 22- instrument use to make occlusal rest

- a -round *****
- b- tapper
- c- fissure

842. Test should performed to him?

Answer. Patient administrated Aspirin should undergo bleeding time test

843. 722. The matrix band should be above the adjacent tooth occlusal surface by:

- a. 1 - 2mm. ***
- b. 2 - 3mm.
- C. 2.5 - 3.5mm.
- D. Below to it

Note: The matrix should extend beyond the gingival cavosurface margin of the prepared cavity and occlusally 1 mm above the adjacent marginal ridge.

844. 1319. Upper teeth palatal mucosa supplied by:

- a. Nasopalatine.
- B. Anterior palatine.
- C. Both. ***
- d. Post superior alveolar nerve.

Note: Anterior palatal mucosa supplies by nasopalatine nerve which called (anterior palate).

845. Patient comes to you with edematous gingiva, inflamed, loss of gingival contour and recession, what's the best tooth brushing technique?

- A. Modified bass.
- B. Modified stillman. ***
- c. Charter.
- D. Scrub.

Note:

A-BASS METHOD Importance

- 1) Most effective in cleaning cervical 1/3 & beneath gingival margins
- 2) Suitable for everyone – Periodontally healthy & periodontally disease
- 3) Periodontal maintenance
- 4) Cleanses sulcus (space between tooth and gums).

B- STILLMAN'S METHOD Importance

- 1) Provides gingival stimulation (vibratory motion)
- 2) Suitable for gingival recession (Toothbrush bristle ends not directed into sulcus)
- 3) Less traumatic to the gingiva
- 4) Who should use this?

People with continuous gingival recession

846. 1052. The distance between the lingual surfaces of the maxillary anterior teeth and the labial surfaces of the mandibular anterior teeth is:

1. Vertical overlap (overbite).
2. Horizontal overlap (overjet). ***
3. Occlusal plane.
4. All.

This Q she told me that Q resemble to this one but different about which teeth are contact honestly i didn't understand 😞.

847. As dr Tamara told me Q talking about patient fell galvanic shock but there's no pain or sensitive??? She doesn't give me the choices but as i think in this case application of varnish i read it in MCQ book best method to eliminate galvanic shock..... So I'm with application of varnish first....

848. She said Q about finshing line of full Metal crown >> chamfer

If about full ceramic >>rounded shoulder- modified shoulder- heavy chamfer- shoulder.

Metal ceramic >> sloped shoulder or beveled shoulder.

849. She said picture of student had a stress and he has white lesion in his oral mucous of tongue and cheek ... What he has??

- A. Aphtous ulcer. *****
- B. Recurrent herpes ulcer.
- C. Allergic stomatitis

Answer is A because aphtous ulcer occurs in non-keratinized mucosa as a sequence of stress.

850. 1552. Optimal & minimum crown root ratio and minimal acceptable ratio

a- 1:1 and 2:3 respectively.

B- irrelevant as long as there is no mobility.

C- 3:2 and 1:1 respectively.

D- 2:3 and 1:1 respectively. *****

851. Q talking about fourth canal in second upper molar?

Choices a-mb* b- db c- ml d-palatal

Note: All of the fourth root canals were found in the mesiobuccal roots of the maxillary molars

852. She told me that q talking about patient restored his tooth by composite restoration and came after one week with lighter color of composite .. Lighter color caused by???

A- Insufficient light curing. *****

B- improper isolation.

C- water resorption.

Answer as i think is A Because most three causes of color lighten of composite...

1 - photoionization.

2- under-polymerization of composite.

3 -choosing color after isolation.

853. 1-best measurement for following oral hygiene instructions

a- Attachment level

b-Bleeding on probing*****

854. 2-access of upper lateral:

a-ovoid

b-triangular*****

855. 3-Attachement level is the distance from:

a-CEJ to pocket depth*****

b-CEJ to mucogingival junction

The level of attachment, on the other hand, is the distance between the base of the pocket and a fixed point on the crown, such as the cemento-enamel junction.

856. 4-age which is most prevalent to trauma: 8-15y

a-2-3

b-<2

C-5-6*****

857. 5-pic. Of lesion on lip, histological show acanthotic cells, no history of trauma , pt.

Exposed to sun :

a-keratoacanthosis*****

b-verrucous carcinoma

858. 6-firm, fixed nodes on neck, present with:

a-ssc

b-Ameloblastoma

c-basal cell carcinoma*****

d-fibroma

859. 7-pic. Of pedo with missed upper central

a-congenital missing*****

b-traumatic bone cyst

Not remember

860. 8-amount of L.A present in 2 % xylocaine in 100000 adrenaline:

a-0.02

b-0.2 = adrenaline

c-18mg

d-36mg*****

861. 9-probiotics is :

a-disinfection kill bacteroids

b-antibiotics for skin wounds

<https://en.wikipedia.org/wiki/Probiotic#Definition>

Definition [edit]

The **World Health Organization's** 2001 definition of probiotics is "live micro-organisms which, when administered in adequate amounts, confer a health benefit on the host".^[9]

862. 10-alginate poured in :

a-25

b-30

C-40

d-60 min ****

Should be stored in 100% moisture & poured within 1 Hour

863. 11-alginate impression

distorted, what happened

a- imbibition

b- syneresis

c- dimensional changes**

864. 12-blade used in apical abscess incision:

a-11*****

b-12

c-15

865. 13-you give nerve block and pt. Still feel pain, what to give

a-long buccal nerve***

b-mental nerve.

866. 14-ptn after extraction lower 8 feel numbness of tongue, which nerve affected

a-lingual *****

b-glossopharyngeal

867. 15-most irritating cement

a-zinc polycarboxylate

b-zinc phosphate *****

868. 16-zn polycaboxylate & zinc phosphate both contain :

a-zno particles*****

b-phosphoric acid

c-polyacrylic acid

869. 17-etch of pit and fissure sealant. A-35%hydrofloric acid

870. 18- صيغته بيقول growth

a-girl more 6 months over boys

b- girls more 2y over boys*****

The growth spurt between boys & girls is, OR Difference in puberty between boy and girl: 2 years. (Girls = 11-15 - Boys= 12-16)

871. 19- بيقول جه مرتين

Pain with cold in upper premolars with proximal composite restoration back to back from 5 months , there is gab between them

**what to do :

A-change restoration*****

b-endo

c-pulp extirpation

*** what is the cause:

a-composite shrinkage*****

b-no wedge

872. 20-when to select shade

a-just before placement of matrix band

B-before rubber dam...*****

873. 21-bacteria in endocarditis

a-Actinomyces enterococcus

b-streptococcus mutans

c-streptococcus viridians*****

Microbiology

- *Staphylococcus aureus* (35%) : Either healthy or deformed valves, IV drug abusers (polymicrobial), devices
- *Streptococcus viridans* (32%) : Native but previously damaged/abnormal valves
- Enterococci (8 %)

874. 22-pt with missed upper centrals and fractured labial plate, best

a-acrylic pd*****

b-implant

875. 23-Fl in tooth paste

- a-225
- b-500
- c-1000*****-1500
- d-12500

FLUORIDE SOURCE	Concentration (ppm fluoride)	% contribution to "raise the concentration of fluoride in saliva"
F-Toothpaste	1,000	81.25%
F-Mouthwash	230	18.69%
F-Water while in mouth	0.7	0.057%
Ductal Saliva from swallowing F-Water	0.016	0.003%

876. 24-Best measurement for following oral hygiene instructions is

- a- Attachment level
- B- bleeding on probing*****

877. 26-shape of rest seat preparation:

- a-concave
- b-round saucered***

Should have its lowest part towards center of tooth-long axis rounded, in enamel, adequate depth no undercuts/divergent

بعدها يوم

gagging

878- 27مريض

- قريبة , ايه :
- a-high vertical dimension
- b-medical condition
- c-over extended posterior palatal seal***

879. 1- For retreatment of endo tooth removal of GP is done by:

- a-broach
- b- reamer
- a- H file***
- b- Solvent

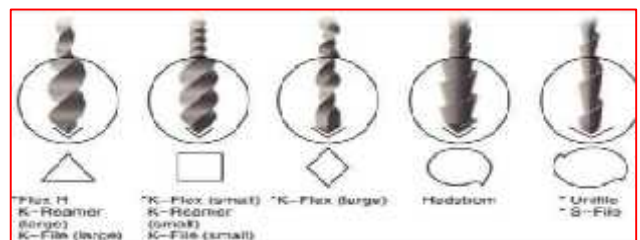
probing with an endodontic explorer into the material can help rule out the possibility that there is a solid core carrier. If there is a plastic carrier, then heat should not be used to remove the coronal gutta-percha (more on this later). If there is no carrier, heat is applied using an endodontic heat carrier that has been heated to a cherry red glow in a torch. Unfortunately, the carrier begins to cool upon removal from the flame, so many endodontists are now using other heat sources—such as the Touch 'n Heat (SybronEndo) or DownPak (Hu-Friedy, Chicago, IL) (Fig. 25-28, A)—to provide constant, consistent heat application to soften the gutta-percha in the

2 small Gates-Glidden drills, taking care not to overenlarge the cervical portion of the canal. However, since the previously

3 thane,^{90,112} rectified turpentine,¹⁰⁴ and xylene.⁷⁸ All of the solvents have some level of toxicity,^{12,15} so their use should be avoided if possible; however, a solvent is usually needed to remove well-condensed gutta-percha. The most popular solvent is chloroform, since it dissolves the gutta-percha

880. 2- K-reamer geometry

- a- Round
- b- Square*****
- c- Triangular



881. 3- Amalgam free of gamma 2 is
- a- 2% cu
 - b- 5% cu
 - c- 10% cu
 - d- 13% cu*****

**Depending upon
Copper content**

- Low copper (less than 6%)
- High copper (more than 6%)
 - Admixed – 9-12%
 - Single composition – 13 – 30%

882. 4- For amalgam function cusp thickness:
- a- 2-3 mm*****
 - b- 4-5
 - c- 10

883. 5- Zirconium post has:
- a-high compressive strength and low tensile str.
 - B- low compressive str. And low tensile strength
 - c-High compressive str. And high tensile str.*****
 - D- Low comp low tensile

- The post is made from fine grain, dense tetragonal zirconium poly-crystals (TZP), and the zirconia post has been reported to possess high flexural strength and fracture toughness
- zirconia post was designed for use with an adhesive resin cement.
- Ceramics are tough materials with high compressive strengths, but are brittle when subjected to shearing forces

884. 6- Minimal thickness of GP under post: 4-6 mm

885. 7- To increase durability of ceramometal crown:
Make metal – porcelain junction away from centric occ

886. 8- In veneer palatal finish line should be:
0.5 mm before centric occ

887. 9- 12 yrs. Old boy with mobile upper central and upper 6 and so bad oral hygiene with severely inflamed gingiva and radiograph show massive loss of alveolar bone:
- a- Early periodontitis***
 - b- Papiilon le fever syndrome PLS
 - c- Chronic periodontitis

PLS is characterized by periodontitis and palmoplantar keratoderma.^[6] The severe destruction of periodontium results in loss of most primary teeth by the age of 4 and most permanent teeth by age 14. Hyperkeratosis of palms and soles of feet appear in first few years of life. Destructions of periodontium follows almost immediately after the eruption of last molar tooth. The teeth are involved in roughly the same order in which they erupt.

888. 10- smooth dental surface is most susceptible to caries:
- max labial ant
 - max buccal post**
 - mand labial ant
 - mand lingual
889. 11- in 1ry teeth before final filling placement:
- clean and dry the tooth**
 - base
 - varnish
890. 12-flappy ridge need special impression tech what is the suitable material for the flappy part in the impression:
- plaster of Paris
 - ZnOE
 - agar agar
 - compound***

SELECTIVE IMPRESSION TECHNIQUE.

Clip slide

This technique aims to displace but not distort the flabby ridge as if in function. A primary impression is taken in a mucostatic impression material (e.g. impression plaster or alginate) and cast in stone. A spaced special tray for an impression compound impression is then constructed on this model.



The tray is loaded with compound and an impression taken of the model of the patient's mouth. This reduces the risk of displacing the flabby ridge.

891. 1-Pt want make bridge & routine examination doctor say that the abutment wants Rct as pulp stressed, What the mean of pulp stress
- Have numerous restoration for a long time*****
 - Pulp with no response
892. 2-Pt complain from pain in tooth of amalgam On pulp test not accurate, which test do to verify pulp test for offending tooth
- Anesthesia
 - Percussion

Stressed Pulp Syndrome

- Pulp is **stressed** during every restorative episode
- Stressful effects are additive
- Repeated insults decrease pulp's ability to tolerate injury

C. Preparation*****

893. 3-Doctor give inferior alveolar n block but not affect, what is alternative tech **ويكون تأثيره**
 A. Akinosi
 B. Gow gate*****

A Gow-Gates technique is indicated for use in quadrant dentistry in cases where soft-tissue anesthesia from the most distal molar to midline is needed, and where conventional inferior alveolar nerve block (IA block) is unsuccessful. Its

894. 4-how to differ between acute apical abscess& Chr. Apical abscess
 A. Percussion
 B. Swelling
 C. Fistula*****

895. **فيه** 3
 5-Large caries in 6, Cold test ..no response, Hot test sever pain ,Electric ..20 ,Control Cold 5 ,Hot 5 Electric 10 **تقريبا**
 A. Vital
 B. Reversible
 C. Irreversible*****
 D. Necrotic

896. 6-Extra oral nerve block after touch pterygoid plate move
 A. Upward ant
 B. Downward post
 C. Down ant
 D. Upward post*****

897. 7-Pic compound odontoma

898. 8-Pic **تقريبا** face bow What the third point determine **فهمه**
 A. Condylar angle



B. Occlusal plane

Third reference point

It is used to orient the face bow assembly to a anatomical reference point on the face along with the two condylar reference points. It varies in the different face bows, example orbital pointer-orbitale, Nose piece – Nasion etc.



899. 9-Carbohydrate food affect caries mainly by its
 A. Form
 B. Frequency*****
900. 10-Root resorption due to force
 A. Magnitude
 B. Duration*****
 C. Direction
901. 11-8yrs pt. Complain from diastema 2mm on examination you found paleness on incisive papilla Diagnosis
 A. Eruption cyst
 B. Small teeth in large jaw**
 C. Supernumery tooth
902. 12-Pic of panorama with supernumery teeth and multiple impactionCledocranial
903. 13-znoe make radioopacity at the apex of the tooth of large caries lesion
 Diagnosis
 A. Condensing osteitis*****
 B. Cemental dysplasia
904. 14-Pt 3yrs complain sores in mouth fever الطبيعي sore throat
 A. Herpangia
 B. Aphtous ulcer
 C. Primary herpetic Gingivostomatitis*****
905. 15-Pt pain in lower anterior x-ray radiolucent bet root of lateral & canine and tooth vital
 A. Lateral radicular cyst
 B. Apical periodontal cyst
 C. Lateral periodontal cyst*****



D. Giant cell granuloma

906. 16-Pt tetracycline discoloration in upper and lower incisor and first molar in which age affect

- A. 1
- B. 4***
- C. 5
- D. 6

907. 17-How many mgs of xylocaine 2% of in 1ml only,

- A. 36
- B. 20 ***
- C. 15

Xylocaine 2% with Adrenaline (Epinephrine) 1:200,000:

Each ml of solution for injection contains lidocaine hydrochloride monohydrate Ph. Eur., equivalent to 20 mg of lidocaine hydrochloride anhydrous (400 mg per 20 ml vial), 5 micrograms of adrenaline (epinephrine) as the acid tartrate (100 micrograms per 20 ml vial).

908. 18-How

many cartilage in child 15 kg take 2% lidocaine, 100,000 epinephrine

- A. 1
- B. 3*****
- C. 5
- D. 7

J Maximum dose of lidocaine with Epinephrine = 7mg/kg
 J Maximum dose for this pt. = Maximum dose of lidocaine with Epinephrine X pt. weight = 7 X 15 = 105 mg
 J Maximum number of carpules for this pt. = Maximum dose of lidocaine with Epinephrine for his weight / lidocaine content in carpule (36 mg) = 105/36 ≈ 3 carpules

909. 19-Pt thumb

sucking and

beginning of dental problem how to manage

- A. Appliance *****
- B. Psychologic

910. 20-Lateral cephalometric view

- A. Right and left side of skull
- B. Lateral profile and growth*****

911. 21-Salivary gland stone appears in which x ray

- A. Occlusal*****
- B. Panorama
- C. Periapical
- D. Forget sialograph

يا disease الصيغة لأنه جهه منها كثير

Anug. Cement dysplasia. Paget's. Herpangia. Minor & major aphthous ulcer.

Herpiform aphthous stomatitis., cysts

912. 22-Before pit and fissure sealant

- A. Polishing with polishing paste
- B. Polishing with polishing disc*****
- C. Smoothing of occlusal surface

913. 23-Which contraindicated with sickle cell anemia

- A. Aspirin
- B. Acetaminophen

C. Opioid and pethidine*****

control of Acute Pain of sickle cell anemia

Pain control is best achieved with opioids. Morphine is the drug of choice

914. Pt with high caries index and has deep fissure in 35 36 27 and incipient caries in 16 46 37

Which restoration you shouldn't use for him

- A. Composite
- B. Sealant *****
- C. Amalgam

915. Miller classification

If a tooth is moving 1mm or more in all direction, it is

- A. Miller class 1
- B. Miller class 2
- C. Miller class 3*****

The Miller classification¹ of mobility:

- **Class 1:** First sign of movement greater than normal.
- **Class 2:** The tooth can be moved up to 1 mm in a buccolingual or mesiodistal direction but does not exhibit abnormal mobility in an occlusoapical direction.
- **Class 3:** The tooth can be moved 1 mm or more in either buccolingual or mesiodistal and occlusoapical directions.

916. 1.functional appliance:

- A. Bionator
- B. Posterior bite block *****

917. 2.gap between two soldered parts

should be:

- A. <0.2
- b.0.2 c.0.4

The tooth surface must be thoroughly clean
can be accomplished using hydrogen peroxide
prophy jet.

Products containing fluoride and/or glycerin are contraindicated and should not be used to clean the tooth. Pumice should not be used to clean pits and fissures as the particles of pumice can prevent the acid etch and the resin from flowing into the fissure. After cleaning, the surface should be rinsed approximately 20 seconds. An explorer should then be used to examine the entire tooth surface for any remaining debris

d.0.6

An even soldering gap of about 0.25 mm is recommended.

918. 3. fracture in neck of the mandible which nerve is injured:
a. inf. Alv. B. Mental lingual c. Auriculotemporal***

of the mandibular fracture. Rarely other branches of the mandibular division of the trigeminal nerve can be affected. These include the masseteric nerve, auriculotemporal nerve (both with condylar fractures), and the buccal and lingual nerves associated with intraoral lacerations with body or angle fractures. Also rare is damage to the marginal mandibular branch of the facial nerve with fractures of the condyle, ramus, and angle of the mandible. It is more common to see this nerve damage caused by a laceration along its course.

Traumatic injury to the inferior alveolar nerve is common in displaced fractures of the body and angle of the mandible. There

919. 4. the size of needle w use تقريباً
a. 0.2 b. 0.4 c. 0.5 d. 0.6
920. 5. U give inf. Alv. Nerve block twice to anaesthetize lower molars but still pt. Feels which nerve u will give anesthesia again
a. long buccal***** b. mental c. lingual d. incisive
921. 6. First sign to show if there is lidocaine toxicity :
a. bradycardia***** b. tachycardia c. cardiac fibrillation d...

Signs and symptoms of **lidocaine toxicity** (overdose) may be the same (central nervous system [CNS] stimulation followed by CNS depression) as described in Chapter 2. However, the stimulatory phase may be brief or may not develop at all.²⁷ The first signs and symptoms of lidocaine overdose may be drowsiness, leading to a loss of consciousness and respiratory arrest.

- **Cardiovascular System: bradycardia, heart block, vasodilation (hypotension)**
- **Allergic reactions: allergic dermatitis to anaphylaxis (rare, but occur most often by ester-type drugs).**

922. 7. Rapid maxillary expansion can be obtained by :
 a. once per day b. twice per day*** c. once per week d. twice per week
923. 8. Electric test is not reliable in children because:
 A. Delay formation of A fibers***
 B. Delay formation of C fibers
 C. Late formation of A
 D. Late formation of C

The objective of the electric pulp test (EPT) is to stimulate intact A δ nerves in the pulpal-dentin complex by applying an electric current to the tooth surface. A positive result stems from an ionic shift in the dentinal fluid within the tubules, causing local depolarization and subsequent generation of an action potential from intact A δ nerves.²⁹²

924. 9. Six years old child thumb sucking and affect dentition. How to manage
 a. Psychiatric b. Appliance***** c..... D.....
925. 10. pt. Extract 1st lower molars because of caries ..have several restoration and several teeth need restoration.. Which type is he :
 a. Low caries index b . Moderate c. High*****
926. 11. why we use calcium hydroxide as medication between visits:
 A. It dissolve necrotic remnants
 B. Has antimicrobial action***
 C. Form tissue bridge at the apex d...
927. Long Qu about pt. With skull fluorosis then he asks about the amount of fluoride that cause skull fluorosis????????????/?
 A. 10ppm
 B. 20ppm
 C. 30ppm
 D. 40ppm
847. Pt with multiple caries high plaque index erythema and edematous gingiva pocket 2-4 what is the periodontal diagnosis
 A. Gingivitis
 B. High caries index
 C. J. Periodontitis***
848. Apicectomy
 A. Perpendicular angle in microsurgery
 B. Acute angle in conventional endo-surgery
849. 5 years child with white lesion in oral mucosa and his parent said this occurs also in his brother what is the diagnosis → White spongy nevus
850. Image for Dentigerous cyst
851. Space b/w 2 implants by millimeter
 A. 3mm***

- B. 2mm
- C. 1mm

852. Oral manifestation of hypertensive pt

- A. Candidiasis
- B. Mucosal change
- C. Xerostomia**

853. 1. An old patient came to your clinic with discomforting in his 24 tooth after clinical examination there is small brownish discoloration distally the surface is smooth and shiny in radiograph there is small radiolucency confined within enamel what's your management

- A-Restoration*****
- B-Polishing
- C-no treatment
- d- remineralization



854. 2. What's the diagnosis of this picture

- A. Dens evagination
- B dens invagination *****
- C. Crown dileceration

855. 3. What's long face class2 in comparing with the muscle in short face as in class3 will show

- A. Weaker **
- B. Stronger
- C. No difference

856. 4. A male old patient came to your clinic to reconstruct an upper denture after examination you said to the pt that the future denture will resist the lateral force but incapable to resist the vertical force what's the most likely the shape of the patient palate?

- A. U shape
- B. Flat **
- C. Knife edge
- D. Square

857. 5. Female pt. Complaining of spaces in her upper anterior teeth after examination there is a deep over bite and moderate overjet what's the proper management you will do?

- A. Close the space
- B. Decrease the deep bite.
- C. Retract the anterior teeth**
- E Reduce the overjet.

858. 6. After taking an alginate impression you decide to do an analogue cast during that you notice drops of water on alginate impression what's is the name of this phenomena

- A. Imbibition

B. Syneresis **

C. Hysteresis

859. 7. Pennett movment and mandibular occlusion envelop long Q cant remember

860. 8. Patient with upper complete denture since 9 years complaining of falling of denture during chewing after examination with wax bite there is slightly inter occlusion Whats the best management?

A. Reline

B. Rebase

C. Remake**

D. Establish occlusion

861. 9. What's the maximum size of pulp exposure that will mostly cause failure to do direct pulp capping?

A. 0.5

B. 0.7**

C. 0.9

862. 10. Image case Patient complaining of pain and sour have history of renal trans implantation what's the lesion

A. Arythroplakia

B. Pseudo candidiasis**

C. Erythematous candidiasis .

D. Leukoplakia



863. 11. 22 years old patient complaining of recurrence

oral ulcer with history of congenital and ocular lesion what could be the diagnosis

A. Chron's disease

B. Bohens syndrome

C. Behçet's disease**

D. Sjogren's Syndrome

864. 12. Pt under Aspirin therapy and had a Cardiac catheterization before 8 months ago and need extraction of 2 molar teeth your management

A. BT

B. INR\TTP

C. Cant remeber

E consult hematologist **

865. 13 same Q but pt taking warfarine INR=2.8 what to do

A proceed **

B delay for 3 days

C stop the warfarine

866. 14 Brushing method in which side parts of bristles are activated:

Bass

charter

Modified stillman*****

867. 31) A PROsthESIS WITH HINGE AND APICAL MOVEMENT IS:

- a. PM-1
- b. PM-2
- c. PM-3*****
- d-pm-4

Classification of Prosthesis Movement

The classification system proposed by the author in 1985 evaluates the direction of movement of the implant-supported prosthesis, not the overall range of motion for the individual attachment; therefore the amount of prosthesis movement (PM) is the primary concern. An overdenture is by definition removable, but in function the prosthesis may not move. If the prosthesis does not have movement during function, it is designated PM-0 and requires implant support similar to a fixed prosthesis. A prosthesis with a hinge motion is PM-2, and a prosthesis with an apical and hinge motion is PM-3. A PM-4 allows movement in four directions, and the PM-6 has all ranges of prosthesis movement.

868. Removing of dentin in dangerous zone to cementum is:

- A. perforation
- B. ledge
- C. stripping*****
- D. zipping

869. Equation for Hanau Articulator

- A. $L = H/8 + 12$ *****
- B. $L = H + 8 = 12$
- C. $L = H \times 8 / 12$
- D. $L = H / 12 + 8$

- 3-Lateral movement to an angle calculated from the Hanau's formula:
- $L = H/8 + 12.$

870. 1. A patient construct for himself a complete denture. After a few days he came to you complaining from pain and white spots on the residual ridge and you did relief in that area and have given him ointment. After a few days he came again complaining the same but in an other area. The main cause is?
- a. Uneven pressure on the crest of alveolar ridge. *****
 - b. Rough tissue contacting surface of denture
 - c. Increase vertical dimension
 - d. Absence of balancing occlusion

872. 2.in ideal infiltration of upper teeth
- A. submucosa
 - B. Intraosseous
 - C. Subperiosteal
 - D. Supraperiosteal*****



873. Herpetic whitlow in
- A. Mouth
 - B. Lip
 - C. Eye
 - D. Finger ***** This is a characteristic non-oral site for primary infection as a result of contact with infected vesicle fluid or saliva. The vesiculation and crusting are identical to those seen in herpes labialis.

874. 3.Lateral condylar path angle
- A. $L = H \sqrt{12+8}$
 - B. $L = H + 8 \sqrt{12}$
 - C. $L = H/8 + 12$ *****
 - D. $L = H + 12 \sqrt{8}$

Hanau's formula for lateral inclination

$$L = H/8 + 12$$

- L = Lateral condyle inclination in degrees
- H = horizontal condyle inclination in degrees as established by the protrusive relation record

875. 4.action of L.A. depends on
- A. lipid solubility of ionized
 - B. lipid solubility of union*****
 - C. water solubility ionized
 - D. water solubility union

Factor	Action Affected	Description
pK _a	Onset	Lower pK _a = More rapid onset of action; more RN molecules present to diffuse through nerve sheath; thus onset time is decreased
Lipid solubility	Anesthetic potency	Increased lipid solubility = Increased potency (example: procaine = 1; etidocaine = 140) Etidocaine produces conduction blockade at very low concentrations, whereas procaine poorly suppresses nerve conduction, even at higher concentrations
Protein binding	Duration	Increased protein binding allows anesthetic cations (RNH ⁺) to be more firmly attached to proteins located at receptor sites; thus duration of action is increased
Nonnervous tissue diffusibility	Onset	Increased diffusibility = Decreased time of onset
Vasodilator activity	Anesthetic potency and duration	Greater vasodilator activity = Increased blood flow to region = Rapid removal of anesthetic molecules from injection site; thus decreased anesthetic potency and decreased duration

876. 5. Caries depend on
- Type
 - site *****
 - depth
 - extension
877. 6. Tuberosity technique for block
- P.s. nerve = post. Sup. Alv. Nerve
 - m.s nerve = middle Sup. Alv. Nerve
 - maxillary nerve

Other Common Names. Tuberosity block, zygomatic block
Post. Sup. Alv. N Block

Nerves Anesthetized. Posterior superior alveolar and branches

Other Common Names. Akinosi technique, closed-mouth mandibular nerve block, tuberosity technique

Nerves Anesthetized

- Inferior alveolar **VAZIRANI-AKINOSI CLOSED-MOUTH MANDIBULAR BLOCK**
- Incisive
- Mental
- Lingual
- Mylohyoid

878. 7. polycystic name for lateral periodontal cyst
- Odontogenic kerato
 - Calcified cyst
 - Adenomatoid odontogenic cyst
 - Botryoid odontogenic cyst *****

this cyst is in patients who are approximately 30 years old. The rare, polycystic (**botryoid**) variant of the lateral periodontal cyst may be seen as a multilocular radiolucency.

879. 8. Weeping canal

Calcium hydroxide dressing

- **Weeping canal (Bleeding exudate cystic fluid)**
 - Open apex
 - Large cyst
 - Perforation
 - Unnegotiated canal
 - Pulp remnant
- **Open apex**
- **Root fracture**
- **Perio endo lesion**
- **Root resorption**

880. 9. Concentration of hypochloride = 5.25%
881. 10. Fluoride why not affect natural teeth → due to calcification
882. 11. Resorption occur due to = which one induce the Resorption process

A. Duration of force. **

B. Magnification

883. 12. 8year habit smoker have white lesion in palate why?

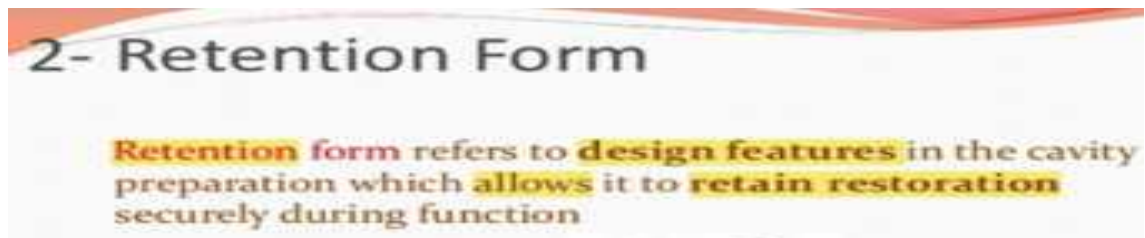
A. Reaction

B. inflammation

C. benign tumor.

D. Precancerous*****

884. 13. Retention form of cavity why



885. 14. Periodontal flaps what it important

A. Acute Pericronitis ttt

B. Antibiotic

C. Remove occlusion force sub gingival

D. Rinsing***

886. 15. Angle of sharpening = 100-110

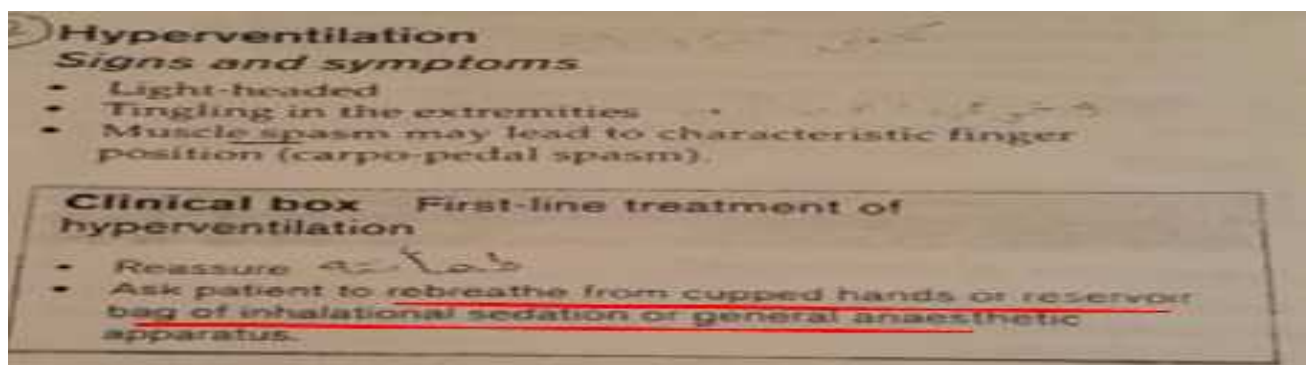
887. 16. Pt with hyperventilation what can do to in your clinic

A. Antihistamine

B. Hydrocortisone

C. Oxygen bronchodilators

D. له كيس يتنفس فيه ***** لاختيار



888. 17. Contraindication of epinephrine to pt. have

A. Diabetic*****

B. Hypoparathyroidism

C. Hyperparathyrodism

Table 1. Contraindications to Vasoconstrictors and/or Local Anesthetic Agents.^{1,8-15}

- Recent myocardial infarction (<1 month or symptomatic)
- High-risk arrhythmia
- Uncontrolled or severe hypertension
- Unstable angina
- Patients taking digoxin
- Uncontrolled diabetes mellitus
- Uncontrolled hyperthyroidism
- Moderate to severe asthma (avoid sulfite-containing LA)
- Documented allergy (to anesthetic or vasoconstrictor)
- Pheochromocytoma (catecholamine producing tumors)
- Drug abuse—cocaine, methamphetamine, amphetamine (known use within past 6-24 hours minimum, depending on drug)

889. 18. Develop from the 4pouch
- A. Superior thyroid*****
 - B. Inferior thyroid
 - C. Whole thyroid

Forth	Superior laryngeal nerve.	<ul style="list-style-type: none"> • superior parathyroid glands and ultimobranchial body which forms the parafollicular C-Cells of the thyroid gland. • Musculature and cartilage of larynx (along with the sixth pharyngeal arch).
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890. 19.The most common recurrence in mouth → OKC

891. 20.Long qu Dentinogenesis imperfecta

Dentinogenesis Imperfecta

(Differentiated from amelogenesis imperfecta by radiographic appearance only-obiterated pulp chambers (AIPG 2002, AIIMS Nov 11))

Type I	Type II
<ul style="list-style-type: none"> • DI is seen without osteogenesis imperfecta • Caused by mutation in dentin sialophosphoprotein (DSPP) gene that maps to chromosome 4 (autosomal dominant) (AIPG 1995, 1999, 2009) • Affected teeth are amber brown and opalescent and have broad crowns with constriction of cervical area – TULIP shape • Teeth have bulbous crowns, with narrow roots and root canals. The pulp chambers are smaller than normal. Dentin tubules are irregular, larger in diameter and less numerous. Due to limited ability of odontoblasts to form well organized dentinal matrix. (AIPG 1994, 2009, AIIMS 1992, 1999, 2003, AP 2008) • Water content – 60% • Increased glycosaminoglycans • Microhardness of dentin = cementum 	<ul style="list-style-type: none"> • Bradywine type or Shell teeth (shield's type III) • Apart from DSPP, 3 other genes DMP-1, BSP and SPFP1 are also involved • The dentin is extremely thin and the pulp chambers are enormous. (COMEDK 2006) • The most striking feature is the partial or total precocious obliteration of pulp chambers by continuous deposition of dentin. (MAN 1997) • Radiographically–shell teeth (KAR 2001)

Clinical Features

- DI usually exhibits a characteristic unusual translucent or opalescent hue. The usual scalloping of DEJ is absent. Rapid attrition of enamel + dentin (AIPG 2009)

892. 22.X-ray for pt. need new denture

- A. Periapical
- B. Bitewing
- C. Panorama*****
- D. Con full mouth

893. 23. When does child should be first exposed for using tooth brush:

- a. As eruption of first tooth. *****
- b. One-year-old.
- c. Two years old.

894. 24.Extraction Elevators consist of

- A. hand. shank. Blade*****
- B. Hand. shank. Tip

895. 25.Enamel hypocalcified in central incisor after 3month tt with composite
How can tt→ composite and re etch and bond



896. 26.Mandibular tooth fracture with good structure, Type of post

- A. Fiber with compost
- B. Amalgam
- C. Prefabricated post
- D. Casted post***

897. 27.Pt with low caries index and small discolored area which is not cavitated or catching no x- ray change need Follow up each

- A. 3m*****
- B. 9-12
- C. 12-18 month
- D. 18-24 month

898. 28.Pt with low caries index and small discolored area which is not cavitated or catching no x- ray change need How can ttt→ apply Fissure sealant

899. 29.What is GG#1 file size means:

1. 20
2. 30
3. 50*****
4. 60

Schwed Gates Glidden Drills
Schwed Gates Glidden Drills are side cutting engine instruments that can be used either as an orifice cleaner or to shape the coronal half of the canal.

Instrument Specifications:

- Available in 28mm and 32mm lengths
- Right angle only
- Bands indicate size
- Stainless Steel



Gates Glidden Drill Basics

GGDs have been used for decades to shape the orifice and canal above the point of first curvature in endodontic procedures. Traditionally they come in lengths of 28, 32 and 38 mm and in sizes #1-6, with size #1 being the smallest in diameter and #6 the largest.

Football shaped at the cutting end and smooth shafted, after insertion they are used in a coronal brushing motion against the canal wall possessing the greatest width of dentin. The diameter of the cutting bud on the GGD #1 is 0.5 mm, #2 is 0.7 mm, #3 is 0.9 mm, #4 is 1.10 mm, #5 is 1.3 mm and #6 is 1.5 mm. Not all GGDs are made from the same stainless steel, for example, Mani GGDs are made from a corrosion resistant hard fiber austenite stainless steel (Pictured Above in sizes 1-3, along with Peezo Reamers)

اعطيت المريض
الاختيارات
شديد
تركيبه
تكوين
اختياري
ingected in nerve

901. 31.streptococcus mutans initiate caries mostly in

- A. Occ. Surface
- B. Proximal surface*****
- C. Pit and fissure

902. 32.pt. with white spot on his tooth and tooth not cavitated tell pt. to check up after

- a- 3 months
- b- 4-6 months *****
- c- 7-9 months

903. 33.Arterial blood supply to floor of mouth

- A. Lingual*****
- B. Inf. Alv. N
- C. Buccal
- D. mental

904. 34.Truamatized anterior teeth result in out of alignment of four teeth

- A. Luxation
- B. Subluxation
- C. Alveolar fracture*****

905. 35.Best in implant →Made of titanium & Endosteal

906. 36.Best form of implant

907. 37.ranger technique مين
908. 38.After removal of plaque teeth good and healthy how u know
 A. Probing on pocked
 B. Blood decrease*****
 C. Gingival form
909. 39.Form of palate for edentulous
 A. Square
 B. Ovoid
 C. Flat
 D. Vault**
910. 40. We want to construct upper denture with palatal strap, which act as indirect retainer what's the type of Kennedy class:
 A. class 1
 B. class 2
 C. class 3*****
 D. class 4

this type of max maj connector is indicated in Class III, small posterior edentulous areas

palatal strap, (we also do palatal bars (not often) with class III cases)

can you do a palatal strap with a class I or II? NO

911. 41. pt. with attrition in upper teeth and lower teeth all teeth healthy no complains أشعه
 A. Hypercementosis**
 B. External resorption
 C. Pulp obliteration
912. 42.Blade no 12 for what→ Incision-suture cutting, they are also used within Dental surgery for raising skin flaps and for removing excess polymerized composite resin on the facial and interproximal region of the tooth.

Blade No. 12 - is a small, pointed, crescent shaped blade sharpened along the inside edge of the curve. It is sometimes utilised as a suture cutter but also for arteriotomies (surgical incision of an artery), parotid surgenes (facial sal vary glands), mucosal cuts on a septoplasty (repair of nasal septum) and during cleft palate procedures ureterolithotomies (calculus removal by incision of the ureter) and pyelolithotomies (surgical incision of the renal pelvis of a kidney for the removal of a kidney stone - also known as a pelvio ithotomy).

Blade No.12D - (sometimes referred to as the 12B in the USA), is a double edged No. 12 blade sharpened along both sides of the crescent shaped curve. It is used extensively within dental surgery techniques.

913. 43.Pt have early loss in lower anteriors teeth and the disease have low alkaline sometimes what is the disease

- A. Hypothyroidism *****
- B. Palm le disease

Serum Alkaline Phosphatase (ALP)

- Derived from (BLIP), Bone; Liver; Intestine; Placenta.
- Raised levels are seen in (remember all these conditions)_
 - **Increased Osteoblastic Bone conditions:** Paget's disease (Osteitis deformans), Osteogenic sarcoma, Metastatic bone tumour, Metabolic bone disease (Rickets; Osteomalacia), Hyperparathyroidism.
 - **Biliary obstruction:** intra/extra hepatic; Biliary cirrhosis
 - **Intestine:** ulcerative colitis, Crohn's disease
 - **Placenta:** late pregnancy
 - **Others:** Infectious mononucleosis, Temporal arteritis, sarcoidosis, amyloidosis, RA.
- Alkaline phosphatase from liver and bone is distinguished by heat stability at 56 deg centigrade; *ALP from bone is heat labile* ("Bone burns, Liver lasts").

• **Conditions with decreased LAP (leukocyte alkaline phosphatase) scores are:**

- Paroxysmal nocturnal hemoglobin
- Chronic myeloid leukemia

• **Conditions with increased LAP scores are:**

- Polycythemia
- Leukamoid reaction
- Infection
- Myelofibrosis

Causes of Elevated Alkaline Phosphatase

Bone derived ALP	Liver derived ALP	Miscellaneous conditions
Elevation suggests increased bone turnover/increased osteoblastic activity such as: <ul style="list-style-type: none"> • Paget's disease • Rickets and osteomalacia 	<ul style="list-style-type: none"> • Cholestatic liver disease • Infiltrative liver disease • E.g. cancer 	<ul style="list-style-type: none"> • Hodgkin's disease • Hypothyroidism • Congestive heart failure • Diabetes

Causes of Low Alkaline Phosphatase

1. Malnutrition

Improper diet and poor nutritional choices which lead to a deficiency of vitamin B6, folic acid, vitamin c, phosphorous and zinc all cause alkaline phosphatase to plummet.

2. Hypophosphatasia

This rare genetic disorder negatively impacts the development of bones and teeth. The depletion of phosphate from the body softens and weakens bones causing physical deformity from the abnormal bone growth and development. Severe cases lead to respiratory disorders as well.

3. Other Causes

Other causes can result in low alkaline phosphatase including:

- Hypothyroidism and impaired parathyroid glands
- B12 deficiency (Pernicious anemia)
- Aplastic anemia
- Wilson's disease (abnormal copper metabolism)
- Children with achondroplasia and cretinism
- CML – Chronic Myelogenous Leukemia
- Menopause and anemia

914. 44. child has oral habit the most affected by ;

- 1- force
- 2- magnitude

3- duration*****

4-frequency

Just as each child is different, each child's habit is also different. There are three factors that will determine how much your child's oral habit will affect their developing teeth and occlusion (or bite). Oral habits vary in frequency, duration, and intensity. Research has shown that of these three factors, duration is the most important. Because of this, patients that engage in oral habits for longer periods of time will be at the highest risk for negative effects on their developing bite.

915. 45. patient with periodontal problem and want to do orthodontics, what type of force
- light *****
 - tipping
 - intermittent
916. 55. which of the following has high recurrence rate
- residual cyst
 - odontoma
 - Ameloblastoma*****
917. 56. Pt complain from pain in tooth of amalgam On pulp test not accurate Which test do to verify pulp test for offending tooth
- Anesthesia
 - percussion **
 - preparation
918. 57. Most important Before pit and fissure sealant
- 1-polishing with flouid***
 - 2- etching and bonding
 - 3-smoothing of occlusal surface
919. 58. most difficult group of teeth that is difficult to anesthetize
1. max. premolars
 2. max. molars
 3. mand. premolar
 4. mand. molars*****
920. 59. Female pt. 35 yrs. old come complaining of white halo around enamel margin of class IV in 11, The restoration done before 3 months and not complaining from pain & sensitivity>>What is the cause of this white line
- injury to enamel of adjacent tooth
 - inadequate etching & bonding*****
 - using different bonding system
921. 60. the second q. how to manage this case??
- adding composite (repair) re-etching and bonding add composite**
 - finishing & polishing
 - replacement (change restoration which is more*

teeth most difficult to anesthetize are the mandibular molars followed by (in order) mandibular and maxillary premolars, maxillary molars, and mandibular anteriors. ... Then one can

922. 61. adult pt. show high caries risk, what is the most smooth surface suspect to have caries?

- A. labial of max. ant.
- B. palatal of max. ant.
- C. Buccal of max. post. *****
- D. palatal of max. post

923. 62. Electric test is not reliable in children because:

- A. Late formation of A fibers *****
- B. Late formation of c fiber
- C. early formation of A fibers
- D. early formation of c fiber

• **Electric pulp tests**

- In recently erupted teeth it takes 5 years myelinated (A δ) fibres reach DEJ
- Orthodontic movement sensory functions may be disturbed up to 9 months
- 2-6 weeks recovery following trauma
- Contamination (gingiva, metal restoration)

924. 63. 30 years old male pt. come to restore his badly decayed upper 7 during dentist examination he found white lesion on hard palate when dentist asks pt. he said that he is on tobacco for 10 yrs. What is it?

- A. Reaction
- B. Infection
- C. Precancerous *****
- D. Benign tumor

925. 64. Tug back

- b- Use larger size cone.
- B- Tactile test:- (MC. Fitness)
- Tug back action:-
- It is
 - a-Some degree of force is needed to seat the MC. to its position.
 - b-Good deal of pulling force is needed to dislodge it.
 - It can be obtained in Rc. with parallel apical portion & can't be obtained in Small properly flared Rc.

926. 65. intra ligamentary injection will act as on the pulp

- A. Subside for 30 min *****
- B. Increased
- C. Decrease

927. 66. 0-year-old male has undergone extraction of 26 and return to clinic after one week with painless ulcer in his palate related to extraction wound. What will be

your diagnosis?

- a. Squamous cell carcinoma
- c. Necrotizing sialometaplasia **
- e. Actinomyces
- b. Sialodentitis with infection
- d. Rupture of cyst of minor salivary gland

928. 67. The force which makes the denture dislodge????????????////

- A. The force of adhesion
- B. Adhesive mass of food
- C. interstitial force**

929. 68. Pt had old denture from many years ago, very bad oral hygiene and denture hygiene is poor, complain from red erythematous tissue under all denture area, pt. is tobacco smoker, diagnosis is:

- 1/ denture stomatitis****
- 2/ candidiasis
- 3/ oral cancer
- 4/ hypertrophic frenum

930. 69. Isolated Miller upper canine has grade II recession: ????????

- A. full flap with full flap
- B. full flap with strip flap*
- C. connective tissue graft with full flap
- d. CT graft with strip flap*

931. 70. Adult 20 yrs. male with soft tissue & dental trauma reveals severe pain in soft tissues with loss of epithelial layers and anterior upper centrals are intruded the diagnosis is: Laceration with luxation.

932. The glossy important of GI

High coefficient of thermal expansion than natural teeth
Its fluid release****

933. Factor affect caries measurement

934. Posterior palatal bar or strap when used

935. Extraction of with and go posteriorly and superiorly what u do

936. Acromegaly orth

937. Cusp fracture and on the tooth

- Normal unflamed
- Reversibly inflamed
- Irreversibly inflamed

938. How can bleaching the teeth

939. Bleeding from his nose after analysis glucose content

Glucose oxidate formation

940. Teeth with glycogen(dye)

941. Length of needle when injected to the mucosa in inferior alveolar nerve block
 1/3
 2/3*****
 1/4
942. Retention form of cavity design
944. To prevent soft tissues during impaction to third molar u must make
 U shape flab
 Adequate size flap
 Maximum retraction to check and flab**
945. 2-Chlorohexidine used in mouth wash in conc. Of
 O.12*
 B_1:2
946. 515-patient smoking 15 -20 cigarettes a day for 8 years he com with complain
 of pain in gingival Diagnosed as chronic gingivitis
 a-gum shows inflammation as former smoker
 b-less intensity than unsmoker****
 c-more intensity than non smoker
 d-same as non smoker
947. 41-For Hepatitis B only Antigen s HB is to
 check:
 a- Immunity
 b- Acute Infection*****
 c- chronic Infection
 Intra cell responce
948. Which of the following are used in HBV disinfection
 1. Iodophores, hypochlorite.
 2. 1 00% ethyl alcohol.
 3. Formaldehyde + gas. 4. Dettol
 a. 1 +2+3. ***
 c. 2+3.
 b. 1 +2.
 d. 2+3+4
949. 32. child came to u after anterior trauma on clinical examination the 4 anterior
 was unalignment:
 A. luxation ***
 B. sublucation
 C. dentoalviolar fracture*****
950. 90. Pedo pt. with extremely -ve behavior, to restrain the extremity: مريض
 انفعاله سلوكه
 A. use mouth prope. يعمل
 B. Belt.
 C. Board. *** (Papoose Board). (اليدين والرجلين) تكتيف

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The following are commonly used for protective stabilization:

Body

Papoose Board (Olympic Medical Corp., Seattle, Wash)

Triangular sheet

Pedi-Wrap (The Medi•Kid Co., Hemet, Calif)

Beanbag dental chair insert

Safety belt

Extra assistant

Extremities

Posey straps (Posey Co., Arcadia, Calif)

Velcro straps

Towel and tape

Extra assistant

Head

Forearm-body support

Head positioner

Plastic bowl

Extra assistant

951. The most successful technique used with children:

- a. TSD ****
- b. Hand over mouth
- c. Punishment
- d. Physical restrain

Reference: McDonald's Dentistry for the Child and Adolescent

TSD - Tell Show Do

952. Picture of exam

953. 757. When you give sedative inhalation for patient to prevent hypoxia u give:

- A. 95% oxygen and 5% nitrous oxide
- B. 90% oxygen and 10% nitrous oxide
- C. 85% oxygen and 15% nitrous oxide
- D. 100% oxygen and zero nitrous oxide ***

954. Herpetic whitelaw

955. During impaction to third molar u intruded superiorly and posteriorly what can do

Extraction under gA

leave 3week do extr

956. Pt. with plasma enzyme should take:

- a. Procaine with hcl which 1,200.00 epinephrine



- b. Procaine hcl without epinephrine
 c. Prolocaine hcl with 1.200.00 epinephrine*****

Ester Local Anesthetics. Ester local anesthetics are hydrolyzed in the plasma by the enzyme pseudocholinesterase.⁹ The rate at which hydrolysis of different esters occurs varies considerably (Table 2-5).

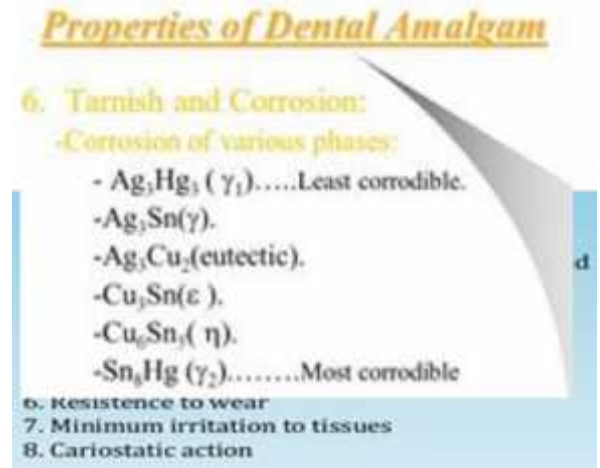
Approximately 1 of every 2800 persons has an *atypical form of pseudocholinesterase*, which causes an inability to hydrolyze ester local anesthetics and other chemically related drugs (e.g., succinylcholine).¹⁰ Its presence leads to a prolongation of higher local anesthetic blood levels and an increased potential for toxicity.

Amide Local Anesthetics. The biotransformation of amide local anesthetics is more complex than that of the esters. The primary site of biotransformation of amide drugs is the *liver*. Virtually the entire metabolic process occurs in the liver for lidocaine, mepivacaine, articaine, etidocaine, and bupivacaine. *Prilocaine* undergoes primary metabolism in the liver, with some also possibly occurring in the lung.^{11,12}

957. To plan the line-angles in the proximal cavity in a class II you use:
 A. Straight chisel.
 B. Bin-angled chisel.
 C. Enamel hatchet.
 d. Beveled chisel.*****
958. To plane the facial and the lingual wall of enamel , which enamel will use
 A. Straight chisel.
 B. Bin-angled chisel.
 C. Enamel hatchet.*****
959. Loose enamel rods at the gingival floor of a class 2 amalgam cavity should be removed using:
 A. gingival trimmer*****
 B. Bin-angled chisel.
 C. Enamel hatchet.
 d. Beveled chisel.

<p>2. <i>Hoe excavators:</i> They are used for cutting mesial and distal walls of premolar and molar.</p>	<p><i>Gingival marginal trimmer:</i> They are designed to properly bevels on the gingival enamel margins of proximoocclusal preparations. They can also be used to form sharp angles in internal part of cavity preparations.</p>
<p>4. <i>Triple angle chisels:</i> they are used to flatten pulpal floor.</p>	<p><i>Angle formers:</i> They are used to cut line and point angles in a preparation.</p>
<p><i>Enamel hatchets:</i> They are used for removing undermined enamel in proximal cavities and on buccal and lingual wall where chisels cannot be used.</p>	<p>• Chisel • Used to cut the enamel margin of the tooth preparation, form sharp lines, point angles, and place retention grooves.</p>

960. 169) Best feature of sealant should be
- Viscosity *****
 - High retentive
 - Resilient
 - High strength
961. 688) Least corrosion amalgam:
- γ_1 =least corrosion *****
 - γ_2 = least corrosion resistance
- 962.
963. 689) White lines after composite restoration placed immediately due to :
- Polymerization shrinkage
 - Improper finishing tech



What creates the white line at a composite margin in Class I or II fillings?

Shrinkage of material away from the margin is usually the cause for this white line appearing at the margin. The white line may also be indicative of microleakage as well.

This is why we recommend incrementally placing posterior composite restorations and light curing between every 2-2 1/2 mm increment- as opposed to "The bulk fill" technique. Improper polishing may also be suspect to this revealing white line as well

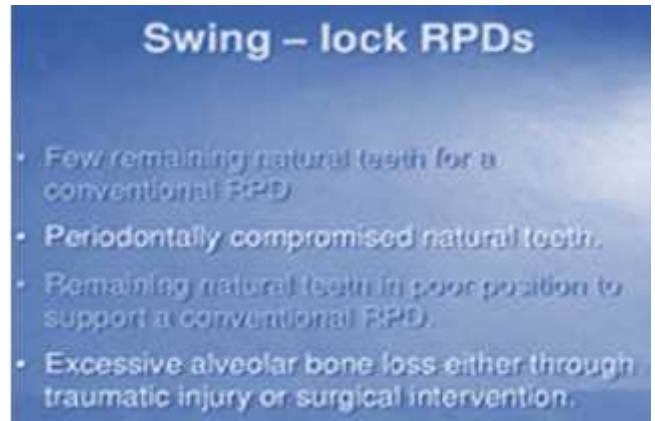
964. 40. The ideal gap distance for a post-ceramic solder joint is:
- 0.1 mm
 - 0.15 mm - 0.3mm *****
 - 0.3 mm - 0.5 mm
 - 0.5 mm - 0.75 mm
 - 0.5 mm
965. 41. The ideal gap distance for a pre-ceramic solder joint is:
- 0.1 mm
 - 0.15 mm - 0.3mm
 - 0.3 mm - 0.5 mm
 - 0.5 mm - 0.75 mm**
 - 0.5 mm

■ Post ceramic application joints are best indexed intraorally after the contour and appearance have been perfected.

■ If necessary, the soldering gap can be adjusted at this time (gap distance 0.25 – 0.31)

966. Patient 53 y class I mandibular edentulous lower anterior teeth slightly mobile gingival recession and inclined lingually treatment plan

1. Transient pd
2. Sawing lock pd*****
3. Immediate pd



967. Amalgam flush is

- A. Over carving
- B. Under carving****overfilling

No matter what material we choose to restore a tooth if the preparation is smooth the next steps will always be easier. Smooth preps are easier to make temporaries on, easier to take impressions of, and easier to fill directly. Flash is the excess amalgam that results from overfilling. The overfilling is good because condensed amalgam will be present past your margin, but the flash isn't so good. It is thin and it has the potential to chip, break, etc. How did I know that there was flash in the following restoration?

968. 140. The x- ray of choice to detect the proximal caries of the anterior teeth is:

- a. Periapical x-ray. *****
- b. Bitewing x-ray . = in posterior teeth
- c. Occlusal x-ray.
- d. None of the above = None in pedo because its easily detected with examination
None in pedo because its easily detected with examination

969. Indirect retainer indicated in which class

Indirect Retention

It should have all the ideal requisites (refer indirect retainers). For a class I case two indirect retainers are needed. For a class II case one indirect retainer on the dentulous side is adequate. Lingual plate may be given.

970. 71. As the gold content of a dental solder, decreases the:

الذهب

فإنه يقلل

- a) Hardness decreases.
- b) Ductility increases. اللينة تزيد
- c) Corrosion resistance increases يزيد.
- d) Ultimate tensile strength decreases.

Gold solders

- Has good tarnish and corrosion resistance
- Extensively used for crown and bridge applications.
- **Composition**
- Gold – 45-81 wt %
- Silver – 8-30 wt %
- Copper – 7-20 wt %

with small amounts of Tin, Zinc and Phosphorus to modify fusion temperature and flow qualities. They are high fusing with a fusion temperature range of 750- 900° C.

971. Internal resorption:

- A. Rarely in deciduous teeth
- B. Initiated by odontoblast
- C. Seldom confused with external resorption
- D. It is usually asymptomatic*****

Internal resorption

- Internal resorption^[2,4] is an idiopathic slow or fast progressive resorptive process occurring in the dentin of the pulp chamber or root canals of the teeth
- The cause of internal resorption is not known, but such patients often have a history of trauma.
- Internal resorption in the root of a tooth is asymptomatic.
- In the crown of the tooth, internal resorption may be manifested as a reddish area called "pink spot".
- Resorptive defect is more extensive in pulpal wall than on the root surface.
- The defect is usually is recognised by means of a radiograph.

972. 1/what is the concentration of NaF mouthwash
a)0.5% b)0.2 **c)2.5 d)?
973. 2/in the post tretment,what is the most important?
A)width b)external surface c)core material d)adequate furrale*
974. 3/pt. Come complaining foom loss of the taste sensation and numbness in her tongue after extraction 2nd molar which nerve is affected?
A)lingual** b)inf.A.N c)facial d)?
975. 4/critical pH at which enamel start to demineralizato in
A)6.5 b)5.5** c)5 d)?
976. 5/the optimum water flouridation is
A)0.5-0.8 **b)0.2-0.5 c)2.3-3
977. 6/concentratoion of chlorohyxdin mouthwash is
A)1.2% b)0.12%** c)2.1% d)?
978. 7/picture question ,about sharp fracture of the lateral incissor and the pt. Have ulcer infront of the sharp wall,what is the type of the ulcer?
A)traumatic ulcer** b)candidal infection c)herpes infection
979. 8/intrapulpal pressure is
A)10** b)5 c)15
980. 9/what is the most common cause of failure of fissure sealant tretment?
A)contamination during f.s **b)pt used toothpast befor f.s c)pt. Used toothpast after f.s
981. 10/which of the following have the slowest onset of action
A)lidocaine b)buvicaine *c)?
982. 11/ the most important factor affecting the period of anesthesia
السؤال بالزبط لكن كان اهم العوامل المؤثره في مده بقاء التخدير بعد اعطاء المريض
A)the strength of the bond between nerve membrane and drug b)bond between nerve and the drug removal rate***** c)drug removal rate
983. 12/bacteria cause osteomyilitis is
A)bacillus b)staph aures *****c)spirochetes
984. 13/surfactant factor for
A)increase tention b)decrease tention *****c)?
985. 14/4y.child have badly distractive and carious tooth ,tooth need for extraction (the tooth is lower E) what is the space maintainer ?
A)band and loop b)crown and loop c)nancy d)distal shoe*****
986. 15/when the dentist do peridontal surgery ,the instrument broken inside the tissue ,what is the name of the instrument used for removal the fractured one?
A)? B)?,??? perio-retriever

987. 15/ which of the following is intercanal medication?
 A)calcium hydroxide***** b)NaOCl c)??
988. 16/question about F. Dose for the pt. 5 years of age?
 A)0.25 b)0.5 *****c)1
989. 17/ Q. About the site of supraperiosteal local anesthesia injection
 A) max. 1st molar***** b)tooth have largest root c)site of compacted bone d)?
990. 18/how many mm of the GP. Must be still inside the canal when you prepare for post insertion?
 A)5mm *****b)2mm c)7mm
991. 19/which if the following medical condition you should give the immune compromised pt. Antibiotic?
 A)alv. Otitis b)multiple teeth extraction *****c)?
992. 20/you ask pt. To do immunofluorescence test, what is the suspected medical condition
 A)? B)???,? pemphigus
993. 21/which of the following base can use under the composite?
 A)calcium hydroxide b)ZOE c)zinc phosphate d)a+c
994. 22/at which stage dentinogenesis imperfecta occur?
 A)formation b)maturation c)histodifferentiation
995. 23/pt. Come with asymptomatic moderately large acrious tooth , how to manage?
 A)permanent filling in 1 visit****
 b)permanent filling in 2 stage with 2 visit c)put temporary filling and next week change to permanent
996. 24/advantage of NiTi rotary file
 A)less modulus of friction b) ? C)?
997. 25/the affected chromosome in mongolism pt.?
 A)trisome 21 b)? C)?
998. 26/question about angular chilitis cause?
 A)increased vertical dimension b)old poor fitting denture with reduction of the occlusal plan c)viral infection d)b+c***

999. 27/ANP angle in severe class 2 ?

A)increase b)decrease c)zero d)?

1000. 28/when you remove the carious dentine , sudden apperacc of the canal oriface is?

A)dark** b)pink c)brown d)light

1001. 29/best method to remove GP. From the canal for post insertion is?

A)mechanical drill*** b)chemical solvent c)heat

1002. 30/system-B obturation technique is?

A)cold GP. Condensation b (warm GP. Condensation c) heat GP. Injection*****

1003. Type of fluoride mainly used

A. Sodium fluorid = Na fluoride

B. Stannous fluoride

C. Acidulated phosphate fluoride =Apf

D. Prophylaxis paste

NaF-SODIUM FLUORIDE	1/2.2 or 1/2
SnF2-STANNOUS FLUORIDE	1/4.1 or 1/4
MFP-SODIUM MONOFLUOROPHOSPHATE	1/7.6 or 1/8

Multiply % compound by molecular weight ratio = % F.

2nd step: Express % F in compound in mg F/ml.
By definition % solution is grams/100ml.
Grams/100ml = 1000 mg/100ml = 10 mg/ml.
Multiply step 1 by 10 = mgF/ml.

3rd step: Multiply step 2 by ml ingested to get mg F ingested.

FLUORIDES :

- 1.23% APF x 1 = 1.23% F x 10 = 12.3 mgF/ml.
- .2% NaF x 1/2 = .1% F x 10 = 1 mgF/ml.
- 2% NaF x 1/2 = 1% F x 10 = 10 mgF/ml.
- .4% SnF2 x 1/4 = .1% F x 10 = 1 mgF/ml.
- 10% SnF2 x 1/4 = 2.5% F x 10 = 25 mgF/ml.

- COMPARE WITH CLD AND STD FOR WEIGHT OF INDIVIDUAL.

WATER FLUORIDATION:

- DECREASE IN CARIES: PRIMARY = 40%, SECONDARY = 50-60%

MECHANISM OF ACTION OF FLUORIDES:

- DECREASES ENAMEL SOLUBILITY.
- IMPROVES CRYSTALLINITY.
- PROMOTES REMINERALIZATION.
- DECREASES FREE SURFACE ENERGY OF BACTERIA SO IT CANNOT STICK ON TOOTH.
- BACTERICIDAL OR STATIC.
- CAUSES DEVELOPING CRYSTAL TO GET BIGGER, LESS SOLUBLE.

FLUORIDE PROTOCOL:

- HOME USE IN TRAYS, TOPICAL.
- H₂O SUPPLY.
- SYSTEMIC ALSO TOPICAL WHEN CHEWING TABLET.
- HIGH FREQUENCY LOW DOSE IS EFFECTIVE.

PEDIATRIC DENTAL EMERGENCIES

TYPES - PAIN, SWELLING/INFECTION, TRAUMA

1004. 83) Incision and drainage indicated in :

- A. Acute apical periodontitis= in any periodontitis no incision because it is only simple inflammation and rarely there is pus collection
- B. Swelling diffused and indurated
- C. Chronic suppurative periodontitis = means chronic abscess
- D. Sinus tract
- E. None of above*****

1006. 1- Question about the hand over mouth technique

- A. Punishment
- B. Positive reinforcement
- C. Negative reinforcement*****
- D. Sharping behavior

1007. 2- Factors affect bitewing x-ray for children:

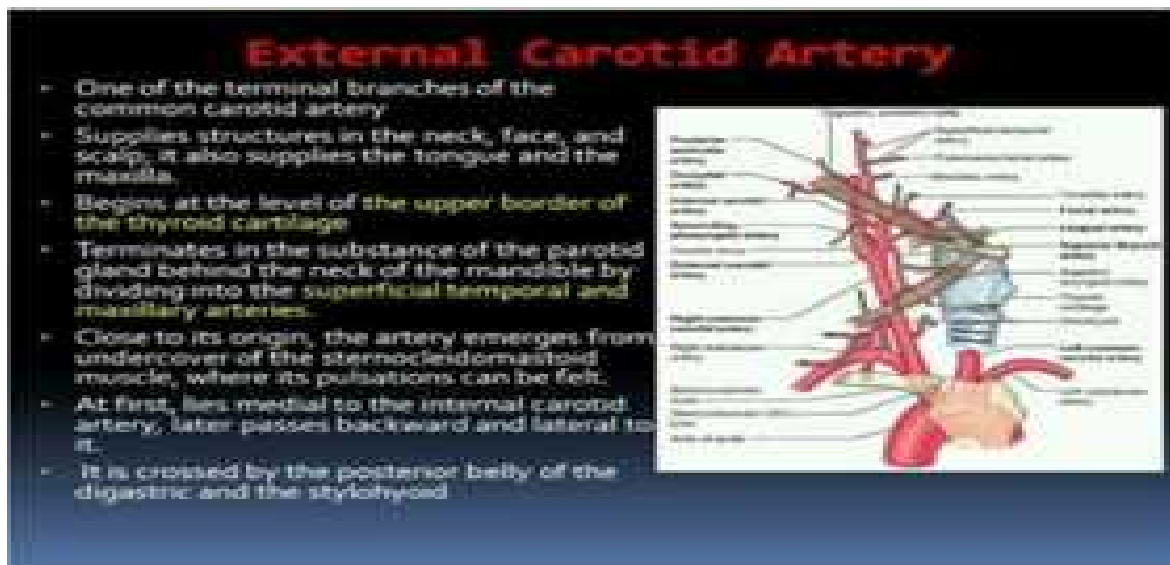
- a. Density, contrast, sharpness****
- b. Contrast and density

1008. 3 Allergic from rubber dam :
active immune

1009. 4 question about Pajet disease
Bowling legs and other features of it

1010. 5 to increase attached gingiva
apically positioned flap

1011. 6 external carotid artery
Begins at the upper border of thyroid gland



1012. 7 Mucocoel is treated by

- a- excision**
- b- cautery
- C- radiation

1013. 8 an old patient has upper and lower dentures, He has problem with chewing food, what to do?

- a. Remake
- b. reset the occlusion **

1014. 9 time for curing pits and fissures sealants in seconds

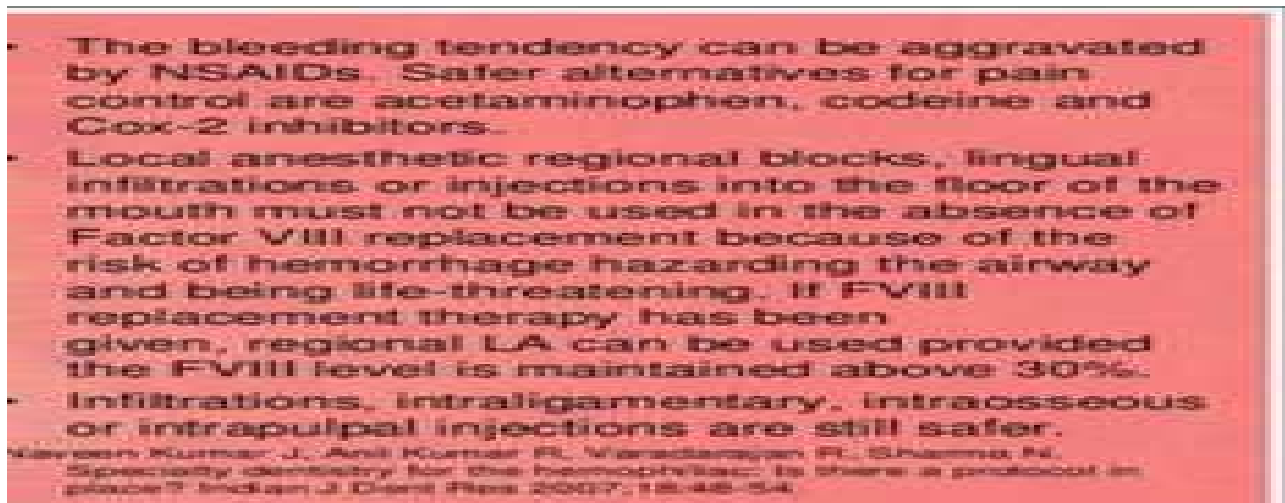
I choose 30- 45

1015. 10 Periodontal instrument for specific area

Gracey curette

1016. 11 additional anesthetic techniques for hemophilic patient

Intraosseous



1017. 12 Proxy brush with which type of furcation:

a-Furcation Grade I

b- Furcation Grade II

c- Furcation Grade III*****

d- Furcation Grade IV.

1018. 13 -The relationship bet. The working end of the hand piece and tooth surface called :

a. Adaptation = the positioning of the first 1 to 2 mm of the working-end's lateral surface in contact with the tooth*****

b. Activation = Motion activation = Moving the instrument to produce an instrumentation stroke on the tooth surface.

c. Angulation = the relation between the face of the working-end and the tooth surface.

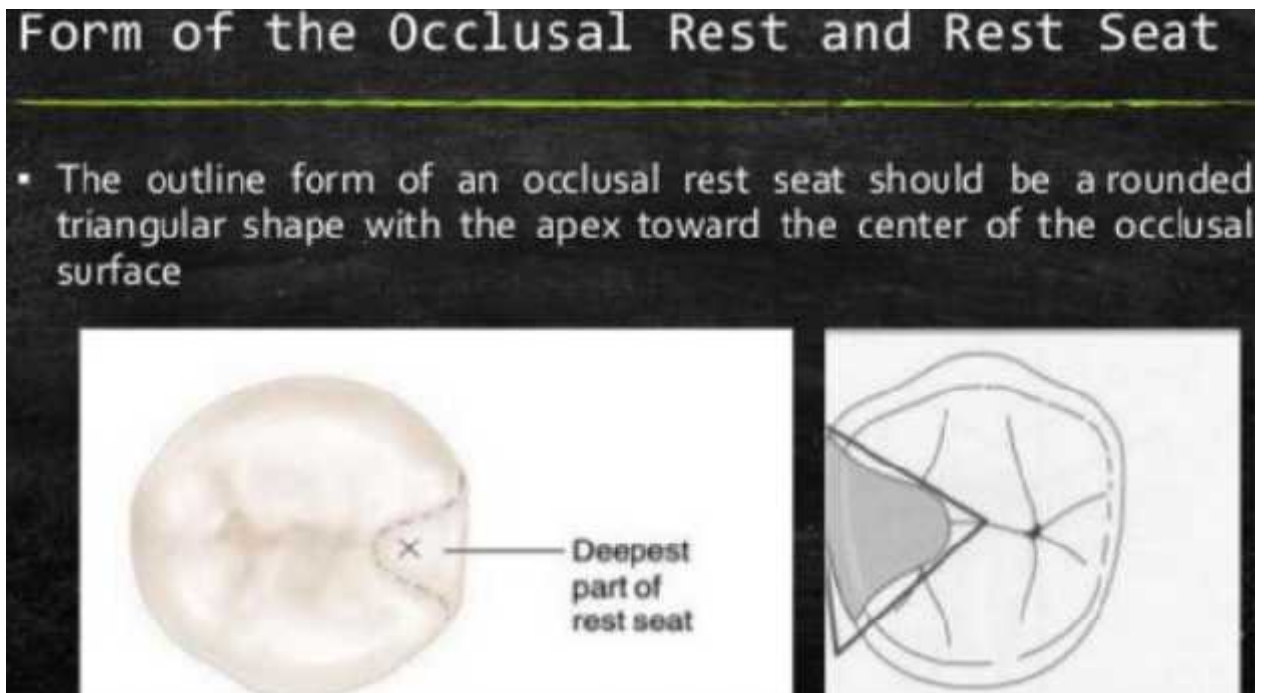
d. Accessibility

1019. 14 Buccal muscle innervation comes from

I choose facial nerve (buccal branch of the facial nerve)

1020. 15 rest seat shape

- Triangular***** (Outline is triangle but the floor of the seat is spoon shape)
- Spoone shape or square



1021. 16 - To differ between endo and non- endo origin lesion >> vitality pulp test

Periodontal Vs. Periapical Abscess

■ Periodontal Abscess	■ Periapical Abscess
- Vital tooth	- Non-vital tooth
- No caries	- Caries
- Pocket	- No pocket
- Lateral radiolucency	- Apical radiolucency
- Mobility	- No or minimal mobility
- Percussion sensitivity variable	- Percussion sensitivity
- Sinus tract opens via keratinized gingiva	- Sinus tract opens via alveolar mucosa

1022. 17-time in days to established gingivitis

- 1-2 ..
- 2-3 ..
- 5-7 ..
- 14-21 ****

1023. 18 - weeping canals

Ca(OH)₂

1024. 19 - vit B12 deficiency will cause:

B12 Anemia Lab/Diagnostic

Macrocytic: megaloblastic RBC (increased MCV) and serum B12 reduced

c... microcytic anemia

d .. macrocytic anemia*****

1025. 20. patient with brown bluish teeth and the enamel is easy to remove On x ray roots was short and completely obliterated pulp chamber

a. Dentinogenesis imperfecta***

b. Dentin dysplasia

1026. 21 - one disadvantage of Mcspadden technique in obturation

I choose Difficulty in curved canals

a. MC-Spadden technique:-

•the device is MC-Spadden Compactor

1- It fits into conventional contra-angle hp. rotating in 8000-10000 rpm.

2- It operates on the principle of a reverse screw exactly opposite from the H-file.

3- It is Color-coded.

4- It resembles H-file but reversed-mounted in the hp.

5- It plasticizes the Gp. in Rc. by frictional heat & then compacts the softened Gp. apically.

6- It generates adequate frictions heat for few seconds to plasticize & compact the Gp.

•Advantages:-It produces a dense filling having a close relation to Rc. walls.

•Disadvantages:-

a- Frigidity & Fracture of the compactor.

b- Liability to overfilling.

c- Inability to use in narrow Rc.

•Contraindications:-

-Narrow & Curved Rc. Bec. the compactor may separate in the Rc. or if it contacts side walls.

1027. 22_ Root resorption due to force

1- magnitude

2-duration*****

3-direction

1028. 23-patient with periodontal problem and want to do orthodontics , what type of force

1- light ***

2- tipping

1029. 24-Which of fluoride containing material can be used as varnish by professional use :

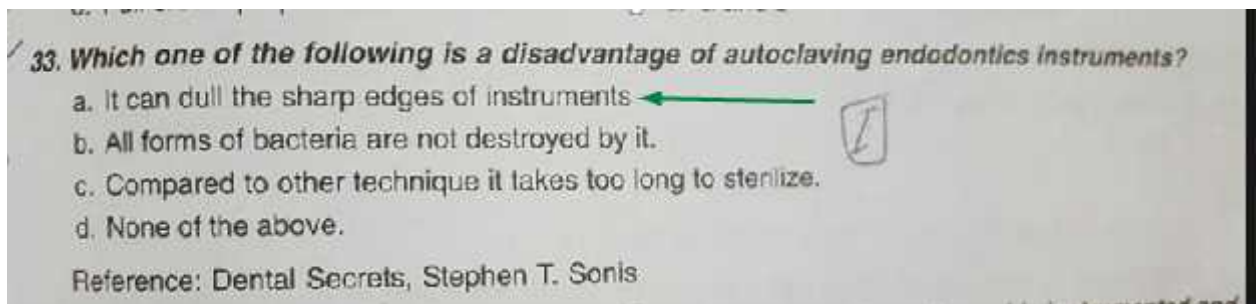
1-Act = mouth wash product

2- Gel ***

1030. 25 - patient has pain on maxillary premolars region reaching to his eye and ear and increased by touching face, By examination no caries in there
Maxillary sinusitis ***

1031. 26- what is the forceps that is used to grasp epulis fissuratum during surgical procedure?
A. Allis forceps*****
B. Adson forceps = to hold soft tissue, flap, ruptured cyst during removal of 3rd molar
C. Curved hemostat = for holding needles
D. Still's forceps = for wisdom teeth suturing because it is longer than addison's forceps

1032. 27- which of the



1033. 28 when ugly duck stage ends :
When upper permanent canines erupt ***

1034. 29 a dentistry student took an alginate impression and delay to pour it
What will happen

A. Imbibition
B syrensis***** حتشف

1035. 30-The overhanging restoration
A. Increase the microleakage of the restoration
B. Affect integrity if proximal contact
C. Affect periodontal health***

1036. 31-image * complete edentulous upper, class 4 lower, high bone resorption of lower ant region with bad oral hygiene and gingival recession) pt. is diabetic the appropriate ttt of lower ridge
A. implant supported fpd
B. tooth supported fpd
C. metallic pd
D. acrylic pd *****

1037. 32 -edentulous pt. with upper and lower dentures the main complaint was problem in chewing what should you do ?
My answer was reset the occlusion

1038. 33-

3. **A diabetic patient came to clinic with pain, swelling and enlarged mandible. On radiographic examination it showed moth eaten appearance, your diagnosis is:**
 a. Acute osteomyelitis ←
 b. Focal sclerosing osteomyelitis
 c. Diffuse sclerosing
 d. Condensing osteomyelitis
 Reference: Dental Decks 2nd ed, (2007-08), p 170
 Osteomyelitis: Radiographically the "moth-eaten" appearance is quite characteristic

1039. 34- Pt want make bridge & routine examination doctor say that the abutment wants RCT as pulp stressed, What the mean of pulp stress
 1-have numerous restoration for a long time***
 2-pulp with no response

1040. 35 - female patient came for restoration of lower canine (he doesn't said the whas any complain of pain) On x ray There was an apical radiolucent And by examination the tooth is vital
 My answer was cemento -osseous dysplasia

1. Periapical COD:

- a. Radiolucent, radiopaque, or mixed radiolucent well-circumscribed lesions in periapical areas
- b. Associated with vital teeth
- c. Anterior mandible
- d. African American female

1041. 36 - the radiolucency between lower premolars it may be ?
 Mental foramen ***

1042. 37- main feature of ANUG is
 Ulceration of interdental papillae and gingival margins ***

1043. 38 - when we should take biopsy of a lesion ??
 الجواب كان في حال استمرار وجودها بالرغم من إزالة الأسباب الممكنة او المؤهبة لها

1044. 39 -Bone resorption around implants in the first year ??

- a. 0.5 mm
- b. 1 mm
- C. 1.5 mm*****
- D. 2 mm

1045. 40 - first evidence of primary teeth calcification by weeks?
 14 WEEKS

1046. 41 we do etching for porcelain by :
 a .hydrofloride 37%
 B. hydrofloride (4-10%).***9.6
 Phosphoric acid 35%

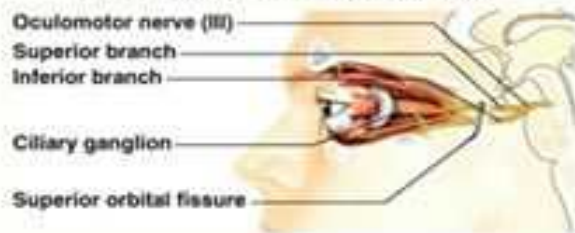
1047. 42 - The most disease can be transmitted by dental clinic is
 a. Hepatitis b **
 b. Flu
 c. HIV

Implant Success Criteria

1. 1.5mm bone loss in first year
2. 0.2mm annual bone loss
3. No mobility
4. No peri-implant radiolucency
5. Absence of pain and paresthesia
6. 85% success rate at the end of the 5-year observation

1048. 43 - one advantage of adrenaline in anesthesia for endo-surgery is
My answer was to delay time of anesthesia
1049. 44 . One advantage of adrenaline in anesthesia
My answer was decrease toxic systemic effect
1050. 45- endodontic canals preparation technique you decrease work length 1 mm
with each file this tech. is step back
1051. 46 - bacteria cause the initial caries and another to proceed the caries
Streptococcus mutans and lactobacillus
1052. 47 - patient not able to open his eyelid, he may have problem in which cranial
nerve? oculomotor nerve (III)

III. Oculomotor Nerve



- Provides some eye movement, opening of eyelid, constriction of pupil, focusing
- Damage causes drooping eyelid, dilated pupil, double vision, difficulty focusing & inability to move eye in certain directions

Müller's Muscle

Müller's muscle is a thin band of smooth muscle about 10 mm in width that inserts on the superior border of the upper tarsus (Figs. 24.2 and 24.4). The muscle originates 10–12 mm above the tarsus from tendons inserted near the origin of the levator aponeurosis. Müller's muscle is innervated by fibers of the oculosympathetic pathway. These are described in detail in Chapter 14 of this text and are not repeated here. The mean total excursion of Müller's muscle is 3 mm, which raises the upper eyelid 1.5 mm (3,4).

Although Müller's muscle is located in the upper eyelid, there is a similar, much smaller, sympathetically innervated muscle located in the lower eyelid. Hypofunction of this

1053. 48- you can do anesthesia with less pain by
- topical anesthesia
 - stretch the muscle
 - use needle larger than 25 gauge
- 1- a only
2-a+b
3 a+b+c ***** (but I was confused about the word larger)
1054. 49 gingivitis and periodontitis features more clear in
- Smoking patient
 - Nonsmoking *****
1055. 50 electric pulp test affect ??
Blood supply
Nerve supply ***
Dentinal tubules
1056. 51 - how many times should the edentulous patient clean his denture?
- After every meal****
 - Twice a day
 - In the morning, afternoon, at the evening
1057. 52 - incipient caries can be treat by
- Restoration
 - remineralization ***

وتراجع في الرباعيات العلوية

1058 . 53

لعلوية بالنسبة للسفلية هي علاقة أمامية

تصنيف سوء هو Class 2 type 1

1059 . 54 - صورة مشابهة لهي الحركة (without the bracket)



This case treated by:
a .Sagittal osteotomy
b .Bodily movement
C..
D..

1060.55 - bacteria cause osteomyelitis ?

Staphylococcus aureus

1061. 56-Child has primary herpetic gingivostomatitis

1062.57- we use surface lubricant to

Decrease surface tension ***

1063.58 . When we want to construct partial denture We use survey for :

Determine rests

Indirect retainers

Path of insertion ***

1064.59- dentin forms when there is an irritation ?

Tertiary dentine ***

1065.60- the main factor affects the success of pits and fissures sealant is :

Control salivary contamination ***

1066.61- the item that may cause irritation to the pulp when we use composite filling is :

Monomers ***

1067.62- Buccal shelf is :

Primary support area ***

Secondary support area

1068.63- Best liquid to put avulsed tooth is :

a. Hbss *** hank's balanced salt solution

Hbss > cold milk > milk > saliva

1069.64 - about Kennedy classification Pt with #16 #17 #18 missing & #24 #26 missing #25 is unrestorable and should be extracted

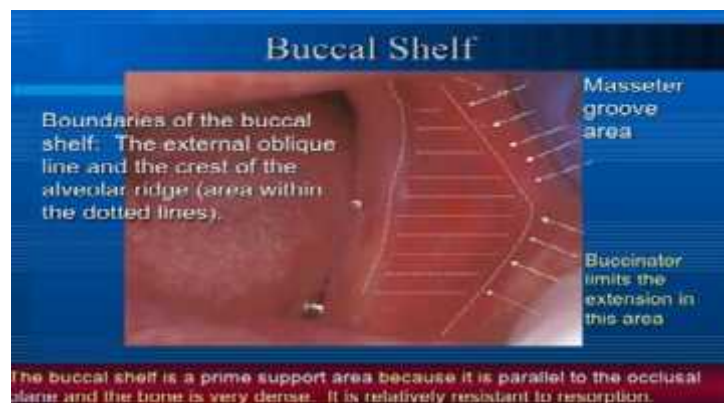
The classification after extraction is :

class 1 m 1

Class 1 m 2

Class 2 m 1

Class 2m 2*****



1070. 1- Which cell type secrets alkaline phosphatase enzyme :?????????

I.E.E

O.E.E

Stellate reticulum

Stellate intermedium*****

1071. 2- Active ingredient of Hemodent :

Ferric sulphate

Zinc phosphate

aluminum chloride*****

ferric chloride

Hemodent® Hemostatic Solution

Hemodent® Liquid is a buffered, aluminum chloride, epinephrine-free hemostatic product that effectively stops minor gingival bleeding. This topical hemostatic agent is recommended to arrest bleeding during crown preparations, before impressions are taken, placing fillings, cement bases, or cementing inlays or crowns, also minor surgery, curettage, gingivectomies, gingivoplasty and deep scaling.

1072. 3- Root fracture in Coronal 1/3 of primary tooth :

Observation*****

Extraction of coronal part

Reposition with splint

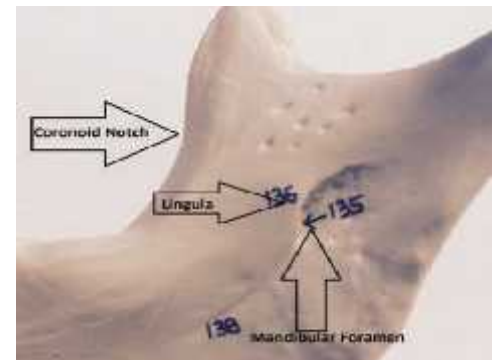
Reposition without splint

1073. 4- Notch located at the most anterior concavity part of the ascending ramus:

Coronoid ***

Sigmoid

Pterygoid



1074. 5- During extraction of mandibular premolar

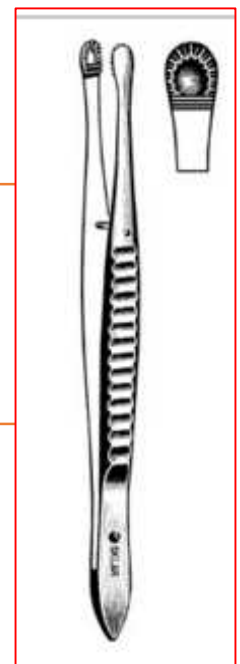
tooth dislodged in oral cavity, which instrument is used to retrieve it

Russian Tissue Forceps *****

Allis Tissue Forceps

Adison Tissue Forceps

Sklar® Russian Forceps are medium-heavy forceps used for grasping heavy or thick tissue. They are also used during wound closure. This product is straight with atraumatic, radially serrated, cupped tips. The length is 6 inches.



1075. 6- Which root rarely has two canals:

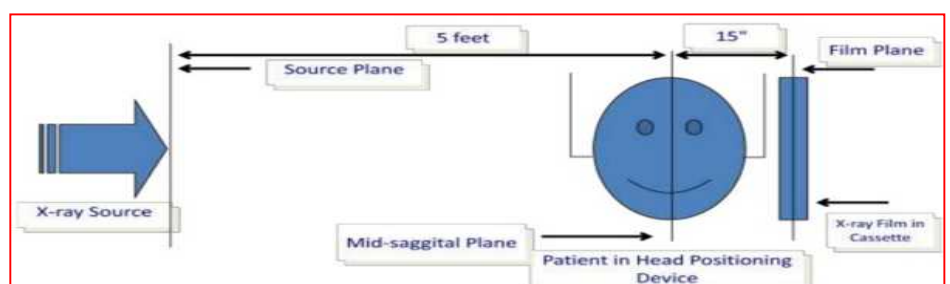
Lower central

Upper second premolar

Distobuccal root of upper first molar ***

Distal root of lower second molar

1076. 7- 6 years old patient, suffers from dental pain, has blue sclera with defective teeth structures, with history of multiple fractures and shortened gesture :
 Dentinogenesis imperfecta
 Amelogenesis imperfecta
 Osteogenesis imperfecta *****
 Paget's disease
1077. 8- Impression material most stiff is :
 Poly ether *****
 Alginate
 Poly vinyl siloxane
 Agar-Agar
1078. 9- (Crown Case) surgeon needs Impression material to be double pored with fine details in both casts :
 Poly ether
 Alginate
 Poly vinyl siloxane *****
 Agar-Agar
1079. 10- Dental materials categorized to :
 Metals, ceramics, polymers & Cements
 Metals, ceramics, polymers & composite*****
 Metals, ceramics, polymers & alginate
 Metals, ceramics, polymers & stone
1080. 11- (Oral Medicine case) 55-years female with history of kidney stones, psychosis and abdominal pain, high levels of Ca and Alkaline Phosphatase:
 Hyperparathyroidism *****
 Hypoparathyroidism
 Hyperthyroid
 Hypothyroid
1081. 12- Patient has pain (long question) during examination you noted a shift of mandible to the left side, and difficulty to movement to lateral excursion to the right side , no clicking , your Dx :
 Myofascial pain syndrome ***
 Arthritis
 Disc displacement with reduction
 Disc displacement without reduction
1082. 13- Distance between midsagittal plane and radiation device in lateral cephalometric in feet:
 3
 4
 5 *****
 6



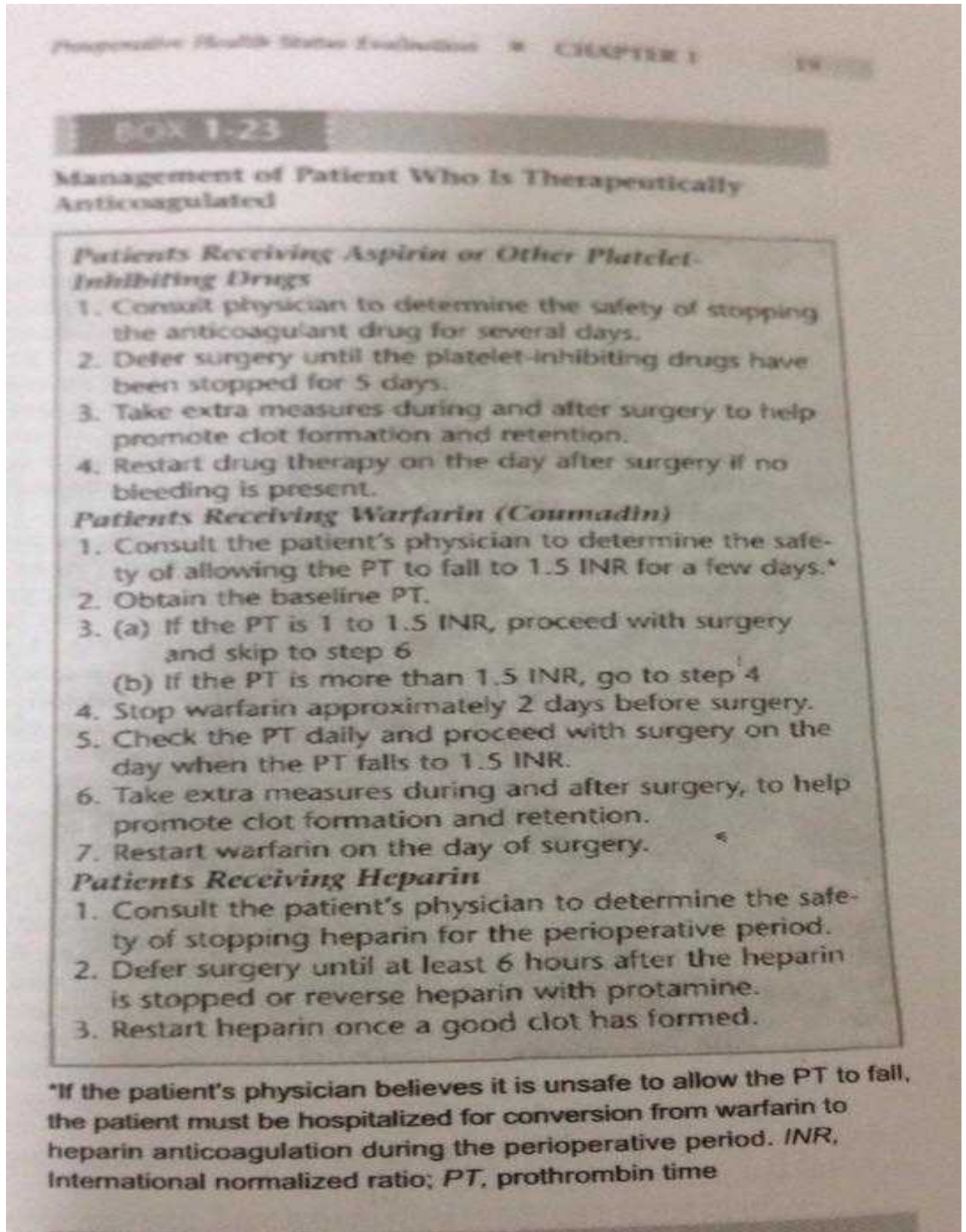
1083. 14- Patient with anticoagulant therapy, surgeon makes sure that:

PT INR 1-1.5*****

PTT INR 2-2.5

PTT INR 1-1.5

PT INR 2-2.5



1084. 15- 11 years girl has hemophilia B (long story) , replacement of Factor:

VIII

IX ***

X

XI

1085. 16- 50-years patient with coronal artery disease and takes warfarin stopped by surgeon and takes Unfractionated heparin to bridge Warfarin,, he stops Unfractionated heparin before operation by:

3 hours

4 hours

5 hours

6 hours*****

Pt on heparin should delayed their surgery until heparin inactive in circulation 6h if heparin given IV and 24h if SC

1086. 17- Implant patient has moderate pain postoperatively,, you subscribe :

Opioid

Acetaminophen 625 mg + 30 mg Codeine *

Ibuprofen 400**

Ibuprofen 200 + 60 mg Hydrocodone

1087. 18- which factor has the greatest influence on Apical resorption:

Magnitude of force *****

Duration of force

Direction of force

1088. 19 – Case (radiograph) >> Internal resorption

1089. 20- Conventional GI cement has an advantage comparing to other GI types:

Fast Setting *

Shelf life

Strength

F concentration

1090. 21- Factors influence outcome of illness once disease occur:

Prognostic factors *

Risk factors

Etiologic factors

1091. 22- patient came to clinic for checkup, he says he had no restorations for the last 5 years, you did not find any active lesion, caries risk for patient is:

Low ***

Moderate

High

Very high

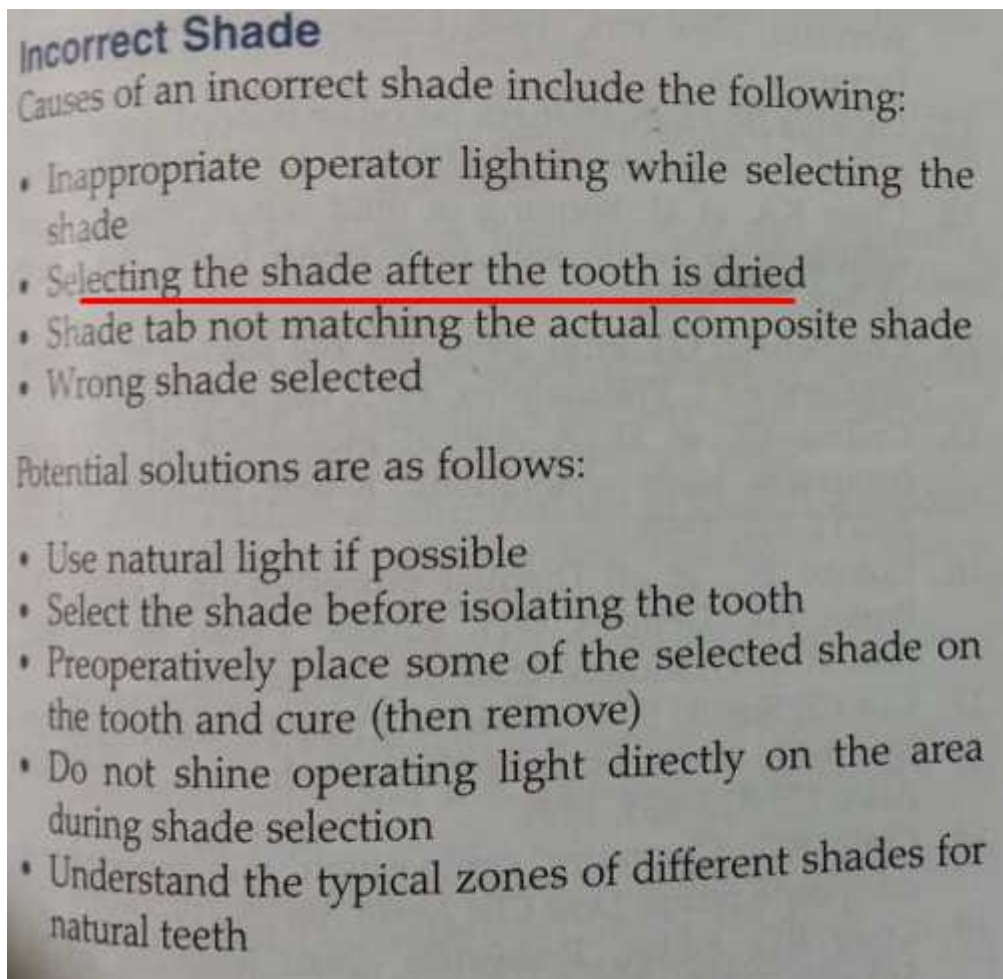
1092. 23- Composite restoration appears too white after one week, but it was matching tooth pretty good after placement, cause is:

Over polymerization caused water absorption

Under polymerization due to over-thickened increments

Shade selection prior tooth isolation (هكذا بالنص ،، أنا اخترت هذي)

Tooth desiccation*****



1093. 24- which material is used during preventive composite restoration as long fissure sealing :

Compomer

Flowable composite

Glass ionomer**

Conventional composite

1094. 25- 8 years patient with demineralized 46 and 36 + probe catch on occlusal fissure of 26 + carious primary molars what would you do for permanent molars:

Pit and fissure sealants *****

Fluoridation and follow-up

Restorations

1095. 26- another question about same case but patient is 13 years with no active lesions :

Pit and fissure sealant

Fluoridation and follow-up *****

Restorations

1096. 27- lateral permanent incisor is in place for 1 year, root formation in permanent centrals and first molars nearly completed, root formation in permanent maxillary canine and second premolars just begun, dental age is :

8

9 *****

11

12

1097. 28- lesion with high recurrence rate:

Ameloblastoma *****

Fibrous dysplasia

Radicular cyst

Odontoma

1098. 29- radiograph of dentigerous cyst, patient complains of pain, ttt:

Enucleation *

Radical resection

Surgical resection of area

Observation and follow-up

1099. 30- 4-years old Patient, his behavior influenced highly by:

Home environment *

Siblings feature

Neighbors

School

1100. 31- AH plus main advantage over AH26:

Increased Sealability

Formaldehyde release

Increased setting time

the cement may have one of the lowest toxicities of endodontic sealers.¹⁸⁷ A new formulation of AH26 is AH Plus. This is a two-paste mixing system that assures a better mixture and does not release formaldehyde upon setting.^{63,218} It is more radiopaque and has a shorter setting time (approximately 8 hours), lower solubility, and a better flow compared with AH26. One study demonstrated that AH Plus had a lower short- and long-

1101. 32- cellulose ring in investment & casting procedure function is:

Ease separation

Prevent water lose

Prevent shrinkage

provide investment expansion *

1102. 33- 8 years old patient with negative behavior, you use for immobilize extremities:

Posey straps***

Safe belts
Papoose board

PAPOOSE BOARD



1103. 34- Surfactants used to :
 Increase surface energy
 Decrease surface energy *
1104. 35- Brushing method in which side parts of bristles are activated:
 Bass
 Charter****
 Modified stillman
1105. 36-fracture in which one cortical plate is broken (something like that) :
 Greenstick fracture *
 Unilateral condyle fracture
 Bilateral condyle fracture
 Body fracture
1106. 37- RPD component provides stability:
 Rest
 Direct retainer

Indirect retainer*****

Minor connector

1107. 38- 55-years old patient had received conventional immediate denture which was satisfactory 9 months ago , now she is complaining of pain in anterior mandibular region, this is due :

Epulis fissuratum

Anterior bone undercut *

Papillary hyperplasia

1108. 39- 60-years patient whom has reversed his smoking habit, now he has white lesion in his palate which is:

Reactive

Inflammatory

Benign

Precancerous*****

1109. 40- Class I RPD serving for 4 years comfortably, now patient complains that denture get dislodged, when you tab at the distal part denture is elevated, which maintenance is best:

Relining***

Rebasing

Repairing

Duplicating

1110. 41- ideal biologic width after crown lengthening is:

2 mm interproximal

3 mm interproximal

1 mm all aspects

3 mm all aspects*****

1111. 42- Best method to diagnose and evaluate osseous defect:

High quality radiograph *

1112. 43- common goal of most periodontal surgeries:

Provide direct access and visualization to diseased root ***

Eliminate pockets

Lengthening gingiva

1113. 44- patient has drug-induced gingival hyperplasia, you planned a gingivectomy procedure, main goal is:

Remove pseudopockets *****

Remove plaque

Remove pockets

1114. 45- coronal 2/3 of cementum is :

Acellular extrinsic fibres ***

Acellular intrinsic fibres

cellular intrinsic fibres

cellular extrinsic fibres

1115. 46- most implants are made of:

Titanium ***

Hydroxyapatite

Metals

1116. 47-needle stick injury, best reaction is:

Review Patient history

Wash with water and soap*****

record Immediately

1117. 48- best indicator for efficient moist heat sterilization:

Chemical indicator with every load and Spore test weekly ***

1118. 49- you want to remove gutta-percha, the first time you use:

New Hedstrom file

Chemical solvent*****

Heated plugger

Ultrasonic

1119. 50- you want to prepare post space, best method to maintain Obturation material integrity and less perforation risk is:

Mechanically (post drill)

Chemically (chloroform)

Ultrasonically

Thermally (heated plugger) *

1120. 51- CBCT :

Could be used as standard diagnostic method

Best for TMJ disorder***

Higher dose compared to conventional radiographs *

1121. 52- Class II malocclusion with long face, orthodontist extracts upper premolars to:

Relieve incisor flaring

Make incisors longer

Extraction is not indicated*****

1122. 53- gloves with 95 % filtration rate , advocated to restorative work, which of below describes them best:

Change after every patient *

Wear wet

Handle sides by fingers

1123. 54- MTA is:

Mineral trioxide aggregate ***

Metal trioxide aggregate

Mineral trioxide acetate

Mineral thymol aggregate

1124. 55- walls of prepared access cavity should be:

Diverging occlusally*****

Converging occlusally

Straight

1125. 56- A question about caries diagnosis by electric device → Dignodent

1126. 57- Tip of tongue drains to:

Submental Lymph node

1127.

1129.

1130.

1131.