

MasterRQs

1. Fluoride supplement for 7-year-old with no fluoridation in water- 1mg/day

| Dietary Fluoride Supplement Schedule | | | |
|--------------------------------------|---|-----------------|----------------|
| Age of Child | Fluoride Level of Drinking Water in PPM | | |
| | < 0.3 PPM | 0.3 – 0.6 PPM | > 0.6 PPM |
| Birth – 6 Months | No Supplements | No Supplements | No Supplements |
| 6 Months – 3 Years | 0.25 mg per day | No Supplements | No Supplements |
| 3 – 6 Years | 0.50 mg per day | 0.25 mg per day | No Supplements |
| 6 – 16 Years | 1.0 mg per day | 0.50 mg per day | No Supplements |

Approved by the American Dental Association, American Academy of Pediatric Dentistry, and American Academy of Pediatrics in 1994 – Republished by OralAnswers.com

2. 9-year-old lost Primary 2nd molars -With space maintainer- As permanent 1st is present Band and loop

3. Antibiotics and their side effect.

Penicillin - penicillin, amoxicillin, amoxicillin-clavulanate, ampicillin, piperacillin-tazobactam,
nausea, vomiting, stomach pain; vaginal itching or discharge; headache; swollen, black, or "hairy" tongue; or thrush (white patches or inside your mouth or throat). **if bloody stools, anaphylaxis, severe skin reaction, fever occur contact health care provider immediately; ampicillin may cause pseudomembranous colitis**

Cephalosporins cephalexin, cefaclor, cefuroxime, ceftibuten, cefdinir, cefixime, ceftriaxone
Stomach Discomfort Nausea or vomiting. Diarrhea. Thrush (white fungus in the mouth), yeast infection, or other fungal infection. Blood abnormalities. Rash or itching. **cross-hypersensitivity may occur in patients with documented penicillin allergy**

Tetracyclines tetracycline, doxycycline, minocycline
nausea/vomiting, diarrhoea, anorexia, abdominal pain, tooth discoloration in children < 8 years, liver toxicity
Avoid prolonged sunlight exposure; use sunscreen, wear protective clothing

Aspirin- include rash, gastrointestinal ulcerations, abdominal pain, upset stomach, heartburn, drowsiness, headache, cramping, nausea, gastritis, and bleeding. (Renal problems as well)

Aminoglycosides gentamicin, tobramycin, amikacin
renal (kidney) toxicity, ototoxicity (hearing loss), dizziness, nausea/vomiting, nystagmus. **longer or multiple treatment periods may lead to greater risk for ototoxicity, renal (kidney) toxicity**

Antituberculosis Agents- rifampicin, rifabutin, isoniazid, pyrazinamide, ethambutol, dapson

diarrhea, nausea/vomiting, anorexia, hemolytic anemia, liver toxicity, headache, peripheral neuropathy, dizziness, reddish-orange body fluids (rifampin, rifabutin only). **sides effects vary among agents, check individually; vitamin B6 (pyridoxine) may be taken to help prevent peripheral neuropathy with isoniazid**

Macrolides erythromycin, azithromycin, clarithromycin

abdominal pain, diarrhoea, anorexia, nausea/vomiting, taste alterations (clarithromycin)

high rate of gastrointestinal side effects; do not crush, chew, break, open enteric-coated or delayed-release pill

Miscellaneous metronidazole

nausea/vomiting, dizziness, headache, vaginal candidiasis, metallic taste **avoid alcohol use during treatment and for up to 3 days after, combined use may lead to cramps, nausea/vomiting, flushing, headache; may discolour urine red-brown**

- 4. Which was not matched correctly - Amelogenesis and dentinogenesis Imperfecta**
- 5. Patient allergic to both Esters and amides- which Local Anesthetic would you use? - Diphenhydramine (Benadryl)**
- 6. How much Epinephrine in 1.8ml cartridge of 2% LA with 1100 000? - 0.018**
- 7. Non-working and working incline interference -what is the important factor when reducing a cusp. - BULLS Rule**
- 8. Medazolam overdose, which drug u give – Flumazenil**
- 9. Contraindication of nitrous oxide sedation – COPD (Safe for asthma), Sickle cell anemia, nasal congestion, upper respiratory tract infection, intestinal obstruction, deformity of nasal structure and drug dependency. Pregnancy is NOT absolute contraindication... Surprisingly ... Mental retardation is also a contraindication**
- 10. The accepted current treatment for bisphosphonate related osteonecrosis (BRONJ)of jaws is**
 - 1. disinfection of oral cavity**
 - 2. excision of the gangrenous area**
 - 3. local and/or systemic steroid therapy**
 - 4. hyperbaric oxygen – Hyperbaric Oxygen**
- 11. Best test to determine an irreversible pulpitis- Thermal Test – (Heat test) Reversible has no sensitivity from heat test. Irreversible has. Both reversible and irreversible show sensitivity to cold test. Even perfectly**

healthy people show some sensitivity from cold, for example, while eating ice or ice-cream. Pain is prolonged – more than 5 secs – could last minutes

- 12. How would you differentiate between a reversible pulpitis and periodontal lesion?** Lateral Percussion
- 13. How would you treat necrotizing ulcerative gingivitis with no obvious systemic symptoms - 1-**
instrumentation and debridement under LA, H2O2 mouthwash, Oral Hygiene Index, if systemic involvement--
Penicillin, if no systemic involvement--no antibiotic... -
- 14. Side effects of corticosteroids - -- Upset stomach**
Increased blood sugar,
Increased hunger
Behavior changes,
trouble sleeping,
irritability,
Increased risk of pneumonia,
thrush (white coating in the mouth),
and other infections
Weight gain,
salt and water retention
High blood pressure
Increased fat on the face (rounded face), upper back, and belly Stretch marks on the skin, acne, poor wound healing, increased and unusual hair growth
- 15. Doing composite restoration, you have 1 mm of remaining dentin thickness-** Minimum required is 2mm- RDT greater or equal to 4 mm is most desired. – Opt for other restorative options if RDT is 1mm
- 16. Best restorative of 13 yr old with posterior small occlusal caries not involving inter proximal area?? (a) GIC (b) Composite.** – Composite – The word to note is occlusal – GIC does not have enough strength for it
- 17. Main cause of Alveolar osteitis (another name of Dry Socket) – Dislodged Clot**
- 18. Main sign or symptom associated with dry socket and treatment –** Primary Treatment is placement of sedative dressing in extracted tooth site. Analgesics is for supportive therapy. Pain will never go by just giving analgesics otherwise No antibiotics for dry socket, just pain medication
- 19. FACT - LA causes convulsion by acting on limbic and cerebral cortex.**
- 20. Which one is difficult to handle Fear or Anxiety? - Anxiety**
- 21. Pt with folded arms and looking down what do u say. – Hi , What brought u here ?**
- 22. Child gets their dexterity by what age to brush unassisted. - 5 for dexterity and 8 for skills (Choose 7 years if not specified, otherwise Brushing by 5 years, Flossing by 8)**
- 23. Systemic fluoride won't benefit which tissue- root, occlusal, inter-proximal, smooth surface. – Occlusal –**

- 24. Main features of Achondroplasia** – Class 3 malocclusion, severe crowding-speech difficulty, ear infection-- Normal trunk, short arms and legs.
- 25. Which is not important about designing tx plan for frail woman - age, dexterity, previous dental tx, ability to move.** - Age
- 26. 1.5-2.5-year child is more prone to injuries because.**
- Due to accidental prone.
 - Overprotective parent.
 - Abuse.
 - No fully coordinated development – No fully co-ordinated development
- 27. Patient in for #8 crown Missing 1-4 and 12-16. How would u record occlusion?** – From past dental records
- 28. In 5-year-old, during cavity preparation, accidentally mesiobuccal (of Mandibular second primary molar) is exposed. What is the best course tx?**
- Pulpotomy with stainless steel crown,
 - Pulp cap with calcium hydroxide followed by stainless steel crown
 - root canal treatment – Pulpotomy with stainless steel crown – Still a lot of time for exfoliation
- 29. 12-year-old patient who had crown fracture with exposed pulp comes the following day For treatment, what is the best treatment?** – RCT as Root formation is complete
- 30. Nine-year-old child suffering from some spontaneous pain on primary molar, it is determined and this is non-vital what is the best treatment for that tooth-** Pulpectomy – non vital, still a little time for exfoliation
- 31. Two points of Frankford plane-**Porion to orbitale (FROP)
- 32. Minimum distance between 2 implants** – 3mm
- 33. Minimum distance between implant and tooth-** 1.5mm
- 34. Minimum distance between implant and vital structures** – 5mm
- 35. Which is the minimum distance between the major connector on a maxillary RPD and the gingival margins?** - For lower 3mm, upper 6mm
- 36. Order of treatment for mild to moderate chronic periodontitis.** - Mild oral hygiene instructions, Moderate scaling and root planing
- 37. Minimal interval for Perio therapy. 1 month. 3 months 6 month 12 month.** – 3 months
- 38. Through Blood borne pathogen standard, OSHA directs activity for each of the following except?**
- Using Barrier Techniques
 - Using MSDS
 - Obtaining Hep B vaccines
 - Communicating hazards to employees
 - Performing Housekeeping- Using MSDS
- 39. Which of the following represents the main objective of the maintenance phase of periodontal therapy?**
- To maintain rapport with the patient

2. To prevent the recurrence of disease
3. To perform touch-up of secondary surgical procedures
4. To complete all remaining aspects of the treatment plan
5. To re-evaluate the results of initial therapeutic effects. - 5

40. What is meant by chief complaint of the patient? The same age old definition- to be explained in patient's own words

41. Prevalence and incidence- A washbasin is being filled with water, Water in the washbasin is prevalence and the new water being added is incidence.

Already existing cases- Prevalence

New cases - Incidence

42. In paediatric patients

A. asthma has a decreasing prevalence.

B. asthma is an acute inflammatory disorder.

C. asthma leads to increased caries.

D. asthmatic attacks can be triggered by anxiety- D

43. Cross sectional study? Prevalence or Incidence- Prevalence-

44. Orange stain changes hue or Chroma? – Changes HUE, Increases CHROMA (FINAL ANSWER)

45. With age what increases?

o Hue

o Value

o **Chroma** – Chroma, value-decreases, chroma-increases, hue-unchanged

VD, CI – Value Decreases, Chroma Increases

46. When you have color index of 100, which of the following is effected? Value, Hue, Chroma - Hue

47. Most important when selecting shade? value, translucency, chroma, hue? – Value

48. Clinician can most easily change hue, chroma, value? - Hue

49. Which is not risk factors of oral cancer. HIV, smoking, alcohol, HPV? - HIV

50. If a patient has an adverse reaction to medication who do you report to CDC, FDA, OSHA, EPA? - FDA

51. Epstein-Barr virus associated with hairy leukoplakia, Burkitt's lymphoma and Nasopharyngeal carcinoma.

T\F- True

52. Non smoking pt, you can see all of these except.

Leukoplakia.

Caries.

Hyperkeratosis- Leukoplakia

- 53. Which one of the following is true about oral hairy leukoplakia**
- A. Associated with HIV virus infection and is commonly seen on the dorsal of the tongue
 - B. Associated with HIV virus infection and is commonly seen on the lateral side of the tongue
 - C. Usually caused by *Candida* species
 - D. Always associated with trauma to the lateral side of the tongue
 - E. Always associated with pernicious anaemia- B
- 54. Malignant carcinoma is associated with which gland parotid, sublingual, submandibular, minor oral salivary gland-** Tendency for malignancy is in minor glands, otherwise tendency for neoplasia is maximum in Parotid
- 55. Frequency of cleft lip and palate in Caucasian-** in Caucasians- 1:700 or 1:800
- 56. Which race is associated with occlusal caries white, blacks, Native Americans, Hispanic-** Whites
- 57. Highest prevalence of caries = Hispanics**
- Highest DMFT = White (caucasian) (highest amount of restored teeth)
 - Highest untreated primary teeth = Hispanic
 - Highest untreated perm teeth = Black (African American)
 - Moderate periodontitis = Black males (African American)
 - Class II caries = Whites (caucasian)
 - Class III caries = Blacks (African American)
 - Cleft lip/palate w/ Class III occlusion = Native American
 - Cleft lip alone = Asian
 - Cleft lip in USA = 1:700 to 1:800
 - class 2 malocclusion whites of northern European descent
 - class 3 malocclusion Asian
 - Caucasians have more lip cancer while African American have more oropharyngeal carcinoma.
 - Oropharyngeal cancer is more common and lethal in men
 - Lip cancer is more lethal in females
 - Anterior open bite African American(blacks)
 - Deep bite cuacasian(whites)
 - Cemento osseous dysplasia - black middle aged women
 - Diffuse sclerosing osteomyelitis- middle aged black females
- 58. Length of manual toothbrush can penetrate sulcus closely as compared to floss-** 1mm toothbrush - 2 mm floss
- 59. Which would be least effective and cleaning furcation, toothpick, soft brush, water pick, interdental brushes?** – Waterpick (even when cleaning interproximally)

- 60. Least favorable solvent to store avulsed tooth Milk, saliva, water Hans solution.** - water least favorable.
Hans solution most favorable, then milk (more than 6 hours) followed by saliva (2 hours)
- 61. Extraction order of maxillary posterior teeth.** - 3rd molar 2nd molar 1st molar, or 1-2-3 where 1 is 3rd Molar
- 62. Which structure is least likely to show on intro oral radiographs?**
Mandibular foramen
Mental foramen
Hamulus notch- Mandibular Foramen
- 63. Which radiograph is best to evaluate bone loss** – Bitewing (not periapical)
- 64. Supernumeraries occur at which stage** -Initiation.
- 65. Best test for patient with warfarin. INR, PT time** - PT
- 66. Which of the following should NOT be prescribed for a patient receiving warfarin? A. Acetaminophen. B. Metronidazole. C. Penicillin. Codeine.** – B
- 67. Warfarin - PT**
Heparin - PPT
Haemophilia - INR
Coumarin - INR
Alcoholic - INR
Aspirin - Bleeding Time
- 68. What is the dosage of cortisone that should be given every day for two weeks in 2 years in order to suspect adrenal crisis and you might need hydrocortisone supplements before surgery?**
a. 20
b. 200
c. 10
d. 1 – 20 is the answer. The general recommendation for patients on steroids is if the patient took 20 mg of cortisone for 2 weeks in the past 2 years, we have to give cortisone supplement to avoid adrenal crisis under stressful procedures
- 69. Adrenal crisis treatment** - Hemi succinate hydrocortisone
- 70. Space between palate and the metal frame try in but good fit on master cast. What's the reason?**
Shrinkage of alloy, distortion of master impression? - B
- 71. Space maintenance on pt. missing mandibular lateral in overall spaced dentition-** None
- 72. Which one of the following is an indication for extracting lower wisdom tooth**
A. anterior crowding
B. tooth is in disto-angular position
C. patient has two episodes of peri-coronitis
D. to balance the extraction of wisdom tooth on the other side Crown lengthening. - C

- 73. Most etiological factor for progression of periodontitis. Calculus, bacteria/biofilm – Bacteria/Biofilm**
- 74. Maxillary denture extended to far buccally will get interference from- Coronoid process.**
- 75. Soft tissue trans illumination in young child to see. Sialolithiasis, leukemia, herpetic gingivostomatitis - A**
- 76. Caries start at Pits fissure, interproximally, Above contact point, below contact point. - Pit and fissure**
- 77. Which is not important when determine caries rate? Oral hygiene, frequency of carbohydrate, quantity of carbohydrates, Amount of cariogenic bacteria – Quantity of Carbohydrates**
- 78. Cervical cavity prep – Kidney Shaped / Trapezoidal (Source DD)**
- 79. How to test the root caries? Softness, discoloration - Softness**
- 80. Test with two variables what u use? chi square and t test – Chi Square , if 3 variables – Avon – if proportion then T test**
- 81. Independent and dependent variable. - Dependent variable means plaque and independent variable is tooth brush – we use whatever we like either mechanical or manual the final outcome is a dependant factor like plaque which is reduced or not.**
- 82. regarding consent of 82 years old who names her son as guardian. – Patient is emotionally traumatized and can't make decisions on her own**
- 83. First step to do at metal ceramic around delivery-proximal contact, aesthetics, margins, Contour. – Check proximal contacts first**
- 84. Patient returns 2 months after loading of implant with crown complaining of sore gums and inflammation around the Implant-Poor oral hygiene, allergic to implant material, residual cement left underneath the gums. – Poor Oral Hygiene**
- 85. Part of facial nerve affected during TMJ**
 Auriculotemporal
 Masseter
 Zygomatic
 Cervical - Auriculotemporal
- 86. Which is the antibiotic prophylaxis for patients with allergic to penicillin – Clindamycin 600mg, Erythromycin is not given these days or Azithromycin 500mg**
- 87. Drug that not reduce saliva. Propanolol, atropine, scopolamine? - Propanolol**
- 88. Most common type of arthritis. Osteoarthritis, rheumatoid arthritis osteoporosis -Osteo**
- 89. Best test for pt. on coumarin therapy. - INR**
- 90. Facial height is divided into 3rds, 1/2, fifths – A and width is in fifths**
- 91. What has decreased over time in adults- edentualism - True**
- 92. Which electron shell has highest power? – N has maximum power, K has least (As we go further Power decreases)**
- 93. Best impression for stability in moisture- PVS**

- 94. Rare diseases-** Case control
- 95. Fatal diseases-** Cohort
- 96. Small population study done-** case control
- 97. Referred pain to ears-** mandibular molars
- 98. Patient has problem with manual dexterity what will he have problem with?** Floss
- 99. Pic of median rhomboid glossitis...**Answer was candida
- 100. Hyperplastic lingual tonsils may resemble which of the following?**
- Epulis fissuratum.
 - Lingual varicosities.
 - Squamous cell carcinoma
 - Median rhomboid glossitis.
 - Prominent fungiform papillae – Squamous Cell Carcinoma
- 101. Foliate papilla on tongue. What is it associated with? Hairy tongue, Leukemia, median rhomboid glossitis?**
- Median rhomboid glossitis it is associated with foliate, fungiform, and circumvallate.
 - Scarlet fever-- foliate papillae- straw berry tongue.
 - Geographic tongue- degeneration of filiform papillae.
 - Oral hairy tongue - elongation of filiform papillae
- 102. A strong association exists between the presence of fissured tongue and the presence of**
- geographic tongue.
 - hairy tongue.
 - lingual varicosities.
 - median rhomboid glossitis – Geographic Tongue
- 103. Kissing disease Vs Kissing lesion?** Kissing disease is infectious mononucleosis and kissing lesion is median rhomboid glossitis Kissing disease is caused by EBV and kissing lesion is the palatal lesion that happens to patients suffering from Median rhomboid glossitis caused by candida albicans
- 104. Magnification seen in Panoramic and periapical radiograph? - Pan 15-30%, PA 5-6% Resolution of panoramic-6-8 lp/mm**
- 105. In adult patients, EMS should be activated after-** after establishing non-responsiveness.
in CHILDREN, EMS should be activated after- after 1 minute or 5 cycles of cpr becoss mostly respiratory arrest--
reference 127 deck in oral surgery
- 106. When an ADULT has a pulse BUT is breathless, the recommended rate of rescue breathing is ___ 10-12**
For CHILDREN- ___ 18-20
- 107. How does external bevel gingivectomy heal?**
- Primary intention
- Granular tissue formation

Secondary intention

Tertiary intention – Secondary Intention

- 108. Epithelium of graft is attained from** (Two sites A and B – A is donor site – so epithelium is taken along with and it describes what kind of epithelium will be on the recipient site B) - epithelium of donor
- 109. Source of epithelium for graft?** (From where does it receive nutrition /supply)- recipient epithelium
- 110. Autograft, from where takes its nutrition?** – Recipient tissue, epithelium from recipient epithelium and Blood supply from recipient connective tissue
- 111. Sensitivity following composite restoration is most likely due to? Resin or polymerization shrinkage?** – Poly
- 112. Which of the following is true about C factor?**
- A. Class I has lowest C factor
 - B. C factor is a ratio of unbonded to bonded surfaces
 - C. More bonded surfaces the higher the C factor
 - D. Lower bonded surfaces the higher the C factor – C
- C factor is bonded surfaces over unbonded surfaces. More the C- factor, more chances of bond disruption. Class 1 has maximum 5 bonded and one unbonded surface that's why more chances of disruption.
- 113. Which is contraindicated for composite restoration?**
- 1 Inability to isolate the operating area.
 - 2Extension onto the root surface.
 - 3Occlusal factors.
 - 4Class I restoration with a high C-factor.
 - 5All of the above- All the above
- 114. Class I C-factor-** in class I, there are 5 of bonded surfaces and 1 of unbonded surface. So, C-factor is $5/1=5$.
- 115. The mesiobuccal incline on the mesiobuccal cusp of mandibular molar (with stainless steel crown) has wear this is because of movement in which direction(s)**
- 1. working
 - 2.non-working
 - 3.protrusive
 - 4. Retrusive – 1 and 3 is the answer
- 116. When will the BULL rule be utilized with selective grinding**
- a. working side
 - b. balance side
 - c. protrusive movement
 - d. all the above – Working Side
- 117. BULL upper buccal, lower lingual**
LUBL upper lingual, lower buccal

DUML upper distal, lower mesial

MUDL upper mesial, lower distal

The working side interference is on upper lingual and you fix it with BULL grinding

The non-working side interference is on lower buccal and u fix it with LUBL grinding.

Protrusive interference is on DUML and u fix with MUDL grinding.

118. Articulating paper stains on lingual inclines of mesiobuccal cusp of mandibular molar in which movement?

- Non working – Word to note is LINGUAL

119. To increase the patient's VDO by 4mm, the dentist should make new records of CR. T/F – True

120. What is the main type of cell in gingival crevicular fluid in gingivitis and periodontitis.?

-PMN

-Lymphocytes

-Neutrophils

-Plasma cells. – PMNs – (Source – DD Perio)

On Gingivitis - There is 4 stage

1'st - Initial stage - PMN cells

2'nd - Early stage - Lymphocytes

3'rd - established stage - Plasma stage

4'th Advanced stage = Periodontitis = Plasma stage

121. What causes plasma cell gingivitis? - flavoring in toothpaste - Cinnamon gingivitis

122. Optimal community fluoride 1 ppm – By Diet we get 0.2-0.3mg per day and if Diet with fluoridated water then 1-2mg per day

Death occurs if fluoride intake exceeds or equals 2g for adult and 16mg/kg for a child

Daily limit of fluoride should not be more than 4-5mg daily

123. If patient gets 1 mg/liter of fluoride how much fluoride are they getting- 0.5 mg

124. Giant cell lesion is similar to hyperparathyroidism -T

125. Which is not a sign of lidocaine toxicity memorize the signs!!

Lidocaine toxicity (and all local anesthetic **toxicity**) can cause circumoral numbness, facial tingling, restlessness, vertigo, tinnitus, slurred speech, and tonic-clonic seizures. Local anesthetics are actually CNS depressants, thus tonic-clonic seizures are thought to be caused by depression of inhibitory pathways.

126. You injected your lidocaine intra-arterially. The first sign of lidocaine toxicity that might be seen in the patient would be

a. Elevated pulse rate

b. sweating

c. CNS excitation

d. Cardiovascular collapse

e. CNS depression – CNS Excitation

127. Long term effect of chronic mercury toxicity. – Blindness and tremors

128. How to decrease penumbra- Penumbra is lack of sharpness of the film. It is a fuzzy, unclear area that surrounds a radiographic image and is affected by focal spot size(large), film composition (larger the size of crystals less sharp the image), and movement during the exposure.

To decrease penumbra

1) increase distance between focal spot and object

2) decrease distance between objects and film.

129. Network model is used in

IPA

HMO

PPO - IPA

130. Which ethical principle is involved with a dentist's duty to recognize signs of abuse and neglect and to know appropriate interventions?

A. Autonomy. B. Beneficence. C. Justice. D. Non maleficence. E. Veracity - Beneficence

131. Which does not show empathy to the patient?

a. open-mindedness

b. sharing personal experiences

c. reflection and showing understanding – B (Sharing personal experiences)

132. Best way to manage fearful 4-year-old respect, expect and show positive reinforcement – Positive reinforcement

133. Counseling for digit habit works best for a. all kids b. Kids in primary dentition c. kids approaching adolescents – Kids in primary dentition

134. In mucous membrane pemphigoid, a positive Nikolsky sign is the result of a/an

A. separation at the basement membrane.

B. intraepithelial separation.

C. separation of the lamina propria and submucosal.

D. intraepithelial bulla formation. - Separation at basement membrane Pemphigus- intraepithelial Pemphigoid- sub epithelial

135. Which diseases are associated with positive Nikolsky sign? - Pemphigus vulgaris, Mucous Membrane Pemphigoid and Epidermolysis Bullosa

136. Tx of ANUG Metronidazole, Tetracyclines only if lymphadenopathy or fever

137. What is attachment loss? Junctional epithelium and connective tissue, only connective tissue attachment –
Both Junctional Epithelium and Connective Tissue

- 138. What in PMMA causes discoloration?** Amines
- 139. Patient has discoloration of margin of veneer 2 months after placement. What's the issue?** Leakage during cementation
- 140. Patient has crown fracture not involving pulp what do you do?** – Endodontically treat patient and Crown
- 141. Altered cast technique is done for distal extension cases. It is usually done in the maxillary arch.**
- both true
 - both false
 - 1st true, 2nd false
 - 1st false, 2nd true – C is the answer
- 142. Altered cast technique – Support or Retention?** It's a technique that allows taking impression of edentulous ridge in a compressed form to achieve maximum support from mucosa under distal extension base.
- 143. The gingival aspect of a pontic which touches the alveolar ridge should be**
- convex only in the mesiodistal direction.
 - concave faciolingually and convex mesiodistally.
 - small and convex in all directions.
 - fabricated to produce slight tissue compression – Concave faciolingually and convex mesiodistally
- 144. What is advantage of indirect vs amalgam restoration** ideal contours
- 145. Which has highest intravascular rate** IAN (PSA not an option)
- 146. What can be given to reverse toxicity of LA with epinephrine?** - LA reversal-- by Pentolamine mesylate
 LA toxicity-- by Diazepam (Reversal means the effects of LA are gone...sensation is back, drooling is minimized, pt. is able to speak and smile comfortably.
 Airway management
 Seizure suppression (benzodiazepines preferred)
 Management of cardiac dysrhythmias
 Lipid emulsion therapy
- 147. Mercaptopurine causes** depression of bone marrow
- 148. Disadvantage of BSSO-** injury to IAN
- 149. Removed mylohyoid what happens** Damage to lingual nerve
- 150. Pregnant woman faints** turn her to left side
- 151. Black hairy tongue** hypertrophy of filiform papilla
- 152. Aspirin causes** necrosis of mucosa
- 153. Kid sick what do you give** Tylenol (Acetaminophen)
- 154. Patient wants to sleep what analgesic do you give** naproxen – long acting

155. Associated with periodontitis

- A. CHF
- B. hyperthyroidism
- C. hepatitis C - CHF

**Organ Systems and Conditions Possibly Influenced
by Periodontal Infection**

Cardiovascular / Cerebrovascular System

- Atherosclerosis
- Coronary heart disease (CHD)
- Angina
- Myocardial infarction (MI)
- Cerebrovascular accident (stroke)

Endocrine System

- Diabetes mellitus

Reproductive System

- Preterm low-birth-weight (LBW) infants

Respiratory System

- Chronic obstructive pulmonary disease (COPD)
- Acute bacterial pneumonia

156. Multiple myeloma has a M spike. What's the cause? Abnormal monoclonal immunoglobulin protein peak known as an M spike. The immunoglobulin is usually the IgG or IgA class, with a monoclonal light chain component.

157. Due to the mesial concavity of the maxillary first premolar, prior to condensation of the amalgam, the tooth is best prepared with

- a. wedge only
- b. matrix only
- c. no wedge nor matrix needed
- d. custom made wedge + matrix - D

158. Radiologic damage is less with

- A. more oxygen
- B. decreased area of exposure - A

159. Non fluoridated area. Child 10yr old. Supplement?

- A. 1mg F per day
- B. 1 mg F per week
- C. 5 mg day
- D. 5mg week- A

160. What is not a co factor of iatrogenic bone destruction

- A. plaque

- B. perforation root
- C. overhanging filling - Plaque

161. What can present as desquamative gingivitis

- A. pemphigoid,
- B. pemphigus
- C. erythema bullosa,
- D. lichen planus
- E. All - All

162. 13y old. Clinically no cavities. On Bite wing you see cavity mesial and distal on premolar

- A. MO + DO amalgam
- B. MOD amalgam
- c. MOD composite - A

163. FDA want to check safety medicament

- A. RCT
- B. Case control - A

164. Which is not correctly associated

- A. morphine- semi synthetic agonist
- B. methadone- synthetic agonist - A

165. 9y old, swelling next to tongue. it was present since birth and grows with growth of the child. Biopsy reveals it's a hemangioma.

- A. teratoma
- b. hamartoma
- c. choristoma
- D Mucocele - Hamartoma

166. How many minutes do you leave topical fluoride?

- A. 1
- B. 2
- c. 3
- D.4 – 4 minutes

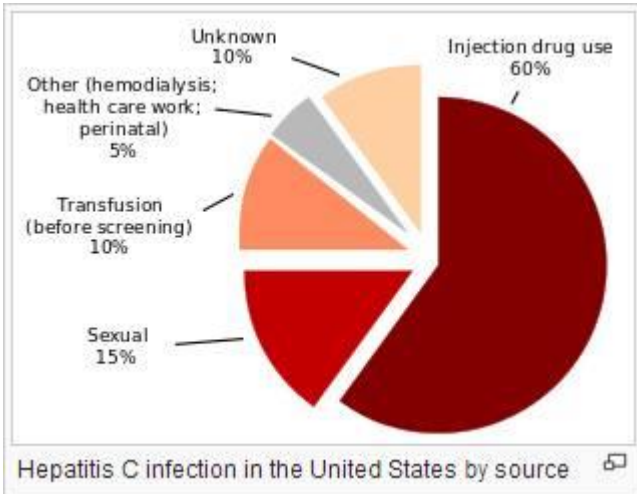
167. Matrix band for placing amalgam where does it go as compared to marginal ridge

- A. below
- B. same height
- c. 1mm above
- D. **1mm below** – 1mm above – It has to be above because we overfill and then condense and carve

168. What is main cause of failure amalgam resto

- prep
- inadequate condensation
- inadequate trituration
- delayed expansion that can cause better sealing margins - Preparation

169. Hepatitis C. Is RNA and most new cases due to blood transfusion T/F - False



170. Which is strongest?

- A. high copper conventional amalgam
- B. high copper spherical Admix
- C. conventional amalgam
- D. high copper spherical amalgam - B

171. Class 3 on central incisor composite extends to facial. Pt concerned about esthetics. Heavy marginal discoloration

- A. polish
- b. redo filling
- c. remove 1mm edges and redo with composite
- D. veneer – B (Answer confirmed from Goldstein)

172. Which medication is associated with pancreatitis? Zovirax, acyclovir, retrovir - Retrovir

173. Sarcoidosis resembles clinically and histologically- TB and histoplasmosis

174. When does calcification first molars end?

- A. 0-1y
- B. 2-3y
- C. 4-5y
- D. 6-7y – 2 – 3years

175. Symptoms hypoglycemia and hypothyroidism

Hypoglycemia

Whole body excess sweating, excessive hunger, fainting, fatigue, lightheadedness, or shakiness

Gastrointestinal nausea or vomiting

Mouth dryness or tingling lips

Also common anxiety, blurred vision, headache, irritability, mental confusion, pallor, sensation of an abnormal heartbeat, sensation of pins and needles, sleepiness, slurred speech, stupor, tremor, or unsteadiness

Hypothyroidism

Whole body fatigue, lethargy, or feeling cold

Developmental delayed puberty or slow growth

Hair hair loss or dryness

Also common brittle nails, constipation, dry skin, enlarged thyroid, high cholesterol, irritability, sensitivity to cold, sexual dysfunction, slow heart rate, sluggishness, weight gain, or irregular uterine bleeding

176. Which condition you should do RCT except – vertical root fracture

177. Which one has best prognosis of RCT

- 1) internal resorption with close to perforation 2) external resorption 3) Gutta percha expanding beyond Apex 4) incompletely debride canal – Gutta percha expanding beyond apex

178. Crack tooth syndrome without any problems – extra coronal restoration (crown), MOD, inlay, onlay – Extra coronal restoration

179. Purpose of Apexogenesis except

- 1) root formation 2) re-vascularize root 3) root lengthening 4) root thickening; 2, Revascularization

180. Open apex tooth with necrotic pulp– apexification.

181. The most reliable pulp vital test on open apex tooth 1) cold 2) hot 3) EPT 4) percussion; - 1 (Least is EPT)

182. Traumatized tooth on response to EPT test – 1) nerve was interrupted, 2) blood vessel is interrupted - 1

183. SLOB rule – Same lingual, opposite buccal

184. What do you do when you use calcium hydroxide for pulp capping?

- 1) 1.5mm CaOH₂ thickened bulk 2) add glass ionomer liner after CaOH₂ - 2

185. Why do you make triangle access on Max central incisor?

- 1) obtain straight line access 2) to remove pulp chamber which is triangle shape 3) to follow the shape of the crown - 2

186. Which is not purpose of sodium hypochlorite – chelating

187. Zinc Oxide Eugenol is used because – 1) it provides good biological seal 2) it seals against micro leakage - 1.

188. After RCT what happens except

1) alveolar bone regeneration 2) reduced radiolucency 3) tertiary dentin formation - 3

189. Facial surface of crown is divided into

1) 3rd 2) 4th 3) 5th 4) 6th – 3rd

190. The most common perforation on Max lateral incisor

1) facial 2) lingual 3) distal 4) mesial - Mesial

191. Differentiate apical pulpitis from tooth vs perio origin – pulp test

192. To differentiate between irreversible and reversible-- thermal test – heat test to be specific

193. To diff between acute and chronic apical periodontitis—percussion

194. Between necrosis and vital pulp--EPT

for board exam...chronic is not T.O.P positive

195. Acute and chronic both will be percussion positive

196. For immature teeth, primary teeth and metal crowns--- thermal test

197. Endo and periodontal abscess. EPT

198. Acute apical periodontitis Painful response to biting and percussion.

199. Chronic apical periodontitis Periradicular radiolucency without clinical symptoms.

200. Periodontal abscess. Lateral percussion

201. Periodontal or endodontic in origin...differentiate by thermal or ept

And for non-metal crown.... first is thermal. But test fails then we do test cavity (last resort)

Cavity test we do only as a last option when we are sure that the pulp is necrotic

I think necrosis sometimes respond to hot by stimulation of c fibres

nonvital is apexification

vital is apexogenesis

yes a large carious exposure means the pulp can't be saved so then apexification

202. Thermal Tests To determine sensitivity to thermal changes.

1. Cold Test Response to cold indicates a vital pulp, regardless of whether that pulp is normal or abnormal.

2. Heat Test Not a test of Pulp Vitality. An abnormal response to heat usually indicates presence of Pulpal or Periapical Disorder requiring endodontic treatment.

When a reaction to cold occurs, patient can easily point to the painful tooth. A heat reaction can be localized or diffuse and at times related to different site.

But a positive response to application of heat on a single tooth will be localized, painful and momentarily delayed.

Thermal test results should be correlated with results of other tests.

Cold test is the correct answer of s asking us to choose between two.

- 203. Reversible pulpitis** sharp pain for 2-5 sec.
Irreversible pulpitis lingering pain to cold > 10 sec and pain spontaneous and referral
- 204. Acute apical periodontitis** pain to percussion
Chronic apical periodontitis Radiolucency
- 205. Acute apical abscess** pain to palpation
Chronic apical abscess drainage and sinus tract
 All apical periodontitis and abscess have radiographic RL except acute apical periodontitis- it doesn't
- 206. Immature permanent tooth**
With vitality = apexogenesis
With non-vitality = pulpectomy then apexification
 EPT (Electronic Pulp Testing) least use for primary tooth and least reliable about pulp status
 Cold test for primary tooth with open apex and for tooth with crown especially metal crown
- 207. Tooth prognosis depends on** – attachment loss
- 208. Mand incisors have mucogingival problems, and pt. needs to do ortho treatment, what should you do**
 – 1) gingivectomy 2) free gingival graft 3) apical flap – Free Gingival Graft
- 209. Which PDL ligament is responsible for tooth revert after ortho treatment**
 – 1) transseptal fibers 2) oblique fibers 3) apical fibers - transseptal fibers
- 210. What do you need for caries initiation?**
 – 1) susceptible tooth, bacteria, polysaccharide 2) susceptible tooth, lacto bacillus, sugar 3) susceptible tooth, bacteria, sugar C reference mosby
- 211. What causes root caries?** 1) diabetes 2) gingivitis 3) attrition 4) abrasion; - Abrasion
- 212. What do you need for periodontium regeneration?** – sharpey's fiber, alveolar bone regeneration and cementum
- 213. Internal bevel runs from apical to which of the following...**
 -1) mucogingival junction 2) crest of alveolar bone 3) bottom of the pocket
**horizontal incisions in 3 steps*
internal bevel- apical ~ crest of the alveolar bone
cervicular incision – base of the pocket ~ alveolar bone
interdental incision – horizontal direction close to alveolar bone
- 214. Which of the following is the best for alveolar bone and root debridement?**
 – 1) mucoperiosteal flaps 2) modified Widman flap 3) partial thickness flap; - Modified Widman Flap
- 215. Grafted gingiva gets it's nutrient from** – from connective soft tissue from the recipient
- 216. Teeth with free gingival level above CEJ but bone level is normal. What can you do to improve esthetics?**
 – Gingivoplasty (If not given , Gingivectomy)
- 217. What do you call when you don't have mesial, facial, lingual wall (only 1 bone wall remaining)?**

- 1) hemiseptum 2) interdental crater 3) intrabony pocket 4) circumferential defect - Hemiseptum
- 218. Which of the following would not be affected/improved from using anti-biotics?**
- 1) localized abscess 2) perio-coronitis with temp above 101F 3) cellulitis 4) chronic periodontitis - chronic periodontitis
- 219. What causes gingival inflammation on pregnant women?**
- 1) estrogen 2) progesterone 3) plaque - plaque
- 220. Plaque index is used for?**
- 1) monitor gingivitis 2) monitor disease progression 3) patient motivation; - patient motivation
- 221. Gingivitis index has been done using score of 1=mild 2=moderate 3=severe, which of the following has been used**
- 1) nominal 2) ordinal 3) ratio 4) Ordinal - Ordinal
- Nominal classification i.e. colors*
- Ordinal Ranking in scale i.e. scoring/rating degree of gingival hyperplasia as none, slight, moderate, severe*
- Interval i.e. temperature*
- Ratio length, PD in mm*
- 222. Tooth with mobility 3 with severe periodontitis, what do you do?**
- 1) SRP and splint, 2) SRP and RCT; - SRP and Splint
- 223. When treating an avulsed tooth (1 hour), you would stabilize and perform pulpectomy and place CaOH, what is the reasoning behind it?**
- 1) CaOH is used to prevent cervical resorption 2) splint for 1-2 weeks and pulpectomy with CaOH - 2.
- 224. The most undesirable property with sodium hypochlorite – toxic to vital tissue**
- 225. Which teeth show the most aggressive periodontitis**
- 1) Max and Mand incisors 2) Max incisors and 1st molar 3) Mand incisor and molars; - maxillary incisors and 1st molar
- 226. Pt with Alzheimer disease, what would you do**
- 1) definitive treatment, 2) continue to monitor 3) comprehensive treatment 4) surgical procedures; - 2
- 227. Periodontal instruments are angled at 1) 0-15 degrees 2) 20-45 3) 45-90; - 3.**
- 228. You cemented a crown and it causes deflected occlusion, what complications can you have**
- 1) crown fracture 2) TMJ problem 3) maxillofacial pain; Maxillofacial Pain (much debated and questionable)
- 229. Pt has 1.5mm diastema, and you put elastic bands around central incisors, what will happen**
- 1) more control over tooth movement with rotation 2) teeth will become necrotic 3) diastema closer; - necrotic
- 230. What is the reason for selective occlusion reduction? – to gain balanced group function**

- 231. Followings are Initial periodontal treatments, except** – surgical debridement
- 232. Pediatric patient with green/orange stains are from** – poor oral hygiene
- 233. Best tooth brushing technique** – 1) stillman 2) horizontal 3) charter 4) sulcular; 4 is same as bass.
- 234. Patients with allergic reaction to tooth paste is from** – artificial flavor
- 235. Patient with poor dexterity cannot do** – proximal floss
- 236. Plaque bacteria attaches by** – dextran particle
- 237. Reason for pre-op mouth rinse** –A) sterile mouth B) reduce bacterial load; You cannot have sterile mouth, so bacterial count
- 238. Pt comes to office with tongue retruded after denture delivery what might be cause** – lingual frenum sore
- 239. What is the reason for altered cast?** -for better tissue adaptation - An altered cast procedure to improve tissue support for removable partial denture
- 240. Surgery to TMJ, which is the most damaged nerve** – auriculotemporal nerve not temporal
- 241. Risks for BSSO** – IA nerve damage
- 242. Atrophen like drugs are** – anticholinergic
- 243. Which of the following does not interfere with bleeding?** – Tylenol(acetaminophen)
- 244. After 3rd molar extraction, pt. asks for pain meds and you recommend**– Ibuprofen
- 245. Internal oblique osteotomy may cause**– lingual nerve damage
- 246. Which glands have the most cancer** – 1) parotid 2) submandibular 3) lingual - parotid-and if the question asks for maximum chances of malignant transformation – minor salivary glands - lingual
- 247. Which gland have the most incidence of sialolithiasis** – submandibular because of tortuous course
- 248. Best radiograph for Max sinus disease** – waters
- 249. Best radiograph for view Zygomatic Arch** - CT
- 250. Occlusion radiograph is useful except** – posterior occlusion caries
- 251. Premolar has apical infection and it will spread into** –
In Mandibular Premolars - it will go to buccal, sublingual, submandibular and pterygomandibular.
For maxillary premolars - buccal space
- 252. Newborn baby has two white macules on palate what is this** – 1) new born of palatal cyst 2) congenital syphilis – 1
- 253. J shaped radio opacity on Max sinus (picture)** – zygomatic process
- 254. After IA nerve injection, pt. may get infection in which area?** - pterygomandibular area - The pterygomandibular space is the area where local anesthetic solution is deposited during an inferior alveolar nerve block
- 255. Chronic mercury intoxication can cause what?**
1) blindness 2) tremor 3) deafness - Blindness preferably but also causes tremors

256. Pt was anesthetized with Fentanyl and what do you use for when emergency side effect happens

- Naloxone
- *Fentanyl opioid, Naloxone opioid antagonist*

257. What is STRIDOR –1) laryngospasm 2) bronchoconstriction Stetor from pharynx, Laryngospasm

258. Which drug is used for motion sickness - SCOPOLAMINE

259. Know side effect of lidocaine toxicity

Classically, patients experience symptoms of central nervous system (CNS) excitement such as the following
Circumoral and/or tongue numbness.

Metallic taste.

Lightheadedness.

Dizziness.

Visual and auditory disturbances (difficulty focusing and tinnitus)

Disorientation.

Drowsiness.

260. Lidocaine toxicity is due to

Overdose

Increased vasoconstrictor

Due to preservative - Overdose

261. What might cause Trismus

1) submandibular swelling 2) submental swelling 3) Pterygomandibular infection; 3

262. Hypodontia may prevent – alveolar bone formation, other choices were regular bone growth

263. Pt with IV bisphosphonate, what do you do with non-restorable incisors

- 1) surgical ext. of teeth 2) ext. with caution 3) RCT of remnant of roots; I picked 3, because you are not going to ext. teeth when pt. is on bisphosphonate

264. What may lead to osteonecrosis of bone after radiation therapy?

- 1) thicken calculi canal 2) weak bone 3) damaged blood supply; - 3.

265. Cross- allergenicity with penicillin – cephalosporin and ampicillin

266. Pt come back 5 hr. after ext. and bleeding does not stop

- 1) remove blood clot and investigate 2) administer Vitamin K 3) Thrombin pack into socket 4) send pt. for blood count and INR; - 3

267. What is allogenic graft - dried bone from cadaver (human to human)

268. After stage 2 implant placement, upon removal of soft tissue, implant is loose– you remove it!

269. Picture of erythroplakia lesion, and ask for best treatment – incisional biopsy

270. The highest recurrence rate – OKC

271. After injection of LA, patient starts to wheeze – Asthma

- 272. What is the cause of wheezing? 1) Inspiration difficulty 2) expiration difficulty;** Expiration. The symptoms of wheezing include a musical or whistling sound and laboured breathing, particularly when exhaling; when tries to exhale through narrow airway
- 273. What does aspirin and some other drug mentioned alter**
– 1) PT 2) PTT 3) irreversible platelet 4) reversible platelet 5) prothrombin; answer is 3
- 274. Bruising 5 days after extraction** – I picked the one with weak vascular structure
- 275. Which disease effect male** – Hemophilia (because it is x linked)
- 276. Radio-opacity with no complications (no caries, no disease)**– idiopathic osteosclerosis
- 277. Acute abscess is caused by which type of bacteria?** Anaerobic Bacteria
- 278. Multiple macules and café-au-lait** – neurofibromatosis
- 279. Giant cell granuloma of histological examination is similar with** – hyperparathyroidism
- 280. Condyloma acuminatum is caused by** – HPV
- 281. 20 yr patient with swollen bone showing radio-opacity lines in between** – Ewing's sarcoma (like onion skin)
- 282. Most common intra oral Squamous cell carcinoma**
– 1) Ventral & lateral borders of tongue 2) palate 3) buccal mucosa 4) floor of the mouth – Ventral and lateral borders
- 283. What to treat Oropharynx candida with HIV pt? 1) topical miconazole 2) systemic miconazole - 2**
- 284. Picture of Median Rhomboid candida (in the mid-posterior diamond shape)**
- 285. Causes of chronic microcytic anemia**
– 1) pernicious anemia 2) sickle cell 3) vitamin c deficient 4) iron deficient - Iron Deficient
- 286. The most common childhood leukemia –**
1) myelogenous 2) lymphocytic 3) monocytic- ALL
- 287. Most common medication for trigeminal neuralgia?** - Tegretol carbamazepine
- 288. Trigeminal neuralgia not common in age before 30?** – True – its over 50 and estimated frequency is 115000-20000
- 289. Addison's disease** – related to diffused pigmentation
- 290. Blue compressible lesion on the floor was mouth** – ranula
- 291. Pictures of red target lesion on hands and said this patient also ulcers on mouth, what is the dx**
– Erythema multiform
- 292. Pictures of recurrent ulcers (red ulcers on hard palate)** – recurrent herpes
- 293. Patient develops blisters when blowed with air, Nikolski sign** – this could be either pemphigus or BMMP
- 294. Pt has ulcer with inflamed gingiva, histologic exam shows detached epithelial from basement membrane –**
BMMP (benign mucous membrane pemphigus)
- 295. Recurrent large ulcers (lasts month) and scars** – major aphthous stomatitis
- 296. Primary incisor intruded 5mm! pt is 4 yr, treatment of choice**

- 1) let the tooth erupt 2) orthodontic treatment to re-position tooth 3) re-position tooth and splint - Let it erupt
- 297.** 14-year patient and pt.'s mom wants an implant what do you do – wait until all the teeth erupt and implant.
- 298.** Pt (4yr) loses a primary 2nd molar, treatment of choice – 1) no treatment 2) loop and band 3) distal shoe 4) lingual hold arch; - Distal Shoe (as it will guide the erupting molar)
- 299.** Which primary tooth has narrowest occlusal table – 1) Max 1st 2) Max 2nd 3) Mand 1st 4) Mand 2nd molars; Primary Maxillary first molar, (Permanent first maxillary molar has largest) , Primary mandibular has largest
- 300.** Most community water is fluoridated at – 1ppm
- 301.** 1liter of 1ppm has how many grams of fluoride? – 1mg.
- 302.** Enamel starts to demineralize at what pH – 5.5
- 303.** Supernumerary tooth is determined at what stage
 - 1) initiation 2) proliferation 3) calcification 4) morphogenesis - Initiation
- 304.** Resin cement is dis-colored on veneer. what causes it?, Bis-GMA, unfilled resin, old cement - Bis-GMA
- 305.** 6 yr. patient with poor oral hygiene, ortho treatment should be
 - 1) braces 2) removable 3) no treatment- removable since it can be cleaned when patient is not wearing it.No treatment has not been considered as in case there is crossbite , we need immediate measures to correct it
- 306.** Pano is distorted about what % 1) 5% 2) 10-15 3) 25-50 4) 75%. – 25-50
- 307.** Best case of general anesthesia – 2 yr with severe childhood caries
- 308.** Moderately Mentally retarded child – tell show do technique
- 309.** What is the most common primary occlusion?
 - 1) flush terminal plane 2) distal step 3) mesial step 4) class 1 5) class 2; answer is 1.
- 310.** Mandibular molar is mesially tilted, which of following cannot happen? – increased overjet!
- 311.** Caries are most common on which population – 1) white 2) african-american 3) Asian; white!
- 312.** Oral cancers are most common on which population– 1) white male, 2) black male 3) Hispanic female 4) Asian female - white male!
- 313.** Picture of teeth with normal enamel, normal structure with no pulp. which disease is it
 - 1) Amelogenesis imperfecta 2) Dentinogenesis Imperfecta 3) odontogenic dysplasia 4) dentin dysplasia – 2 (Type 1 and type 2 have obliterated pulp canals)
- 314.** Child fractures right condyle, how does it affect growth? – unilateral growth with broken side lagging.
- 315.** Which of the following impression material is not accurate enough for crown cast?
 - 1) irreversible hydrocolloid 2) reversible hydrocolloid 3) condensation 4) polyether
 - alginate – irreversible hydrocolloid

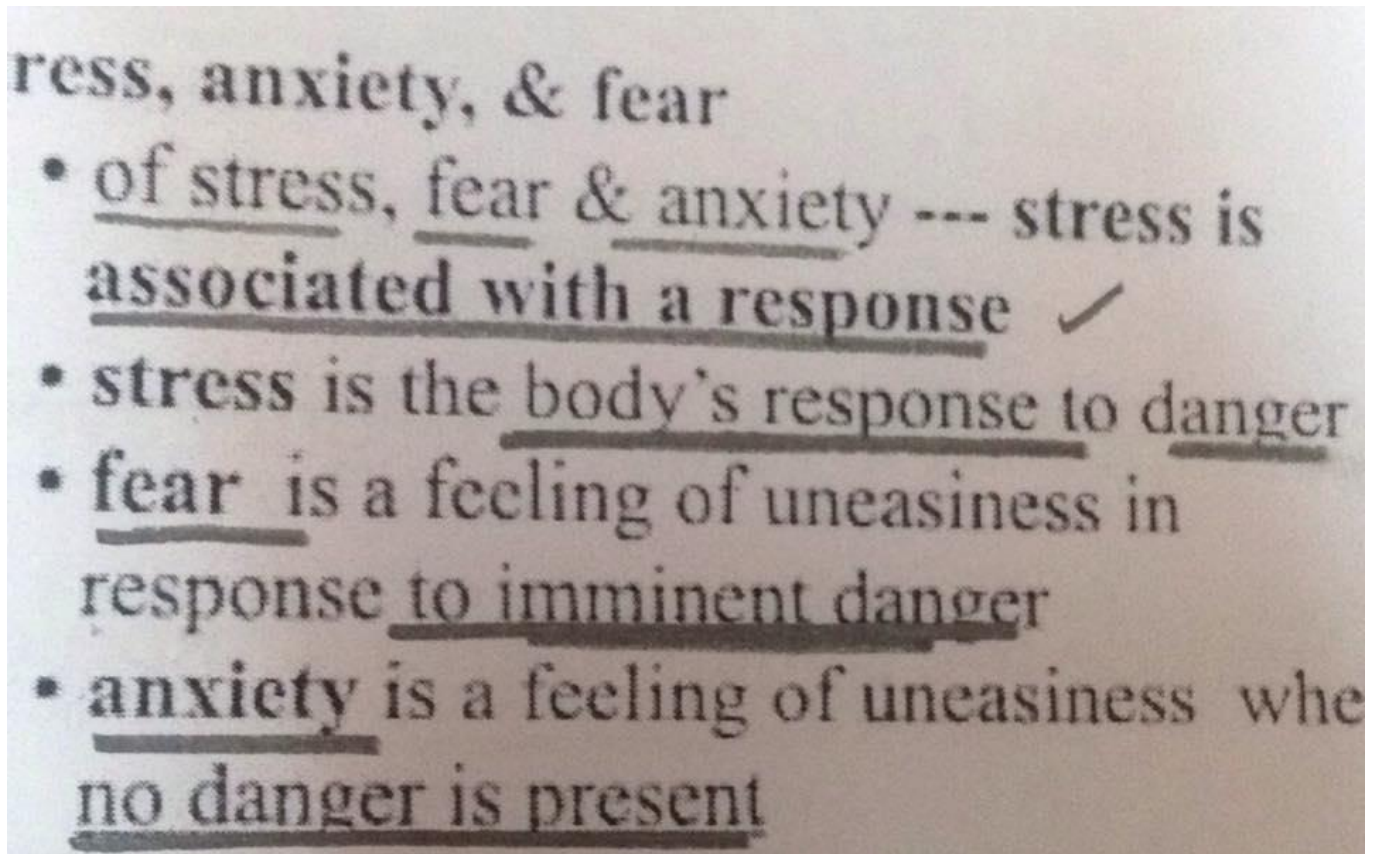
- 316. What do you have to use to check mean of 3 research groups 1) chi square 2) t-test 3) anova - T TEST is for mean of 2 groups. Anova is 3 or more**
- 317. Pressure heat vaporization, which is hardest to kill 3 were virus and 1 was S. Aureus and the other was some bacteria I didn't know. I picked the one didn't know because all others are easy to kill. The answer should be bacteria with spore forming (gram negative) Bacillus, Clostridium spores are the benchmark organisms for sterilization. If a process kills Bacillus spores, it will also kill the easier-to-kill bacteria, fungi, viruses, protozoa**
- Bacillus
 - Clostridium gram positive, obligate anaerobe, produce endospore (Copy pasted as such)
- 318. 5 ethics – Autonomy, nonmaleficence, beneficence, justice, veracity**
- 319. Which of following is not useful in finding orifice of canal – apex locator (it is only used for finding apex)**
- 320. Posterior palatal seal area lies on**
- A hard palate
 - B soft palate
 - C junction bet hard and soft palate – C
- 321. Why do you do clinical remounting, why is it better than doing it on pt.'s mouth? there is no interference from pt.'s oral mucosa which is moveable.**
- 322. You want to adjust VDO, what do you have to do? Take new VDO record and remount**
- 323. Max. Anterior teeth are located too far anterior and flare out, which sound is hard to pronounce - P & B sound**
- 324. Localized ridge sore after CD delivery – premature contact**
- 325. The area of buccal frenum of complete mandibular denture must be thinned to allow contraction of which muscle?**
- A. caninus
 - B. Masseter
 - C. Zygomaticus
 - D. Triangularis – Triangularis (If Buccinator is the option better choose that)
- 326. Free gingiva grafting at the lesion of posterior molars (Mand), what anatomical structure make it hard?**
- External oblique line
- 327. In RPD, retentive clasp should – passively position**
- 328. Which of the following is high-noble metal? –gold, platinum, palladium,**
- 329. What is combination clasp – it is rigid arm and wrought wire combined**
- 330. To close 1.5mm non-pathologic central incisors, which is not recommended**
- 1) composite closer 2) porcelain veneer 3) resin veneer 4) porcelain crowns; 4 is the answer, crowns are too aggressive on non-pathologic teeth

- 331. In CD** – you want to coincide MIP and centric relation
- 332. Very short clinical crown, you prep for a metal crown and it is lacking facio-lingual resistance. You would do**
- 1) facial groove 2) lingual groove 3) proximal grooves 4) Change to shoulder margin; 3 proximal grooves would best resist facio-lingual forces
- 333. Repeated FPD fracture is due to** – 1) not enough retentions, 2) attrition 3) wrong temp schedule while fabrication 4) wrong framework design; - 4
- 334. You prep a tooth for composite filling and it goes below enamel toward cementum. (no enamel on gingival floor), you should** – 1) resin composite 2) amalgam 3) glass ionomer 4) RMGI, -RMGI
- 335. Posterior Pontic should be** – 1) saddle type 2) concave mesio distal 3) concave buccolingual 4) convex buccolingual; 4 is the answer and convex mesiodistally
- 336. Excessive VDO causes** – traumatize underlying tissue
- 337. Class V glass ionomer perp should** – 1) bevel occlusal wall 2) bevel gingival wall 3) bevel both walls 4) no bevel at all 5) 90 degree exist angle; - 4.
- 338. Porcelain inlay should be cemented with** – Resin
- 339. Smooth surface caries starts at** – just apical to contact (not at the contact)
- 340. Etch and primer and bonding system vs etch primer** – etch + primer does not remove smear layer.
- 341. Which of the following is false** – thick composite will increase its strength
- 342. Which of the following does not affect retention of crown** – path of insertion
- 343. Rubber dam will leak if** – 1) hole is too big 2) hole is too small 3) holes are too close 4) holes are too far ; holes are too close
- 344. What is main difference between fear and anxiety** - according to buster ‘fear is distinguished from anxiety on the basis of the person’s ability to locate the threatening agent ‘out there’ and to recognize the clear presence of a behavior that will reduce perceived danger.
- 345. A patient is not diagnosed as diseased when pt. has the disease, this is** – false negative
- 346. DMFT index limitation** – elderly, sealant, root caries, irreversible
- 347. Collimation** – control the size and shape of the x-ray beams
- 348. Filtration** – filters low energy- less radiation to pt. (long wave X Rays which are harmful to patient are blocked)
- 349. Reducing what increases density of x-ray** – source intensity & film distance
- 350. What effect patient to choose dentist? 1) Location, 2) family/friend recommend 3) Dentist’s education.** - 2.
- 351. Posterior occlusion is leveled with?** - Ala-tragus line
- 352. When are we supposed to begin interproximal decay restoration? 1) half way to enamel 2) At DEJ 3) Into DEJ 4) When shown x-ray** – At DEJ
- 353. Max 1st premolar perforation at?** Mesial

- 354. Not risk factor of ANUG? Diabetes 2) smoking 3) plaque;** - Plaque
- 355. Best x-ray to see zygomatic arch?** CT 2) PANO 3) Waters – CT Scan for Zygomatic Arch, Waters for Max.Sinus
- 356. Distal root of mand 3rd molar disappears when extracting which space did it go?** 1)Submandibular 2) Parapharyngeal 3) Pterygomandibular space; - Submandibular
- 357. Trying to make root-overdenture what aspects need to be seen?** 1)tooth size of crown 2) morphology of root 3) PD of root – Morphology of root (Controversial answer few said 3)
- 358. Aspirin measures requires?** Bleeding time (warfarin needs INR/ PT)
- 359. Synostosis, midfacial off, eyes are separated widely. Which disease is this?** – Crouzon
(See Pic)
- 360. Normal tooth morphology with obliterated pulp (normal root of length)?** 1)Dentin Dysplasia 2) Dentinogenesis imperfecta – Dentinogenesis Imperfecta (As DD has extremely short roots)
- 361. Chi square** - Chi square is a test used to see if there is relation between two categorical or independent variables. Null hypothesis states that knowing the first variable will not predict knowing the second variable. Reject null hypothesis means that there is relation between the first and second variable. High chi square test means that these two variables are related. It is an inverse relationship between chi square and probability
- 362. Pressure heat vaporize at what temp? for how long?** 125 degree, 25min 15 pressure
- 363. When pronounce f during denture try in, where the vermillion border is located?** 1)not come at all 2) anterior to max anterior 3) posterior to anterior - 2



364. Definition of anxiety?



365. Squared vs Round Collimation what percent radiation dosage decrease? 1) 10 2) 20 3) 30 4) 50 – 50 Percent

366. Object shortened in x-ray - excessive vertical and if elongated it's too flat angulation

367. Most important thing during flap post op? - plaque control

368. Cracked tooth. Definitive diagnosis by? 1) Visual 2) local pressure on tooth 3) measure PD? – Local Pressure

369. Not visible by X-ray. When patient bite and detach painful -? Vertical fracture

370. Posterior composite restoration. What's most crucial? 1) Resin type 2) Skill 3) area; - 2

371. What effects the most on crown retention? 1) taper 2) surface area 3. Texture - Taper

372. What crown is most vulnerable to fracture? All ceramic

373. When doing restoration prep, which bur type produces smoothest surface? 1) cross-sectional fissured bur
2) plain sectioned fissured bur 3) Diamond stone; - 3

374. Purpose of acid etch to enamel? 1) remove moisture 2) chemical bonding 3) remove collagen 4) Remove inorganic material - 4

375. Thick cortical with dense trabecular bone. What type of the bone is this?

1) Type 1 2) Type 2 3) Type 3 4) Type 4 – Type 2

Bone quality

Type I thick cortical, dense cancellous. Anterior mandible

Type II thick cortical cancellous mostly dense.

Type III thin cortical, cancellous dense

Type IV thin cortical, low density cancellous. Posterior maxilla

- 376. During hinge movement which anatomical structures are related for pure rotation? 1) Condyle and disk 2) glenoid fossa 3) condyle 4) disc- Condyle and Disc**
- 377. What is the reason inflamed tissue are hard to anesthetize? 1) anesthesia is unstable 2) Ionized 3) lipid soluble – ionized, pH is lower in the inflamed tissue**
- 378. Minimal undercut present on maxillary tuberosity what would you do? 1) remove undercut totally 2) reline 3) cover with denture base – Remove undercut totally**
- 379. Antibodies found in the epithelium, acanthosis, bullae? pemphigus**
- 380. There is a ranula. What should you do? 1) Remove submandibular gland 2) steroid 3) only superior portion removal 4) Sublingual gland removal – Sublingual Gland removal**
- 381. Which of the following is the best treatment for a recurrent ranula?**
- 1) Sublingual gland excision
 - 2) Cryosurgery
 - 3) Electro surgery
 - 4) Marsupialization – Sublingual Gland Excision
- 382. Ketone odor from mouth, systemic disease? Diabetes**
- 383. Occupational limit? 50mSv**
- 384. Anterior crown shape for moving freely during mastication 1) concavity lingual 2) convexity lingual 3) overjet 4) overbite – Concavity lingual**
- 385. Leeway space in maxilla is --- and in mandible is ----?**
- 1- 4mm, 2-2,5 mm
 - 2- 2-2,5mm, 4mm – 2 mm in maxilla and 4mm in mandible
- 386. Mouth breathing causes? Narrow maxilla, anterior open bite, posterior cross bite (very rarely)**
- 387. Max canine. High chance of impacted? True, Lingual eruption**
- 388. Taurodontism. Which direction does the pulp grow? 1) Mesial and distal 2) Occlusal and gingival --- 2**
- 389. Biohazard waste sharps**
- 390. Blood born waste infectious waste**
- 391. OSHA concerned with regulated waste produced at dental office, EPA regulates the transportation of waste from dental office**
- 392. Down coding up coding unbundling?**
- Down coding Dentist did 2 crown. Insurance paid only 1 crown
- Unbundling the separating of a dental procedure into component parts with each part having a charge so that the cumulative charges of the components is greater than the total charge to patients who don't be beneficiaries of a dental benefit plan for the same procedure

Bundling the systemic combining of distinct dental procedures by third party payers that results in reduced benefit for patient/beneficiary

Up coding/overcoding reporting a more complex and/or higher cost procedure than was actually performed

Down coding a practice of third party payers in which the benefit code has been changed to less complex and/or lower cost procedure than was reported except where delineated in contract agreements

393. Gingivectomy contraindication? 1) suprabony pocket 2) medication induced gingivohyperplasia 3) fibromatous gingiva 4) bottom of the pocket is apical to the mucogingival junction; - 4

394. Pt turns pale, feels sick after LA injection. What causes this?

1) Epinephrine 2) Anesthesia 3) Cardiovascular effect of Epi/ CNS effect of Epinephrine? - 3

395. Pregnancy woman with IVC suppression what would you do? 1) elevate feet in supine position 2) reverse the position of Trendelenburg 3) move the body a little left 4) move right and keep airway open; - Move to left hip

396. What has decreased over time in adults? edentulism

397. Highest electron shell- N shell

398. Best impression for stability in moisture- PVS

399. Rare diseases- case control

400. Fatal disease - Cohort

401. Small population study done- Case control study.

2 groups compared.

Case group.

Control group.

402. Pain to ear comes from? mandibular molar referred pain to ear and neck

403. 2000-2006 study done in people about something - cohort

404. Which is not important in resistance and retention for fixed partial denture- Path of placement

405. Patient has problem with manual dexterity what will he have problem with? Flossing

406. Which is suppurative - actinomycoses and candida - Actinomycosis

407. Pic of median rhomboid glossitis. Answer was candida

408. Pan resolution? Resolution of panoramic-6-8 lp/mm

409. Magnification PAN 15-30%,

410. Magnification PA 5-6%

411. Epithelium of graft is attained from epithelium of donor

412. What causes polymerization shrinking in composite C factor ! Polymerization stress leading to polymerization shrinkage

413. Optimal community fluoride - 1 ppm

414. If patient gets 1 mg/liter of fluoride how much fluoride are they getting...0.5 mg

- 415. Giant cell lesion is similar to hyperparathyroidism**
- 416. Which is not a sign of lidocaine toxicity** memorize the signs!!
- 417. Long term effect of chronic mercury toxicity** - Blindness
- 418. How to decrease penumbra** - small focal spot, decrease the distance between objects and films
- 419. Best way to manage fearful 4-year-old** respect, expect and show positive reinforcement
- 420. Counseling for digit habit works best for** a. all kids b. Kids in primary dentition c. kids approaching adolescents - Kids in primary dentition
- 421. Tx of ANUG** - Metronidazole
- 422. What in pmma causes discoloration?** – Tertiary Amines (Not benzo)
- 423. Patient has discoloration of margin of veneer 2 months after placement. What's the issue?** One of two things is happening with this veneer.
1. gums were slightly bleeding during the bonding process and a small amount got under your veneer at this time.
 2. The margin of the veneer is not flush with the tooth and liquids are getting under your veneer.
- 424. Patient has crown fracture not involving pulp what do you do.** Crown
- 425. Short crown you need for rpd what do you do?** Crown Lengthening
- 426. Altered cast done for** For support (Stability was not an option)
- 427. Side effect of mustagen.**
- bone marrow suppression
 - ototoxicity
 - nephrotoxicity – Bone marrow suppression
- 428. The gingival aspect of a pontic which touches the alveolar ridge should be** A. convex only in the mesiodistal direction. B. concave faciolingually and convex mesiodistally. C. small and convex in all directions. D. fabricated to produce slight tissue compression – B (Concave FL and Convex MD)
- 429. What is advantage of indirect vs amalgam restoration** ideal contours
- 430. Which has highest intravascular rate** IANB...psa wasn't there
- 431. What can be given to reverse toxicity of LA with epi** – Benzodiazepines
- 432. Mercaptopurine causes** depression of bone marrow
- 433. Disadvantage of BSSO** injury to IAN
- 434. Removed mylohyoid what happens** damage to lingual nerve
- 435. Pregnant woman faints** turn her to left side
- 436. Black hairy tongue** hypertrophy of filiform papilla
- 437. Aspirin causes** necrosis of mucosa
- 438. Kid sick what do you give** Tylenol
- 439. Patient wants to sleep what analgesic do you give** naproxen

- 440.** Digital radiograph decrease exposure time by what percentage. (options were,10%,20%,35%,50%) – 50 %
- 441.** Have lot of incisal overlap, what do you want to change to maintain balanced occlusion
 a) ↑ condylar inclination b) ↓ condylar inclination - Decrease Condylar Inclination (Compensatory curve has to be maintained for a balanced occlusion) – (I know increased inclination seems more logical to you – but Decreased is the answer)
- 442.** Why do you make triangular access in max. Central incisor? 1)for straight line access 2) for removal of triangular pulp chamber – For removal of triangular pulp chamber
- 443.** Malignant transformation potential is most in a) Paget b) Von Recklinghausen c) Albright – Paget's
- 444.** 3 implants for implant supported denture, u take radiograph and see only two of them are settled properly. What do u do?
 A) section denture to make it fit B) take it out. C) tighten the screw D) take another radiograph - A
- 445.** Best way to prevent replacement resorption of an implanted tooth? – Fluoride Treatment
- 446.** Pt has a lot of porcelain, not cavitated but looks like they will be soon..?
 A) 1.1% APF
 B) neutral fluoride
 C) 0.5 stannous - Neutral Fluoride as others will stain
- 447.** Mentally retarded patient how will u act?
 A) Permissive
 B) Strong and demanding – Permissive
- 448.** Which antifungal works in mouth and after swallowed?
 A) griseofulvin
 B) clotrimazole
 C) fluconazole
 D) ketoconazole. - Clotrimazole and Nystatin
- 449.** Failed implant what bacteria associated with it?
 A) gram negative facultative B) gram negative anaerobic - Gram Negative Anaerobic
- 450.** Which kind of burs cut most efficiently? - Diamond
- 451.** 1st indication of cavernous sinus thrombosis
 A) Periorbital edema
 B) Blurred vision
 C) Headache - Headache—Periorbital edema – Blurred vision (remember sequence)
- 452.** CD and RPD in same patient for wax rim why would u bevel anterior part of wax rim?
 A) u always do that
 B) not enough interocclusal space but enough for esthetics

C) not enough esthetics but enough interocclusal space – This is correct

D) no space for both

453. What does etchant do?

A) remove collagen

B) removes inorganic material - Remove inorganic material

454. What is the point of putting a post on an endo treated tooth?

1) retain the build-up and restoration

2) Retain core – Retain the core

455. Patient of Hepatitis B has surface antibody positive?

1. He has acute HEP B

2. He is carrier and need a vaccine

3. He is carrier and need anti hep B

4. He is not carrier - He is not carrier

Surface Ag – Active hepatitis state

Surface Ab – Active infection

E Antigen – Replication

Hepatitis surface Ab – Not a carrier – recovery

456. Select the prescribed drugs for opioid addiction

1) Naloxone 2) Buprenorphine 3) Buthorphanol 4) Methadone- Methadone is for opioid addiction and Naloxone is for Opioid toxicity

457. What caries lesion has a V shape pointing to pulp-

1) occlusal, 2) smooth, 3) root caries - Smooth (inverted V is pit and fissure)

458. Circumferential defect over a root?

Dehiscence

Hemi septum – Hemi septum

459. 8-month pregnant woman got 2 teeth extracted and a flap placed .1. ACP 325 mg 2 ACP 325 mg + codeine

– ACP 325mg

460. In gingivectomy External bevel is put to tooth apical to what? Crest of bone, JE, CT- JE

461. What benzo do you give to a 37-year-old patient with liver cirrhosis?

• Diazepam

• Midazolam

• Oxazepam – Oxazepam (LOT- Loraze, Oxaze, Temaze- pam all bypass liver metabolism)

- 462. Best agent to clean oral cavity after surgery? Iodine/Chlorhexidine/Hydrogen Peroxide** - normally-- CHX, oral wounds-- H₂O₂
- 463. People of diff ethnic backgrounds have**
Same tolerance but diff threshold
Same threshold but diff tolerance – Same threshold, Different Tolerance
- 464. Most common isolated yeast from RCT?** - Candida
- 465. Histoplasmosis oral lesion resembles which lesion?** – TB
- 466. aspirin drug in a patient. What do u c in the blood report?**
1 Increase in prothrombin and bleeding time
2 decrease prothrombin and clotting time
3 hypoprothrombinemia, defective platelet aggregation and defective bleeding time
4 hypoprothrombinemia, defective platelet aggregation and decreased prothrombin time – Answer is 3
- 467. Which of the following not associated with periodontal disease in the primary dentition?**
Down's Syndrome
Steven's Johnson Syndrome
Cycloneutropenia – Steven Johnson
- 468. Maximum radiation source in USA? cosmic, occupational, medical, terrestrial.** - Medical (Radon is the option given these days – opt that if its there)
- 469. Dentist tells a boy that local anesthetic will hurt like a pinch, what is he doing**
a) Refocusing b) Relabeling c) Distracting d) Distancing - Relabeling
- 470. Primary retention area in mandibular complete denture?** – Buccal Shelf
- 471. Advantage of using fiber reinforced post?** The primary concern about fiber posts is whether they allow movement of the core during function or parafunction. If a post has the same modulus of elasticity as the root, but is much thinner in diameter, it will flex more under a load. This may cause leakage under the crown and buildup
- 472. which of the following would be taken into consideration when planning cavity preparation for aposterior composite ??**
a- beveling is recommended on the occlusal surface to enable the margin of composite to flow onto sound tooth structure.
b- internal line angle should be rounded so that reduce stress concentration in that material.
c- inter proximal boxes should be extended so that cervical margin is below contact point.
d- all of the above - Option C is correct
- 473. When do achieve menarche?**
a. Before growth spurt
b. During

c. After

d. Toward the end of the growth spurt - After

474. Treatment of petitmal epilepsy during dental treatment

Phenytoin

Diazepam

Prevent pt injuring himself

No treatment – No treatment

475. An implant level impression means that?

1)The impression post was attached to the implant

2)the impression post was attached to the abutment

3)the impression recorded the actual abutment attached to the implant

4)none of the above - A

476. Mandibular foramen in young children is a.) At level of occlusal plane b.) Anterior to the level of occlusal plane c.) Above the level of occlusal plane d.) Below the level of occlusal plane - Below the level

477. Mature plaque is formed? - 4 - 7 days 12 - 24 hours for an immature layer to get formed properly

478. Highest energy shell? Outermost Shell given i.e. K, L, M, N – N is the answer Reason is Highest Energy – so most unstable electron- that's y it's the easiest to remove from the electronic shells

479. Best antibiotic? Ciprofloxacin is the best antibiotic to treat aggressive periodontitis – (ill-framed question)

480. Palatal expansion? In case of narrow arches

481. Additional space for successive eruption of permanent maxillary molars is provided by

A. interstitial bone growth.

b. B. appositional growth at the maxillary tuberosity.

c. C. continuous expansion of the dental arch due to sutural growth.

d. D. an increase in palatal vault height due to alveolar growth – Answer is B

482. Root formation in permanent incisor? 2-3 years after eruption

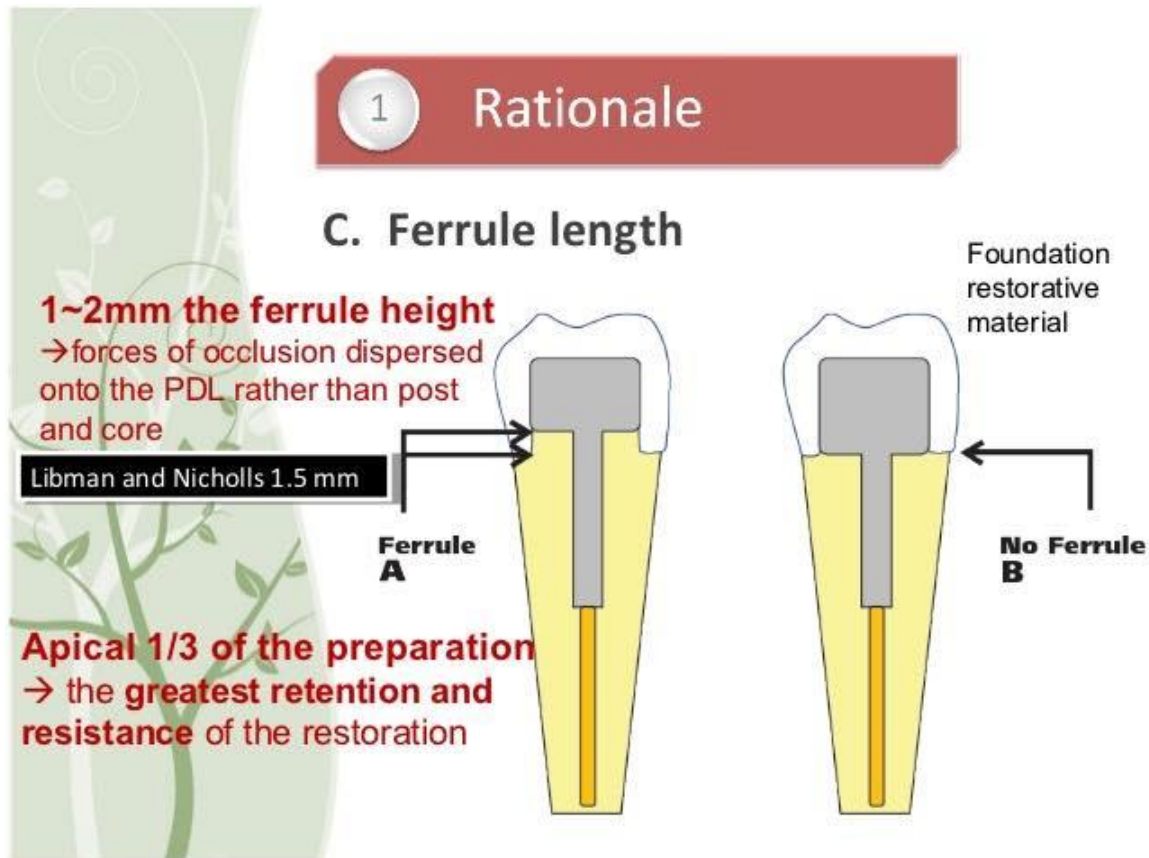
483. Test for primary teeth? Thermal Test

484. Dentinogenesis imperfecta x ray? Refer MasterDay2

485. Occlusal rest function? - Vertical Support !

486. Short crown where can u giv retention groove? – Buccal grooves

487. Crown lengthening function? Ferrule effect



488. Implants contraindication? Insufficient bone or Cancer patient receiving Chemotherapy

489. Functions of Titanium in implants- Oxide layer Formation

490. Kennedy classification – We know this guys!

491. Necrosis pulp? symptoms? – Color changes in the tooth, or spontaneous pain at night

492. F n V sound? Anterior teeth are set correctly for denture teeth or not . S sound to check VDO and F and V sounds to check position of maxillary anterior teeth

493. Soreness of alveolar ridge? Increased VDO

- 1) Excessive display of mandibular teeth.
- (2) Complaint of fatigue of muscles of mastication
- 3) Clicking of the posterior teeth when speaking.
- (4) Strained appearance of the lips.
- (5) Patient not able to wear dentures.
- (6) Discomfort.
- (7) Excessive trauma to the supporting tissues.
- (8) Gagging.

494. The most common error associated with mylohyoid ridge removal:

- A. IAN injury**

B. Lingual nerve damage

C. Angle fracture

D. Condylar dislocation – Lingual Nerve damage

495. Anterior cross bite Rx? Anterior crossbite, dental type: 1. Tongue blade therapy,

2. Lower inclined plane,

3. Stainless steel plane,

4. Hawley's retainer with auxiliary springs,

5. Labial and/ or lingual arch wires.

Anterior crossbite, skeletal type:

1. Face Mask, with or without RME (that's rapid maxillary expansion as u know),

2. Chin cap appliance,

3. Frankel 3 appliance - it is in skeletal anterior crossbite arising due to malocclusion class 3.

496. Posterior Cross Bite? Posterior crossbite:

1. Acrylic based removable appliance with 1 or more expansion screws (typically we use 1 screw for mandibular but 1 or 2 either for maxillary). Also note that bite plane and lip bumper may be added for extra benefits.

2. Hass type and Hyrax type maxillary appliance for rapid maxillary expansion.

3. Quad helix appliance,

4. W-arch appliance,

5. Butterfly palatal expander.

497. Distance between 2 implant? 3mm

498. Potency n efficacy Potency is related to dose Efficacy means maximum effect with given dose

499. Anti-rotation effect in implant – Hex Internal in implant External on abutment

500. If temperature is more than 47 then what happens ? Necrosis of the adjacent cells

501. Which one can lead to eruption of tooth in an ectopic site?

-2nd premolar before canine

-1st molar before premolar – 2nd Premolar before canine

502. Class 1 n class 2 line angles? round or straight – Round

503. Max strength of porcelain? Condensation

504. Know these medicines.... bisphosphonates, Statin & pril type of medicines, methadone, anti-anxiety drugs,

bupirone hcl (bupirone hydrochloride tablets, USP) is an antianxiety agent that is not chemically or pharmacologically related to the benzodiazepines, barbiturates, or other sedative/anxiolytic drugs) **and** **clopidogrel** (Blood thinner It can prevent stroke, heart attack, and other heart problems)

Bisphosphonates are a class of drugs that prevent the loss of bone mass, used to treat osteoporosis and

similar diseases. They are the most commonly prescribed drugs used to treat osteoporosis. They are called bisphosphonates because they have two phosphonate groups.

Evidence shows that they reduce the risk of fracture in post-menopausal women with osteoporosis.

Bone undergoes constant turnover and is kept in balance (homeostasis) by osteoblasts creating bone and osteoclasts destroying bone. Bisphosphonates inhibit the digestion of bone by encouraging osteoclasts to undergo apoptosis, or cell death, thereby slowing bone loss.

The uses of bisphosphonates include the prevention and treatment of osteoporosis, Paget's disease of bone, bone metastasis (with or without hypercalcemia), multiple myeloma, primary hyperparathyroidism, osteogenesis imperfecta, fibrous dysplasia, and other conditions that exhibit bone fragility. [Drugs in class: Alendronic acid, Zoledronic acid, Risedronic acid, Ibandronic acid, Pamidronic acid, Etidronic acid, Clodronic acid, Neridronic acid, Risedronate Sodium, Tiludronic acid, Pamidronate Disodium, Ibandronate Sodium, Etidronate Disodium](#)

Statins (or HMG-CoA reductase inhibitors) are a class of lipid-lowering medications that inhibit the enzyme HMG-CoA reductase which plays a central role in the production of cholesterol. High cholesterol levels have been associated with cardiovascular disease (CVD). Statins have been found to reduce cardiovascular disease and mortality in those who are at high risk. The evidence is strong that statins are effective for treating CVD in the early stages of a disease (secondary prevention) and in those at elevated risk but without CVD (primary prevention). Side effects of statins include muscle pain, increased risk of diabetes mellitus, and abnormalities in liver enzyme tests. Additionally, they have rare but severe adverse effects, particularly muscle damage.

[Drugs in this class Atorvastatin, Simvastatin, Rosuvastatin, Pravastatin, Lovastatin, Fluvastatin, Pitavastatin, Ezetimibe/simvastatin, Cerivastatin, Mevastatin, Niacin/simvastatin, Atorvastatin/amlodipine, Niacin/lovastatin, Simvastatin/sitagliptin](#)

An angiotensin-converting-enzyme inhibitor (ACE inhibitor) is a pharmaceutical drug used primarily for the treatment of hypertension (elevated blood pressure) and congestive heart failure.

This group of drugs cause relaxation of blood vessels, as well as a decreased blood volume, which leads to lower blood pressure and decreased oxygen demand from the heart. They inhibit the angiotensin-converting enzyme, an important component of the renin-angiotensin-aldosterone system.

Frequently prescribed ACE inhibitors include [perindopril, captopril, enalapril, lisinopril, and ramipril](#).

Rapid Fire Revision MasterRQs

- 505. What's the Name of the space between maxillary molars and cheeks when smiling ?** Buccal corridor space -
- 506. Which tooth has highest complication for endo –** Tooth number 5 Maxillary First Premolar
- 507. Sinus perforation 2mm and 6mm wat do u do –** 2mm is fine , leave it as such , 5mm – Figure 8 Suture, More than 5mm - Flap
- 508. Tooth agenesis least likely seen in?** Canine
- 509. Stridor-** laryngospasm
- 510. Giant cell lesion is similar to hyperparathyroidism**
- 511. Pontic touching ridge:** Concave faciolingually, and convex all over mesiodistally.
- 512. What in pmma causes discoloration?** Tertiary Amines not benzo
- 513. Patient has discoloration of margin of veneer 2 months after placement. What is the issue?** Microleakage
- 514. Altered cast done for:** Support
- 515. Varicose vein –** Hypertension is the answer not ELDERLY - Tongue varicose veins, refers appear at the base of the tongue purple varicose veins, the more a result of chronic pharyngitis, chronic tonsillitis, hypertension, constipation, etc. caused by talking too much, generally middle-aged more common, the performance of the pharynx foreign body sensation, base of the tongue infarction sense, irritating cough, etc., often accompanied lingual tonsil hypertrophy, so there is a similar tongue tonsillitis symptoms, treatment should begin removing the cause, if the symptoms of varicose veins can electrocautery.
- 516. Head and neck radiation therapy may cause all except**
- 1. Hypersensitivity**
 - 2. Metallic taste**
 - 3. cervical caries**
 - 4. mucositis**
 - 5. trismus –** Trismus ofc
- 517. Test in alcoholic patients –** INR
- 518. Perio recall-** 3mnths
- 519. What does etchant do? –** Removes inorganic material
- 520. Vesicle seen in all except..**
- A) herpetic stomatitis**
 - B) pemphigus**
 - C) pemphigoid**
 - D) apthous. –** Apthous

- 521.** Topical steroids are most effective for a.Apthous stomatitis b.Recurrent herpetic lesions c.Primary herpetic gingivostomatitis d.Candidiasis - Apthous
- 522.** Which is the least effective in removing plaque interproximally? Waterpick not toothbrush
- 523.** How much mm does tooth brush and floss clean interproximal ? Toothbrush 1mm Floss 2mm
- 524.** When is nitrous contraindicated in a pregnant woman? Yes but only in First Trimester
- 525.** Mentally retarded patient, how are you supposed to act? Permissive
- 526.** Test with 2 continuous variable what would you use? Chi Square
- 527.** Pregnant in syncope - place her on her left hip
- 528.** Which of the following dental conditions doesn't require systemic antibiotics?
- A. Extraction of a third molar in a patient with acute pericoronitis
 - B. Extraction of a tooth for a patient with acute periapical abscess
 - C. Full mouth extractions for a patient with severe periodontal disease
 - D. Localised alveolar osteitis following mandibular 3rd molar extractions – D Localised alveolar osteitis (dry socket) doesn't need antibiotics. Just irrigation and use of anti-inflammatory pastes or dressings.
- 529.** Orange stain increase chroma alters hue
- 530.** Patient had bulimia and had lesion in palatal surface in upper teeth with recurrent vomiting. What is the type of lesion :
- a) Attrition.
 - b) Abrasion.
 - c) Erosion. - Erosion
- 531.** Which of the following has decreased ALP and early loss of teeth - hypophosphatasia
- 532.** Bone loss 1 mm in a year in implant. It is normal
- 533.** Which of the following would not be affected/improved from using anti-biotics – 1) localized abscess 2) pericoronitis with temp above 101F 3) cellulitis 4) chronic periodontitis - 4
- 534.** Improper cavity preparation – Amalgam Failure
- 535.** What is the main cause of dental amalgam restoration failure?
- A) faulty amalgam manipulation
 - B) faulty cause selection
 - C) faulty cavity preparation
 - D) poor matrix adaptation
 - e) improper condensation - C
- 536.** Which test do you use for calculation of two means? - T test
- 537.** Which of the following does not interfere with bleeding? Tylenol(acetaminophen), clopidogrel, aspirin - Acetaminophen
- 538.** Cleft lip/palate incidence 1:700

- 539. Condyloma acuminatum is caused by?** HPV
- 540. Recurrent large ulcers (lasts month) and scars** - major aphthous stomatitis, minor doesn't scar
- 541. Supernumery tooth** –initiation stage
- 542. Resin cement discolored on veneer** – Bis GMA
- 543. Rubber dam will leak if 1) hole is too big 2) hole is too small 3) holes are too close 4) holes are too far- 3**
- 544. Dentinogenesis imperfecta xray** – Refer MasterDay2
- 545. Interproximal caries** – At DEJ
- 546. Burning mouth syndrome** : Sjogren's syndrome does NOT have burning sensation of tongue but has altered taste sensation. Candidiasis Pt has both burning sensation of tongue and altered taste sensation.
Secondary burning mouth syndrome- Dry mouth, which can be caused by certain disorders (such as Sjögren's syndrome) and treatments (such as certain drugs and radiation therapy)
Burning sensation of tongue is feature of burning mouth syndrome
- 547. Pt 56 yrs. old female with hysterectomy and non-smoker complains of burning sensation in mouth .What is your diagnosis?**
A. Burning mouth syndrome B. lichen planus - A
- 548. Nicotinic stomatitis** – Refer MasterDay2
- 549. Hyperkeratosis** – Refer MasterDay2
- 550. Space between two implants-** 3 mm
- 551. Space between implant and vital structures** – 5mm
- 552. Most abrasive on enamel** – enamel (If porcelain is given , that's the answer)
- 553. OSHA based on** - blood born pathogen standard
- 554. Hep A transmits by which route.?** Feco Oral Route , Hep B,C,D – Blood
- 555. Short wavelength** – xrays
- 556. Prepare big lesion first and fill small cavity first,** Drill Big , Fill small
- 557. Dentigerous cyst** – Refer MasterDay2
- 558. Tori picture-** MasterDay2
- 559. Genial tubercle xray** – MasterDay2
- 560. Hyoid bone given in pano** – MasterDay2
- 561. Supernumery teeth seen in** – Cleidocranial Dysplasia
- 562. In Office bleaching complication** - External cervical resorption
- 563. Which type of caries is it ?** Mostly Class 2 is shown
- 564. Lesion under tongue in midline?** Dermoid Cyst
- 565. Lesion on tongue separates midline ?** Herpes Zoster
- 566. Lesion on ventral side of tongue?**

- 567. HIV + pt you can do all except**
 Rx with metronidazole
 Free gingival graft
 Prophylaxis to treat candidiasis- C
- 568. Actinic cheilitis occurs with**
 A SCC
 B candidiasis – A
- 569. What's the treatment of median rhomboid glossitis :**
 Surgical
 Steroid
 Antibiotic
 Anti fungal – D
- 570. A referred pt. with white plaques in buccal mucosa initially diagnosed as candidiasis. How do you verify the diagnosis? –**
 A. internal biopsy
 B. Cytology and smear test –
 C. blood test – B
- 571. Asthmatic patients using corticosteroid inhalers may develop candidiasis on the dorsal surface of the tongue because of**
 A. a systemic antibacterial action.
 B. local destruction of normal oral flora.
 C. prolonged local vasoconstriction.
 D. cross-reacting antigens in the tongue.
 E. local immunosuppression. - E
- 572. Painful sore ridges due to wat in an edentulous pt? Might be due to sharp alveolar ridge ... Results in ulceration n soreness**
- 573. Actinic cheilitis vermilion border – and Angular Cheilitis – Corner of mouth**
- 574. Actinic cheilitis is a premalignant condition...T/F True**
- 575. Small papillary lesion between lower premolars on marginal gingiva**
- 576. Gingival enlargement due to ca channel blockers- True**
- 577. Brown pigmentation on gingiva in 6 yr old child due to ? so many reasons for this...can be due to Albright syndrome , f. dysplasia , nevi..etc or underlying blood disorder , effect of a medication.**
- 578. Nitrous oxide Contraindication – Nasal Congestion, retardation, mentally challenged, head injury, respiratory infections**
- 579. Gingival recession due to which habits – Pen biting**

580. Neural tissues -before 6 yrs Max growth done

581. Autograft - best graft

582. Vertical maxillary excess - lefort 1

583. Clorothiazide - electrolyte test because it causes hypokalaemia...

584. Crouzon syndrome - proptosis, beaten metal appearance

585. Max canine Most common impacted anterior tooth

586. Premphigus - Ig

587. Anti-depressant - 2nd generation SSRIs

588. Perio recall 3months (Very frequently asked questions)

589. Amalgam - better marginal seal over time

590. 47°C at Implant – Cell death The heat generated during an implant osteotomy is related to the presence and temperature of irrigation,³⁵⁻³⁷ amount of bone being prepared,^{38,39} drill sharpness and design,⁴⁰⁻⁴³ time of preparation,⁴⁴ depth of the osteotomy,^{37,30,41,45} pressure on the drill,⁴⁰ drill speed,^{39,46,47} and variation in cortical thickness.^{35,48} Bone cell survival is very susceptible to heat. Eriksson has demonstrated that in rabbit, bone temperature as low as 3° C above normal (40° C) can cause bone cell necrosis.⁴⁹ Therefore a conscious effort is made to control temperature elevation every time a rotary instrument is placed in contact with bone. At least 50 mL/min of cooled irrigation, such as sterile physiologic saline, is used as a profuse irrigant and is a critical element to reduce heat.^{35-37,50} Distilled water should not be used, as rapid cell death may occur in this medium.⁵¹ Intravenous dextrose solution (D5W) also may be used, with the clinical advantage of decreasing hand piece breakdown occurring from the effects of the salt in a saline solution, although the surgical gloves often feel sticky near the conclusion of the surgery

591. Mental foramen denture impingement - tingling/burning sensation

592. Can some explain the studies ?!

-cross sectional

-cohort

-case control

-clinical trial

There are three main types of studies.

First is **descriptive study** which is **cross section study**. This type is used for prevalence and incidence. There is no correlation in these studies. It just gives an idea about the distribution of disease in community. For example, you went to nursing facility and you want to know who has peptic ulcer at that moment; like 20% of residents there have peptic ulcer. Also you can know the percentage of risk factors as smoking, spicy food, alcohol. But the most important point is you cannot get any cause/effect relationship.

Second type is **analytical studies** which compose mainly **case-control study and cohort study**. These types of studies are for cause/effect relationship and might be retrospective and prospective. In these studies, we have two factors (exposure as smoking, and effect as lung cancer for example).

In case-control, we determine the effect and went back to their charts to see what exposures they have. For example, we went to the hospital and see who have lung cancer in 2015. Then we go back to patient charts from 2015 back to 2005 and see who were smoker, asbestos exposed, or other risk factors.

for **cohort study**, we have retrospective and prospective. But here we determine the exposure like smoking and see who developed lung cancer.

In retrospective cohort, we are in 2015 but we went to the charts in 2000 and see who were smoker and then follow them from 2000 to 2010, and see who developed lung cancer

in prospective cohort, we are in 2015 and see who are smoker now and follow them from 2015 to 2025 and see who will develop lung cancer in the future.

third type is experimental study which randomized clinical trials. It is the highest level of evidence for cause/effect

Descriptive studies give answers for "what", "when", "where" questions, while analytical studies give answers for "why", "how" questions. Another thing... Cross-section studies are like a snap-shot in time. Like, you find out the prevalence of dental caries in the school children in a particular county... on a particular day, month and year. Also, **clinical studies are broadly classified as 1. observational studies, and 2. interventional studies**. Observational studies include cross-sectional, case control, and cohort studies. Basically you do not make any changes in happenings and just record what you observe. In interventional studies/ clinical trials, you intervene in experimental group and don't intervene in control group. Clinical trials are of multiple types, out of which **randomized controlled trials are the most efficient and are also called "gold standard" but is most expensive as well.**

593. Acetaminophen safe in kids

594. Test with 2 continuous variables what would you use?

a. Chi squared

b. Linear regression

c. Pearson correlation – Answer is B

595. Nitrous oxide not in 1st trimester

596. Ranula - floor of mouth (Dermoid cyst- if not blue)

597. Bulimia related question – causes erosion(already discussed above)

598. Traumatic neuroma - denture problem

599. Max premolar - mesial perforation

600. Incidence calculation question

Dentist reviewed of his existing 1000 Pt charts. Noticed among these 1000, last year 200 had periodontitis but in a year

after 300 have periodontitis, how much is the incidence?

a. 0.3

b. 0.1

c. 0.2

incidence rate is calculated as: new cases / persons at the time of risk. so new cases with perio prob is 300-200= 100.....that means there is 100 new cases so $100/1000= 0.1$

B is the answer

601. Dangerous triangle - cavernous sinus thrombosis

602. Major connector - rpd - support

603. Stridor - laryngospasm

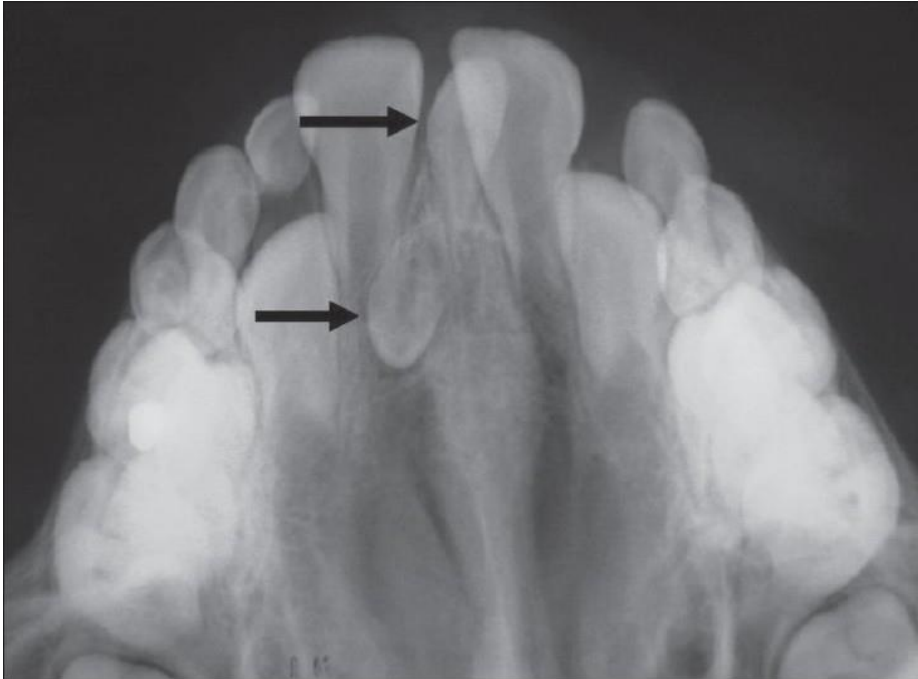
604. Plain cut fissure bur - smooth surface

605. Empathy - no personal experience

606. Non-working-working side interference – Remember BULL's Rule

607. Asthma – wheezing on expiration. Wheezing occurs often due to difficulty in breathing out which is also characteristic of asthma. the Epi in the LA can induce asthma attacks in patient suffering from asthma. Wheezing is also there in COPD and is mainly caused by the accumulation of mucous in the airways along with muscle spasm but to me that sounds is there all the time if the patient is suffering from COPD but suddenly occurring wheezing is more asthma.

608. Mesiodens -shown in occlusal radiograph



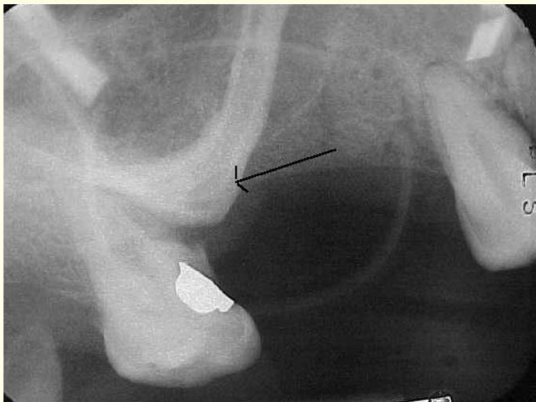
609. Multiple teeth extractions in a 2year old child - Give GA (General Anaesthesia)

610. DAY 1

Xrays:

U shape zygomatic arch or J shaped

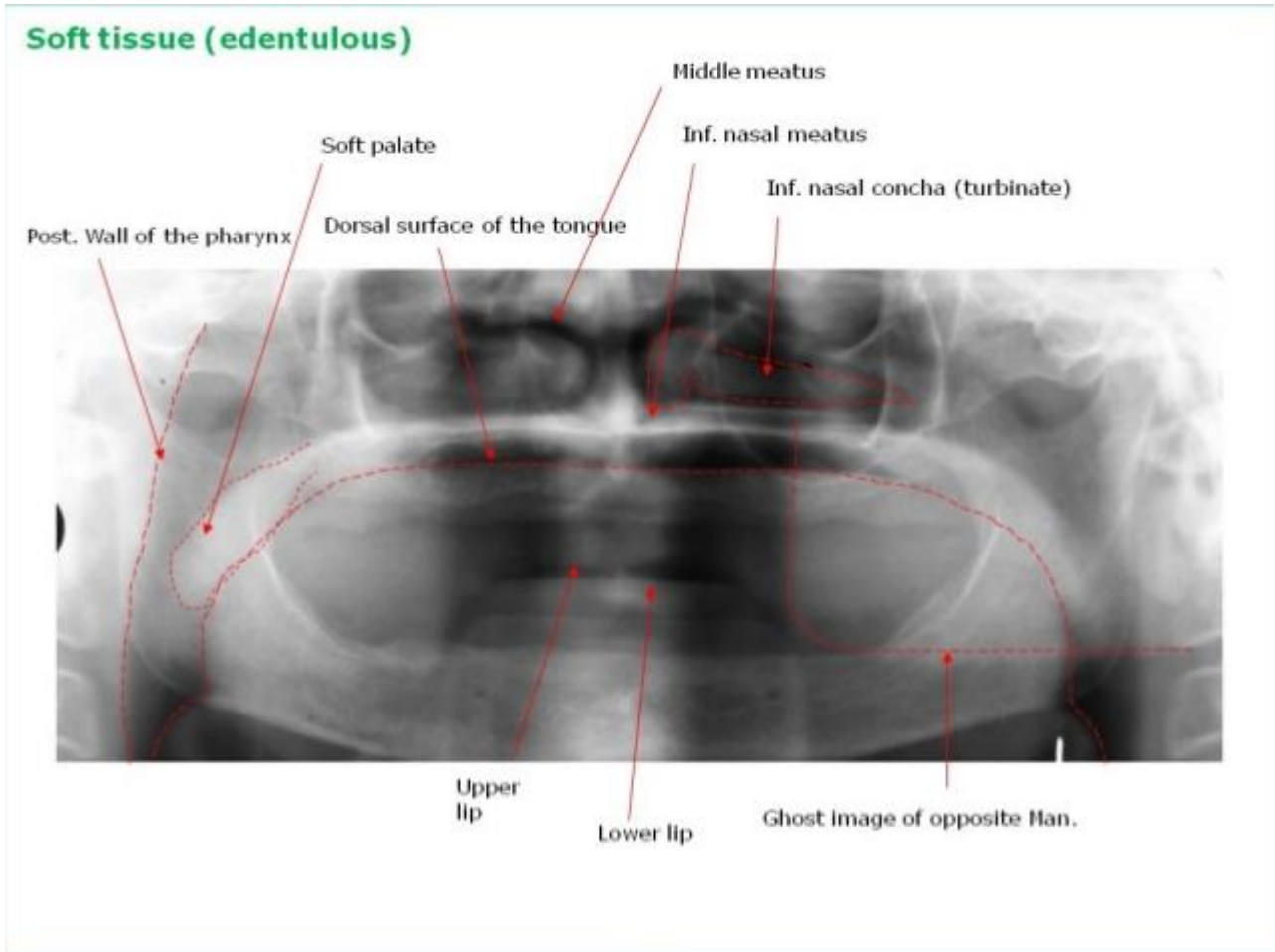
Radiographically, the zygomatic arch appears as a radiopaque horseshoe shaped structure above maxillary molars (not always seen)



Odontoma – (Refer MasterDay2)



tongue



Picture of Erythema multiform on hands



611. Combination claps what is it 2 arms - it is rigid arm and wrought wire combined

612. Periapical osseous cementodysplasia, black woman



613. Material for poor detail reproduction of cast restoration

- a reversible hydrocolloid
- b irreversible hydrocolloid
- c Polyvinyl
- d polyether- B

614. 2 year old many fillings need anesthesia – A case of Early childhood caries (ECC) – Give General Anaesthesia

615. Patient is taking iv bisphosphonates from two years, has a non-restorable carious tooth, what should be the treatment plan?

- 1)extract the tooth
- 2)extract crown, restore roots with endo treatment
- 3)endo treatment of tooth
- 4) stop the medication three months before treatment then extract the tooth - B

616. Long Face muscle weakness

617. Arcon articulator and Non Arcon - Non Arcon semi adjustable (for fpd & rpd nonarcon) , arcon resembles tmj (it's used diagnosis tmj diseases) There are two members of articulator: upper chamber and lower chamber with condyle .So when condylar segment is attached with upper chamber is called non arcon where opposite of it is called arcon

618. NaOCl not a chelating agent

619. Primary molar tooth with narrowest occlusal table 1) Max 1st 2) Max 2nd 3) Mand 1st 4) Mand 2nd molars – Maxillary first molar (Duly confirmed from a Peds teacher)

620. Porcelain compressive strength - Polycrystalline type. (zirconium, alumina) - Condensation

- 621. Osteosarcoma** First sign is widening of PDL
- 622. In chronic periodontitis of primary molar , the first sign on x-ray :**
- A. Widening pdl ligament
 - B. Bifurcation
 - C . Mobility - A
- 623. Perioinstrument** – angulation question 45-90
- 624. Breathing rate of 3-year-old** 25-30
- 625. X-ray mistake** reverse chin up , Chin down – Curve more pronounced (☺)
- 626. Open apex pulp test** – thermal test
- 627. Distance between 2 implants-** 3mm
- 628. Deflected occlusion pain in: muscle or Tmj** – Muscle Pain
- 629. Organization that allows released of medical information?** HIPPA
- 630. Chancre resembles** - Herpes
- 631. NSAIDS are contraindicated in** Asthma
- 632. Most recurrent cyst** - OKC
- 633. Indirect restoration vs amalgam** – Ideal Contours
- 634. Crouzon** – Beaten metal appearance
- 635. Composite bevel 45 or remove caries in pit and fissure**
- 636. 5 test failed to prove true disease** - false negative
- 637. Most common site for salivary tumor** - Parotid
- 638. Most common site of sialolith** – Submandibular gland
- 639. Infection from Mandibular premolar spreads to** – Sublingual (not submandibular) **Molar submaxillary**
- 640. Caries occurs** below contact point
- 641. Mercury toxicity** - Blindness
- 642. If you lower occlusal plane tongue biting or irritation go the ridge**
- 643. How many days' plaque matures** – 5-7 Days
- 644. Risks of BSSO Injury to ian and biggest disadvantage is** “Paresthesia of lower lip and chin”
- 645. Flap in lower premolar molar watch out for the external or internal ridge** – External Oblique Ridge
- 646. Bacteria sticks by** Dextran
- 647. Best tooth brushing technique** - Sulcular
- 648. Best max sinus radiograph** Water
- 649. Stridor** - Laryngospasm
- 650. What space trismus?** Infection - Masticator space/submasseteric space
Injection - pterygomandibular space (hitting the medial pterygoid muscle)

- 651. What is Von Reckling hausen disease**
A. Neurofibroma
B. Necrosis of bone produced by ionizing radiation - A
- 652. Trigeminal neuralgia** - not before 30 years' old, It occurs above 50
- 653. $\text{pH} = \text{pKa} + \log\left(\frac{A}{HA}\right)$** Called Henderson hasselbech eq. At half equivalent point, $\text{pH} = \text{pKa}$
- 654. Pano is distorted about what %**
 1) 5% 2) 10-15 3) 25-50 4) 75% - It's actually 10-30 Magnification is 15-30% - **3 is the answer.**
- 655. Caries most common in what population** - White
- 656. Porcelain inlay should be cemented with** - Resin base cement
- 657. Etch + primer Vs Etch and primer** – etch + primer system does not remove smear layer compared to Etch and primer and bonding system
- 658. Perforation of max lateral incisor** – Mesial
- 659. Perforation of max central incisor** - Facial
- 660. Ranula under the tongue** – (Refer MasterDay2)
- 661. What flap to see bone architecture?** Apical mucoperiosteal
- 662. Zinc oxide eugenol** good biological seal
- 663. Face divided** - 5 vertical 3 horizontally – If asked face is divided into how many sections by height – 3 is the answer and by width – 5
- 664. Purpose of Apexogenesis** except revascularize the root – it doesn't revascularize root
- 665. Abscess formation: A one type of anaerobic bacteria, B several anaerobic bacteria** - B
- 666. Grafted gingiva gets nutrient from** he connective tissue of the recipient
- 667. Hemiseptum** 1 walled defect- Dehiscence
- 668. Antibiotics are least effective in** chronic periodontitis
- 669. Cause of pregnant woman gingivitis-** plaque
- 670. Varicose veins on tongue elderly or HT** - Hypertension
- 671. Mechanism of vasovagal syncope-** In it, the nucleus tractus solitarii of the brainstem is activated directly or indirectly by the triggering stimulus, resulting in simultaneous enhancement of parasympathetic nervous system (vagal) tone and withdrawal of sympathetic nervous system tone. wiki
- 672. Sick child** - give Acetaminophen
- 673. Pontic touching ridge** A Pontic that touches the ridge is called a ridge-lap Pontic. It doesn't only touch the ridge; it engulfs it from the Buccal to lingual. It's concave BL
- 674. Altered cast technique** support
- 675. Pain to ears** mandibular molars
- 676. Highest election binding shell out of K,L,M,N** – N shell
- 677. Eugenol prevents** polymerization

- 678. Giant cell lesion** similar to hyperparathyroidism
- 679. Optimal fluoride** 1ppm
- 680. 4-year-old missing first mandibular molars-** Band and loop on Mand 2nd Deciduous to Primary Canine
- 681. How to decrease penumbra** Focal spot decrease Object source decrease
- 682. Decrease Metamerism** Got to check under two lights, one of which being natural light.
- 683. Including patient in decision making process** -autonomy
- 684. Long acting pain killer** - naproxen
- 685. Mercaptopurine A Ototoxicity B nephrotoxicity C bone marrow suppression** – C is the answer
Chemotherapy and immunosuppressant It can treat acute lymphatic leukemia.
- 686. Pregnant women faints** – Turn to her left side.
- 687. Highest intravascular IA or greater palatine**
- 688. Reverse anesthesia** - Alpha 1 blocker – Vasodilation
- 689. Benadryl: A salivation B increased permeability**
- 690. Which is suppurative - Actinomycoses and candida** - Actinomycosis
- 691. Empathy:** No personal experience
- 692. Manual dexterity floss** – 7 Years
- 693. TMJ nerve damage in surgery** - Auriculotemporal
- 694. Green orange stain** poor oral hygiene
- 695. Each of the following is a part of the initial preparation of a periodontal treatment plan EXCEPT one.**
Which one is the EXCEPTION?
1. Root planing
 2. Surgical pocket elimination
 3. Home-care instructions
 4. Occlusal adjustment
 5. Extraction of hopeless teeth: Surgical pocket elimination
- 696. Mouth rinse** decrease aerosol in the air during surgery.
- 697. Phases of Perio Treatment** - Preliminary phase--- all types of emergencies irrespective of origin Phase 1-
- Initial therapy: Extraction, caries control, scaling and root planing, OHI, occlusal adjustments, splinting
This is followed by Re-evaluation where you check BOP etc. Phase 2 Periodontal Surgery Phase 3 Restorative
Phase 4 Maintenance
- 698. When you give lidocaine and pt develops seizure. What do you give?** Diazepam
- 699. Carbamazepine for epilepsy and neuro disease?** - Epilepsy
- 700. Working, nonworking interference?** BULL's Rule

- 701. What causes defective occlusion on crown on # 30 crown? Buccal incline or lingual incline? Buccal incline of lingual cusp in working movement
Lingual incline of buccal cusp in non working movement**
- 702. Crown to root fracture questions – Prognosis is asked mostly**
- 703. Trans illumination is used for what? For sialoliths in children and for interproximal caries in anteriors (adults)**
- 704. 24 hours after instrumentation pt c/o pain.What is the reason? Overinstrumentation**
- 705. Microleakage on composite restoration occurs when? At the same time of restoration , after 4 6 hours ,after 4- 6 weeks? After 4-6 weeks**
- 706. When you are placing pins in amalgam restoration the length of pins must be equal in both tooth and restoration by a depth of:**
- 1 mm
 - 2 mm
 - 3 mm
 - 4 mm – 2mm
- 707. Which one causes pain similar to dental pain? CMV or herpes gingivostomatitis? - B**
- 708. Longest acting corticosteroid? Dexamethasone**
- 709. Multiple pigmentation seen in what? Von Recklinghausen disease is now known as neurofibromatosis 1, which is caused by chromosome 17 mutation. oral manifestations are 1) oral neurofibromas 2) pigmentation (cafe-au lait spot) 3) overgrowth of alveolar bone 4) oral hamartoma**
- 710. Pheochromocytoma and MEN cause what cancer? Thyroid, thymus? - Thyroid**
- 711. Extraction of mandibular premolar? 151 or 150? 151**
- 712. Most caries in primary teeth seen where? Distal of, mesial of mandibular 1st molar, 2nd molar? Distal of Mandibular 1**
- 713. Dentist suggested extraction of impacted 3rd molar without any swelling or pain after seeing x ray.Why? To prevent caries on D of 2ndmolar, causing damage to 2nd molar, damage to inferior alveolar nv? 2**
- 714. Down coding, up coding, unbundling? We have covered this so many times**
- 715. Dentist has done two procedures but the third party pays only for one procedure what is it called**
- underbilling
 - overbilling
 - upcoding
 - downcoding
- 716. Contraindication for surgical endo t/t? Uncontrolled hypertension, 2nd trimester of pregnancy? B**
- 717. Major connector is used for what? Support & retention, retention & resistance? Support**
- 718. Posterior palatal seal provides what? Maximum retention (most important factor) second is to compensate shrinkage**
- 719. Lack of indirect retainer in rpd causes what? Tissueward movement, movement away from tissue? B**
- 720. After full periosteal flap where do u see bone loss? Interproximal , radicular bone? Interproximal**

- 721. Disadvantage of elastomer?**
1. low tear strength,
 2. permanent deformation,
 3. unpleasant odor test,
 4. not rigid,
 5. long working and setting time - unpleasant smell
- 722. What is more stable in mouth while taking impression? Pvc, polyether? - PVC**
- 723. Lateral sliding flap is used for what? Increase zone of attached gingiva, dehiscence and fenestration? A is the ans. B is for partial thickness flap**
- 724. Picture of Traumatic granuloma in buccal vestibule...what is the t/t? Incision & drainage?**
- 725. Pt has red swollen gingiva and denuded ulcers on buccal mucosa? Erosive lichen planus**
- 726. Initial t/t of ANUG in AIDS? Debridement+anti-microbial rinses**
- 727. Asthma attack precipitated by what? NSAIDs, corticosteroids? NSAIDs**
- 728. Immediate t/t of asthma? Oxygen, epinephrine? Oxygen**
- 729. Recurring chest pain, shortness of breath and patient taking propranolol for it. What is it? Angina, COPD?**
Angina
- 730. Which bur is used for occlusal convergence? 245? 7089? 56? 245**
- 731. Opioids drug abuse causes what? Chronic cough? Hypotension? Chronic cough**
- 732. Narcotics combination with which drug is fatal? Antidepressants and other options? MAO inhibitors (Selegiline, Phenelzine, Tranylcypromine, Isocarboxazid, Rasagiline, Selegiline hydrochloride, Phenelzine Sulfate, Rasagiline mesylate, Tranylcypromine sulfate)**
- 733. NSAIDs works on what? On Platelet reversibly? Platelet irreversibly? External or internal pathway? All NSAIDS except aspirin work reversibly (so aspirin is the only one which works irreversibly)**
- 734. Which is most common lymphoma? Burkett's, histiocytic, lymphocytic? Lymphocytic**
- 735. Bevel on functional cusp on full coverage crown increases what? Structural durability, retention & resistance? Structural durability**
- 736. Questions on resistance form. What provides that? Proximal resistance form of amalgam restoration comes from what?**
- a. convergence of buccal / lingual wall
 - b. retention grooves in axiobuccal / axiolingual walls
 - c. Dovetail - Dovetail
- 737. Cohort, case control, clinical trial studies. – Done already ☺**
- 738. Multiple class 5 in elder patient. What do you use? gic, resin composite? GIC – (confirmed DD)**
- 739. Ectopic eruption on primary maxillary 1st molar...how would you correct? If the eruption has occurred already and permanent tooth is causing caries to primary tooth- extract primary tooth**

If the permanent tooth is still erupting- disking

If the permanent tooth has erupted but is not causing any damage to primary teeth- separation

740. What causes gingival hyperplasia? Verapamil and few other options? Calcium channel blockers

741. Contraindication of gingivectomy? Apical to CEJ? 2 mm apical to interproximal bone? - A

Indications

Elimination of suprabony pockets

Elimination of gingival enlargements

Elimination of suprabony periodontal abscesses.

Contraindications

Need for bone surgery

When bottom of the pocket is apical to the Mucogingival junction (most of the times this is the option)

Esthetic considerations,

particularly in anterior region of Ma

742. Ameloblastoma-what do you see? Invasion, metastases? - Invasion

743. Horizontal root fracture. How do you confirm it? X ray by Horizontal angulation, vertical angulation?

Vertical angulation

744. Vertical angulation causes what? Distortion of image? - Shortening

745. Furcation involvement diagnosed with what? Straight probe, curved probe? curved or naber's probe

746. Pt with Hip replacement and valve replacement .is premedication required? if yes then which medicine?

Keflex, 2 g, (4 X 500mg), PO 1 hr before treatment according to Tuft pharma

PS : Recent changes in 2012 , Tufts has been written in 2005. Acc to the study in 2012 , NO PREMEDICATION is advised for any joint replacements. You have to consult the patient's physician to rule out any other problems and thoroughly investigate and go through the medical history. Otherwise NO PROPHYLAXIS ! (CONFIRMED)

747. What is internal attachment in implants and what is the purpose of it? – Hex – Internal on implant and external on abutment - antirotation

748. Opaque on incisal 1/3rd of pfm. What is the reason? Fail to reduce secondary plane? More porcelain in middle? - Failure to reduce secondary plane - When u do reduction for crown u do the facial in 2 planes

749. Conditioned response on dental chair? Anxiety, pain, hypertension? condition stimulus is the dentist and conditioned response is Anxiety

750. Diagnosis of nonresponsive to cold? Reversible pulpitis, irreversible pulpitis? If sensitive to heat-Irreversible

751. Pt 11 yrs old. What do you expect erupt? All Maxillary PMs and canines? Mandibular canines? Mandibular Canines

752. Does Primary canine erupt after 2nd molar? No , after first molars

753. Pt having Impending doom on dental chair.What is it? fear, anxiety? Anxiety

- 754. After how many hours after brushing plaques develops on teeth? 1-2 , 4-6,10-12? – A matures completely in 4-7 days (Confirmed) , forms within an hour after eating anything**
- 755. Irreversible pulpitis and apical periodontitis. How is pulp? Vital, nonvital, symptomatic, non-symptomatic?**
Symptomatic
- 756. In what position we measure physiologic rest position? Supine, semi recline, upright? 3**
- 757. If you loss crown in pts mouth and cannot find it, what position pt will sit? Supine, semi recline, upright? –**
Trendelburg
- 758. Fracture at root apex. Splinting for how many days? 7-10, 2-3 weeks, 4-6 weeks? 7-10 Days**
- 759. In which area of mouth Implants are most successful? Mandibular posterior, mandibular anterior, max post, max ant? Mandibular anteriors**
- 760. Anterior cross bite of 1ant tooth. What should dentist keep in mind while treating? Space available, retention afterwards, overbite? Space available (in decks ortho card 11..read last 2 lines)**
- 761. If buccal bone is thin max molar area & dentist want to put implant. Where would he put?**
A) Directly into sinus,
B) Bone graft on buccal side and then put implant on palatal side? Graft and then put implant
- 762. Max sinus communication 4mm...how would you t/t? <2 leave / 2-6 suture / >7 flap**
- 763. Pt has class 3 malocclusion ...how would you t/t? Bilateral sagittal osteotomy, genioplasty?- A**
- 764. Width between two implants- 3mm**
- 765. Failure of implants at which temperature- 47 degrees for more than 5 min**
- 766. Best graft for sinus lift- autograft**
- 767. Highest malignancy rate- pagets**
- 768. Highest recurrence rate- OKC**
- 769. What is the function of facebow- maxilla to terminal hinge axis**
- 770. Gingivectomy contraindication? 1)suprabony pocket 2) medication induced gingivohyperplasia 3) fibromatic gingiva 4) bottom of the pocket is apical to the mucogingival junction; - 4**
- 771. Dental phobia – Fear of undergoing dental treatments**
- 772. Definition of resistance and retention forms of cavity preparation.**
- 773. Best retention form for the crown- taper, grooves, axial walls? – Taper of axial walls – Taper should be correct**
- 774. Delayed expansion of amalgam restoration is associated with**
1. Over Trituration
2. Insufficient trituration – Insufficient trituration
- 775. What reverses benzodiazepines- Flumanezil**
- 776. Antidote for acetaminophen- N acetyl cysteine**
- 777. Patient asking to change the date on the bill- fraud**

- 778. Dentist not reporting the waiver of copay to insurance - Overbilling**
- 779. Plasma cell allergic reaction to toothpaste- cinnamon flavoured toothpaste**
- 780. Oro pharyngeal cancer most commonly seen in which race? Blacks**
- 781. Most common site for mucous extravasation cyst? Lower lip**
- 782. Most common intraoral site of herpes vesicles? Free and attached mucosa**
- 783. Pregnant lady discomfort during dental procedure- turn the patient to left lateral position**
- 784. Adverse effects of opioids**

Common and short term

- Itch
- Nausea
- Vomiting
- Constipation
- Drowsiness
- Dry mouth

Other

- Opioid dependence
- Dizziness
- Decreased sex drive
- Impaired sexual function
- Decreased testosterone levels
- Depression
- Immunodeficiency
- Abnormal pain sensitivity
- Irregular menstruation
- Increased risk of falls
- Slowed breathing
- Coma

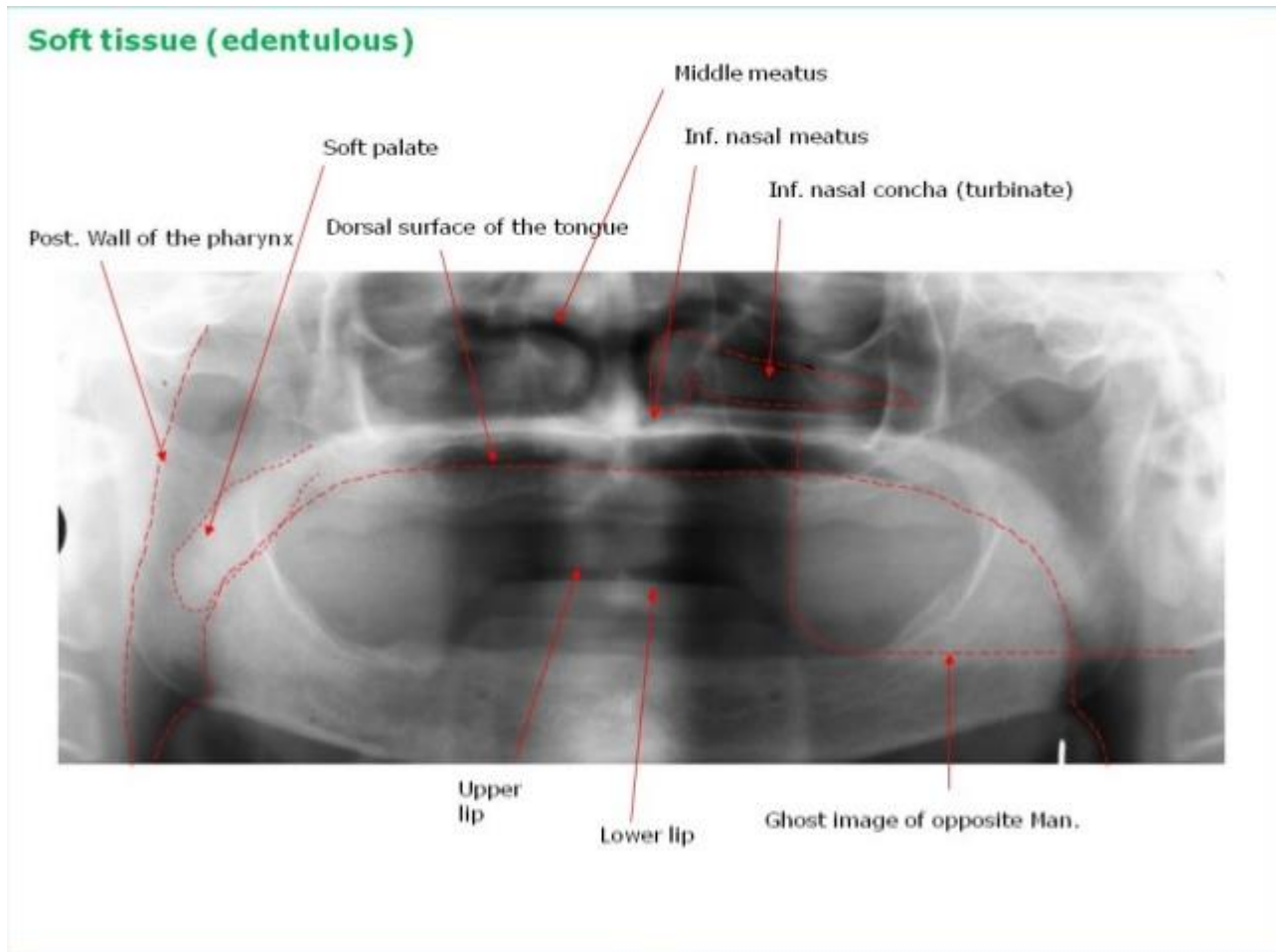
- 785. In which trimester is nitrous oxide is contraindicated in pregnant women to avoid teratogenicity? - options: 1st,2nd,3rd, all? - First**
- 786. Prevention of osteoradionecrosis in cancer therapy- hyperbaric oxygen and extractions before radiotherapy**
- 787. Lingual varicosity most commonly seen in- old age, hypertension or diabetics? – hypertension**
- 788. Which of the following has wavelength- hue**
- 789. Which color will u add to change the value- violet**
- 790. Distal root of third mandibular molar displaced into which space?**
- 791. 12-year-old patient comes with intruded centrals- splinting**

- 792. What is the cause of discoloration in injured tooth-** blood pigments in dentinal tubules
- 793. The clinician fails to identify 5 cases with disease-** false negative
- 794. Main disadvantage of polyether compared to other impression materials-** sticks to teeth
- 795. Ability of impression compound to be adjusted due to which property-** Thermoplastic - Impression compound will not be thermoelastic. Thermoelastic would be something that changes its shape only to come back into original shape once heat is removed. It is thermoplastic instead.
- 796. Patient has a lingering pain at night??-** necrosis? IRP was not an option
- 797. Pemphigus-** IgG
- 798. Caries is most commonly starts in-** pit and fissures
- 799. A fractured amalgam MOD restoration with cuspal fracture is best replaced with-** onlay
- 800. Best theory for dentinal sensitivity-** hydrodynamic
- 801. Most commonly seen impacted teeth after 3rd molars-** max canines
- 802. Which organ is most susceptible to damage during radiograph –** nerves, thyroid, muscle?-thyroid
- 803. Mechanism of vasovagal syncope** In it, the nucleus tractus solitarii of the brainstem is activated directly or indirectly by the triggering stimulus, resulting in **simultaneous enhancement of parasympathetic nervous system (vagal) tone** and withdrawal of sympathetic nervous system tone.
- 804. Collimation reduces exposure-** 60%
- 805. Most common problem faced by dentists-** inadequate training of staff
- 806. Antidote for opioids-** naloxone
- 807. Which thyroid drug adds iodine to thyroxine decreasing its level-** prothiouracil??
- 808. Most serious complication of ludwigs angina-** edema of glottis
- 809. The maximum effect of a drug is determined by-** intrinsic activity
- 810. Mustargen causes-** bone marrow suppression
- 811. The person mostly affected due to light cure-** dentist
- 812. Osteomas seen in –**Gardner's
- 813. Implants have –** hemidesmosomes
- 814. Which drug is safe in children-** acetaminophen (if toxicity of acetaminophen happens give N Acetyl cysteine)
- 815. The effect of antihistamines which is used in ointments-** anesthetic effect
- 816. Thickest cortical and trabeculae seen in which type of bone-** D1,D2,D3,D4? – D2 (Not D1)
- 817. Vertical excess of maxilla corrected by-** le fort 1
- 818. Maxilla is pulled forward by which head gear-** **protraction head gear**
- 819. A patient has bilateral minor undercuts on maxillary tuberosities what will u do-** reline,adapt base,remove undercuts? – Remove undercuts
- 820. What's the main purpose of maxillary sinus lift?** – Increase height

- 821. Where does the graft get its epithelium from?** – epithelium is from the donor site , which gets sloughed off later , Blood supply is from recipient CT .
- 822. FDA plans to launch a new drug, what kind of study-** randomized clinical trial
- 823. What test when patient is on chlorthiazide-** electrolyte test
- 824. Multiple teeth extraction in a 2-year-old-** GA
- 825. Tingling and burning sensation in the jaw-** impingement or mental foramen by denture
- 826. Blue lesion, fluctuant and changes in size at floor of the mouth-** ranula
- 827. Most important function of major connector-** support
- 828. Best radiograph for supernumery teeth-** occlusal
- 829. Bulimia-** erosion of teeth
- 830. Diabetes –** clear fluids half insulin
- 831. Smooth surface-** plain cut fissure bur (if diamond bur is an option choose that)
- 832. Characteristics of empathy-** no personal experience
- 833. Patient has fibrous growth under denture-** traumatic neuroma
- 834. Amalgam –** better marginal seal over time
- 835. Maxillary premolar-** mesial perforation
- 836. Incidence calculation question –** (We have already covered one)
- 837. Stridor-** laryngospasm
- 838. First sign of cavernous sinus thrombosis –** Headache is the first sign , periorbital oedema is the second
- 839. Implant 2-3 mm apical to cej of adjacent tooth**
- 840. Pic of pyogenic granuloma**



841. Radiograph of dorsum of tongue -



842. Maximum safe limit of radiation- 50 msv,5 rem

843. Which antiretroviral causes pancreatitis and peripheral neuralgia- Stavudine

844. Trans illumination seen in- cracked tooth, crazed tooth,split tooth,fractured tooth till dentin,fractured tooth till root?- cracked tooth

845. Preload implant is comparable to what force

a torque

b compressive – A

846. The open tray pick-up impression may be used with divergent implants. T/F - True

847. If there is implant mobility do u add bone graft or consider it a failure?

848. When u clinically remount an articulator what problem are you compensating for?- incorrect facebow transfer??

849. Forceps- elevation,luxation,compression,reflection? Luxation

850. Least cause of bacteremia- non surgical endo,periapical flap,root planning +curettage?- non surgical endo

851. How to differentiate chronic apical abscess and chronic apical periodontitis: No specific clinical finding is present for Chronic apical periodontitis .It is essentially a radiographic diagnosis.widening of apical pdl space is the finding : If still WE HAVE TO CHOOSE something , choose EPT (Discussed in group)

- 852. INAB goes medial to pterygomandibular raphae, which muscle does it hit?-** medial pterygoid and sup constrictor
- 853. ECC-** Hispanic
- 854. Antibody in multiple myeloma –** Monoclonal Abs
- 855. Hyperventilation what do you see? In terms of heart rate and breathing?** Tachycardia and tachypnea (abnormally rapid breathing)
- 856. Symptoms of hypoglycemia, hypothyroidism, hyperthyroidism.**

Symptoms of Hypoglycemia

Whole body: excess sweating, excessive hunger, fainting, fatigue, lightheadedness, or shakiness

Gastrointestinal: nausea or vomiting

Mouth: dryness or tingling lips

Also common: anxiety, blurred vision, headache, irritability, mental confusion, pallor, sensation of an abnormal heartbeat, sensation of pins and needles, sleepiness, slurred speech, stupor, tremor, or unsteadiness

Symptoms of Hypothyroidism

Whole body: fatigue, lethargy, or feeling cold

Developmental: delayed puberty or slow growth

Hair: hair loss or dryness

Also common: brittle nails, constipation, dry skin, enlarged thyroid, high cholesterol, irritability, sensitivity to cold, sexual dysfunction, slow heart rate, sluggishness, weight gain, or irregular uterine bleeding

Symptoms of Hyperthyroidism

Whole body: excess sweating, excessive hunger, fatigue, heat intolerance, or restlessness

Mood: mood swings, nervousness, or panic attack

Heart: abnormal heart rhythm, fast heart rate, or sensation of an abnormal heartbeat

Sleep: difficulty falling asleep or insomnia

Menstrual: irregular menstruation or short and light menstruation

Behavioral: hyperactivity or irritability

Eyes: abnormal protrusion of eyes or puffy eyes

Also common: weight loss, diarrhea, hair loss, muscle weakness, tremor, or warm skin

DAY-2

CASE1

Bangladeshi woman with tobacco chewing habit with severe attrition of teeth.

Questions on periodontal treatment. Patients radiograph showed a nose ring as artifact.

Cases of xerostomia in her case.

CASE-2

Male patient on rehab treatment for alcohol and opioids addiction. What analgesic will you prescribe. Know the normal doses of NSAIDS. Patient is on oral hypoglycemics and antihypertensives. What kind of emergency will you encounter? (hypoglycemia was not an option)

CASE-3

African American 13 year old boy with bimaxillary protrusion. Has generalized racial pigmentation. Also pigmented tongue. Question on what a systemic conditions do u see pigmentation of oral mucosa? (options were peutz jeghers,addisons,amalgam tattoo).tongue showed small dots ,didn't look like amalgam tattoo.

Endo question for the patient.

CASE-4

patient on antidepressants and medication for psoriasis. Which meds causes xerostomia.know all drugs causing xerostomia. Option had SSRI which I think does not cause xerostomia.(cross check) Rpd design change for the patient. Pic showed class 3 rpd with indirect retainer.

Halli File

857. Stridor is most characteristic of

1.Laryngospasm

2.Bronchospasm

3.Hypotension - Laryngospasm

858. In a free gingival graft, what determines the type of epithelium that is going to be present Epithelium of the donor site

859. Which one accurately describes Self-efficacy?

1. Patient who thinks they floss well will have healthy gums
2. Pt who is confident in flossing will be more likely to floss - b

860. When you use etchant, what does etchant do?

1. Removes collagen
2. Remove inorganic material - B – Removes inorganic material

861. Etchant does all except?

- A) Increase surface area,
- B) remove debris,
- C) Increase wettability of enamel,
- D) dec irregularities at cavosurface margin. – D

862. What does etchant NOT do?

- a. Increases surface area
- b. Makes more micromechanical retention
- c. Increases wettability of the enamel surface
- d. increase aesthetics
- e. increase composite strength - D

863. Where do most caries occur?

1. At the contact
2. Above the contact
3. Below the contact
4. Pits & fissures – Pits and Fissures

864. Pt gets to determine what they get to do and has confidentiality – Autonomy

865. Which of the following is the worst prognosis regarding perforation?

1. At the gingival level
2. 3mm coronal to gingival level
3. 3mm apical to the gingival level

4. 3mm coronal to the apex - C

866. N-acetylcysteine – for Acetaminophen overdose

867. Flumazenil – for benzodiazepines overdose

868. Which is contraindicated with aspirin?

1. Codeine
2. Acetaminophen
3. Erythromycin – Erythromycin

869. Pt has a deficiency in pseudo cholinesterase, if you give one of the following drugs which will be prolonged?

1. D-tolucurarine
2. Succinylcholine - Succinylcholine

870. Why do you give a pt. carbidopa?

1. Potentiates dopamine
2. Potentiates effect of epi
3. Decreases the amount of levodopa that can be inactivated in the periphery - C
4. Increases the amount of dopa released in the brain

871. Complete denture and RPD in same pt, for the wax rim, why would you bevel the anterior part of the wax rim?

1. You always do that
2. There is not enough interocclusal space but enough for esthetics - B
3. There is not enough esthetics but enough for interocclusal space
4. There is enough space for both

872. An infection in the area of (upper lip) is dangerous because

1. Because the veins don't have valves (thus can cause cavernous sinus thrombosis)

873. The first indication of cavernous sinus thrombosis is?

1. Periorbital edema
2. Blurred vision
3. Ophthalmic something – Periorbital Odema (Headache is first though)

874. The following make the drugs more easily absorbed form the gastric mucosa?

- A) If it's a protein
- B) If it's a weak acid
- C) If it's taken with food

D) If it's ionized – If it's a weak acid

875. Pt has a lot of pain in the middle of the night, what is the cause?

1. Reversible pulpitis
2. Necrotic Pulp
3. **No cause** Necrotic pulp- It is a consequence of irreversible pulpitis. Necrotic pulp can be symptomatic or asymptomatic. its middle of night that means spontaneous pain and occurs in irreversible pulpitis so B

876. Which kind of bur cuts most efficiently? Diamond Burs

877. Which bur configuration is correct? More flutes, smoother surface

878. Cranial distortion is possible because?

1. Synchondrosis
2. Fontanelles - B

879. Failed implants have this kind of bacteria associated with them?

1. Gram neg facultative
2. Gram neg anaerobic - B

880. Which of the following has not been proven to have an effect on periodontal disease?

1. Diabetes Mellitus
2. Smoking
3. Plaque
4. **Nutritional deficiency** – D - Its natural to think that since Vitamin C is associated with immunity so less Vitamin C is related with periodontal disease. But Answer shall be D as Vitamin C is just a very small part of nutritional deficiencies.

881. Traumatic bone cyst pic – Refer MasterDay2 File

882. 7 yo girl getting 0.2 ppm, what supplement do you give - 1.0ppm

883. Topical steroids are most effective for

1. Aphthous stomatitis
2. Recurrent herpetic lesions
3. Primary herpetic gingivostomatitis
4. Candidiasis - 1

884. Which is the least effective in removing plaque interproximally?

1. Toothpick
2. Toothbrush

3. Floss

4. Waterpick – 4 (not toothbrush)

885. Which antifungal works both in the mouth and after swallowed?

1. Griseofulvin

2. Clotrimazole

3. Fluconazole

4. Ketoconazole - Clotrimazol

886. Which of the following is most likely to vertical fracture?

1. Necrotic with no pathosis associated

2. Non-cariou tooth that has not been restored

3. Tooth with huge MOD, necrotic, and pulpal involvement - C

887. Malignant transform – Pagets (Covered above as well)

888. Benzo mechanism - binds to GABA Receptor

889. What effect of diphenhydramine allows it to be antipruritic when applied topically

1. Local anesthetic

2. H2 antagonist

A is the answer. Antipruritic means anti-itch, which is mediated by mast cells so if there is an option about H1 blockade, choose that. A. Diphenhydramine is an antagonist of the histamine H1 receptor so it's not B.

890. When is nitrous contraindicated in a pregnant woman?

1. First trimester

2. Second trimester

3. Third

4. All of them- First Trimester

891. Which is best to visualize the integrity of the zygomatic process?

1. Waters – For max sinus

2. Lateral Ceph

3. CT - preferred by surgeons

4. Pano

892. Pt is on something thiazides, what lab value is necessary for pt maintenance?

1. Bleeding time

2. Liver toxicity

3. Electrolytes - C

893. GTR - allows PDL cells to grow coronally

894. Something describes linea alba → what is histology? Hyperkeratosis

895. Pic of Ranula – Refer MasterDay2 File

896. Who has the highest incidence of oral cancer?

1. Black males
2. White males
3. Hispanic women
4. Asian women - 1

897. Mentally retarded patient, how are you supposed to act?

1. Permissive
2. Strong and demanding - 1

898. Pt is going to get radiation therapy in the mandible? - Take out compromised teeth in the area that is going to be irradiated

899. 12 year girl had AML and bone marrow replacement most likely to find intraorally?

1. Geographic tongue
2. Candidiasis
3. Ulcerations, spontaneous gingival hemorrhage, petechiae, ecchymosis - B because she has undergone bone marrow replacement so we prescribe immunosuppressant, so candidiasis is one of the opportunistic infection

900. Definition of bimaxillary protrusion - both areas are forward wrt the base of the skull

901. 2 yr afraid of - separation from parent

902. 2 and above – Fear of unknown

903. Pt coming in for minor oral surgery , and is a non-insulin controlled diabetic, what do you do before procedure?

1. Eat and take med before they come in ← if using local only
2. Clear fluid and take their med before they come in
3. Clear fluid and half their med before they come in
4. Shouldn't eat at all and shouldn't take their med ← if going under GA

904. Most likely cause for failure of RCT in max canine?

1. Inadequate obturation
2. Inadequate instrumentation and shaping - B

905. Cross linking with poly methyl methacrylate occurs with - Glycol dimethyl methacrylate

906. AOT radiograph (in 2009)- Refer MasterDay2 File

907. What phase in amalgam is the most likely to corrode?

1. CU-Tin

2. Tin-silver - this is the gamma phase

3. Hg-Silver

4. Hg-something else

908. Pt has a lot of porcelain restoration, not cavitated yet but it looks like they are going to be soon?

1. 1.1% APF

2. 1.1% Neutral fluoride

3. 0.5 stannous

4. Something else - B (we have covered the reason already Its that rest of the options stain)

909. Disadvantage of using polyether?

1. Sticks to teeth

2. Hard to disinfect

3. Increased working - A

910. Test with 2 continuous variable what would you use?

1. Chi square

2. Linear regression - A

911. In the US, where does most of the government funding for dental care go?

1. Medicare

2. Medicaid

3. HMOs

4. Something else - Medicaid

912. 95% of the cases are detected as having the condition

a) specificity b) sensitivity c)95%sensitive d)95%specific - C

913. Suprabasal something and acantholysis? - pemphigus

914. Pregnant in syncope - place her on her left hip

915. Pt has cranial dysostosis, midface deficiency and hypertelorism?

1. Crouzons

2. Treacher Collins - A

916. Zoloft what does it act on?

1. Serotonin – it's an SSRI

2. Dopamine

917. Mand 2nd premolar q about congenitally missing

918. Alveolar osteitis, what do you do? - Dressing with sedative

919. Which pigment can you use to alter hue? Orange

- 920.** Endo done on a guy 2 years ago. Day you finished there is no Peri Apical Radiolucency. Comes back 2 years later with a PARL and canals are well condensed. What do you do?
1. Don't do anything
 2. Redo the RCT
 3. Apicoectomy - 2
- 921.** Which drugs cause cleft lip and palate? Anticonvulsants
- 922.** Pt's blood sugar is starting to go down; which symptoms might you see? – Pallor and then sweating
- 923.** Thyrotoxic crisis - Tachycardia
- 924.** Which graft is most predictable - Autograft
- 925.** Gave description of PPO (Preferred Provider Organization) (only go to a certain number of doctors and the fees are set)
- 926.** How much radiation is reduced when you use a circular vs rectangular collimator? 10%, 30%, 60%, 80%
48% - 48 percent
- 927.** Which of the following statements is true regarding the radiographic appearance of furcation involvements?
- A. A definitive diagnosis can be made from a radiograph.
 - B. Bone loss is greater than it appears on a radiograph.
 - C. They are best evaluated with periapical radiographs
 - D. Furcation involvements cannot be seen on radiographs. - B
- 928.** How much less radiation do you get from using digital versus D speed film? 10, 20, 30, 50% 0 60%
It's pretty high, some sources claim up to 80-90%, so go with 50
- 929.** Bullemia and erosion s like 4x
- 930.** Ludwig's angina dangerous because can block airway
- 931.** Placed a FPD and it has occlusal deflection, what is the immediate result? Fracture of the FPD – Pain on biting, sensitivity to cold
- 932.** Which of the following is NOT true about furcation involvement?
1. Classify based on horizontal measurements
 2. Most furcation problems can be dealt with using SRP - this one
- 933.** Which of the following has decreased ALP and early loss of teeth - hypophosphatasia
- 934.** Do not use GTR for class II furcation
- 935.** Did extractions and there are minor undercuts on the tuberosities?
1. Do nothing
 2. Bilateral relief of tuberosity
 3. Unilateral relief
 4. Relieve the denture itself - C

- 936.** Do not do gingivectomy with minimally attached gingiva
- 937.** Pic of pyogenic granuloma – Refer to MasterDay2 File
- 938.** NaOCl Sodium hypochlorite → not a chelating agent
- 939.** What is NOT part of placing veneer?
1. Put in with try in paste to check esthetics
 2. Silanate the veneer
 3. Place bonding agent
 4. Etch tooth with HF (Hydrofluoric Acid) acid 4 is answer (never, only etch the internal of the veneer with this
- 940.** Lido calculations for kid 16 kg, how much can you give him 1.9 (2)
- 941.** Nasolabial cyst – Refer MasterDay2 File
- 942.** Kid has no caries on any of his teeth, missing canines, why? Because he doesn't have enough arch space
- 943.** What is the best way to prevent replacement resorption after reimplanting a tooth if within 1hour?
1. Gently wash it with saline
 2. Root plane it
 3. Put citric acid on it
 4. Fluoride application – Fluoride is better (even though washing with saline is not a WRONG but better answer is Fluoride application)
- 944.** What is not a benefit of a $\frac{3}{4}$ crown over a FGC?
1. Better chance to do pulp testing
 2. Less gingival irritation
 3. Better retention
 4. More esthetic – It doesn't serve the "Better Retention"
- 945.** What component of an FGC (Full gold crown) contributes most to retention? - Axial wall taper
- 946.** If you have 3 implants for an implant supported denture, you take a radiograph and see that only two of them are seated perfectly, what do you do?
1. Section the denture to make it fit
 2. Take it out
 3. Tighten the screw
 4. Take another radiograph - Section the denture to make it fit
- 947.** You are trying to decide which teeth to use for the retained roots for an overdenture, which factor is least contributory?
1. Wide roots
 2. Good coronal structure

3. Buccal and lingual undercuts near tooth – 2

948. What benzo do you give to a 37 yr pt with liver cirrhosis?

1. Diazepam
2. Midazolam
3. Oxazepam (short half-life and does not generate active metabolite – Covered it above as well – remember ? LOT – Loraze, Oxaze, Temaze

⇒ Could also use Temazepam – because both Ox & Tem undergo conjugation without hepatic metabolism and their clearance rate is, therefore, not affected)

949. What do you give for acute status epilepticus? (Diazepam not an option)

1. Phenytoin
2. Diphenhydramine – Phenytoin

950. Pregnant lady getting surgery...what do you give her for pain?

1. Tylenol with codeine ← you actually can give this
2. Ibuprofen ← not during 3rd trimester

Fluffy File

951. Which of the following is true about C factor?

1. Class I has lowest C-factor – NO
2. C-factor is a ratio of unbonded to bonded surfaces
3. More bonded surfaces the higher the C-factor
4. Lower bonded surfaces the higher the C-factor - 2

952. Fentanyl Overdose causing massive respiratory depression, what do you give them to get out of it?

1. Naloxone – might be this one
2. Epinephrine – Fentanyl is an opioid so what's given to combat Opioid overdose ? Naloxone which is an antagonist

953. How long do you keep an adult with mandible fracture in closed reduction? 6, 9 or 12 weeks – 6 weeks

954. What does Ginseng interact with?

1. Aspirin
2. Penicillin
3. Anticoagulants (warfarin or Coumadin) – C according to decks

- 955. Which of the following can you not give with aspirin because its also an anti-coagulant?**
1. St John's Wort
 2. Licorice
 3. Saw palmetto (might be this bc this is contraindicated with Coumadin)
 4. Ginseng was NOT an option
- 956. If you have Non-parametric data, which of the following tests would you use?**
1. Z-test
 2. T-test
 3. Chi squared
 4. Wilcoxon Mann Whitney test - 4
- 957. Psychological terms**
1. Systematic desensitization
 2. Relaxation
 3. Read up on these
- 958. In general, the most common complication of an extraction?**
1. Hemorrhage
 2. Dry socket
 3. Infection – Dry socket, not Hemorrhage !
- 959. Space maintenance – 10 yr loses their 1st mandibular primary molar**
1. Do nothing*
 2. Band & loop
 3. LLHA – Do nothing
- 960. Pt complaining of sensitivity with composite, Dentist makes prep within composite and sensitivity goes away? The polymerization shrinkage or the C-factor is the cause and cutting the restoration releases the tension**
- 961. What are the symptoms of a cracked tooth? Pain on release**
- 962. What situation would trans-illumination be useful diagnostically (i.e. show through the whole tooth)?**
1. Cracked tooth
 2. Crown root fracture
 3. Broken tooth – cracked tooth
- 963. Just placed a deep composite and pt is complaining of sensitivity, what is the first thing you do?**
1. Remove and place a sedative dressing
 2. Perform endo immediately
 3. Check occlusion***- Check occlusion

- 964.** Several times asked about hot and cold sensitivity, biting sensitivity ----Remember high occlusion can cause these symptoms
- 965.** Which of the following is NOT a sign of high occlusion on an implant?
1. Gingival inflammation
 2. Pain in the implant area
 3. The crown breaks
 4. Bone Loss – Gingival Inflammation
- 966.** Post-operative sensitivity following placement of composite, which is the least likely reason?
1. Shrinkage allowing fluid in dentinal tubules to move
 2. Shrinkage allowing bacteria to get in and cause sensitivity
 3. Acid in the etchant material causing pulpal sensitivity - 2
- 967.** Void in the die on the pulpal floor that you don't notice during fabrication? Casting will fit to the die and not the tooth
- 968.** Ceramic and when it is strongest – When is a PFM restoration the strongest?
1. 2 laboratory choices
 - 1) Air pressurized the ceramic
 - 2) Allow the ceramic to cool down slowly after heating
 2. When its under tension
 3. When its under compression - 3
- 969.** A lot of pharm q's straight off of sheets
- 970.** Flumenazil – antagonist of benzos
- 971.** Uncover an implant for stage 2 and its mobile and there is evidence of bone recession, what do you do? Remove it (duh because its failed)
- 972.** When do you check an implant for Osseo integration?
1. Right after you place it – duh not this one
 2. When you place the abutment
 3. When you take a final impression
 4. When you cement the crown – when you place the abutment
- 973.** How far implants away from each other ie between 2 implants? 3 mm, 1.5mm between implant and tooth
- 974.** What % of people who live in community supplied water have fluoridated water?
1. 45%
 2. 67% - 65%
 3. 80 % - 60-70%
- 975.** Fluoride supplementation – RULE OF 6s

- 976.** 1 mm bone recession per year is normal – NO just in the first year, 0.2mm or less in the following years
- 977.** What has recent epidemiological data about caries rates?
1. The proportion of smooth surface caries has increased
 2. The proportion of pit and fissure caries has increased
 3. The proportion of smooth surface & pit and fissure caries has increased
 4. The proportion of root surface caries has increased
- 978.** Which of the following are you most likely to be found in infants?
1. Pemphigus
 2. Pemphigoid
 3. Erythema multiform
 4. Epidermolysis bullosa - Epidermolysis bullosa
- 979.** What is the most common dental emergency?
1. Syncope***
 2. Hyperventilation - Syncope
- 980.** What is the most common respiratory emergency? Asthma
- 981.** What is the most common respiratory problem?
1. Asthma
 2. Hyperventilation - Asthma
- 982.** Pregnancy – Why don't you place a pregnant woman in a supine position? It can suppress on the inferior vena cava
- 983.** If your pregnant pt has distress, what position do you place them in?
1. Something about the right hip – look it up
 2. Answer choices included both right and left hips – Turn Left
- 984.** Antibiotic s – Doxycycline used for localized perio tx, what is the mechanism of action?
1. Inhibits the 50S ribosome
 2. Inhibits collagenase
 3. Some others look up mechanism of doxy – 2
- 985.** Which of the following antibiotics would tetracycline slow its effect?
1. Pen VK***
 2. Azithromycin (Z-pack)
 3. Clindamycin
 4. Bacitracin – 1

This probably has to do with bacteriostatic vs pen needing to work on growing phase

- 986. Which of the following infections is most likely to cause cavernous sinus thrombosis?**
1. Abscess in the nasolabial fold
 2. Answer is probably something in the "dangerous triangle"
- 987. What situation (tooth & pulpal diagnosis) would it be hardest for you to achieve anesthesia?**
1. All combo of necrotic pulp vs irreversible pulpitis and then mand vs max molar
 2. Prob irreversible with max molar
- 988. Why is anesthetic less effective when injected into inflamed environment?**
1. Less available free base *** - This is the answer
 2. Inflammatory products antagonize the anesthetic
- 989. What is the most successful area to place an implant? Mand anterior**
- 990. What is the 10-year success rate of an implant? 95% (it was the highest percentage)**
- 991. How is articaine metabolized? In the plasma (basically in the blood) – NOT LIVER (EXCEPTION)**
- 992. First pass metabolism is what? → look up what it means Enterohepatic circulation**
- 993. You give someone IV Abs and "immediately" they start shivering, hyperventilating etc. What is the reaction? Anaphylaxis**
- 994. IV Abs given and severe reaction happens (dyspnea, bradycardia) what do you do first?**
1. Maintain airway...*- Maintain Airway
 2. Give O2
 3. Remove the IV
 4. Some other option like give epi
- 995. Classical symptom of asthma is**
1. Wheezing on inspiration
 2. Wheezing on expiration -
 3. Ronchi on inspiration Rhonchi are coarse rattling respiratory sounds, usually caused by secretions in bronchial airways. "Rhonchi" is the plural form of the singular word "rhonchus".
 4. Ronchi on expiration – Wheezing on expiration is the answer
- 996. What is the MOST important indicator of long term success with dentures?**
1. Negative pressure
 2. Peripheral seal

3. **Close adaptation to tissues*** - Close adaptation to tissues

997. What is the MOST common complaint about dentures?

1. **Instability of the mandibular denture***
2. **Speech?** – 1

998. You have a Distal extension RPD and it rocks along the fulcrum, on both sides of the axis?

1. **The denture base is not well adapted***
2. **Indirect retainers are not that retentive**
3. **Something about the rests** – (If it rocks around the fulcrum: indirect retention
If it rocks on one side : denture base)

999. CCD which of the following are characteristic of CCD? (Cleidocranial Dysplasia)

1. **All dental options**
2. **High susceptibility to periodontal disease**
3. **Retains primary teeth longer than normal - 3**

1000. Café au lait spots, axillary freckling, and Lisch nodules are part of?

1. **Neurofibromatosis *****
2. **Peutz Jager Syndrome** – 1

1001. What is the best method to confirm Coumadin is working?

1. **INR*****
2. **PTT**
3. **Bleeding time - INR**

1002. Epulis fissuratum is most histologically similar to? Irritation fibroma

1003. **Ethics s** – If you charge an insurance company with a copayment but don't charge the patient it is considered? Overbilling

1004. Read the ADA Code of Ethics and professional conduct – Scan it. Find online at ADA website

The **Principles of Ethics** are the aspirational goals of the profession. They provide guidance and offer justification for the *Code of Professional Conduct* and the *Advisory Opinions*. There are five fundamental principles that form the foundation of the *ADA Code* patient autonomy, nonmaleficence, beneficence, justice and veracity. Principles can overlap each other as well as compete with each other for priority. More than one principle can justify a given element of the *Code of Professional Conduct*. Principles may

at times need to be balanced against each other, but, otherwise, they are the profession's firm guideposts.

The **Code of Professional Conduct** is an expression of specific types of conduct that are either required or prohibited. The *Code of Professional Conduct* is a product of the ADA's legislative system. All elements of the *Code of Professional Conduct* result from resolutions that are adopted by the ADA's House of Delegates. The *Code of Professional Conduct* is binding on members of the ADA, and violations may result in disciplinary action.

- 1005.** Your obligation to go to CE courses and refer a pt to a specialist fall under the category? Non-maleficence
- 1006.** Which of the following is not covered under the ADA code of ethics?
1. Licensure by credential***more technical not really dealing with ethics
 2. Advertisement
 3. General patient care
- 1007.** If you ext a primary molar, what is the most predictable way to know when the succedaneous tooth is going to erupt?
1. How much of the root has developed
 2. How much of the primary molars root has resorbed
 3. Age of kid - Age
- 1008.** What is the worst cantilever bridge you can make?
1. Cantilevering a central to a lateral
 2. Cantilevering a premolar to a molar
 3. Cantilevering Lateral to central – Answer is not 3 , Its Premolar to Molar
- 1009.** If you have an 8 yo with an anterior x-bite but recession on the F of mand incisors what is the worst thing you can do? Observe – you would not let this kind of thing go on
- 1010.** Pt fractured many FPDs you made her, why?
1. Bad metal framework design
 2. Occlusion too high or something - Bad metal framework design
- 1011.** Why is it so important to remove a non-working contact when you are prepping a crown?
1. Lateral interference***
 2. You want adequate thickness for the restorative material
 3. Because you want to ensure posterior disocclusion of that tooth – Lateral Interference
- 1012.** What tooth is most prone to vertical root fracture? Maxillary Premolars (2nd Pre molar more apt)

- 1013.** What tooth is a gingival graft least likely to be successful on? Maxillary canine
- 1014.** The epithelium that goes over a gingival graft comes from what?
1. The donor site epithelium
 2. The recipient site epithelium – 1
- 1015.** What is false about EPT? It tells you about the health of the pulp
- 1016.** Which is the one that has a folic acid derivative? Methotrexate (PARA RECORDAR)
- 1017.** Interior near the lip line there are ulcers no scarring? Aphthous minor and scarring occurs with major
- 1018.** Definition of neuroproxia? No disruption of epineurium or axon
- 1019.** Hunter and Hurlers? Syndrome is a type of what disorder? Mucopolysaccharide storage disorder is a lysosomal storage disease
- 1020.** 8 yr pt, when do you not give nitrous?
1. Cyanotic heart problem
 2. Upper respiratory infection – Upper Respiratory
- 1021.** Which of the sutures is the last to close?
1. All combos had sphenoid, ethmoid and occipital bones
 2. Intraoccipital
 3. Spheno-occipital***** C ... It closes at the age of 15-16yrs
- 1022.** When is an indication to biopsy?
1. Lasts longer than 2 weeks
 2. Be careful of trap answer - 1
- 1023.** How long to you splint an immature tooth that was avulsed and reimplanted (within an hour)
- 1-2 weeks (7-10days)
- 1024.** How do you treat ANUG? Metronidazole + troches
- 1025.** Pt takes too much opioid, what do you see?
1. Insomnia - NO
 2. Irritability
 3. Headache
 4. Pt feels cold - Irritability
- 1026.** Why do you put/use bleeding points before you do a gingivectomy procedure?
1. To determine where BOP exists
 2. To outline where you want to make your incision. - To outline where you want to make your incision.
- 1027.** What's the most abrasive on enamel?
1. Filled resin
 2. Hybrid resin

3. Amalgam
4. Enamel - 4 but if porcelain is an option then pick that

1028. What do you call it when you have a circumferential defect over a root?

1. Dehiscence
2. Hemiseptum**
3. Intrabony
4. osseous craters - Dehiscence

1029. Does the Americans with Disabilities Act cover patients with HIV? Yes

1030. What is the most common health risk when taking oral contraceptives?

1. Ovarian Cancer
2. Endometrial cancer
3. Thromboembolytic event- Thromboembolytic event

1031. When do achieve menarche?

1. Before growth spurt
2. During
3. After
4. Toward the end of the growth spurt – After (not Towards end)

1032. The statistical test is used to determine what?

1. To decide if you want to reject your null hypothesis
2. To determine sample size - To decide if you want to reject your null hypothesis

1033. When demineralized enamel remineralizes, what is true? The enamel is more resistant to future caries or something

1034. What will not set off an event in a child with sickle cell?

1. When they are on nitrous oxide – look this up
2. Trauma
3. Cold
4. Infection - 1

1035. Which of the following affects the perineurium? Adenoid Cystic Carcinoma

1036. For a lesion in enamel that has remineralized, what is most likely true?

1. The enamel has smaller hydroxyapatite crystals than the surrounding enamel
2. The remineralized enamel is softer than the surrounding enamel
3. The remineralized enamel is darker than the surrounding
4. The remineralized enamel is rough and cavitated - 3. The remineralized enamel is darker than the surrounding –

NOTE Don't confused between REMINERALIZED and DEMINERALIZED

- 1037. What gland most likely to have sialolith?** Asked twice Submand gland
- 1038. Why is there a cross-linking agent added to dimethacrylate?** So you can layer acrylic without getting craze/fracture lines
- 1039. What is the difference between LED and traditional halogen light curing lights?**
1. LEDs don't work as well unless the composite contains Camphorquinone
 2. They both have a wavelength between 350-370nm
- 1040.** Profile of cleft palate most likely to be? **Class III**
- 1041. When will AI have the most effect on the maxillary central?**
1. 1-6 mo
 2. 7mo-3years (maybe 7mo-4years) – This is the answer
 3. 4-6 years
- 1042. Which condition do you want to limit epinephrine use?**
1. Hyperthyroidism
 2. Hypothyroidism
 3. Diabetes
 4. Hypoglycemia - Hyperthyroidism
- 1043. where you charge separately for initially meant to be charges as one thing?**
1. Bundling
 2. Unbundling
 3. Up coding
 4. Down coding - Unbundling
- 1044. Why don't you give a heroin addict nalbuphine (Nubain)?**
1. It's a mixed agonist/antagonist and could create withdrawl symptoms
 2. Its addictive in its own rioght and could add to patient problems
- 1045. What would you not use to take an impression for fixed work?**
1. Irreversible hydrocolloid – alginate
 2. Reversible hydrocolloid
 3. Addition silicone
 4. Polysulfide – 1 is the answer
- 1046. When must a cavity be filled?**
1. When it appears on the bitewing
 2. When it reaches the DEJ
 3. When it reaches the CEJ
 4. When it is cavitated – When it reaches DEJ

- 1047.** What type of drug is Prozac...or what NT does it affect? Serotonin
- 1048.** What type of mercury is most dangerous? Methyl mercury
- 1049.** What is it when person has hyperkeratosis of the palms and soles of feet? Papillon Lefevre
- 1050.** What characteristics are true when you increase the voltage of radiation? Short wavelength, high energy
- 1051.** What is the condition where someone has reduced ALP levels? Hypophosphatasia
- 1052.** Picture of some white lesion that doesn't rub off? Had texture to it but could not tell where in the mouth it was
1. Dysplastic epithelium
 2. Candidiasis
 3. Pemphigus
 4. White sponge nevus (Refer MasterDay2) – (Leukoplakia won't be there in options as many post in the group) – White sponge Nevus is the answer.
- 1053.** What group has the highest rate of early childhood caries?
1. Mexican (Latinos)
 2. Blacks
 3. Whites
 4. Native Americans – Mexicans (Latinos)
- 1054.** You do a study where the gingival index changes but the oral hygiene doesn't change?
1. Outcomes are not clinically significant
 2. Other choices talked about bias in the study, double blind study – A
- 1055.** Old & young have chronic Periodontitis, who has better prognosis?
1. Old has better
 2. Young has better
 3. They have the same
 4. Age is not a factor in prognosis – A (Reference- Pocket dentistry and Carranza's clinical periodontology)