

## NICOLETTA'S WAY FOR PART 2 !!!

Dear friends, here is my summary with my impressions and experiences!

I want to THANK YOU all for your positive energy and beautiful wishes! If you allow me to give you all one advice only, I would only say -

**“Always remember to help others!!!”** It will make your own journey more pleasant and meaningful! :)

And here is a summary of my journey during Part 2!

I took it easy in June and July, read a little something just for fun. It was in August, where I really started my preparation. So, I studied for 3-4 months full time.

I read Mosby once and tried to solve some Qs, which was impossible! :( I guess everyone of us knows that feeling. It is sooo depressing... I was shocked!!!

So, if you finish with your first reading and try to solve any questions and can't solve much, don't get depressed! You are just one of 99,9% having the same problem! :-D

Don't get discouraged, just keep on studying, keep on reading! The flow will come! ;)

And so, even if I didn't want it, I had to read DD! They are endlesssssss!!!! So, I decided to only read the most important topics -

Protho, Perio, Pedo, Patho, Endo and Operative.

The rest I did from Mosby.

I read Mosby and DD once. Then I reviewed all discussions we made on Dr. Ni page!

Here is a link to the page:

<https://www.facebook.com/Dr.Ni.NiColetta/>

There is a discussion on each Mosby topic on Dr. Ni page, you just have to scroll down the post and you will find them! They have the most important information and it is a great way to review topic for topic and see how far your preparation is, and how well you perform. It will all start to make sense at that point! You will see! ;)

After that I started practicing RQs, and participated in the discussions. I've been doing the most important files and doing discussions almost every day. You will find links to the latest discussions further down! ;)

I made my final big review with a file called “COMPLETE FINAL part 2!!!!!!”, rather than to read DD or Mosby a second time. I will write further down a list with the files I recommend.

In the last 2 weeks I almost only participated in the discussions, and did one final quick review with a file called REZA, and again referred to Dr. Ni page to see some important things. There are pictures and helpful stuff as well! I really encourage you to take a look there!

I did only a little ASDA - K,M,L only. I wished I had more time to practice! If you have time, do ASDA, it is really helpful to get the feeling of the test!

There are soooooo many files available to practice, that is why you really don't need to buy any apps!

For the ones with a lottttt of time and motivation, you can always do the FA Q&A, the Question Bank, where there are over 1000 Qs. I didn't have the time and energy though...

There is a book called DENTIN. I got it too late in my preparation, and couldn't study from it! It looks really good though! If I had have it earlier, I probably would have read it instead of DD!

So, yeah, that is basically the summary of my preparation! :)

## **Here are some impressions of my test:**

### Day 1

There were plenty of RQs, so concentrate on discussions in the last days!!!

Very little Pharma on Day 1

Very little Ortho

A lot of Implantology qs

80% of the test was Perio, Prostho, Operative and Endo

Some Pedo qs

Around 20 super-easy qs! You will love those! They will make you feel goooooood!!!!  
Don't forget to smile, when you see a radiograph asking you where the earlobe is! :-D

### Day 2

8 cases

Around 3 Pharma qs per case

Very easy radiograph diagnostics!

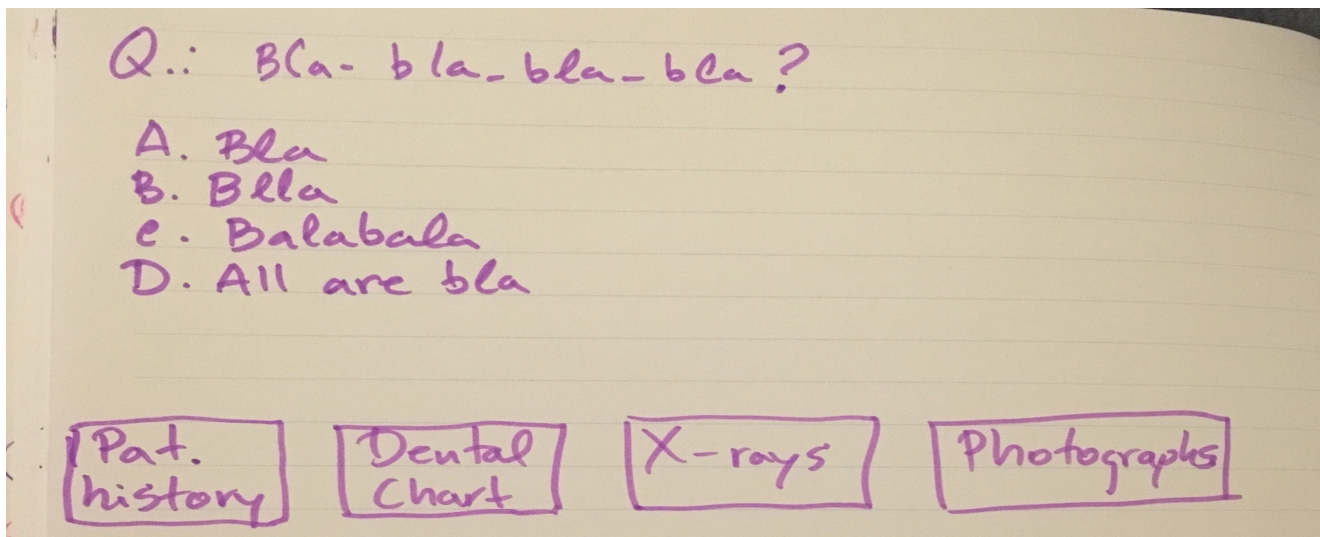
I had the luck to have only one child case, with easy Ortho qs!

Day 2 was all about treatments and diagnostics! So, make sure you know Endo, Perio, Prostho, Operative and Pedo in your sleep!!!!!!

The time is enough! I didn't rush at all, even wrote down the most important things for each case! It really makes you emphasize on that, so when you read the qs, you are kind of more aware about that particular patient's condition! So, write it down - just a few words, for example: age, heavy smoker, HTN, medication. Just few words, it takes you a minute but it really prepares your brain for each case! 😊?

Another super important thing!!! **!!!!!!!!!!!!!!!!!!!!** There are several x-rays and pictures of the each case! You have to be aware that, **ON THE LEFT UPPER CORNER** you will have to opportunity to go to the next x-ray or picture!!! **!!!!** If you miss that, you miss important information! So, be aware and always look for second x-ray or slide of photographs! Two cases had only one x-ray and one photograph, but the rest had more! If you miss to see those, you won't be able to answer the questions and will be like "What the f\*ck are they talkin' about?!!" 🤔

Here I will explain it to you more exactly. When you confirm to start the test you immediately see the first question. Don't get in panic because below each question, there are 4 windows to click for further information about each case! This is how the screen looks like more or less: :-D



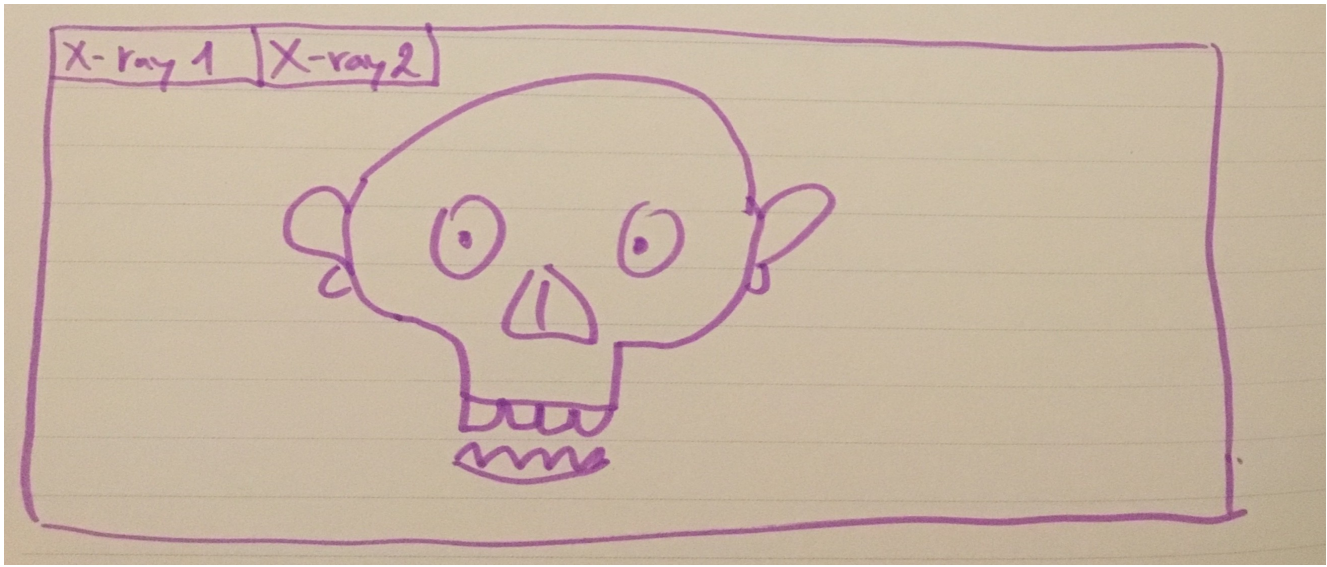
So, you can always click on those windows to refer to the information. Pat. History will give you info about medication, respectively risk factors, social history etc.

Dental chart will give you info about their intraoral situation. Always remember to pay attention to the **POCKET DEPTHS!!!** They are noted below each tooth on the chart! And on the right to the chart there is sometimes additional info about Oral hygiene and

other secondary information, which might be important!

When you click on Photograph or Radiograph, just do not forget that there might be more than 1 x-ray, or more than 1 photograph!!!!!!

Once you click on X-ray or Photograph, a new window will pop up, and you will be able to see all that information, if you click on the left upper corner you can slide through the available pictures or x-rays!!!!!! Always pay attention to that! Otherwise you will miss important information! This is how the screen will look, more or less: :-D



**This is the list with the files I recommend:**

1. TUFTS for Pharma
2. COMPLETE FINAL part 2 !!!!!!!
3. Day Two Notes
4. MasterDay2-CON-AGREGADOS
5. Master Tanuj
6. REZA (NEW YORK 2016)
7. Ni Coletta's quick review of MOSBY PATHO
8. Some Board Facts
9. Missi file

**Those are the links to the latest and most important discussions:**

[https://m.facebook.com/groups/765199720321572?  
view=permalink&id=844533649054845&comment\\_id=878624858979057](https://m.facebook.com/groups/765199720321572?view=permalink&id=844533649054845&comment_id=878624858979057)

[https://m.facebook.com/groups/371596126190042?  
view=permalink&id=1951886654827640&comment\\_id=1951977774818528](https://m.facebook.com/groups/371596126190042?view=permalink&id=1951886654827640&comment_id=1951977774818528)

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<https://m.facebook.com/groups/765199720321572?view=permalink&id=871963302978546>

**And, last but not least my RQs: ;)**

DAY 1

1. Buccal-lingual bone width necessary for 4 mm implant. NO 6mm in options! I took 7mm.
2. Battery
3. Pt with dialysis, when to do treatment?
4. Unbundling
5. Harder area to floss
6. If open bite 8 mm, which kind of treatment do you do?
7. Amalgam failure
8. Question about pigmentation in options was Neurofibromatosis and Preuz-Jeghers. Pay attention to cafe-au-late spots!
9. Osteoradionecrosis? More in mandible/ more in maxilla/ 42 gray?
10. How treat root caries? Composite, amalgam, rmgic
11. Mucocele where most common? Upper lip, lower lip, side of tongue
12. Ginkgo Biloba contraindication?
13. Cleft lip which embryo week?
14. Bleeding few days after extraction? Only reasonable option was fibrinolysis. Rest

was stupid options.

15. Transillumination.

16. When do you use Laser or Electrocoagulation surgery intraorally?

17. Motion sickness. Treatment

18. When is gingiva inflammation least expected? They give you few obvious options, where gingivitis is to be expected. I was torn between Xerostomia and Lack of keratinized gingiva. I chose lack of keratinized gingiva, although in Dental School we learned, that when keratinized gingiva is missing, gingivitis is programmed! But, Xerostomia sounded worse, so I took that! :-D

19. Forceps for upper PM

20. What is not true about Xerostomia? Few very obvious true options, I chose it is extremely difficult to treat it with Saliva substitutes and inducers. Because, it can be improved with the right medication. And all other options seem so plausible.

21. Q. about V-form caries, tip towards the DEJ.

22. Burn mouth syndrome due to?

23. Warthin tumor

24. Q. about Pemphigoid.

25. All are advantages of per oral sedatives in the dental clinic except?

26. Best topical Antibiotic agent?

27.3 Qs about TAD (=Temporary Anchorage Device). Where it gets its stability from?

28. Tx for Status Epilepticus. NO Diazepam in options!!!
29. 2 y.o. uncooperative child. What to do to examine? GA, Papoose board, Restrict by dental assistant, Restrict by parent.
30. Fluoride function on Enamel.
31. Most secure indicator for future caries? Bacteria, something else, salivary flow
32. How to avoid cheek bites?
33. Xerostomia causing drugs work on which receptor?
34. Drug conjugation.
35. Wrought wire can “do something” around 0,2 mm to the abutment tooth if minimal wire length is 4,6 or 8 mm?
36. Most common to see in a teenage girl with buccal erupted canine? Anterior deep bite, recession, 2 others
37. Abutment height in implant restorations selected according to?
38. Cocain effect? contraction of dilator pupillae, contraction of sphincter pupillae, 2 other stupid options.
39. Used as topical LA? Cocain, Benzo, Lido, Bupivacaine
40. Face rash, defect on heart, kidney and blood vessels?
41. Cause for Hairy Leukoplakia? HIV, EBV, HSV, Candida
42. Dry socket tx.
43. Most difficult to maintain space? In a 9 y.o missing permanent MX M1, 5 y.o missing primary MD M1,



- 44.6 y.o missing primary MD M2, one more I don't remember.
45. After RCT on a tooth with sinus tract, what is the tx for the sinus tract itself.
- Funny options! We all know, that NO therapy is needed, right?! ;)
46. Disease with excessive bone production, but less bone resorption?
47. Mouth breather have? Open bite, long face, deep bite etc.
48. Typical face feature for muscle weakness?
49. Kid with ADHD what tx.?
50. Incision for palate tori.
51. Pain drug for the night?
52. Side effect of opioids, all except question.
53. Lateral positioned flap.
54. Most common cause of amalgam failure.
55. Q. about rejecting null hypothesis.
56. What is the strongest point of statistics?
57. Selectivity / Sensitivity in clinical trials.
58. Q. on clediocranial dysplasia.
59. Most common respiratory emergency
60. In USA most dental payment.
61. Restauration in anterior teeth done weeks ago, filling too light. What is the most conservative tx. Keyword here is conservative!!!
62. Which shows saturation of color?

63. Chronic periodontitis most seen in?
64. Face-bow.
65. In English the s/ch/sh sounds, how is anterior teeth position.
66. Major connector function
67. Why do we do apexification?
68. Most common seizure in children
69. Tx. for atypically erupting permanent tooth, with gingival margin above CEJ.  
Gingivectomy, Apical positioned flap, others
70. Best graft material.
71. Where do you get the most amount of graft material from?
72. Pka has effect on
73. All can be Dif. Diagnosis of Leukoplakia except.
74. Collimation purpose.
75. Calculation of incidence index.
76. Kid with bad OH what ortho tx? Fixed, removable, no tx
77. Veneer facial reduction
78. If a Porcelain to metal fused anterior crown too opaque, what's the reason?
79. Perio-Endo lesion tx.
80. MRI how does that work?
81. Drug against kidney failure, what's the best to analyze and prove its action?
82. If lower complete denture overextended buccodistally what structure impaired?

83. In upper complete denture overextended buccodistally what structure impaired?
84. Pseudomembranous colitis
85. Patient has a palatal torus that extends beyond posterior palatal seal into the soft palatal area, and in need of complete denture. What to do?
86. Ignoring the pt bad behavior
87. Which tooth more prone to caries?
88. High kV? Long wave length low energy; Short wave length high energy; 2 more combinations
89. Dexterity
90. Q. about a kid with Autism.
91. Q. about ACE-blockers
92. Actinomycosis
93. Vertical root fracture most commonly seen?
94. Crown to root fracture most commonly seen? Both questions came on the test!
95. Perforation of anterior maxillary incisors during RCT access in general most common on which surface?
96. Cast impression least accurate? Reversible Hydrocolloids, Irreversible Hydrocolloids, Polyether, one more
97. Several questions on Chroma, Hue, Value.
98. Q on Chronic Heart Failure.
99. Neuropraxia

100. If a patient has had a car accident and an assumption of broken cervical spine, which xray is contraindicated? Waters, SMV, Pano, CT
101. Q. about Sterilization.
102. Pat. With xerostomia. All is true for the indications to manufacture a complete denture with METAL basis except? More accuracy, More wetability, Low cost, More durability
103. Very easy questions on xray structures! It will make you laugh! :)
104. Many, many questions how to distinguish endo from paro lesion, and reversible from irreversible pulpitis, pulpl necrosis, apical acute vs. chronic periodontitis! At least 20 questions on that overall!!!!
105. Pat. comes back after two weeks with discolored margins. Cause?
106. Antifungal that can be topical and systemic. fluconazole clotrimazole mucunazole, griseofulvin
107. Qs about preparation before grafting. I chose the option to remove all granular tissue completely.
108. Carbamacepin used in? They give you very confusing options, that look similar!!! I chose nerve pain.
109. Bleeding after tooth extraction.
110. Several questions on VDO! You have to know that very good!
111. Which position is patient related? VDO, CR, VRP, ICP

112. What will most likely cause the odontoblastic process to retract in the dentinal tubules?
113. All is correct about sclerotic dentin except? I was torn between extremely low permeability or better bond with restorative materials compared to normal dentin..
114. Which study doesn't show cause and effect.
115. Two questions on Incisal guidance.
116. What is true about remineralized enamel.
117. Sialolithiasis.
118. Elective RCT contraindication.
119. Gagging patient, what's the tx in a long term. Desensitization
120. Exhaling wheezing.
121. Adverse effect of codeine.
122. Culture sensitivity test.
123. Not easy Qs. about pontic design.
124. Action of beta blocker on smooth muscle?
125. What is true about if a general dentist decides to perform a treatment which is normally done by specialist.
126. Q. about orthostatic hypotension.

## DAY 2.

Unfortunately I cannot recall the exact patient cases, they seem pretty much different than the ones discussed in the group. But I will try to recall at least some of the questions about the cases.

1. Middle aged guy with kidney failure due to Lithium overdose. What pain drug is less expected to be nephrotoxic? Aspirin, Ibuprofen, Oxycodone, one more
2. Why do we need ruler in lateral cephalogram?
3. In removal of palatine tori which structure can be damaged?
4. 10 y.o girl, with good OH, no caries but a child of divorced parents. How would you rate her caries risk? Low, Middle, High
5. Hispanic guy, no insurance, needs tx. If you extract tooth 14, what is the most expected complication? The tooth had RCT and a very big amalgam flg. Sinus perforation, Ridge fracture, Tooth fracture, Bleeding
6. Q. about that 10 y.o child case, where upper canines were closely to erupt, but primary canines were still there. They asked about the radiolucency that surrounded the erupting teeth. Options were different kinds of cysts and tumors.
7. Pat. Allergic to sulfa, which meds. Are contraindicated?
8. Middle aged Pat. With an one-tooth gap. If you want to close it orthodontically, what will you expect? No bodily movement of the teeth, Rotation mesio-facially, Rotation mesio-lingually, one more

9. A Q. about two small radioopacities in the bone where MD M1 was missing.  
There were options about Odontogenic tumors, Root rests, Focal idiopathic osteosclerosis.
10. Some simple easy questions on identifying structures on x-ray.
11. Also Qs on diagnostics of teeth on x-ray, if it is a proximal caries or burnout.
12. Qs about restorations on xray.
13. Q on that child case which bite relationship it has. Distal, Mesial, End-to-end
14. Test for kidney failure.
15. Q on except for the 3<sup>rd</sup> molar, how many teeth was the child missing.
16. Q on RCT of a central maxillary incisor. What is true? I chose it will be difficult compared to a normal case, because canal was really obliterated.
17. Which tooth would most likely need a RCT when observing the xray? Easy!
18. Pat. Bites down on his maxillary M1, which already had a super big amalgam flg, and breaks off one of the cusps supragingivally. What tx. ?
19. On xray, opacity apical of a RC treated tooth. What could it be? Looked like sealer.
20. Pat. Has very strange bite, posterior crossbite, Class 2 relationship on the molars, but almost perfect overbite. What is the most likely cause? I chose something with the Canines. I forgot :-D
21. How to treat his posterior cross bite?
22. Female pat. Wants all her teeth extracted, although they don't look as bad. Qs.

About what tx. Is appropriate.

23. That 10 y.o girl had a very strange bite, with a skeletal midline deviation to the left. They ask about the cause.

24. On a lateral cephalogram of the 10 y.o girl what is the radiolopacity that crosses her posterior teeth? Maxillary sinus, Orbita, Zygomatic arch, Palatine process of maxilla

25. Hispanic Pat, without insurance. Missing teeth, needs tx. What is the least tx indicated? I chose sinus lift

26. Qs about that 10 y.o girl who was asmatic. Meds.

27. Old pat., heavy smoker with white patch on lip? Hyperkeratosis due to smoking.

28. How to biopsy that hyperkeratosis?

29. Pat. With leukoplakia on lower side of the tongue. How to biopsy that?

30. What structure can be damaged while biopsying the lower side of the tongue?

31. Pat. With HTN. Taking various meds. Long list. Lisinopril, Beta-bloker among those. Which ones lowers his BP.

32. Easy Q on tx. Of a RCT tooth with a big amalgam flg.

33. Elderly pat. With a super old bridge on lower back teeth. Has sensitivity when drinking cold drinks. Whisch tooth most likely to be the reason? The bridge had 3 abutment teeth. On the x-ray one toothe had a post, another one had a big radiolucency and to me it looked dead! :-D So, it was the only molar, which looked normal to me with a little subgingival calculus. So, I picked that!



34.Pat. Taking antidepressants. Having heavy bruxism. What is least likely to do to treat him. All options were correct, except the one saying to lower his medication!

:-D

35.Pat. With pigmentation above maxillary lateral incisor. What could that be and how would you biopsy that?

36.A Q. about that elderly apt. taking various med. Including Aspirin 81mg. Would you stop Aspirin before SRP?

37.Middle aged woman who wanted all her teeth pulled out, had a radiolucency in the canal of an endo treated upper canine. What could that be?

38.Another Q about her, showing a lateral upper incisor with post and crown, asking how that post looks on the x-ray. Too narrow, too long, too wide, too short

39.Another Q about her. She had multiple fractured teeth, which were all previously endo treated. Why does her oral situation look like that. All except question. I took external tooth trauma.

40.Q. about that depressed guy, and his Amitriptyline med.

THAT'S IT GUYS !!! GOOD LUCK TO EVERYONE !!! :)