

Past Papers of NBDE (From 2015 to 2017) With Keys and Explanations

2. they change the testlets , so even if u get tomato allergy and stuff its different

3. Malignant melanoma

4. SLE

5. Lots of premolar questions

6. Primary and permanent comparisons

7. Skin layers- bad sprinters get leg cramps.

8. 421 file didnt hold any good for me, I would rather suggest revising DA as many times as possible.

9. know circle of willis. the stat question of basilar artery

10. PDL fibres

11. gingival fibres

12. Composition of bone and cement

13. vitamin c and importance

14. Tomato allergy but with different questions (not from veronica)

- 15. importance of transcription, translation, transduction

16. How many line angles are there in anterior teeth? 6

17. Which of the following begin in the dental papilla, spiral between the cells of the odontoblast layer and helps in formation of matrix? Korff fibers

18. The primary function of dental pulp is to make dentin

19. Mesio lingual developmental groove is characteristic of mand 1st pm

20. Crown of mandibular molars are inclined by how much degree to lingual surface? -30

21. Muscle which inserted coronoides temporal muscle

22. Differences between electronic microscope and optic

23. Patient with pain in the TMJ which nerve is affected auriculartemporal nerve

24. Nor epinephrine which pathway activated post sym

25. Proximal contacts of anterior teeth

26. Differences between lateral and central incisor maxillary and mandibular

27. Lateroexcursion contacts in working side and non-working side

28. In a lateral movement how many mandibular holding cups are contact with maxillary teeth 4 cups teeth 30

29. The most common disease in the USA by sexual transition chlamydiae

30. Patient with breath difficulty which ph. disorder shown respiratory alkalosis

31. Patient with blue and brown color around the eye because a trauma. When was the trauma? And how it is called this sign 2 days after accident, hematoma

32. Women with a fracture 5 years ago, allergic to tomato and problems with the college. What will be the diagnosis? A: the bone is renovated and she has a problems with vitamin c

33. Which is the nucleus of the oculomotor Edinger-Westphal nucleus parasym pregang

34. What is the celiac trunks arteries superior mesenteric

35. Pterygoid lateral insertion capsule and neck to the mandible

36. What is the smallest component of the DNA bases

37. Height contour of the teeth

38. Upper cavity of the TMJ is translation and the lower cavity of the TMJ is rotation it is true? **Both true**

39. What is the preganglionic nerve which innervates the parotid gland? Lesser petrosal nerve

40. Which structures are in the **infratemporal fossa**

41. Which structures are between medial **pterygoid medial and lateral**

42. **Extrinsic muscles of the tongue**

43. Reproduction process of the bacteria

44. Cellular division phases

45. Which diseases are related to thymoma

- **Myasthenia gravis.**

- **Acquired pure red cell aplasia.**

- **Hypogammaglobulinemia.**

- **Polymyositis.**

- **Lupus erythematosus.**

- **Rheumatoid arthritis.**

- **Thyroiditis.**

- **Sjögren syndrome**

- 46. Retroperitoneal organs- choose which one is or isn't from given options

- **P: pancreas (except tail)**

- **U: ureters.**

- **C: colon (ascending and descending)**

- **K: kidneys.**

- **E: (o)esophagus.**

- **R: rectum.**

47. Couple questions on contents of foramen. Also one Qn had contents given, we have to choose name of foramen

48. Know the branches of external carotid artery, **maxillary artery**

49. Location of tracheostomy **site below 4th tracheal ring**

50. Qn on circle of Willis- what is not a part of it

51. Know T cells, B cells functions, MHC1&2 complexes

52. Which viruses are enveloped non enveloped

53. Qns on disease causing viruses- at least 4 qns

54. Innervation of palatoglossus, palatopharyngeus

55. Know the formation of midface /developmental

56. Innervation of tongue- know it thoroughly

57. I had 3-4 qns on **DNA replication**-especially enzymes

58. Also mathematical qn to find the number of purines/pyrimidines with given quantity of base pair.

59. Muscles that make sling of mandible **masseter medial pterygoid**

60. 4-6 questions on TMJ- innervation, vascular supply, movements

61. Traveler's diarrhoea-**E.coli**

62. 3-4 questions on fungi- I don't think I could answer any.

63. Collagen types 1&2 forms what

64. Diaphragm perforations-know that well ivc 8, esophagus 10,aorta 12
65. Know the essential/non essential aminoacids
66. Function of hexokinase, glucokinase
67. Qn on gas sterilization/ethylene dioxide. Also question on sterilization Vs disinfection
68. Competitive and non competitive inhibition, allosteric enzymes
69. Hormones secreted from anterior/post pituitary
70. Portal system of hypothalamus
71. Qn on Calculate % to ppm of fluoride x 10,000
72. Primary dentition= primary teeth resembling permanent teeth
73. Eruption sequence question
74. 4-5 questions on working and non working contacts
75. Injury to lateral pterygoid, -mandible deviates to which side? Same side
76. Nerve fiber type in pulp
77. Know the trigeminal nuclei V,VII,IX,X,pain temp
78. Know the adrenal glands- which part secretes what
79. Salivary glands mucus/serous. Intercalated ducts presence-for what, also which gland has mucus/serous secretion
80. Border of posterior triangle
81. Some question on azygous vein
82. Know branches of abdominal aorta
83. Nerves responsible for gag reflex IX
84. Qn on falx cerebri
85. Most prevalent pdl fibres
86. What happens to action potential if potassium is less around free nerve ending
87. Muscle contraction and length of bands-know which band shortens, which stays constant.

1. many qs about pain temp etc which nucleus...study all of that spinal trigeminal n spinothalamic
2. pain in pulp...which nucleus
3. lot of occlusal interference questions
4. 4 to 5 qs on occlusal determinants.
5. pain in tmj which nerve auriculotemp n masseteric
6. something about inherited disease having abnormal tooth structure from epithelial cells(weird q) options dentin enamel pdl bone pulp enamel amelogenesis imperfecta
7. masseter wat reflex nociceptive (afferent from periodontal nf) and jaw jerk reflex (afferent from intrafascicular muscle).
8. all new testlets about parkinsons, scc, canker sore, myasthenia gravis, htn
9. carcinoma of lung found most commonly which site bronchial ep
10. liver and pancreas affected by wt ds
11. hyperstimulation of adrenal cortex causes- cushings syndrome
12. graves ds- wat levels of t3 t4 tsh
13. first trimester of pregnancy wat level of hormones are high fsh lh low, rest high
14. bone in scar tissue metaplasia
15. ventricles in brain lined by wat cells ependymal cells
16. lot of qs on max 1st molar, mand 1st and 2nd pm, max canine mand canine(easy)
17. acute gastritis
18. sphenoid bone contents rotundum, ovale, spinosum
19. steroid synthesis- smooth er
20. when viewed from facial which tooth resembles a diamond (weird options, max canine Mand canine, Mand molar and Mand CI) I think these were the options

21. which tooth inclines lingually -Mand molar
 22. Which tooth is straight in long axis (Mand CI, max pm and other two not so close options)
 23. aldosterone function
 24. wat lines visceral layer of bowman capsule- podocytes
 25. GIT epithelium –simple columnar
 26. Wat is not present in dermis /epidermis can't remember which one (Meissner corpuscle, melanocytes, blood vessels and few other options)
 27. dec in parasymp causes wat -Inc or Dec heart rate
 28. Something about nicotinic receptors
 29. hering breur reflex- expansion by pulmonary after inspiration
 30. steeper inclines- taller cups
 31. which tooth has most prominent facial and lingual cervical bulge(primary)
 32. study in and out about atherosclerosis wat happens wat complications after that everything. 2 3 q on that
 33. anticodon-which is it (direct q)
 34. Hyphae in and around vessels- mucormycosis
 35. Wat forms tuberculoid- histoplasma
 36. thrombosis complication- myocardial infarc
 37. Wat adducts scapula Rhomboids middle trapezius
 38. All pass thru cavernous sinus except (inf. N sup. Orbital veins, carotid art, oculomotor nerve, 3,4,6 CN)
- 1: remember diabetes type 1 is destructive to the pancreas and type 2 is tissues not responding to insulin
 - 2: voluntary muscles are branched multinucleated or unbranched multinucleated
 - 3: testlet on alzheimer patient what will be serotonin levels will the depression of the patient in early age can lead to alzheimer
 - 3: heperangina coxsackie echo virus
 - 4: mand 2nd premolar multiple question
 - 5: occlusion can be done with diagram from decks
 - 6: a patient drink 3 to 4 bears a day and have multicoloured layer on his tongue what will be the primary cause of halitosis bear or oral hygiene ?
 - 7: u have broken the distal marginal ridge of adjacent tooth what will you take consent and continue or smooth the ridge to protect against mucosal injuries
 - 8: most common vaccine given in usa ? dpt
 - 9 : where will infection from buccal vestibule of upper right molar will go to ? Infratemporal submandibular retropharyngeal
 - 10 : patient had purulent discharge between 3 and 4 what could be the cause ? Necrotic 3 or localized periodontitis . No other perio info was present in testlet but patient had problem with tooth 3 mentioned in testlet
 - 11: what supplies sternohyoid and sternothyroid ansa cervicalis
 - 12 : what will transmit vertebral arteries ? Foramen magnum
 - 13: what will pass from internal acoustic meatus
 - 14: superior orbital fissure was between ? Lesser and greater wing
 - 15: u gave an injection for post superior alveolar nerve block what else will you anesthetize buccal mandibular branch of facial or mandibular nerve
 - 16: benefit of giving dead vaccine instead of live ?
 - 17: same testlet patient was 3 lto 4 bear drinker with multicoloured tongue oral hygienist was scaling and put the cut on left upper molar moving to the midline what artery will show blood outflow here greater palatine
 - 18: what will you do after the dental hygienist reports you will you fire him ? No you mention the patient and explain him about the suture
 - 19: another patient 45 packs a year was there i think and u extracted tooth what will not let healing of socket
 - 20: there were 2 questions in which u had to mark least number of wbc's present 1 was 1 had the option of basophil other did not have basophils rest of the options were present
 - 21: separate mo and do cavities are required in which teeth
 - 22: taller posterior teeth can be given if you have large vertical overlap
 - 23: what will effect cusp and fossa intercondylar distance etc there were other options too
 - 24: testlet of the patient on submandibular duct block of left side predominant cells in pus
 - 25: same testlet patient was taking tca and dry mouth what could be the cause medication or duct block

- 26 : same testlet radiopacity under tongue of this patient was sialolith
- 27: nerve supply of upper teeth
- 28: occlusion of distobuccal cusp of 1st maxillary molar in class 2
- 29: what could be the possible cause of failed endo treatment in mandibular canine
- 30: what ligament inhibits protrusion
- 31: attachment at coronoid
- 32: nutrient reaches the articular surfaces via synovial fluid or arteries near there ?
- 33: which of the following virus are not latent **rhino**
- 34: patient was moving jaw condyle was moved in anterior and some other direction answer was tmj ligament
35. Muscle of mastication nerve supply - it goes through which foramen
36. obligate anaerobes
37. bacteria with polypeptide capsule
38. Mandibular central and lateral incisors
39. Polymyalgia rheumatica testlet about symptoms
40. Lesion below zygomatic arch what happens ??
41. many TMJ questions
42. multiple myeloma
43. Distal fossa of max 2pm broke where is the wear facet seen on mand ?? Distal fossa of 29 , mesial fossa of 29
44. Not seen in outer surface of enamel is **hunter schreger bands**
45. baroreceptors in acute hemorrhage what will happen to bp&hr?
46. Decreased parasympathetic tone what happens?? Dec hr or inc hr or mixed heart beat
47. Legionella seen in **air condition**
48. Mandibular primary molar has ?
49. In MI cerebral embolism is seen associated with ?
- 50? In heart what necrosis seen ? **coagulative**
- 51? What condition not associated with haemoptysis ? seen in **bronchitis, bronchiectasis, lung cancer, pneumonia**
- 52? Aorta characteristic ?
- distinct vasa vasorum tunica media
 - tunica media with elastic
53. Pregnancy hormones
54. Gestational diabetes
55. amplification of genes what is used? **pcr**
- 56) anticancer drug methotrexate acts on which phase? **M phase**
- 56) committed to replication what phase?
- 57) in plasma what is not seen
- **fibrin**
 - prothrombin
 - Thrombin
 - Ca²⁺
- 58) which is not transmitted by ticks ?
- 59) eosinophils seen in what kind of infection ? **allergy, parasitic**
- 60) zona fasciculata is responsible to secretion of ? **cortisol**
- 61) adh secretion decreased what happens **dilute urine, vasodilation**
- 62) Bowman's capsule is ? **podocytes**
- 63) vitamins and minerals are absorbed in
- stomach , oesophagus
 - duodenum , jejunum
- 64) most amount of bacterial transfer is seen through which process?? conjugation
- 65) in famine malnutrition edema in stomach , oesophagus , joints , pitting edema is result of**
- **dec serum protein**
 - **increased lymphatic drainage**
 - **inc in hydrostatic pressure**

66) in sickle cell anaemia what is seen ? Options regarding oxygenation and deoxygenation

67) what forms the apex of triangular embrasure ?

- contact of adjacent teeth

- marginal ridges

- proximal surfaces

About 3 que on this type

68) laryngeal prominence formed by ? thyroid cartilage

69) smallest lingual cusp of all premolars

- lingual of mand 1 pm

- lingual of h type 2 pm

- ml of y type 2pm

70) chlamydial infections cause

- oral

- genital

71) treatment for oral candidiasis

- amphotericin

- clotrimyazole

- griseofulvin

72) infection from maxillary molars spreads to which space?

73) in protein denaturation what bonds are not involved alpha helix and beta sheets

74) ATP is required for all except

- biosynthesis

- muscle contraction

- and some other

75) pernicious anaemia ? b12

76) in fermentation the end product is? Acids, gases, alcohol

77) tay sachs disease associated with ? sphingolipid

78) sudden arrest of hr results coz of??

- cardiac tamponade

79) maxillary sinus epithelium ?? ciliated columnar ep

80) ppd test positive in all except?

81) epidural hematoma associated with ? trauma

82) alpha 1 receptors ?

83) effects of sympathetic and parasympathetic ?

84) what is required for retraction of clot?

85) temporalis attached to ? coronoid

86) carboxyhemoglobin is formed as a result of ? CO n Hb

87) as venous blood reaches lungs what happens?

88) infarcts in brain caused by?

89) dentinal tubules S shaped arrangement is because?

90) absence of cell differentiation ?

- atrophy

- anaplasia

- dysplasia and other

91) carcinoma in situ is associated with all except

- pleomorphism

- heterochromatism

- disruption of cell mem

92) detergents act on - cell membrane

93) distal to respiratory bronchiole what are present ?

- Terminal bronchiole , alveolar duct , sac , alveoli

- alveolar duct , sac , alveoli

94) muscle spindles associated with

95) vit c required for

- lysyl oxidase

- procollagen to carboxypeptidase

And some other options

96) abdominal aorta direct branches? Celiac, iliac

97) in colon and feces what are found ?

98) organ close to right kidney ? liver

99) efferent and afferent both are found in ?

100) Inhibition of respiration is associated with all except?

- general anaesthetics

- drug options

102) Hypothyroidism what is not seen

- negative N₂ balance

- decreased O₂ consumption

- decreased protein bound iodine

- decreases I¹³¹) Anticodon straight question? Tina

2. Uric acid formation Liver

Cell oxidative process-endo, Golgi

Testlet: found dead man.

Testlet: parkinson disease. 52 year old woman, coming office with husband. During treatment doctor notice her husband not in the office. what need to do? Emergency call, continue treatment.

6) gynecology problem girl taking birth pill. She has also asthma. During treatment doctor hearing noise?

What is that noise? Asthma or expiratory wheeze

7) vitamin why important? act as coenzyme required for growth and metabolism

Which vitamin deficiency DDD (diarrhea, dementia, dermatitis)? B3 Niacin

8) vitamin important for bone? CD

9) ADH which disease? diabetic insipidus if ACDH cushion

10) Jakob disease? Severe degenerative brain diseases ingestion by beef from cow infected by mad cow disease. caused by prions

TMJ-merkel or secondary? Secondary

11) a lot of question with EXCEPT options

12) normal saliva ? 5.5 pH

13) tooth bacteria which bacteria you can see?

14) Bowman capsule which layer?

15) cortisol where produced? zone F adrenal cortex

16) difference between canine max and mand canine

17) what u can see proximal side canine? curvature

18) TMJ opening? superior head of Lateral pt or supra hyoid

19) floor mouth? Geniohy, mylohyoid

20) Xanthine oxidase purine to Uric acid

21) Sphenoid bone? ROS Rotandum Ovale Spinosum

22) Parkinson disease- dopamine lewy body dementia

23) nigre body?

24) Lysozyme function?

25) normal human intestine u can not see? Salmonella typhi, E coli

26) RNA linkage

27) Submandibular gland and function?

28) Gushing syndrome? Increased levels of cortisol

29) histo looks like TB

30) sore tooth numb 15 which nerve ? Greater, Posterior middle, superior

31) which one for fatty acid synthesis?

32) Alanine synthesis

33) calcium----- phosphate/ decrease / increase

34) apical reflex ?

35) tocopherol deficiency? Neurologic dysfunction infants E

36) hypertrophy

37) histamine hypersensitivity ?

- 38) gram negative bacteria
- 39) Ludwig's angina ? 3 spaces - floor of d mouth... Submandibular, sublingual, submental severe cellulitis
- 40) maxillary first molar located where
- 41) gastritis
- 42) hormone for nerve impulses? epinephrine
- 43) common pancreas and liver cystic fibrosis uptake
- 44. Rodent ulcer bcc
- 45 Acid phosphatase PROSTATE CANCER
- 46 Wasserman test syphilis
- 47 Reed Sternberg cells Hodgkin lymphoma
- 48 Pannus RHEUMATOID ARTHRITIS
- 49 Heberden nodes OSTEOARTHRITIS
- 50 Owl's eye CMV (INCLUSION BODY IN LUNG PNEUMOCYTE)
- 51 Russell bodies MULTIPLE MYELOMA

April 2016 Questions

- Epineurium is around?
- Lingual fissure through root: maxillary lateral incisor?
- Aflatoxin produced by?
- Secretin produced where?
- Fungi ? Sabouraud agar
- First primary mandibular molar know what cusps is tallest ?
- Steep incline of condyles, what does that do to cusps
- A Delta fiber type of pain
- What won't cause Shock?
- What does the abdominal aorta not give off? Options celiac, inf mesenteric, sup mesenteric ...
- Know b2 receptors
- Sympathetic system does all of the following EXCEPT - constrict the pupil
- Adrenal medulla → not necessary for survive
- Parathyroids ---are needed for Ca serum level control
- Carotid triangle formed by...
- Protrusion = both head lateral pterygoid
- Whats on second arch? Facial nerve, muscles...
- Also about third arch...asking about great cornu of hyoid
- Glycolysis...rate limit PFK

- Lots of premolar questions
- Also a lot about fungi
- What foramen does the vertebral artery go through? foramen magnum
- What nerve brings parasympathetic fibers to the parotid?
- Maxillary premolar innervated by
- Prostate cancer
- Hexokinase versus glucokinase
- Nissl body
- Pelvic splanchnic nerves
- what provides sensory to the upper lip?
- Lots question on mand first pre molar
- Delayed hypersensitivity?
- Arthus Reaction?
- which primary molar looks like a premolar
- 3 years old TMJ...fibrocartilage?
- primary mandibular first molar anatomy
- Several questions about pulp horns
- Primary teeth more bulbous and constricted
- A lot of questions on primary teeth
- Grooves in y pattern of 2nd mand pre molar
- DVT thrombosis
- Some question asking about how many roots/cusps in certain teeth
- Which compartment translation occurs-
- Inferior part of TMJ, formed by..
- Epithelium Trachea?
- Epithelium of Stomach?
- What happens to the pulp as you age?
- Enolase
- Anterior wrist innervation
- Main matrix protein of enamel?
- Fumarase is what type of reaction
- Also Fumarase links links TCA to urea cycle

- Lower Motor lesion on facial nerve...
- At least 3 questions about Rickettsia
- Heterochromatin
- location of Chief cell
- replication phase ? G1,S,M...
- Question asking what occurs in Dysplasia
- Phagocyte found in synovial membrane ,capsule...
- Lot of questions about ant guidance
- I have a exactly questions that I posted days ago in the group ...



- what is the direct source of nutrition to the tmj articular surfaces?
- If agglutination occurs when exposed to anti-A and anti-B what is the blood type?
- Where you see wear facets? lingual of maxillary? Facial of mandibular...and other options
- Atrophy occurs with? Pressure, disuse, certain hormones...
- Trichophyton causes athletes foot
- Where do you get sharper taller posterior cusps?
- Patient has pain tooth # 3 and needs a root canal
- * Where would infection go?
- *What nerve sense pain in that tooth?
- *What is the neurotransmitter for pulp pain? Acetylcholine, Substance P
- What is not in Parotid? Facial nerve,artery?
- Which part of in kidney uses the most ATP?
- Which cell is least amount ...neutrophil, basophil...I remember about Never Let Monkeys Eat Bananas...
- Which taste receptor has the lowest threshold for taste
Bitter, Sour, Salt ,Sweet...
- Five years healed bone--- what type bone?

- One question about 1 month fracture ---what type bone?
- Cells in howship lacunae?
- Questions about Villi, Microvilli...
- Ansa Cervicallis
- Similar inorganic material? Cementum and bone...
- First enamel find where? Cej,cusp,incisors...
- Shape of cervical of incisors?
- Eject milk?
- Ventral surface of tongue has which epithelium?
- 25% Offspring
- G protein
- Which bacteria is not part of the upper respiratory tract?
- Atherosclerosis...I don't remember the question
- What Parkinson and Alzheimer has in common?
- Replace dog aorta with a rigid tube...what is going to happen with systolic? Diastolic? Pulse rate?
- Shigella and diarrhea
- Demilune of mucous in sublingual gland consist of ? mucous,serous...
- Which muscles are affected in Myasthenia graves ...choose 3...
- Location of foramen Ovale and Rotundum
- Which one in Fetal heart? Foramen Oval or Fossa Oval?
- Postural position---
- Achalasia where?
- Nitrogen sources for urea?
- Girl is 17 years old, she is taking birth control...she asked the dentist to don't tell her parents... if the dentist don't tell he is doing? Veracity, justice, benevolence...
- Signs stroke ?
- Person with diarrhea has metabolic alkalosis? acidosis?
- Karyolysis
- Chemotaxis ...I don't remember the question
- Medullary chords...what is found there?
- IAN pass trough Buccinator...
- Lung is supplied by which nerve?
- I got this question about enzyme converts a substrate into reactive inhibitor...suicide
- Thyrohyoid membrane pierced by?
- Nerve between Sup and Inf constrictor?

- Location of Colloid cells
- Which lobe senses pain?
- PPD test is positive for all except? Bovis, Leprae, Micobacterium...
- Swallowing and teeth position?
- Greatest genetic information is transferred by ? conjugation, transcription...
- P54?
- An excess of adrenal cortex hormones leads to what disease?
- Excess ACTH leads to ? weight gain ...hyperglycemic
- Hormone with longest duration?
- 3ry structure of proteins – cysteine
- Patient with trismus ... how much can this person open his mouth? 30mm,50mm,10mm...
- Atmospheric pressure 250 mmhg and po2 is what? 50mmhg
- Urea cycle gets its nitrogen directly from?
- Albumin level and edema
- Question about Superior Cervical Ganglia... asking exactly where... C1to C3, C7...
- Where does the sphenomandibular ligament insert
- Some questions on CLIII occlusion
- Something about what is distal to canine distal fossa...
- One question about a patient with chronic stomach pain...also has a infection in his tooth ... Dentist prescribed antibiotic for his tooth infection...

After a week patient is better and his stomach also is without pain...This happened because?

the pain in patients stomach was because the tooth infection or the antibiotic had a large spectrum and also killed the bacteria in patient stomach...

- Which of the following muscles is NOT an infrahyoid muscle?
- Question asking about spinal nucleus of Trigeminal...asking where pain is sense...but the choices where spinal oralis,spinal caudalis,interpolaris...

-Clindamycin inhibit ...30s,50s...

-Allele?

-I had that 2 testlet from Tangy

1. **(Case Study)** Male patient comes in with pain on his maxilla tuberosity by #3. It get worst at night, sharp pain and comes suddenly and leaves suddenly. He comes to your office for a clinical exam. Everything is NORMAL except palpation of the buccal gingiva hurts.
 - a. What is the diagnosis for the case? **Trigeminal neuralgia.**
 - b. Patient comes back and can't take the pain anymore, so he asks you to take all his teeth out and make him a removable. Which two principles conflict? **Autonomy & non-maleficence.**
- Trigeminal neuralgia (**Tic Douloureux**) - axon demyelination in gasserian ganglion, dorsal root or both
-

25. (Case Study) Patient with RCT #3 & the radiolucency did not resolve. The histological section showed non-keratinized epithelium
- a. What is the radiolucency? **Cyst** (Other answer options were abscess, granuloma, etc)
 - a. Cyst is a fluid-filled sac = don't resolved after RCT (abscesses tend to), non-keratinized stratified squamous epithelium w/ PMNs. Both abscess & cyst are non-keratinized epithelium
 - b. Where would the infection go? **Infratemporal**

Latest Remember Questions

Hba1c measures

Sclerotic dentin characteristics

Myasthenia graves

Whistle sound

N glycoside where

Sphenoid bone no.

Postsynaptic nerve sphincter pupillary where

Mandibular ligament for protrusion

Hydrophobic aa

Pofocyte cell where

Neoplasm in root of lung spread anteriorly to

Found in saliva nd tears

Salivary nucleus where

Ketogenic aa

Fluroquinone moa

Mandibular ramus ossification

Chemotractant

Transmit disease but is no alive

Absent vitamins in glossitis dermatitis

Proncogens

Masseter is stretch reflex muscle t/f

Which don't produce glucose..mannosa t/f

Esophageal varices causes hematemesis t/f

Colitis not cause caused by smoking t/f

Nitrogen is excreted as

Nonstandard aa

Diff btw salmonella and shigella

Causes poliomeilitis

Diff btw renal filtration and gfr

Tyrosine kinase

Hpv and future neoplasm asso to it and the epithelium of that neoplasm

A woman found dead on a beach with right deviation to mandibular. Whats damager

What nerve in palate

Ulcer in palate

Relation between alveolar pressure air into lung thoracic volume

Hiv oral carcinoma related

Tb cause granulomatous t/f

Woman under birth control what happen to lh estrogen and progesteron

Fungi growing around blood vessels

Epithelium gingival mucosa

Type of dentin in trauma

Which don't cause brain abscess

Pertussis vaccine

Root formation canine

Root formation 1 pm

Adduct scapula

Biceps inervation

Salivary nucleus where

What inc or dec glycolysis

Diabetic foot what cause lil vein problem why

Blood supply of cheek and nerve

Erosion causes

Abrasion

Tissue type in tonsil

Last epithelium in lung before respiratoty bronchus..and after

Vit no need in bone

Teeth pain receptors

Gastrointestinal oringen

Adrenal cortex oringen

Released Questions 2016

Which of the following should NOT be prescribed for a patient receiving warfarin?

- A. Acetaminophen.
- B. Metronidazole.**
- C. Penicillin.
- D. Codeine

Elective root canal therapy may be safely and successfully undertaken for all of the following EXCEPT

- A. hemophiliacs.
- B. patients with a history of rheumatic fever.
- C. pregnant patients during first trimester.**
- D. pregnant patients during second trimester

During post preparation on a maxillary central incisor, the labial surface of the root is perforated. The most appropriate management is to

- A. extract the tooth.
- B. cement the post using zinc-oxyphosphate cement.
- C. cement the post, then raise a flap and seal the defect surgically.
- D. re-prepare the canal so the post is now totally within the canal and cement the post.**

Marsupialization is the most appropriate surgical technique in the management of

- A. hygroma.
- B. cystic ameloblastoma.
- C. ranula.**
- D. osteomyelitis

Which of the following is a basic design principle for a mucoperiosteal flap?

- A. Narrow based.
- B. Limited bone exposure.
- C. Able to be repositioned over bone.**
- D. Mesial release incision

The most appropriate treatment of an ameloblastoma is

- A. chemotherapy.
- B. enucleation.
- C. resection.**
- D. radiotherapy

Oral lesions can be found in all of the following conditions EXCEPT for

- A. leukemia.
- B. pernicious anemia.
- C. infectious mononucleosis.
- D. obstructive jaundice**

The most appropriate management of an intruded 5.1 with the apex displaced toward the labial bone plate is to

- A. extract.

- B. leave in place and perform a pulpectomy.
- C. reposition and perform a pulpectomy.
- D.** allow spontaneous repositioning

Keratocystic odontogenic tumours (odontogenic keratocysts) have a/an

- A. inflammatory origin.
- B. mixed radiopaque/radiolucent appearance.
- C. solid consistency.
- D.** tendency to recur

Regular use of oral irrigators will

- A. prevent plaque formation.
- B. remove plaque.
- C. remove calculus.
- D.** remove debris.
- E. prevent bacteremia

Which type of periodontitis is generally treated WITHOUT systemic antibiotics?

- A. Localized severe aggressive periodontitis in a 16 year old patient.
- B. Localized severe aggressive periodontitis in a 25 year old patient.
- C. Severe refractory chronic periodontitis.
- D.** Severe generalized chronic periodontitis.
- E. Generalized severe aggressive periodontitis in a 30 year old patient

The preconditioning of a high glass content all-ceramic restoration prior to bonding is achieved by

- A. sandblasting.
- B. acid etching with phosphoric acid.
- C. roughening the surface with a diamond bur.
- D.** acid etching with hydrofluoric acid.
- E. degreasing with acetone.

In complete denture construction, custom trays are recommended for polyvinyl siloxane and polysulfide rubber base impression materials to

- A.** obtain a uniform thickness of material.
- B. facilitate removal of the impression.
- C. allow for a more uniform setting of the material.
- D. eliminate the need for a tray adhesive

Which of the following analyses is most appropriate for use in an adult patient?

- A. Moyers.
- B.** Bolton.
- C. Tanaka-Johnston

Which of the following statements is correct about Quantitative Light or Laser Induced Fluorescence used to aid in the early

detection of caries?

- A. Low specificity when used to detect smooth surface caries.
- B. Unable to detect caries around existing restorations.
- C. High sensitivity when used to detect interproximal caries.**
- D. Assesses light reflection as opposed to light transmission.

The thickness of the labial bony wall of a maxillary anterior tooth is typically

- A. < 1mm.**
- B. 1 - 2mm.
- C. > 2mm.

Which of the following restorations is the most appropriate for the replacement of a maxillary permanent lateral incisor where there is 4.5mm of mesial-distal space and an intact central incisor?

- A. Implant supported restoration.
- B. Cantilever pontic FPD using canine abutment.**
- C. Removable partial denture.
- D. Three-unit metal-ceramic full-coverage fixed dental prosthesis

The most appropriate gingival contour of a fixed partial denture connector is

- A. concave.**
- B. convex.
- C. flat.

Which of the following viruses has the greatest chance of transmission in an occupational exposure to a vaccinated dental healthcare worker?

- A. Hepatitis B.
- B. Hepatitis C.**
- C. HIV.
- D. HPV.

Ideally, within how many hours should one receive medical attention for percutaneous exposure to blood borne pathogens?

- A. 2.**
- B. 4.
- C. 6.
- D. 8.

A3 shades of composite resins should be light-cured in increments limited to a maximum of

- A. 0.50mm.
- B. 1.00mm.
- C. 1.50mm.
- D. 2.00mm**

Proportionally, how far below the superior border of the lower 1/3 of the face are the commissures of the mouth located?

- A. At the commissures.
- B. 1/4.
- C. 1/3.**
- D. 2/3.
- E. 3/4.

The manufacturer's maximum recommended number of 1.8ml cartridges of 3% mepivacaine that may be safely administered to a 65kg adult is

- A. 5.
- B. 6.
- C. 7.**
- D. 8.
- E. 9.

The maximum recommended number of 1.8ml cartridges of 2% lidocaine with epinephrine 1:100,000 that may be safely administered to a 17kg child is approximately

- A. 0.5.
- B. 1.
- C. 1.5.
- D. 2.
- E. 2.5.**

Which of the following is true about the supraeruption of unopposed molars?

- A. Supraeruption occurs 60% of the time.
- B. Supraeruption is more prevalent in the mandibular arch.
- C. Unopposed molars have a mean supraeruption of 3.0mm.**
- D. Attachment loss is one of the main predictors

A 4 year old has generalized bone loss, mobile teeth and generalized calculus. Which condition should NOT be included in the differential diagnosis?

- A. Cyclic neutropenia.
- B. Papillon-Lefèvre syndrome.
- C. Chédiak-Higashi syndrome.
- D. Crouzon syndrome.**
- E. Leukocyte adhesion deficiency syndrome

To minimize fractures of amalgam restorations in primary teeth, cavity preparations should have

- A. concave pulpal floors.
- B. rounded axiopulpal line angles.**
- C. bevelled cavosurface margins.
- D. lateral walls parallel to the external surface of the tooth.

Hemorrhagic shock is a circulatory disturbance characterized by

- A. increase in blood pressure.
- B. alteration in circulating blood volume.**
- C. elevation of temperature.
- D. decrease in amount of interstitial fluid

The diagnosis of a 1.5cm white patch after incisional biopsy is severe epithelial dysplasia. The most appropriate management is

- A. complete excision.
- B. repeat biopsy.
- C. radiation therapy.
- D. observation.

Periodontitis as a manifestation of systemic disease as described in the Armitage 1999 classification includes

- A. diabetes.
- B. leukemia.
- C. atherosclerosis.
- D. osteoporosis

The most likely cause of localized facial gingival recession in a healthy 17 year old individual is

- A. minimal attached gingiva.
- B. occlusal trauma.
- C. traumatic toothbrushing.
- D. factitious injury

A significant anatomic difference between the peri-implant marginal soft tissue and the gingival marginal tissue of a tooth exists in the

- A. epithelial attachment.
- B. type of collagen.
- C. vascular supply.
- D. sulcular epithelium

Most commonly, palatal exostoses occur at the level of

- A. incisors.
- B. canines.
- C. premolars.
- D. molars

In a sagittal split osteotomy of the mandible, the neurovascular bundle should remain in which segment of the mandible?

- A. Proximal.
- B. Distal.
- C. Lateral.
- D. Condylar

A 30 year old male suffers an orbital injury. How many bones form the orbit?

- A. 4.
- B. 5.
- C. 6.
- D. 7.
- E. 8.

The teeth of a Miller bone file are designed to smooth bone with a

- A. pull stroke.
- B. push stroke.
- C. sawing motion.
- D. circular motion

In a dental office, what is the most common cause of respiratory distress?

- A. Anaphylaxis.
- B. Bronchospasm.
- C. Hyperventilation.**
- D. Myocardial infarction

What is the minimum CD4 count to perform elective dental treatment?

- A. 100 cells/mm³.
- B. 200 cells/mm³.**
- C. 300 cells/mm³.
- D. 400 cells/mm³.
- E. 1000 cells/mm³

Which of the following organs is typically associated with multiple spider angiomas?

- A. Lungs.
- B. Liver.**
- C. Kidneys.
- D. Pancreas.
- E. Gallbladder

During CPR, if a patient is not breathing but has a pulse, how often should a breath be given? Every

- A. 3-4 seconds.
- B. 5-6 seconds.
- C. 7-8 seconds.**
- D. 9-10 seconds

In clinically normal periodontium, the distance between the bottom of the gingival sulcus and the alveolar crest is

- A. 0.5-1mm.
- B. 1.5-2mm.**
- C. 3-5mm.

In addition to the advancement of knowledge, health research is intended to produce value for research subjects, for other individuals, and/or for society as a whole. What ethical principle does this refer to?

- A. Autonomy.
- B. Non-maleficence.
- C. Beneficence.**
- D. Justice

A survey of a random sample of 5,586 Canadians found that 63% of older adults had visited a dentist in the last year. The 95% confidence interval was 56% to 70%. This means that

- A. between 56% and 70% of older adults account for 95% of the dental visits.
- B. there is 95% certainty that 63% of older adults had dental visits.
- C. no more than 70% of dental visits occurred in 95% of older adults.
- D. there is 95% certainty that 56% to 70% of older adults had dental visits.**

Pulp reactions to caries include all of the following, EXCEPT

- A. decrease in dentin permeability.
- B. tertiary dentin formation.
- C. evaporation of the intratubular fluid.**
- D. inflammatory and immune reactions

Which of the following clinical protocols is the most appropriate next step in the management of an avulsed permanent

tooth, which has just been replanted?

- A. Splinting with composite resin only.
- B. Splinting with flexible wire.**
- C. Splinting with rigid wire.
- D. Pulpectomy.

Meta-analyses are important to the practice of dentistry because they

- A. minimize publication bias.
- B. define who is at risk for a disease.
- C. guide statistical testing for clinical procedures.
- D. provide a quantitative summary measure from many studies**

Which of the following studies provides the best evidence for the possible association between community water fluoridation and hip fracture?

- A. Ecological.
- B. Case-series.
- C. Cross-sectional.
- D. Retrospective cohort**

The purpose of calibrating examiners in a randomized controlled clinical trial is to ensure

- A. consistent measurement of clinical outcomes.**
- B. similarity of experimental and control groups.
- C. high ethical standards in conducting the trial.
- D. measurement of all relevant clinical outcomes.

A dentist who has been diagnosed as a chronic Hepatitis B carrier can perform exposure prone procedures

- A. using Standard precautions.
- B. in the absence of HBeAg.
- C. following a review by an Expert Panel.**

When an oxygen tank is half full, what is the pressure gauge reading?

- A. 500 psig.
- B. 1000 psig.**
- C. 1500 psig.
- D. 2000 psig

What is the minimum number of nucleotides that can be deleted from a gene that will result in the smallest change in the amino acid sequence of the encoded protein?

- A. 1.
- B. 2.
- C. 3.**
- D. 4.
- E. 5.

Sympathetic reflexes accompanying hemorrhage

- A. allow blood loss up to 60% of the total volume.
- B. have no effect on the amount of blood that can be lost.
- C. are part of the long-term compensatory response mechanism.
- D. have a greater effect on arterial pressure than on cardiac output.**

In periodontal ligaments, enzymatic hydroxylation of proline and lysine residues on nascent procollagen requires

- A. vitamin C.**
- B. lysyl oxidase.
- C. calcium ions.
- D. decorin.
- E. matrix metalloproteinase

A new patient is a heavy smoker and has severe periodontitis. When asked if interested in quitting smoking in the next month, the patient replies, "I don't smoke that much so it's not a big deal". What is the most appropriate strategy to encourage behaviour change?

- A. Encourage the patient to identify an alternate date to stop smoking.
- B. Explain the benefits of quitting smoking as soon as possible.
- C. Personalize the risk of continuing smoking to the patient's oral health.**
- D. Ask the patient what would be the easiest first step to take toward quitting.

The presence of flaws or cracks in a material

- A. influences the strength of metals more than ceramics.
- B. leads to the development of stress concentrations.**
- C. impacts compressive strength more than tensile strength.
- D. decreases its elastic modulus

The mucogingival junction with no interproximal attachment loss is a Miller Class. What is the Miller's class for gingival recession that extends beyond the mucogingival junction with no interproximal attachment loss?

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

Over time, the effectiveness of a Light Emitting Diode curing light will be

- A. improved.
- B. the same.**
- C. reduced.

Over time, the effectiveness of a quartz tungsten halogen curing light will be

- A. improved.
- B. the same.
- C. reduced.**

Polymerization reactions which create water or alcohol by-products are called

- A. addition reactions.
- B. ring-opening.
- C. cross-linking.
- D. condensation reactions**

The Controlled Drugs and Substances Act controls the distribution and use of which of the following?

- A. Carbamazepine.
- B. Celecoxib.

- C. Codeine.
- D. Gabapentin.

The Controlled Drugs and Substances Act controls the distribution and use of which of the following?

- A. Diazepam.
- B. Carbamazepine.
- C. Gabapentin.
- D. Celecoxib.

Ethics is most concerned with

- A. patient rights.
- B. standard of right and wrong.
- C. legal liability.
- D. provincial codes of conduct

The etiology of noncarious cervical lesions is

- A. multifactorial in nature.
- B. determined by the shape of the lesion.
- C. determined by an occlusal analysis.
- D. correlated to the dominant hand used for brushing

Which of the following laws is the LEAST relevant to the dental patient record as a legal document?

- A. Provincial.
- B. Criminal.
- C. Consumer.
- D. Common

In Canada, the practice of dentistry is regulated through the

- A. Canadian Dental Association.
- B. Provincial Regulatory Authorities.
- C. National Dental Examining Board of Canada.
- D. Commission on Dental Accreditation

Which of the following is NOT a recognized ethics-based principle?

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

Which of the following is NOT a recognized ethics-based principle?

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

Which type of legal action can result in the payment of damage?

- A. Causation.
- B. Discipline.
- C. Intention.
- D. Tort.**

The following violations provide grounds for a criminal action in battery EXCEPT

- A. intentional touching.
- B. defamation causing harm.**
- C. treatment without consent.
- D. harmful contact

The legally set age for authorization of health care treatment

- A. is 16 years of age.
- B. indicates 'mature minor' status.**
- C. presumes capacity.
- D. applies universally

The legally set age for authorization of health care treatment

- A. is 16 years of age.
- B. indicates 'mature minor' status.**
- C. presumes capacity.
- D. applies universally

To advance a patient's welfare, dentists should refer to a specialist considering all of the following EXCEPT

- A. experience.
- B. fees.**
- C. knowledge.
- D. skills.

Latex gloves should

- A. be washed with plain soap before initial use.
- B. be washed with plain soap when used between patients.
- C. be washed with a disinfectant solution only.
- D. not be washed**

The most significant modifiable risk factor for periodontitis is

- A. cigarette smoking.
- B. bacterial plaque.**
- C. psychological stress.
- D. dental calculus.

Which of the following resorbable sutures has the smallest thread size?

- A. 3.0 polyglycolic acid.
- B. 4.0 silk.
- C. 5.0 chromic gut.**
- D. 6.0 nylon.

Regeneration of periodontal tissue is the replacement of lost tissue with one that is similar in

- A. function.
- B. structure.
- C. structure and function

The facial growth spurt

- A. occurs in males before females.
- B. starts on average at 7 years for females.
- C. starts on average at 13 years for males.
- D. parallels body growth.

Repair of periodontal tissues is the replacement of lost tissue with one that is similar in

- A. function.
- B. structure.
- C. structure and function

Following periodontal surgery, the curetted root surface is repopulated by cells derived from all of the following tissues EXCEPT

- A. periodontal ligament.
- B. cementum.
- C. alveolar bone.
- D. epithelium.
- E. gingival connective tissue

When will infiltrating new blood vessels be histologically detectable following a free gingival graft?

- A. 2 to 3 hours.
- B. 2 to 3 days.
- C. 2 to 3 weeks.
- D. 2 to 3 months.

Histologically, periodontitis is distinguished from gingivitis by

- A. increased collagen destruction.
- B. increased gingival inflammation.
- C. apical migration of dentogingival epithelium.

The blood vessel which may be injured when harvesting a connective tissue graft from the palatal mucosa is the

- A. sphenopalatine.
- B. nasopalatine.
- C. posterior superior alveolar.
- D. greater palatine.

Periodontitis

- A. affects individuals with various susceptibility at different rates.
- B. affects different parts of dentition in the same individual similarly.
- C. is generally not progressive in nature.

Which of the following instruments is CONTRAINDICATED when extracting primary teeth?

- A. Rongeur.
- B. Root tip elevator.
- C. Cow horn forceps.
- D. Maxillary universal forceps

Over the lifetime of a patient, the relative position of the midface in comparison to the mandible is

- A. anterior.
- B. constant.
- C. posterior

The most appropriate suture combination for a through laceration of the lower lip would be

- A. skin: 5.0 nylon, muscle: 3.0 vicryl, mucosa: 3.0 gut.
- B. skin: 3.0 silk, muscle: 3.0 silk, mucosa: 3.0 silk.
- C. skin: 3.0 gut, muscle: 3.0 vicryl, mucosa: 3.0 silk.
- D. skin: 5.0 nylon, muscle: 3.0 silk, mucosa: 3.0 gut.
- E. skin: 3.0 gut, muscle: 3.0 vicryl, mucosa: 3.0 gut.

Gingival enlargement associated with use of cyclosporine is primarily characterized by an increase of

- A. plasma cells.
- B. edema.
- C. collagen.
- D. keratinocytes

Gingival enlargement associated with use of phenytoin is primarily characterized by an increase of

- A. plasma cells.
- B. edema.

- C. collagen.
- D. keratinocytes

The minimum time to re-evaluate tissue response after initial therapy for a patient with generalized moderate chronic periodontitis is

- A. 1-10 days.
- B. 11-20 days.
- C. 21-30 days.
- D. 31-40 days

What is the primary source of elevated collagenolytic activity in chronic periodontitis?

- A. *P. gingivalis*.
- B. Macrophages.
- C. Neutrophils.
- D. *P. intermedia*

Which element found in radiograph processing solutions is of most concern environmentally?

- A. Mercury.
- B. Lead.
- C. Silver.
- D. Copper

An abused woman is most at risk of being murdered when she

- A. Argues with the abuser in front of their children.
- B. Separates from her abusive spouse.
- C. Confides in friends and asks for help.
- D. Reports the abuse to law enforcement

What is the most appropriate action for a dentist to take for a female patient experiencing spousal abuse?

- A. Speak to the alleged abuser to assess the level of threat to the patient.
- B. Offer resource materials and referrals to community agencies to the patient.
- C. Focus on dental matters and consider the abuse issues in the future.
- D. Counsel the patient to leave the abuser

On the basis of "Socransky's Modifications of Koch's Postulates", the potential pathogens in periodontal disease must possess all of the following EXCEPT

- A. be associated with disease, as evidenced by increases in the number of organisms at diseased sites.
- B. be eliminated or decreased in sites that demonstrate clinical resolution of disease with treatment.
- C. demonstrate a host response, in the form of alteration in the host cellular, not humoral, immune response.
- D. be capable of causing disease in experimental animal models.

E. demonstrate virulence factors responsible for enabling the organisms to cause periodontal tissue destruction.

In the embryo which of the following could be missing if pharyngeal pouch development is disrupted?

- A. Thyroid.
- B. Maxillary sinus.
- C. Thymus.**
- D. Inner ear.

Defects in the outflow tract of the heart in individuals with craniofacial malformations are caused by the disruption of

- A. mesoderm development.
- B. neurulation.
- C. folding of the embryo.
- D. neural crest development**

Daily fluid loss from a healthy individual at rest in a temperate climate is approximately

- A. 250ml.
- B. 500ml.
- C. 1.0L.
- D. 2.5L.**
- E. 5.0L.

Angiotensin II converting enzyme is primarily produced in

- A. osteoblasts.
- B. epithelial cells of the small intestine.
- C. hepatocytes.
- D. Kupffer cells.
- E. vascular endothelial cells of the lung**

Which of the following is increased after stimulating α_1 -adrenergic receptors?

- A. Contractility of the heart.
- B. SA node activity.
- C. Blood vessel constriction.**
- D. Bronchial dilation

Heart rate is increased by

- A. hyperkalemia.
- B. reduced α_1 -adrenergic receptor activity.
- C. atropine.**
- D. acetylcholine.
- E. elevated vagal tone.

Rigor mortis is

- A. due to intracellular Ca^{2+} ion depletion.
- B. due to cellular ATP depletion.**
- C. mechanistically identical to a tetanic contraction.
- D. characterized by spastic paralysis.
- E. an isotonic contraction

A 28 year old male patient works long days that typically include numerous soft drinks and candy bars, but no opportunity to brush his teeth. He has continued to experience one to two carious lesions per year and now wants orthodontic treatment to straighten his teeth. Which of the following is the most appropriate initial step in addressing behavior modification for this patient?

- A. Providing a new toothbrush and sample tube of dentifrice.
- B. Illustrating, with the aid of drawings the basic caries process.**
- C. Explaining how his present habits increase his caries risk.
- D. Explain that treatment cannot be initiated until he can keep his teeth clean

Which of the following explanations of the caries process is most appropriate for a 10 year old patient who snacks frequently on soft drinks and doughnuts?

- A. When you eat doughnuts and soft drinks, because of all the sugar in them you'll get cavities.
- B. Bacteria in your mouth are the main cause of caries.
- C. Not brushing your teeth means the sugar from your snack attacks your teeth for about twenty minutes.
- D. The 'bugs' in your mouth eat the sugar in the food you eat, and change it into acid which can make holes in your teeth.**

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.

Which ethical principle is violated when a dentist practices while impaired?

- A. Autonomy.
- B. Beneficence.
- C. Justice.
- D. Nonmaleficence.**
- E. Veracity

Which ethical principle is violated when a dentist increases fees solely based on the fact that the patient is covered by dental insurance?

- A. Autonomy.
- B. Beneficence.
- C. Justice.
- D. Nonmaleficence.
- E. Veracity

A panoramic radiograph and bite-wings are required as part of an examination for a new patient. The patient states that radiographs had been taken in the last year by another dental office. The most appropriate management is to

- A. make a panoramic radiograph and bite-wings.
- B. make a panoramic radiograph only.
- C. make bite-wings radiographs only.
- D. request the existing radiographs

The most effective method for protecting dental personnel who expose radiographs is to have them

- A. stand behind a barrier during exposure.
- B. stand 2 metres away from the x-ray generator during the exposure.
- C. wear a lead apron during exposure.
- D. wear a radiation monitoring device (film badge) during exposure.

The most likely condition to mimic periodontal disease is

- A. lateral periodontal cyst.
- B. paradental cyst.
- C. Langerhans cell histiocytosis.
- D. disuse atrophy (ridge resorption)

Patients with resistance to activated protein C (factor V Leiden) are at risk for

- A. fibrinolysis.
- B. bleeding diatheses.
- C. thrombocytopenia.
- D. hypercoagulation.
- E. erythrocytosis

In the absence of "Hanks balanced salt solution", what is the most appropriate media to transport an avulsed tooth?

- A. Saliva.
- B. Milk.
- C. Saline.

D. Tap water

A subluxated tooth will have

- A. mobility and displacement.
- B. no mobility and no displacement.
- C. mobility and no displacement**

Gloves should

- A. be washed with mild soap and warm water after a dental procedure before treating the next patient.
- B. be removed after use and replaced with new gloves before treating another patient.**
- C. not be used if the patient reports a latex allergy.
- D. not be used in dental procedures requiring fine tactile discrimination.
- E. be placed on the hands before tying on a mask.

For sterilization to occur in an autoclave, all of the following must be monitored EXCEPT

- A. chemical levels.**
- B. time.
- C. pressure.
- D. temperature

Which of the following bacterial components is a potent inducer of proinflammatory cytokines and can cause fever and shock?

- A. Lipopolysaccharide.**
- B. Peptidoglycan.
- C. Teichoic acid.
- D. Porins.

In providing maxillary anterior esthetic dentistry, optimal results are obtained by considering all the following EXCEPT

- A. midline orientation of the incisors.
- B. age and gender of the patient.
- C. Curve of Wilson.**
- D. lower lip line

Which statement is true regarding amalgam?

- A. A thin layer can be left to seal the cavosurface margins.
- B. It bonds on its own to tooth structure.
- C. It wears at a rate similar to that of tooth structure.
- D.** It is time-consuming to place compared to composite resin.

A new patient had an acute pulpitis. Treatment included a pulpotomy and a prescription for 30 tabs of Percocet®. Known to local police as a drug user, the patient subsequently bragged to a police officer that it was very easy to get narcotics from his new dentist. Several weeks later, a police officer attends the office explaining that he is conducting an investigation into health professionals complicit in narcotic trafficking. Which of the following statements is correct?

- A. There is a legal duty to assist in any criminal investigation.
- B. Patient files must be released to police upon request.
- C.** A subpoena is required for the dentist to present relevant documents

Dentists in a prosthetic study club have been asked to recruit subjects for a clinical trial of a new dental implant system. Dentists will receive a \$500 finder's fee for each subject recruited. Subjects will receive the treatment for free. Which of the following statements is correct?

- A.** Subjects in this trial are protected by the clinical trial regulations of the *Food and Drugs Act*.
- B. Ethics review of clinical trials in Canada is legislated to follow the Tri-Council Policy Statement.
- C. The finder's fee is justified because of the time required to identify suitable subjects.
- D. Free treatment for subjects is justified due to the time and inconvenience.

Duraflor®

- A. is only effective on dry, plaque-free teeth.
- B.** can remineralize early root carious lesions.
- C. causes unsightly stain on exposed roots.
- D. should only be used on individuals in unfluoridated areas.

Unmyelinated nerves found in the pulp that respond to thermal, mechanical, chemical and inflammatory stimuli are called

- A.** C fibres.
- B. A delta fibres.
- C. sympathetic fibres.
- D. dentinal tubules.

The risk of contracting hepatitis B following a percutaneous injury from an occupational exposure to the contaminated blood of a patient has been shown to be in the range of

- A.** 6-30%.
- B. 35-66%.
- C. 72-90%.

Astrocytes are cells found in the

- A. brain.
- B. peripheral nerves.
- C. tongue.
- D. blood.

Whooping cough is caused by

- A. bacteria.
- B. a virus.
- C. mycoplasma.
- D. yeast

Pain caused by trauma to the oral mucosa would activate

- A. muscle spindles.
- B. low-threshold mechanoreceptors.
- C. nociceptors.
- D. pacinian corpuscles.
- E. merkel disks.

The most effective agent used to etch enamel and dentin is

- A. 5-10% tartaric acid.
- B. 30-40% phosphoric acid.
- C. 15-20% maleic acid.
- D. 40-50% citric acid

The mean annual radiation dose equivalent for human populations on earth is approximately

- A. 3 to 4 micro- (μ) Sv.
- B. 3 to 4 milli- (m) Sv.
- C. 3 to 4 Sv.
- D. 3 to 4 k Sv.

During tooth development, epithelial mesenchymal interactions function

- A. only at the initial stages when tooth positions are being laid down.
- B. through the exchange of small molecules.
- C.** when preameloblasts signal preodontoblasts to start producing dentin.
- D. only with epithelium and mesenchyme from tooth-forming regions

Patients who have gingival enlargements surgically removed should be forewarned that there is a high incidence of

- A. altered taste sensation.
- B. dentinal hypersensitivity.
- C.** reoccurrence of gingival enlargement.
- D. post-operative swelling

For which of the following reasons would a dentist administer an aqueous solution of epinephrine hydrochloride?

- A. Hemostasis.
- B. Vasoconstriction.
- C. Acute adrenal insufficiency.
- D.** Anaphylaxis.

In a dental office, all of the following should be used to reduce the risk of Hepatitis B infection for staff and patients EXCEPT

- A. steam sterilization.
- B.** chemical sterilization.
- C. standard precautions.
- D. medical history.
- E. staff education

Which of the following conditions is most appropriately treated upon diagnosis?

- A. A maxillary midline diastema.
- B.** Posterior cross-bite with midline discrepancies.
- C. Improper axial inclination.
- D. End-to-end molar relationships

The junctional epithelium, once it has migrated apically, attaches to the cementum by means of

- A. collagen fibres.
- B. oxytalan fibres.
- C. desmosomes.
- D.** hemidesmosomes

Reduced mobility of the temporomandibular joint is called

- A. Charcot's arthritis.
- B. osteoarthritis.
- C. ankylosis.
- D. arthrosis.**

The effects of polymerization shrinkage of composite resin must be taken into account for all the following EXCEPT the placement of a/an

- A. occlusal restoration.
- B. mesiocclusal restoration.
- C. vestibular restoration.
- D. direct veneer restoration**

The most common barrier preventing elderly individuals from seeking dental treatment is

- A. the cost associated with receiving treatment.**
- B. difficulty getting to and from the dental office.
- C. a lack of perceived need for treatment.
- D. fear of being "hurt"

Which of the following statements about alternate sweeteners is INCORRECT?

- A. Saccharin alone is not carcinogenic.**
- B. Xylitol is a polyol with the same sweetness as sucrose.
- C. Aspartame is a dipeptide of aspartic acid and glutamic acid.
- D. Cyclamate is not approved as a food additive

The Intake
Children (4-18
yr)

Dietary Reference Intake (DRI) recommendation for fat is

- | | | |
|-----------|---------------|---------------|
| A. | 20-30% | 20-30% |
| B. | 20-35% | 25-35% |
| C. | 25-35% | 20-35% |
| D. | 25-40% | 20-30% |

The minimal occlusal reduction for a porcelain onlay is

- A. 1mm.
- B. 2mm.**
- C. 3mm

Composite resins bond to tooth structure through

- A. Van der Waals forces.
- B. micromechanical retention.**
- C. chemical bonding

Which of the following does NOT describe the energy of x-ray photons exiting the x-ray unit?

- A. Normally distributed.
- B. Mono-energetic.**
- C. Proportional to frequency.
- D. Inversely proportional to wavelength

Objects that absorb x-ray radiation are referred to on a radiographic image as being

- A. radiodense.
- B. radiolucent.
- C. radiopaque**

Which of the following describes the radiation produced by high voltage?

- A. Short wavelength, low frequency.
- B. Short wavelength, high energy.**
- C. Long wavelength, high frequency.
- D. Long wavelength, low energy.

Which source delivers the highest dose of radiation to humans?

- A. Cosmic.
- B. Medically-related.**
- C. Radon.
- D. Terrestrial

In neurons, glutamate is an amino acid that binds only to

- A. nuclear receptors.
- B. ionotropic receptors.
- C. metabotropic receptors.
- D. ionotropic and metabotropic receptors**

GABA is a/an

- A. drug binding to benzodiazepine receptor.
- B. neurotrophic factor.
- C. inhibitory neurotransmitter.**
- D. excitatory neurotransmitter

The descending (or repolarizing) phase of the action potential is caused by

- A. opening potassium channels.**
- B. closing potassium channels.
- C. opening chloride channels.
- D. closing calcium channels.

The size of pores or cracks in a material

- A. determines a material's fracture toughness.**
- B. influences the strength of metals more than ceramics.
- C. decreases with cyclic or fatigue loading.
- D. is not typically a function of a material's processing

The apex of the heart lies deep to the

- A. 2nd left intercostal space.
- B. 3rd left intercostal space.
- C. 5th left intercostal space.**
- D. 7th left intercostal space.
- E. 9th left intercostal space

In comparing ANSI D and ANSI F speed intra-oral radiographic films, ANSI F speed film emulsion is approximately

- A. 20% more sensitive than ANSI D speed film.

- B. 40% more sensitive than ANSI D speed film.
- C.** 60% more sensitive than ANSI D speed film.
- D. 80% more sensitive than ANSI D speed film.

Cementicles

- A. contain pulp tissue.
- B.** have the same composition as cementum.
- C. are a response to trauma.
- D. develop from excess dental follicle cells

The small bubble normally seen in a local anesthetic cartridge is

- A.** nitrogen.
- B. air.
- C. oxygen.
- D. a breakdown product

Which of the following phases in the setting reaction of dental amalgam is weak and corrosion-prone?

- A. α_1 .
- B. α_2 .
- C. β .
- D. γ_1 .
- E.** γ_2 .

Benign (reactive) lymphoid hyperplasia of cervical lymph nodes is typically

- A. tender, fixed.
- B.** tender, mobile.
- C. nontender, fixed.
- D. nontender, matted.

Permanent first molars begin to calcify at

- A. 1 to 4 months in utero.
- B.** birth.
- C. 3 to 6 months.
- D. 7 to 11 months.

E. 12 to 15 months

A diet survey can provide which of the following information for the prevention of dental caries?

- A. Total carbohydrate consumption.
- B. Frequency of fermentable carbohydrate consumption.
- C. Total protein consumption.
- D. Daily calcium intake

Petechiae are

- A. macules.
- B. papules.
- C. nodules.
- D. vesicles.
- E. bullae

NBDE 1 Questions June 2016

1. Know all bones that form superior orbital fissure: sphenoid (greater and lesser wings) and inferior orbital fissure: sphenoid and maxilla. (they ask that on a clinical case question).
2. Bones that form jugular foramen: temporal and occipital.
3. What is the radiolucent vertical line on an xray between #8 and 9: intermaxillary suture.
4. Which nerves anesthetize for #14 on buccal side: superior middle and posterior alveolar nerve.
5. Diaphragm sella (roof of sella turcica) closest proximity to cavernous sinus.
6. Which zone is the most resistant passage of communications between cells: zona occludens, zona adherens, and macula adherens: answer is zona occludens.
7. Innervation of ventral side of tongue: V3
8. Initial swallowing is voluntary
9. Most abundant papilla of tongue: Filiform
10. Location of palatal tonsils: posterior to palatoglossal arch
11. What structure does not pass by hyoglossus and mylohyoid on the ventral side of tongue below lingual mucosa: CNXII (other answers were submandibular gland, lingual artery and vein. CV12 passes posteriorly but not on ventral side.
12. Innervation of All intrinsic muscles of tongue: CNXII
13. Tensor veli palatine wraps around pterygoid hamulus
14. Area to incise for tracheotomy: cricothyroid space.
15. Parasympathetic lacrimation on Superior salivatory nucleus on brain stem
16. Which was not infrahyoid muscle: geniohyoid and they mentioned all infrahyoid muscle.
17. Which muscle inserts in articular capsule and disc of TMJ: Superior head of lateral pterygoid.
18. Which inserts on coronoid process: temporalis muscle.
19. Pt came with fracture of neck of TMJ: when opens mandibles deviates to same side of fracture and if no damage of fracture pt will open to the contralateral side. What maintain the head of the condyle still in place: temporomandibular ligament. How many mm can this pt open his mouth measured on the incisal edges of ant teeth. I chose 8-10 mm (other answers were 20-30, 40-50 and 60-80.
20. Name of muscles that form a sling of the mandible: masseter and medial pterygoid.
21. Which statement is correct: both are true, both are false, first one is true and second is false, blabla bla. Upper compartment-translation and lower compartment-rotation. Answer: both are true.
22. Know everything about TMJ, so many questions like 20 questions.
23. Posterior deep temporal nerve of V3 supplies anterior part of TMJ.
24. Which nodes external jugular drains: superficial cervical nodes.
25. Innervation of SCM (sternocleidomastoid): CNXI accessory nerve.
26. Artery supply of thyroid: External carotid and thyrocervical trunk

27. Parafoollicular cells secrete calcitonin.
28. Epithelium of maxillary sinus (they give you a clinical case saying after extraction oh #3 there was a communication to the sinus. (no idea of epithelium but I chose pseudo stratified ciliated columnar like trachea epithelium)
29. Innervation of Triceps: radial
30. Innervation of Biceps: musculocutaneus
31. Which part of the ulnar nerve is LEAST protected, answers: hand, wrist, elbow, forearm. (I chose wrist but I'm not sure)
32. Which is the exception of what forms the thoracic cage: answers was clavicle. They other options were sternum, thoracic vertebrae, ribs and xiphoid process.
33. How many lobes on right lung: 3
34. Where blood goes after exiting right ventricle: pulmonary trunk. It didn't say arteries but that was the best choice. Others were aorta, left ventricle, and other nonsense.
35. 0.5 mg of nitroglycerine is used for treatment of Angina pectoris.
36. Red infarct in which organ: lung
37. Descending thoracic aorta: from T4 to T12
38. Right superior intercostal vein drains on Azygos vein
39. Branches of celiac trunk: common hepatic, splenic and left gastric arteries.
40. Know difference between what organs are covered or held by mesentery vs peritoneum. My question was about stomach- greater omentum.
41. Innervation of esophagus: CNX
42. Esophageal varices type of hemorrhage: hemoptysis.
43. Achalasia: failure of smooth muscle of esophagus to relaxe.
44. Know anatomy and what secretes each are of adrenal glands. They love those glands.
45. What was not in medulla: glomerular capsule (bowmans' capsule) all the others were vasa recta, loop of henli, collecting ducts and duct of bellini.
46. Voluntary muscle movement: cerebellum
47. What is contraindicated on a pt with respiratory stimulation: O2 therapy because you are increasing the stimulation of respiratory center of medulla oblongata.
48. Pupillary reflexes of CNII travels with: CNIII
49. Most common eye condition as you age. Presbyopia. Others choices: Myopia, astigmatism, hyperopia.
50. Throbbing pain on tooth: Alpha-delta fibers. (know the symbols of delta, gamma and others so you know what to pick)
51. After 2 days of anesthetized #3 pt has paralysis of orbicularis oculi and facial muscles of same side: Bell's Palsy syndrome
52. Post ganglionic sympathetic fibers: nore and epinephrine stored.
53. Single chromosome syndrome: Turner syndrome
54. First period of mitosis cellular growth: G1
55. Sublingual and goblets: mucous secretion
56. Know difference between striated and intercalated ducts of salivary glands.
57. Osteocytes are located in Lacunae. Know what are osteobalsts, osteoclasts, osteocytes and osteoprogenitor cells. (I don't know the last one)

58. What is the first cell to produce bone: I answer osteoprogenitor (same options as above)
59. Type of bone after a fractured bone 5 years ago. I chose remodeled bone.
60. How to distinguish secondary arteries: by "thick tunica media" no thin, no tunica adventia.
61. Where happens T cells differentiation: Thymus
62. Chromaffin cells: catecholamines (epi and norepi).
63. Terminal bronchioles epithelium: simple columnar
64. Intrinsic factor: secreted in stomach
65. Organ most capable of regeneration: liver
66. Glucagon: alpha. Insulin: beta.
67. Glucagon and epinephrine: stimulates glycogenlysis and gluconeogenesis.
68. Testosterone: leydig cells
69. Spermatozoa stored in epididymis
70. Meissner's corpuscle: encapsulated and touch receptors. Know also pacinian corpuscle and ruffini endings. Question is tricky throwing merkel cells.
71. Arector pili muscle: know where comes from: endo, meso, ectoderm or nueral crest! (not sure, I choose ecto for skin)
72. Enlargement of gingival tissue due to Dilantin because the old lady is takes anti-convulsion medicine. (it was a Clinical case)
73. Gingiva epithelium: stratified squamous keratinized
74. PDL type of tissue: COLLAGEN
75. Cementum origen: dental sak or follicle.
76. Which does not become loose fibers after trauma of #8 and 9: all except interradicucal because teeth are monoradicular. Other options were apical, oblique, horizontal.
77. Tome's granular layer found in Dentin. Other options enamel, pulp, cementum or alveolar bone.
78. Which dentin was the most vascularized: no idea. Options: mantle, circumpulpal, peritubular, intertubular and interglobular.
79. What runs parallel to enamel rods of the most exterior of enamel towards DEJ. I chose Striae of Retziuz. Other options were perikamata, sharpey's fibers, hertzitz.
80. Inorganic compaound that binds to apatite of enamel: fluoride
81. Spleen origin: endoderm
82. Midbrain embryologic origin: Mesencephalon
83. All mastication muscles derivate from 1st pharyngeal arch except buccinators which is from 2nd pharyngeal arch. They named masseter, lateral and medial pterygoid and temporalis.
84. All facial muscles derivate from 2nd pharungeal arch except masseter which its from 1st pharyngeal arch.
85. Alpha amylase cleaves alpha-1,4 linkages. Not beta, not gamma, not 1,6. Tricky question!
86. Enzyme that hydrolyses sucrose: Glucosyl Transferase

87. Norepinephrine comes from Tyrosine. Best choice, the others were thryptophan, histidine, alanine.
88. Ascorbate (vit c in other words) is required for hydroxylation of proline and lysine during collagen synthesis.
89. Another tricky question: which one is the most essential of collagen synthesis: proline, lusine, and some other amino acids. I chose proline. Both are needed but I guess proline is more important.
90. Which aa unites the urea cycle to glycolysis: alpha ketoglutarate, succinate, oxaloacetate, fumarate and ornithine. (not sure, I think is fumarate)
91. What % of A. C=20, G=30, T=40. So the rule is 50-50. C-G (20+30=50) A-T (in order to get 50, you substrat 50-40= 10, then A=10.
92. DNA synthesis: ligase joints dna fragments.
93. Know all characteristics of proteins of phospholipid bilayer.(polar or nonpolar, one direction or bidirectional transport)
94. What needs transporters to facilitate passage : glucose
95. K⁺ out the cell: repolarization. Other choices resting, polarization, refractory.
96. Which bands shorten when muscle contraction: "HI" H and I band.
97. Epimysium: surrounds all fascicles and the entire muscle.
98. Where is Macula located: in distal convulated tubule
99. Deficiency of Vit C: scurvy
100. Hormone that maintain the corpus luteum: progesterone
101. Cancer of adrenal medulla: pheocromocitoma
102. Sterilization of heat sensitive materials: ethylene oxide
103. Capsule prevents opsonization and phagocytosis. Microorganisms: Strep. Pneumonia.
104. Spirochetes: treponema palidum, dark field microscopy. Primary-chancr, secondary: condylomata lata, tertiary: granuloma "gumma"
105. Chamydia: obligate intracellular organism. Trachimatis type is the most comun cause of STD in USA. Can cause vision problems.
106. Rickettsia: the only one is not transmitted by vector. Atypical rickettsia caused by Coxiella Burnettii, Q fever.
107. PPD test is a type of IV hypersensitivity reaction. Test for Tuberculosis.
108. Tetracyclines: inhibit protein synthesis at 30'S ribosomal, static.
109. Penicillins: inhibit cell wall synthesis
110. Pseudomembranous colitis cuased by clostridium dificile and clindamycin usage.
111. Penicillin G for syphilis
112. Pre-med for a patient allergic to penicillin: clindamycin
113. Standard Prophylaxis : 2 g of amoxicillin 1 hour before procedure.
114. Herpangina-what virus family? Coxackie A virus
115. Papillomavirus: 2 questions: forms WARTS and related to cervical cancer
116. Hep D is related to previous infection with Hep B
117. Aspergillus: aflotoxin
118. Only fungal capsule microorganism: (out of 5 answers) it was criptococcus neoformans

119. Pt traveled to Africa and has fever, anemia and splenomegalia. Disease is transmitted by vector: Malaria
120. Cytokine IL-2: T cells activation
121. IgE: allergy and parasitic infection
122. Edema: low plasma colloid osmotic pressure
123. Gout: Xanthine oxidase

Remember Questions October

Glycogen synthesis steps

Cholesterol synthesis mediators

Purine metabolism (enzymes)

Fluoracil MOA

Muscles of soft palate (posterior part)

Muscle related with upper 2 molar

Posterior part of hard palate (blood supply)

First and second arch

Paralysis of the muscle below the left zygomatic arch cause

Gingival bleeding related with NSAID

Part of digestive system not innervated

Autonomic nervous system

Restriction enzyme work at which part of DNA

Sinusoid .. exception

Neoplasm related with inner aspect of uterus

Xanthine oxidase

Differences btw mand. Incisors

Type of fumarase enzyme

47 xxy

Hypermineralized dentin

S shape dentinal tub

Lines of Owen

Trigeminal nerve branches

Tmj innervation

Differences btw dermis and epidermis

Corpus luteum (hormone responsible)

Epithelium of sweat glands

Lesión in LMN

Sup and inf sagittal sinus

Falx cerebri

Swallowing control by

Measles virus

Congenital abnormality related to

Rubella virus

Arm supinación (muscle responsible)

Most numerous Pdl fiber

Mechanism venous blood when reach to the lung

Thumb innervation

Cause of CHF with RA (I don't have any idea what it's mean)

Pepsinogen

Not essential for life

Adrenal cortex.. hormones

Hypothalamus function

Staph aureus

Gingival plaque bacteria

Filamentous bacteria

Advantage of killed virus bact. Polio over lived attenuated

Cerebral infarction (microorganisms)

VPM

cochlear frequencies

Type of mouth mucosa

Embriogenic origen of mouth opening

Respiratory tree branches

Pneumocyte type 2

Renal stone symptoms

pitting edema

Type of cell during aspiration with cirrhosis is related to HCV

Hypothyroidism causes

Big toe

Parafollicular cells

Polymyalgia rheumatic

Colloid where

Burning in mouth what type of fiber

Mesenchymal nucleus

PMN functions

Organelle responsible for basophilic stain

Eff and aff. Lymphatic vessel in

Lateral pterygoid muscle

Differences btw upper premolars And lower premolars

Occlusal table molars

Occlusal table premolars

Brunner gland

Lactase secreted by

MHC 1

CD8 functions

Maxillary nerve branches

Embryonic development of face

Embryonic development of the palate posterior to incisors

which mineral deficiency will cause enamel hypoplasia

Vit A & D

why fungal medication and antibiotics cant work together

which muscle not included or near the axilla

pt who takes medication for candida for long time what will happen to them

during extraction the dr broke the MB root where will it go

the doctors lacerated the mucosa on the palate side distal to 2nd max molar what are the muscles that might be affected

the middle part of the TMJ articulating pad is what type of tissue

what is not found in gallbladder

which part of the brain is for pain and which one is for starvation

pt had pain on his left side of the mouth which side of the brain is controlled

also they asked that pt had pain in his left back side tooth which part are u going to give anesthesia too but they didn't mention which tooth later on they mentioned the name of tooth till later in the case

which muscles are responsible for twisting ur wrist

when does repolarization happen potassium was not in the options

when testing sweat and u find increase in chlorine whats the cause

superior and inferior sinus of the brain whats the layer

also pt was positive for PDP I THINK the one for TB which one is not positive for the test...there was m brov and leperasy i show these 2 in tangy one said its positive and one said its not

during max intercuspation which part helps in protection of the mouth something about that

relation of centric relation and centric occlusion to each other

which artery is responsible of brain infarction

when there is obsrution of bronchial and there is hypoxia in alveoli what happens

pt has carried in mouth cervically what class restoration ur going to make

another q about polio vaccination killed and active which one is better and why

Also I got a a q about when have gingivitis wats the IG found there

Remember Questions File 2

1. Which of the following does not effect retention of crown

– path of insertion

1. 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 ???

1. 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.

1. A patient is not diagnosed as diseased when pt has the disease, this is

– false negative

1. DMFT index limitation

– know!

1. Collimation

– control the size and shape of the x-ray beams

1. Filtration

– filters low energy -> less radiation to pt

1. Reducing what increases density of x-ray

– source & film distance

-
1. What effect patient to choose dentist?
 - 1) Location, 2) family/friend recommend 3) Dentist's education.. I picked 2.
 1. Posterior occlusion is leveled with?
 - Ala-tragus line
 1. When we suppose to begin interproximal decay restoration?
 - 1) half way to enamel 2) At DEJ 3) Into DEJ 4) When shown xray
 1. Max1st premolar perforation at? Mesial
 2. Not risk factor of ANUG?
 3. Diabete 2) smoking 3) plaque ; I picked 1
 4. RMGI stain why? Amine of resin material
 5. Bestxray to see zygomatic arch?
 6. CT 2) PANO 3) Waters
 7. Distal root of mand 3rd molar disappears when extracting which space did it go?
 8. submand 2) parapharyngeal 3) pterygomandibular space; I picked 3
 9. Trying to make root-overdenture what aspects need to be seen?
 10. tooth size of corwn 2) morphology of root 3) PD of root
 11. Aspirin measures requires? Bleeding time (warfarin nees INR/ PT)
 12. Synostosis, midfacial off, eyes are separated widely. Which disease is this?

13. Normal tooth morphology with obliterated pulp (normal root of length)?
14. Dentine Dysplasia 2) Dentigerous imperforata I picked 1
15. Chi square..?
16. Pressure heat vaporize at what temp? for how long? 125 degree, 25min 15 pressure
17. When pronounce f during denture try in, where the vermillion border is located?
18. not come at all 2) anterior to max anterior 3) posterior to anterior
19. Definition of anxiety?
20. Squared vs Round Collimation what percent radiation dosage decrease?
21. 10 2) 20 3)30 4)50
22. Object shortened in xray
23. excessive vertical
24. Most important thing during flap post op?
25. plaque control
26. Cracked tooth. Definitive diagnosis by?
 - 1) Visual 2) local pressure on tooth 3) measure PD?
 1. Not visible by Xray. When patient bite and detach painful
 2. Vertical fracture
 3. Posterior composite restoration. What's most crucial?

4. Resin type 2) Skill 3) area; I picked 2
5. What effects the most on crown retention?
6. taper 2) surface area 3. Texture not sure 2?

(minimal taper increases retention)

1. what crown is most vulnerable to fracture?
2. Aluminum core ceramic..... not sure
3. When doing restoration prep, which bur type produces smoothest surface?
4. cross-sectional fissured bur 2) plain sectioned fissured bur 3) Diamond stone; 2??
5. purpose of acid etch to enamel?
6. remove moisture 2) chemical bonding 3) remove collagen I think its 3
7. Thick cortical with dense trabecular bone. What type of the bone is this?
8. Type 1 2) Type 2 3) Type 3 4) Type 4
9. During hinge movement which anatomical structured are related for pure rotation?
10. Condyle and disk 2) glenoid fossa 3) condyle 4) disc..... fossa/condyle?
11. What is the reason inflammated tissue are hard to anesthetize?
12. anesthesia is unstable 2) Ionized 3) lipid soluble; I think its 2
13. Cleft lip/palate? 1/700
14. Minimal undercut present on maxillary tuberosity what would you do?
15. remove undercut totally 2) reline 3) cover with denture base

16. Antibodies found in the epithelium, acathosis... bullae.. ? pemphigus
17. Picture. On alveolar ridge. Looks like fibroma. Easily bleeding.
18. Traumatic fibroma 2) pyogenic granuloma
19. there is a ranula. What should you do?
20. Remove submandibular gland 2) steroid 3) only superior portion removal
Sublingual gland removal? 보기에 없었다고 하던데... 확실하지 않음
21. Ketone odor from mouth, systemic dz? Diabete
22. Occupational limit? 50mSv
23. Anterior crown shape for moving freely during mastication
24. concavity lingual 2) convexity lingual 3) overjet 4) overbite
25. leeway space
26. mouth breathing causes? Narrow maxilla, anterior open bite
27. Maxcanine. High chance of impacted? Lingually erupted?
28. Taurodontism. Which direction does the pulp grows?
29. Mesial and distal 2) Occlusal and gingival I picked 2
30. hazard = blood borne waste? NO

biohazardwaste: sharps

blood bornwaste: infectious waste

OSHA concerned with regulated waste produced at dental office, EPA regulates the transportation of waste from dental office

1. Downcoding upcoding unbundling?

Dentist did 2 crowns. Insurance paid only 1 crown: Downcoding

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 have a dental benefit plan for the same procedure

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

Upcoding/overcoding: reporting a more complex and/or higher cost procedure than was actually performed

Downcoding: 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

1. Gingivectomy contraindication?

1) suprabony pocket 2) medication induced gingival hyperplasia 3) fibrotic gingiva 4) bottom of the pocket is apical to the mucogingival junction ; 4?

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

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

209. Pregnant woman with IVC suppression what would you do?

1) elevate feet in supine position 2) reverse the position of Trem 3) move the body a little left 4) move right and keep airway open ;

Another Exam

DAY 1

Topical steroids given in what conditions → there are a lot of skin conditions such as eczema, dermatitis, psoriasis etc.

In the oral cavity: oral lichen planus, ulcerative gingivostomatitis, erythema multiforme, angular stomatitis, aphthous stomatitis.

acid-etching does not cause : Reduced leakage, better esthetics, increased strength of composites

best aid for removal of interproximal plaque → Tooth brush , Tooth pick Interdental tooth brush , Floss psoriasis drugs and their interaction with epinephrine? so the pt has psoriasis,,,,hypertension,,and diabetes

The only drugs that can interact with epinephrine for this patient is hypertension drugs. interaction of epi with skin → drugs and xerostomia was emphasized.....like which drug causes xerostomia → Drugs that produce REVERSIBLE Xerostomia: a. Amitriptyline (elavil) – tricyclic antidepressant; highest incidence of xerostomia! b. Diphenhydramine (benadryl) – sedating type anti-histamine c. Atropine – powerful anticholinergic, blocks saliva production. d. Diazepam (Valium) – benzodiazepine tranquilizer.

one case had uncontrolled diabetes mellitus...in that treatment sequence.... like the question is missing 7,8,9, and some decayed... so will u give fpd, or implant? Implants are contraindicated in uncontrolled diabetes. there is some radiolucency between lower 2 premolar...what is so was some lateral thing? Could be normal anatomy (mental foramen) FPD the concept was testing about we dont make laterals and/or centrals as pontic? Don't get this! As far as I can see in the literature it is hard to replace two missing anterior teeth (centrals and laterals) as pontic and obtain acceptable esthetic. Multiple adjacent pontics on anterior FPD have reduced FACIAL EMBRASURES to enhance esthetics: least favorable

treatment....so i chose....replacing 3 missing teeth with 2 support....x ray....there is some white dot on the top of the decayed molar...now it is not any pathology but whats the reason....o options will tell any fixing defect.... or any pathology option....then some fixing defect.... some black woman...her tongue has black dots and on the mucosa lateral to the lower molars which are amalgam filled?cultural differenceamalgam tattoo x ray.....i had a bangladeshi woman waiting for her husband to immigrate and not working....her x ray....showd some radioopaque on top of the upper incisor....so i thot it was the nathini" which asian woman wear.....so was some nose ring type.

1 case is uncontrolled diabetes mellitus,,with hypertension,,,all cases have hypertension perio sequence....what will u do...like options were home care insturctions, scaling root planing, and prophylaxis,,,, and rest options were interchangedknow cardio drugs interaction with epi...xerostomiafosamax was asked..is it oral or iv?

mitral valve regurgitation....2 cases.....one is with regurgitation and one is without regurgitation.....so where will u give antibiotics...know that.....grossly decayed....with no fever and swelling,,,u will give antibiotic or not? Cleft lip in CaucasiansThen minimum dose of radiation to the radiologist that is 0.05 but asked in in rem and mili sivet?child is 7 years, living in a community where its 0.2 ppm fluoride how much will you give? they ask for systemic fluoride and not ppm so sodium fluoride options will be there... I think we need to think in terms of sodium fluoride? What causes cleft lip which drug? folic acid, antiepileptic, genetic Mesiolingual cusp of upper 2 molar touches where, options are like Mesiobuccal mesialMesiobuccal lingualDistobuccal mesialDistobuccal lingual or if wrong then something like thisTaurodontism is from occlusocervical or mesiodistal?
Benzodiazepine antidoteàAntidepressant mode of actionà Inhibits serotonin reuptakeChild of 46 kg, how much lidocaine u wanna giveàThere are wear facets on a woman eating tobacco, because of what movement wear facets are there? Lateral and protrusive movements as in functional movement of the mandible during mastication. Wear facets are present at occlusal surfaces, lingual of maxillary and buccal on mandibular teethDistal of max 2 molar, what will u not use for pocket reduction?gingivectomy, apical displaced flap, distal wedge, grafts.Do u give antibiotic rinse in dry socket? No (mosby)Do u give antiobiotic tablet in dry socket? NoChild abuse., whom do u call., 911 or human resource society?Geriatric abuse, whom do u call local police – according to a couple of articles I found online it should be reorted to adult protective services.Geriatric pt comes

with son, what u do?, involve geriatric pt in the decision or geriatric pt may give consent to her son Cultural differences related to anxiety or not – yes Generalized anxiety is related to mood disorder or not ? no its not coz its depression Child is not cooperative, how u do modelling? Get the peer on the side for modelling Pt on antihypertensive, antidiabetic, says that he got weak pulse, and got diaphoresis what is it? syncope, hyperventilation, or what Amitryptilline interaction with epi? Should not be given without very close supervision, the combination of these two will cause accumulation of epi in the synapse à cardiac problems! Mustargen side effects à chemotherapy drug. The side effects are nausea, vomiting, diareha, metallic taste in the mouth, drowsiness and headaches Axial wall is 0.5 from DEJ, is it shallow, deep or ideal for class 2? Child can confidence affect childs flossing abilities. Its about pt mgmt....self confidence theory à Will he have good oral hygiene, he will floss less, more, or bad hygiene. Class 3 composite, extending facially, will u replace it or what will u do? Mosby says: Indications for replacing tooth-colored restorations include: 1. Improper contours that cannot be repaired. 2. Large voids. 3. Deep marginal staining. 4. Recurrent caries. 5. Unacceptable esthetics. Restorations that have only light marginal staining and are judged noncarious can be corrected by a shallow, narrow, marginal repair restoration Composite comes back in 5 days what is it? Marginal leakage? reversible pulpitis? occlusal trauma?

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1. knee jerk reflex.
2. macrostomia. ans: incomplete union of maxillary and mandibular processes.
3. achalasia. ans: condition in which muscles of the lower part of esophagus fail to relax, preventing food from passing to the stomach.
4. surgical removal of cystic ovary. ans: oophorectomy.
5. in one strand of DNA A is 40, T 30, C 20, what is the value of C in the other strand. ans: 10

explanation: to obtain the value of C in the 2nd strand, we have to find the value of G in the first

$$A + T + C + G = 100$$

$$\text{so } G = 100 - 90 = 10$$

$$G = C = 10$$

6. innervation of biceps. ans: musculocutaneous n.

7. innervation of triceps. ans: radial n.
8. most common site of ulnar n. injury. ans: elbow
9. preganglionic parasympathetic fibers to ciliary ganglion. ans: oculomotor n.
10. foramen between pterygopalatine fossa and nasal cavity. ans: sphenopalatine foramen.
11. tm of DNA. ans: melting temperature (T_m) is defined as the temperature at which half of the DNA strands are in the random coil or single-stranded (ssDNA) state. source: wiki.
12. direct branch of celiac trunk. ans: splenic artery
13. aorta enter the abdomen at. ans: T12
14. what cause warts. ans: human papilloma virus
15. most common site of colorectal adenocarcinoma. ans: recto-ileum
16. reverse transcriptase.
17. ligament prevent posterior and inferior displacement of the condyle. ans: TMJ ligament.

18. muscle attached to coronoid process. ans: temporalis m.
19. muscle moves the mandible backward. ans: posterior fibers of temporalis m.
20. muscles forming mandibular sling. ans: masseter and medial pterygoid m.
21. muscle moves the mandible to the right. ans: left lateral pterygoid.
22. structures pass between hyoglossus and mylohyoid m. except. ans: lingual artery (the structures between are: sublingual g. , submandibular duct, lingual n. , and hypoglossal n.)
23. muscle attached to hamular notch. ans: tensor veli palatini.
24. 2nd, 3rd, 4th right posterior intercostal veins drain into. ans: azygos vein.
25. sensory innervation of tooth 14. ans: middle and posterior superior alveolar nerves (in addition to greater palatine n. palatally but it wasn't in the options).
26. skeletal muscle characterized by. ans: multinucleated.
27. cause of non gonococcal urethritis. ans: chlamydia trachomatis.
28. first branchial arch gives rise to. (don't remember what were the options)

29. embryonic origin of adrenal medulla. ans: neural crest cells.
30. what is the embryonic origin of hepatocytes and pancreatic cells. ans: endoderm
31. muscle attached to articular disc and tmj capsule. ans: superior head of lateral pterygoid m.
32. innervation of esophagus. ans: vagus n.
33. most common site of squamous metaplasia. ans: bronchus.
34. type of epithelium of gingiva. ans: parakeratinized stratified squamous epi.
35. most numerous papilla of the tongue. ans: filiform papillae (not contain taste buds)
36. most common cause of microangiopathy in uncontrolled diabetes. ans: elevated sugar in the blood (not sure 100% about the ans. double check plz)
37. fungi normally present in oral cavity, GIT, and vagina. ans: candida albicans
38. dimorphism best characterized by. ans: exist as yeast at body temperature and hyphae at room temperature.

39. 0.05% fluoride equal to in ppm (options are: 5 , 50 , 500 , 5000).
40. superior laryngeal artery pierce thyrohyoid membrane in accompany with. ans: internal laryngeal nerve.
41. in the envelope of movements, the most anterior point represent. ans: protrusion
42. blood supply of thyroid. ans: external carotid artery and thyrocervical trunk.
43. restriction endocuclease.
44. which of the primary teeth has an oblique ridge and transverse ridge.
45. mother has 50% autosomal dominant trait will be expressed in of the offspring. ans: 25%.
46. decrease extracellular k with result in. ans: hyperpolarization (according to tangy)
47. eruption of maxillary canine. ans: 11-12 years.
48. thymoma associated with. ans: myasthenia gravis.
49. effect of norepinephrine on the contractility of the heart.

50. tumor of chromaffin cells. ans: pheochromocytoma.
51. macula densa present in. ans: distal convoluted tubule.
52. esophageal varices associated with. ans: hematemesis.
53. canaliculi contain. ans: cytoplasmic processes of osteocytes.
54. testosterone produced by. ans: interstitial cells of leydig.
55. infiltration in which teeth is more effective. ans: mandibular anterior teeth (cuz of the thin bone in this area).
56. fold connect the jejunum and ileum with the posterior abdominal wall. ans: mesentery.
57. so many qs about picket fence.
58. testlets about diabetes, angina, hepatitis c, cushing syndrome, asthma and bone fracture (not remember the others).

Remember Questions File 3

DEFINITION OF : Abrasion, Attrition and Erosion

Dens invagination radiography

Dentogenesis imperfecta characteristics

Amelogenesis imperfecta characteristics

Internal and external diagnosis and treatment

Clefting palate prevalence

Cleidocranial dysplasia = supernumeraries

Hypothyroidism clinical signs

Acromegaly clinical signs

Condensing osteitis radiography

Periapical abscess treatment

Malignant melanoma in patient with a lot pigmentation

Oral candidiasis picture and which disease are associated with it

Lateral cyst radiography

Osteosarcoma characterizes seen in radiography

Squamous cellular carcinoma initial lesion picture

Pier robing syndrome features

Mandibular torus radiography\

Which disease does not cause cancer: HIV, HPV, I don't remember the other options

Most common surface with caries= smooth surfaces

Bacterias of caries

Creep in amalgam

Bonding agents features

Diazepam antidote

Aspirin all pharmacodynamics

Neostigmine – antagonist agents

Lorazepam= long time

Midazolam= short time

Phenelzine= MAO

Lisinopril

Patient with liver disease= needs INR

Patient who require prophylaxis

Bisphosphonates oral and IV

OROANTRAL perforation treatment

Prescription of x ray in patient high risk of caries

Avulsion treatment

Epidemiology all studies

Intrusion treatment

Interference contacts in working side and non-working side

Allergy a lidocaine anesthetic

Chroma

Hue

Value

Facial portions

Free space

Phonetics

Function of major connector

Design of rest

Onlays indications

Finish line ceramic

Frankfort line

The anesthetic to include the pulp= it has to be under pressure for 2 second

Which agents are associated with methemoglobinemia

Stages of anesthesia

Diffusion hypoxia in Nitrous oxide

CPR

Dry socket treatment and cause

Favorable fracture

Disc displacement disorder
Biopsy incisional and excisional indications
Classes of elastics treatment
Crossbite etiology and treatment
Mandibular plane characteristics when is mirror handle
Functional appliances
Space maintenance indications
Pulp treatment in pediatric patient
Tooth histogenesis
Gigantism features
Behavior management
Ellis classification
Endo diagnoses
Intracoronary bleaching
Endodontics treatments and tests
Periodontics treatments and diagnosis
Phases of treatment
Radioresistant cells
Radiosensitive cells
Radiographic errors
you have to know everything about OSHA

2016 Remember Questions series document 5

124. Know all bones that form superior orbital fissure: sphenoid (greater and lesser wings) and inferior orbital fissure: sphenoid and maxilla. (they ask that on a clinical case question).
125. Bones that form jugular foramen: temporal and occipital.
126. What is the radiolucent vertical line on an xray between #8 and 9: intermaxillary suture.
127. Which nerves anesthetize for #14 on buccal side: superior middle and posterior alveolar nerve.
128. Diaphragm sella (roof of sellaturcica) closest proximity to cavernous sinus.
129. Which zone is the most resistant passage of communications between cells: zonaoccludens, zona adherents, and macula adherente: answer is zonaoccludens.
130. Inervation of ventral side of tongue: V3
131. Initial swallowing is voluntary
132. Most abundant papilla of tongue: Filiform
133. Location of palatal tonsils: posterior to palatoglossal arch
134. What structure does not pass by hyoglossus and mylohyoid on the ventral side of tongue below lingual mucosa: CNXII (other answers were submandibular gland, lingual artery and vein. CV12 passes posteriorly but not on ventral side.
135. Innervation of All intrinsic muscles of tongue: CNXII
136. Tensor veli palatine wraps around pterygoidhamalus
137. Area to incise for tracheotomy: cricothyroid space.
138. Parasympathetic lacrimation on Superior salivatory nucleus on brain stem
139. Which was not infrahyoid muscle: genihyoid and they mentioned all infrahyoid muscle.
140. Which muscle inserts in articular capsule and disc of TMJ: Superior head of lateral pterygoid.
141. Which inserts on coronoid process: temporalis muscle.
142. Pt came with fracture of neck of TMJ: when opens mandibles deviates to same side of fracture and if no damage of fracture pt will open to the contralateral side. What maintain the head of the condyle still in place: temporomandibular ligament. How many mm can this pt open his mouth measured on the incisalegdes of ant teeth. I chose 8-10 mm (other answers were 20-30, 40-50 and 60-80.
143. Name of muscles that form a sling of the mandible: masseter and medial pterygoid.
144. Which statement is correct: both are true, both are false, first one is true and second is false, blablabla. Upper compartment-translation and lower compartment-rotation. Answer: both are true.
145. Know everything about TMJ, so many questions like 20 questions.
146. Posterior deep temporal nerve of V3 supplies anterior part of TMj.

147. Which nodes external jugular drains: superficial cervical nodes.
148. Innervation of SCM (sternocleidomastoid): CNXI accessory nerve.
149. Artery supply of thyroid: External carotid and thyrocervical trunk
150. Parafoollicular cells secrete calcitonin.
151. Epithelium of maxillary sinus (they give you a clinical case saying after extraction of #3 there was a communication to the sinus. (no idea of epithelium but I chose pseudo stratified ciliated columnar like trachea epithelium)
152. Innervation of Triceps: radial
153. Innervation of Biceps: musculocutaneous
154. Which part of the ulnar nerve is LEAST protected, answers: hand, wrist, elbow, forearm. (I chose wrist but I'm not sure)
155. Which is the exception of what forms the thoracic cage: answer was clavicle. The other options were sternum, thoracic vertebrae, ribs and xiphoid process.
156. How many lobes on right lung: 3
157. Where blood goes after exiting right ventricle: pulmonary trunk. It didn't say arteries but that was the best choice. Others were aorta, left ventricle, and other nonsense.
158. 0.5 mg of nitroglycerine is used for treatment of Angina pectoris.
159. Red infarct in which organ: lung
160. Descending thoracic aorta: from T4 to T12
161. Right superior intercostal vein drains on Azygos vein
162. Branches of celiac trunk: common hepatic, splenic and left gastric arteries.
163. Know difference between what organs are covered or held by mesentery vs peritoneum. My question was about stomach- greater omentum.
164. Innervation of esophagus: CNX
165. Esophageal varices type of hemorrhage: hemoptysis.
166. Achalasia: failure of smooth muscle of esophagus to relaxe.
167. Know anatomy and what secretes each are of adrenal glands. They love those glands.
168. What was not in medulla: glomerular capsule (Bowman's capsule) all the others were vasa recta, loop of Henle, collecting ducts and duct of Bellini.
169. Voluntary muscle movement: cerebellum
170. What is contraindicated on a pt with respiratory stimulation: O2 therapy because you are increasing the stimulation of respiratory center of medulla oblongata.
171. Pupillary reflexes of CNII travels with: CNIII
172. Most common eye condition as you age. Presbyopia. Others choices: Myopia, astigmatism, hyperopia.
173. Throbbing pain on tooth: Alpha-delta fibers. (know the symbols of delta, gamma and others so you know what to pick)
174. After 2 days of anesthetized #3 pt has paralysis of orbicularis oculi and facial muscles of same side: Bell's Palsy syndrome
175. Post ganglionic sympathetic fibers: nore and epinephrine stored.
176. Single chromosome syndrome: Turner syndrome

177. First period of mitosis cellular growth: G1
178. Sublingual and goblets: mucous secretion
179. Know difference between striated and intercalated ducts of salivary glands.
180. Osteocytes are located in Lacunae. Know what are osteoblasts, osteoclasts, osteocytes and osteoprogenitor cells. (I don't know the last one)
181. What is the first cell to produce bone: I answer osteoprogenitor (same options as above)
182. Type of bone after a fractured bone 5 years ago. I chose remodeled bone.
183. How to distinguish secondary arteries: by "thick tunica media" no thin, no tunica adventia.
184. Where happens T cells differentiation: Thymus
185. Chromaffin cells: catecholamines (epi and norepi).
186. Terminal bronchioles epithelium: simple columnar
187. Intrinsic factor: secreted in stomach
188. Organ most capable of regeneration: liver
189. Glucagon: alpha. Insulin: beta.
190. Glucagon and epinephrine: stimulates glycogenolysis and gluconeogenesis.
191. Testosterone: leydig cells
192. Spermatozoa stored in epididymis
193. Meissner's corpuscle: encapsulated and touch receptors. Know also pacinian corpuscle and ruffini endings. Question is tricky throwing merkel cells.
194. Arectorpili muscle: know where comes from: endo, meso, ectoderm or neural crest! (not sure, I choose ecto for skin)
195. Enlargement of gingival tissue due to Dilantin because the old lady is takes anti-convulsion medicine. (it was a Clinical case)
196. Gingiva epithelium: stratified squamous keratinized
197. PDL type of tissue: COLLAGEN
198. Cementum origin: dental sac or follicle.
199. Which does not become loose fibers after trauma of #8 and 9: all except interradicular because teeth are monoradicular. Other options were apical, oblique, horizontal.
200. Tome's granular layer found in Dentin. Other options enamel, pulp, cementum or alveolar bone.
201. Which dentin was the most vascularized: no idea. Options: mantle, circumpulpal, peritubular, intertubular and interglobular.
202. What runs parallel to enamel rods of the most exterior of enamel towards DEJ. I chose Striae of Retzius. Other options were perikamata, sharpey's fibers, hertwitz.
203. Inorganic compound that binds to apatite of enamel: fluoride
204. Spleen origin: endoderm
205. Midbrain embryologic origin: Mesencephalon
206. All mastication muscles derivate from 1st pharyngeal arch except buccinators which is from 2nd pharyngeal arch. They named masseter, lateral and medial pterygoid and temporalis.

207. All facial muscles derivate from 2nd pharungeal arch except masseter which its from 1st pharyngeal arch.
208. Alpha amylase cleaves alpha-1,4 linkages. Not beta, not gamma, not 1,6. Tricky question!
209. Enzyme that hydrolyses sucrose: GlucosylTransferase
210. Norepinephrine comes from Tyrosine. Best choice, the others were thryptophan, histidine, alanine.
211. Ascorbate (vit c in other words) is required for hydroxylation of proline and lysine during collagen synthesis.
212. Another tricky question: which one is the most essential of collagen synthesis: proline, lusine, and some other amino acids. I chose proline. Both are needed but I guess proline is more important.
213. Which aa unites the urea cycle to glycolysis: alpha ketoglutarate, succinate, oxaloacetate, fumarate and ornithine. (not sure, I think is fumarate)
214. What % of A. C=20, G=30, T=40. So the rule is 50-50. C-G (20+30=50) A-T (in order to get 50, you substrat 50-40= 10, then A=10.
215. DNA synthesis: ligase joints dna fragments.
216. Know all characteristics of proteins of phospholipid bilayer.(polar or nonpolar, one direction or bidirectional transport)
217. What needs transporters to facilitate passage : glucose
218. K⁺ out the cell: repolarization. Other choices resting, polarization, refractory.
219. Which bands shorten when muscle contraction: "HI" H and I band.
220. Epimysium: surrounds all fascicles and the entire muscle.
221. Where is Macula located: in distal convulated tubule
222. Deficiency of Vit C: scurvy
223. Hormone that maintain the corpus luteum: progesterone
224. Cancer of adrenal medulla: pheocromocitoma
225. Sterilization of heat sensitive materials: ethylene oxide
226. Capsule prevents opsonization and phagocytosis. Microorganisms: Strep. Pneumonia.
227. Spirochetes: treponemapalidum, dark field microscopy. Primary-chancere, secondary: condylomatalata, tertiary: granuloma "gumma"
228. Chamydia: obligate intracellular organism. Trachimatis type is the most comun cause of STD in USA. Can cause vision problems.
229. Rickettsia: the only one is not transmitted by vector. Atypical rickettsia caused by CoxiellaBurnetti, Q fever.
230. PPD test is a type of IV hypersensitivity reaction. Test for Tuberculosis.
231. Tetracyclines: inhibit protein synthesis at 30'S ribosomal, static.
232. Penicillins: inhibit cell wall synthesis
233. Pseudomembranous colitis cuased by clostridium dificile and clindamycin usage.
234. Penicillin G for syphilis
235. Pre-med for a patient allergic to penicillin: clindamycin
236. Standard Prophylaxis : 2 g of amoxicillin 1 hour before procedure.
237. Herpangina-what virus family? Coxackie A virus

- 238. Papillomavirus: 2 questions: forms WARTS and related to cervical cancer
- 239. Hep D is related to previous infection with Hep B
- 240. Aspergillus: aflatoxin
- 241. Only fungal capsule microorganism: (out of 5 answers) it was *Cryptococcus neoformans*
- 242. Pt traveled to Africa and has fever, anemia and splenomegaly. Disease is transmitted by vector: Malaria
- 243. Cytokine IL-2: T cells activation
- 244. IgE: allergy and parasitic infection
- 245. Edema: low plasma colloid osmotic pressure
- 246. Gout: Xanthine oxidase

2016 Remember Questions SERIES DOCUMENT-6

1-HBA 1 c measure...

2 hypertensive patient with gag reflex (afferent nerves for gag, XII, X, IX, IX via X)

3 HPV and future neoplasm associated to it and the epithelium of that neoplasm

4 whistle sound (asthma, nasal congestion or increase anxiety)

5 a women found dead on beach with right deviation to mandible , What is damage? Condyle/ muscle/ in what side left/right - puncture in left back, What organ affected? Coagulated blood in nose, how is it called?

6 Sclerotic dentine characteristics

7 Myasthenia graves (problems with quantity of ach, or synthesis, or release?)

8 What nerve do u anesthetize in palate near #15

9 9 Ulcer in palate, what kind of epithelium

11 Relation between alveolar pressure ,air into lung, thoracic volume (which one goes up/ down for air to enter the lungs)

12 Neoplasm in rooth of lung spread anteriorly to?(vagus, phrenic, pulmonary artery)

13 Know the muscles that help in mastigation, which other muscles help to elevate, depress

14 What is found in saliva and tears?

15 HIV which fungus is related? what carcinoma in mouth is related?

16 TB cause granulomatous (T/F)

17 Women under birth control pills (what happens to her hormones) LH and progesterone, estrogen

18 Fungi growing in and around blood vessels

19 Make sure to know how to make the picket fence for cl 2 and 3

20 What type of epithelium in buccal gingiva

21-What type of dentine is found in trauma?

21 Salivary nucleous found in

22 Ketogenic aa

23- choline

24 Glycolysis limiting, and what would increase amount of glycolysis and decrease (ATP/ AMP/ADP)

25 tyrosine kinase

26 diabetic foot (what cause lil vein problems why? increased in lipidemia or insulin deficiency effect on endothelium, hyperglycemia)

27 Why can't give patient both penicillin and erythromycin?

28 Lacerate cheek during working (what is cheek blood supply and nerve supply)

29 Erosion on teeth came twice, give two causes

30 Abrasion

31 which do not cause brain abscess (tonsillitis , dental extraction, tinea pedis)

32 N-glycoside.... Where!! (Rer or ser or nucleus or cytosol)

33 If treating patient with Parkinson (u are treating patient and u lacerate his cheek and she is bleeding a lot) husband step out office, what do do? (Stop procedure, take care of hemorrhage, ask patient for consent or call husband)

34 Gloves hypersensitivity – In one column: Type 1, type 2, type 3, type 4 the other Column: protein, antibody, chemical... relate both columns

53 pertussis vaccination

54 Root formation in canine and 1st premolar

55 Adduct scapula

56 Biceps innervation

57 restriction endonuclease

58 tyrosine kinase

59 gray and white rami

60 preganglionic

61 Where is the postsynaptic nerve of sphincter pupillary located (edinger westphal/ pterygopalatine ganglion, optic ganglion, ciliary ganglion)

62 Mandibular ligament for protrusion

63 Sphenoid bone content (what is not in sphenoid? (Rotundum, carotid canal, ovale, infraorbital)

65 thoracic cage

66 Translation -genetic involved in cancer

67 fluroquinone MOA

68 Ige IgA (where are they found)

- 69 When do u see acellular cement and how is it formed
- 70 What happens with 2nd md molar (decrease/increase cusps roots are more lingual/mesial)
- 71 hydrophobic aa
- 72 first aa in every protein
- 73 glycosyltransferase 2 qs
- 73 podocyte cell where do u find?
- 74 Non standard aa
- 75 increased muscle activity how participate in increased blood sugar by alanine??
- 76 muscle attach to coronoid process
- 77 type of tissue in lingual tonsils and palate tonsils
- 78 what bacteria cause root cavity (same as periodontitis, aerobic, anaerobic, AA)
- 79 normal flora of lung, last epithelium of lung before respiratory bronchus
- 80 biotin
- 81 vit c, d, a, ... Which is not need in bone)
- 82 which do not produce glucose in humans "mannose" (T/F)
- 83 pain of teeth receptors – what receptor for pain, temperature
- 84 Inherited disease effect what part of tooth (enamel, dentine, pulp, cementum)
- 85 adrenal cortex origin
- 86 gastro intestinal - origin
- 87 what close directly in child after birth (foramen, fossa..)
- 88 Retromandibular vein connects what?
- 89 what doesn't found in salivary gland (hilus, septa, capsule, parenchymal layer etc...
- 90 herring breuer in lung affect (O₂, PO₂, alveolus distention)
- 91 Nucleus ambiguous, where?
- 92 Esophageal varices causes hematemesis T/F
- 93 Diseases NOT associated with alcohol
- 94 Colitis not cause by smoking T/F
- 95 Nitrogen is excreted as urea or uric acid
Enter gastric reflex of GIT (what is related)

- 97 Which primary tooth looks like a diamond?
- 98 Absent vitamin in glossitis, dermatitis
- 99 Adh
- 100 zones of adrenal cortex
- 101 Rrna blot
- 102 tonofibril
- 103 Transmit disease but its not alive?
- 104 Striated gland that secret mucous, what type of cell? (serous, mucous, mixed)
- 105 Future of untreated Parkinson (rigidity , drop foot, eye movement, static eyes) Read more about Parkinson's symptoms
- 106 Differences between Renal filtration and GFR
- 107 hemophilus influenza – how it's the virus morphology?
- 108 decrease sympathetic effect on heart rate
- 109 prooncogen
- 110 pterygopalatine plexus
- 111 chemoattractant
- 112 MCH-1 relacionated with CD8 T/F
- 113 anticodon for AUG
- 114 Mandible ramus ossification
- 115 Masseter is a stretch reflex muscle (T/F)
- 116- Difference between shigella and salmonella
- 117 What virus causes poliomyelites?
- 118 G- negative bacteria characteristics

1. Epineurium is around? Outermost layer of dense irregular CT surrounding a peripheral nerve
2. Lingual fissure through root: maxillary lateral incisor?
3. Aflatoxin produced by - aspergillus
4. Secretin produced where? S cells of duodenum
5. Fungi ? Sabouraud agar
6. First primary mandibular molar know what cusps is tallest ? ML
7. Steep incline of condyles, what does that do to cusps- TALLER CUSP
8. A Delta fiber type of pain – SHARP PAIN, FIRST PAIN, also temp
9. What won't cause Shock? LIVER DISEASE
10. What does the abdominal aorta not give off? Options celiac, inf mesenteric, sup mesenteric ...
11. Know b2 receptors – smooth muscle, bronchodilatation
12. Sympathetic system does all of the following EXCEPT - constrict the pupil
13. Adrenal medulla not necessary for survive - true
14. Parathyroids ---are needed for Ca serum level control produced by parafollicular cells of parathyroid
15. Carotid triangle formed by...by SCM, sup belly of omohyoid, post belly of digastric
16. Protrusion = both head lateral pterygoid
17. What's on second arch? Facial nerve, muscles...
18. Also about third arch...asking about great cornu of hyoid – from 3rd arch
19. Glycolysis- rate limiting enzyme is PFK
20. Lots of premolar questions
21. Also a lot about fungi

22. What foramen does the vertebral artery go through? foramen magnum

23. What nerve brings parasympathetic fibers to the parotid? Lesser petrosal branch of IX

24. Maxillary premolar innervated by – middle superior alveolar nerve-

25. Prostate cancer – prostate specific antigen and increase in acid phosphatase

26. Hexokinase versus glucokinase – glucokinase have high K_m and low glucose affinity.

27. Nissl body - also known as **Nissl** substance, is a large granular **body** found in neurons. These granules are of rough endoplasmic reticulum (RER) with rosettes of free ribosomes, and are the site of protein synthesis

28. Pelvic splanchnic nerves - Arise from sacral [spinal nerves S2, S3, S4](#) to provide [parasympathetic](#) innervation to the [hindgut](#).

Splanchnic nerves are paired visceral nerves (nerves that contribute to the [innervation of the internal organs](#)), carrying fibers of the [autonomic nervous system](#) ([visceral efferent fibers](#)) as well as [sensory fibers](#) from the organs ([visceral afferent fibers](#)). All carry [sympathetic](#) fibers except for the [pelvic splanchnic nerves](#), which carry [parasympathetic](#) fibers.

[Cardiopulmonary nerves](#)

- [Thoracic splanchnic nerves](#) (greater, lesser, and least)
- [Lumbar splanchnic nerves](#)
- [Sacral splanchnic nerves](#)
- [Pelvic splanchnic nerves](#)

29. What provides sensory to the upper lip? Super labial branch of infraorbital nerve

30. Lots of questions on mandibular first premolar

31. Delayed hypersensitivity? – type 4

32 Arthus Reaction? Type 3

33. which primary molar looks like a premolar – max 1 molar

34 3 years old TMJ...fibrocartilage?

35 primary mandibular first molar anatomy – most unique tooth, doesn't resemble an other tooth, prominent transverse ridge, well developed mesial marginal ridge, occlusal shape is rhomboidal.

36 Several questions about pulp horns

37 Primary teeth more bulbous and constricted - true

38 A lot of questions on primary teeth

39 Grooves in y pattern of 2nd mand pre molar

40 DVT thrombosis – usually in long vein of legs leads to pulmonary embolism if clot get dislodged

41 Some question asking about how many roots/cusps in certain teeth

42 Which compartment translation occurs- upper compartment

43 Inferior part of TMJ, formed by..- condylar fossa and articular disc

44 Epithelium Trachea? – pseudostartified ciliated columnar epthelium

45 Epithelium of Stomach?Columnar epithelium

46 What happens to the pulp as you age? Cellularity decreases, fiber content increases, pulp size decreaes

47. Enolase – inhibited by floride, convert 2 phosphoglycerate to phosphoenol pyruvate

48 Anterior wrist innervation – median nerve

49 Main matrix protein of enamel- amelogenin 90% (others are enamelin and tuftilin)

50 Fumarase is what type of reaction

-Also Fumarase links links TCA to urea cycle

-Lower Motor lesion on facial nerve...

- At least 3 questions about Rickettsia

52. Heterochromatin - tightly packed form of DNA, which comes in multiple varieties. Because it is tightly packed, it is inaccessible to polymerases and is therefore not transcribed.

53. location of Chief cell – present in stomach, secrete pepsinogen and gastric lipase.

54. Replication phase ? G1,S,M...it is M phase

55. Question asking what occurs in Dysplasia – disorganized cell growth,

56. Phagocyte found in synovial membrane ,capsule...they are present both in synovial memb and synovial fluid

57. Lot of questions about ant guidance

.I have a exactly questions that I posted days ago in the group ...

58. what is the direct source of nutrition to the tmj articular surfaces? - external carotid artery, predominately the superficial temporal branch. Other branches of the external carotid artery namely: the deep auricular artery, anterior tympanic artery, ascending pharyngeal artery, and maxillary artery- may also contribute to the arterial blood supply of the joint.

59. If agglutination occurs when exposed to anti-A and anti-B what is the blood type? AB BLOOD GROUP

60. Where you see wear facets? lingual of maxillary? Facial of mandibular...and other options.

- Facets are seen in –linguoincisor of maxillary CI, facioincisor of mandibular canine, lingual of max canine.

61. Atrophy occurs with? Pressure, disuse, certain hormones...atrophy could be bcs of pressure and disuse both.

62. Trichophyton causes athlete's foot - true

63. Where do you get sharper taller posterior cusps? – increases vertical overlap of anterior teeth, and decreased horizontal overlap, steeper articular

eminence (condylar guidance) medial wall of glenoid fossa allow minimal lateral transtrusion, occlusal plane less parallel to condylar guidance, curve of spee less convex.

64. Patient has pain tooth # 3 and needs a root canal

* Where would infection goes? -

*What nerve sense pain in that tooth? – post sup and middle sup alveolar nerve.

*What is the neurotransmitter for pulp pain? Acetylcholine, Substance P – answer is substance P

65. What is not in Parotid? Facial nerve, artery? Facial artery is not the component of parotid gland (other structure are From lateral to medial, these are:

1. Facial nerve
2. Retromandibular vein
3. External carotid artery
4. Superficial temporal artery
5. Branches of the great auricular nerve
6. Maxillary artery

66. Which part of in kidney uses the most ATP?

-Which cell is least amount ...neutrophil, basophil...I remember about Never Let Monkeys Eat Bananas...least are basophil

67. Which taste receptor has the lowest threshold for taste

Bitter, Sour, Salt ,Sweet...

Bitter – lowest, sour – 2nd lowest, sweet and salty – 3rd and 4th, umami – highest.

68. Five years healed bone--- what type bone?remodelling

69-One question about 1 month fracture ---what type bone? Woven bone

70-Cells in howship lacunae?osteoclasts

71-Questions about Villi, Microvilli...

72. Ansa Cervicallis – is a loop of **nerves** that are part of the **cervical plexus**. It lies superficial to the **internal jugular vein** in the **carotid triangle** supplies all the infrahyoid group of muscles except thyrohyoid,

73. Similar inorganic material? Cementum and bone...

74. First enamel find where? Cej, cusp, incisors... it is found under the cusp tips near DEJ.

75. Shape of cervical of incisors?

76. Eject milk – oxytocin (prolactin is for production)

77. Ventral surface of tongue has which epithelium? – non keratinized stratified squamous epithelium

78. 25% Offspring - if a disease has 50% dominance what are the chances that the child get effected

79 G protein

80. Which bacteria is not part of the upper respiratory tract?

81. Atherosclerosis... I don't remember the question

82. What Parkinson and Alzheimer has in common? - dementia

83. Replace dog aorta with a rigid tube... what is going to happen with systolic? Diastolic? Pulse rate? Systolic pressure will increase, and diastolic will remain the same.

84. Shigella and diarrhea - dysentery (bloody diarrhea)

85. Demilune of mucous in sublingual gland consist of ? mucous, serous... for me its serous

86. Which muscles are affected in Myasthenia graves ...choose 3...

87. Location of foramen Ovale and Rotundum–

f. ovale- greater wing of sphenoid, f. rotundum – sphenoid bone and connect middle cranial fossa and pterygopalatine fossa.

88. Which one in Fetal heart? Foramen Oval or Fossa Oval? Foramenovale

89. Postural position--- rest position

90. Achalasia where – esophagus (achalasia is failure of smooth muscle fiber to relax, leads to sphincter to remain closed and fail to open when needed.
91. Nitrogen sources for urea? – urea cycle nitrogen comes from aspartate and ammonia
92. Girl is 17 years old, she is taking birth control...she asked the dentist to don't tell her parents... if the dentist don't tell he is doing? Veracity, justice, benevolence...
93. Signs stroke ?
94. Person with diarrhea has metabolic alkalosis? acidosis?
95. Karyolysis– complete dissolution of chromatin.
96. Chemotaxis ...I don't remember the question chemotaxin is C5a
97. Medullary chords...what is found there – plasma cells, b cells and macrophages
98. IAN pass through Buccinator...true
99. Lung is supplied by which nerve – autonomic nerve fiber afferent and efferent pulmonary plexuses of vagus nerve
100. I got this question about enzyme converts a substrate into reactive inhibitor- suicide inhibitor

RQs NBDE-1

1. Saliva and its functions and contents

Hypotonic, pH 6-7, salivary duct reabsorb Na^+/Cl^- – in exchange of $\text{K}^+/\text{HCO}_3^-$

Secretion

Purely Serous – parotid, von Ebner

Purely mucous – palatine, labial buccal

Mixed – submand (mainly serous,) sublingual (mainly mucous), glands of Blandin-Nuhn (lingual)

Sympathetic – mucous secretion

Parasympathetic (has more effect on saliva secretion) – serous

Highest volume of saliva per day – submandibular and then parotid

Blood supply – ECA

NERVE SUPPLY – parotid – insalivatory nucleus of IX, Subman and sublingual by superior salivatory nucleus of VII

Lymphatic supply – deep cervical and adjacent to each gland

2. When prolin content more in saliva?
3. Muscles of mastication and its origin and insertion

1) table

4. Protein structure and bonds between primary and secondary and tertiary and quaternary.

1 structure – peptide bond, strong covalent bonds, disulphidebond,cysteine residue, denaturation does not break it

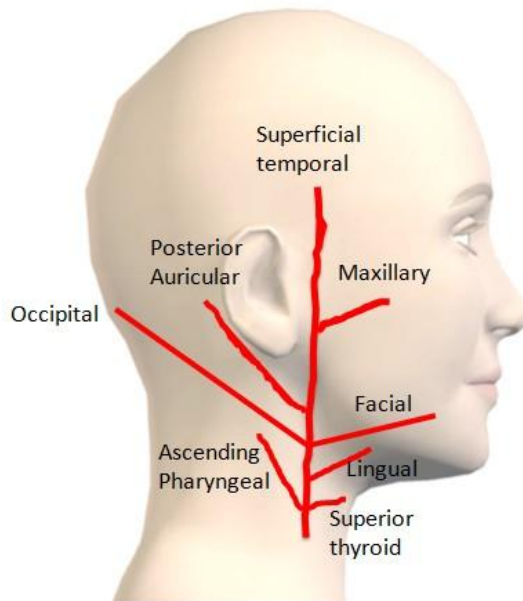
2 structure – spatial arrangement, alpha helix, b pleated,b turn.

3 structure – three dimensionl

Quartenary – non covalent, egHb, Immunoglobulin.

5. Beriberi – def of vitamin b, dry and wet beriberi. Wernicke-korksakoff encephalopathy (CNS DAMAGE)

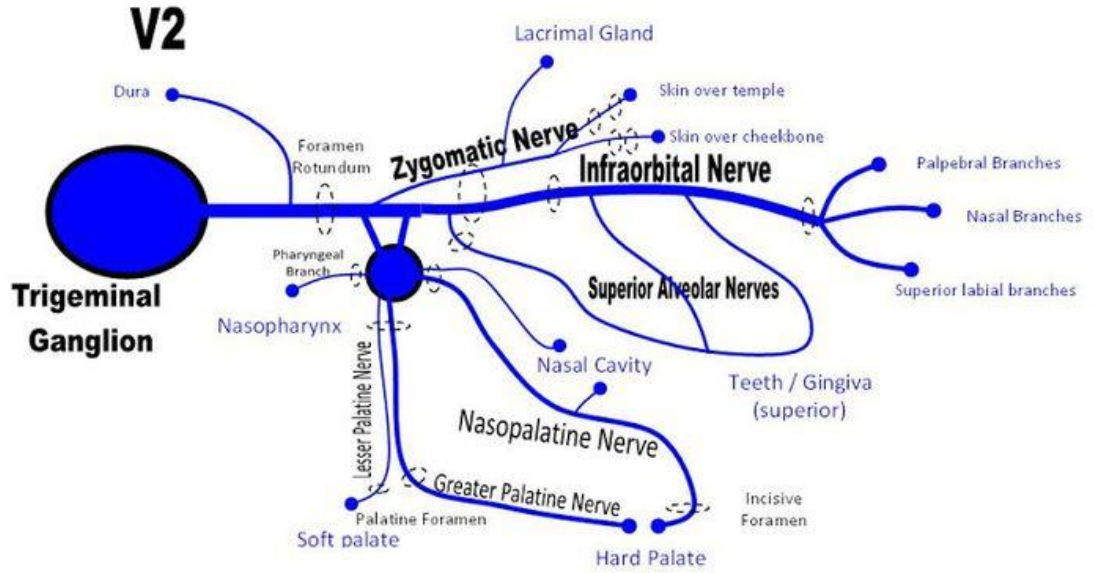
6. ECA braches and blood supply to which areas



7. Maxillary nerve and braches

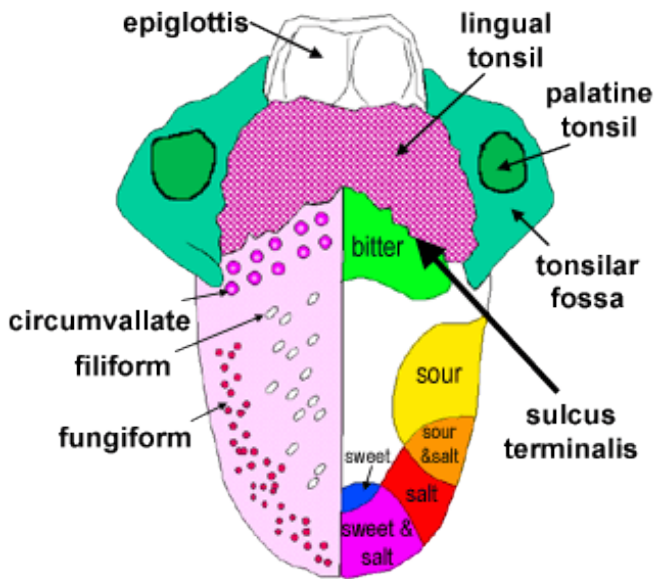
Maxillary Nerve

Schematic
(lateral view)



8. Rickets and rifampicin

9. Lingual papillae and its structure



10. Umami – taste buds present on back and sides, receptor specific to glutamate. **Table insert**
11. Superficial skin infection by fungus - trichophyton
12. Superior laryngeal artery - branch of superior thyroid artery, supplies larynx.
13. All intrinsic muscles of larynx SUPPLIED BY recurrent laryngeal nerve (except cricothyroid ext branch of sup. laryngeal nerve)
 - above the vocal fold – internal branch of sup laryngeal nerve
 - below the vocal fold – recurrent laryngeal nerve
14. Superior epigastric artery- arises from the **internal thoracic artery** (referred to as the internal mammary artery in the accompanying diagram). **anastomoses** with the **inferior epigastric artery** at the **umbilicus** and supplies the anterior part of the **abdominal wall** and some of the **diaphragm**. Along its course, it is accompanied by a similarly named vein, the **superior epigastric vein**.

Lots of que. From urea cycle and ETC

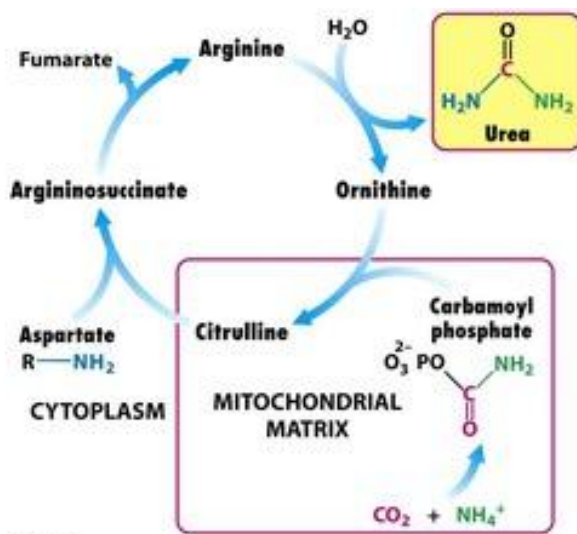


Figure 23-17
Biochemistry, Sixth Edition
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1. Incisors and canine que.
2. Molars mostly primary molars que
3. Fungus ball – aspergilloma, lungs (inhalation of conidia)
4. Alternative complement pathway –activated by microbial surface, C3

5. Common vasodilators. C3a, C5a, opsonisation – C3b, chemotaxis – C5a, anaphylaxis – C3a, C5a, membrane attack complex – C5b, 6, 7, 8, 9
6. Glucosyltransferase. – aka dextran sucrose. converts sucrose into fructose and glucan (dextran)
7. Not part of oral flora but found in plaque?
8. Tmj dev. - Week-12
9. Nerve supply of Tmj – only sensory, (motor is to muscles) auriculotemporal nerve, nerve to masseter, and post deep temporal.
10. Nutritional supply for tmj - branches of the **external carotid artery**, predominately the **superficial temporal branch**. Other branches of the external carotid artery namely: the **deep auricular artery**, **anterior tympanic artery**, **ascending pharyngeal artery**, and **maxillary artery**- may also contribute to the arterial blood supply of the joint.
11. Which tissue layer covers the condylar portion -
12. Tmj load bearing joint and synovial joint. True for both.
13. Influenza vaccine – 2 types, nasal spray – live attenuated, injectable - killed
14. Rabies vaccine – killed, pre exposure (3 doses, and post exposure 4 doses)
15. Enterovirus - of **positive-sense** single-stranded **RNA viruses**, disease – polio, pericarditis, hand foot mouth disease, aseptic meningitis, herpangina, encephalitis, acute hemorrhagic conjunctivitis, DM TYPE 1
16. Lots of RNA and DNA que.
17. Etiology of Q fever – *Coxiella burnetii* (atypical rickettsial), -veweilfex, inhaled aerosols.
18. Latent phase of VZV – chicken pox
19. Osteoarthritis – eburnation, joint mice, osteophytes, Heberden's nodes – DIP, Bouchard's nodes -PIP
20. Lung cancer – Most common is adenocarcinoma, most malignant is small cell, squamous metaplasia – columnar cells to squamous
21. Osteogenesis imperfecta and dentinogenesis imperfecta – seen is osteogenesis imperfecta or brittle bone disease, autosomal dominant,

multiple #, c/f – blue sclera, hearing loss, dental abnormalities (dentino imperfect)

22. Poststreptococcal nephritic syndrome- acute nephritic syndrome, mostly in children 3-7 yrs boys, with hematuria and proteinuria.

23. Floxacillin drug - narrow spectrum beta lactam penicillin. Chest, ear, nose, throat, boil, burns, wound, abscess, endocarditis, osteomyelitis, meningitis.

24. Methicillin drug – narrow spectrum beta lactam, Inhibit bacterial cell wall synthesis. gram + ve, used for penicillinase producing bacteria, no longer manufactured, MRSA - 5th generation cephalosporin

25. TB que. got 5 que. cell wall and treatment and stages all

Tt – standard short treatment for six months, Medication – first line drugs are - rifampicin, isoniazid, ethambutol, pyrazinamide for 2 months, then isoniazid and rifampicin for 4 months.

Latent TB – 6-9 months, isoniazid alone or 3 months weekly

Streptomycin is no longer 1st line drug bcz of high resistance.

2nd line drugs – if resistance to first line therapy – multidrug resistance.. Aminoglycosides, polypeptide, fluoroquinolones, cycloserine, thioamides, terizidone.

Some new drugs – bedaquiline, linezolid.

Side effects – nausea, vomiting, jaundice, dark urine, fever.

26. Serous demulens – found in mixed glands, filled with serous fluid.

27. 2nd messenger que. - **table**

28. Insulin and somatomedin attach to which receptors- creatine kinase rec.

29. Lipid que. but all are easy like which lipid is not in cell wall and harmful lipid form for human and that VLDL famous que. i don't remember exactly but ans. is VLDL

30. Fate of pyruvate – acetyl coA, (oxidation by pyruvate dehydrogenase) Lactate (reduction by lactate dehydrogenase) oxaloacetate (carboxylation pyruvate carboxylase) alanine (transamination, alanine aminotransferase)

31. Clara cells – produces glycosaminoglycans, proteins such as **lysozymes**, and conjugation of the secretory portion of IgA antibodies. These play

an important defensive role, and they also contribute to the degradation of the mucus produced by the upper airways.

32. Mucous cells - [mucus](#) in order to protect the [mucous membranes](#) where they are found.

33. Striated and intercalated duct cells - present in salivary gland and pancreas, Acinus - Intercalated Duct - Striated Duct (Intralobular) - Excretory Duct (Interlobular), intercalated duct secrete bicarbonate and absorb C

34. Iron storage in body – ferritin, transport by transferritin.

35. Wilms tumor - malignant tumor of kidney occurs in children.

36. Wilson disease - rare inherited disorder that causes too much copper to accumulate in your liver, brain and other vital organs. Symptoms typically begin between the ages of 12 and 23.

36. Extrafusal and intrafusal receptors and golgi tendon and muscle spindle reflex. –

Extrafusal fiber- skeletal muscle, alpha motor neuron,

Intrafusal fibers – within bulk of muscle, efferent gamma motor neuron, includes muscle spindle and golgi tendon organs.

Muscle spindle – nuclear bag fiber (dynamic change in muscle length, change and nuclear chain (detect static change in muscle length) both activate alpha motor neuron.

Golgi tendon – detect change in muscle tension. Inhibit alpha motor neuron.

37. Veronica file must read got 25 que. from it

38. Tangy's clean up file must read got around 15 que. And 5 testlets from it.

39. Tomoto allergy testlets

40. Farmer testlets

41. Sjoygern syndrome testlets -

42. Kid with tooth pain come with his father ,wearing long sleeve shirt in hot summer day testlets

43. Lady with hyperthyroidism testlets.

44. Gun shot testlets

45. I got 8 testlets and around 80-90 que. From them and most imp table...plz try to memorize every words from it very imp. I did not memorize so I was so confused during exams.

- Diff bw shigella and salmonella –
 - 1) *Shigella* is transmitted -through direct person-to-person contact
Salmonella - ingesting contaminated raw food
 - 2) *Salmonella* infection requires a larger infective dose than for *Shigella* infection, more bacterial cells need to be ingested for salmonellosis than for shigellosis.
 - 3) *Salmonella* infection affects the small and large intestine (enterocolitis) whereas *Shigella* infection affects the colon (colitis).
 - 4) Bloody and mucoid diarrhea is more likely in shigellosis than salmonellosis.

Testlet on- myasthenia gravis, dead body on beach, HIV +,

Graves disease – autoimmune (TYPE 2 hypersensitivity) hyperthyroidism, increase in T3 & T4 AND Decrease in TSH

Diff on mand LI and CI 2ques –

- Mand CI – Smallest crown, most symmetrical, sharpest incisal angle, first succedaneous tooth to erupt, equal buccal and lingual gingival embrasure, ovalish pulp chamber, distal in relation to long axis, occlude with only one opposite tooth. Concave areas on mesial & distal root surface., proximal contact at same level.
- Mand LI – shorter distal surface, distolingual inclination, wider than CI, elliptical pulp chamber, wider MD but near midroot widest FL.

Functional Cells of thyroid - follicular Cells produces T3 AND T4.

Lipid metabolism -

- fatty acid synthesis(cytosol) acetyl coA ---- malonyl CoA is rate limiting step and acetyl CoA Carboxylase is rate limiting enzyme.citrate malate shuttle transport acetyl group from mitochondria to cytosol. Citrate insulin (+) and glucagon, epinephrine (-)
- Fatty acid oxidation or beta oxidation(mitochondria) – acyl coA ---- acetyl CoA, fatty acids are carried by carnitine mediated enzyme system.

Latrotusivemovnent like 4 ques right nd left side

Hep B antibodies - acute disease (IgM Anti HBC, HBsAg,HBeAg) chronic (IgG Anti HBcHBsAg) Immunity (anti HBs)

Saliva tear nd milk – IgA (All body secretions)

Testlet on Parkinson dis – tremors, basal ganglion, substantianigra, lewy body, dementia.

a Liver cirrhosis causes - alcoholism, viral hepatitis, hemochromatosis, Wilson disease, biliary obstruction, inborn error of metabolism (galactosemia, glycogen storage disease, and alpha 1 antitrypsin deficiency)

Sumthing about COmPlex formed with CO nd o2

Ethics 2 ques, patient doesn't want a treatment

Ethical code

Teslet on old guy with hrt disease need rct

Testlet on lady need scaling but has haemophilia A

Partial Bone healing in how many weeks -

Erosion on lingual surface – bcz of acidic regurgitation

Smallest cusp in mind molar - distal

HIV palate ulcer - Kaposi sarcoma

Watlayr not seen in palatal ulcr –

skeletal muscle

RNA blotting?- SNOW & DROP

Southern – DNA, Northern- RNA, Western – protein, southwestern – protein DNA.

Most common missing in mandibular

Taste sensation of circumvallate papilla

Supply of biceps – musculocutaneous nerve

Haemophilia of in different types –

Haemophilia A – factor 8, more in males, female carrier.

Haemophilia B – factor 9

Haemophilia C - factor 11. (also known as **plasma thromboplastin antecedent (PTA) deficiency** or **Rosenthal syndrome**) is a mild form of **haemophilia** affecting both sexes distinguished from haemophilia A and B by the fact it does not lead to bleeding into the joints

Impact of selected variables on occlusal form of restorations :

Posterior determinants	variation	Impact on restorations
Inclination of articular eminence (condylar guidance angle)	Steeper	Post.cusps <u>may</u> be taller (<u>must</u> in complete denture)**
	Flatter	Post.cusps must be shorter
Intercondylar distance	Greater	Smaller angles between mediotrusive and laterotrusive pathways
	Lesser	Increased angles between mediotrusive and laterotrusive pathways
Medial wall of glenoid fossa	Allows more lateral transtrusion	Post.cusps must be shorter
	Allows minimal lateral transtrusion	Post.cusps <u>may</u> be taller (<u>must</u> in complete denture)**

Anterior determinants	variation	Impact on restorations
Horizontal overlap of anterior teeth	increased	Post.cusps must be shorter
	decreased	Post.cusps must be taller
Vertical overlap of anterior teeth	Increased	Post.cusps must be taller
	decreased	Post.cusps must be shorter

Other determinants	variation	Impact on restorations
Occlusal plane	More parallel to condylar guidance	Post.cusps must be shorter

101. Thyrohyoid membrane pierced by- internal laryngeal nerve and sup laryngeal artery.
102. Nerve between Sup and Inf constrictor - IX
103. Location of Colloid cells – thyroid gland.
104. Which lobe senses pain? Parietal lobe
105. PPD test is positive for all except? Bovis, Leprae, Micobacterium... - answer is M.bovis
106. Swallowing and teeth position? Max intercuspation
107. Greatest genetic information is transferred by ?conjugation, transcription...it is by conjugation.
108. P54?
109. An excess of adrenal cortex hormones leads to what disease- cushing disease.
110. Excess ACTH leads to ?weight gain ...hyperglycemic
111. Hormone with longest duration?estrogen
112. 3ry structure of proteins – cysteine
113. Patient with trismus ... how much can this person open his mouth? 30mm,50mm,10mm...
114. Atmospheric pressure 250 mmhg and po₂ is what? 50mmhg (as po₂ is 21% of atmospheric pressure)
115. Urea cycle gets its nitrogen directly from?- aspartate and ammonia
116. Albumin level and edema –hypoalbuminemia leads to edema
117. Question about Superior Cervical Ganglia... asking exactly where... C1to C3,
118. Where does the sphenomandibular ligament insert – from spine of sphenoid to the lingual of mandible

119.some questions on CLIII occlusion

120.Something about what is distal to canine distal fossa... distal marginal ridge

121.One question about a patient with chronic stomach pain...also has a infection in his tooth ...

Dentist prescribed antibiotic for his tooth infection...

After a week patient is better and his stomach also is without pain...This happened because?

the pain in patients stomach was because the tooth infection or the antibiotic had a large spectrum and also killed the bacteria in patient stomach... I will choose the second option

123.Which of the following muscles is NOT an infrahyoid muscle?Infrahyoid are – omohyoid, sternohyoid, sternothyroid, thyrohyoid.

124.Question asking about spinal nucleus of Trigeminal...asking where pain is sense...but the choices were spinal oralis,spinal caudalis,interpolaris - - pain is perceived by spinal interpolaris.

125. Clindamycin inhibit ...30s,50s... it inhibit 50 s ribosomes

126. Allele?one of two or more alternative forms of a gene that arise by mutation and are found at the same place on a chromosome.

1. ATP RELEASE FROM MYOSIN RESULT IN ; POWERSTROKE

2. IMPORTANT FOR CHOLESTROL SYNTHESIS : ONLY HMG-COA REDUCTASE WAS KNOWN TO ME BUT OPTION DNT HAVE IT ; SO I GO WITH HMG-SYNTASE (ketogeneis)

3. HERRING BREUER REFLEX –stretch reflex prevent overinflation of lungs

4. 21% OF ATMOSPHERIC PRESSURE : 50 mg was my answer.

5. Lots of occlusion -

6. Hoc –in mand molar – junction of cervical and middle third (facial hoc)

Lingual – middle third except mand pm2

7. SO MANY ON PRIMARY TEETH.

8. MOA OF RIFAMCIN , - transcription , inhibit rnasynthesis by inhibiting bacterial dna dependent rnapolymerse

9. INITIATION OF SUBSTRATE PHOSPHORYLATION – kinases, dephosphorylation-phosphatse
Methylation-methyltranferase

10. AMPLIFICATION OF DNA : PCR

11. ACTION OF ALPHA 1 RECEPTORS : smooth muscles of bv, mucosa, git - vasoconstriction

12. WHAT SUPPLIES BELOW VOCAL CORDS – recurrent laryngeal nerve (inferior laryngeal nerve)

13. LEARN TOXINS OF BACTERIAS TOO –exotoxin by gram positive, m protein-streptococcus, proteinase – staphylococcus, erythrogeic toxin – scarlet fever

14. COXIETTA BURENETTI CAUSES WHAT : Q FEVER AND PNEUMONIASPREAD BY AEROSOLE, sheep, weifelixnegative,causes anemia, need host coenzyme and NAD,
15. TYPHI CAUSED BY WHAT –R.PROWAZEKII, VACCINE- KILLED VACCINE (TYPHOID-LIVE)
16. KLEINFELTER -47XXY, gynecomastia, infertility, poor development of genitalia
17. WHAT CAUSES RETRACTION OF CLOT;FACTOR 13 (fibrin stabilising factor)
18. WHAT NOT MAKE POSTERIOR WALL OF AXILLA: HUMERUS (subscapularis,teres major and lattismusdorsi)
19. SUPINATOR OF RADIOHUMERUS JT: BICEPS BRACHII
20. THUMB SUPPLIED BY(thenar) : sensory innervation- c6 MEDIAN N. (pinky, little finger-ulnar), carpel tunnel- median nerve
Hypothenar(pinky region of palmer)-ulnar nerve
21. WHAT NOT PRESENT IN ORAL MUCOSA: STRATUM LUCIDUM (skin)
22. WHERE ARE MELANOCYTES PRESENT: S.BASALE
23. CANCER ON NOSE : BCC (NOT MALIGNANT)
24. MI : COAGULATIVE NECROSIS (NO LYSOSOMES)
25. ORDER OF RESPIRATORY BRONCHIOLES : BRONCHIOLE , ALVEOLAR DUCT , ALVEOLAR SAC, ALVEOLI
26. PRESENT AROUND BLOOD VESSELS: MUCORMYCOSIS (SEEN IN IMMUNOCOMPRMISED PATIENTS LIKE DIABETES,AIDS)
27. WHICH BANDS ARE SHORTER IN CONTRACTION : H AND I BANDS (REMEMBER IT LIKE 'HI')
28. TESTLETS ON ALZHEIMERS , SUBMANDIBULAR DUCT INFECTION, SJOGRENS,TUBERCULOSIS
29. INFECTION OF UPPER M1 GOES TO INFRATEMPORAL SPACE
30. WHAT SUPPIES MOLAR 2 MAX:PSA , GREATER PALATINE
31. PALATE POSTERIOR TO MAX INCISORS MADE BY : INTERMAXILLAY PROCESS.
32. HAMULAUS IS A PART OF : MEDIAL PTERYGOID(PART OF SPHENOID BONE)
33. ASCERRORY MUSCLES OF MANDIBULAR OPENING –DIAGASTRIC, MYLOHYOID AND GENIOHYOID
35. WHAT PROVIDES NOURISHMENT TO TMJ- SYNIVIAL FLUID,
36. RETRACTION BY; POSTERIOR FIBRES OF TEMPORALIS
37. WHICH MUSCLE INSERTS ON CORONOID -TEMPORALIS

38. TMJ STABILISED BY SUPERIOR HEAD OF LP DURING CLOSING
39. ARTICULAR DISC STABILISED BY COLLATERAL LIGAMENTS(DISCAL LIGAMENT)
40. WHAT RESTRICTS MANDIBULAR PROTRUSION: STYLO AND SPENO
41. NERVE SUPPLY OF TMJ: AURICULOTEMPORAL
42. UTP IN GLYCOGEN ?Reacts with glucose 1 phosphate to form glycogen
43. IN FNAC WHAT U GET IN SAMPLES OF CIRRHOSIS ?focal liver masses,HEPATOCYTES ?
44. DM2 - BY INSULIN RESISTANCE , (diet and exercise)
45. MANDI LATERAL IS ANGULATED DISTO LINGUALLY
46. MAX PM2 - SHORT CENTRAL GROOVE AND MORE SUPPLEMENTAL GROOVES
47. MAX CI HAS 3 PULP HORNS – (1-all canine and man 1pm,2pulp horn-all other pm,3 pulp horn-max central, 5 pulp horn-max and man 1 molar, mand incisors 1-3)
48. LATERAL INCISOR MANI HAS 2 CANALS
49. WHEN GLYCOGEN GOES FROM MUSCLES TO LIVER WHAT IS NOT FORM –may b something related to cori cycle
50. EMPHYSEMA –labored breathing, increase in compliance, increase in TLV,RV
51. ADH ACTION – acts on DCT, WATER REABSORPTION, DEF-D.INSIPIDUS
52. INFUNDIBULAR STALK CUT , RESULT : ALL OTHER HORMONE DECREASED ,PROLACTIN INCREASE
53. INSULIN SECRETION INHIBITED BY : SOMASTATIN BY D CELLS
54. RETRODISCAL TISSUE PROVIDES BLOOD SUPPLY
55. ETHICS WERE SIMPLE , IF A PATIENT WANTS U TO CHANGE HIS AMALGAM FILLING , WHAT U WILL DO , :EXPLAIN HER EVERYTHING THEN U CAN DO IT
56. U ARE NOT SUPPOSE TO TREAT YOUR PATIENT WHEN SHE IS DRUNK AND DNT HAVE ANY OTHER SYMPTOM, GIVE HER SOME ASSISTANCE TO HOME
57. WHAT SHOULD NOT BE PRESENT ON YOUR INFORM CONSENT – THE COST OF THE TREATMENT
58. WHAT IS COMMITED TO REPLICATION – S PHASE
59. RAPIDLY DIVIDING CELLS WILL HAVE WHAT/I DNT KNOW THE ANSWER SO I WENT WITH DEC DURATION OF AL PHASES OF CYCLE
60. PALATOLOSSUS WHAT GOES BETWEEN IT AND PALATOPHARYNGEUS: 9 N
61. BETWEEN SUPERIOR N MIDDLE CONSTRICTER : STYLOPHARAYNGEUS

62. WHAT SUPPLIES ERECTOR PILLI MUSCLE – SYMPATHETIC AUTONOMIC NERVOUS SYSTEM
63. WHEN DENTIST RUBS HER HAND ON YOUR ORAL MUCOSA BEFORE INJECTION WHAT FIBRES WILL BE STIMULATED -: C FIBRES / A ALPHA ?
64. MUCCOUS GLANDS : PALATINE
65. CIRCLE OF WILLIS –BASILAR ARTERY IS NOT A PART OF CIRCLE OF WILLIS (FORMED BY ANT CEREBRAL ARTERY,POSTERIOR CEREBRAL ARTERY,INTERNAL CAROTID ARTERY, ANT COMMUNICATING ARTERY, POS COMMUNICATING ARTERY)
66. PUPILLARY REFLEX : 2 N 3
67. LMN ? VENTRAL HORN, SPASTIC PARALYSIS, CONTRALATERAL SIDE GET AFFECTED, EG BELLS PALSAY AND POLIO
68. HEART PRESENT IN MIDDLE MEDIASTINUM (LEFT 5 INTERCOASTAL SPACE)
69. AORTA AT T12
70. SUPPLIES LUNG – VAGUS, (PHRENIC NERVE)
71. BRONCHIOLAR EPITHELIUM : CANCER
72. STRUCTURE NEAR RIGHT KIDNEY – COLON, LIVER
73. VAGUS SUPPLIES – ALL FROM NECK TO GIT, TILL ASCENDING COLON
74. STRIATED MUSCLES ? –CARDIAC AND SKELTAL MUSCLE
75. METAPLASIA – TRANSFORMATION OF ONE CELL TO ANOTHER CELL TYPE
SQUAMOUS METAPLASIA- IN LUNGS, PSEUDOSTARIFIED CILLIATED COLUMNAR EPITH CHANGES TO STARTIFIED SQUAMOUS
COLUMNAR METAPLASIA – ESOPHAGUS- SQUAMOUS TO COLUMNAR(BARRETS ESPOHGUS)
76. DEC CELL SIZE : APLASIA HYPOTROPHY
77. LOSS OF CELL DIFFERENTIATION : ANAPLASIA
78. LOSS OF CONTROL OF CELL DIVISION: NEOPLASIA
79. **PARALYSIS BELOW ZYGOMATIC BONE ???? BELL'S PALSAY (LMN)**
80. **WHAT IS NOT A NEUROGLIAL CELL : Schwann cells**
156. Difference between man CI and LI? Root length?
- 157 What's characteristic about man LI? Tilting distally and linguallly
158. Ascorbic acid is needed for? COLLAGEN FORMATION
159. N-acetyl muramic acid? Where is it found? – CELL WALL (PEPTIDOGLYCAN)

160. Clot retraction is aided by? Platelets? FIBRIN STABILISING FACTOR)
161. End step in urea cycle? Arginase
162. Many questions. About max 1st premolar..

163. Preganglionic sensory neurotransmitter? -ACH
164. Enzyme for cholesterol metabolism something like that.. 5HMG acetyl CoA -MALONYL COA BY HMGCOA REDUCTASE

165. Breuer herring reflex - STERTCH REFLEX
166. Stretch reflex are MONOSYNAPTIC , withdrawal reflex- polysynaptic
167. Erector spinae muscle- bundle of muscle, side of vertebral column,- supplied by post branch of spinal nerve

172. What directly affects renal blood flow?- renal artery stenosis (leads to decrease in gfr, glomerular hydrostatic pressure)
173. Tertiary structure of protein- cysteine
174. Movements of TMJ the compartments - upper (translatory) and lower (rotational)
175. Centric relation -ligament guided, rest position-muscle guided, centric occlusion-tooth guided
176. Hormones of which area are not needed for life- adrenal medulla
179. Patient with cystic fibrosis so the sweat contains what? Choices were increased calcium and potassium, increased amylase and something... Ions and enzymes.. Chloride is the answer !!
180. In AIDS, all true except CD4 cell count is not important for diagnosis...!!! (200 is the count in aids)
181. Aspergillus causes brain infarction? There was no lung in the choices..
182. Para follicular of thyroid cells produce what? - calcitonin (decrease calcium)
183. LMN --- spastic paralysis?
184. Characteristic feature of lower primary central incisor on labial surface? straightincisal edge
185. Which tooth is not succedaneous? molar
186. All require ATP except- thermogenesis
186. Vagus nerve innervated which part of colon - ascending..
187. Depression is caused by what? Drop in serotonin
188. A child with white specs on mucosa near upper molar (buccal mucosa) runny red nose, red patches behind the ear, fever blabla - measles
189. Which virus could cause fetal abnormalities if mother is infected with it during pregnancy? Rubella
190. Which organic acid is NOT associated with dental plaque? (Acetic, propionic, acetic, lactic and oleic) - oleic acid (inhibition of caries)

191. Which nerve runs with EJV? Great auricular nerve
192. Last step in purine synthesis? R5P +ATP- ---PRPP(5-RIBOSYL-1-PYROPHOSPHATE) IMP---AMP AND GMP
193. Anterior 2/3 of tongue gustatory innervation? Chorda tympani VII?
194. Tensor veli wraps around Hamular notch .
196. STYLO AND SPENO- GET TAUT when yawning,
197. TMJ directly gets nutrient supply from? (Synovial infiltration, retrodiscal tissue.
198. Telomerase function? Prevent ageing, telomere – maintain length of the chromosome
199. Replication commitment- S phase
200. What's it called when cells/tissues are not responsive to the control to do cell division and growth- neoplasia
201. 99% of cultivated bacteria in colon and feces are? Choices were paired like 2 bacteria in 1 choice. (Kleb. And eschin) (lactobacillus and bacteriodes) (kleb. And lactobacillus) (staph auerues and something) can't remember
201. IG (immunoglobulin) in oral cavity? Sec IgA ---
203. IG in oral /periodontal is IgG?
204. Question about SLE and what it will affect? (Antinuclear antibodies, anti DsDNA, anti Sm
205. Max CI distoincisal angle will contact what? lingual fossa of max CI
206. Which cusp of max molars falls on embrasure between max 1st and 2nd molars..either DB of max 1st molar or MB of max 2nd and I kept on changing my answer I don't know why.. I think I settled for max 2nd molar MB cusp. Choices were all buccal cusps..
207. Diabetes II cause? B CELLS DESTRUCTION OF PANCREASE
208. A tracheostomy will aid in what? Decrease in dead space
209. BCC most common-- upper face
210. Legionella pneumophila -- choices were cooling towers conditioning something..
211. Histoplasmosis—soil, intracellular parasite, bird bat droppings, microconidia causes respiratory infection
212. Q fever question not transmitted through insects
213. Which microorganism is capsulated something like that? There was strep. Pneumonia,
216. Thyroid- hypoglossal and sternothyroid muscles innervation ansaceviclis
217. Genetic material in DNA? Single rigid with no cell membrane? Something like that
218. Sickle cell anemia - point mutation , missense mutation, valine replaces glutamic acid
219. Another question on it sickle cell anemia disaggregated hbS with de oxygenation
220. Carbamoyhemoglobin -- carbon MONOXide my good friends!

221. In DM II- there increase in insulin,
222. Gingiva Keratinized or not? – 75% attached gingiva parakeratinised
223. Palatal tissue behind max CI will is - ortho-Keratinized
224. Also, palate at that area is formed by what? Intermaxillary which is a part of two medial nasal process and frontonasal process s
225. Ventral surface of tongue is Keratinized or not? Non keratinized
225. Max 1st premolars roots and horns and cusps everything about them – 2 cusps, 2pulp horns, 2roots, 2 canals
226. Which premolar requires separate MO and DO cavities because of its prominent transverse ridge? MAN. 1ST PREMOLAR
227. Pain is transmitted to which lobe in the brain? Parietal lobe
228. Patient alcoholic so which area of brain is affected (coordination is affected) because of the alcohol? limbic system?
229. Labial and lingual root surfaces of which teeth are convex? Both canines? Or only max or only mandibular?
230. Y shaped man 2nd premolar will have how many occlusal pits? Single central pit)
231. Y shaped man 2nd premolar groove is junction of which grooves? Lingual and central?
232. Move mandibular movements -- use the diagram from the "master occlusion in 5 mins" YouTube video it'll make your life easier!
233. Yes yes hygienist was working on patient and lacerated mucosa medial to max 2nd molar.. Which artery is hit!? Greater palatine artery
234. Sigmoid sinus drain in? IJV
235. Max 2nd molar initially/readily drain in what space- Infra temporal? Retro pharyngeal? Para pharyngeal?
236. Questions about glucose, fructose, and sucrose (GLUCOSE AND FRUCTOSE)
237. That question about adding filling lingually will- decrease overjet -
238. PPD positive in all - exc M. Bovis
239. Oh oh that testlet of a patient with MI 6 months ago and extraction was to be done.. There was something similar to it but smoking and question was asking about what will delay healing or cause complications after extraction? I opted for smoking c
239. Testlet about patient hep C - flavivirus, hepatocellular carcinoma, chronic hepatitis
240. Rheumatic heart disease could lead to heart failure because of valvular deficiency? Deposition of immune complexes ,aschoff bodies, antischkow cells
241. Which could cause sudden heart stroke and death? Mitral stenosis, or cardiac temponade - answer is cardiac temponade!
242. Mutations – non sense, missense,transcription- rna synthesis, conjugation- transfer of genetic material from one bacterial cell to another cell

243. Deficiency of ACTH causes what? Addison's disease. Hypoglycaemia and hypotension, weight loss
244. Superior orbital fissure is formed by which bones? Greater and lesser wings of sphenoid?
245. V3 passes through which foramen? Ovale
246. Neurons something fastest or highest velocity something? Small and unmyelinated faster

247. Most common lung cancer occurs where? bronchial epithelium.
248. Size of mouth is determined by fusion of which processes? Max and man?
249. N-glycosylation..- In ER, O GLYCOSYLATION- GOLGI BODIES
251. Muscle of facial expression originated from 2nd brachial arch
252. Chief cells of stomach produce-- pepsinogen
253. 105. Which is found on enamel surface? Perikymata, lamellae, nasmyth's membrane?
254. Pure mucus gland- palatine
255. Laryngeal prominence is because of what? Thyroid cartilage
256. Which is regulated by vagus nerve? Esophageal sphincter,
257. Vaccines given to children in the US? TDap,
258. Gemination – division of single tooth bud, notched tooth
259. 3ry structure of proteins -- cysteine
260. Sphingolipids –ceramide and choline
261. Facial nerve and vestibulocochlear nerves pass through Stylomastoid foramen
262. Acute haemorrhage –increase HR. decrease in BP
263. In the pharynx, cricothyroid-external branch of sup laryngeal nerve, e
264. Formation of dextran – glycosyltransferase (dextran sucrose)
265. Visceral branches of abdominal aorta? (sup mesenteric, inf mesenteric, goadal, renal artery, middle suprarenal, coeliac)
266. 2nd swallowing phase - medulla
267. Epidural hematoma -- MMA
268. Subdural hematoma -- bridging veins
269. Vertebral artery passes through which foramen? Magnum
270. Glycosaminoglycans..ground substance of ECM
271. Ground substance of bone? GAG, hyaluronan, glycoproteins
272. Deficiency in what might cause enamel hypoplasia? Vit A and D
273. A question about what would decrease dental caries. decrease solubility of hydroxyapatite of enamel

271. Height of contours everywhere.. Inter proximal, lingual and buccal
272. Gingival tissue triangle between teeth the apex is formed by-- contact between teeth and tissue covering the alveolar bone(apex)
273. Bowman' capsule – visceral layer by podocytes
274. ATP mostly used in - proximal tubule
275. Big foot/toe – gout, (monosodium urate crystals)
276. Increased serum calcium- increased parathyroid
277. Foramen spinosum-- middle meningeal artery and vein..
278. To anaesthetise lower lip on one side - mental nerve (Inferior Alveolar?)
279. Something about fermentation- final electron acceptor is organic molecule (in anerobic- its inorganic molecule)
280. Fumarase in Krebs cycle is oxidation reaction- hydration Hydroxylation?
281. [From which foramen maxillary artery goes through? Sphenopalatineforamen](#)

Lacerum Greater palatine

283. Thumb motor supply? – median nerve
284. Superior orbital fissure where? – between lesser and greater wing of sphenoid
285. Contralateral lower face weakness due to what? Upper motor neuron
286. 7 and 8 cranial nerves pass through?
Internal acoustic meatus
287. Laryngeal mucosa below vocal folds supplied by? Recurrent laryngeal nerve
288. Sternohyoid and sternothyroid supplied by? Ansacervicalis
289. Which of the following not under voluntary control? Upper one third oesophagus
(best choice we had)
290. Proprioception from trigeminal in which nuclei? Mesencephalic nuclei
291. Vit C cofactor for? Collagen synthesis, hydroxylation
292. Enamel hypoplasia due to? Vitamin A and D
294. Swallowing centre where? medulla
295. Wrong for HIV? CD4 count not important for diagnosis
296. Cytoplasm basophilia - Mitochondria, ribosomes

297. Wrong Forsphingolipids? a)2 fatty acids

b)Backbone of glycerophospholipids - Help in blood typing

Ceramide is component e) Main component sphingosine

Answer is B

298. Not transferred by vector- Q fever
299. Clenching of teeth by which muscle? Masseter, if this is not the option go for temporal
is
300. Stabilisation of mandible while closing by? Sup head of lateral pterygoid
301. Clearance of glucose? zero
303. Dry mouth in what disease? Sjogren's disease
304. Aorta stiffening in elderly – rise in systolic, decrease in diastolic
305. Facial sensations where in thalamus- VPM, Body -VPL
306. Wrong for hypothyroidism - Positive nitrogen balance

(positive- hypo, pregnancy,)
307. Long root and short root of MX first molar – longest- palatal, and shortest- DB
308. Receptors in heringbreur reflex – stretch receptor
309. Neurotransmitter for pain- substance P

310. NAM (N acetyl muramic acid) - bacteria-cell wall

311. Methotrexate works on which phase of cell cycle? – S PHASE

312. Infection from upper second molar to which space? – infratemporal

313. No taste buds – filiform papillae

314. Branch of mandibular nerve? Auriculotemporal , lingual

316. Few questions on which nerve to anaesthetise-

Upper molars 1st and 2nd, - middle superior, post sup alveolar, and greater palatine nerve.

anterior mucosa in mandibular, for tooth 22 - mental nerve, inferior alveolar nerve

317. Which nerve b/w palatoglossus and palatopharyngeus - IX

318. Muscle b/w superior and middle constrictors? stylopharyngeus

319. Glycogen to lactic acid-

Not an intermediate-Glucose 1 P,

320. Warfarin shows abnormal-PT, heparin- PTT, Vit k- PT,PTT, HEMOPHILLIA-PTT

321. Tooth mesiallybw central incisors? Mesiodens

322. Pain from face where? Contralateral parietal

323. Truncated pyramidal cells where in tubule- PCT

324. Gfr decreases except? decreased plasma oncotic pressure

325. Telomere help in what? Maintain the length of DNA

326. Cutting infundibulum but intact hypophyseal portal blood system- what not present Vasopressin,

327. Most common vaccine in Children in US- DPT, BCG, MMR

328. Most common human causing fungus- Deuteromycetes, , ascomycetes, blastomycetes and one more

330. Oral fungal infection- best to use- nystatin, Clotrimazole, amphotericin B, penicillin-nystatin

331. Gram negative obligate anaerobe? Bacteroids, prevotella, fusobacterium, p. gingivalis

332. Atp not required in? thermogenesis

333. Sickle cell anaemia- valine replaces glutamic acid at position 6th

Sickle cells integrate under low oxygen Integrate under high oxygen Disintegrated under low oxygen Disintegrate under high oxygen

333. On heating what bonds not broken in protein-Peptide

334. Fumarate to malate- Dehydrogenation

335. Patient comes in drunk state to get treatment-She is divorced.. Over 40 years..dry mouth.

1. Continue treatment
2.call her emergency contact
3. Send her home with a staff member
Send her home with a staff member

336. Alzheimer patient with DM2- spouse takes decision for him- So before extraction of 2(second molar), what should be on consent form- excessive post op bleeding.

1. Excessive post op bleeding
2. Perforation in maxillary sinus
3. Fracture of DB root
4. Damage to tooth 3

337. Alzheimer-a)Depression

b)Serotonin neurotransmitter involved- both are true

1. Both true
2. Both false
3. First false second true
4. First true second false - both are true is the answer

338. Variable part of single heavy chain formed by how many-1,2,3,4,5 - 1 is the answer as 3 are constant

339. One month old fracture- what bone present- Woven

340. Sjogren's- parotid gland with lymphocytic infiltration-Patient eating candies to get over dry mouth. What else can be prescribed- chewing gums

1. Alcoholic mouth rinses
2. Chewing gums

341. Most important for height of cusps and depth of fossa-Inter condylar distance
Class one occlusion Condylar angulation Two more

342. Overcontouring of lingual incisal angle-of maxillary central-

1. Decreased overjet
3. Increased overbite
4. No difference
5. Not much effect as compared to change in overbite (something like this) ----Decrease overjet is the answer

343. Renal tubules most related to- (don't remember if they specified PCT area) cuboidal epithelium and Intercalated duct

344. Cerebral emboli- mainly from- mural thrombus

345. Pulmonary emboli mainly from-deep vein Thrombophlebitis

346. Sucrose made of- Ketose(fructose) and a aldose(glucose)

347. Copious or bloody sputum not seen in-emphysema ,brochogenic carcinoma, copd
Two more were there -- emphysema is the answer

348. Carcinoma in lungs mainly- Bronchi

349. Palatine tonsils made from- non keratinized stratified squamous epithelium , 2 nd pharyngeal pouch
350. Articular cartilage degeneration-Osteoarthritis
351.Great toe of foot arthritis mainly due to- Uric acid was the answer
352. One single heavy chain has how many variable domains-1,2,3,4 or 5
- 353.cytotoxic T cells recognise-Class 1 MHC was in options
354. Abscess doesn't have-eosinophils,
355. Not on enamel surface- hunterschreger bands
356. Gomphosis seen where- Tooth socket
358. Not formed till 10 weeks-Tmj
359. Attachment of adjacent cells- maculaadherens,(desmosomes)
360. Spinal cord resected under t 4-While two hour long procedure on such patient, you will be worried of what- bladder emptying

1. Bladder emptying
2. Bowl emptying
3. Maybe spastic muscles or something..

I don't know this... I thought it should be bowel emptying..

361. Greater petrosal nerve- arises at which ganglion? Genuiculate ganglion

364. What attaches to crista galli – falx cerebri
365. Superior and inferior sagittal sinus in which dural fold? – falx cerebri
366. Folds in brain formed in which layer- Dura matter
370. epidural hematoma due to- middle meningeal artery
371. BCC mainly where-I think upper face , nose area
372. Cervical cancer due to- HPV (human papilloma virus)
373. herpes simplex type one mainly seen as- Herpetic gingivostomatitis
374. Most cerebral infarcts due to-Middle cerebral
378. laterotrusion/Mediotrusive questions – very imp
379. Physio is absolute basic but you need to know it well especially endocrine.

Testlet

380. I got the 16 year old Cambodian girl with TB and needs a filling. - PPD test not for M. bovis.
381. 35 year old guy with DM who loves beer, but his gf complains about his halitosis. – poor oral hygiene
382. Middle aged woman with hysterectomy but is an alcoholic (I know, the boards love people who get their drink on). Old lady in wheelchair with history of broken clavicle and some RA I think.
383. Sjogren's
384. Taste buds- absent in filliform
385. Tongue nerve supply – ant 2/3 – lingual nerve, post 1/3- IX,
386. Errectorpilli muscles
387. Tertiary Structure of proteins - cysteine
388. Variable part of single heavy chain formed by- i answered 2 (not sure)
389. Cerebral emboli – mural thrombi from heart
390. Epidural hematoma - MMM
391. Gomphosis - tooth & socket joint
392. Leaflets attach by - zonaoccludens
406. TMJ formation- intramembranous except condyle- endochondral
407. Formation of mouth – max process and mandibular process
408. Lung carcinomas – most common-adenocarcinoma, most aggressive- small cell carcinoma
409. Facial pain nucleus - VPM
410. Anterior prominence in neck - thryoid cartilage
411. Function of 2nd Mand. PM is most like - Mand PM1 and Mand M1 (I answered M1 - coz, the Mand PM1 is most like the Mand. Canine right?)- not sure, so please look it up
412. Parasympthatic and Sympth effects –sympathetic- fight and fright, parasympathetic – rest and digest
413. Aldosterone effects – Na reabsorption
414. Rifampicin MOA – transcription, RNA dependent DNA polymerase
415. TMJ ligaments and MOM (know ALL of them)
416. what differentiates between radicular and coronal dentin: granular layer of tomes in radicular dentin

417. amyloidosis causes.. Multiple organ dysfunction
418. epithelium of intercalated duct.. simple cuboidal (same kidney)
419. epithelium of striated duct: simple columnar.
420 nongonococcal urethritis: Chlamydia trachoma.
420. which type of collagen is present in pulp but not dentin and bone.. - Type 3
421. taste nucleus: nucleus solitarius
422. what is most prominent in serous acini- zymogen granules
423. max ammonia produce By which amino acid.. glutamate
424. acute pancreatitis; Serum Lipase & serum amylase
425. purine breaks to xanthine -uric acid
427. Not a fxn of liver –FUNCTIONS OF LIVER ARE PUSH DOG
PROTEIN SYNTHESIS,UREA SYNTHESIS,STORAGE,HORMONE
SYNTHESIS,DETOXIFICATION,GLUCOSE AND FAT METABOLISM
429. couple of ques on tmj.nv supply- auriculotemporal nerve
430. action of accessory ligaments,- prevent excess protrusion and excessive opening
during yawning.
431. where are macrophages found in tmj.- SYNOVIAL MEMB
432. lateral pterygoid actions – PROTRUSION, side to side shift, sup head during closing
433. bleeding from the dorsum of tip of tongue.which artery? – deep lingual artery
434. after 24 hrs wats found in dead heart-
435. lewy bodies – parkinsons disease, russel bodies- multiple myeloma, negri bodies-
rabies
436. pure nervous tissue tumor-astrocytoma
437. action of acetylcholine –preganglionic NT for parasympathetic and sympathetic
preganglionic, parasympathetic postganglionic
438. Bonds in alpha helical structure of proteins –H BONDS
439. How does alanine produced from partial breakdown in muscle – transamination
reaction to form pyruvate, can also form urea
440. some questions on ganglion of sym and parasym –parasympathetic- ciliary, otic,
ptergopalatine, submandibular

sympathetic- sup, middle and inf cervical ganglion

441. lots of da esp max and mand canines, pls, incisors actually I had a question abt every tooth like largest cusp, arrange the cusps in ascending order of size of mand 2, maxillary laterals, all anatomy. some mand movement questions, cusp relations in movements, curve of spee, what causes taller post cusps, most vertical axial inclination-premolars, height of contours, contacts, shapes of proximal surfaces.
442. Which is not a glycosaminoglycan?
443. Central protein is rich in which amino acids – serine and threonine
444. purely kerogenicaa – leucine, lysine
445. nucleus for salivation located where – pons
446. what's affected in Parkinson's - substantial nigra
- 445.nv supply of maxillary post teeth – post sup alveolar nerve
447. Anti fungal drugs mode of action – act on ergosterol
448. What can't be injected for immunization - toxin, will lead to virulence
449. why not penicillin and erythromycin given together – one is bactericidal and other is bacteriostatic
450. location of adenoids - nasopharynx
451. chest pain relieved by nitroglycerin in angina 452. bacteria not normally found in humans - Bordetella pertussis.
453. how to differentiate shigella from salmonella 454. enzyme produced by streptococcus mutans 455. waste product formed from cysteine 456. non standard amino acid
457. coenzyme needed for hydroxylation of proline except - vit k 458. what dilates the pupils
459. preganglionic fibres for sphincter pupillae located where 460. osteomyelitis caused by
461. hemophilia - factor and x linked recessive
462. common in all anemias - oxygen carrying capacity reduced 463. ageing effect on systolic and diastolic bp
464. renal atherosclerosis causes mainly - secondary hypertension

465.oral contraceptive pills decrease what

466. Basement membrane touching cells in seminiferous tubules

467.what maintains corpus luteum 468.brs of abdominal aorta 469.aldosterone action.

470.loss of anterior pituitary causes-hypogonadism

471.cause of pitting edema in malnutrition 472.facial and cervical ridge in which primary teeth6 cases

473-Tomatoe allergy woman mentally retarded has a fracture five years ago, oral ulcer

type of attached gingiva epithelium >ortho or para

Type of fracture----- >remodeled

474-Asthma pt.----- >you have to know the details for asthma

475-Erthyma multiform----- >iris lesion

476-Angina pain---- >what to stop pain----> nitroglycerin

The pain in her shoulder what is the name of the pain ----- >

referred pain

477-Fixed bridge between 12-14 ----- >what is the problem

caused by removing the bridge

Bleeding

Long root or other options

478- women did cervical cyst removal name the procedure or surgery

She has pain on eye tooth (canine)

479. The clinical examination and x-ray showed no problem, what is the pain causes

Fractured root And other options

480. The x-ray shows a translucent line between 8,9 what it could be?

481. Retrusion movement by which msl?

482. Posset envelope--- maximum opening

483. Postural position--- msl dependent

484. Knee jerk---- monosynapses

485. Open bite---- mangelone
486. Best describe treponemapallidum -----
- The first sexually transmitted in usa or second lesion causes oral lesion
487. Which one is contagious---- condylomatalata or histoplasmosis
488. Which one isn't normal flora ---- meningitis or TB or Pertussis
489. Linkage 1,4 in glycogen
490. All needed for collagen synthesis except ---->vit.K
491. TB ----> capsule
492. Cerebral hemisphere function
493. Falxcerebri function
494. Istbranchial arch innervate which msl
495. 2nd branchial arch innervates----> orbicularis oris and frontalis or orbicularis oculi and frontalis
496. Seal DNA----> ligase
497. Type of demilunes----> serous
498. Glucokinase and hexokinase ----> has higher Km
499. What is Achalasia
500. Single gene mutation---> Turner syndrome and more options
501. Uric acid to purine by-----> xanthine oxidase
502. Describe treponemapallidum----> non motile spirochete and other options
503. Which keeps corpus luteum during the during the first weeks of pregnancy
504. Hypocalcification in all primary teeth why---> Tetracycline or neonatal trauma or early childhood trauma
505. flouride 0.05
506. DNA strands A40% T 30 C 20 calculate G in the other strand ----> 10% or 20%
507. 50% of the parents---> 25% in their offspring
508. responsible for mucous production in COPD

Type I cell

Type II

Clara

509. The peripheral chemoreceptors work for low O₂ it's contraindicated to give oxygen why
Poising with O₂ Reduce loading CO₂

Decrease respiratory center working

510. Causes of shock all except----> liver failure

511. Causes of abscess

512. Abundant cell in inflammation ---> neutrophils

513. Cell in allergy----> eosinophils

514. All between mylohyoid and something else except---> lingual art.

514. Sensory innervation for post. Tongue

515. The nerve pass through

pterygomaxillary fissure was passed through which foramen---

-> rotundum or ovale

516. secondary wound healing all found except

517. Common between parkinson and alzheimer ---> dementia or motor loss and other options

518. cheek bite by 3 lingual and 30 buccal

519. need carrier----> glucose

520. alot of qs about occlusal determination

521. When the posterior cusps should be steepest and the ISS

522. 3 qs from urea cycle

523. The beginning of the cycle NH₄ + CO₂ ??

524. Intermediate for the cycle----> ornithine or citrulline

525. Source of urea

526) during swallowing teeth position? intercuspatation.

527) A patient with a peg tooth in maxillary arch which tooth is most likely ? lateral

incisor

528) A patient missing a tooth in mandibular posteriors, which tooth is most likely?

second premolar

529) which one does not happen in a diabetic patient : a) splenomegaly b) retinopathy c) nephropathy d) gangrene { I chose A not sure though. }

530) voluntary movement in muscles which tract? corticospinal

531) In acute inflammation which cell is more seen? Neutrophils

532) TMJ disc which embryonic cartilage?

533) mandible formation ? inter membranous { but the Q was very twisted }

534) which structure is present in fetus that the mother does not have?

ductus arteriosus

535) post ganglionic sympathetic neurotransmitter for sweat glands? ACh/muscarinic

536) which organ is a sympathetic receptor? medulla of adrenal

537) bony sutures in newborn? hyaline cartilage

538) embryonic origin of inferior parathyroid? third arch

539) location of the thoracic duct relative to trachea, esophagus, kidney, I don't remember the options but just one and I don't know the correct answer, the one I remember is this : anterolateral to trachea

540) cutting the hypophyseal stalk , which hormone will still be secreted? ADH

541) where is crista terminalis? right atrium

542) what type of cartilage is seen in TMJ? fibrocartilage 543) dimorphism two questions about it .

544) which immunoglobulin is found in body fluid? secretory IgA

545) which virus doesn't have latent phase?

a)CMV b)Herpes simplex c)VZV d)rhino e)human paillooma 546)which is not reabsorbed in jejunum? water

547)which ligament is attached to lingula? sphenomandibular 548)where can we perform spinal tap? L2 ,L3, L4 549)innervation of the lung?

550)patient after thyroid surgery hypocalcemia why? damage to parathyroid

551)two terminal branch of external carotid? maxillary and superficial temporal

552)which cerebral lobe is located in middle cranial fossa? i chose parietal

553)drop in O₂ pressure detected by? carotid body 554)stimulation of carotid sinus leads to ? drop of blood pressure

555)submandibular gland innervation 556)Umami taste which amino acid? Glutamine

557)blood in the nasal cavity of a dead body due to ? epistaxis 558)innervation of upper lip? buccal branch of facial 559)which muscle is attached to crooked process? Temporal 560)pernicious anemia? b12 deficiency

561)which type of anemia is most common ? iron deficiency ,hemolytic , i don't know the answer

562)substrate for thrombin? fibrinogen 563)the largest paranasal sinus? maxillary 564)which one is autosomal dominant ?

a) diabetes type 1 b) diabetes type 2 c) gardner d)gout e)tenner don't know the answer

565)which one is not an organelle?

a)ER b)golgi c) lipid droplet d)centriols don't know the answer 566)which interaction keeps the cell membrane intact? i chose hydrophobic bonds not sure

567)parasympathetic to which part of colon? a)transverse b)ascending c)descending d)anus e)rectum

568)dimeluns are seen in ? sub lingual gland/mixed glands

569) a question about crypt of liberkhun

570) which muscle degree hyoid? don't remember the options! 571) a diabetic type 1 patient decides to work out more and he was able to reduce the amount of injected insulin, why? something about GLUT but i don't remember the options and it was twisted .

572) which one is not in posterior wall of axilla ? a) latissimus dorsi b) teres major c) subscapularis d) serratus anterior more like a IQ test! lol, i chose d !

573) which hormone is not glycoprotein? a) GH b) ACTH c) LH d) HCG i chose A

574) what is the mandibular sling made of ? masseter and medial pterygoid

575) Troponin change the position of ? tropomyosin 576) which one erupts first?

a) 6 b) 4 c) 15 d) 27 i chose tooth number 27 577) connective tissue that covers only one muscle fiber? endomysium

578) most abundant papilla of the tongue? filiform 579) which one is not derived from ectoderm?

a) dentin b) enamel c) alveolar bone d) cementum , i chose alveolar bone

580) Body of the hyoid bone is derived from which embryonic cartilage? i chose the second cartilage

581) what is the nerve in pericardium? phrenic

582) what are Fordyce granules? ectopic sebaceous glands in (oral area)

583) patient with Graves disease most likely to have what kind of tumor? Thymoma

584) cause of diabetes mellitus?

a) auto immune b) degeneration of pancreas cell c) neoplasm i chose b

585) cerebellum and pons are called? Rhombencephalon 586) dull pain in pulp? C

fibers

587)deficient anterior pituitary causes : I chose hypogonadism I'm not sure though.

588)deeply stained granules in oral mucosa are : keratohyaline 589)in florists where else the excessive fluoride will be seen? a)bone b)cartilage i don't remember other options
590)junctional epithelium is made of ? reduced enable epithelium

591)1/3 apical in root that are few ,more than one and help communication between pdl and root pulp ?a)lateral canals b)accessory canals i don't remember the other two
i chose accessory

592)ligament trees is remnant of ?umbelical vein. 593)hematoma after injection in first max molar area is due to insertion of needle in ? pterygoid plexus

594)which one is not one of the oral normal flora? a)candida b)pertusis
c)mutans

595)access with filament and sulful granule : actinomyces A 596)the greatest amount of genetic info transferred by ? conjugation

597)nucleus shrinks and becomes basophilic? pyknosis 598)immunity from mother to fetus ? passive natural 599)process of scar formation? third intention
600)dimorphism? ability of being yeast and mold 601)sweat test in CF ? NA and CL are increased 602)disorganized atypical cells not invasive? Displasia603)erthroblastosis fettes is what type of hyper sensitivity? type 2

604)patient with elevated level of PSA and serum acid phosphate are in risk of ? prostatic adenocarcinoma 605)something about rosacea ? big red nose

606)guiding cusps? know that guiding cusp is a non functional cusp and choose them in your options

607)Lequification necrosis ? in brain and spinal cord

608) something about pitting edema ? i remember it indicates acute disease

609) initiation codon is translated to which amino acid ? Methionine

610) vital capacity? $TV + IRV + ERV$

611) non microbial part of dental plaque is mostly made of ? 612) difference between facilitated transport and active transport? use of ATP

613) RBC put in a hypotonic solution leads to ? i chose hemolysis

614) which one is not the function of liver? a) detoxification
b) secreting digestive enzyme c) glyconeogenesis

615) what is the ration of the blood circulating in capillaries and Aorta?

a) not related b) its the same c) its greater in aorta d) is less in aorta

616) what is the second messenger for glycogen? cAMP 617) proximal view of mandibular first molar? Rhomboid 618) which enzyme converts glucose to glucose 6 phosphate? hexokinase

619) what is the pace setting enzyme for glycolysis? phosphofrucokinase

620) Asthma medication? b2 blocker

621) major regulatory enzyme in cholesterol synthesis ? HMG coA reductase

622) urinary tract cancer? smoking cigarette

623) a patient with hypertension not willing to take his premedication ,insisting on having a dental procedure ,what should u do?

a) listen to the patient and start the procedure cos the autonomy right

b) call the physician and ask if taking the premedication serious

!!!!!!

c)canceling the appointee ,prioritizing the overall health of the patient to his dental health ,i chose this one

624)a pregnant patient you recommend having a cleaning because of what complication of pregnancy?bleeding gums 625)6 weeks pregnant how long will u wait to do a procedure? 12 week

626)junction of proximal ridge and cusp ridge makes ? occlusal table of triangular fossa?

627)q about cervical cross section of mandibular lateral incisor 628)q about cervical cross section of maxillary central incisor 629)first evidence of calcification of premolars? i chose 3 years 630)height of contour of maxillary central incisor? cervical third

2016 Remember Questions SERIES DOCUMENT-8

- Epineurium is around?
- Lingual fissure through root: maxillary lateral incisor?
- Aflatoxin produced by?
- Secretin produced where?
- Fungi ?Sabouraud agar
- First primary mandibular molar know what cusps is tallest ?
- Steep incline of condyles, what does that do to cusps
- A Delta fiber type of pain
- What won't cause Shock?
- What does the abdominal aorta not give off? Options celiac,inf mesenteric, sup mesenteric ...
- Know b2 receptors
- Sympathetic system does all of the following EXCEPT - constrict the pupil
- Adrenal medulla →not necessary for survive
- Parathyroids ---are needed for Ca serum level control
- Carotid triangle formed by...
- Protrusion = both head lateral pterygoid
- Whats on second arch? Facial nerve, muscles...
- Also about third arch...asking about great cornu of hyoid
- Glycolysis...rate limit PFK
- Lots of premolar questions
- Also a lot about fungi
- What foramen does the vertebral artery go through? foramen magnum
- What nerve brings parasympathetic fibers to the parotid?
- Maxillary premolar innervated by
- Prostate cancer
- Hexokinase versus glucokinase

- Nissl body
- Pelvic splanchnic nerves
- what provides sensory to the upper lip?
- Lots question on mand first pre molar
- Delayed hypersensitivity?
- Arthus Reaction?
- which primary molar looks like a premolar
- 3 years old TMJ...fibrocartilage?
- primary mandibular first molar anatomy
- Several questions about pulp horns
- Primary teeth more bulbous and constricted
- A lot of questions on primary teeth
- Grooves in y pattern of 2nd mand pre molar
- DVT thrombosis
- Some question asking about how many roots/cusps in certain teeth
- Which compartment translation occurs-
- Inferior part of TMJ, formed by..
- Epithelium Trachea?
- Epithelium of Stomach?
- What happens to the pulp as you age?
- Enolase
- Anterior wrist innervation
- Main matrix protein of enamel?
- Fumarase is what type of reaction
- Also Fumarase links links TCA to urea cycle
- Lower Motor lesion on facial nerve...
- At least 3 questions about Rickettsia
- Heterochromatin
- location of Chief cell

- replication phase ? G1,S,M...
- Question asking what occurs in Dysplasia
- Phagocyte found in synovial membrane ,capsule...
- Lot of questions about ant guidance
- I have a exactly questions that I posted days ago in the group ...



- what is the direct source of nutrition to the tmj articular surfaces?
- If agglutination occurs when exposed to anti-A and anti-B what is the blood type?
- Where you see wear facets? lingual of maxillary? Facial of mandibular...and other options
- Atrophy occurs with? Pressure, disuse, certain hormones...
- Trichophyton causes athletes foot
- Where do you get sharper taller posterior cusps?
- Patient has pain tooth # 3 and needs a root canal
- * Where would infection goes?
- *What nerve sense pain in that tooth?
- *What is the neurotransmitter for pulp pain? Acetylcholine, Substance P
- What is not in Parotid? Facial nerve,artery?
- Which part of in kidney uses the most ATP?
- Which cell is least amount ...neutrophil, basophil...I remember about Never Let Monkeys Eat Bananas...
- Which taste receptor has the lowest threshold for taste
Bitter, Sour, Salt ,Sweet...
- Five years healed bone--- what type bone?
- One question about 1 month fracture ---what type bone?

- Cells in howship lacunae?
- Questions about Villi, Microvilli...
- Ansa Cervicallis
- Similar inorganic material? Cementum and bone...
- First enamel find where? Cej,cusp,incisors...
- Shape of cervical of incisors?
- Eject milk?
- Ventral surface of tongue has which epithelium?
- 25% Offspring
- G protein
- Which bacteria is not part of the upper respiratory tract?
- Atherosclerosis...I don't remember the question
- What Parkinson and Alzheimer has in common?
- Replace dog aorta with a rigid tube...what is going to happen with systolic? Diastolic? Pulse rate?
- Shigella and diarrhea
- Demilune of mucous in sublingual gland consist of ? mucous,serous...
- Which muscles are affected in Myasthenia graves ...choose 3...
- Location of foramen Ovale and Rotundum
- Which one in Fetal heart? Foramen Oval or Fossa Oval?
- Postural position---
- Achalasia where?
- Nitrogen sources for urea?
- Girl is 17 years old, she is taking birth control...she asked the dentist to don't tell her parents... if the dentist don't tell he is doing? Veracity, justice, benevolence...
- Signs stroke ?
- Person with diarrhea has metabolic alkalosis? acidosis?
- Karyolysis
- Chemotaxis ...I don't remember the question
- Medullary chords...what is found there?
- IAN pass trough Buccinator...
- Lung is supplied by which nerve?

-I got this question about enzyme converts a substrate into reactive inhibitor...suicide

-Thyroid membrane pierced by?

- Nerve between Sup and Inf constrictor?

-Location of Colloid cells

-Which lobe senses pain?

-PPD test is positive for all except? Bovis, Leprae, Micobacterium...

- Swallowing and teeth position?

- Greatest genetic information is transferred by ? conjugation, transcription...

- P54?

-An excess of adrenal cortex hormones leads to what disease?

- Excess ACTH leads to ? weight gain ...hyperglycemic

-Hormone with longest duration?

-3ry structure of proteins – cysteine

-Patient with trismus ... how much can this person open his mouth? 30mm,50mm,10mm...

- Atmospheric pressure 250 mmhg and po2 is what? 50mmhg

- Urea cycle gets its nitrogen directly from?

- Albumin level and edema

-Question about Superior Cervical Ganglia... asking exactly where... C1to C3, C7...

- Where does the sphenomandibular ligament insert

-Some questions on CLIII occlusion

-Something about what is distal to canine distal fossa...

-One question about a patient with chronic stomach pain...also has a infection in his tooth ...

Dentist prescribed antibiotic for his tooth infection...

After a week patient is better and his stomach also is without pain...This happened because?

the pain in patients stomach was because the tooth infection or the antibiotic had a large spectrum and also killed the bacteria in patient stomach...

- Which of the following muscles is NOT an infrahyoid muscle?

-Question asking about spinal nucleus of Trigeminal...asking where pain is sense...but the choices where spinal oralis,spinal caudalis,interpolaris...

-Clindamycin inhibit ...30s,50s...

-Allele?

-I had that 2 testlet from Tangy

- i. **(Case Study)** Male patient comes in with pain on his maxilla tuberosity by #3. It get worst at night, sharp pain and comes suddenly and leaves suddenly. He comes to your office for a clinical exam. Everything is NORMAL except palpation of the buccal gingiva hurts.
- What is the diagnosis for the case? **Trigeminal neuralgia.**
 - Patient comes back and can't take the pain anymore, so he asks you to take all his teeth out and make him a removable. Which two principles conflict? **Autonomy & non-maleficence.**
- Trigeminal neuralgia (**Tic Douloureux**) - axon demyelination in gasserian ganglion, dorsal root or both
-

25. **(Case Study)** Patient with RCT #3 & the radiolucency did not resolve. The histological section showed non-keratinized epithelium
- What is the radiolucency? **Cyst** (Other answer options were abscess, granuloma, etc)
 - Cyst is a fluid-filled sac = don't resolved after RCT (abscesses tend to), non-keratinized stratified squamous epithelium w/ PMNs. Both abscess & cyst are non-keratinized epithelium
 - Where would the infection go? **Infratemporal**

September 2015 Questions

PAPER 1

SBQ 1

13 year-old child has pain on lower right side. Periodontal probing reveals the pus coming out of area of 45. No caries was detected. The child is apparently healthy. Patient's mother want the tooth to be extracted, because they are going somewhere (on a trip) next week.

*PA of lower right side, 45 has an open apex, caries is seen, large oval area of radiolucency surrounding the root of 45

1) Mother insisted to save the tooth. What should be told to the mother?

a. They should have a health check for any systemic disease, because it is strange, that an apparently sound tooth has such pathology

(Himani Sharma : not sure...the X-ray may show floating tooth that points towards Langerhans Cell Histiocytosis)

b. extraction is the best option because of poor prognosis with RCT

c. RCT is impossible

2) If the tooth is to be saved (RCT), what dressing will you leave?

a. Corticosteroid + antibiotic

b. Calcium hydroxide

Ban Ahmed : I remember something what is the initial treatment should be given to the patient if the tooth is going to be saved that make me think in the first option because the patient comes with pain.

3) If extraction is going to be done, who should sign the consent?

a. parent/guardian

b. parent/guardian and the child

4.) You give a child Nitrous Oxide. Everything is going well, but after 15min child falls asleep. Your actions?

a. try to wake up by shouting (Himani Sharma : Try to wake up the child by talking or patting on shoulders, if it doesn't work then B)

Tatyana Bollweg : there was not word "shouting" just call pt by his name and I think to shake shoulder

b. stop delivering N2O, give 100% oxygen

c. stop all dental treatment, cease the procedure and reappoint the child

SBQ 2

13 years old came to your clinic with his mother, 21 fractured, kept the fractured segment in milk for 2 days (or 3 days?). 21 was really sore at the beginning, now it's better. Pain on biting. 11 is ok, 21- horizontal crown fracture, approximately half or a bit more (or you noticed there was a pin point exposure).

1. What is the immediate treatment for this tooth?

A. pulpotomy and temporary restoration.

B. Pulpotomy.

C. indirect pulp capping.

D. direct pulp capping.

E. composite restoration.

OR

What is temporal management of the tooth?

-Fix tooth with the fragment

-Porcelain veneer

-Composite resin veneer

2. His mother noticed that 11 is having greyish discoloration, what is the most likely explanation for this?

A. Internal resorption.

B. external resorption.

- C. pulp necrosis.
- D. intrinsic stain.
- E. extrinsic stain.

3. X-ray, 47 was shown with 3/4 root had formed but it had still not erupted. Patient's mother says this tooth had erupted when his brother was of the same age and she is worried about it. What would you do?

- A. Explain that it is normal for it to erupt between 12-14 years.
- B. Help it to erupt surgically (incision) at a later visit when you give LA.

4. The mother tells you that he is a child model and has an assignment in two weeks and wants you to fix.

- A. was something like delaying it because it is not appropriate at this time.
- B. Composite veneer.
- C. Porcelain veneer.

SBQ 3

Middle-age woman has seen a dentist 3 years ago, no treatment was required back at that time. Now she is concerned about her teeth. She has money and want her teeth to be fixed.

*Picture from the front: Multiple caries on front teeth, but I couldn't see fillings

Picture of the upper arch: 14, 15 are missing.

1. Question about the reasons why she got problems with her teeth in since last dental check-up?

- A. Changes in saliva production.
- B. Failed previous restorations.
- C. Too much orange juice
- D. Moved to other city (that probably have no water fluoridation)

2. She had a friend, who did implants for her upper anterior teeth and quiet happy with them. She also wanted 2 implants to replace her missing premolars. What should be considered when planning implants in that region? Or what can complicate the implant placement in comparison with anterior region?

A. not enough interocclusal distance (should be checked on the photo).

B. not enough space between canine and 1st molar (should be checked on the photo-I can see that the space is quite narrow for placement of 2 teeth).

C. maxillary sinus in the area.

D. Poor bone quality

SBQ 4

(Lady patient, middle age? A bitewing radiograph given. Cone cut seen. Open contact between lower 5 and 6? She's taking tricyclic antidepressants. Upper premolar I couldn't see caries. Q was regarding boneloss, mesial to upper 4).

BW : Upper 25, 26, 27.

lower -35, 36, 37 and a bit more of retromolar area, 34 was not seen for sure, also a small part of upper and lower right corners of the film seem to be bended, and black. 36 has a mesial radiolucent area (like a lost filling), but more radiopaque area surrounded it (like a cement base).

1. What treatment will you give for distal surface of 25

a. Tunnel Prep

b. No treatment

c. Recall and Xray after 6 months

d. CPP-ACP and recall after 6 months

e. Remove existing restoration and restore with composite

2. What treatment will you give for 36?

a. root planning of 36

b. refilling of existing restoration

c. removal of 38 and 47 (or something like that)

3. Q-n about RCT on 36. What will be the main challenge?

- a. placement of a rubber dam
- b. finding and filing the canals

4. Question about sensitivity from the 36.

- A. no sensitivity.
- B. sensitivity to cold.
- C. sensitivity to sweet.

(can't remember the other options)

5. Patient complains that lower left back region gets sore sometimes. What could be the reason?

- a. open contact/ food impaction between 36 and 37.
- b. secondary caries under restoration./ marginal leakage of 37 restoration
- c. periodontal problem

6. What is seen at the distal surface of 37 beneath CEJ/ What is the radiolucency in the cemento-enamel junction of the 37

- a. cervical Burn out
- b. caries..?
- c. vertical bone loss
- d. horizontal fracture
- e. Iatrogenic removal of the lower 8

7. What is the technical error in the radiograph

- a. cone-cut
- b. insufficient angulation/ incorrect tube angulation
- c. poor/inadequate contrast
- d. patient didn't bite properly / film holder not bitten properly (probably this is the ans)

e. film placed too posteriorly

OR, questioned like this????

what was problem in bitewing radiograph?

distal part of canines are not involved

distal cone cut

SBQ 5

(Melanie Thomas) case about a lady whose naturopath told her to replace 12 amalgam fillings. In the history she states she's allergic to nickel. She uses st john's wort (hypericum klamath goat weed) 1g per day for treatment of stomach upset. And there was a picture of a white lesion on her buccal mucosa

1. In treating this patient what guidelines you consider most :

- a. amalgam guidelines from NHMR – my answer
- b. and another one thas was close to a, can't remember
- c. patient condition

2. What is the lesion on the cheek?

- a. cheek biting
- b. lichen planus
- c. leucoplakia
- d. effect of the goat weed

3. what will your treatment be

a. replace all amalgam filling as per naturopathy.

b. replace just one filling...

c. explain about gold ,composite and something so she can make a informed decision

4. Patient has decided to replace it with composite. What is the important thing to tell the patient before replacing the restoration.

a. will be sensitive for a few days/a week

b. it will not last as long as the amalgam and may need replacement from 5 yrs

c. (*Himani Sharma*) Composite take stains with time from tea, coffee and wine????

SBQ 6

A 64-year-old patient who is receiving warfarin as part of the management of his atrial fibrillation tells you that one of his lower right back teeth was restored three years ago by a dentist who has since retired from your practice. The tooth is now occasionally sensitive to hot and cold. The clinical notes confirm the history and indicate that the tooth was restored using a resin composite material. (from ADC written hand book)

1. In addition to testing the pulp vitality with either cold or an electric pulp tester, which of the following clinical tests or procedures would be the most appropriate to assist in making a diagnosis?

A. Orthopantomogram.

B. Bite-wing radiograph.

C. Percussion.

D. Crack testing.

E. INR.

2. In case like this Class II composite restorations of posterior teeth are more likely to fail due to recurrent caries if:

- A. the material is placed in increments because of the risk of leakage between the increments.
- B. a glass-ionomer lining is used because of the risk that the lining will leach out over time.
- C. occlusal loads are applied to the marginal ridge due to flexure of the material.
- D. the curing time is extended due to greater shrinkage of the material.
- E. the gingival margin is on dentine because bonding under these conditions is unpredictable.

3. Given the history and the radiographic evidence, would you expect the "sensitivity" to hot and cold that the patient reports to be?

- A. sharp, occurring once or twice per week and only with ice-cream and hot coffee.
- B. sharp and relieved on removal of the hot or cold stimulus.
- C. dull and lingering for 1-2 minutes.
- D. always present but worse after a hot or cold stimulus.
- E. worse in the morning.

4. If you decided to extract the tooth and in planning for the procedure you find that that the patient's INR is 2.4, would you:

- A. Proceed with the extraction and provide appropriate post-operative instructions.
- B. Proceed with the extraction and suggest that the patient stop their warfarin for 3 days.
- C. Suggest that the patient stop their warfarin and commence taking 125mg aspirin before returning in 3 days to have the tooth removed.
- D. Consult the patient's cardiologist to discuss stopping their warfarin treatment.
- E. Refer to patient to a consultant Oral and Maxillofacial Surgeon who is best placed to manage complex surgical problems such as this.

5. Which drug is used to control bleeding in warfarin taking patient having atrial fibrillation?

- A. epsilon caproic acid.
- B. Heparin.
- C. ZOE pack.

D. Vitamin K.

6. After removal of the 46, which of the following prosthodontic options would be most appropriate?

- A. Immediate placement and immediate restoration with a dental implant.
- B. Replacement with an immediate removable partial denture.
- C. Replacement with a removable partial denture after the extraction site has healed.
- D. Replacement with a fixed bridge.
- E. No replacement until the patient has had an opportunity to assess their functional and aesthetic concerns.

7. With atrial fibrillation on warfarin, what is the minimum INR required?

- A. 3.
- B. 2.
- C. 4.
- D. 5.

8. What is the complication if this patients stops warfarin?

- A. Myocardial infarction.
- B. Cerebro-vascular Stroke.
- C. Deep Venous thrombosis.

SBQ 7

Coloured picture showing upper molar (26). It has a big dark/black looking cavity-only mb, db, little of ml cusps seen. The filling fell off 2 days ago while patient was having breakfast. And now it is sensitive to hot and cold. (27 was missing probably)

1. What is the reason for amalgam filling to fall off?

- a. Unretentive cavity
- b. Secondary caries
- c. Fractured cusp

2. What is the probable diagnosis?

- a. Reversible pulpitis
- b. Open dentinal tubules
- c. Irreversible pulpitis without involvement of periapical area
- d. Irreversible pulpitis with involvement of periapical infection

3. In case root canal treatment needs to be done, what problems will you encounter (IOPA was given here)

- a. Difficulty to place the rubber dam
- b. Difficult to access the canals
- c. root curvature
- d. periapical infection

4. A temporary restoration was given and the patient is asymptomatic now. What is the choice of restoration?

- a. Composite restoration
- b. Amalgam with 3 pins
- c. GIC core plus crown
- d. post core and crown/ core and crown
- e. Full veneer crown

5. Why amalgam fillings on premolars have such margins?

- a. thermal expansion of amalgam.
- b. Creep.
- c. Corrosion.
- d. Marginal breakdown/ leakage.
- e. Enamel wear off.

SBQ 8

X ray shows teeth that are just 'eroded' stumps leftover in anterior region. The patient says that he drinks 3 glasses of wine and has 40 cigarettes per day. He was diabetic type 1 and over weight. He needed to raise the bite to restore ant. Teeth. When he came back after that he quit smoking and lost weight. (Odell, case 60&61)

1. He is suffering from:
 - A. Erosion.
 - B. Abrasion.
 - C. Abfraction.
 - D. Attrition.

2. How will you know the process is still active?
 - A. Shiny well demarcated facets.
 - B. Dentine is stained.
 - C. Dentine is unstained.
 - D. Restoration margins elevated with dentine exposed.

3. Management of this case:
 - A. Treatment of underlying condition.
 - B. Seal exposed dentine to prevent injury to the pulp.
 - C. night guard
 - D. temporary restoration
 - E. Dahl appliance.

4. Considering that his underlying condition is controlled, you tell him the various treatment options including increasing his vertical dimension to a restorable state, however cost is a factor and he opts for direct composite restorations, what would have been the best replacement of his missing teeth?
 - A. Removable partial denture (confirmatory approach).
 - B. Anterior and posterior composite on the occlusal surface adjusting his bite.

C. Posterior Dahl Appliance.

5. He returns to your clinic with a very optimistic approach. What best signifies the reason for his newly found confidence? (What is the most significant change in his management)?

A. An improvement in his general systemic health.

B. Better appearance of his teeth as shown in the photograph.

SBQ 9

A 45 year old lady presents with a loose crown on a front tooth. She complains about dislodged post and core crown. She had this post and core for last 10-15 years.

*(2 pictures were given)

Photo of 11, 21 was given, with just 2mm of 11 visible, only the root remains after removing the post and crown. The margins are below the gingival level. Fistula on labial either 11 or 21.

Radiolucency in 11 apical, 21 apical, mesial and distal???

No gutta percha in 11 that was 2 very small dots radiopaque on the distal wall of root canal, it is like the excess cement of post but not gutta percha comparing by 21 and in 11 there was a distal radiolucency in the coronal third of the root like vertical root fracture. 21 gutta percha was obliterating the whole canal short 0.5 or 1 mm

1. What should be done to help with the diagnosis?

- a. Periodontal probing
- b. Check the fit of the tooth/crown
- c. X-ray
- d. Check the vitality
- e. Percussion

2. If she wants to produce diastema as she had before what design would be most difficult to achieve:

- a. removable partial dentures
- b. fixed movable denture
- c. fixed fixed denture

- d. implant
- e. cantilever

3. What cause radiolucency of 11

- a- improper root canal
- B- improper coronal seal
- C- vertical root fracture
- d- long post (big post something regard post)

4. what cause radiolucency on mesial 21

*The scenario was similar with March 2015 but slightly different and questions were also different. Q2 and Q3 above definitely came up in the exam but not sure above the rest.

MCQ

1. Why is it difficult to restore maxillary canine

- a. difficult to establish proper contact with lateral incisor
- b. Marginal seal
- c. Canine guidance
- d. Shade matching was another option
- e. difficult to put rubber dam was there

2. Which is most common pulp horn to be exposed during MOD cavity preparation in maxillary first molar

- a. mesiobuccal

- b. mesiolingual
- c. distobuccal
- d. distolingual

3. Which one of the following statement is correct?

- a. The remnants of Ameloblast contribute to the primary enamel cuticle
- b. the last secretion of the odontoblast is cementum X
- c. The last secretion of the ameloblast is the acquired of enamel cuticle
- d. The remnants of odontoblast form the primary enamel cuticle

4. Least important for caries

- a. Genetics
- b. History of caries
- c. Frequency of intake
- d. Saliva

5. Patient had throbbing pain, aggravated by heat, able to localize tooth and tooth was percussion positive.

- a. Irreversible pulpitis
- b. Occlusal trauma
- c. Pulp hyperaemia
- d. Pulp necrosis

6. The normal stimulated salivary flow rate is

- a. 0.02ml/min
- b. 0.2ml/min
- c. 2ml/min

7. The most common cause of RCT "Root Canal Treatment" failure is

- a. The canal not filled completely (Short obturation)
- b. Over filled canals
- c. entrapped bacteria
- d. Inadequate coronal seal

8. Shallow amalgam restoration with no lining. Information given: tenderness next day, Cold sensitivity one week after restored.

- a. what would the probable cause ?
- b. Bite
- c. Pulp injury
- d. No Lining

9. Reaction of pulp to dental caries

- a. Formation of reparative dentin
- b. Formation of primary dentin
- c. Pulp polyp

10. Root caries microorganisms

- a. Actinomyces
- b. Lactobacillus
- c. Streptococcus Mutans

11. Correct about streptococcus mutans..

- a. not easily transferred from area to area in oral cavity
- b. Requires special environment to grow
- c. Able to restructure carbohydrates

12. Increased salivary flow reduces caries why?

- a. Reduce buffering capacity
- b. Increased buffering capacity
- c. Reduced bacterial metabolism

13. If the water fluoridation is 0.41%, this means that it contains :

- a. 0.41 ppm
- b. 41 ppm
- c. 4100 ppm
- d. 1000 ppm

14. Reason behind repeated occurring S.mutans infection

- A. They produce enzymes
- B. They dont produce enough antibodies to protect recurrence
- C. Numerous strains of bacteria exist

15. The pathognomonic symptom of acute apical periodontitis is

- a. intermittent pain
- b. sensitivity to heat
- c. extraoral swelling
- d. tenderness of tooth percussion

16. Normal mouth with no caries have?

- a. high buffering saliva
- b. low buffering saliva
- c. high amylase
- d. glycoprotein?
- e. low mucin level

17. If someone take a toxic dosage of fluoride, what 'll you do according to the Australian guidelines:

- a. excessive fluids
- b. call emergency and ask them what to do (something like this)
- c. sodium bicarbonate
- d. ???? **** there were no milk, calcium & magnesium tablets in the answer options.

18. While placing rubber dam what could be the reason for gingival damage?

- a. holes too small
- b. holes too large
- c. holes too close
- d. holes too far?

OR

Gingiva papillary injury (interdental papilla)

- a. hole of rubber dam large
- b. hole small
- c. No lubrication

19. Liner not compatible with composites

- a. ZOE
- b. varnish
- b. GIC
- c. CaoH
- d. Znpo4

20. What is found in dental pulp?

- a. Meissners corpuscles
- b. Korffs cells
- c. Free nerve endings

21. when will you stop removing caries\dentin :

- a. when it is soft and leathery

b. when it is sticky and hard dark stained

22. It was during cavity prep, if we notice stain on adj tooth..what will determine treatment?

a. Demineralization

b. Cavitation

c. Progression of caries in dentin radiographically

d. Progression of caries in enamel radiographically

e. Patient hygiene

23. There was a question on stimulated and unstimulated saliva attached with a scenario...unstimulated - 0.5 & stimulated 1.5 n you have to tell which category it falls?

a. low

b. very low

c. average

d. above average

e. high

24. What is correct for pit&fissures sealants?

a. bitewing before sealing

b. recommended when probe feels sticky

c. unfilled resins n gic have equal

25. In relationship between carbohydrate intake and caries, which one most important

a. quantity of ingested

b. frequency of ingested

c. physical form of carb

d. time of ingestion

26. Which cell is not found in dental pulp?

- a. Fibroblast
- b. Histiocytes
- c. Fat cells
- d. Lymphocytes

FROM 1000 MCQs; 469, 783, 953,

FROM CAWSON MCQs ; 2.39

PAPER 2

SBQ 1

70 year old lady, wearing dentures since last 20 years, never had any problem with them. Her new denture (12 months old) is giving her problem. It is fine when talking but the lower denture becomes loose when eating. She got her teeth extracted early in age, on her second baby, and she is wearing dentures since then. She recently had a hip replacement procedure done, and is in early stage of Parkinson. On examination, you found that the denture fits well and is made to a high standard. She says her lower incisors are becoming long and she should get them all extracted now, when she is fit and healthy.

Picture given - lower anteriors present (from Canine to Canine), upper completely edentulous)

(Maxilla- maxillary ridge has undercuts, a red elevated spot in the incisor area, flabby ridges, and buccal fraenum slightly more prominent, bulbous maxillary tuberosity.

Mandible- marked resorption of mandibular posterior region, with supra-erupted anterior and triangular embrasure gap between them)

Case of combination Syndrome ---- advanced bone loss in premaxilla + hyperplastic tissue

1. What is the red spot on the upper ridge?
 - A. incisive papilla
 - B. insertion of labial fraenum
 - C. root fragment
 - D. abscess

2. By looking at the picture, how would you describe Maxilla?
 - A. undesirable labial undercut
 - B. excessive resorption of anterior ridge
 - C. exostosis of anterior maxilla
 - D. unmanageable buccal fraena
 - E. overhanging/enlarged maxillary tuberosity

3. In making Lower denture (of high quality), what is the most significant difficulty that you will face?
 - A. Lingual plate showing through the lower incisors embrasure
 - B. Hypertrophy of tongue/ inadequate area for the tongue- to manage it in the lower denture
 - C. High occlusal plane- due to over erupted incisors
 - D. To get retentive area on Canine, as undercut lies in the gingival third
 - E. Problematic buccal fraenum

4. What cause this problem (denture become loose during function???)
 - A. Canine interference on lateral excursion
 - B. Unfavourable palatal anatomy
 - C. Increase OVD
 - D. Decrease saliva (xerostomia) / changes in saliva quality
 - E. Involuntary muscle action on denture, due to Parkinson disease
 - F. Managing dentures for a lot of years

5. Before the procedure? (Patient had undergone hip replacement, what will you do before performing the procedure/extraction)
 - A. No prophylaxis required
 - B. Refer to Orthopaedic to consult regarding prophylaxis

C. (antibiotic dosage given).

SBQ 2

A 55 year old man, has a four unit bridge in upper anteriors 11 12 21 22. Distal of 21 has chipped porcelain with metal display

Edge to edge bite relation is seen on the picture. Patient has meeting in four hours, and need this problem to be fixed urgently. (Same as March/Sept 2014 but 2 last questions were different – no one remember)

Q1 If you want to repair fractured porcelain in the chair, what will you do?

- a. Etch with 4% hydrofluoric acid for 20 sec and restore with composite
- b. Etch with 4% hydrofluoric acid for 5 min and restore with composite
- c. CAD/CAM porcelain veneer to cover the defect
- d. Composite resin with 37% orthophosphoric acid for 1 minute
- e. With AFP gel 2.5% for 20 sec

2. What is the cause of fracture?

- a. Improper framework
- b. No vacuum
- c. Rapid firing
- d. Unfavourable bite
- e. Thin porcelain..??

3. Name the defect?

- a. adhesion defect
- b. cohesion defect
- c. adhesion cohesion defect

SBQ 3

60 year old patient, comes with bilateral lesion at the corner of the mouth. He is wearing full dentures.

1. What is the diagnosis?

- a. Angular cheilitis
- b. Denture stomatitis

2. What will be your first treatment if there is no problem with esthetic?

- a. Keep the denture out of mouth for one week and give oral hygiene instructions
- b. Nystatin / lozenges
- c. Make a new denture
- d. Give antibiotics

3. What do you think is the cause?

- A. Faulty vertical dimension.
- B. Increased vertical dimension.
- C. Excessive salivation.
- D. Decrease vertical dimension.

4. What is seen on the palate?

- A. Chronic atrophic candidiasis.
- B. Acute atrophic candidiasis.
- C. Chronic hyperplastic/hypertrophic candidiasis.
- D. Acute hyperplastic/hypertrophic candidiasis.

5. Patient comes back after a week, and the lesion has not healed, what will be your next step?

- A. Amphotericin lozenges 10mg.
- B. Antibiotics.
- C. Nystatin spray (dosage given).

D. Miconazole 2%.

6. Which micro-organisms can cause this lesion?

A. Candida.

B. Streptococcus mutans.

C. Staphylococcus aureus.

6. Why we need to treat denture stomatitis (FD)?

a. Painful

b. Can interfere with new impression when make new denture

c. Cause Cancer

d. Denture will not fit

7. What is incorrect in relation to its treatment?

A. Dentures always need to be remade.

SBQ 4

A 55 year old women has all upper natural teeth except 8s. In the lower arch 31, 32, 33, 34, 41, 42, 43, 44 present. 34 and 44 have big composite restorations on them. You explain the patient, and she gets ready for a denture (RPD)

1. What is the advantage of Cobalt Chromium over Acrylic?

A. Better adaptability

2. How will you take support from the abutments?

A. place occlusal rest on 34 and 44

B. give crown on 34 and 44

C. inlay/onlay.

3. How will you get maximum support for the denture?

- A. Maximum extension
 - B. Crowns on abutment
 - C. Mesial occlusal rest
4. You decide to give lingual plate as a major connector, what is the main advantage?
- A. Indirect retention
 - B. Stabilize the anterior teeth
 - C. Good oral hygiene
5. Both condyles are positioned anteriorly around the articular eminence, no other TMJ pathology is seen, what is the cause of anteriorly positioned condyle?
- A. It is normal on OPG.
 - B. Patient is biting too anteriorly
 - C. Anterior disc displacement/ displacement of condylar disc
 - D. Degradation of head of condyles
 - E. Degeneration process in early 40's

SBQ 5

A male patient comes to you complaining his lower teeth are loose and painful.

Upper edentulous, lower canine to canine present (or premolar to premolar)

Lower incisors have grade 3 mobility. You agreed on extraction and replacement with immediate denture

1. What test or procedure will help you in diagnosis?
- a. Vitality
 - b. Percussion
 - c. Transillumination

2. You decide to give immediate denture, what material will you recommend to the patient?
 - a. Acrylic
 - b. Cobalt chromium

3. If you decide to give Acrylic denture, what is the advantage of acrylic over cobalt chromium?
 - a. Can add teeth in future

4. What impression material will you use for final impression?
 - a. Alginate
 - b. ZnOEugenol
 - c. PVS
 - d. Polyether
 - e. Impression plaster

5. After giving the denture, what instructions will you give to the patient?
 - a. You will need a new denture or relining will be required
 - b. Nothing, denture will be best for life
 - c. Denture will help in healing the socket

SBQ 6

Same scenario as March 2014, different questions

An old patient has pain under his full upper and lower dentures. The pain increases when he wears them during the day and stops immediately after removing the dentures. His doctor thinks it is due to mental nerve compression by lower denture and refers to you for the second opinion.

1. What is the clinical symptoms of mental nerve compression by the denture borders?
 - a. lower lip numbness
 - b. pain on the lower lip

- c. chin and lower lip numbness
- d. pain in the floor of the mouth not crossing the midline

MCQ

1. Which material gives more stable impression?

- a. polyether
- b. polysulphides
- c. hydrocolloids
- d. polyvinyl

2. A maxillary denture is constructed with a thick buccal flange. Which of the following will interfere with it

- a. Zygomatic process
- b. Masseter muscle
- c. Coronoid process
- d. condyles

3. Fixed-fixed partial denture is most preferred

- a. most conservative
- b. can be given in long spans
- c. can be given in long span abutments
- d. diverged abutments
- e. over tapered

4. The least important feature in casting investments:

- a. lack of porosity
- b. investment expansion

5. What is the ideal length for a post in post-core in an endodontically treated tooth?
- 2/3 of the tooth length
 - ½ of the tooth length
 - 1.5 times that of the crown
 - Same as the anticipated crown
6. Better retention of resin bonded bridge?
- Nickel chromium
 - Beryllium
7. Why do you polish rest preparation before CONSTRUCTION of partial denture
- To increase the adaptation
 - To reduce plaque formation
 - to match the colour
8. Cheek biting what will u do?
- Reduce buccal mandibular groove of mandibular posteriors
 - reduce buccal of maxillary posterior
9. Which anatomical structure is included in the lingual part of lower complete denture?
- Submandibular gland
 - Mylohyoid ridge
 - Sublingual papilla
10. What is the most likely the reason for the irritation of the oral mucosa below the denture (same question in Boucher)
- occlusal prematurity
 - high polymer / monomer ratio

11. Post dam :

- a. not important for the retention of denture
- b. not used if there is adequate retention by extending the borders (maximum coverage something like this)
- c. required for the stability of denture/ lower denture
- d. should be in displaceable area

12. Reason of teeth interference or click sound while speaking with FD

- a. Too facial artificial tooth
- b. Too lingual artificial tooth

13. Difficulty in processing of all ceramic crowns

- a. high firing shrinkage
- b. investment material

14 What is the possible cause of porcelain being opaque? (Boucher 588)

- a. porcelain was not properly condensed
- b. porcelain is dried too rapidly
- c. a proper vacuum was not used during baking
- d. due to thick porcelain layer
- e. due to thin porcelain layer over opaque layer
- f. rest of the teeth look transparent

15. What impression material will you use for final impression for denture? WHICH DENTURE?

- a. Alginate
- b. ZnO Eugenol
- c. PVS
- d. Polyether

e. Impression plaster

16. What is the difficult to immediate denture with only upper & lower anterior remaining

- a. No proprioceptor
- b. Mandibular move forward when take a bite
- c. Establish occlusion
- d. impossibility of anterior try-in
- e. Jaw relation are difficult

17. Periodontium remains healthier when crown margin are placed (Boucher 590)

18. in constructing full veneer crown, future recession (Boucher 586)

19. Splinting of several teeth together as abutments (Boucher 583)

20. Porcelain bonded to metal strongest when (Boucher 582)

21. The difficulty in making all porcelain restoration that fit the prepared cavity (Boucher 592)

22. Porcelain failures in porcelain fused to gold (Boucher 583)

23. Porcelain veneer finish line

- a. 0, 5 mm all over
- b. 1mm all over
- c. 0, 75mm in incisal plus 0, 75 in gingival

24. About disinfection of impression

- a. Sodium hypochlorite
- b. Hexidine,

- c. Wash with detergent
- d. sodium metabisulphite

25. About "Tripod in Surveyor" Why do you need to put mark on the diagnostic/study model after surveying?

- a. Orient cast to surveyor
- b. Orient cast on articulator
- c. to make surveying reproducible not random

26. What is true about partial dentures?

- a. They cause immediate changes in the oral plaque behaviour
- b. Night wearing of dentures reduces plaque accumulation
- c. Relieving the gingival area reduces gingival enlargement

27. In determining the replacement of missing maxillary anteriors with ridge lap design or or with incorporation of labial flange, what factors is most important:

- a. high lip line
- b. patient wishes
- c. need for anterior retention
- d. the degree of ridge resorption

Himani Sharma : Some part of Ques. Is missing as it should be FPD with ridge lap design or RPD with a labial flange (if ridge is resorbed an elongated pontic will be necessary to hide the bone loss, this might be unacceptable. So a RPD with a labial flange is preferred. Ref. Odell- Chapter "Bridge Design

28. Regarding Osseointegration of implants?

- a. Direct contact of bone and implant radiographically
- b. Direct contact of bone and implant radiographically and microscopically
- c. Fibrous connection between bone and implant
- d. Attaches to bone at microscopic level only
- e. Forms junctional epithelium with the surrounding tissue

29. Advantage of lingual plate compare to lingual bar

- a. It is esthetic
- b. Less plaque accumulation in plate than bar .
- c. indirect retention
- d. Used in mobile teeth
- e. Provides resistance against rotational force or something like that

30. About "Resting occlusal dimension"

- a. varies with posture
- b. patient in supine position and vertical dimension always less than resting
- c. measure in upright position
- d. change acc to head position

1000 MCQs: 88, 100, 180, 290, 557, 877, 889, 963

Sept 2014: Q2, 5, 6, 7, 8, 17, 18, 19(different options)

PAPER 3

SBQ 1

22 years old girl with pericoronitis (I think it was her second or third option, not 100% sure which will influence the antibiotic management in question number 4 according to TG pg107), severe pain in lower right 3rd molar which is impacted, patient desires the tooth to be removed. You gave amoxicillin to patient and she comes back to you after 4 days with rashes and itching on her skin.

1. What is rate of urticarial for penicillin in population?
 - A. 5%.
 - B. 15%.
 - C. 25%.
 - D. 50%.

2. What is your immediate management for this patient?
 - A. Ask her to continue medication as penicillin allergy will not occur 4 days later.
 - B. Prescribe antihistamine and change the antibiotic
 - C. Ask her to continue the medication, this is a normal reaction of this medicine
 - D. Leave it and ask her to come back in one week for a review

3. What would you do as a local treatment for this patient (pericoronitis)?
 - A. hot saline rinses.
 - B. povidone iodine rinses.
 - C. immediate removal of 3rd molar.

- D. Operculectomy.
 - E. essential oil extract.
4. In 2 weeks acute symptoms have subsided you decide to extract lower 3rd molar. What antibiotic would you prescribe?
- A. Clindamycin 600 mg, iv 1 hour before the procedure.
 - B. Clindamycin 600 mg, 8 hourly/day for 5 days.
 - C. Erythromycin 500 mg 8 hourly for 5 days.
 - D. Metronidazole 400 mg for 5 days.
5. Risk of lingual nerve injury following wisdom tooth extraction?
- A. no risk.
 - B. 1:10.
 - C. 1:100.
 - D. 1:1000.
 - E. 1:500.

SBQ 2

A Patient comes to your surgery after a crazy night of party and He cannot recall any event from last night and, he thinks he was assaulted and suffered a blow or trauma. He tells you that he woke up very sore and his bite doesn't feels right (X-ray as I remember shows displacement of fractured fragments)

1. According to the Australian Medical Guidelines how many standard rinks per day is the maximum recommended for a male?
- A. 1.
 - B. 2.
 - C. 4.
 - D. 8.

2. How many millilitres of alcohol are in 1 standard drink?
- A. 10ml.
 - B. 20ml.
 - C. 25ml.
 - D. 50ml.
3. Posteroanterior view of left half of the skull, identify the abnormality?
- A. Left condylar fracture with displacement
 - B. Sub condylar fracture.
 - C. body fracture.
 - D. ramus fracture.
 - E. left condylar fracture.
4. What is the treatment?
- A. Soft diet and observe
 - B. Closed reduction.
 - C. Open reduction.
 - D. Inter maxillary fixation.
 - E. Elastic intermaxillary fixation.
5. What is the most common long term complication?
- A. Malocclusion.
 - B. Loss of balance.
 - C. Right TMJ dysfunction.
 - D. Left TMJ dysfunction.

SBQ 3

(Similar to case 49 Odell)

A patient who has been referred to you an oral surgeon, who has fever 39.5, oedema of the lower eyelid and pain in the infraorbital area .an Infraorbital abscess has been diagnosed, the tooth has been treated with RCT before.

How to remove the submandibular calculus.

1. Which tooth is most likely to cause the infection?

- A. maxillary central I
- B. Maxillary lateral I
- C. maxillary canine.
- D. maxillary premolars
- E. maxillary molars

2. What is the treatment?

- A. Antibiotics
- B. Exo + drainage
- C. drainage through the skin.
- D. drainage through intraoral incision.
- E. RCT of the tooth involved.
- F. extraction of the tooth involved.

3. Which is a major complication of this event

- A. Cavernous sinus thrombosis

SBQ 4

A 26 year old female presents to your clinic, complaining of numbness of her lower right lip after IAB with 4% articaine was performed one week ago. She reports she is taking Lithium every day.

1. What is Lithium used for

- a. Deep endogenous depression treatment

- b. Lithium insufficiency
- c. Mild anxiety
- d. Mild depression
- e. Coping disorders

2. What would you do with the patient in first instance?

- a. Leave it and tell her it will improve by itself OR Tell her sensation will be gone and not to come back to see you
- b. Sensitivity test and review in a week
- c. Sensitivity test and review in a month
- d. Sensitivity test and review in 3 months
- e. Ask her to stop lithium and come back
- f. Do nothing/wait

3. What is the risk of prolonged paraesthesia with articaine 4% compared with lignocaine 2%

OR

What is the risk level of using articaine in comparison to lidocaine when applying a block injection?

- a. The same
- b. 5%
- c. 100%
- d. More than 200%

4. Which test is not commonly performed for nerve injury?

- A. Thermal
- B. Blunt
- C. Two point discrimination
- D. Sharp
- E. Pressure

5. Which event is most likely to happen after 3 months of numbness?
- A. Neurapraxia
 - B. Axonotmesis
 - C. Neurotmesis
 - D. axonotmesis

MCQ

1. Patients with COPD, which is untrue?
- a. Should be treated in a horizontal position
 - b. Smoking cessation should be advised by dentists
 - c. Smoking is main causative factor
 - d. Patients treated with corticosteroids will develop secondary candidosis
2. Inside an Odontogenic keratocyst you can see
- a. Cholesterol crystals
 - b. Keratin
 - c. Air
 - d. Blood
 - e. Nothing
3. Acute pyogenic bacteria infection may result in**
- A. Leucopenia
 - B. Neutropenia
 - C. Leucocytosis
 - D. Lymphocytosis
 - E. Eosinophilia

4. What is incorrect regarding the potential pharmacological effect of Barbiturates? (Boucher pg 199)

- a. Excitement
- b. General anaesthesia
- c. Sedation
- d. Hypnosis
- e. Analgesia

5. Patient with weak pulse, moist skin and dyspnoea; what is the first thing to do

- A. Maintain airway and place in supine position
- B. Give insulin injection
- C. Administer oxygen
- D. Inject adrenaline

OR

Old diabetic patient suddenly agitated and behavioral change. Skin and mouth feels moist, pulse 80 blood pressure 150/80. Shallow breathing. What should we do first?

- a. administer oxygen
- b. place in supine position
- c. abandon the treatment temporary until he feels better
- d. give glucose

6. What is incorrect about facial paralysis after mandibular nerve block?

- a. Inability to blink
- b. Inability to smile
- c. Incorrect method
- d. Injury to facial nerve

7. How often lingual nerve injury occurs during the removal of lower 3rd molar's?

- a. 1:100

b.1:500

c. 1:1000

8. Platelets play an important role in haemostasis; which of the following describes this role?

- a. They convert fibrinogen to fibrin
- b. They agglutinate and plug small, ruptured vessels
- c. They initiate fibrinolysis in thrombosis.
- d. They supply fibrin stabilizing factors
- e. They supply proconvertin for thromboplastin activation

9. Patient on barbiturates collapses and not responding to verbal commands in the dental surgery. What is the immediate treatment?

- a. CPR
- b. Give adrenalin IM and oxygen
- c. Give atropine (as a cardiac stimulant)
- d. Give Adrenaline IV
- e. Give antihistamines

10. The Most common drug for dental pain (or the most preferred)

- a. Over the counter NSAIDS
- b. Over the counter paracetamol
- c. Prescribed (only) NSAIDS
- d. Prescribed (only) paracetamol
- e. Codeine

11. How long Amoxicillin usually prescribed for dental use

- a. 3 Days
- b. 5 Days
- c. 7 Days

d. 9 Days

12. What is incorrect about hairy leukoplakia ?

- a. it's corrugated but not hairy
- b. it may show severe dysplasia
- c. it's usually seen in the lateral ventral surface of tongue
- d. it can be covered (or invaded) by candida
- e. it's invariably sign of HIV

13. What is not true about tetracycline?

- a. photosensitive effect
- b. should not be given before 18 weeks of pregnancy
- c. not for children under age of 8
- d. bacteriostatic
- e. Used for orodental infections

14. What is the incorrect answer about topical steroids use?

- a. It is locally immunosuppressive
- b. Doesn't have systemic immunosuppressive effects
- c. Skin creams cannot be given intra orally
- d. Can be given alone in for oral infection
- e. Cannot be given in case of lichen planus until diagnosed

15. Recommended treatment for cementoma

- a. Extraction of tooth
- b. RCT of tooth
- c. No treatment
- d. Incision and drainage

16. Which drug u will not give to Heroin addict?

- a. opioids/codeine
- b. pentazocine
- c. paracetomal
- d. nsaid/Aspirin
- e. propoxyphene????

17. Sudden appearance of red wheel like lesions in oral mucosa with form rapidly vesicles filled with fluid and when rupture leave yellow skin on top (others white-yellow membrane) .(or yellow central lesions) .What is this?

- a. Herpes Zoster
- b. Erythema multiforme
- c. Pemphigous vulgaris
- d. Herpetic gingivostomatitis
- e. Lichen planus
- f. Lupus
- g. Mucous membrane pemphigoid

18. What is given to haemophilia patient before extraction or surgery?

- a. Penicillin
- b. Di(something) sodium
- c. Epsilon aminocaproic acid
- d. Heparin

19. What diagnosed by serological smear layer (or is it cytology smear is used for??)

- a. candidiasis
- b. squamous cell carcinoma
- c. lichen planus

- d. herpes simplex
- e. pemphigoid

20. Oral signs pathognomonic of rubella

- a. Fordyce's Granules
- b. Koplik Spots
- c. Geographic
- d. Varicelliform
- e. None

21. Ear pain can be caused by the following EXCEPT (or can be irradiated to)

- a. Jaws
- b. Posterior Teeth
- c. Oropharynx
- d. Trachea
- e. Neck

22. What is incorrect in estimating the risk of endocarditis?

- a. Fallots tetralogy
- b. Previously repaired septal defect
- c. Previous history of bacterial endocarditis
- d. Rheumatic heart disease in indigenous Australians
- e. Prosthetic cardiac valve

23. High risk patient what procedure needs antibiotic

- a. given for all cases with bleeding.
- b. for extraction
- c. while performing rct
- d. for avulsed tooth

e. while probing to check pockets or something

24. Addison's disease. What is incorrect?

- a. Hypotension
- b. Weakness and lassitude
- c. Nausea n anorexia
- d. Bony expansion
- e. Amenorrhea

25. What is incorrect about treating a patient with epilepsy?

- a. Cease the medication before treatment
- b. Use of mouth props
- c. Reduce stress and anxiety before and after dental treatment

26. What is the lethal dose of paracetamol if a person takes in one go a certain amount of tablets of 500mg

- a. 5 tablets
- b. 10 tablets
- c. 15 tablets
- d. 20 tablets
- e. 25 tablets (don't remember if this option was given)

27. Which one does not cause xerostomia?

- a. Paracetamol
- b. Pethidine(?)
- c. Anti-depressant
- d. antihypertension
- e. Cannabis
- f. 'Artificial Saliva is a permanent solution'

28. The most important feature that can be differentiated between Granuloma and a cyst is

- a. Histological difference
- b. By lining of the lesion
- c. By clinical and Radiographic findings

29. Regarding Lichen Planus, what is Incorrect?

- a. Triamcinolone paste 1% topically 3 times a day
- b. Drug and dosage
- c. Options A, B, and C can be given indefinitely
- d. Steroids should not be given until proven by biopsy

30. Ept interferes with

- a. Pacemaker
- b. Hearing aid'
- c. atrioventricular node(conducting device in heart also)
- d. smooth muscle
- e. striated muscles

31. Pt with atrial fibrillation. Therapeutic INR should be

- a. 1
- b. 2
- c. 3
- d. 4

32. Most common site to find stones in salivary gland:

- a. hilum of submandibular gland
- b. body of submandibular gland
- c. duct of submandibular gland

- d. parotid gland
- e. sublingual gland

OR

The most common salivary gland to be involved by condition of sialolithiasis is

- a. Sublingual
- b. Parotid
- c. Submandibular
- d. Minor glands of the lip
- e. Minor glands of the palate

OR

sialolith is more common in :

- a. hilum
- b. duct
- c. submandibular gland
- d. minor gland
- e. parotid

33. Characteristics of benign epithelial tumour?

- a. exophytic, fungiform, firm
- b. exophytic, fungiform, slow growing, freely movable
- c. pedunculated, Exophytic, benign, flexible, freely movable

34. When you see a 1cm radiolucent area which is well defined on lateral surface of lower left second premolar, what is the most likely diagnosis

- a. Okc
- b. Lateral periodontal cyst
- c. Traumatic bone cyst
- d. Dentigerous cyst
- e. Aneurysmal bone cyst

35. Le forte I fracture does not involve:

- a. orbit rim
- b. pterygoid plates
- c. nasal septum
- d. lateral border of nasal cavity
- e. sinuses

36. Which is the most common or mostly used or principal diagnostic method of mumps

- a. Clinical findings
- b. serology
- c. History and symptoms
- d. tissue biopsy
- e. tissue culture

37. What is not true about treating a pt with musculoskeletal disorder?

- a. avoid complex treatments
- b. let the patient sit comfortably (or something like that)
- c. check for artificial joints
- d. fibromyalgia produce TMD
- e. patient needs occlusal rehabilitation

38. Definitive surgery treatment for Sialolith is the question

- a. excise (just excision or excise submandibular gland??)
- b. enlarging duct orifice
- c. remove stones from gland/duct
- d. remove duct/remove gland
- e. Something about laser treatment

39. Not an indication of mandibular torus removal and sharp mylohyoid ridge?

- a. interference with speech
- b. interference with taste
- c. mucosal ulceration
- d. cancerophobia
- e. denture interference

40. Not an indication of sharp mylohyoid ridge?

- a. interference with speech
- b. interference with taste
- c. mucosal ulceration
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- e. denture interference

41. Recurrent infection by streptococcus is due to

- a. Many serological groups and strains
- b. Disappear with few months
- c. No antibodies are formed against any of staph
- d. High level of bacteria in the plaque

From 1000 MCQs: Q36, 230, 239, 241, 252, 363, 365, 366, 369, 387, 388, 455, 513, 614, 648, 668, 669, 902, 970, 975, 980

PAPER 4

SBQ 1

A 60 years old lady with HbA1c level 12% on alendronate for osteoporosis reports to you as she is unhappy with her current treatment. She has generalized attachment loss of 6mm. OPG provided (recently splinted lower anterior segment) floating 41, diffuse apical radiolucency present for 34 to 36 region. She feels at her age she should remove all her teeth. Smoked previously but quit.

1. Diagnosis of her condition.

- A. chronic periodontitis.
- B. acute periodontitis.
- C. plaque induced gingivitis.
- D. non-plaque induced gingivitis.
- E. aggressive periodontitis.

2. What will be the most significant sign in determining prognosis of 36?

- A. Angular bone loss distal to 36.
- B. Silver amalgam in 36.
- C. Furcation involvement in 36.
- D. Radiolucency involving periapical region of 36.

3. HB1AC signifies:

A. Sugar level for past 2-3 months.

4. Asking about what is the most important risk factor in treating this patient?

A. Smoking.

B. Bisphosphonates.

5. What is the most significant problem in giving RPD to this patient?

A. Forces other than axial will contribute to rapid bone loss in abutment teeth (bad for abutment teeth because axial forces not along the line of teeth).

B. Higher survey line on canine resulting in clasps that r visible in oral cavity.

C. Insertion of RPD will increase plaque accumulation in this patient.

D. linguallly needs to be covered.

6. Final impression for a diagnostic casting this patient?

A. Alginate.

B. Polyvinyl siloxane.

C. Poly ether.

SBQ 2

10 year old girl, who is going abroad in few weeks comes for regular check-up. Everything looks okay, good oral hygiene, no complains. You took OPG.

1. OPG:

A. is contraindicated below 12 years.

B. dose is less than combined 2 BW & 1 periapical X-ray.

C. gives better periapical view.

2. On the OPG you can see 75 & 84 are heavily restored with amalgam including part of pulp chamber. Below these 2 elements big circular well defined radiolucency and developing premolars underneath. What is the diagnosis of 75?

- A. periapical abscess.
- B. dentigerous cyst.
- C. Granuloma.
- D. radicular cyst.

3. The dentist looks at the child's old BW when age was 7 yrs. In those BW, 84 has deep distal caries till gingiva with 1/4th pulp involved & 75 has occlusal caries touching the pulp horns. The child had slight sensitivity to cold in 75 and some pain in 84 on eating or biting. What would have been the ideal treatment for 75 at that time?

- A. indirect pulp capping & steel crown.
- B. pulpotomy & steel crown.
- C. pulpectomy & steel crown.
- D. Extraction and space maintainer.
- E. Ortho consultation, extraction, space maintainer.

4. Bitewing of 84, what is the treatment for 84?

- A. indirect pulp capping & steel crown.
- B. pulpotomy & steel crown.
- C. pulpectomy & steel crown.
- D. Extraction and space maintainer.
- E. Ortho consultation, extraction, space maintainer.

5. What is your present treatment plan if the girl is going to USA in 6 months time?

- A. extraction 84 & 75. Use space maintainer.
- B. extract 84,75,44. Refer to oral surgeon for that.
- C. refer to oral surgeon & orthodontist for extraction 84,75,44,35 plus follow up overseas.
- D. restore 84 & 75 and wait.

SBQ 3

9 years boy has pain, swelling in infraorbital region, fever 39.8°C. Tooth 12 is extremely painful to percussion, no caries detected.

PA of 13,12,11 shows extremely immature root of tooth #12 with dens invaginatus, retained #53 and unerupted #13

1. Diagnosis by PA.
 - A. dens in dente.
 - B. supernumerary tooth.
 - C. vertical fracture.

2. Treatment.
 - A. LA and start RCT.
 - B. Give antibiotic and send home & further treatment after swelling subside.
 - C. LA and extraction.
 - D. LA, extraction and drainage.
 - E. Hospitalization and IV antibiotics and extraction.

3. His mother concerned about if extraction will be done what will replace the tooth.
 - A. Replace with removable partial denture.
 - B. Resin boned bride on the central.
 - C. Do nothing and tell mother that canine will erupt in place of lateral.
 - D. Referral to orthodontist for consultation.
 - E. Immediate implant.

4. His mother would like to save the tooth and doesn't prefer the extraction option. What will you tell her?
 - A. Tell her that saving the tooth will take much time and repeated visits to put CaOH until apex closure.
 - B. RCT has very poor prognosis and extraction will be better option.
 - C. Refer to endodontist.
 - D. RCT is impossible.

5. The other lateral incisor 22 has the same clinical and radiographic appearance but no symptoms with normal response to vitality and no tenderness to percussion. What will you do?

- A. To come again for follow-up.
- B. Prophylactic pulpotomy.
- C. Pulpectomy and initiate root closure.
- D. Sealing of any deep fissure and regular follow up.

SBQ 4

A 35 year old man comes to your practice with the complaint of a cavity on the side of right back teeth. Picture shows posterior teeth in occlusion with bucco-cervical carious lesion on 16. Molar relation is class III & anterior teeth are in cross bite. (some said there was mandibular prognatism)

1. What is the other tool you will use for diagnosis of occlusion?

- A. lateral cephalograph.
- B. make study casts.
- C. clinical examination, see difference between occlusion and retruded position.
- D. OPG.

2. How do you approach patient?

- A. explain the situation, positive and negative points of treatment or non-treatment.
- B. refer to orthodontist.
- C. don't say anything, patient is not interested.
- D. Ask him and if he is concerned about his malocclusion, discuss in details the treatment plan and all up to date data of the treatment.

3. Ortho diagnosis for this patient is:

- A. Class I.
- B. Class II division 1.
- C. Class II division 2.
- D. Class III.

4. When is the best time to treat this malocclusion?
 - A. Before 8 years for maxillary expansion.
 - B. Before growth spurt to get maximum benefit of growth.
 - C. After 18-24years to get benefit of surgery.

5. If you are going to commence orthodontic treatment for this patient, how will you restore tooth #16?
 - A. Resin modified GIC.
 - B. Elective RCT and crown.
 - C. Crown for better prognosis with orthodontic treatment.
 - D. Extract.

SBQ 5

8 or 11 years old comes with mother. Complain is that lower front not visible. 12 missing.

Picture shows from the front in occlusion a deep bite.

Dental charting was given

Mixed dentition, deep bite Gir, with dental chart

1. Question about the main concern according to the chart:
 - A. 23 erupted before 12.
 - B. 22 erupted before 12.
 - C. nothing is abnormal.

- D. missing 12.
 - E. Presence of all second primary molars (75, 85, 55, 45) at the age of 10.
2. Away from the charting, what's obvious finding from patient picture?
- A. Deep bite.
 - B. Missing 12.
 - C. Gingivitis.
 - D. Dental caries.
3. What is your approach?
- A. extract 22 and move 13 & 23 to its place.
 - B. Give cantilever bridge for 12.
 - C. refer to orthodontist.
 - D. refer to prosthodontist.
4. Mother says not to use latex gloves. She says 5 days after last visit child got a rash on the face. What do u do?
- A. Listen, use non latex gloves.
 - B. send to medical practitioner for more discussion.
 - C. say that reaction is not possible after 4 days and continue.
 - D. send for allergy tests.
 - E. abandon any treatment and refer to allergist as repeated exposure may result in anaphylaxis.
5. Correction of deep bite.
- A. bite plane to intrude incisors and erupt molars.
 - B. removable appliance to arrange teeth now and later correct deep bite.
6. For Urticaria, you will give:
- A. oral antihistamine.

- B. Adrenaline.
- C. Steroids.

OR

2. What is the next step

- a. occlusal analysis (Check arch length???)

3. What is the treatment

- a. Removable appliance

4. What should be the treatment for lower baby lower premolar when patient came when he/she was 7 year old. He/She had pain to cold but no other symptoms

* x-ray shows caries close to the nerve

- a. Pulpectomy with stainless crown
- b. Pulpotomy with stainless crown
- c. Indirect cap with Stainless crown
- d. indirect cap with CR

5. Caries lower premolar (spread to pulp)

- a. Pulpectomy with stainless crown

MCQ

1. What is not an advantage regarding paralleling technique

- a. Increase in object source distance causes increased KVP and decreased skin radiation dose
- b. Accurate
- c. increased cone length leads to increased KVP

- d. more distortion
- e. significant enlargement of images
- f. open leaded
- g. The paralleling technique needs greater surface area for film placement

2. A child has sustained a traumatic exposure of primary central incisor, he presents to you for treatment two (or 3??) days after the injury. Which of the following should be considered

- A. Pulpotomy and $\text{Ca}(\text{OH})_2$
- B. Pulpotomy and formocresol
- C. Direct pulp capping
- D. Pulpectomy (RCT)

3. Which is the first colonizer of subgingival dental plaque?

- a. Streptococcus sanguis
- b. S. salivarius
- c. P intermedia
- d. P. gingivalis
- e. Capnocytophaga

4. Which is the main purpose of Teflon membranes in perio surgery is to prevent formation of

- a. Long junctional epithelium attachment
- b. Connective tissue attachment
- c. coronal migration of cementoblasts
- d. coronal movement of osteoblasts?
- e. osseointegration

5. Blood supply to the PDL is by

- a. Dental pulp
- b. Alveolar bone
- c. Periodontal fibres

6. In a 10 year old if we extract permanent 1st molar, which teeth are most affected

- a. whole mouth
- b. teeth in same quadrant
- c. adjacent teeth
- d. opposing tooth
- e. arch length
- f. both the quadrant on the same side'

7. Gingival enlargement by Dilantin(?)

- a. Similar to hereditary gingival fibromatosis
- b. Severe in adult than kids
- c. More in clean mouth

8. After you have done root planning the roots are smooth and hard, what does that means?

- a. root planning is finished and there is no calculus
- b. root planning is finished but there may be some calculus
- c. that scaling and root planning is not entirely completed
- d. surgery is needed
- e. some other option about surgery (no surgery needed?)

9. Root planning is done to

- A. Remove cementum affected by bacterial exotoxins
- B . Remove cementum affected by bacterial endotoxins

10. about rampant caries surfaces involved...

- a. max incisors
- b. mandibular incisors and cervical areas of all teeth
- c. occlusal surfaces of molars

d. lingual pits?

11. Which of the following is correct regarding digital OPG

- a. Radiation dose is less than two conventional bitewing and one periapical
- b. It is equivalent to periapical in assessment of pdl or periapical abscess
- c. Useful for assessment of ant teeth pathology
- d. Should be done each year for child with mixed dentition
- e. Better than bite wing for viewing caries activity.

*This question was asked twice

12. What is the most important pathognomonic of chronic periodontist

- a. Periodontal pocket
- b. Subgingival calculus
- c. Junctional epithelium elongation.
- d. Dull aching pain when chewing
- e. Apical migration

13. Why is calculus more often seen in buccal surface of upper molars?

- a. adjacent to opening of Stenson's duct
- b. opening of Wharton duct
- c. there is no duct

14. Gingival collagen (Cawson mcq)

- a. Golgi apparatus = tropocollagen
- b. slow cells turnover
- c. rapid turn over
- d. Collagen type II
- e. Collagen type III

15. periodontal ligament what is correct (Cawson mcq)

- a. wider in the non functional teeth
- b. rapid turn over
- c....collagen 2
- d....epithelial cells

14 and 15 from Cawson

4.7 Gingival collagen

- A** is very susceptible to attack by all proteolytic enzymes
- B** is secreted as fibres
- C** has a rapid rate of turnover
- D** is predominantly Type 3
- E** is predominantly Type 2

4.8 The periodontal ligament

- A** derives its blood supply primarily from branches of vessels entering the pulp
- B** has a slow rate of turnover
- C** contains epithelial cells
- D** comprises primarily Type 2 collagen
- E** becomes wider around non-functional teeth

16. Gingival collagen (don't remember other options)

- a. Easily destroyed by proteolytic enzymes
- b. Made from Golgi body of fibroblast
- c. type 3
- d. type 2
- e. rapid turn over

17. Delayed eruptions of at least part of the dentition is a recognised feature in

- A. Dentino-Genesis imperfecta
- B. Anhidrotic ectodermal dysplasia
- C. Rickets
- D. hyperthyroidism

18. What bacteria in 5 mm pocket?

- a. gram negative, anaerobic, motile
- b. Gram positive, motile
- c. ????

19. Gingival recession is 3 mm and pocket depth 5mm, what is total attachment lost?

- a. 2mm
- b. 3mm
- c. 5mm
- d. 8 mm
- e. 10 mm

20. Recurrent infection by streptococcus is due to

- a. They produce enzymes
- b. Numerous strains of bacteria exist OR Many serological groups and strains
- c. disappear with few months
- d. No antibodies are formed against any of staph
- e. High level of bacteria in the plaque

21. Question about characteristic feature of trigeminal neuralgia similar as Q40/1000 mcqs but different options.

- a. abrupt and short duration
- b. trigger zone
- c. affect function on mandibular area
- d. loss of function in the area of distribution of facial nerve
- e. sudden remission and exacerbation
- f. paroxysmal pain (not sure whether this option was in the exam or not)

22.

A 45 year old male complains of sharp shooting pain that he attributes to the recent restorative dentistry. The pain is so excruciating that he is insisting that these teeth be removed. This lancinating pain begins suddenly and lasts for about a minute or two. On examination it was noted that one side of his face was unshaven. Intraorally, all of the teeth were vital and free of any caries. Provisional diagnosis might be:

- (a) atypical pain
- (b) Costen's syndrome
- (c) tic douloureux
- (d) odontalgia

e. Trigeminal neuralgia

23. Cause of swelling at inner acanthous (?) (Around ocular)

- a. upper lateral incisor
- b. upper canine
- c. upper premolar

24. SCC spreads through

- a. invasion and lymphatics
- b. blood and lymphatics

25. Radiolucent lateral to 44?

- a. lateral periodontal cyst
- b. odontogenic cyst
- c. traumatic bone cyst

26. Pathognomonic symptom of acute apical periodontitis (Boucher question)

- a. intermitten pain
- b. sensitivity to heat
- c. extraoral sweeling
- d. tenderness to percussion

27. From Boucher : Which one is incorrect (all these options in Boucher are correct)

The histological findings in acute osteomyelitis of the jaw may include:

1. medullary spaces containing acute and chronic inflammatory cells
2. evidence of pus formation
3. necrotic bone
4. evidence of bone resorption

Option 5. Giant cell granuloma

28. First permanent molar begin to calcify

- A. At birth
- B. At six month intrauterine
- C. At 6 month after birth

This question asked twice

29.

For the patient who seems resistant to caries but has periodontal disease, sucrose in the diet becomes important because:

- (a) acids produced from the sucrose are largely responsible for the destruction of the periodontal structures
- (b) existing plaque must continue to get sucrose in order to grow
- (c) the *Streptococcus mutans* cannot survive with a continual supply of sucrose
- (d) sucrose is greatly involved in plaque development

30.

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 - (d) sucrose is greatly involved in plaque development
-

31.

(e) Maine

The most frequent cause of dental decay in deciduous teeth is:

- (a) inherited soft teeth
 - (b) high carbohydrate intake
 - (c) consumption of soft foods
 - (d) lack of fluorides in the water
-

32.

A patient reports to your office for routine restorative therapy. After the usual examination, radiographs, and so on, you see a maxillary lateral incisor over-filled (about 1 mm) with gutta-percha. There is a radiolucent area at the apex; however, the endodontic therapy was completed only one month ago. You would:

- (a) redo the tooth with a nonsurgical endodontic approach
- (b) take recall radiographs every three to six months to observe healing
- (c) perform surgical endodontic therapy (retro-filling)
- (d) prescribe antibiotics

33.

A typical surgical flap for endodontics:

- (a) should not extend for more than half of a tooth on either side
 - (b) should be of the "split" flap variety
 - (c) should elevate the mucoperiosteum as one tissue
 - (d) would best be made with an electrosurg unit
 - (e) should be replaced with uninterrupted sutures
-

34.

An acute apical abscess usually is a result of:

- (a) a periodontal pocket
 - (b) occlusal interference
 - (c) a necrotic pulp
 - (d) an incipient acute pulpalgia
 - (e) a moderate acute pulpalgia
-

35.

In testing for mobility, which of the following statements are true?

- (a) heavy pressures must sometimes be used to test for mobility
 - (b) only lateral mobility is significant in diagnosis and treatment of CIPD
 - (c) hypermobility indicates that the tooth supporting structures have been weakened or damaged
 - (d) during the periodontal examination each tooth should be tested individually for hypermobility
 - (e) the current concept of cure or adequacy in periodontal therapy includes greater flexibility in retaining mobile teeth with less resorting to splinting
-

36.

Which of the following anomalies occurs during the initiation and proliferation stages of tooth development?

- (a) amelogenesis imperfecta
- (b) dentinogenesis imperfecta
- (c) enamel hypoplasia
- (d) oligodontia
- (e) ankylosia

37.

QUESTIONS

Which primary teeth are most severely involved in the nursing bottle caries syndrome?

- (a) maxillary molars
- (b) maxillary and mandibular canines
- (c) mandibular incisors
- (d) maxillary incisors

38.

Which of the following teeth and surfaces are characteristically involved when a child or adolescent is diagnosed as having rampant caries?

- (a) occlusal surfaces of permanent molars
- (b) proximal surfaces of maxillary incisors
- (c) lingual pits of maxillary molars and incisors, and buccal pits of mandibular molars
- (d) proximal surfaces of mandibular incisors and cervical areas of any teeth

39.

Gemination is:

- (a) coalescence of two tooth buds
- (b) inherent ability of a cell to differentiate into many cell types
- (c) incomplete division of a single tooth bud (twinning)
- (d) early obliteration of pulp chamber

40. From Cawson

3.6 Which of these would you expect to find in a severe Class II/ case?

- A An ANB angle of $+8^\circ$
- B An ANB of -8°
- C An ANB of $+2^\circ$
- D A Frankfort/Mandibular angle of $>35^\circ$

3.7 The corrected incisor relationship on a lateral skull radiogr

40, 41, 42

Ludwig's angina, resulting from the extension of a periapical infection of a mandibular molar tooth, is a serious complication because:

- (a) it is difficult to control this infection, resulting in widespread metastasis
- (b) this cellulitis may involve the fascial spaces of the neck, leading to suffocation of the patient
- (c) the microorganism present in this cellulitis is very virulent
- (d) this cellulitis is very disfiguring

A patient presents with a marked asymmetry to the right side of the face. The nasolabial fold is obliterated and the swelling extends to the inner canthus of the right eye. The swelling is fluctuant. There is a pustule near the inner canthus of the right eye. The patient has a temperature of 100°F . Periapical infection of which tooth will be the most likely cause of this swelling?

- (a) right maxillary central incisor
- (b) right maxillary lateral incisor
- (c) right maxillary canine
- (d) right maxillary first premolar

A 9 year old patient has a marked asymmetry to the right side of the face. The right cheek is swollen. The overlying skin is red and the surface is warm to touch. Intraorally the mandibular secondary first molar is cariously exposed. The fascial space into which the infection has spread is:

- (a) buccal space
- (b) infratemporal space
- (c) lateral pharyngeal space
- (d) sublingual space