**Department of Therapeutic Dentistry**

**Discipline "Dentistry" module "Periodontology"**

**5 courses (9 semester)**

**intermediate certification (test)**

Comprehensive treatment of a patient with periodontal pathology includes:

1. professional hygiene, medical and surgical treatment
2. basic therapy, surgical treatment, maintenance therapy and dynamic monitoring \*
3. correction of oral hygiene, removal of dental plaque, maintenance therapy and dynamic monitoring
4. instrumental removal of dental deposits, treatment of caries and non-carious lesions, supportive therapy and dynamic monitoring
5. treatment of hard tissues of teeth, medical and surgical treatment, dynamic observation

During control examinations at the stage of dynamic observation, special attention is paid to:

1. patient's age
2. prescription of the disease
3. individual oral hygiene \*
4. results of additional research
5. general condition of the patient

When appointing a control visit during the period of dynamic observation, the doctor is guided by:

1. patient's age
2. duration of the disease
3. individual oral hygiene \*
4. results of additional research
5. general condition of the patient

A staged epicrisis at the stage of basic therapy is necessary:

1. to determine the plan for sanitation of the mouth and the appointment of anti-inflammatory therapy
2. assessment of the effectiveness of basic therapy and correction of the treatment plan\*
3. accounting for dispensary groups and evaluating the effectiveness of dispensary work
4. drawing up a plan for orthopedic treatment and determining the time for the manufacture of immediate prostheses
5. obtaining informed consent from the patient and conducting basic therapy

To reduce the hypersensitivity of the teeth, the composition of toothpastes is introduced:

* 1. triclosan
  2. potassium chloride \*
  3. oak bark extract
  4. pyrophosphates
  5. urea

The main effect of the use of salt toothpastes is:

1. in caries prevention
2. reduction of swelling of the gums \*
3. decreased tooth sensitivity
4. teeth whitening
5. reducing the rate of formation of dental plaque

For the prevention and treatment of halitosis, the composition of toothpastes includes:

1. triclosan
2. sodium fluoride
3. hydroxyapatite
4. carbamide peroxide \*
5. sodium monofluorophosphate

Patients with gum recession are recommended to use toothpastes:

1. with triclosan
2. hydroxyapatite
3. sodium fluoride
4. aminofluoride
5. all answers are correct \*

With hypertrophic gingivitis, for less traumatic cleaning of the interdental spaces, use:

1. toothpicks
2. flosses
3. super floss
4. irrigators \*
5. brushes

Rinses containing chlorhexidine are recommended to be used as a course during:

1. 1-2 days
2. 4-5 days
3. 7-10 days \*
4. 14-20 days
5. 30 days or more

Using a tongue brush helps prevent:

1. fluorosis
2. enamel hypoplasia
3. halitosis \*
4. wedge-shaped defect
5. enamel erosion

Prevention of inflammatory periodontal diseases is more facilitated by:

1. remineralizing therapy with calcium preparations
2. dental fluoride coating
3. meticulous personal oral hygiene \*
4. gel application with sodium fluoride
5. use of products with 15% hydrogen peroxide

For patients with periodontitis of moderate severity, it is advisable to carry out professional hygiene 1 time:

1. in Week
2. 1 month
3. 3 months \*
4. 9 months
5. 12 months

Methods for removing dental deposits:

1. manual (mechanical), ultrasonic, sonic, sodo-jet. Chemical \*
2. manual (mechanical), ultrasonic, sonic, soda jet
3. mechanical, ultrasonic, sonic
4. ultrasonic, sonic
5. mechanical, ultrasonic

Preparations used for chemical removal of tartar:

1. Corsodyl, Lacalut, Chlorhexedin
2. Verifix, Glide, RC prep
3. Pulpomixin, Pulperil, Pulpocalcin
4. Deterspad, Detartrol, "Belagel-R" \*
5. Endosolv E, Endosolv R

The sequence of the method of chemical removal of tartar:

1. apply on the surface of the stone for 10 minutes, rinse
2. apply on the surface of the stone for 10 seconds, rinse
3. apply on the surface of the stone for 30-60 seconds, rinse, continue working with hand tools\*
4. apply on the surface of the stone for 30-60 s, continue working with hand tools
5. apply on the surface of the stone for 30-60 seconds, rinse

The working part of the periodontal instrument consists of:

1. from back and front
2. back, front surface, side surfaces
3. back, front surface, side surfaces, cutting edges
4. back, face, sides, cutting edges, tip\*
5. back, front surface, side surfaces, tip

The ultrasonic scaler creates movements:

1. longitudinal
2. elliptical \*
3. circular
4. zigzag
5. transverse

The sequence of application of polishing pastes is:

1. coarse, medium, fine with fluorides \*
2. fine-grained, coarse-grained, medium-grained with fluorides
3. fine-grained, medium-grained, coarse-grained with fluorides
4. coarse, fine, medium with fluorides
5. medium-grained, coarse-grained, fine-grained with fluorides

Dosage forms for the local treatment of periodontal diseases should:

1. act on cariogenic flora
2. have antiviral activity
3. create a depot in the periodontal pocket \*
4. have a caries-resistant effect
5. induce osteoclast activation

In the local treatment of periodontitis, a combination of drugs is effective:

1. antibacterial and immunosuppressive
2. antiseptics and antibacterials \*
3. antiseptics and cytostatics
4. antibacterial and antiviral
5. immunomodulating and cytostatics

The oral bath is used:

1. to prolong the action of the drug for 0.5 hours
2. local effect of the drug without isolation of the ducts of the salivary glands \*
3. retention of a blood clot after curettage
4. lavage of the periodontal pocket
5. injecting the drug into the periodontal pocket

Local application of the drug for catarrhal gingivitis is advisable to carry out in the form of:

1. lavage of the periodontal pocket
2. insertion into the periodontal pocket
3. insulating bandage
4. applications \*
5. irrigation

To increase the duration of action of the drug in local treatment, apply:

1. oral bath
2. application
3. medical bandage \*
4. irrigation
5. lavage of the periodontal pocket

Local application of the drug in the form of an ointment is advisable to use in the form of:

1. oral bath
2. applications \*
3. lavage of the periodontal pocket
4. irrigation
5. injecting the drug into the periodontal pocket

A medical bandage is necessary:

1. save until next visit
2. inject into periodontal pocket
3. remove completely after the expiration date of the medicinal product
4. remove at the expiration date of the drug as directed by the doctor \*
5. reapply within one visit

The introduction of gels into the periodontal pocket is carried out:

1. syringe \*
2. excavator
3. spatula
4. probe
5. trowel

Indication for making a temporary splint:

1. Popov-Godon phenomenon
2. partial secondary adentia
3. terminal defect of the dentition
4. pathological tooth mobility \*
5. complete secondary edentulous

For temporary splinting apply:

1. bridge prostheses
2. removable plate dentures
3. multi-link clasp prostheses
4. adhesive reinforced dental splints \*
5. orthodontic appliances

Selective grinding starts:

1. with detection of premature contacts in central occlusion \*
2. detection of premature contacts on the balancing side
3. elimination of blocking movements of the lower jaw in the sagittal direction
4. elimination of premature contacts during lateral movements of the lower jaw
5. detection of premature contacts in lateral occlusion

Polishing of ground surfaces is carried out:

1. monthly
2. weekly
3. on every visit \*
4. after completion of the grinding course
5. every six months

Temporary splinting of teeth for periodontitis is a treatment for:

1. pathogenetic \*
2. symptomatic
3. etiological
4. preventive
5. palliative

Temporary tires must have the following properties:

1. to limit tooth mobility in all directions as much as possible
2. do not injure surrounding tissues
3. do not interfere with other treatments
4. do not interfere with oral care
5. all of the above are correct \*

Relative contraindication to surgical treatment of periodontal diseases:

1. chronic cholecystitis
2. exacerbation of chronic pancreatitis \*
3. duodenal ulcer
4. chronic gastritis with increased secretion
5. chronic colitis

Indication for gingivectomy:

1. exacerbation of periodontitis complicated by periodontal cyst
2. periodontal pocket with horizontal resorption of the alveolar bone \*
3. class 1 furcation defect with a pocket depth of 5 mm and pathological mobility of the 1st degree
4. periodontal pocket in the area of the exposed tooth root with a three-walled bone defect
5. marginal periodontal recession class 2

Before hemisection of the tooth:

1. making an artificial crown
2. remove the pulp and seal the canals of the roots of the tooth \*
3. apply medical pads to preserve the viability of the pulp
4. restore the chewing surface with filling material
5. applying a periodontal bandage

When hemisection of the tooth:

1. remove the gum or part of the pocket
2. cut the gum to obtain purulent exudate
3. excised periodontal pocket
4. separate the roots of the tooth \*
5. resect the apex of the tooth root

When the surface of the tooth root is exposed by 2 mm and the periodontal pocket is 3 mm, it is advisable to carry out:

1. curettage \*
2. open curettage
3. patchwork operation
4. bone grafting
5. gingivotomy

The type of incision with open curettage is carried out:

1. marginal
2. incision of the gingival isthmus \*
3. paramarginal
4. vertical
5. median

The gingival papilla is separated from the tooth surface with an instrument:

1. spatula
2. periodontal probe
3. excavator
4. rasp \*
5. scalpel

The sequence of treatment of tooth surfaces when removing tartar:

1. contact, oral, vestibular
2. vestibular, oral, contact
3. oral, vestibular, contact
4. in random order
5. vestibular, contact, oral \*

To remove granulation tissue and epithelium of the periodontal pocket, use:

1. putty knife
2. periodontal probe
3. curettage spoon \*
4. raspator
5. scalpel

Criteria for the effectiveness of closed curettage of the periodontal pocket after a week:

1. the postoperative wound is epithelialized, the gums are pale pink, closely adjacent to the surface of the tooth \*
2. gums are pale pink, closely adjacent to the surface of the tooth
3. the gum is pale pink, closely adjacent to the surface of the tooth, the pathological tooth mobility has decreased
4. the gum is pale pink, closely adjacent to the surface of the tooth, the depth of the periodontal pocket and pathological mobility have decreased
5. the gum is pale pink, closely adjacent to the surface of the tooth, the depth of the periodontal pocket and pathological mobility have decreased, the suture line is in the stage of epithelization

Criteria for the effectiveness of open curettage after a week:

1. gums are pale pink, closely adjacent to the surface of the tooth
2. gingiva pale pink, closely adjacent to the tooth surface, no periodontal pocket\*
3. the gum is pale pink, closely adjacent to the surface of the tooth, the suture is preserved, the postoperative wound is in the stage of epithelialization
4. the gum is pale pink, closely adjacent to the surface of the tooth, the depth of the periodontal pocket and pathological mobility have decreased
5. the gum is pale pink, closely adjacent to the surface of the tooth, the depth of the periodontal pocket and pathological mobility have decreased, the suture line is in the stage of epithelization

The criterion for the effectiveness of flap surgery after 1 month:

1. the gums are pale pink, tightly attached to the teeth, there are no symptoms of inflammation, the pocket is not defined
2. slight swelling and hyperemia along the suture line, the suture is preserved
3. the depth of the periodontal pocket and the pathological mobility of the teeth have decreased, the gums are pale pink
4. the gum is pale pink in color, closely adjacent to the tooth surface, the depth of the periodontal pocket and pathological tooth mobility have decreased, the suture line is in the stage of epithelization\*
5. there are no clinical signs of inflammation, the radiograph shows the restoration of the endplate at the tops of the interalveolar septa

Tool for removing granulation tissue surrounding the roots of teeth:

1. curette \*
2. scissors
3. scalpel
4. ball bur
5. raspator

Tool for removing granulation tissue from the inner surface of the mucoperiosteal flap:

1. curette
2. scissors \*
3. scalpel
4. excavator
5. raspator

Indications for flap surgery:

1. gum recession
2. periodontal pocket 3-4 mm
3. "false" pocket
4. periodontal pocket more than 5 mm \*
5. periodontal pocket 1-2 mm

Flap surgery differs from open curettage:

1. removal of granulation tissue
2. making a horizontal cut
3. removal of hypertrophied gums
4. formation of a mucoperiosteal flap \*
5. removal of supragingival and subgingival dental deposits

Flap surgery is used to create a surgical access for:

1. gingivotomy
2. gingivectomy
3. amputation of the tooth root \*
4. deepening of the vestibule of the oral cavity
5. lip frenulum plastics

The frenulum of the lip requires correction if the place of its attachment and the line connecting the points of intersection of the gingival groove with the longitudinal axis of the teeth that limit the frenulum:

1. match \*
2. do not match
3. located on the mucogingival border
4. are at a distance greater than the size of the free gum
5. located on the border between the free and attached gums

If the bottom of the periodontal pocket is projected onto the place of attachment of the frenulum of the lip (strand), then:

1. frenulum needs correction \*
2. the bridle must be kept in this position
3. the frenulum needs to be corrected if the gingival margin does not retract
4. the frenulum does not require gingival correction if the gingival papilla has turned pale under tension
5. the frenulum needs to be corrected if the gingival margin is receding

Miller's class of periodontal marginal recession, in which the closure of the root surface is not very successful:

1. one
2. 2
3. 3
4. 4 \*
5. 5

The class of marginal recession of periodontal tissues according to Miller, in which the closure of the root surface is successful:

1. one \*
2. 2
3. 3
4. four
5. 5

The indication for mucogingival surgery is not:

1. lip frenuloplasty
2. plastic vestibule of the oral cavity
3. furcation defects of the 3rd class \*
4. enlargement of the attached gingiva
5. closure of exposed root surface

In order to provide an antioxidant effect, it is recommended:

1. potassium permanganate
2. tocopherol acetate \*
3. metronidazole
4. retinol
5. aspirin

Rubbing drugs is carried out:

1. after removal of dental plaque \*
2. before dental plaque removal
3. regardless of the removal of dental deposits
4. after achieving a high level of hygiene
5. after application of medical dressing

Therapeutic dressing prolongs the effect of the drug:

1. up to 15 min
2. up to 1 hour
3. up to 3 h \*
4. up to 24 hours
5. for unlimited time

In combination with vitamin C, it is recommended to use:

1. vitamin P \*
2. vitamin PP
3. multivitamins
4. antiseptics
5. anticoagulants

Treatment of catarrhal gingivitis consists of the main stages in the amount of:

1. one
2. two \*
3. three
4. four
5. five

For oral baths in the treatment of catarrhal gingivitis, apply:

1. furatsilin
2. metronidazole
3. chloramine
4. chlorhexidine \*
5. rosehip oil

With catarrhal gingivitis, antihistamines are prescribed:

1. during an exacerbation
2. during remission
3. constantly
4. until clinical recovery \*
5. at the stage of maintenance therapy

The frequency of visiting patients with gingivitis at the stage of dynamic observation:

1. 1 time in 3 months.
2. 1 time per month
3. 1 time in 8 months.
4. 1 time in 6 months. \*
5. 1 time per year

Sanguiritrin has the effect of:

1. epithelializing
2. painkillers
3. antimicrobial \*
4. cauterizing
5. antifungal

Sangviritrin with ulcerative necrotic gingivitis is used in the form of:

1. injections under the lesions
2. mouth trays
3. orally in tablets
4. applications on lesions\*
5. electrophoresis

For gingivectomy:

1. make a T-shaped incision on the gum
2. exfoliate the mucoperiosteal flap
3. cut the gum to obtain purulent exudate
4. remove hypertrophied gingiva or part of the pocket \*
5. remove a tooth

Local anti-inflammatory therapy for periodontitis is carried out in the area:

1. gums
2. root of the tooth \*
3. tooth surface
4. periodontal pocket
5. all answers are correct

At the stage of dynamic observation and maintenance therapy, monitoring of oral hygiene:

1. do not carry out
2. carried out during an exacerbation of the process
3. carried out once a year \*
4. held 2 times a year
5. carried out at every inspection.

The decision to carry out reconstructive treatment is made by:

1. during the period of basic treatment \*
2. during the diagnosis period
3. at the stage of surgical removal of the pocket
4. after 1 month after therapeutic remission
5. after 3 months after therapeutic remission

The first control examination during the period of dynamic observation should take place:

1. not earlier than 1 month
2. no later than 4 months.
3. after 3 months \*
4. after 6 months
5. after 1 year

For anti-sclerotic and vasotropic therapy of periodontal disease, the following are used:

1. trental\*
2. claritin
3. metronidazole
4. nystatin
5. askorutin

Recommendations for a patient with periodontal disease:

1. Leonard Teeth Brushing Method \*
2. medium bristle toothbrushes
3. rinsing with 0.05% chlorhexidine
4. applications of dental solcoseryl
5. Bass brushing method

The phase of dynamic observation in the treatment of periodontal diseases occurs:

1. during the period of sanitation of the oral cavity
2. during orthopedic treatment
3. after dental plaque removal
4. after antimicrobial therapy
5. after completion of basic and surgical treatment \*

The first visit of the patient taken for dispensary registration should be no later than:

1. 2 weeks
2. 1 month \*
3. 2 months
4. 1 year
5. 2 years

Patients of the first dispensary group include:

1. pregnant
2. persons suffering from diseases of the gastrointestinal tract
3. patients with diabetes
4. patients with multiple caries
5. persons under 20 years of age with risk factors for periodontal disease \*

Control examinations during the year with a mild degree of periodontitis are carried out:

1. 1-2 times \*
2. 2-3 times
3. 3-4 times
4. 4-5 times
5. More than 5 times

Control examinations during the year with periodontitis of moderate severity are carried out:

1. 1-2 times
2. 2-3 times \*
3. 3-4 times
4. 4-5 times
5. More than 5 times

Control examinations during the year with periodontitis of severe severity should be carried out:

1. 1 time
2. 2 times
3. 3 times
4. 4 times \*
5. More than 4 times

Patients of the first dispensary group are removed from the dispensary record when they reach:

1. 20 years of age\*
2. 30 years of age
3. 40 years of age
4. 50 years of age
5. over 60 years old

During the period of dispensary observation and maintenance therapy, control of oral hygiene:

1. carried out once every 6 months
2. carried out once a year
3. held 3 times a year
4. do not carry out
5. carried out at each inspection \*

Long-term positive prognosis of periodontal disease provides:

1. violation of the regime of control visits
2. systematic monitoring of dental plaque formation \*
3. oral hygiene disorder
4. negligent attitude to the consolidation of hygiene skills
5. one brushing of teeth per day

Planning for reconstructive treatment begins in the period:

1. history taking
2. hygiene training
3. professional hygiene
4. anti-inflammatory treatment
5. active surgical debridement of periodontal pockets \*

The results of active observation of patients in the process of clinical examination are evaluated by:

1. after 6 months
2. after 1-2 years
3. after 2-3 years \*
4. after 3-4 years
5. after 5 years

The pathogenetic therapy of periodontal diseases during clinical examination includes:

1. elimination of microbial plaque
2. prevention of dental plaque formation
3. removal of tartar with polishing of the tooth surface
4. correction and hygiene control
5. effects on the vessels of the microcirculatory bed \*

List the possible complications when using an ultrasonic or sonic scaler:

1. bacteremia
2. damage to the surface of the root of the tooth
3. chipped ceramic coating crowns
4. the appearance of cracks in the enamel
5. all of the above\*

Gracie No. 13/14 Zone Specific Curette is used to work on:

1. vestibular surface of the chewing group of teeth
2. distal surface of the chewing group of teeth\*
3. oral surface of the chewing group of teeth
4. mesial surface of the chewing group of teeth
5. proximal surfaces of the frontal group of teeth

The Gracie No. 7/8 Zone Specific Curette is used to work on:

1. vestibular and oral surfaces of the chewing group of teeth\*
2. distal surface of the chewing group of teeth
3. oral surface of the chewing group of teeth
4. mesial surface of the chewing group of teeth
5. proximal surfaces of the frontal group of teeth

General steps in flap surgery and closed curettage of the periodontal pocket:

1. removal of subgingival calculus and granulation tissue
2. making incisions and shaping flaps
3. flap formation and subgingival calculus removal
4. removal of subgingival calculus, granulation tissue and pocket epithelium\*
5. incision and removal of subgingival calculus

In the fibrous form of hypertrophic gingivitis, surgical treatment is performed:

1. gingivotomy
2. gingivectomy\*
3. open curettage
4. patchwork operation
5. closed curettage

Determining criterion for reconstructive treatment:

* 1. pathological tooth mobility
  2. periodontal pocket depth
  3. vertical defect of the alveolus
  4. no signs of inflammation
  5. the level of resorption of the bone tissue of the alveoli to the length of the root \*

Treatment of the root surface using sonic and ultrasonic instruments is:

1. root debridement\*
2. Root Planning
3. Scaling
4. Planning
5. Polishing

Membranes for guided tissue regeneration are:

1. osteoinductors
2. osteoconductors
3. barrier\*
4. medical bandage
5. insulating bandage

Orthodontic treatment for periodontal pathology :

1. used only for mild forms of the disease
2. used in patients under 20 years of age
3. used regardless of age\*
4. used only in older people
5. do not apply

It is advisable to carry out the application with local treatment:

1. gingival fibromatosis
2. periodontal cyst
3. catarrhal gingivitis\*
4. chronic periodontitis
5. atrophic gingivitis

When planning operations to close the exposed surface of the root, the classification is used:

1. marginal periodontal recession\*
2. international statistical
3. clinical periodontal disease
4. vertical defects of the alveoli
5. sounding depth

Sanitation of the dentition is carried out:

1. at the stage of basic therapy\*
2. during the surgical treatment
3. before starting treatment with a periodontist
4. at the stage of maintenance periodontal treatment
5. after completion of surgery

Preparations for the local treatment of periodontitis containing metronidazole:

1. elisol
2. levomekol
3. corsodilus
4. dentamet\*
5. eludril

Indication for gingivotomy:

1. Hypertrophic gingival growth
2. Periodontitis in the stage of abscessing \*
3. Periodontal pocket more than 5 mm
4. Furcation defect of the alveolar bone class III
5. Periodontal cyst in the stage of suppuration

Root planning is:

1. root surface treatment using sonic and ultrasonic instruments
2. procedure for removing residual deposits, removing the layer of softened root cement and leveling the treated surface \*
3. procedure for removing calculus and plaque from the root surface
4. tartar removal procedure
5. instrumental removal of dental deposits and leveling of the surface of the tooth root

Removal of dental deposits in dental practice is carried out for the prevention of:

1. local hypoplasia
2. fluorosis
3. inflammatory periodontal disease\*
4. dental anomalies
5. diseases of the oral mucosa

When carrying out professional hygiene, it is advisable to clean the chewing surface of the teeth from plaque using :

1. rubber caps and polishing pastes
2. brushes and polishing pastes \*
3. floss
4. toothbrush and paste
5. ultrasonic scalers

Professional hygiene for periodontal diseases must be carried out at least:

1. 1 time per week
2. 1 time per month
3. 1 time in 6 months
4. 1 time per year
5. 1 time in 11 weeks\*

The first step in a controlled toothbrush is:

1. teaching the patient how to brush their teeth on models
2. patient self-cleaning
3. determination of the hygienic state of the patient's oral cavity \*
4. individual selection of oral hygiene products for the patient
5. removal of supra- and subgingival mineralized dental deposits

After professional removal of dental plaque, it is most advisable to carry out:

1. fissure sealing
2. Teeth coating with fluoride varnish \*
3. staining teeth with iodine-containing solutions
4. controlled brushing of teeth
5. examination of the patient's mouth

Local antiseptics containing chlorhexidine:

1. eludril and corsodyl\*
2. elgydium and dioxicol
3. parodium and sanguirythrine
4. corsodyl and catamine

# lacalutidentamet

For sclerosing therapy, it is used:

1. brilliant green solution
2. levomekol
3. vagotyl\*
4. baneocin
5. dimexide

The operation according to Edlan-Meikher is:

1. frenulotomy
2. vestibuloplasty\*
3. gum recession repair surgery
4. guided regeneration operation
5. tooth-preserving operation

For vestibular and oral surfaces of molars and hard-to-reach areas of root surfaces, a Gracie curette is used:

1. 7/8\*
2. 3/4
3. 11/12
4. 13/14
5. 5/6

Scaler (crescent) is called:

1. tool with an aggressive tip\*
2. tool with a rounded tip
3. diamond coated tool
4. tool for working in periodontal pockets up to 4 mm deep
5. tool with a working surface located at an angle of 70

When carrying out professional hygiene, it is more expedient to clean the smooth surfaces of the teeth from plaque using:

1. rubber caps and polishing pastes \*
2. brushes and polishing pastes
3. floss
4. toothbrush and paste
5. ultrasonic scalers

For cable-stayed splinting is used:

1. ligature wire
2. aramid thread \*
3. fiber splint
4. ribboned
5. glassspan

NSAIDs that predominantly inhibit COX-2:

1. ibuprofen
2. ketonal;
3. movalis\*
4. naproxen
5. loratadine

A preparation based on vegetable raw materials with a pronounced antibacterial and fungicidal effect:

1. rotakan
2. romazulan
3. sanguirythrin\*
4. maraslavin
5. stomatophyte

Antibacterial drugs and antibiotics are used topically for:

1. enhancing the generation of reactive oxygen and nitrogen species, leading to

death of cell membranes

1. increase in the level of circulating immune complexes in the blood and

suppression of their elimination

1. bactericidal and bacteriostatic effect on

periodontopathogens \*

1. inhibition of prostaglandin synthesis and stabilization of cell membranes
2. rapid achievement of a positive clinical result

Criteria for choosing a method of surgical treatment of periodontitis:

1. disease duration
2. bleeding gums when brushing teeth
3. periodontal pocket depth \*
4. degree of tooth mobility
5. age of the patient and the presence of somatic pathology

Indications for osteogingivoplasty are :

1. gingivitis
2. chronic periodontitis
3. hypertrophic gingivitis
4. severe and moderate form of periodontitis\*
5. small vestibule of the mouth and short frenulum of the lips

Curette "Minifive" is intended for:

1. manipulations in narrow deep pockets\*
2. convenient penetration into the pocket and minimal trauma to the soft tissues of the periodontium
3. manipulations in periodontal pockets with a depth of more than 5 mm
4. manipulations in periodontal pockets with a depth of more than 3 mm
5. manipulations in the area of implants

Additional special tools require working with:

1. ligature tires
2. cable-stayed tires\*
3. fiberglass tires
4. combined tires
5. bus Mamlock

Patients with periodontal disease for the treatment of dentinal hyperesthesia are recommended to use rinses containing:

1. bicarbonate of soda
2. medicinal herbs
3. triclosan
4. potassium nitrate\*
5. chlorhexidine

Selective grinding of the mocclusal surfaces of the teeth eliminates:

1. abnormal tooth mobility
2. premature occlusal contacts \*
3. overhanging edges of fillings and artificial crowns
4. pathological tooth wear
5. pain when biting on a tooth

The concentration of which antibiotic is higher in the gingival fluid than in the serum:

1. lincomycin
2. doxycycline\*
3. clarithromycin
4. ciprofloxacin
5. metronidazole

Effective against anaerobic microorganisms in periodontitis:

1. doxycycline
2. fluoroquinolones
3. metronidazole\*
4. ampicillin
5. chlorhexidine

The first stage of the periodontitis treatment plan:

1. drug anti-inflammatory treatment
2. orthodontic treatment
3. orthopedic treatment
4. professional oral hygiene\*
5. surgery

After curettage use:

1. protective bandages (indifferent)\*
2. therapeutic anti-inflammatory dressings
3. therapeutic stimulating dressings
4. dressings containing enzymes
5. dressings with keratoplastic preparations

Indications for flap surgery:

1. exacerbation of the inflammatory process in periodontal tissues
2. hypertrophy of the gingival papillae, horizontal bone resorption
3. multiple periodontal and bone pockets, more than 3 mm deep, with bone resorption up to 1/2 of the length of the tooth root\*
4. single periodontal pockets up to 4 mm
5. periodontal abscess

Determining criterion for reconstructive treatment:

1. the level of bone resorption of the alveoli to the length of the root
2. periodontal pocket depth
3. pathological tooth mobility
4. vertical alveolar defect\*
5. age of the patient and the presence of somatic pathology

In the fibrous form of hypertrophic gingivitis, surgical treatment is performed:

1. open curettage
2. gingivotomy
3. gingivectomy\*
4. patchwork operation
5. osteogingivoplasty

Relative contraindication to surgical treatment in periodontal pathology:

* + 1. Severe somatic diseases in the stage of decompensation\*
    2. Exacerbation of chronic generalized periodontitis
    3. Furcation defects class III
    4. Bone resorption for 2/3 of the root length or more
    5. Bad habits of the patient

To remove tartar use:

1. excavator, mirror, probe
2. excavator, probe, trowel
3. scalers and curettes \*
4. scaler, enamel knife, excavator
5. scaler, hoe, excavator

Reconstructive surgical methods are used for:

1. stopping inflammation in the periodontium
2. restoration of lost periodontal structures \*
3. removal of hypertrophied periodontium
4. elimination of periodontal pocket
5. elimination of tooth mobility

Therapeutic dressing is applied for:

1. protection of the wound surface from the action of factors of the oral cavity
2. prolonging the action of the medicinal product\*
3. isolation of pocket microorganisms to prevent generalization of infection
4. splinting teeth
5. gum shape changes

Crane-Kaplan forceps are used during the operation:

1. gingivectomy\*
2. hemisection of the tooth
3. vestibuloplasty
4. patchwork operation
5. guided bone regeneration

**The sharpness of a periodontal instrument is checked using:**

* + 1. wooden block
    2. piece of paper
    3. plastic stick \*
    4. finger
    5. metal bar

When removing dental deposits from the surface of implants, tools are used:

1. steel
2. carbide
3. plastic\*
4. diamond
5. synthetic

**Indications for plasty of the vestibule of the mouth:**

1. partial restoration of lost periodontal structures
2. cessation of inflammation in the periodontium
3. increase in the area of attached gingiva \*
4. elimination of periodontal pocket
5. short frenulum of the lower lip

For the treatment of necrotizing ulcerative gingivitis use:

* + 1. anesthesia, mechanical removal of necrotic tissue
    2. antiseptic treatment, anesthesia, removal of dental deposits, application of proteolytic enzymes, removal of necrotic masses\*
    3. anesthesia, keratoplasty
    4. anesthesia, proteolytic enzymes, antiseptics, sclerosing agents, keratoplasty
    5. anesthesia, application of proteolytic enzymes, removal of necrotic masses; keratoplasty

The chemical method of removing dental plaque involves:

1. dissolution of dental plaque with 3.5% sodium hypochlorite
2. preliminary softening of supragingival plaque and removal of pigmented plaque with HCL-based gels, followed by manual removal \*
3. removal of supragingival plaque with 3% hydrogen peroxide
4. softening of subgingival dental plaque with 10% phosphoric acid solution
5. softening supra- and subgingival plaque with EDTA

In the treatment of gingival fibromatosis, methods are used:

1. surgical\*
2. applications with proteolytic enzymes
3. applications with antiseptics
4. physiotherapy
5. exposure to x-rays

During maintenance therapy, control radiography is performed:

1. every 3 months
2. every six months
3. annually\*
4. once every 2 years
5. once every 3 years

The group of teeth on which permanent (beam) splinting can be carried out with pronounced mobility:

1. molars
2. incisors
3. molars and premolars
4. any group of teeth
5. everything except incisors\*

Indications for occlusal grinding are:

1. the presence of an occlusal injury
2. dystopia of teeth
3. bruxism, pain in the temporomandibular joint, fan-shaped divergence of teeth, uneven resorption of the bone tissue of the alveolar process, tooth mobility \*
4. tooth mobility, dental dystopia
5. suppuration from gum pockets, exposure of the necks of the teeth

Contraindications for physiotherapy treatment:

1. suppuration from gum pockets
2. oncological diseases, tuberculosis, infectious diseases accompanied by high fever, pregnancy \*
3. surgical treatment of periodontal diseases
4. age up to 15 years
5. age over 50

Specify the group of antibiotics with immunomodulating action:

1. aminoglycosides
2. macrolides\*
3. lincosamides
4. cephalosporins
5. tetracyclines

The presence of which of the following symptoms is not the main indication for systemic antibiotic therapy in periodontics:

1. severe intoxication
2. multiple abscess formation
3. supragingival and subgingival deposits\*
4. suppuration from periodontal pockets
5. rapidly progressive destruction of the bone tissue of the alveolar process

Local drug anti-inflammatory treatment is carried out:

1. before dental plaque removal
2. after dental plaque removal
3. at the stage of maintenance therapy
4. regardless of the removal of dental plaque \*
5. after achieving a high level of oral hygiene

In the composition of gum dressings in order to accelerate epithelialization, you can enter:

1. retinol acetate \*
2. clove oil
3. petrolatum
4. hydrocortisone
5. butadione

In chronic catarrhal gingivitis, it is recommended to use as antimicrobial drugs:

1. antibiotics and enzymes
2. applications of weak solutions of antiseptics, dressings with Trichopolum, heparin, dibunol hydrocortisone ointments, sclerosing preparations
3. solutions of antiseptics, enzymes, Trichopolum, Biseptol as part of dressings \*
4. keratolytic drugs
5. acids, cauterizing preparations, alcohol solutions

In the edematous form of hypertrophic gingivitis, the following are recommended as anti-edematous therapy:

1. strong antiseptics, because in addition to the antimicrobial they have a cauterizing effect
2. enzymes that contribute to the rejection of necrotic masses and purulent exudate
3. preparations of the nitrofuran series, herbal decoctions, hypertonic salt solutions, heparin ointment, hydrocortisone ointment and emulsion \*
4. papillary injections of novembihin, hydrocortisone emulsions
5. antibiotics

As a sclerosing therapy for hypertrophic gingivitis, the following is injected into the gingival papillae:

1. hydrocortisone emulsion, glucose solution 50-60%, novembihin solution \*
2. strong solutions of antiseptics, enzymes
3. antibiotic solutions
4. prednisolone
5. heparin

Medications as applications of solutions are applied to the gums:

1. for 2 hours
2. for 20 minutes \*
3. for 6 hours
4. for 5 minutes
5. are not superimposed, but are injected into the gingival papillae

Recommendations for changing nutrition for patients with periodontal disease:

1. limit carbohydrate intake, especially before bed and at the end of a meal, end the meal with raw fruits and vegetables, which clean the surface of the teeth well \*
2. increase food processing time to eliminate increased stress on the periodontium
3. exclude from the intake of food, spicy, sour, cold, irritating nerve endings in the area of the exposed necks of the teeth
4. it is necessary to recommend to exclude fried, fatty
5. a dairy-vegetarian diet is required

Most effective in cleaning proximal surfaces of teeth:

1. Toothbrush
2. thread (floss)\*
3. water jet
4. toothpick
5. rinse procedure

In chronic generalized periodontitis in remission, it is recommended:

* + 1. clinical examination\*
    2. antibiotic therapy
    3. desensitizing therapy
    4. taking fluoride tablets
    5. sealing fissures of teeth

Orthodontic or orthopedic treatment for periodontal disease is carried out:

1. before plastic surgery of the frenulum and vestibule of the oral cavity
2. after plastic surgery of the frenulum and vestibule of the oral cavity \*
3. before x-ray
4. after x-ray
5. before the index assessment of the state of the periodontium

To prevent the recurrence of infectious opportunistic ulcerative gingivitis, it is shown:

1. using a hard toothbrush
2. orthodontic treatment
3. brushing teeth with a soft brush
4. carrying out general health measures (vitamin therapy, hardening of the body, the use of immunocorrectors) \*
5. use of an irrigator and other additional hygiene products

The most pronounced antimicrobial effect on the microflora of the periodontal pocket has:

1. chlorhexidine 0.2%\*
2. miramistin 0.01%
3. hydrogen peroxide 1%
4. furacillin 0.02%
5. 1% povidone iodine solution

For collagen synthesis, you must regularly take:

1. ascorbic acid\*
2. tocopherol acetate
3. routine
4. nicotinic acid
5. B vitamins

List the scope of interventions in the local treatment of moderate and severe generalized periodontitis without identified organ pathology:

1. sanitation , drug treatment, various types of surgical treatment, splinting of mobile teeth, rational prosthetics, physiotherapy, oral hygiene \*
2. sanation, removal of supragingival tartar
3. medical treatment of pathological periodontal pockets
4. sanitation, rational prosthetics
5. sanitation, electrophoresis, splinting

In the treatment of periodontal disease use:

1. curettage of periodontal pockets
2. anti-inflammatory therapy
3. electrophoresis vitamin B1, C, massage, laser therapy \*
4. alignment of occlusal surfaces of teeth
5. removal of tartar

Etiotropic therapy of inflammatory periodontal diseases includes:

1. orthopedic treatment;
2. removal of dental deposits\*
3. orthodontic treatment
4. surgery
5. anti-inflammatory therapy

It is advisable to conduct a control examination of the postoperative area to detect the pocket:

1. after 1 week
2. after 10 days
3. after 1 month\*
4. in 3 months
5. in 6 months

Manipulation aimed at increasing the width of the attached gingiva in order to eliminate mechanical trauma to the marginal periodontium by muscle cords of the oral area:

1. curettage open;
2. patchwork operations
3. guided tissue regeneration
4. frenuloplasty
5. vestibuloplasty\*

Ultrasound is ………… fluctuations of medium particles propagating in the form of waves in the inaudible acoustic frequency range.

1. mechanical \*
2. electrical
3. magnetic
4. electromagnetic
5. impulse

For the first time, the method of flap surgery was described by:

1. A. Znamensky
2. B. Tseshinskiy\*
3. W. Neumann
4. G. Widman
5. D. Grudyanov

The medicinal effect on the links of the inflammatory-destructive process is called:

1. etiotropic therapy
2. symptomatic therapy
3. pathogenetic therapy\*
4. palliative care
5. complex therapy

As an immunomodulatory agent for periodontal diseases, the following are used:

# lysozyme;

# trypsin

# human immunoglobulin \*

1. stomatosin
2. prednisolone

Regardless of the form and pathology of the periodontium, treatment begins with:

1. vitamin therapy
2. prescription of glucocorticoids
3. keratoplasty
4. removal of dental deposits and sanitation of the mouth \*
5. conducting electrophoresis

The introduction of drugs using ultrasound is called:

1. electrophoresis
2. phonophoresis\*
3. diadynamophoresis
4. solux
5. iontophoresis

In therapeutic ultrasound devices, ultrasound is generated based on:

1. Doppler effect
2. piezoelectric effect\*
3. Arthus phenomenon
4. nuclear magnetic resonance
5. electron magnetic resonance

To eliminate pockets and stimulate reparative processes, they are used in patchwork operations:

1. autologous transplants
2. allogeneic transplants
3. xenogenic transplants
4. implants
5. all answers are correct \*

During the Tseshinsky-Widman-Neumann operation, the changed gum edge is excised with a width of:

1. 0.5 mm
2. 1 mm
3. 2-2.5mm\*
4. 2.5-3mm
5. 4 mm

Stitches are removed after flap surgery:

1. the next day
2. in 3 days
3. in 6-7 days \*
4. In 2 weeks
5. after 1 month

For premedication before surgery, use:

1. acetylsalicylic acid 0.5 for 10 min. before surgery
2. andaxin 0.2 - 0.4 g for 30-35 minutes. before surgery \*
3. methyluracil 0.5 for 30-35 minutes. before surgery
4. metronidazole 0.25 for 40 min. before surgery
5. rubbing 5% butadione ointment for 20 minutes. before surgery

In the surgical treatment of periodontal disease in patients with neurasthenia, as a method of choice, you can use:

1. electroanaesthesia
2. general anesthesia \*
3. application anesthesia
4. audio anesthesia
5. hypnosis

Has a keratolytic effect:

1. resorcinol 20-30% solution
2. prospidin 30-50% ointment
3. zinc chloride 10-25% solution
4. plantain juice
5. all answers are correct\*

In the treatment of hydantoin hypertrophic gingivitis, it is advisable to consult:

1. therapist
2. psychiatrist \*
3. optometrist
4. hematologist
5. endocrinologist

Direct acting anticoagulant is:

1. histamine
2. heparin\*
3. serotonin
4. lidase
5. trental

In the fibrous form of hypertrophic gingivitis, a drug is used that depresses the proliferation of tissue elements:

1. Novembikhin\*
2. Metronidazole
3. Salvin
4. Trasilol
5. Sodium chloride

Keratoplastic preparation is:

1. aloe liniment
2. solcoseryl
3. phytodont
4. kalanchoe
5. all answers are correct \*

For the first time, curettage was carried out by:

1. A. Rigg\*
2. B. Junger
3. V. Nesmeyanov
4. G. Zaks
5. D. Widman

The indication for curettage is:

1. 6 mm deep pocket
2. pocket no more than 4 mm deep\*
3. false periodontal pocket
4. tooth mobility grade 3
5. fibrous gingiva

The indication for curettage is:

1. periodontal abscess
2. tooth mobility grade 3
3. no bone pocket\*
4. acute herpetic stomatitis
5. 6 mm deep pocket

The basic principle of curettage:

1. Anesthesia of operated tissues
2. Simultaneous processing of no more than 3 teeth
3. Gentle handling of treated fabrics
4. Compliance with oral hygiene in the postoperative period
5. All answers are correct \*

For antiseptic treatment of the surgical field, use:

1. 6% hydrogen peroxide
2. 3% resorcinol
3. ethacridinalactate 1:1000 \*
4. perhydrol
5. furatsilin

The most critical stage of curettage is:

1. anesthesia
2. antiseptic treatment
3. removal of dental deposits
4. pocket de-epithialization\*
5. protective dressing

The protective bandage after curettage is changed for the first time:

1. 1 hour after surgery
2. after 1 day \*
3. in 3 days
4. after 4 days
5. in 2-3 hours

The best biological bandage is:

1. zincoplast
2. blood clot\*
3. septopak
4. tempopro
5. glue MK

Recovery and epithelialization after curettage come on:

1. 3 day
2. Day 5
3. 7-10 day\*
4. 20-25 day
5. by the end of the second month

Contraindications for periodontal surgery:

1. abscess formation, tooth mobility grade 3\*
2. tooth mobility, malocclusion
3. abscess formation, decompensated form of diabetes mellitus
4. periodontal pocket depth more than 5 mm
5. regional lymphadenitis

The basis for the prevention and treatment of halitosis, regardless of its etiology, is:

1. dieting
2. vitamin therapy
3. tongue cleaning\*
4. gum massage
5. use of rinse aids

According to the duration of action, semi-permanent tires are applied for a period of:

1. from 1 to 9 months \*
2. from 1 year to 2 years
3. from 1 month to 1 year
4. from 3 to 6 months
5. 2 to 3 years

What class of supercontacts is ground in distal occlusion:

1. I class
2. II class
3. III class\*
4. IV class
5. V class

When removing dental plaque in a patient with necrotizing ulcerative gingivitis of Vincent, the following method is used:

1. manual
2. ultrasonic\*
3. sandblasting
4. chemical
5. combined

With localized lesions in the periodontium, due to the anatomical and morphological features of the dentoalveolar system, surgical intervention is indicated:

1. excision of short frenulums, cords, deepening of the vestibule of the mouth \*
2. patchwork operations
3. gingivectomy
4. gingivotomy
5. curettage of periodontal pockets

According to the classification of operational techniques according to EdwardS . Cohen , the group of operations aimed at the correction of gingival pockets includes:

1. apically displaced (moved) flap
2. curettage\*
3. modified Widmann flap
4. frenectomy
5. frenotomy

What scalpels are used in periodontal surgery:

1. 1,3,5
2. 2,4,6
3. 9,10,13
4. 7.14

Biomodification (conditioning) of root surfaces is performed by:

1. 22% citric acid
2. 18% citric acid\*
3. 20% citric acid
4. 24% citric acid
5. 10% citric acid

The group of gingival periodontal operations includes:

1. frenulotomy
2. vestibuloplasty
3. lip frenuloplasty
4. gingivotomy\*
5. plasty of the short frenulum of the tongue

Gingivotomy according to N.F. Danilevsky and G.N. Vishnyak (1977) implies the following:

1. formation of a trapezoidal flap
2. horizontal incision parallel to the gingival margin, retreating 1.5-2 mm from it
3. incision along the papillary line
4. semilunar incision 6-8 mm long, departing from the gingival margin 3-4 mm \*
5. incision along the transitional fold

In the severe stage of periodontitis, the mandatory type of treatment is:

1. physiotherapy treatment
2. surgical intervention
3. caries treatment
4. orthopedic treatment\*
5. application of isolation bandages