Department of Therapeutic Dentistry

discipline "Dentistry" module " Endodontics"

4 course (7 semester)

intermediate certification (offset)

1. What elements are included in the concept of "tooth cavity":

1) pulp chamber, additional root canals, periodontium

2) pulp chamber, main root canals, cortical plate

3) pulp chamber, root canal system \*

4) pulp chamber, dentin, cement, enamel

5) pulp chamber, periodontium.

2. The cause of acute periodontal trauma is:

1) rough endodontic canal preparation \*

2) bad habits

3) crowding of teeth

4) traumatic occlusion

5) chronic deep caries

3. Processes characterizing pulp aging are:

1) increase in the size of the tooth cavity

2) decreased energy and functional activity of cells \*

3) an increase in the number of collagen fibers

4) an increase in the number of cellular elements

5) an increase in the amount of the basic substance.

4. The nature of pain in acute pulpitis:

1) occur only when eating

2) spontaneous permanent nature

3) spontaneous, increasing in intensity

4) spontaneous, paroxysmal \*

5) aching, aggravated by biting.

5. The nature of pain in chronic hyperplastic pulpitis:

1) disappears with removal of the irritating factor

2) occurs spontaneously, especially at night

3) a feeling of fullness in the tooth, pain from a hot

4) arises mainly from mechanical stimuli \*

5) aching, aggravated by biting

6. The root canal is considered to be straight when it deviates from the main axis:

1) up to 10º \*

2) from 10º to 30º

3) 45º

4) more than 30º

5) up to 20.

7. The most common way of pulp infection:

1) arterioles (hematogenous infection)

2) through the dentinal tubules from the carious cavity \*

3) through one of the apical foramen in the presence of a periodontal pocket

4) traumatic pulp injury

5) through non-carious lesions.

8. The specific structural feature of the dental pulp is:

1) the presence of collagen fibers

2) presence of cell layers

3) presence of argyrophilic fibers

4) presence of intercellular substance

5) lack of elastic fibers. \*

9. The feeling of a "grown" tooth in apical periodontitis is associated to:

1) partial destruction of fibrous and collagen fibers

2) accumulation of exudate in the apical part of the periodontium \*

3) hyperemia and swelling of the gums

4) excessive load on the tooth

5) an increase in the size of the tooth.

10. Severe pain syndrome in acute pulpitis is due to:

1) changes in atmospheric pressure

2) irritation of nerve endings with products of anaerobic glycolysis \*

3) decrease in hydrostatic pressure in the tooth cavity

4) a decrease in the amount of vasoactive substances

5) accumulation of exudate.

11. The pulsating nature of pain in acute pulpitis is due to:

1) increased hydrostatic pressure in the tooth cavity

2) irritation of nerve endings by products of anaerobic glycolysis

3) periodic shunting of blood flow through arteriovenular anastomoses \*

4) an increase in the amount of vasoactive substance

5) vascular constriction.

12.Glass fiber pin occupy:

1) half of the root canal

2) 2/3 root canal \*

3) reaches the apical foramen

4) 1/3 root canal

5) doesn't matter

13.Glass fiber pins fix on:

1) zinc phosphate cement

2) glass ionomer cement

3) dual-cure composite \*

4) low modulus composite

5) zinc-eugenol cement

14. Indications for coronal-radicular separation:

1) Perforation of the cavity bottom as a result of a destructive process \*

2) Curvature of root canals

3) The presence of a foreign body in the root canal (broken instrument)

4) Chronic granulomatous periodontitis

5) Acute purulent pulpitis

15. Clinical picture of chronic apical periodontitis:

1) the cavity of the tooth is opened, probing is painless \*

2) the cavity is filled with bleeding overgrown soft tissue

3) carious cavity communicates with the tooth cavity, deep probing is painful

4) the cavity of the tooth is not opened, probing of the bottom of the carious cavity is sharply painful

5) the cavity of the tooth is not opened, deep probing is painful.

16. Clinical picture of acute pulpitis:

1) carious cavity is made with slightly painful, overgrown soft tissue

2) the cavity of the tooth is opened, probing is painless

3) carious cavity communicates with the tooth cavity, deep probing is painful

4) the cavity of the tooth is not opened, probing of the bottom of the carious cavity is sharply painful \*

5) the cavity of the tooth is opened, deep probing is painful.

17. Differences in the structure of the root and coronal pulp are:

1) the root pulp is a continuous continuation of the coronal \*

2) root pulp is intermediate between coronal pulp and periodontitis

3) the root pulp is structurally closer to the coronal pulp than to the periodontium

4) coronal pulp is close to nerve tissue

5) the amount of the basic substance.

18. Classification of periodontitis by the nature of the exudate:

1) infectious, toxic, traumatic, chemical (drug)

2) acute, chronic and chronic (exacerbated)

3) limited and spilled (diffuse)

4) acute serous and acute purulent \*

5) chronic serous and chronic purulent.

19. Most accurately, the length of the root canal is determined using:

1) a root needle inserted into the root canal and an x-ray

2) by the ratio of the length of the root and crown of the tooth

3) according to special tables

4) apex locator \*

5) tactile method.

20. Pathological effects on the pulp leads to the formation of:

1) tertiary dentin \*

2) cell cement

3) primary dentin

4) secondary dentine

5) acellular cement.

21. The state of the gingival mucosa in acute apical periodontitis:

1) the mucous membrane of the gums is pale pink

2) hyperemic and cyanotic, there is a fistula with serous-purulent discharge

3) hyperemic and infiltrated, smoothness along the transitional fold \*

4) cyanotic, edematous, gingival pocket with serous-purulent discharge

5) unchanged, pale pink in color.

22. Characteristics of the cold test for acute pulpitis:

1) no pain

2) moderate short-term pain

3) severe pain with trace pain for more than 5-10 seconds, pain from hot (70 °) \*

4) sharp, fast-passing pain with no trace pain

5) aching, fast-passing.

23. Radiological signs of cystogranuloma:

1) clear contours of the destruction focus up to 5 mm \*

2) lack of bone structure in the focus of destruction

3) widening of the periodontal gap

4) focal point of destruction with indistinct contours

5) clear contours of the destruction focus more than 5 mm

24. The condition of the gingival mucosa in chronic granulating periodontitis:

1) hyperemic and infiltrated, smoothness along the transitional fold

2) cyanotic, there is a fistula with serous-purulent discharge \*

3) cyanotic, edematous, a gingival pocket with purulent discharge is determined

4) the mucous membrane of the gums is pale pink

5) cyanotic, edematous, fistula is not observed.

25. Expansion of the periodontal gap in the area of ​​the root apex is characteristic for:

1) chronic granulomatous periodontitis

2) chronic granulating periodontitis

3) chronic fibrous periodontitis \*

4) acute periodontitis

5) acute pulpitis.

26. Purpose of the treatment of destructive apical periodontitis:

1) elimination of the focus of odontogenic infection \*

2) impact on the microflora of root canals

3) preservation of tooth function

4) root canal filling

5) restoration of tooth aesthetics.

27. The essence of the treatment of pulpitis by the method of vital amputation in:

1) complete removal of the coronal and preservation of the apical part of the root pulp

2) removal of the pulp and scarring of the wound in the area of ​​the root pulp

3) preservation of a viable root pulp after removal of the coronal part \*

4) mummification of root pulp

5) preservation of only the apical part of the root pulp.

28. An absolute indication for the treatment of periodontitis in one visit is:

1) chronic granulomatous periodontitis of a single-rooted tooth

2) acute periodontitis of a single-rooted tooth

3) chronic granulating periodontitis of a single-rooted tooth in the presence of a fistula \*

4) chronic granulating periodontitis of a multi-rooted tooth

5) periodontitis in the phase of exudation.

29. The choice of treatment method for chronic periodontitis is not influenced by:

1) root canal patency

2) the size of the focus of periapical destruction

3) single or multi-rooted tooth

4) age and gender of the patient \*

5) the nature of the flow.

30. The volume of tissues removed when opening the tooth cavity is determined by:

1) topography of the tooth cavity \*

2) the size of the carious cavity

3) choice of filling material for root filling

4) choice of root canal treatment method

5) localization of the carious cavity

31. The color coding of an endodontic instrument means:

1) manufacturer

2) the length

3) profile

4) diameter\*

5) width.

32. What does the number on the handle of an endodontic instrument correspond to:

1) length of endodontic instrument

2) the length of the working part of the endodontic instrument

3) endodontic instrument tip diameter \*

4) serial number of endodontic instrument

5) the number of turns.

33. File movements in the root canal:

1) reciprocating \*

2) rotary with full revolution

3) rotational - translational, as when winding a watch

4) rotational and reciprocating at the same time

5) circular counterclockwise.

34. The method of filling the root canal with pastes involves:

1) introduction of one central pin into the canal

2) introduction of heated gutta-percha on a metal or polymer base

3) insertion into the canal of several gutta-percha pins with lateral seal

4) sequential filling of the canal with a pasty consistency material \*

5) sequential filling of the canal with a solid consistency material

35. Working length of a tooth is the distance from:

1) the mouth of the root canal to the physiological opening

2) root canal orifice to anatomical opening

3) the highest point on the crown of the tooth to the anatomical hole

4) the highest point on the crown of the tooth to the physiological opening \*

5) fissures on the crown of the tooth to the physiological opening

36. Amputation of the root is:

1) removal of the root together with the adjacent coronal part of the tooth

2) dissection of the molars of the lower jaw into two parts along the bifurcation

3) cutting off the apex of the root and removal of pathologically altered tissues

4) removal of the entire root to the place of its origin without removing the coronal part \*

5) cutting off the root apex and retrograde root canal filling.

37. The master file is a tool for:

1) treatment of the apical part of the root canal at the initial stage

2) work without reaching the physiological opening by 1 mm

3) finishing the apical part of the root canal to the working length \*

4) work in the area of ​​the root canal orifice

5) initial processing of the apical part of the root canal to the working length

38. Root apex resection is:

1) dissection of the molars of the lower jaw into two parts along the bifurcation

2) cutting off the root apex and removing pathologically altered tissues \*

3) removal of the root together with the adjacent coronal part of the tooth

4) removal of the entire root to the place of its origin without removing the coronal part

5) cutting off half of the root and removing pathologically altered tissues

39. Instrument for filling by lateral condensation method:

1) H-file

2) spreader\*

3) plugger

4) K-file

5) Miller needle

40. Corona-radicular separation is:

1) dissection of the molars of the lower jaw into two parts along the bifurcation \*

2) cutting off the apex of the root and removal of pathologically altered tissues

3) removal of the root together with the adjacent coronal part of the tooth

4) removal of the entire root to the place of its origin without removing the coronal part

5) cutting off half of the root and removing pathologically altered tissues

41. Concentration of sodium hypochlorite in modern endodontics:

1) 3%

2) 5.25%

3) 0.5%

4) 0.5 - 5.25% \*

5) 0.05-2%

42. Strengthening the cleansing effect of irrigation is achieved by applying:

1) ultrasonic vibrations \*

2) depophoresis

3) laser radiation

4) thermocoagulation

5) electrophoresis

43. To reduce the risk of breaking off an endodontic instrument, use:

1) 1% -5% sodium hypochlorite solution

2) files No. 8, 10 according to ISO

3) endolubricant gel \*

4) 2% chlorhexidine solution

5) 3% solution of hydrogen peroxide

44. The first stage of the Stepback endodontic technique:

1) introduction into the root canal of the K-file No. 35 by 16 mm

2) determination of temporary working length to / k

3) passage of the wellhead and middle third of the c / c and determination of the working length \*

4) instrumental processing of the apical third to / k

5) introduction into the root canal of the K-file No. 25 by 16 mm

45. Obturation of root canals with the Thermafil system implies:

1) introduction of one central pin into the canal

2) introduction of heated gutta-percha on a metal or polymer base \*

3) introduction of gutta-percha pins into the canal followed by lateral sealing

4) filling the canal with filling material of pasty consistency

5) filling the canal with a filling material of solid consistency

46. ​​Obturation of root canals using the lateral condensation method involves:

1) impregnation of a drug in a c / c followed by its polymerization

2) filling with / to filling material of pasty consistency

3) introduction of gutta-percha pins into the c / c followed by lateral consolidation \*

4) introduction of heated gutta-percha on a metal or polymer base

5) filling with / to filling material of pasty consistency with side sealing.

47. The main disadvantage of plastic non-hardening materials for root canals:

1) anti-inflammatory action

2) root canal absorption \*

3) stimulation of reparative processes

4) antiexudative action

5) causes allergic reactions

48. Burs Gates are used to:

1) enlargement of the root canal opening \*

2) root apex resection

3) preparation of the apical third of the root canal

4) preparation of a carious cavity

5) tapering the apical third.

49. The number of gutta-percha pins when filling by the lateral condensation method:

1) one

2) five

3) two three

4) required to completely fill the root canal \*

5) ten.

50. The last file that reached the apex and forms the "apical stop":

1) Initial apical file (iaf)

2) Аpical master file (amf) \*

3) Final file (ff)

4) control file

5) master pin.

51. The main active ingredient of drugs for chemical expansion of channels:

1) 3% sodium hypochlorite solution

2) ethylenediaminetetraacetic acid (EDTA) \*

3) oxyethylene diphosphonic acid (xydiphon)

4) hydrogen peroxide solution

5) 2% chlorhexidine

52. With the biological method of treating pulpitis, complications are associated:

1) with errors in diagnosis

2) with the wrong choice of medication

3) in violation of the rules of asepsis

4) all of the above \*

5) none of the above

53. The timing of the regeneration of periodontal tissues is reduced by the use of:

1) corticosteroid drugs

2) antibiotics

3) enzymes

4) hydroxyloappatite with collagen \*

5) eugenol

54. A root filling for endodontic treatment should:

1) reach the apical third of the canal

2) reach the apical foramen by radiographic assessment

3) be 1-2 mm further from the apical foramen

4) position 1 mm to the apical foramen according to radiological assessment \*

5) be 3-4 mm further from the apical foramen

55. Checking the channel's patency (recapitulation) is:

1) consistent use of instruments for root canal enlargement

2) Removal of dentin chips with a smaller instrument than the apical root canal instrument \*

3) to remove dentin chips, use file no. 45

4) filing movements of the H - file

5) Removal of dentin chips with a larger instrument than the apical root canal instrument

56. Requirements for materials for filling root canals:

1) easy to insert and remove from the root canal

2) have a slow cure

3) have no toxic, allergenic, mutagenic and carcinogenic effects

4) all of the above\*

5) none of the above

57. The lowest coefficient of periapical resorption is given by the method:

1) sealing with one pin

2) filling with one paste

3) system "Thermafil" \*

4) lateral condensation

5) vertical condensation

58. The most optimal way to close the root perforation is:

1) phosphate cement

2) glass ionomer cement

3) Pro Root MTA \*

4) silver amalgam

5) calcium hydroxide aqueous solution

59. Calcium hydroxide is introduced into root sealers for:

1) radiopacity

2) stimulation of osteogenesis \*

3) anti-inflammatory therapy

4) biocompatibility of material

5) stimulation of collagenesis

60. The main property of chelators:

1) antiseptic action

2) decalcification of dentin \*

3) moisturizing the root canal

4) enhancing the cutting properties of tools

5) calcification of dentin \*

61. Dealers are:

1) plastic filling materials

2) plastic non-hardening filling materials

3) plastic hardening filling materials

4) hard filling materials \*

5) liquid filling materials

62. The outcome of acute periodontitis can NOT be:

1) restoration of the periodontium to the state of normal \*

2) development of periostitis

3) transition to the stage of chronic inflammation

4) development of osteomyelitis

5) development of an abscess

63. K-file is used for:

1) determining the patency of root canals

2) removal of pulp from root canals

3) passage and expansion of root canals \*

4) root canal filling

5) enlargement of the orifice of the root canal

64. The spreader is used for:

1) determining the patency of root canals

2) removal of pulp from root canals

3) root canal filling \*

4) root canal enlargement

5) enlargement of the orifice of the root canal

65. Absence of pain in the area of ​​the causative tooth, change in the configuration of the face:

1) acute periodontitis in the intoxication phase

2) acute periodontitis in the phase of exudation

3) chronic fibrous pulpitis

4) periostitis, submucosal abscess \*

5) acute pulpitis

66. Antiseptic effect on the root canal system is provided by:

1) instrumental processing

2) drug treatment

3) etching the walls of the root canal

4) a combination of instrumental and drug treatment \*

5) root canal filling.

67. The most favorable outflow of exudate in acute chronic periodontitis through:

1) periodontium with gingival pocket formation

2) root canal \*

3) Haversian canal system with the formation of a submucous abscess

4) sinus tract

5) Haversian canal system with periostitis formation

68. The advantage of the vertical compaction method:

1) short plasticity period

2) removal of material from the apex

3) three-dimensional obturation of the canal \*

4) no pain

5) two-dimensional obturation

69. Endo-lubricants are:

1) calcium hydroxide preparations

2) sealers used for filling with gutta-percha

3) drugs used for hemostasis

4) epoxy resin paste

5) EDTA gels \*

70. Plugger:

1) made of heat-resistant steel and designed to warm up gutta-percha \*

2) rounded instrument for lateral condensation of gutta-percha

3) has the form of a spiral and is intended for the introduction of a sealer into the canal

4) made of carbide-tipped steel, for the passage of the root canal

5) instrument used in the thermophile system

71. A control X-ray one year after treatment states:

1) the degree of filling of the main root canal

2) the degree of preservation of the root filling

3) preservation of cortical plastics of the alveolar septum

4) the degree of preservation of the root filling and the degree of filling of the main root canal.

5) an increase or decrease in pathology in the peri-root region \*

72. General intoxication of the body and focal somatic diseases are caused by:

1) chronic fibrous periodontitis

2) chronic granulating periodontitis

3) chronic granulomatous periodontitis \*

4) chronic pulpitis

5) chronic caries

73. Research method to determine the form of apical periodontitis:

1) EDI

2) rheoparodontography

3) radiography \*

4) temperature test

5) examination, anamnesis

74. The state of the lymph nodes in acute periodontitis in the phase of exudation:

1) palpable, not adhered to surrounding tissues

2) enlarged, painful, mobile \*

3) enlarged, welded, painless

4) enlarged, soft, painless, not soldered to the surrounding tissues

5) enlarged, painful, adhered to the surrounding tissues

75. To reduce the risk of perforation in the area of ​​a curved root canal, it is necessary:

1) bend the K-reamer along the curvature of the root canal \*

2) get away from root canal treatment

3) use a rotating tool

4) use EDTA

5) use new tools

76. The state of the mucous membrane of the gums in chronic granulomatous periodontitis:

1) on the mucous membrane of the gums, a fistula with serous-purulent discharge is determined

2) the mucous membrane of the gums is sharply hyperemic, edematous

3) not changed, sometimes a slight protrusion is determined \*

4) pale pink gums

5) spotty, edematous

77. High-quality root canal obturation should provide:

1) Prevention of micro seepage through the crown restoration

2) prevention of apical micropercolation through root obturation

3) prevention of micro seepage through crown restorations and root obturation during their continuous operation \*

4) "Beautiful" X-ray image after filling

5) prevention of macro seepage through the crown restoration

78. In the absence of positive dynamics of endodontic treatment of destructive periodontitis of a single-rooted tooth, the following is carried out:

1) endodontic retreatment

2) hemisection

3) coronal radicular separation

4) root apex resection \*

5) root amputation

79. The entrance to the root canals should be defined using:

1) small head corkscrew

2) endodontic probe \*

3) file number 15

4) small ball-shaped bur

5) file number 30

80. In case of excessive enlargement of the apical foramen, one should:

1) avoid the formation of an apical stop

2) obturate the root canal with the removal of the paste outside the apex

3) obturate the root canal without excessive vertical pressure \*

4) impregnate the root canal

5) obturate the root canal with excessive vertical pressure

81. Purpose of using drugs based on EDTA:

1) dissolution of the smeared layer and opening of microchannels \*

2) unsealing of root canals

3) dissolution of necrotic pulp residues

4) connection with organic dentine base

5) for widening the orifices of root canals

82. Medical treatment of root canals is most effective when combined:

1) antibiotics and proteolytic enzymes

2) sodium hypochlorite and EDTA \*

3) chloramine and hydrogen peroxide

4) enzymes and hydrogen peroxide

5) sodium hypochlorite and chlorhexidine

83. When treating periodontitis at the stage of exudative process on the first visit:

1) the tooth is hermetically closed after medical treatment

2) create conditions for the outflow of exudate and leave the tooth open \*

3) make an incision along the transitional fold

4) fill the canal with temporary filling materials

5) none of the above

84. Preparations containing calcium hydroxide have the effect of:

1) odontotropic \*

2) devitalizing

3) anti-inflammatory

4) pain relievers

5) desensitizing

85. The introduction of an endodontic needle when flushing the canal from a syringe is carried out before:

1) root canal orifice

2) 2/3 of the length of the root canal \*

3) 1/2 of the length of the root canal

4) behind the apex of the root canal

5) 1/3 of the length of the root canal

86. Tactics of a dentist when an endodontic instrument enters the gastrointestinal tract:

1) make an x-ray

2) hospitalize a patient \*

3) prescribe a laxative

4) give the patient plenty of water

5) warn the patient

87. The reason for the excessive removal of the filling material beyond the apical opening:

1) root canal wall perforation

2) lack of apical support \*

3) breakage of the rod instrument in the root canal

4) poorly dried root canal

5) use of filler

88. Application of rubber dam:

1) difficult and time consuming

2) undesirable for most patients

3) recommended for posterior teeth

4) recommended for anterior teeth

5) axiom for root canal treatment \*

89. The main gutta-perchal pin when filling by the lateral condensation method should be included in the c.c.:

1) to the working length of the tooth \*

2) 2/3 of the canal length

3) protrude beyond the apical foramen

4) 1/2 of the channel length

5) 1/3 of the canal length

90. The timing of the regeneration of periodontal tissues reduces the use of funds:

1) corticosteroid hormones

2) antibiotics and mild antiseptics

3) pyramid bases

4) hydroxyloappatite with collagen \*

5) pain relievers

91. The smallest coefficient of periapical resorption gives:

1) one-pin filling method

2) filling with one paste

3) filling using silver pins

4) filling of root canals by the method of vertical compaction "\*

5) lateral condensation method

92. A mistake in endodontics at the diagnostic stages is:

1) misinterpretation of radiographs \*

2) insufficient sealing of devitalizing paste

3) displacement of the arsenic paste when dressing is applied

4) closure of arsenic paste with oily dentin

5) closure of arsenous paste with aqueous dentin

93. Intra-canal irrigant capable of penetrating into biofilm structures, destroying them and causing dissolution of organic tissues:

1) hydrogen peroxide

2) sterile saline

3) sodium hypochlorite\*

4) chlorhexidine

5) EDTA

94. The function of root canal irrigation is:

1) suspending and washing out organic residues, removing the smeared layer \*

2) a decrease in the partial pressure of oxygen in the periodontal tissues

3) stopping the movement of ions outside the apical foramen

4) in binding in the channel of calcium hydroxide into cement

5) in stimulating reparative processes

95. The method of filling canals by the method of cold lateral condensation of gutta-percha involves:

1) introduction of one central pin into the canal

2) introduction of heated gutta-percha on a metal or polymer base

3) introduction of several gutta-percha pins into the canal followed by lateral sealing \*

4) sequential filling of the canal with filling material of pasty consistency

5) impregnation into the drug channel with its subsequent polymerization

96. General intoxication of the body is mainly caused by:

1) chronic fibrous periodontitis

2) chronic granulating periodontitis

3) chronic granulomatous periodontitis \*

4) chronic gangrenous pulpitis

5) chronic caries

97. Antiseptic effect on the root canal system is provided by:

1) instrumental processing

2) drug treatment

3) general anti-inflammatory therapy

4) etching the walls of the root canal

5) a combination of instrumental and drug treatment \*

98. Conservative treatment of periodontitis can be successful when:

1) the canal is not completely filled

2) the periapical lesion communicates with the periodontal pocket

3) the canal is sealed all over \*

4) the tooth is experiencing increased functional stress

5) the canal is sealed with excessive removal of the filling material from the

root apex

99. Of the listed tactics at the beginning of the treatment of chronic periodontitis, it is advisable:

1) root apex resection

2) retrograde filling

3) open the anatomical cavity of the tooth and leave it open

4) open the anatomical cavity of the tooth and estimate the working length of the canal \*

5) remove the tooth from occlusion

100. Methods for diagnosing focal diseases:

1) Diaskin test

2) Complete blood count

3) Orthopantomography

4) Adrenaline test \*

5) electroodontodiagnostics