1. Endodontics is a branch of dentistry that studies:

1) the technique of preparation of carious cavities

2) the internal structure of the tooth cavity and manipulations in it \*

3) the technique of filling carious cavities

4) manipulation of periodontal tissues

5) caries treatment

2. To determine the quality of the opening of the tooth cavity, the doctor uses dental instruments:

 1) tweezers, mirror

 2) trowel, tweezers

3) mirror, probe \*

4) corkscrew, probe

5) corkscrew, tweezers

3. Opening of the tooth cavity in the premolars of the upper jaw is carried out with a bur in the direction:

1) anterior-posterior

2) along the axis of the tooth

3) buccal-palatine \*

4) buccal-posterior

5) antero-buccal

4. The opening of the tooth cavity in the molars of the lower jaw is carried out with a bur in the direction:

1) bucco-lingual

2) along the axis of the tooth

3) anteroposterior \*

4) back-lingual

5) postero-buccal

5. The antidote to arsenous acid is:

1) iodine preparations \*

2) metronidazole (trichopolum)

3) bromine preparations

4) sea buckthorn oil

5) vitamin A

6. After applying the arsenous paste, the carious cavity is closed:

1) dentin paste

2) zinc oxide eugenol paste

3) phosphate cement

4) artificial dentin (water) \*

5) wax

7. The channel filler is intended for:

1) removing the pulp

2) determining the depth of the root canal

3) canal filling \*

4) unsealing of canals

5) channel expansion

8. Opening of the tooth cavity is carried out:

1) finer

2) carborundum head

3) fissure bur

4) spherical bur No. 1 \*

5) disk

9. For necrotization of the pulp, an arsenous paste is sufficient:

1) 0.0008 \*

2) 0.001

3) 0.01

4) 0.1

5) 1.0

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

1) preservation of a viable coronal and root pulp

2) preservation of a viable root pulp after intravital removal of its coronal part \*

3) preservation of a viable apical part of the root pulp after its in vivo removal

4) removal of all pulp after its diathermo-caogulation

5) removal of all pulp after its mummification

11. To remove the coronal part (amputation) of the pulp, use the following tools:

1) corkscrew

2) excavator \*

3) probe

4) wheel bur

5) mirror

12. To remove the root part (extirpation) of the pulp in well-passable root canals, use the following instruments:

1) pulp extractor \*

2) Miller's needle

3) K-file

4) gutta condenser

5) spreader

13. It is recommended to remove infected dentin from the walls of the tooth canal:

1) root needle

2) pulp extractor

3) K-file \*

4) canal filler

5) an excavator

14. When filling a root canal, use a tool:

1) H-file

2) spreader \*

3) sweep

4) pulp extractor

5) pin

15. To remove coronal pulp in molars use:

1) pluger

2) excavator \*

3) spreader

4) root needle

5) files

16. To dry the root canal, apply:

1) universal gun

2) paper pins \*

3) alcohol

4) ether

5) hydrogen peroxide

17. For drug treatment of the root canal use:

1) alcohol

2) sodium hypochlorite \*

3) ether

4) ascorbic acid

5) phosphoric acid

18. For the impregnation method, use a solution:

1) camphor-phenol

2) resorcinol-formalin \*

3) phenol-formalin

4) "royal vodka"

5) sodium hypochlorite

19. The essence of the treatment of pulpitis by the method of vital extirpation:

1) preservation of a viable coronal and root pulp

2) preservation of a viable root pulp after intravital removal of its coronal part

3) preservation of a viable apical part of the root pulp after its lifetime removal \*

4) removal of all pulp after its diathermocaogulation

5) removal of all pulp after its mummification

20. For the chemical expansion of the root canal, medications are used:

1) EDTA \*

2) calcium gluconate

3) manganese-sour potassium

4) formalin

 5) iodinol

21. When carrying out the method of devital extirpation of the pulp in the first visit, carry out:

1) disclosure of the tooth cavity

2) canal flushing

3) application of arsenous paste \*

4) instrumental processing of channels

5) filling of canals

22. For filling the root canal of a single-rooted tooth, use:

1) resorcinol-formalin paste

2) silicate cement

3) flowable composite

4) gutta-percha pins \*

5) forfenan

23. Gutta-percha pins are inserted into the root canal for:

1) moisture absorption

2) disinfection of the canal

3) filling \*

4) outflow of exudate

5) extensions

24. Opening a tooth cavity means:

1) removal of the arch of the tooth cavity

2) removal of overhanging edges of the enamel

3) creating a message with the cavity of the tooth \*

4) perforation of the bottom of the tooth cavity

5) pulp removal

25. For drug treatment of the root canal, the following are contraindicated:

1) EDTA solution

2) sodium hypochlorite

3) hydrogen peroxide

4) hydrochloric acid \*

5) chlorhexidine

26. For the passage of the root canal along the length, apply:

1) K-Reamer \*

2) K-file

3) H-file

4) pulp extractor

5) canal filler

27. To expand the root canal in diameter, use:

1) root needle

2) pulp extractor

3) K-Reamer

4) K-file, H-file \*

5) canal filler

28. The length of the pulp extractor for the anterior teeth of the upper jaw is (mm):

1) 22

2) 36

3) 41

4) 44 \*

5) 46

29. When filling root canals using the method of lateral condensation of gutta-percha, the following tools are used:

1) pulp extractors

2) H-files

3) spreaders \*

4) plugers

5) K-files

30. In case of lateral condensation of gutta-percha, the following is used as a sealer:

1) resorcinol-formalin paste

2) resin-based paste \*

3) silver pins

4) fiberglass pins

5) anchor pins

31. An element of the coronal cavity of the tooth is:

1) channel

2) vault \*

3) edges

4) corners

5) physiological narrowing

32. Part of the root canal is:

1) vault

2) anatomical hole \*

3) bottom

4) X-ray apex

5) edges

33. Opening of the tooth cavity is carried out:

1) boron \*

2) a spatula

3) tweezers

4) corkscrew

5) an excavator

34. The cavity of the tooth is opened with a bur:

1) wheel-shaped

2) pear-shaped

3) butt-boron \*

4) reverse conical

5) torpedo

35. Amputation of the pulp is carried out:

1) probe

2) with an excavator \*

3) trowel

4) root needle

5) tweezers

36. Extirpation of the pulp is carried out: -

1) an excavator

2) pulp extractor \*

3) canal filler

4) a spreader

5) a pluger

37. A deep carious cavity is treated:

1) 3% hydrogen peroxide

2) saline \*

3) 70% ethyl alcohol

4) 18% EDTA

5) 1.0% potassium permanganate

38. For antiseptic treatment of the root canal is used:

1) maleic acid

2) distilled water

3) 37% phosphoric acid

4) 3% sodium hypochlorite \*

5) nitric acid

39. In the upper molars, the number of roots:

eleven

2) 2

3) 3 \*

4) 4

5) 5

40. In the lower molars, the number of canals:

1) 1.2

2) 2.3

3) 3, 4 \*

4) 4

5) 5

41. In the upper molars, the number of canals:

1) 1.2

2) 2.3

3) 3.4 \*

4) 4.5

5) 1.4

42. Number of roots in the lower molars:

eleven

2) 2 \*

3) 3

4) 4

5) 5

43. On the upper jaw, two roots have:

1) incisors

2) fangs

3) first premolars \*

4) second premolars

5) molars

44. On the upper jaw, three roots have:

1) incisors

2) fangs

3) first premolars

4) second premolars

5) molars \*

45. The opening of the tooth cavity of the intact molars of the upper jaw is performed in the area:

1) anterior fissure \*

2) posterior fissure

3) buccal tubercle

4) palatine tubercle

5) roller

46. ​​Endodontics - a branch of dentistry that studies topography and manipulations in the cavity:

1) tooth \*

2) carious

3) mouth

4) nose

5) eyes

47. Determination of the working length of the tooth is carried out by the method:

1) radiography \*

2) subjective sensations

3) thermal diagnostics

4) electroodontodiagnostics

5) ultrasonic

48. The devitalizing effect is possessed by:

1) zinc eugenol paste

2) paraformaldehyde paste \*

3) resorcinol-formalin liquid

4) cresophene

5) camphor-phenol

49. One root and two canals can have a tooth:

1) 3.2, 4.2 \*

2) 3.7, 4.7

3) 1.1, 2.1

4) 2.6, 3.6

5) 2.1, 2.2

50. Two roots and two canals have teeth:

1) 1.2 and 2.2

2) 3.2 and 4.2

3) 1.4 and 2.4 \*

4) 3.4 and 4.4

5) 1.6 and 2.6

51. Two roots and three canals have teeth:

1) 1.4 and 2.4

2) 3.4 and 4.4

3) 1.5 and 2.5

4) 3.7 and 4.7 \*

5) 4.3 and 5.3

52. Opening of the tooth cavity of intact central incisors is performed from the oral surface at the level of:

1) incisal

2) the upper third of the crown

3) middle third of the crown \*

4) the lower third of the crown

5) the neck of the tooth

53. Opening of the tooth cavity of the intact premolar of the upper jaw is performed:

1) in the middle of the longitudinal fissure \*

2) in the area of ​​the buccal tubercle

3) in the area of ​​the palatine tubercle

4) in the cervical region

5) from the vestibular side

54. Opening of the tooth cavity of the intact first premolar of the lower jaw is performed in the area:

1) roller

2) fissures in front of the roller \*

3) fissures behind the roller

4) buccal tubercle

5) lingual tubercle

55. Opening of the tooth cavity of the intact second premolar of the lower jaw is performed in the area:

1) the middle of the longitudinal fissure \*

2) buccal tubercle

3) lingual tubercle

4) the posterior third of the longitudinal fissure

5) the anterior third of the longitudinal fissure

56. Opening of the tooth cavity of intact lower molars is performed in the area:

1) the anterior third of the fissure \*

2) the middle of the fissure

3) the posterior third of the fissure

4) anterior buccal tubercle

5) posterior buccal tubercle

57. When rinsing the root canal from the syringe, the endodontic needle advances:

1) at the mouth

2) 1/3 of its length

3) in the middle third of the length \*

4) to the apical foramen

5) behind the apical foramen

58. The pulp extractor is used for:

1) removal of the fornix of the tooth cavity

2) removal of pulp from the canal \*

3) removing predentin

4) creating an apical stop

5) channel expansion

59. To dry the root canal, apply:

1) absorber, cotton turunda \*

2) syringe

3) puster

4) wadded turunda, pustter

5) syringe, cotton turunda

60. The symbol of the K-reamer is:

1) triangle \*

2) square

3) rhombus

4) circle

5) trapezoid

61. The symbol of the K-file is:

1) triangle

2) square \*

3) rhombus

4) circle

5) trapezoid

62. To reduce the risk of perforation of the deviated canal, it is necessary:

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

2) apply rotating tools

3) refuse to process the channel

4) apply the drug EDTA

5) fill the canal

63. The criterion for complete removal of pulp from the root canal is:

1) the presence of a whole strand on the pulp extractor \*

2) bleeding from the canal

3) painless percussion

4) painful probing

5) conducting EDI

64. The modern method of root canal filling is:

1) method of lateral condensation of gutta-percha \*

2) application of one paste

3) the use of phosphate cement

4) the use of a silver pin

5) applying gutta-percha without a sealer

65. Indications for carrying out impregnation methods are:

1) well-passable channels

2) canals in the stage of apical resorption

3) poorly passable and obliterated canals \*

4) canals of single-rooted teeth

5) inflammation in the periodontium

66. The first stage in the instrumental expansion of the root canal is:

1) antiseptic treatment

2) expansion of the apical foramen

3) determination of the length of the root canal

4) enlargement of the orifice of the root canal \*

5) application of H-files

67. Number and name of root canals in the first upper molars:

1) 2- buccal, palatine

2) 3 - palatine, anterior-buccal, posterior-buccal \*

3) 3- posterior, anterior-lingual, anterior-buccal

4) 3 - palatine, anterior-lingual, posterior-lingual

5) 5 - anterior, postero-buccal, palatine

68. When treating pulpitis by the method of devital extirpation, the following is carried out on the first visit:

1) disclosure of the tooth cavity

2) removal of coronal pulp

3) removal of root pulp

4) opening of the tooth cavity \*

5) complete endodontic treatment

69. The mouths of the canals are determined by:

1) periodontal probe

2) an excavator

3) a ball-shaped bur

4) endodontic probe \*

5) scaler

70. The working length of the root canal is determined:

1) according to the subjective feelings of the doctor

2) according to the patient's feelings

3) orthopantomogram

4) X-ray with a needle \*

5) EDI

71. EDTA-based drugs predominantly act in the following environment:

1) sour \*

2) alkaline

3) neutral

4) with sodium hypochlorite

5) salty

72. The advantage of root canal filling using the Thermafil system is:

1) short period of plasticity

2) three-dimensional obturation of the canal \*

3) pain sensations>

4) removal of material from the top

5) periodontal injury

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

1) incorrect interpretation of radiographs \*

2) insufficient sealing of devitalizing paste

3) displacement of the arsenic paste when applying the bandage

4) closing the arsenic paste with oily dentin

5) perforation

74. The complication of the endodontic treatment is:

1) breaking off the instrument in the channel \*

2) creating an apical stop

3) filling the root canal to the physiological opening

4) creating the taper of the channel

5) channel expansion

75. An error in the treatment of pulpitis with a biological method is:

1) opening of the tooth cavity \*

2) the imposition of a medical pad

3) complete, removal of necrotic dentin

4) disclosure of the carious cavity

5) the formation of a carious cavity

76. An error in the treatment of pulpitis by the method of devital extirpation is:

1) application of arsenous paste without opening the tooth cavity \*

2) closure of the carious cavity with artificial dentin

3) the imposition of arsenic paste on the opened tooth cavity

4) adequate pain relief

5) carrying out a necrosectomy

77. The method of complete preservation of the viability of the pulp is:

1) vital extirpation

2) vital amputation

3) biological method \*

4) devital extirpation

5) devital amputation

78. The method of partial preservation of the pulp in the root canals is:

1) devital extirpation

2) devital amputation

3) vital amputation \*

4) vital extirpation

5) biological method

79. When treating pulpitis with a biological method, the following is carried out:

1) removal of coronal and root pulp under anesthesia

2) removal of coronal pulp under anesthesia

3) preservation of the entire pulp \*

4) devitalization of the pulp

5) devital pulp amputation

80. Retrograde filling of the tooth canal is carried out:

1) plastic non-hardening pastes

2) resorcinol-formalin paste

3) zinc-eugenol paste

4) glass ionomer cement \*

5) oily dentin

81. Frequency of referral of patients with pulpitis:

1) 15-25%

2) 28-30% \*

3) 38-40%

4) 48-50%

5) 60-70%

82. The duration of a painful attack in acute focal pulpitis is not more than:

1) 1 hour \*

2) 2 hours

3) 3 hours

4) 4 hours

5) 5 hours

83. In acute focal pulpitis, probing of the carious cavity is most painful in the area:

1) the entire bottom of the carious cavity

2) projection of one of the pulp horns \*

3) enamel-dentinal junction

4) cervical

5) enamels

84. Electroexcitability of the pulp in acute focal pulpitis (μA):

1) 2-6

2) 10-12

3) 15-25 \*

4) 30-60

5) above 100

85. Diffuse pulpitis is characterized by pain:

1) constant

2) night \*

3) localized

4) day

5) aching

86. The main function of the periodontium is:

1) reference \*

2) protective

3) trophic

87. Influence of the focus of chronic inflammation in the apical periodontitis on the body:

1) sensitization of the body \*

2) absent

3) infection of organs and tissues of the body

88. According to the prevalence of the process, periodontitis is:

1) generalized and localized \*

2) generalized

3) chronic, exacerbated

4) acute, chronic

89. Attacks of spontaneous pain occur when:

1) average caries

2) acute pulpitis \*

3) chronic pulpitis

4) acute periodontitis

5) deep caries

90. The main function of odontoblasts:

1) the formation of intercellular substance

2) protective function

3) the formation of collagen fibers

4) dentin formation \*

5) dentin resorption

91. A specific structural feature of the dental pulp is:

1) the presence of collagen fibers

2) the presence of argyrophilic fibers

3) lack of elastic fibers \*

4) the presence of cell layers

5) the presence of intercellular substance

92. The essence of the treatment of pulpitis by the biological method:

1) preservation of a viable coronal and root pulp \*

2) preservation of a viable root pulp after intravital removal of its coronal part

3) preservation of a viable apical part of the root pulp after its in vivo removal

4) removal of all pulp after its diathermocaogulation

5) removal of all pulp after its mummification

93. The feeling of a "grown" tooth is characteristic of an acute one:

1) purulent pulpitis

2) serous periodontitis

3) serous pulpitis

4) purulent periodontitis \*

5) chronic pulpitis

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

1) change in atmospheric pressure

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

3) a decrease in hydrostatic pressure in the tooth cavity

4) a decrease in the amount of vasoactive substances

5) an increase in body temperature

95. Distance between physiological and anatomical holes:

1) 0.1-0.5 mm

2) 0.5-1.0 mm \*

3) 1.0-1.5 mm

4) 1.5-2.0mm

5) 2.0-2.5mm

96. Water content in pulpit:

1) 60%

2) 85%

3) 90% \*

4) 95%

5) 100%

97. The pulp structure lacks:

1) odontoblasts

2) fibroblasts

3) elastic fibers \*

4) collagen fibers

5) stellate cells

98. The number of morphological zones in the pulpitis:

12

2) 3 \*

3) 4

4) 5

5) 6

99. The peripheral zone of the pulp is formed by cells:

1) fibroblasts

2) osteoblasts

3) odontoblasts \*

4) cementoblasts

5) pulpocytes

100. The sub odontoblastic zone of the pulp contains:

1) odontoblasts

2) fibroblasts

3) stellate pulpocytes \*

4) cementoblasts

5) osteoblasts

101. A large number of pulp nerve receptors in the form of plexuses are located in:

1) central zone

2) peripheral zone

3) subodontoblastic zone \*

4) in the pulp-periodontal zone

5) by the enamel-dentin junction

102. Crown pulp contains odontoblasts (maximum):

1) 2 layers

2) 3 layers

3) 4 layers \*

4) 5 layers

5) 6 layers

103. In the root pulp, odontoblasts form:

1) 2 layers \*

2) 3 layers

3) 4 layers

4) 5 layers

5) 6 layers

104. The nagging pain, intensifying, when biting on a tooth, characterizes:

1) aggravation of chronic pulp

2) acute periodontitis in the phase of induction

3) acute periodontitis in the phase of exudation \*

4) acute pulpitis

5) chronic pulpitis

105. Pathological effects on the pulp lead to the formation of:

1) tertiary dentin \*

2) cell cement \*

3) non-cellular cement

4) primary dentin.

5) secondary dentine

106. In acute apical periodontitis on the roentgenogram, the contours of the periodontal gap:

1) incorrectly thickened

2) the correct rounded shape

3) fuzzy irregular shape

4) not changed \*

5) irregular rounded shape

107. Lymph nodes in acute purulent periodontitis:

1) enlarged, painful, mobile \*

2) not enlarged, painful, motionless

3) enlarged, painless, mobile

4) enlarged, soldered to the skin

5) not enlarged, painless, motionless

108. Chronic hypertrophic pulpitis occurs more often in persons:

1) under 30 \*

2) under 40

3) under 50

4) in old age

5) in old age

109. Pronounced pain syndrome in acute pulpitis is due to:

1) changing the atmosphere by changing the pressure

2) irritation of the nervous endings of the products of anaerobic glycolysis \*

3) lowering the hydrostatic pressure in the tooth

4) a decrease in the amount of vasoactive substances

5) no correct answer

110. The steps of self-involuntary pain occur when:

1) acute pulp ¬ \*

2) chronic pulp

3) acute period

4) exacerbation of chronic periodontitis

5) deep caries

111. Working length of the root canal:

1) 1 mm shorter than the anatomical root apex visible on the radiograph \*

2) 1 mm longer than the radiological length of the tooth

3) equal to the anatomical length of the tooth

4) shorter by 2 mm of the anatomical length of the tooth

5) shorter by 3 mm of the anatomical length of the tooth

112. Exacerbation of chronic pulpitis is characterized by:

1) paroxysmal pain from all types of stimuli that persists after their elimination

2) aching pain from various stimuli, mainly from hot, persisting after elimination of the action, pain from temperature changes

3) aching pain from various irritants, bleeding when eating

4) paroxysmal pain in the tooth of a spontaneous nature, prolonged pain from external stimuli, pain when biting on the tooth with similar complaints in the past \*

5) paroxysmal, nocturnal, spontaneous pain with irradiation along the branches of the trigeminal nerve

113.The absolute indication for one-session treatment of periodontitis is the presence of:

1) granulomas with periodontitis of a multi-rooted tooth

2) fistulous course with periodontitis of a single-rooted tooth \*

3) fistulous course with periodontitis of a multi-rooted tooth

4) exacerbation of periodontitis of a multi-rooted tooth

5) exacerbation of periodontitis of a single-rooted tooth

114. The most common way of pulp infection:

1) by arterioles (hematogenous infection)

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

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

4) through the lymphatic vessels

5) traumatic pulp injury

115. In the etiology of pulpitis, the main role is played by:

1) fusobacteria

2) spirochetes

3) hemolytic and non-hemolytic streptococci \*

4) lactobacilli

5) protozoa

116. The method of devital extirpation of the pulp consists in removing the pulp:

1) under anesthesia

2) after its necrotization \*

3) after using antibiotics

4) after using iodine preparations

5) under anesthesia

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

1) Length of endodontic instrument

2) Taper of endodontic instrument

3) Length of the working part of the endodontic instrument

4) Diameter of the endodontic instrument tip \*

5) The serial number of the endodontic instrument

118. In chronic fibrous pulpitis, the following occurs in the pulp:

1) necrosis of pulp tissue

2) fibrous degeneration of the pulp \*

3) significant overgrowth of granulation tissue

4) reduction in the number of fibrous elements

5) an increase in the number of cellular elements

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

1) an increase in 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 substances

5) a decrease in hydrostatic pressure in the tooth cavity

120. Working length of a tooth is defined as the distance from the external reference point on the crown of the tooth to:

1) apex of the tooth

2) apical foramen

3) apical constriction (constriction) \*

4) physiological narrowing radiographic apex

121. The master file is:

1) the initial instrument used to start the treatment of the apical part of the canal

2) the tool used to work without reaching the physiological opening by 1 mm

3) the instrument with which the apical part of the c / c was finished to the working length \*

4) a tool that is used before reaching the physiological opening by 2 mm

5) a tool that is used without reaching the physiological opening by 4 mm

122. The main clinical signs of periodontal disease:

1) bleeding gums, tooth mobility, discharge of pus from gum pockets

2) exposure of the necks of the teeth and their increased sensitivity, the absence of inflammation of the gums, the lack of tooth mobility \*

3) tooth mobility, soreness and bleeding of the gums

4) the absence of periodontal pockets, tooth mobility, hyperemia of the gums

5) bleeding gums, hyperemia of the gums

123. A feature of the X-ray picture of bone tissue with mild periodontitis is:

1) resorption of compact plates and resorption of inter alveolar septa up to 1/3 root length \*

2) resorption of bone tissue of the alveolar process by 1/2 of the root length

3) there are no changes in the bone tissue of the alveolar process

4) resorption of compact plates

5) resorption of bone tissue of the alveolar process by ¼ of the length of the root

124. The cellular composition of the periodontium is presented

1) cells inherent in all connective tissue

2) in addition to cells of connective tissue and vasogenic origin, there are specific epithelial cells in the periodontium \*

3) there are no specific cells in the periodontium

4) periodontal close to cement

5) periodontium close to the root pulp

125. Periodontal cells are active defenders of tissue during inflammation.

1) plasma, sincethey participate in the production of antibodies, that is, in the phenomena of immunity

2) fibroblasts, as they synthesize collagen

3) vasogenic origin \*

4) histiocytes, as they are capable of phagocytosis

5) leukocytes

126. The biological method is possible when:

1) accidental opening of the tooth cavity during the treatment of caries in a 57-year-old patient

2) acute focal pulpitis of a multi-rooted tooth in a 17-year-old patient \*

3) chronic fibrous pulpitis of a multi-rooted tooth with a carious cavity in the cervical region

4) accidental opening of the tooth cavity in a 23-year-old patient with type I diabetes

5) exacerbation of chronic fibrous pulpitis in a 18-year-old patient

127. The method of vital extirpation of the pulp consists in removing the pulp:

1) under anesthesia \*

2) without anesthesia

3) after its devitalization with arsenic preparations

4) after using antibiotics

5) after its devitalization with paraformaldehyde paste

128. The main deficiency of plastic non-solid materials for root channels is la-e¬sya:

1) anti-firing action

2) bactericidal action

3) landing in the root channel \*

4) stimulation of reparative processes

5) anti-ex-court action

129. In chronic hypertrophic pulpitis in the pulp occurs:

1) necrosis of pulp tissue

2) fibrous degeneration of the pulp

3) significant overgrowth of granulation tissue \*

4) reduction in the number of fibrous elements

5) development of edema and plethora

130. The main function of the periodontium is

1) trophic function, because it provides nutrition for the cement of the tooth

2) supporting, since the period is able to perceive heavy loads and distribute pressure on the walls of the alveoli

3) plastic function, which is the ability of cells to synthesize collagen and polysaccharides, i.e. build the periodontal tissue itself

4) a protective function, as it provides an active fight against inflammation

5) true 1) and 4) \*

131. Complete preservation of tooth pulp is carried out when:

1) deep caries

2) acute focal pulpitis \*

3) acute diffuse pulpitis

4) acute periodontitis

5) exacerbation of chronic pulpitis

132. The method of vital pulp amputation is used in:

1) the canines of the upper jaw

2) incisors

3) molars \*

4) premolars

5) the canines of the lower jaw

133. Odontotropic agents in medicinal pads:

1) glucocorticoids

2) calcium hydroxide \*

3) sodium hypochlorite

4) chlorhexidine

5) NSAIDs

134. Anti-inflammatory drugs in medical pads:

1) NSAIDs \*

2) calcium hydroxide

3) sodium hypochlorite

4) chloramine

5) hydroxyapatite

135. Antimicrobial agents in medical pads:

1) calcium hydroxide

2) fluorides

3) lysozyme

4) metronidazole \*

5) hydroxyapatite

136. Requirements for the preparation of the root canal apex:

1) the apical third of the canal is not processed

2) the apex of the root is not processed instrumentally, only medically

3) the apex is expanded

4) an apical scarp is formed \*

5) apex resection is performed

137. The detection of the entrance of the canal is carried out using:

1) boron

2) reamer

3) root needles

4) probe \*

5) K-file

138. To widen the entrance of the canals use:

1) probe

2) root needle

3) spherical boron, Gates-Glidden \*

4) H-file

5) K-file

139. The root canal is filled with pulp inflammation:

1) to the anatomical apex

2) to the physiological apex \*

3) beyond the apical foramen

4) not reaching 2 mm to the apical foramen

5) 2/3 of the canal length

140. Rinsing of the root canal from the syringe is carried out with the introduction of an endodontic needle:

1) at the mouth of the canal

2) 1/3 channel \*

3) 1/2 channel

4) to the top

5) into the tooth cavity

141. To flush one canal during endodontic treatment, it is necessary to use an antiseptic solution in an amount (ml):

1) 1-5

2) 5-10

3) 10-15 \*

4) 20-25

5) 25-30

142. Immediately before filling the canal is processed:

1) hydrogen peroxide

2) 96 ° alcohol

3) sodium hypochlorite

4) distilled water \*

5) camphor-phenol

143. The method of filling the root canal with pastes assumes:

1) introduction of one central pin into the canal

2) the 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 of the drug into the channel followed by its polymerization

144. 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) the 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 of the drug into the channel followed by its polymerization

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

1) introduction of one central pin into the canal

2) the 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 of the drug into the channel followed by its polymerization

146. The decisive test in the differential diagnosis of acute periodontitis and pulpitis is

1) percussion

2) electroodontodiagnostics \*

3) the nature of the pain

4) thermometry

5) X-ray diagnostics

147. For slow devitalization, the pool uses:

1) arsenic paste

2) resorcinol-formalin paste

3) zinc oxy eugenol paste

4) paraformaldehyde paste \*

5) dentin paste

148. The method of vital amputation is not indicated in the case of:

1) acute focal pulpitis

2) accidental opening of the pulp of the tooth

3) acute diffuse pulpitis \*

4) the ineffectiveness of the biological method

5) chronic fibrous pulpitis

 149. Are there indications for a one-session method of treating chronic periodontitis of a single-rooted tooth?

1) no, such a tooth must be removed

2) yes, you need to seal the canal and make an incision

3) no, because it is advisable to first cure periostitis, and then treat the tooth

4) yes, it is necessary to seal in one visit, subject to careful treatment of the canal \*

5) yes, it is necessary to seal and inject 0.5 ml of hydrocortisone into the transition fold

150. Treatment of acute arsenic periodontitis requires the mandatory inclusion of:

1) enzymes

2) antibiotics

3) antidotes \*

4) chlorine-containing preparations

5) oxygenated drugs

151. Pain on probing and bleeding from the canal are observed

1) with chronic fibrous periodontitis

2) with cystogranuloma

3) with chronic granulating periodontitis \*

4) with fibrous periodontitis

5) with acute periodontitis

152. Bunches of fibers running in the horizontal direction and connecting adjacent teeth:

1) transseptal \*

2) loose gum fibers

3) circular fibers

4) alveolar scallop fibers

5) oblique fibers

153. Periodontal fibers covering the tooth neck:

1) transseptal

2) loose gum fibers

3) circular fibers \*

4) alveolar scallop fibers

5) oblique fibers

154. Periodontal fibers from the apex of the alveolar ridges to the cement of the root:

1) transseptal

2) loose gum fibers

3) circular fibers

4) alveolar scallop fibers \*

5) oblique fibers

155. Periodontal fibers running at an angle to the axis of the tooth:

1) loose gum fibers

2) circular fibers

3) alveolar scallop fibers

4) oblique fibers \*

5) transseptal fibers

156. The first step of the endodontic Step back technique is:

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

2) determination of temporary working length

3) passage of the root canal with a small instrument and determination of the working length \*

4) instrumental treatment of the apical third of the root canal

5) introduction of a pulpextractor into the root canal

157. Terminal branches of bushy nerve endings provide regulation:

1) protective function

2) distribution of the force of chewing pressure \*

3) touch function

4) support-holding function

5) plastic function

158. Glomerular endings provide regulation:

1) plastic function

2) the forces of chewing pressure

3) touch function \*

4) support-holding function

5) protective function

159. The content of 60% of tissue fluid in periodontium, without taking into account the large amount of lymph and blood in its vessels, contributes to the performance of the function:

1) support-holding

2) pressure distribution \*

3) plastic

4) touch

5) protective

160. The predominant microflora of infectious periodontitis are:

1) staphylococci

2) streptococci \*

3) veylonella

4) lactobacilli

5) protozoa

161. Acute periodontal trauma can be caused by:

1) rough endodontic treatment of the canal \*

2) bad habits

3) crowded teeth

4) traumatic occlusion

5) eating soft foods

162. The feeling of a "grown" tooth is associated with:

1) fiber dissociation and partial destruction of fibrous 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) temperature effect on the tooth

163. The differential diagnosis of chronic fibrous periodontitis, in addition to other forms of periodontitis, is carried out:

1) with chronic granulating periodontitis

2) with chronic granulomatous periodontitis

3) with moderate caries \*

4) with cystogranuloma

5) with chronic fibrous pulpitis

164. The symptom of vasoparesis is determined when examining patients with:

1) chronic fibrous periodontitis

2) chronic granulating periodontitis \*

3) chronic granulomatous periodontitis

4) acute periodontitis in the phase of intoxication

5) chronic gangrenous pulpitis

165. Expansion of the periodontal gap in the area of ​​the root apex (X-ray picture) is typical for:

1) chronic fibrous periodontitis \*

2) chronic granulomatous periodontitis

3) chronic granulating periodontitis

4) acute periodontitis

5) medium caries

166. The focus of destruction of bone tissue with indistinct contours in the area of the root apex corresponds to the X-ray picture:

1) chronic fibrous periodontitis

2) chronic granulomatous periodontitis

3) chronic granulating periodontitis \*

4) acute periodontitis

5) chronic gangrenous pulpitis

167. The focus of destruction of bone tissue in the area of ​​the root apex with clear contours up to 0.5 cm corresponds to the X-ray picture:

1) chronic fibrous periodontitis

2) chronic granulomatous periodontitis \*

3) chronic granulating periodontitis

4) cystogranulomas

5) chronic gangrenous pulpitis

168. Cystogranuloma is characterized by a symptom:

1) clear contours of the destruction focus on the roentgenogram up to 5 mm

2) lack of bone structure in the destruction focus \*

3) expansion of the periodontal gap

4) a focus of destruction with fuzzy contours

5) narrowing of the periodontal gap

169. Mature granuloma (according to Fish) contains:

1) 2 zones

2) 3 zones

3) 4 zones \*

4) 5 zones

5) 6 zones

170. The zone of granulomas characterized by the activity of osteoblasts and fibroblasts:

1) zone of necrosis

2) contamination zone

3) area of ​​irritation

4) stimulation zone \*

5) zone of decay and demineralization

171. The most effective method of treating teeth with difficult-to-pass canals:

1) resorcinol-formalin method

2) trans canal electrophoresis with iodine

3) trans canal electrophoresis with enzymes

4) depophoresis \*

5) deletion

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

1) chronic granulomatous periodontitis of a single-rooted tooth

2) acute periodontitis of a single-rooted tooth

3) chronic fibrous periodontitis

4) chronic granulating periodontitis of a single-rooted tooth in the presence of a fistulous tract \*

5) chronic granulating periodontitis of a multi-rooted tooth

173. 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) the choice of filling material for root filling

4) the choice of the method of root canal treatment

5) choice of anesthetic

174. Endodontic instruments for root canal passage:

1) Example and K-file \*

2) H-file (Headstrom's drill)

3) canal filler

4) spreader

5) pulpextractor

175. Endodontic instruments for root canal enlargement:

1) reamer (drilbor)

2) K-file and H-file \*

3) canal filler

4) spreader

5) pulpextractor

176. Endodontic instruments for root canal filling:

1) reamer (drilbor)

2) K-file

3) H-file

4) channel filler and spreader \*

5) pulpextractor

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

1) a root needle inserted into the root canal until the patient feels a light prick

2) a root needle inserted into the root canal and radiographs \*

3) apex locator

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

5) according to special tables

178. The first step in the endodontic Stepback technique is:

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

2) determination of temporary working length

3) passage of the root canal with a small instrument and determination of the working length \*

4) instrumental treatment of the apical third of the root canal

5) introduction of a pulpextractor into the root canal

179. The main active ingredient of drugs for chemical expansion of canals is:

1) 3% sodium hypochlorite solution

2) ethylenediaminetetraacetic acid (EDTA) \*

3) oxyethylene diphosphonic acid

4) a mixture of hydrochloric and sulfuric acids

5) hydrogen peroxide solution

180. When carrying out antiseptic treatment, potent drugs (campharaphenol, cresophene, etc.):

1) injected into the root canal on a cotton turunda or paper point under a temporary dressing

2) left on a cotton, well-wrung tampon at the mouth of the root canal under a temporary bandage \*

3) lead out beyond the apex of the root on a thin paper point

4) leave on a Cotton, abundantly moistened swab at the mouth of the root canal

5) do not use

181. The basis for non-hardening pastes is:

1) eugenol

2) resorcinol-formalin mixture

3) petroleum jelly-glycerin mixture \*

4) epoxy resins

5) distilled water

182. To determine the form of chronic periodontitis, the survey plan includes:

1) EDI

2) rheoparodontography

3) radiography \*

4) rheoplethysmography

5) temperature test

183. Minimum terms of bone tissue restoration (months):

1) 6-9 \*

2) 9-12

3) 12-18

4) 18-24

5) 24-28

184. Average periodontal thickness (mm):

1) 0-0.1

2) 0.10-0.15

3) 0.20-0.25 \*

4) 0.25-0.30

5) 0.35-0.40

185. Collagen normally predominates in the periodontium:

1) Type I \*

2) Type II

3) Type III

4) IV type

5) V type

186. Deltoid canal ramifications are found in molars in:

1) 80% \*

2) 58%

3) 53.5%

4) 35%

5) 25.5%

187. Root apex resection 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 crown part of the tooth

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

5) removal with subsequent filling and return of the tooth to the hole

188. Corono-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 crown part of the tooth

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

5) removal followed by filling and return of the tooth to the hole

189. Hemisection 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 crown part of the tooth \*

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

5) removal with subsequent filling and return of the tooth to the hole

190. Amputation of the root 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 crown part of the tooth \*

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

5) removal with subsequent filling and return of the tooth to the hole

191. Tooth replantation 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 entire root to the place of its origin without removing the coronal part

4) removal followed by filling and returning the tooth to the hole. \*

5) removal of the root together with the adjacent crown part of the tooth

192. Working length of the root when removing the Living pulp:

1) is equal to the radiological length of the root

2) 0.5 mm less

3) 1.0 mm less

4) 1.5 mm less \*

5) 2 mm less

193. Working length of the root when removing necrotic pulp or decay:

1) is equal to the radiological length of the root

2) 0.5mm less

3) 1.0 mm less \*

4) 1.5 mm less

5) 2 mm less

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

1) chronic fibrous periodontitis

2) chronic granulating periodontitis \*

3) chronic granulating periodontitis

4) cystogranuloma

5) chronic gangrenous pulpitis

195. More often than other forms of chronic periodontitis, it is exacerbated:

1) chronic fibrous periodontitis

2) chronic granulating periodontitis \*

3) chronic granulating periodontitis

4) cystogranuloma

5) radicular cyst

196. Fistulous course is a symptom of exacerbation:

1) fibrous chronic periodontitis

2) granulating chronic periodontitis \*

3) granulomatous chronic periodontitis

4) cystogranulomas

5) radicular cyst

197. For drug treatment of the canal, a solution of hydrogen peroxide is used in the following concentration:

1) 1.5%

2) 3% \*

3) 4%

4) 6%

5) 10%

198. For drug treatment of the root canal, a sodium hypochlorite solution is used at a concentration:

1) 2-3%

2) 3-5% \*

3) 5-6% \*

4) 6-8%

5) 8-10%

199. For chemical expansion of the root canal use:

1) chlorhexidine

2) EDTA \*

3) eugenol

4) formalin

5) sodium hypochlorite

200. Eugenol is the basis for:

1) materials for permanent fillings

2) pastes for permanent filling of canals \*

3) pastes for temporary filling of canals

4) for insulating gaskets for chemically cured composites

5) for insulating spacers for light-cured composites