ТЕСТЫ Стоматология. 3 курс. 6 семестр

1.Pathogenetic prevention is:

1) the use of antiseptics

2) elimination of the vital products of microflora

3) professional hygiene

4) sealing fissures+

5) tooth filling

2.Etiotropicthe prevention is:

1) professional hygiene+

2) remineralizing therapy

3) biological active additives (vitamins, minerals et al.)

4) fissure sealing

5) tooth filling

3.Etiotropic prevention is:

1) professional hygiene+

2) remineralizing therapy

3) biological active additives (vitamins, minerals et al.)

4) fissure sealing

5) tooth filling

4.Professional oral hygiene is:

1) communal prevention

2) group prevention

3) individual prevention+

4) municipal prevention

5) communal prevention

5.Pathogenetic prevention is:

1) the use of antiseptics

2) elimination of the vital products of microflora

3) professional hygiene

4) sealing fissures+

5) tooth filling

6. Fluoridation of teeth is:

1) communal prevention

2) group prevention

3) individual prevention+

4) municipal prevention

5) communal prevention

7. Municipal water fluoridation is:

1) individual prevention

2) group prevention

3) communal prevention +

4) secondary prevention

5) exogenous prevention

8. The use of fluoridated milk in kindergarten is:

1) individual prevention

2) group prevention+

3) communal prevention

4) secondary prevention

5) exogenous prevention

9.Using fluoridated milk at home is:

1) individual prevention +

2) group prevention

3) communal prevention

4) secondary prevention

5) exogenous prevention

10.Professional oral hygiene is:

1) communal prevention

2) group prevention

3) individual prevention+

4) municipal prevention

5) communal prevention

11. Fluoridation of teeth is:

1) communal prevention

2) group prevention

3) individual prevention+

4) municipal prevention

5) communal prevention

12. The use of fluoridated salt in restaurants, cafes, bakeries is:

1) Individual prevention

2) Group prevention

3) Communal prevention +

4) Secondary prevention

5) Еxogenous prevention

13.Еhe use of fluoride is a specific prevention non-specific (heterospecifi3) prevention

1) individual prevention

2) group prevention

3) communal prevention +

4) secondary prevention

5) exogenous prevention

14.The use of fluoride varnish is exogenous endogenous prevention prevention

1) individual prevention

2) group prevention

3) communal prevention +

4) secondary prevention

5) exogenous prevention

15.The doctor's prescription of sodium fluoride tablets to a child with acute caries is:

1) individual prevention

2. group prevention

3. communal prevention

4. secondary prevention

5) exogenous prevention

16. Children should take sodium fluoride tablets

1) for 1 month 3-4 times a year

2) 1 tablet per week

3) only in winter

4) every day 200-250 days a year+

5) for 1 month 2 times a year

17.The concentration of fluoride in water in local fluorination plants in schools is (mg / l):

1. 0.5-1
2. 2-3+
3. 4-5
4. 8-10
5. 12-15

18. If the optimal dose of fluoride enter the teeth before eruption, then:

1) there is dental fluorosis

2) hydroxyl groups in hydroxyapatite crystals is replaced by fluoride ions to form a fluorine apatite+

3) sodium fluoride is formed in enamel

4) fissures become more deep and narrowed

5) enamel becomes more soluble

19. What foods are used for fluoride prophylaxis:

1) drinking water

2) milk

3) salt

4) tea

5) all of the above+

20. Fluoridation of milk for tooth decay prevention is the most rational to use in children aged (years):

1) from 1 to 3

2) from 3 to 12+

3) from 6 to 15

4) from 7 to 16

5) after 18 years

21. The optimal concentration of fluoride in drinking water in areas with a temperate climate is (mg / l):

1) 0,5

2) 0,8+

3) 2,0

4) 1,2

5) 3,0

22. Indications for the systemic methods of fluoride prophylaxis is/are:

1) poor oral hygiene

2) low content of fluoride in drinking water+

3) hereditary disorders of development of enamel and dentin

4) if child had infectious diseases in the first year of life

5) a high level of intensity of caries in 12-year-olds in the region+

23. Endogenous fluoride prophylaxis methods are:

1) milk fluoridation

2) fluorinated salt.

3) use of fluoride tablets

4) fluorinated bottled water

5) all of the above+

24. In areas where the fluoride content in drinking water is less than half of the optimal dose, the most effective method of fluoride prophylaxis is to use:

1) sodium fluoride tablets+

2) mouthrinses containing fluoride

3) toothpastes containing fluoride

4) toothpastes with hydroxyapatites.

5) dental floss with sodium fluoride

25. Endogenous fluoride prophylaxis methods are:

1) milk fluoridation

2) water fluoridation

3) Use of fluoride tablets

4) fluorinated bottled water

5) all of the above+

26. What foods are used for fluoride prophylaxis:

1) drinking water

2) milk

3) salt

4) seafood

5) all of the above+

27. Fluoride prophylaxis methods:

1) tooth brushing with fluoride toothpastes

2) use of fluoride tablets

3) mouth rinsing with solutions of sodium fluoride

4) use of fluorinated milk

5) all of the above+

28. The optimal concentration of fluoride in drinking water is:

1) 0,5 - 1,0 mg/l

2) 0,7 - 1,3 mg/l

3) 0,8 - 1,2 mg/l+

4) 2 mg/l

5) 1,5 mg/l

29. The optimal concentration of fluoride in fluoridated salt is:

1) 200-500 mg/kg+

2) 0,8 - 1,2 mg/l

3) 1 mg/kg

4) 10 g/kg

5) 100 g/kg

30. Chronic daily toxic dose of fluorides is:

1)32.0 mg / kg (2-5 g)

2)0.9-1.5 mg/l

3)4 mg / l (0.2 mg / kg) (daily) +

4)5.0 mg / kg

5)0.2-0.5 mg/l

31.Most fluorides are detected:

1) in the soil layer (topsoil)

2) in mountains+

3) in atmospheric air

4) in sea water

5) in fresh water

32. Acute toxic dose of fluorides is:

1)32.0 mg / kg (2-5 g)

2)0.9-1.5 mg/l

3)4 mg / l (0.2 mg / kg) (daily)

4)5.0 mg / kg+

5)0.2-0.5 mg/l

33.The absorption of fluorides by the human body is

1) 100%

2) 70%+

3) 30%

4) 5%

5) 1%

34.The concentration of fluorides is higher:

1) in enamel of bumps and cutting edge+

2) in the enamel of the neck of the teeth

3) in the fissure of the teeth

4) In cement

5) the Same everywhere

35.The main source of fluoride intake in the human body is:

1) food products

2) drinking water+

3) the air

4) medications

5) vitamins

36.The optimal concentration of fluoride in drinking water in areas with cold climates is (mg / l):

1) 0.8

2) 1.2+

3) 1,0

4) 1,5

5) 2,0

37. The optimal dose of fluoride is:

1)32.0 mg / kg (2-5 g)

2)0.9-1.5 mg/l

3)4 mg / l (0.2 mg / kg) (daily)

4)5.0 mg / kg+

5)0.2-0.5 mg/l

38. Lethal dose of fluorides is:

1) 0.2-0.5 mg/l

2) 0.9-1.5 mg/l

3) 4 mg / l (0.2 mg / kg) (daily)

4) 5.0 mg / kg

5) 32.0 mg / kg (2-5 g) +

39. Which of the following microorganisms is the most active in the event of cariogenic situation in the oral cavity:

1) St. mutans+

2) St. mitis

3) St. sanguis

4) St. salivarius

5) Candida albicans

40. Which of the following properties of microorganisms have an important role in causing caries?

1) Cause of dysbacteriosis

2) Formation of organic acids+

3) Resistance to antibiotics

4) Formation of alkaline compounds

5) All answers are correct

41. Ph value of dental plaque, which estimates as critical, is:

1) 7,0-7,5

2) 6,2-6,5

3) 5,5-5,7+

4) 6,5-7,0

5) 5,0-5,5

42. How long will take the enamel, etched by tooth conditioner, to remineralize, if saliva has high remineralizing properties?

1) 3-4 days

2) 1-3 days+

3) 4-5 days

4) 5-6 days

5) 6-8 days

43. What is normal Ph of oral liquid?

1) 0,8-1,55

2) 7,4-8,0

3) 1,5-2,5

4) 2,5-5,56

5) 6,8-7,4+

44. What amount of saliva secreted in an adult per twenty-four hours?

1) 0,5-1,0 l

2) 1,0-2,0 l

3) 0,5-2,0 l+

4) 1,5-2,0 l

5) 1,5-2,5 l

45. In what layer of enamel starts the process of demineralization?

1) Surface

2) Subsurface+

3) Medium

4) Deep

5) All answers are correct

46. Staining of demineralized enamel areas with a solution of methylene blue is the result of:

1) Reduction of dental plaque Ph

2) Increased permeability of enamel in the affected area+

3) Violation of Ca / P ratio in the enamel

4) Destruction of the surface layer of enamel

5) Deposition of soft dental plaque

47. Which of the following carbohydrates has the most cariogenic action?

1) Maltose

2) Galactose

3) Saccharose+

4) Glycogen

5) Fructose

48. The most important factor which determines the formation of cariogenic situation of the oral cavity while intake of carbohydrates is:

1) Type of sugar

2) Amount of sugar

3) Form of sugar

4) Frequency of sugar intake+

5) The rapidity of sugar intake

49. Factors leading to the accumulation of soft dental plaque:

1) Poor oral hygiene+

2) Intake of solid food

3) Low concentration of fluoride in drinking water

4)High concentration of fluorides in water.

5) Use of toothpaste without rinse aid.

50. Which of the microorganisms properties has an important role in the emergence of carious process?

1) Cause of dysbacteriosis

2) Formation of organic acids+

3) Resistance to antibiotics

4) Formation of alkaline compounds

5) Formation dental calculus

51. At the high carbohydrate diet is observed:

1) Hypersalivation

2) Self-cleaning of teeth

3) Reduction ratio of C /P ratio

4) The increase of C /P ratio+

5) Increasing the acid resistance of enamel

52. Indicate factors of cariogenic situation:

1) Dental debris

2) Increased number of lactobacillus in oral cavity

3) Reduced degree of resistance of enamel

4) The low viscosity of saliva

5) all of the above+

53. Local factors that affect the appearance of cariogenic situation in the oral cavity:

1) Soft plaque

2) Retention of food debris

3) Lowering the pH of oral fluid

4) Life activity of microorganisms

5) all of the above+

54. Which of the following factors inhibit the cariogenic situation?

1) Limited intake of carbohydrates

2) High degree of tooth enamel mineralization

3) Solid food

4) Reduced number of lactobacillus

5) all of the above+

55. What are the functions of enamel proteins?

1) Participate in the binding of calcium ions and regulate their transport by secretory anameloblasts

2) Form the primary areas of nucleation during the formation of hydroxyapatite crystals

3) Create the orientation of hydroxyapatite crystals that grow

4) Shape environment that ensures the formation of large crystals of hydroxyapatite

5) All answers are correct+

56. The components of tooth enamel mineral base is/are:

1) Hydroxyapatite+

2) Carbonate-apatite

3) Fluorapatite

4) Chlorine-apatite

5) All answers are correct

57. Remineralization and demineralization processes depend from the next properties of enamel:

1) Solubility+

2) places of residence of the patient

3) Density

4) Color

5) Microrelief

58. When oral hygiene is unsatisfactory the level of oral liquid Ph:

1) Increases

2) Decreases+

3) Does not change

4) All answers are correct

5) No right answer

59. What oral liquid Ph most likely will lead to formation of local demineralization of enamel (initial caries)?

1) 7,2

2) 7,0

3) 5,5+

4) 7,4

5) 6,5

60. How much mixed saliva normally secreted per day (24 hours)?

1) ≈ 1,000 ml

2) ≈ 1,500 - 2000 ml+

3) ≈ 100 ml

4) ≈ 4000 ml

5) ≈ 50 ml

61. Mouth rinsing with solutions of sodium fluoride for tooth decay prevention is recommended at age (years):

1) 3

2) 6+

3) 10

4) 12

5) 15

62. In order to prevent tooth decay are used rinsing solutions of sodium fluoride with concentrations (%):

1) 0,01; 0.02

2) 0,02; 0.05; 0.1

3) 0,05; 0.1; 0.2+

4) 1,0; 2.0

5) 2,0; 3.0; 4.0

63. For prevention of dental caries, coating of the teeth with fluorinated varnishes usually carried out:

1) 1 per year

2) 4 times (2 treatments a week) per year+

3) 4 times a year (1 every 3 months)

4) 6 times a year (1 every 2 months)

5) 6 times a year (1 per month)

64. Methods of fluoride prevention:

1) Cleaning teeth with fluoride toothpaste

2) The use of fluoride tablets

3) Mouth rinsing with solution of sodium fluoride

4) The use of fluorinated milk

5) All answers are correct+

65. Methods of fluoride prevention:

1) Applying the fluoride varnish to the teeth

2) The use of fluoride tablets

3) Mouth rinsing with solution of sodium fluoride

4) The use of fluorinated salt

5) All answers are correct+

66. Mineralization of fissures in permanent molars finishes after tooth eruption:

1) Immediately

2) After 2-3 years+

3) After 5-6 years

4) After 10-12 years

5) After 6-8 months

67. The mechanism(s) of action of fluoride is (ar5):  
  
1) Disrupts cellular metabolism of the intra-oral bacteria that promote caries.  
2) Incorporation of fluoride into the surface crystals of the enamel, thereby reducing the solubility of the enamel.  
3) Enhances the remineralization process.  
4) All of the above.+  
5) A and C

68. What concentration of fluoride in a municipal water supply is required to significantly reduce the caries incidence without causing dental fluorosis?  
  
1) 0.01ppm  
2) 1.0ppm+  
3) 10ppm  
4) 100ppm

5) 1000 ppm

69. Exogenous fluoride prophylaxis methods are:

1) Salt fluoridation

2) Coating the teeth with fluoric varnish+

3) Water fluoridation

4) Use of fluoride tablets

5) All answers are correct

70. Exogenous fluoride prophylaxis methods are:

1) Milk fluoridation

2) Cleaning teeth with calcium toothpastes

3) Water fluoridation

4) Mouth rinsing with solutions of sodium fluoride+

5) All answers are correct

71. Mineralization is:

1) deposition of GAP crystals in the previously formed organic matrix of enamel and dentin +

2) leaching of minerals from enamel and dentin

3) partial restoration of damaged enamel

4) complete restoration of damaged enamel

5) formation of a protein matrix

72. Remineralization is:

1. deposition of GAP crystals in the previously formed organic matrix of enamel and dentin

2)leaching of minerals from enamel and dentin

3)partial or complete restoration of damaged enamel+

4)formation of a protein matrix

5)formation of dentin

73. Demineralization is:

1)deposition of GAP crystals in the previously formed organic matrix of enamel and dentin

2) leaching of minerals from enamel and dentin+

3)partial restoration of damaged enamel

4) complete restoration of damaged enamel

5)formation of a protein matrix

74. The molar calcium-phosphate coefficient Ca/P of an ideal hydroxyapatite is:

1. 1,67+
2. 1,33
3. 2,0
4. 10,
5. 0.5

75. Structural and functional unit of saliva:

1. Micelle+
2. Acinus
3. Prisma
4. Nephron
5. Mucin

76. Enamel permeability with age is normal

1. Declining+
2. Terminated
3. Increases does
4. Not change
5. Depends on the diet

77. Saliva viscosity is 9.0 units. Evaluate the saliva viscosity:

1. The norm for an adult.
2. Increased+
3. Very low.
4. Low.
5. The norm for a child.

78. What parameters of saliva provide its protective function:

1. lysozyme content+
2. surface tension;
3. the content of immunoglobulins+;
4. a-amylase.
5. glycoproteins

79. Which enzyme of saliva destroys carbohydrates in the oral cavity?

1. peroxidase;
2. amylase+;
3. peptidase;
4. lipase
5. Nucleases

80) Note the protective function of saliva:

1. lipase;
2. leukins+;
3. blood clotting factors;
4. salivation rate;
5. a-amylase.

81. What is the function of nuclease enzymes in saliva:

1. mineralizing;
2. alimentary
3. buffer
4. protective
5. transport

82. What is characteristic of the processes of enamel permeability to calcium and fluorine ions after tooth eruption:

1. Fluorine ions penetrate deeper than calcium ions
2. Calcium ions penetrate deeper than fluorine ions+
3. Calcium and fluorine ions penetrate the enamel to the same depth.
4. Calcium and fluoride ions do not penetrate the enamel after teething
5. Depends on the properties of the saliva

83. Note the correct concentration of apatite content in the enamel in the norm (in descending order):

1. Hydroxyapatite, carbonapatite, chlorapatite, fluorapatite +
2. Hydroxyapatite, fluorapatite, carbonapatite, chlorapatite,
3. Carbonapatite, hydroxyapatite, chlorapatite, fluorapatite
4. Fluorapatite hydroxyapatite, carbonapatite, chlorapatite,
5. Calcium fluoride, fluorapatite, hydroxyapatite, carbonapatite

84. Which appatite crystal has the largest size?

1. Hydroxyapatite,
2. carbonapatite,
3. chlorapatite,
4. fluorapatite+,
5. brushite

85. What ions can be substituted for calcium ions in isomorphic substitution reactions in hydroxyapatite crystals?

1. F -; Cl -, I -, B, Bg -, H2O
2. Ba2+, Md2+ S+, Cr+, Cd+, Sg2+, PB2+, Mo2+, K+, H2O, Zn+, Sn+ +
3. (HRO4 2), (CO3 2 -), (HCO3-), (AsO3) -, (NAlO3)
4. For all of the above
5. No substitution occurs

86. What ions can be substituted for phosphate ions in isomorphic substitution reactions in hydroxyapatite crystals?

1. F -; Cl -, I -, B, Vg -, H2O
2. Ba2+, Md2+ S+, Cr+, Cd+, Sg2+, PB2+, Mo2+, K+, H2O, Zn+, Sn+
3. (HRO4 2), (CO3 2 -), (HCO3-), (AsO3) -, (NAlO3)+
4. For all of the above
5. No substitution occurs

87. What ions can be substituted for calcium ions in isomorphic substitution reactions in hydroxyapatite crystals?

1. F -; Cl -, I -, B, Vg -, H2O +
2. Ba2+, Md2+ S+, Cr+, Cd+, Sg2+, PB2+, Mo2+, K+, H2O, Zn+, Sn+
3. (HRO4 2), (CO3 2 -), (HCO3-), (AsO3) -, (NAlO3)
4. For all of the above
5. No substitution occurs

88. "Labile fluoride" is:

1. Fluorapatite in the surface layers of enamel
2. Calcium fluoride in the deep layers of enamel, formed during mineralization
3. Calcium fluoride formed in the surface layers of enamel after tooth eruption
4. Calcium fluoride on the surface of the tooth, the source of which is saliva.
5. Fluorapatite inside the enamel

89. Which of these drugs contains fluorides.

1. ROCS Medical Mineral.
2. Cervitec
3. GC Tooth Mouss
4. Duraphat (Colgat5)+
5. Remin-PRO (VOCO)

90. Which of these drugs contains chlorhexidine.

1. ROCS Medical Mineral
2. Cervitec +
3. GC Tooth Mouss
4. Duraphat (Colgate)
5. ClinproTM White Varnish (3M)+

91. Which of these drugs contains the protein casein phosphopeptide. Casein phosphopeptides

1. ROCS Medical Mineral
2. Cervitec
3. GC Tooth Mouss+
4. Duraphat (Colgat5)
5. Remin-PRO (VOCO)

92. Which of these drugs contains tri-calcium phosphate (TCP) technology

1. Cervitec
2. Tooth Mouss
3. Duraphat (Colgat5)
4. Remin-PRO (VOCO)
5. ClinproTM White Varnish (3M)+

93. Which of these drugs contains Amorphous Calcium Phosphate (ACP)

1. ROCS Medical Mineral
2. Cervitec
3. GC Tooth Mouss+
4. Duraphat (Colgat5)
5. Remin-PRO (VOCO)

94. Which of these drugs contains the Recaldent system

1. ROCS Medical Mineral
2. Cervitec
3. GC Tooth Mouss+
4. Duraphat (Colgat5)
5. ClinproTM White Varnish (3M)

95. Which of these drugs contains Bioactive glass (containing calcium sodium phosphosilicat5)

1. NovaMin+
2. Cervitec
3. GC Tooth Mouss
4. Duraphat (Colgat5)
5. ClinproTM White Varnish (3M)

96. Which of these drugs contains Casein Phosphopeptide-Amorphous Calcium Phosphate Fluoride.

1. MI GC Paste Plus +
2. GC Tooth Mouss
3. Duraphat (Colgat5)
4. ClinproTM White Varnish (3M)
5. Remin-PRO (VOCO)

97. At what age can fluoride-containing solutions be used?

1. from 12 years old
2. from 6 years old
3. from 4 years
4. old adults only
5. no age restrictions

98. 0.05% sodium fluoride solution is used for rinsing 1 time per day.:

1. day
2. week
3. 2 weeks
4. six months
5. year

99. For the prevention of caries, rinsing with 0.1% sodium fluoride solution is carried out:

1. daily
2. 1 time per week+
3. 1 time in 2 weeks
4. 1 every six months
5. 1 time per year

100. According to WHO recommendations, the concentration of fluoride in adult toothpastes should be at least (ppt).......

1. 500
2. 1000
3. 1500+
4. 2000
5. 5000

101. For the prevention of caries, rinsing with 0.2% sodium fluoride solution is carried out:

1. daily
2. 1 time per week
3. 1 time in 2 weeks+
4. 1 every six months
5. 1 time per year

102. If you swallow a solution of sodium fluoride during rinsing, you need to drink 1 tablespoon of the solution:

* 1. hydrogen peroxide 3%

1. calcium gluconate 10%+
2. chlorhexidine 0.06%
3. magnesium sulfate 10%
4. glucose 40%

103. What is the effectiveness of fluorolac ( % )? (reduction of caries)

1. 10-20
2. 30-40+
3. 50-60
4. 70-80
5. 90-100

104. Is it possible to use local fluoroprophylaxis in an area with a fluoride content in drinking water of more than 1.5 mg / l:

1. you can't+
2. it is possible for children under 12 years of age
3. can be combined with system tools
4. it is possible if the patient has poor oral hygiene
5. it is possible with a high intensity of caries in the patient

105. What is organic fluoride?

1. Sodium Monofluorophosphate
2. sodium fluoride
3. aminofluoride +
4. tin fluoride
5. aluminum fluoride

106. What is the anti-caries effectiveness of fluoride-containing rinses and solutions of 250 ppm

1. 10-20%+
2. 20-30%
3. 30-50%
4. 50-60%
5. 80-90%

107. What is the anti-caries effectiveness of fluorinated lacquers and gels (2 times a year)?

1. 10-20%
2. 20-30%
3. 30-40%+
4. 50-60%
5. 80-90%

108. What is the anti-caries effectiveness of fluoride-containing toothpastes 1500 ppm

1. 10-20%
2. 20-30%+
3. 30-40%
4. 50-60%
5. 80-90%

109. What are the contraindications to sealing the pits and fissures?

1. Who may be at moderate or high risk of developing dental caries, for a variety of reasons.
2. With incipient caries (limited to enamel of pits and fissures).
3. Who have sufficiently erupted permanent teeth with susceptible pits and fissures.
4. Who have existing pits and fissures that are anatomically susceptible pits and fissures.
5. Chronic caries in fissure+

110. What will be the indication for sealing the fissures?

1. There is an open occlusal carious lesion.
2. Caries, particularly proximal lesions, exist on other surfaces of the same tooth (radiographs must be current).
3. A large occlusal restoration is already present.
4. If pits and fissures are well coalesced and self-cleansing.
5. Who may be at moderate or high risk of developing dental caries, for a variety of reasons. +

111. What will be the indication for sealing the fissures?

1. Life-expectancy of primary tooth is limited.
2. When patients is allergic to methacrylate.
3. A deep or irregular fissure, fossa, or pit is present, especially if it catches the tip of the explorer (for example, occlusal pits and fissures, buccal pits of mandibular molar, lingual pits of maxillary incisors).
4. With incipient caries (limited to enamel of pits and fissures).+
5. The fossa selected for sealant placement is well isolated from another fossa with a restoration present.

112. When it is impossible to use composite silant for sealing?

1. With incipient caries (limited to enamel of pits and fissures).
2. When patients is allergic to methacrylate+
3. Who have sufficiently erupted permanent teeth with susceptible pits and fissures.
4. Who have existing pits and fissures that are anatomically susceptible pits and fissures.
5. A deep or irregular fissure, fossa, or pit is present, especially if it catches the tip of the explorer (for example, occlusal pits and fissures, buccal pits of mandibular molar, lingual pits of maxillary incisors).

113. What type of fissure does not show fissure sealing?

1. U-type +
2. V-type
3. 3IK- type
4. I – type,
5. Y-type

114.What type of fissure is the best invasive fissure sealing technique?

1. U-type
2. V-type
3. IK- type
4. I – type+
5. M-type.

115. What is the use of colored silant?

1. easy to detect+ for better visualization of the silant during repeated examinations
2. for the detection of caries
3. for the hardness of the silant, the
4. colored silant contains fluoride
5. for its removal after several years.

116. The sealant of the 3rd generation is:

1. photocured via visible light +
2. chemically-cured
3. Fluoride containing sealants.
4. auto –cured
5. colored sealant

117. What dental material is NOT used for sealants

1. BIS-GMA - sealants
2. Fluorine containing sealants
3. Glass ionomer
4. Compomeric silant
5. Amalgam sealants +

118. prophylactic odontotomy is:

1) Noninvasive techniques using acid etching of the occlusal fissures

2) Noninvasive techniques using air abrasion followed by 37 % orthophosphoric acid etching of the occlusal fissures

3) Invasive techniques using diamond bur and high-speed drill to open the narrow fissures (fissurotomy), followed by the etching procedure with 37 % orthophosphoric acid+

4) caries treatment

5) tooth extraction

119. What form does the U - type fissure have ?

1)Gutter shape

2) Cone shape

3) Drop-shaped shape.

4) Funnel shape

5) Polyp-like shape

120.What shape does the IK - type fissure have?

1)Gutter shape

2) Cone shape

3) Drop-shaped shape.

4) Funnel shape

5) Polyp-like shape

121.What shape does the V-type fissure have?

1)Gutter shape

2) Cone shape

3) Drop-shaped shape.

4) Funnel shape

5) Polyp-like shape

122. What is the shape of the I – type fissure?

1)Gutter shape

2) Cone shape

3) Drop-shaped shape.

4) Funnel shape

5) Polyp-like shape

123. What shape does the Y - type fissure have?

1)Gutter shape

2) Cone shape

3) Drop-shaped shape.

4) Funnel shape

5) Polyp-like shape

125. Preventive resin restoration (PRR) technique is indicated if:

1. Open fissures and pits
2. Intact fissures and pits
3. If the lesion extends into dentine+
4. A large occlusal restoration is already present.
5. If pits and fissures are well coalesced and self-cleansing.

126. Steps of Noninvasive techniques with Glass ionomer is :

1) Clean the pit and fissure surfaces. - A widening of the fissures with rotary instrumentation. -

Etch the Surfaces with 37% orthophos-phoric acid. - Applying the bond. - Application of Sealant Material. - Тhe sealant is hardened by a curing light.

2) Clean the pit and fissure surfaces. - Etch the Surfaces with 37% orthophos-phoric acid. - Applying the bond. - Application of Sealant Material. - Тhe sealant is hardened by a curing light.

3) Clean the pit and fissure surfaces. - Application of Sealant Material. - Тhe sealant is hardened by a curing light. +

4) Clean the pit and fissure surfaces. - Etch the Surfaces with 37% orthophos-phoric acid. - A widening of the fissures with rotary instrumentation. - Application of Sealant Material. - Тhe sealant is hardened by a curing light.

5) A widening of the fissures with rotary instrumentation. - Clean the pit and fissure surfaces. -

- Applying the bond. - Application of Sealant Material. - Тhe sealant is hardened by a curing light.

127. Steps of Noninvasive techniques with BIS-GMA – sealants is:

1) Clean the pit and fissure surfaces. - A widening of the fissures with rotary instrumentation. -

Etch the Surfaces with 37% orthophos-phoric acid. - Applying the bond. - Application of Sealant Material. - Тhe sealant is hardened by a curing light.

2) Clean the pit and fissure surfaces. - Etch the Surfaces with 37% orthophos-phoric acid. - Applying the bond. - Application of Sealant Material. - Тhe sealant is hardened by a curing light+.

3) Clean the pit and fissure surfaces. - Application of Sealant Material. - Тhe sealant is hardened by a curing light.

4) Clean the pit and fissure surfaces. - Etch the Surfaces with 37% orthophos-phoric acid. - A widening of the fissures with rotary instrumentation. - Application of Sealant Material. - Тhe sealant is hardened by a curing light.

5) A widening of the fissures with rotary instrumentation. - Clean the pit and fissure surfaces. -

- Applying the bond. - Application of Sealant Material. - Тhe sealant is hardened by a curing light.

128. Steps of invasive techniques with BIS-GMA – sealants is:

1) Clean the pit and fissure surfaces. - A widening of the fissures with rotary instrumentation. -

Etch the Surfaces with 37% orthophos-phoric acid. - Applying the bond. - Application of Sealant Material. - Тhe sealant is hardened by a curing light.+

2) Clean the pit and fissure surfaces. - Etch the Surfaces with 37% orthophos-phoric acid. - Applying the bond. - Application of Sealant Material. - Тhe sealant is hardened by a curing light+.

3) Clean the pit and fissure surfaces. - Application of Sealant Material. - Тhe sealant is hardened by a curing light.

4) Clean the pit and fissure surfaces. - Etch the Surfaces with 37% orthophos-phoric acid. - A widening of the fissures with rotary instrumentation. - Application of Sealant Material. - Тhe sealant is hardened by a curing light.

5) A widening of the fissures with rotary instrumentation. - Clean the pit and fissure surfaces. -

- Applying the bond. - Application of Sealant Material. - Тhe sealant is hardened by a curing light.

129. Steps of preventive resin restoration (PRR) technique:

1) Clean the pit and fissure surfaces. - A widening of the fissures with rotary instrumentation. -

Etch the Surfaces with 37% orthophos-phoric acid. - Applying the bond. - Application of Sealant Material. - Тhe sealant is hardened by a curing light.+

2) Clean the pit and fissure surfaces. - Etch the Surfaces with 37% orthophos-phoric acid. - Applying the bond. - Application of Sealant Material. - Тhe sealant is hardened by a curing light+.

3) Clean the pit and fissure surfaces. - Application of Sealant Material. - Тhe sealant is hardened by a curing light.

4) Clean the pit and fissure surfaces. - Etch the Surfaces with 37% orthophos-phoric acid. - A widening of the fissures with rotary instrumentation. - Application of Sealant Material. - Тhe sealant is hardened by a curing light.

5) A widening of the fissures with rotary instrumentation. - Clean the pit and fissure surfaces. -

- Applying the bond. - Application of Sealant Material. - Тhe sealant is hardened by a curing light.

130. Contraindications to invasive sealing:

1. in the case of hard-to-reach (narrow and deep) fissures
2. in teeth at the stage of enamel maturation, with initial fissure caries,
3. in teeth with mineralized enamel, in hard-to-reach (narrow and deep) fissures
4. in teeth at the stage of enamel maturation.
5. If pits and fissures are well coalesced and self-cleansing+

131. Which generation of bond does not require the etching stage of 37% orthophosphoric acid?

1. Fourth Generation
2. Fifth Generation
3. Sixth Generation +
4. All generations of bonds require the stage of etching enamel with phosphoric acid.
5. Not named

132. Which silant is Self-curing?

1. Fluoride containing sealants
2. Glass ionomer +
3. Unfilled sealants
4. Light-curing сomposite sealant
5. Filled sealant

133. Which silant is Self-curing?

1. Fluoride containing sealants
2. Unfilled sealants
3. Filled sealant
4. liquid-flowing composites
5. chemically-cured sealants+

134. What is used to clean the fissure in the invasive sealing technique?

1. prophy cup with pumice or prophy paste,
2. air abrasion
3. [Prophy Brushes](http://www.dline.ee/products/prophy-materials/prophy-brushes-and-cups/)
4. 37% orthophos-phoric acid
5. dental drill +

135. OptiBond Solo (Kerr, US1). What generation is this bond?

1. 4
2. 5+
3. 6
4. 7
5. 8

136. Single Bond (3M ESPE, US1). What generation is this bond?

1. 4
2. 5+
3. 6
4. 7
5. 8

137. ClearfilTM SE Bond (Kuraray, Tokyo, Japan). What generation is this bond?

1. 4
2. 5
3. 6+
4. 7
5. 8

138. OptiBond Solo Plus Self-Etch (Kerr, US1). What generation is this bond?

1. 4
2. 5
3. 6+
4. 7
5. 8

139. What is the material of the sealant Fissurit F (Voco) ?

1. Glass ionomer sealant+
2. liquid-flowing composites
3. Composite sealants
4. Resin-modified glass ionomer
5. Compomer sealant

140. What is the material of the sealant 3M Clinpro Sealant?

1. Glass ionomer sealant
2. liquid-flowing composites+
3. Composite sealants
4. Resin-modified glass ionomer
5. Compomer sealant

141. What is the material of the sealant Dyrect Seal (Dentsply)?

1. Glass ionomer sealant
2. liquid-flowing composites
3. Composite sealants
4. Resin-modified glass ionomer sealant
5. Compomer sealant+

142.- Unfilled Resin sealants containing:

1. less than 28 % of the filler+
2. less than 40 % of the filler
3. less than 50 % of the filler
4. less than 60 % of the filler
5. less than 70 % of the filler

143.Sealing fissures is:

1) communal prevention

2) group prevention

3) individual prevention+

4) municipal prevention

5) communal prevention

144. Sealing fissures is type of prevention :

1) primary +

2) secondary

3) tertiary

4) sanitation of the oral cavity

5) all of the above

145. To seal the fissures in milk teeth, use:

1. Glass ionomer +
2. Composite
3. Zinc-phosphate cement
4. Amalgam
5. The fissures of the baby teeth are not sealed

146. The main drawback of Glass ionomer sealant :

1) low strength+

2) lack of remineralizing properties

3) toxicity

4) carcinogenicity

5) sensitivity to moisture

147. The sealant that releases the greatest amount of fluorine

1. Glass ionomer sealant +
2. liquid-flowing composites
3. Composite sealants
4. Resin-modified glass ionomer sealant
5. Compomer sealant

148. The main substance in the composition of composite sealants is:

1) calcium

2) BIS-GMA resin +

3) hydroxyappatite

4) fluoroaluminosilicate glass powder

5) quartz

149. Glass ionomer sealant contains:

1) calcium

2) BIS-GMA resin +

3) hydroxyappatite

4) fluoroaluminosilicate glass powder+

5) quartz

150. The main positive property of composite silants:

1) strength+

2) easy to use

3) tolerance (resistanc5) to moisture when used

4) emits a lot of fluoride

5) all of the above

151. The main drawback of composite silants:

1) insufficient hardness

2) technological difficulties

3) does not emit much fluoride (or does not emit at all)

4) low adhesion

5) toxicity

152. Sealing of fissures is indicated to be carried out after teething

1) immediately +

2) after 2-3 years

3) after 4-6 years

4) throughout life

5) after 7-8 years

153. Sealing of fissures in children is a method of

1) prevention of fluorosis

2) caries treatment

3) prevention of enamel hypoplasia

4) caries prevention+

5) everything is correct

154. Purpose of sealing:

1) To provide physical barrier to seal off the pit or fissure.

2. To prevent the bacteria and their nutrients from collecting within the pit or fissures

3) create conditions for the maturation of enamel

4) protection of caries-resistant areas

5) all answers are correct +

155. How long is it to etch the enamel with 37% orthophosphoric acid?

1. 5 seconds.
2. 10 sec.
3. 30-60 sec.+
4. 1.5 minutes
5. 2 minutes

156. What are the contraindications to sealing the pits and fissures?

1. A deep or irregular fissure, fossa, or pit is present, especially if it catches the tip of the explorer (for example, occlusal pits and fissures, buccal pits of mandibular molar, lingual pits of maxillary incisors).
2. The fossa selected for sealant placement is well isolated from another fossa with a restoration present.
3. An intact occlusal surface is present where the contralateral tooth surface is carious or restored.
4. Patient behavior does not permit use of adequate dry field (isolation) techniques throughout the procedure. +
5. Who have sufficiently erupted permanent teeth with susceptible pits and fissures.

157.At what age should the fissures and pits of the first permanent molars be sealed?

1. 3-4 years
2. 6-7 years+
3. 10-11 years
4. 12-13 years
5. no need to seal the pits and fissures

158.At what age should the fissures and pits of the second permanent molars.

1. 4-5 years
2. 6-7 years-
3. 10-11 years
4. 12-13 years +
5. no need to seal the pits and fissures

159.At what age should the fissures and pits of the permanent premolars.

1. 4-5 years
2. 6-7 years-
3. 10-12 years +
4. 14-15 years
5. no need to seal the pits and fissures

160.At what age do you need to seal the fissures and pits of the wisdom teeth

1. 6-7 years-
2. 10-11 years
3. 12-13 years
4. 18-20 years old +
5. no need to seal the pits and fissures

161.In which teeth are the fissures and pits sealed?

1. Only in temporary teeth
2. Only in permanent teeth
3. In temporary and permanent teeth
4. In the side teeth.
5. In the front teeth.

162. At what age can 1.23% ARF gels be used?

1. No age restrictions
2. From the age of 3.
3. From the age of 6.
4. From the age of 12.+
5. From 16-18 years old.

163. At what age can neutral fluoride gels be used?

1. No age restrictions
2. From the age of 3.
3. From the age of 6.+
4. From the age of 12.
5. From 16-18 years old.

164. At what age can I use fluorolacids?

1. No age restrictions
2. From the age of 3.
3. From the age of 6.+
4. From the age of 12.
5. From 16-18 years old.

165. At what age can I use fluoride foams?

1. No age restrictions
2. From the age of 3.
3. From the age of 6.+
4. From the age of 12.
5. From 16-18 years old.

166. How long do I need to keep the gel or foam in the tray?

1. 30 seconds
2. 1 minute
3. 3-4 minutes
4. 6-7 minutes
5. 10 minutes

167. How many times should professional topical fluorides be used for an adult patient in Low risk groups

1. adults do not need topical fluoridation
2. 1 times a year+
3. 2 times a year
4. 3 times a year
5. 6 times a year

168. How many times should professional topical fluorides be used for an adult patient in a moderate risk group

1. adults do not need topical fluoridation
2. 1 times a year
3. 2 times a year +
4. 3 times a year
5. 6 times a year

169. How many times should professional topical fluorides be used for an adult patient in a high-risk group?

1. adults do not need local fluoridation
2. 1 times a year
3. 2 times a year
4. 3-4 times a year+
5. Every day

170. Factors leading to the accumulation of soft dental plaque:

1) Use a soft-bristled toothbrush.

2) Excessive intake of carbohydrates+

3) Intake of solid food

4) Using a manual brush

5) Low concentration of fluoride in drinking water

.

171. Factors leading to the accumulation of soft dental plaque:

1. Intake of solid food
2. Low concentration of fluoride in drinking water
3. Lack of contact points between the teeth+
4. Irregular visits to the dentist.
5. Eliminating sugar from food

172. Which of the following areas of the tooth enamel is the most resistant to carious lesion?

1) Contact surfaces

2) Cervical area

3) Рits

4) Cutting edge+

5) Fissures

173. Which of the following carbohydrates has the most cariogenic action?

1) Maltose

2) Galactose

3) Saccharose+

4) Glycogen

5) Fructose

174. The most important factor which determines the formation of cariogenic situation of the oral cavity while intake of carbohydrates is:

1) Type of sugar

2) Amount of sugar

3) Form of sugar

4) Frequency of sugar intake+

5) The rapidity of sugar intake

175. The main risk factors in dental caries are:

1) The high concentration of fluoride in drinking water

2) Somatic diseases

3) Low concentration of fluoride in drinking water

4) Poor oral hygiene+

5) Consuming large amounts of carbohydrates

176. Which of the microorganisms properties has an important role in the emergence of carious process?

1) Cause of dysbacteriosis

2) Formation of organic acids+

3) Resistance to antibiotics

4) Formation of alkaline compounds

5) Formation of soft plaque

177. At the high carbohydrate diet is observed:

1) Hypersalivation

2) Hyposalivation

3) Increasing the acid resistance of enamel

4) Self-cleaning of teeth

5) Reducing the acid resistance of enamel

178. Indicate factors of cariogenic situation:

1) Dental debris

2) Increased number of lactobacillus in oral cavity

3) Reduced degree of resistance of enamel

4)High saliva viscosity.

5) All of the above+

179. Indicate factors of cariogenic situation:

1. Intake of solid food
2. The low viscosity of saliva
3. Low acidity of saliva
4. Limited intake of carbohydrates
5. Increased number of streptococci+

180. Local factors that affect the appearance of cariogenic situation in the oral cavity:

1) Soft plaque

2) Retention of food debris

3) Lowering the pH of oral fluid

4) Life activity of microorganisms

5) All of the above+

181. Which of the following factors inhibit the cariogenic situation?

1. High degree of tooth enamel mineralization
2. Solid food
3. Reduced number of lactobacillus
4. Limited intake of carbohydrates
5. All of the above+

182.What is required for the release the fluoride ion from the monofluorophosphate molecule?

1. Water
2. calcium
3. Brushing
4. Salivary enzymes+
5. All of the above

183. Remineralization of enamel requires \_\_\_\_\_\_\_\_\_\_\_\_.

1. a tufted toothbrush
2. ion supersaturation+
3. Collagen
4. pH < 5.0;
5. professional hygiene

184. Community water fluoridation was first introduced in Grand Rapids, MI in what year?

1. 1872
2. 1905
3. 1945+
4. 1957;
5. 1980

185.Fluorides main influence in the oral cavity is through \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1. Bacteriostatic activity
2. Bactericidal activity
3. Preventing demineralization/enhancing remineralization+
4. Change in saliva pH
5. None of the above

186. The best prophylactic effect from the use of sodium fluoride solutions at low concentrations is observed on the teeth surfaces:

1) Smooth+

2) Occlusion

3) On contact

4) In the cervical area

5) In the area of equator

187. A solution of 1% and 2% sodium fluoride is used mainly as:

1) Rinse

2) Applications+

3) Instillation

4) Irrigation

5) Depending on the activity of caries

188. For complete mineralization of tooth enamel, saliva should have the required quantity of:

1) Potassium ions.

2) Phosphorus ions+

3) Copper ions

4) Sodium ions

5) Chloride ions

189. Alkaline phosphatase of oral fluid plays an important role:

1) Stimulates growth of axons

2) Alkalizes saliva

3) In demineralization

4) Transfers phosphate in organic matrix of tooth+

5) Inhibits the process of mineralization of teeth

190. List the mineral elements which have anticaries effect.

1) Nickel.

2) Phosphorus+

3) Barium

4) Arsenic

5) Strontium+

191. List the mineral elements which have anticaries effect.

1) Mercury.

2) Sodium.

3) Barium

4) Molybdenum+

5) Lead.

192. List the mineral elements which have anticaries effect.

1) Silver +

2) Mercury.

3) Barium

4) Silicon

5) Strontium

193. List the mineral elements which have anticaries effect.

1) Vanadium

2) Phosphorus

3) Copper

4) Molybdenum

5) All of the above+

194. Therapeutic-prophylactic toothpastes, which promote mineralization of dental hard tissues, contain the following component(s):

1) Components of fluoride

2) The components of calcium

3) Phosphates

4) Macro- and microelements

5) All of the above+

195. Which forms of inorganic substances supersaturated oral liquid in normal, creating optimal conditions for their penetration into the tooth enamel

1) all forms of sodium fluoride

2) to all forms of calcium phosphate+

3) pyrophosphate

4) carbonate

5) all answers are correct

96. What indicators of oral fluid viscosity are normal?

1) 0,9-1,0 g/ml

2) 1,01-1,017 g/ml+

3) 3-3,2 g/ml

4) 2,5-3,0 g/ml

5) 3,2-3,5 g/ml

197. High viscosity of saliva is due to presence of:

1) Macroelements

2) Microelements

3) Mucoproteids+

4) Immunoglobulin

5) Lysozyme

198. When oral hygiene is unsatisfactory the level of oral liquid Ph:

1) Increases

2) Decreases+

3) Does not change

4) All answers are correct

5) No right answer

199. What oral liquid Ph most likely will lead to formation of local demineralization of enamel (initial caries)?

1) 7,2

2) 7,0

3) 5,5+

4) 7,4

5) 6,5

200. Which forms of inorganic substances supersaturated oral liquid in normal, creating optimal conditions for their penetration into the tooth enamel

1) all forms of sodium fluoride

2) to all forms of calcium phosphate+

3) pyrophosphate

4) carbonate

5) all answers are correct