Тестовые задания по детской ЧЛХ

1. Periodontitis is…:

a) inflammation of the periosteum

b) inflammation of the sinusis

c) inflammation of the periapical tissue

d) inflammation of the trigeminal nerve

2. THE MOST COMMON SOURCE OF INFECTION IN ACUTE PERIOSTITIS OF THE JAW BONES IN CHILDHOOD ARE

a) teeth 16 55 54 64 65 26

b) teeth 36 75 74 84 85 46

c) SARS and childhood infectious diseases

d) diseases of ENT organs (rhinitis, sinusitis, etc.)

3. OSTEOMYELITIS OF ETIOLOGY PREDOMINATES IN CHILDREN OF MIDDLE AND OLDER AGE

a) post-traumatic

b) odontogenic

c) hematogenous

d) tonsilogenic

4. ODONTOGENIC OSTEOMYELITIS IN CHILDREN IS OBSERVED MORE IN THE REGION

a) mandible

b) upper jaw

c) zygomatic bone

d) parietal bone

5. EMERGENCY CARE FOR A CHILD WITH ACUTE PURULENT PERIOSTITIS CONSISTS IN

a) urgent hospitalization

b) detoxification therapy

c) surgical care

d) immunotherapy

6. EMERGENCY CARE FOR A CHILD WITH ACUTE HEMATOGENIC OSTEOMYELITIS CONSISTS IN

a) antibiotic therapy

b) urgent hospitalization and surgical care in full

volume

c) desensitizing therapy

d) ozone therapy

7. EMERGENCY CARE FOR A CHILD WITH ACUTE ODONTOGENIC OSTEOMYELITIS CONSISTS IN

1) surgical care

2) antibiotic therapy

3) anti-inflammatory therapy

4) desensitizing therapy

8. IN ACUTE SEROUS PERIOSTITIS, CAUSED TEMPORARY SINGLE-ROOT TOOTH

1) always deleted

2) trepanation and filling

3) sealing and resection of the root apex

4) removed according to indications

9. IN ACUTE OSTEOMYELITIS CAUSED TEMPORARY SINGLE-ROOT TOOTH

1) always deleted

2) trepanation and filling

3) sealing and resection of the root apex

4) removed according to indications

10. IN ACUTE PURULENT PERIOSTITIS CAUSED TEMPORARY SINGLE-ROOT TOOTH

1) always deleted

2) trepanation and filling

3) sealing and resection of the root apex

4) removed according to indications

11. IN ACUTE OSTEOMYELITIS, CAUSED PERMANENT MULTI-ROOT TOOTH IN CHILDREN

1) always deleted

2) trepanation and filling

3) sealing and resection of the root apex

4) removed according to indications

12. IN ACUTE PURULENT PERIOSTITIS, THE CAUSED PERMANENT MULTI-ROOT TOOTH IS REMOVED

1) always deleted

2) trepanation and filling

3) sealing and resection of the root apex

4) removed according to indications

13. OCTEOMYELITIS OF THE JAW BONES IN CHILDREN ACCORDING TO THE CLINICAL COURSE ARE DIVIDED INTO

1) odontogenic

2) traumatic

3) chronic

4) specific

14. INDICATIONS FOR SEQUESTRECTOMY IN CHILDREN (3 correct answer)

1) the presence of a sequestral capsule

2) dead rudiments of teeth

3) large sequesters

4) sequestration, located outside the growth zone, in children under 10 years old

5) persistent protein in the urine

15 - PERIOSTITIS OF THE JAW BONES BY ETIOLOGY ARE DIVIDED INTO (2 correct answer)

1) chronic

2) acute

3) odontogenic

4) traumatic

16. To correct the DIAGNOSIS, acute purulent periostitis of the upper jaw, (palatine abscess) of odontogenic etiology, 54-exacerbation of chronic periodontitis will be needed

1) complete blood count

2) immunogram

3) radiograph 54

4) panoramic radiograph of the upper jaw

17. Means recommended as anti-inflammatory agents for odontogenic acute purulent periostitis of the upper jaw

1) cold on the buccal and infraorbital regions

2) broad-spectrum antibiotics

3) physiotherapy procedures

4) sulfa drugs

18. CHRONIC OCTEOMYELITIS OF THE JAW BONES IN CHILDREN ARE DIVIDED ON CLINICAL AND RADIOLOGICAL SIGNS (3 correct answer)

1) recurrent

2) productive

3) productive-destructive

4) destructive

5) abscessing

19. CHRONIC PERIOSTITIS OF THE JAW BONES IN CHILDREN ARE DIVIDED ON CLINICAL AND RADIOLOGICAL SIGNS ( 2 correct answer)

1) simple

2) complex

3) ossifying

4) destructive

5) productive

20. Acute periostitis of the jaw bones in children according to the clinical course is DIVIDED INTO

1) purulent

2) abscessing

3) ossifying

4) simple

21. AFTER THE OPENING OF A SUBPERIOSTAL ABSCESS, THE DRAINAGE IN THE WOUND IS LEFT ON

1) 1 day

2) 2 days

3) 3 days

4) 7 days

5) until the purulent discharge stops

22. SURGICAL TREATMENT OF CHRONIC ODONTOGENIC DESTRUCTIVE-PRODUCTIVE OSTEOMYELITIS OF THE LOWER JAW IN CHILDREN INCLUDES IN

1) fragmentary resection of the lower one with simultaneous bone

plastic

2) revisions of pathological foci with decortication

3) the imposition of a compression-distraction apparatus

4) opening of a subperiosteal abscess

23. OUTCOMES OF CHRONIC OSTEOMYELITIS

1) secondary adentia

2) deformities of the jaw bones

3) full recovery

4) jaw bone defects

5) all answer correct

24. Acute odontogenic osteomyelitis is treated as chronic from the onset of the disease.

1) 1-2 weeks

2) at 2-3 weeks

3) at 3-4 weeks

4) after 2 months

25. DIFFERENTIAL DIAGNOSIS OF CHRONIC ODONTOGENIC PRODUCTIVE-DESTRUCTIVE OSTEOMYELITIS is carried out with

1) fibrous dysplasia

2) odontogenic inflammatory cyst

3) odontogenic maxillary sinusitis

4) gum fibromatosis

26. THE MOST COMMON CAUSE OF INFLAMMATORY ROOT CYSTS OF THE JAWS IN CHILDREN IS CHRONIC PERIODONTITIS OF THE TEETH

1) temporary incisors

2) temporary fangs

3) temporary indigenous

4) permanent incisors

27. INFLAMMATORY ROOT CYST OF THE LOWER JAW ON THE X-RAY REPRESENTS A FOCUS

1) enlightenment with clear contours

2) shading with clear contours

3) darkening with fuzzy contours

4) enlightenment with fuzzy contours

28. INFLAMMATORY ROOT CYST OF THE UPPER JAW, PUSHING OFF THE BOTTOM OF THE MAXILLARY SINUS ON THE RADIOGRAPH REPRESENTS A FOCUS

1) enlightenment with clear contours

2) darkening with clear contours

3) darkening with fuzzy contours

4) enlightenment with fuzzy contours

29. DISEASES WITH WHICH DIFFERENTIATED NON-SUPPRESSED ROOT CYST

1) fibroma

2) cherubism

3) ameloblastoma

4) osteoma

30. CURETTAGE OF THE HOLE WHEN REMOVING A TEMPORARY TOOTH

1) not carried out

2) is carried out

3) is performed in the presence of inflammation in the periapical tissues

4) is foreseen provided that the child has a concomitant pathology of the ENT organs

31. THE ABSOLUTE INDICATION FOR THE REMOVAL OF A CAUSED TEMPORARY TOOTH IS

1) acute serous periostitis

2) chronic osteomyelitis

3) chronic pulpitis

4) medium caries

32. ACUTE ODONTOGENIC OSTEOMYELITIS IS AN ABSOLUTE INDICATION FOR THE REMOVAL OF A CAUSED TEMPORARY TOOTH

1) is

2) is not with a satisfactory general condition of the child

3) is not, if possible, the organization of dynamic monitoring of the child

4) is not in the absence of concomitant pathology of ENT organs

33. what group of drugs is used to treat periodontitis

1) AB

2) pain killer

3) antihistamines

4) all

34. drugs that are not used in the treatment of periostitis

1) AB

2) pain killer

3) antihistamines

4) hormones

35. what kind of drainage is placed on the first day

1) active

2) passive

3) tubular

4) ointment

36. Osteomyelitis is

1) a purulent-inflammatory disease of the bone marrow that spreads to the spongyand compact substance of the bone, the periosteum withinvolvement in young children of the growth zone andthe epiphysis.

2) trauma of bone structure

3) inflammation of periodotium

4) inflammation of sinuses

37. The causative agent- the most common microorganism in osteomyelitis is

1) Pseudomonas aeruginosa

2) staphylococcus

3) streptococcus

4) klebsiella

38. The authors consideredosteomyelitis to be a manifestation of septicopiemia–bacterial embolus is carried by blood flow into oneof the terminal vessels, where the focusof infection is formed. Who `s theory?

1) Bobrov-Lexner

2) Derizhanov's

3) Yelansky's

4) Vishnevsky

39. Hyperergic reaction of the body as a result of its sensitization by a "latentinfection". Who `s theory?

1) Bobrov-Lexner

2) Derizhanov's

3) Yelansky's

4) Vishnevsky

40. Irritation of individual parts of the central nervous system leads to vascular spasm with impaired blood supply. Who `s theory?

1) Bobrov-Lexner

2) Derizhanov's

3) Yelansky's

4) Vishnevsky

41. Clinic of acute odontogenic osteomyelitis. General condition:

1) asymmetric face

2) painful open the mouth

3) body temperature up to39°C

4) abscess

42. Clinic of acute odontogenic osteomyelitis. General condition:

1) asymmetric face

2) painful open the mouth

3) breath in gare rapid

4) abscess

43. Clinic of acute odontogenic osteomyelitis. General condition:

1) asymmetric face

2) painful open the mouth

3) children are capricious

4) abscess

44. Local symptoms of osteomyelitis

1) Infiltration on both sides of the alveolar process

2) Suppuration from the dentoalveolar pockets;

3) Vincent 's symptom

4) all answer is correct

45. Local symptoms of osteomyelitis

1) body temperature up to39°C

2) pulse, breath in gare rapid

3) children are capricious

4) Vincent 's symptom

46. Local symptoms of osteomyelitis

1) body temperature up to39°C

2) pulse, breath in gare rapid

3) children are capricious

4) Suppuration from the dentoalveolar pockets

47. Local symptoms of osteomyelitis

1) body temperature up to39°C

2) pulse, breath in gare rapid

3) children are capricious

4) soft tissue swelling

48. Indications for sequestrectomy

1) The presence of large sequesters.

2) The lost rudiments of teeth.

3) Impaired renal function

4) all answer is correct

49. Chronic odontogenic osteomyelitis can be

1) Destructive

2) Productivede

3) destructive-productive

4) all answer is correct

50. Chronic odontogenic osteomyelitis can`t be

1) Destructive

2) Productivede

3) acute

4) destructive-productive

ответы:

1 – с

2 – b

3 – b

4 – a

5 – c

6 – b

7 – 1

8 – 4

9 – 1

10 – 1

11 – 1

12 – 4

13 – 3

14 - 2, 3, 5

15 – 1, 2

16 – 3

17 – 3

18 – 2,3,4

19 – 1,3

20 – 1

21 – 5

22- 2

23 – 5

24 – 3

25 – 1

26 – 3

27 – 1

28 – 2

29 – 3

30 – 1

31 – 2

32 – 1

33- 4

34 – 4

35 – 4

36 – 1

37 – 2

38 – 1

39 – 2

40 – 3

41 – 3

42 – 3

43 – 3

44 – 4

45 – 4

46 –4

47 – 4

48 – 4

49 – 4

50 – 3