

Tests to the topic . non-carious lesions of the teeth.

1. The main cause of fluorosis is:

- 1) Excessive fluorine consumption+
- 2) Poor oral hygiene
- 3) Insufficient fluorine consumption
- 4) antibiotics
- 5) systemic diseases

2. The cause of enamel hypoplasia is the following:

- 1) pregnancy pathology
- 2) diseases of pregnant woman;
- 3) birth defects
- 4) children diseases
- 5) all answers are right+

3. Name the clinical forms of enamel hypoplasia:

- 1) spotted
- 2) pit (cup-like)
- 3) thinning
- 4) aplasia
- 5) all answers are right+

4. The cause of Turner tooth (Turner 's hypoplasia) is the following:

- 1) pregnancy pathology
- 2) diseases of pregnant woman;
- 3) intrusive luxation (dislocation) of the primary incisor+
- 4) children diseases
- 5) all answers are right

5. The cause of Turner tooth (Turner 's hypoplasia) is the following:

- 1) apical periodontitis of the primary tooth+
- 2) diseases of pregnant woman;
- 3) children diseases
- 4) birth defects
- 5) all answers are right

6. What forms of hypoplasia do you know?

- 1) Regional odontodysplasia
- 2) Neonatal enamel hypoplasia
- 3) Molar Incisor Hypomineralization (MIH)
- 4) Turner tooth
- 5) all answers are right

7. Name the form of hypoplasia according to the following description: the symmetrically located spots are visible at one level on masticatory surfaces and cutting edges or on vestibular surfaces in the group of teeth of one period of mineralization (or in all teeth). The enamel of spots is smooth, bright, its color is milk-white, less frequently brown.

- 1) Spotted+
- 2) pit (cup-like)
- 3) furrowed
- 4) thinning
- 5) aplasia

8. Name the form of hypoplasia according to the following description: the defects are visible as round deepenings which are located horizontally. Pits or cup-like defects aren't connected between themselves, they are more expressed on vestibular and cheek surfaces.

- 1) spotted
- 2) pit (cup-like)+
- 3) furrowed
- 4) thinning
- 5) aplasia

9. Name the form of hypoplasia according to the following description: the defects are visible as grooves which are located horizontally. A bottom and walls of the defects are smooth and dense.

- 1) spotted
- 2) pit (cup-like)
- 3) furrowed+
- 4) thinning
- 5) aplasia

10. Name the form of hypoplasia according to the following description: It is a hypoplasia, characterized by partial or complete absence of enamel at the part of the crown.

- 1) spotted
- 2) pit (cup-like)
- 3) furrowed
- 4) thinning
- 5) aplasia+

11. According to the Dean's index Questionable (Code 1) fluorosis is characterized by:

- 1) the enamel discloses slight aberrations from the translucency of normal enamel, ranging from a few white flecks to occasional white spots+
- 2) small, opaque, paper white areas scattered irregularly over the tooth but not involving as much as approximately 25 per cent of the tooth surface
- 3) the white opaque areas in the enamel of the teeth are more extensive but do involve as much as 50 percent of the tooth.
- 4) all enamel surfaces of the teeth are affected and surfaces subject to attrition show wear. Brown stain is frequently a disfiguring feature.
- 5) all enamel surfaces are affected and the general form of the tooth may be affected.

12. According to the Dean's index mild fluorosis is characterized by:

- 1) the enamel discloses slight aberrations from the translucency of normal enamel, ranging from a few white flecks to occasional white spots
- 2) small, opaque, paper white areas scattered irregularly over the tooth but not involving as much as approximately 25 per cent of the tooth surface
- 3) the white opaque areas in the enamel of the teeth are more extensive but do involve as much as 50 percent of the tooth.+
- 4) all enamel surfaces of the teeth are affected and surfaces subject to attrition show wear. Brown stain is frequently a disfiguring feature.
- 5) all enamel surfaces are affected and the general form of the tooth may be affected.

13. According to the Dean's index Very Mild (Code 2) fluorosis is characterized by:

- 1) the enamel discloses slight aberrations from the translucency of normal enamel, ranging from a few white flecks to occasional white spots

- 2) small, opaque, paper white areas scattered irregularly over the tooth but not involving as much as approximately 25 per cent of the tooth surface+
- 3) the white opaque areas in the enamel of the teeth are more extensive but do involve as much as 50 percent of the tooth.
- 4) all enamel surfaces of the teeth are affected and surfaces subject to attrition show wear. Brown stain is frequently a disfiguring feature.
- 5) all enamel surfaces are affected and the general form of the tooth may be affected.

14. According to the Dean`s index Moderate (Code 4) fluorosis is characterized by:

- 1) the enamel discloses slight aberrations from the translucency of normal enamel, ranging from a few white flecks to occasional white spots
- 2) small, opaque, paper white areas scattered irregularly over the tooth but not involving as much as approximately 25 per cent of the tooth surface
- 3) the white opaque areas in the enamel of the teeth are more extensive but do involve as much as 50 percent of the tooth.
- 4) all enamel surfaces of the teeth are affected and surfaces subject to attrition show wear. Brown stain is frequently a disfiguring feature.+
- 5) all enamel surfaces are affected and the general form of the tooth may be affected.

15. According to the Dean`s index Severe (Code 5) fluorosis is characterized by:

- 1) the enamel discloses slight aberrations from the translucency of normal enamel, ranging from a few white flecks to occasional white spots+
- 2) small, opaque, paper white areas scattered irregularly over the tooth but not involving as much as approximately 25 per cent of the tooth surface
- 3) the white opaque areas in the enamel of the teeth are more extensive but do involve as much as 50 percent of the tooth.
- 4) all enamel surfaces of the teeth are affected and surfaces subject to attrition show wear. Brown stain is frequently a disfiguring feature.
- 5) all enamel surfaces are affected and the general form of the tooth may be affected.+

16. What teeth are the most susceptible to the hypoplasia?

- 1) permanent incisors and first molars. +
- 2) primary canines.
- 3) permanent premolars.
- 4) primary molars.
- 5) second permanent molars

17. What is the main cause of erosion?

- 1) Acids.+
- 2) Fluorides.
- 3) Consumption of tetracycline.
- 4) Streptococcus mutans
- 5) All answers are right.

18. What should be the minimum concentration of fluorine in water to start dental fluorosis?

- 1) 0.5 mg/l.
- 2) 5.0 mg / kg
- 3) 1 g/l.
- 4) 1.5 mg/l.+
- 5) 2.mg/l.

20. Up to what age is it possible to develop dental fluorosis in humans?

- 1) Up to 5 years.
  - 2) Up to 8-9 years old. +
  - 3) Up to 12 years old.
  - 4) up to 16 years old.
  - 5) At any age
21. Up to what age is tetracycline tooth damage possible?
- 1) Up to 5 years.
  - 2) Up to 8-9 years old. +
  - 3) Up to 12 years old.
  - 4) up to 16 years old.
  - 5) At any age
22. Prevention of abrasion with imperfect dentinogenesis in children includes the following:
- 1) fluoridation of teeth.
  - 2) standard and individual crowns on the molars;
  - 3) covering occlusal surfaces of premolars and molars with resin material;
  - 4) c) protective caps at night after teething.
  - 5) All answers are right. +
23. Prevention and treatment of imperfect amelogenesis in children includes the following:
- 1) fluoridation of teeth.
  - 2) standard and individual crowns on the molars;
  - 3) covering occlusal surfaces of premolars and molars with resin material;
  - 4) protective caps at night after teething.
  - 5) All answers are right. +
24. The cause of imperfect amelogenesis is the following:
- 1) pregnancy pathology
  - 2) diseases of pregnant woman;
  - 3) intrusive luxation (dislocation) of the primary incisor
  - 4) high fluoride content in water (more than 1.5 mg/l)
  - 5) genetic mutation (hereditary cause)+
25. The cause for imperfect dentinogenesis is as following:
- 1) apical periodontitis of the primary tooth
  - 2) children diseases
  - 3) genetic mutation (hereditary cause)+
  - 4) high fluoride content in water (more than 1.5 mg/l)
  - 5) diseases of pregnant woman;
26. The teeth of both dentitions are typically amber and translucent and show significant attrition. Radiographically, the teeth have short, constricted roots and dentine hypertrophy leading to pulpal obliteration either before or just after eruption. What is the diagnosis?
- 1) imperfect amelogenesis
  - 2) imperfect dentinogenesis +
  - 3) molar Incisor Hypomineralization
  - 4) regional odontodysplasia
  - 5) Fluorosis
27. The general condition is normal. X-ray examination is normal. On all surfaces of all teeth there are pits and grooves on the enamel with a hard bottom. Teeth have already erupted with this pathology. What is the diagnosis?
- 1) imperfect amelogenesis +
  - 2) imperfect dentinogenesis
  - 3) molar Incisor Hypomineralization

- 4) regional odontodysplasia
  - 5) Fluorosis
28. Which systemic disease very often leads to gum disease:
- 1) tuberculosis
  - 2) candidiasis
  - 3) hepatitis
  - 4) diabetes +
  - 5) syphilis
29. Which toothpastes should you recommend to children with acute gum disease
- 1) toothpastes with chlorhexidine, with triclosan+
  - 2) toothpastes with herbs
  - 3) toothpastes with mineral salts
  - 4) toothpastes with enzymes
  - 5) toothpastes with propolis
30. Which toothpastes should you recommend to children with periodontal diseases during remission
- 1) toothpastes with propolis
  - 2) toothpastes with herbs
  - 3) toothpastes with mineral salts
  - 4) toothpastes with enzymes
  - 5) all of the above+
31. It is necessary to reveal bad habits in:
- 1) young-aged patients;
  - 2) patients with plentiful dental plaque;
  - 3) all patients necessarily;+
  - 4) patients with systemic diseases.
  - 5) in infancy
32. Specify the etiological factor in the development of the chronic simple marginal gingivitis:
- 1) local trauma;
  - 2) general disease (diabetes, endocrine disorders);
  - 3) plaque;+
  - 4) bad habits.
  - 5) viral infection
33. Indicate the contraindication for ultrasonic removal of dental calculus:
- 1) gastrointestinal tract disease;
  - 2) blood disorders+;
  - 3) locomotor system disease;
  - 4) hormonal disease.
  - 5) pregnancy
34. What is the advantage of dental calculus ultrasonic removing in comparison with the manual method?
- 1) quick removal of dental calculus, minimal discomfort for the patient, minimal soft tissue trauma;+
  - 2) high quality, smooth surface of the tooth;
  - 3) effect of tooth whitening;
  - 4) absence of bleeding.

- 5) bronchial asthma
35. What are the obligatory components of toothpastes for patients with the chronic gingivitis?
- 1) medicinal herbs extracts, calcium gluconate;
  - 2) medicinal herbs extracts, antiseptics;+
  - 3) potassium and sodium pyrophosphates, calcium bicarbonate;
  - 4) saltpeter, sodium citrate and magnesium chloride.
  - 5) calcium glycerophosphate and hydroxyapatite
36. What kind of toothbrush do the dentists recommend to patients with dental crowding?
- 1) a toothbrush with soft bristles;
  - 2) a mono- or little beam toothbrush as an additional device; +
  - 3) a toothbrush with stiff bristles;
  - 4) bristle stiffness does not matter.
  - 5) ortho toothbrush
37. What are the objectives of the periodontal disease primary prevention? (1 correct answer)
- 1) minimizing exposure to risk factors;+
  - 2) prevention of the disease progression;
  - 3) prevention of the disease occurrence;
  - 4) maintaining the existing level of health.
  - 5) use of fluorides
38. What is the compulsory component of the periodontal diseases prevention program?
- 1) c) oral hygiene;+
  - 2) b) medical therapy;
  - 3) d) timely prosthodontics.
  - 4) the use of toothpastes with antiseptics.
  - 5) use of rinses
39. Where is it not recommended to use dental floss?
- 1) above the level of the cementum-enamel junction;
  - 2) below the level of the cementum-enamel junction;+
  - 3) at the level of the cementum-enamel junction;
  - 4) within the enamel of the tooth;
  - 5) in case of gingivitis.
40. Determine the correct sequence of dental plaque removal methods: 1) polishing; 2) tartar removal; 3) remineralizing solutions application; 4) antiseptic treatment; 5) anesthesia.
- 1) 1, 2, 3, 4, 5;
  - 2) 5, 4, 3, 2, 1;
  - 3) 4, 5, 2, 1, 3;+
  - 4) 5, 1, 2, 4, 3.
  - 5) 2, 5, 4, 3, 1
41. Make the algorithm of controlled toothbrushing in the correct sequence: 1) recommendations to the patient for the correction of hygienic care deficiencies; 2) treatment of the patient's teeth with the coloring tool to identify the hygienic index, demonstration to the patient the concentrations of plaque; 3) brushing by the patient in his usual manner; 4) reassessment hygiene index, estimation of cleaning efficiency.
- 1) 1, 2, 3, 4;
  - 2) 2, 3, 4, 1;+
  - 3) 2, 1, 3, 4.
  - 4) 3, 4, 1, 2
  - 5) 4, 3, 2, 1

42. During oral cavity examination of the 16-year old girl dentist has revealed the white spots on vestibular surfaces in cervical area of 11, 21 teeth. By patient's opinion they appeared around two months ago and during this time their size have been increasing slowly. For which of listed below diseases is the most typical such course of the disease?

- 1) A. Caries.+
- 2) B. Hypoplasia of enamel.
- 3) C. Necrosis of enamel.
- 4) D. Fluorosis
- 5) E. Erosion of enamel

43. The 17 years old patient complains of teeth sensitivity to sweet, sour, presence of the cosmetic defect. Objectively: in cervical area of the 14, 13 teeth the single chalky white spots with opaque tone without damage of enamel painless when probing are revealed. The spots are colored by 2% solution methylene blue, EOD - 2 mcA. What kind of enumerated diagnosis is the most probable?

- 1) A. Fluorosis, spot form
- 2) B. Localized hypoplasia
- 3) C. Acute superficial caries
- 4) D. Erosion of enamel
- 5) E. Acute initial caries+

44. The 16 years old patient, addressed to the dentist with complaint on pain in 23 tooth when eating sour or sweet meal. After the eliminating of irritants the pain disappears. The complaints appeared two weeks ago. On vestibular surface of the 23 tooth the oval white spot by size 2-3 mms is revealed. Spot surface is rough, the colouration by methylene blue does not disappear after washing off by water. Define the most probable diagnosis.

- 1) A. Acute initial caries+
- 2) B. Chronic initial caries
- 3) C. Spot form of fluorosis
- 4) D. Initial stage of enamel necrosis
- 5) E. Local hypoplasia of enamel.

45. The 16 years old girl complains of presence of rough whitish spots on vestibular surfaces of central maxilla incisors. The spots appeared several months ago and their sizes have been increasing since this moment. Girl was born and lives in area with contents of fluorine in drinking water 1,4 mg/l. What is the treatment tactics of these spots?

- 1) A. Dental intervention is not needed
- 2) B. Preparation with the following filling
- 3) C. Silvering of the spots
- 4) D. Grinding of the spots
- 5) E. Remineralization therapy+

46. The 15 years old patient is disturbed by pain in 15 tooth about two weeks, which appears from sweet and stops quickly after the irritant eliminating. Objectively: on occlusal surface of 15 tooth the defect within enamel is revealed. The enamel edges are friable, they have chalky white colour. The T-test is negative, percussion is painless. EOD - 6 mcA. What diagnosis is the most probable?

- 1) Hypoplasia of enamel
- 2) Acute middle caries
- 3) Erosion of enamel
- 4) Acute superficial caries+
- 5) Fluorosis, erosion form

47. The most common periodontal diseases in childhood is :

- 1) Chronic plaque gingivitis
- 2) Chronic Hyperplastic gingivitis+
- 3) Chronic periodontitis
- 4) Necrotizing ulcerative gingivitis
- 5) Gingival recession

48. What gum disease is a feature for puberty (adolescence)?

- 1) Chronic plaque gingivitis
- 2) Chronic Hyperplastic gingivitis+
- 3) Chronic periodontitis
- 4) Necrotizing ulcerative gingivitis
- 5) Gingival recession

49. Periodontal pockets are a symptom of what gum disease in children?

- 1) Chronic plaque gingivitis
- 2) Chronic hyperplastic gingivitis
- 3) Chronic periodontitis+
- 4) apical periodontitis
- 5) Gingival recession

50. What local factor contributes to the development of periodontal diseases in children:

- 1) The depth of the vestibule of the oral cavity from 5 to 10 mm
- 2) The depth of the vestibule of the oral cavity is less than 5 mm+
- 3) Orthognathic bite
- 4) Bipognathia
- 5) Mandibular Protrusion