TESTS IN THE DISCIPLINE "MAXILLOFACIAL SURGERY" MODULE "CHILDREN'S MAXILLOFACIAL SURGERY"

1. Chronic recurrent parenchymal sialadenitis - a disease:

1) non-contagious\*

2) contagious

3) sexually transmitted

4) is transmitted by airborne droplets

5) transmitted by contact

2. For acute epidemic sialoadenitis, symmetrical damage to both glands:

1) typical \*

2) not typical

3) only for submandibular

4) only for sublingual

5) only for parotid

3. Indicate the disease of the maxillofacial region in children with the Dupuytren symptom

1) Chronic granulating periodontitis

2) Odontogenic radicular cyst\*

3) Chronic medium caries

4) Acute purulent periostitis

5) Chronic medium caries

4. For chronic recurrent parenchymal sialoadenitis, a symmetrical lesion of both salivary glands is a sign of:

1) only for parotid

2) mandatory

3) only for submandibular

4) only for sublingual

5) optional\*

5. Symmetric lesion of both parotid glands is characteristic of sialadenitis:

1) acute epidemic\*

2) chronic recurrent parenchymal

3) salivary stone disease

4) sialodakhita

5) only for parotid salivary glands

6. The alternation of periods of exacerbation and remission is typical for sialadenitis:

1) acute viral

2) acute epidemic

3) acute specific

4) acute bacterial

5) chronic parenchymal \*

7. Orchitis as a complication is observed in boys who have had:

1) acute specific sialadenitis

2) chronic parenchymal sialadenitis

3) calculous sialadenitis

4) acute epidemic parotitis \*

5) chronic interstitial sialadenitis

8. Purulent fusion of the parenchyma of the gland is characteristic of mumps:

1) newborns \*

2) chronic recurrent parenchymal

3) acute epidemic

4) acute specific

5) chronic parenchymal

10. The surgical method is most often used in the treatment of sialadenitis:

1) acute epidemic

2) newborns \*

3) chronic recurrent parenchymal

4) acute specific

5) not applicable

9. Isolation of purulent secretion from the mouth of the excretory duct of the parotid salivary gland is characteristic of sialadenitis:

1) calculous

2) acute viral

3) chronic interstitial

4) acute bacterial\*

5) chronic parenchymal

10. When plastic of the frenulum of the upper lip, the indication for compact osteotomy is:

1) fusion of the mucous cord with a compact plate of the alveolar process \*

2) false diastema

3) hypertrophy of the interdental papilla

4) violation of sound pronunciation

5) violation of the development of the lower jaw

11. Plastic surgery of the shortened frenulum of the upper lip is performed at the age of:

1) after eruption of the permanent incisors of the upper jaw\*

2) after the eruption of the permanent canines of the upper jaw

3) at 5-6 years old

4) at the birth of a child

5) at the age of 14

12. Plastic surgery of a shortened frenulum of the tongue is performed at the age of:

1) after eruption of the permanent fangs of the lower jaw

2) 5-6 years\*

3) at 12 years old

4) at the birth of a child

5) at the age of 14

13. In childhood, what disease of the salivary glands is characterized by Murson's symptom?

1) herpetic sialadenitis

2) chronic parenchymal sialadenitis

3) acute bacterial sialadenitis

4) specific sialadenitis

5) mumps \*

14. In childhood, what disease is characterized by the symptoms of Murson and Hatchcock?

1) mumps \*

2) chronic parenchymal sialadenitis

3) chronic interstitial sialadenitis

4) acute bacterial sialadenitis

5) herpetic sialadenitis

15. Most often, the trauma of the rudiment of the 1.1 tooth is observed with the trauma of the 5.1 tooth in the form of a dislocation:

1) complete

2) incomplete

3) driven in\*

4) when combined with a crown fracture

5) tooth luxation

16. Injury of the rudiment of a permanent tooth during the removal of a temporary tooth:

1) possible\*

2) impossible

3) sometimes possible

4) if the removal algorithm is not followed, it is impossible

5) is possible only during the stage of well curettage

17. Local enamel hypoplasia as a result of rudiment injury:

1) impossible

2) possible\*

3) sometimes possible

4) if the tooth extraction algorithm is followed, it is impossible

5) is possible only during the stage of well curettage

18. In a 2-year-old child 7.1, 8.1 teeth with complete dislocation of replantation:

1) not subject to \*

2) are subject to

3) subject only in certain cases

4) if the algorithm is followed, replantation is subject to

5) are subject if tooth vitality is diagnosed

19. In a 6-year-old child 4.1, 3.1 teeth with complete dislocation of replantation:

1) are not subject

2) are subject\*

3) subject only in certain cases

4) are subject only if the root system of the teeth is at the stage of apex formation

5) are subject if tooth vitality is diagnosed

20. A predisposing factor for dislocation of incisors in children is:

1) deep prognathic bite \*

2) multiple caries of these teeth and its complications

3) small vestibule of the mouth

4) fluorosis

5) shortened frenulum of the lower lip

21. Tooth 5.1 with complete dislocation in a child of 3 years of replantation:

1) subject to

2) not subject to\*

3) subject only in certain cases

4) if the algorithm is followed, replantation is subject to

5) subject if tooth vitality is diagnosed

22. In the choice of treatment for complete dislocation of teeth 71, 81, the age of the child is:

\*1) does not have

2) has

3) has only in some cases

4) has during the eruption of all milk teeth

5) has if the root system of the teeth is at the stage of apex formation

23. A 3-year-old child has 71, 81 teeth with complete dislocation of replantation:

1) subject only in certain cases

2) are subject to

3) not subject to \*

4) if the algorithm is followed, replantation is subject to

5) are subject if tooth vitality is diagnosed

24. Specify the etiological factor in the development of acute mumps in children:

1) protozoa

2) bacteria

3) mushrooms

4) virus\*

5) hemolytic streptococcus

25. With the development of acute mumps in children, Murson's symptom is characteristic:

1) always\*

2) sometimes

3) only with unilateral lesion

4) only in the initial stage of the disease

5) only in temporary bite

26. Murson's symptom in diseases of the salivary glands in childhood is:

1) pain reaction with pressure on the region of the mental openings of the lower jaw

2) pain reaction with pressure on the hook of the pterygoid process

3) pain reaction with pressure on the corners of the lower jaw

4) parchment crunch on palpation

5) hyperemia around the mouth of the excretory duct \*

27. Hatchcock's symptom in diseases of the salivary glands in childhood is:

1) pain reaction with pressure on the corners of the lower jaw \*

2) pain reaction with pressure on the hook of the pterygoid process

3) hyperemia around the mouth of the excretory duct

4) parchment crunch on palpation

5) pain reaction with pressure on the region of the mental openings of the lower jaw

28. In childhood, what disease of the salivary glands is characterized by Hatchcock's symptom?

1) sialodochitis

2) chronic parenchymal sialadenitis

3) chronic interstitial sialadenitis

4) acute bacterial sialadenitis

5) mumps \*

29. Indicate the period of primary surgical treatment of a wound in childhood with traumatic lesions of the maxillofacial area

1) up to 36 hours \*

2) up to 24 hours

3) up to 72 hours

4) up to 7 days

5) up to 3-4 days

30. Indicate the purpose of using straight forceps to remove a group of teeth in a temporary bite

1) molars of the lower jaw

2) fangs of the lower jaw

3) molars of the upper jaw

4) incisors of the upper jaw \*

5) lower jaw incisors

31. Indicate, in which disease of the maxillofacial region in children the symptom of "Dupuytren" is determined

1) Odontogenic radicular cyst\*

2) Chronic granulating periodontitis

3) Chronic medium caries

4) Fibrous dysplasia

5) Albright Syndrome

32. What local anesthetic can be used in a child from 5 years of age?

1) 4% solution of articaine\*

2) 2% solution of chlorhexidine

3) 0.05% solution of chlorhexidine

4) 3% solution sodium hypochlorite

5) 2% solution of articaine

33. Specify the etiological factor in the development of acute epidemic parotitis in children:

1) fungal flora

2) bacteria

3) virus\*

4) protozoa

5) fungal flora complicated by bacterial infection

34. With the development of acute mumps in children, Murson's symptom is characteristic:

1) sometimes

2) always\*

3) only with unilateral lesion

4) only in the initial stage of the disease

5) only with bilateral lesion

35. Murson's symptom in diseases of the salivary glands in childhood is:

1) hyperemia around the mouth of the excretory duct \*

2) pain reaction with pressure on the hook of the pterygoid process

3) pain reaction with pressure on the corners of the lower jaw

4) parchment crunch on palpation

5) bilateral damage to the salivary glands

36. Hatchcock's symptom in case of viral sialoadenthia of the parotid salivary gland in childhood is:

1) hyperemia around the mouth of the excretory duct

2) pain reaction with pressure on the hook of the pterygoid process

3) pain reaction with pressure on the corners of the lower jaw \*

4) parchment crunch on palpation

5) bilateral damage to the salivary glands

37. In childhood, what disease of the salivary glands is characterized by Hatchcock's symptom?

1) chronic interstitial sialadenitis

2) chronic parenchymal sialadenitis

3) mumps\*

4) acute bacterial sialadenitis

5) specific sialadenitis

38. In childhood, what disease of the salivary glands is characterized by Murson's symptom?

1) chronic interstitial sialadenitis

2) chronic parenchymal sialadenitis

3) mumps\*

4) acute bacterial sialadenitis

5) specific sialadenitis

39. In childhood, what disease is characterized by the symptoms of Murson and Hatchcock?

1) chronic interstitial sialadenitis

2) chronic parenchymal sialadenitis

3) mumps\*

4) acute bacterial sialadenitis

5) specific sialadenitis

40. In childhood, what acute disease is characterized by unilateral lesion of the salivary glands?

1) chronic interstitial sialadenitis

2) chronic parenchymal sialadenitis

3) mumps

4) acute bacterial sialoadenitis\*

5) specific sialadenitis

41. In childhood, what acute disease is characterized by bilateral lesions of the salivary glands?

1) chronic interstitial sialadenitis

2) chronic parenchymal sialadenitis

3) mumps\*

4) acute bacterial sialadenitis

5) specific sialadenitis

42. In childhood, mumps is treated in:

1) dental medical organizations

2) maxillofacial department of a specialized hospital

3) infectious diseases hospital\*

4) purulent department of the hospital

5) at home

43. Treatment of mumps in childhood includes:

1) hospitalization, antibiotic treatment

2) hospitalization, surgical treatment

3) hospitalization, symptomatic treatment\*

4) antibacterial treatment

5) antifungal therapy

44. Specify the etiological factor in the development of acute bacterial sialadenitis in children:

1) fungal flora

2) bacteria\*

3) virus

4) protozoa

5) fungal flora complicated by bacterial infection

45. With the development of acute bacterial sialadenitis in children, Murson's symptom is characteristic:

1) always

2) not defined\*

3) only with unilateral lesion

4) only in the initial stage of the disease

5) only with bilateral lesion

46. Specify radiographic signs of chronic parenchymal sialadenitis in children:

1) thin shadows of the narrowed ducts with even contours, the shadow of the parenchyma can be traced evenly

2) shadows of cavities in the parenchyma in the form of foci of accumulation of contrast "clusters of grapes" \*

3) accumulation of a contrast agent in the area of the gland parenchyma capsule

4) accumulation of a contrast agent in the area of the capsule of the interstitium of the gland

5) narrowing of the ducts of all orders, the shadow of the parenchyma is not traced

47. Specify radiological signs of chronic interstitial sialadenitis in children:

1) thin shadows of the narrowed ducts with even contours, the shadow of the parenchyma can be traced evenly \*

2) shadows of cavities in the parenchyma in the form of foci of accumulation of contrast "clusters of grapes"

3) accumulation of a contrast agent in the area of the gland parenchyma capsule

4) accumulation of a contrast agent in the area of the capsule of the interstitium of the gland

5) narrowing of the ducts of all orders, the shadow of the parenchyma is not traced

48. In children, "Stenon's duct" is the excretory duct of the salivary gland:

1) submandibular

2) parotid\*

3) sublingual

4) a small salivary gland in the area of the mucous membrane of the soft palate

5) minor salivary gland in the area of the mucous membrane of the alveolar process

49. In children, "Wharton's duct" is the excretory duct of the salivary gland:

1) submandibular\*

2) parotid

3) sublingual

4) a small salivary gland in the area of the mucous membrane of the soft palate

5) minor salivary gland in the area of the mucous membrane of the alveolar process

50. In children, "Bartholin's duct" is the excretory duct of the salivary gland:

1) submandibular

2) parotid

3) sublingual\*

4) a small salivary gland in the area of the mucous membrane of the soft palate

5) minor salivary gland in the area of the mucous membrane of the alveolar process

51. From the development of what disease is there vaccination in childhood?

1) chronic interstitial sialadenitis

2) chronic parenchymal sialadenitis

3) mumps\*

4) acute bacterial sialadenitis

5) specific sialadenitis

52. What disease of the salivary glands in childhood may cause damage to the pancreas?

1) chronic interstitial sialadenitis

2) chronic parenchymal sialadenitis

3) mumps\*

4) acute bacterial sialadenitis

5) specific sialadenitis

53. What form of chronic sialadenitis of the salivary glands is typical for childhood?

1) chronic interstitial sialadenitis

2) chronic parenchymal sialoadenitis \*

3) mumps

4) acute bacterial sialadenitis

5) specific sialadenitis

54. Specify the characteristic signs of the clinical course of chronic parenchymal sialoadenitis of the salivary glands in childhood?

1) unilateral lesion of the gland, smooth surface, temporary enlargement of the gland, no intoxication of the body during exacerbation

2) symmetrical lesion, bumpy surface, cyclic course, primary chronic lesion \*

3) symmetrical lesion, smooth surface, Murson's sign

4) symmetrical lesion, smooth surface, Hatchcock's symptom

5) unilateral lesion, pain reaction in the lower pole of the gland, lesion of the pancreas

55. Specify the characteristic signs of the clinical course of chronic interstitial sialoadenitis of the salivary glands in childhood?

1) unilateral lesion of the gland, smooth surface, temporary enlargement of the gland, no intoxication of the body during exacerbation\*

2) symmetrical lesion, bumpy surface, cyclic course, primary chronic lesion

3) symmetrical lesion, smooth surface, Murson's sign

4) symmetrical lesion, smooth surface, Hatchcock's symptom

5) unilateral lesion, pain reaction in the lower pole of the gland, lesion of the pancreas

56. Acute epidemic parotitis in childhood is characterized by:

1) purulent fusion of gland tissues

2) symmetrical enlargement of both glands\*

3) the consistency is smooth, dense

4) the consistency is dense, bumpy

5) simultaneous purulent-necrotic lesions of the submandibular and sublingual salivary glands are possible

57. Chronic parenchymal sialoadenitis in remission is characterized by:

1) the consistency of the gland is doughy - pasty

2) the consistency of the gland is bumpy, elastic \*

3) discharge of pus or secretion with an admixture of pus from the mouth of the duct

4) the secret is jelly-like, sometimes streaked with blood or cloudy

5) pain aggravated by eating

58. The highest incidence of chronic parenchymal sialadenitis occurs in the following age groups of children:

1) 1-2 years

2) puberty period (12-18 years old)

3) up to 1 year

4) 3-8 years\*

5) 10-12 years old

59. A characteristic type of injury to teeth 5.1, 6.1 in childhood is:

1) fracture

2) combined injury

3) injury

4) incomplete fracture

5) dislocation\*

60. In children with permanent occlusion among the trauma of the teeth prevails:

1) dislocation

2) fracture\*

3) injury

4) incomplete fracture

5) combined injury

61. In what occlusion do fractures of teeth predominate in children?

1) permanent\*

2) temporary

3) replaceable

4) in temporary and permanent bite

5) in temporary and mixed dentition

62. In what kind of occlusion do teeth dislocation predominate in children?

1) permanent

2) temporary\*

3) replaceable

4) in temporary and permanent bite

5) in temporary and mixed dentition

63. In what type of dislocation of tooth 5.1. is there an injury to the rudiment of tooth 1.1?

1) complete

2) incomplete

3) driven in\*

4) complete with damage to the neurovascular bundle

5) incomplete with damage to the neurovascular bundle

64. The relationship exists between the injury of the rudiment of a permanent tooth and enamel hypoplasia:

1) systemic

2) local\*

3) systemic hypoplasia of the spotted form

4) systemic hypoplasia of the erosive form

5) systemic hypoplasia of the striated form

65. The predisposing factor of maxillary incisor dislocation in children is:

1) multiple caries of these teeth and its complications

2) deep prognathic bite\*

3) small vestibule

4) interchangeable bite

5) delay in physiological change

66. When a tooth is bruised on a radiograph, the periodontal fissure:

1) extended

2) narrowed

3) not changed\*

4) missing

5) not defined

67. 5.1 tooth with complete dislocation in a child of 4 years of replantation:

1) subject to

2) not subject\*

3) subject, depending on the somatic condition of the patient

4) subject in the absence of contraindications

5) subject after endodontic treatment

68. In the choice of treatment for complete dislocation of teeth 7.1, 8.1, the age of the child is:

1) has in the absence of contraindications

2) does not have: temporary teeth are not subject to replantation \*

3) with an unformed root - the teeth are replanted in childhood

4) with an unformed root tip - teeth are replanted in childhood

5) in childhood, all teeth are replanted after endodontic treatment

69. In a 2-year-old child 6.1, 5.1 teeth with complete dislocation of replantation:

1) are subject to

2) subject after endodontic treatment

3) are subject, depending on the somatic condition of the patient

4) are subject in the absence of contraindications

5) not subject\*

70. Medical tactics in case of complete dislocation of 5.1, 6.1 teeth from the age of the child:

1) depends in the absence of contraindications

2) does not depend: temporary teeth are not subject to replantation \*

3) with an unformed root - the teeth are replanted in childhood

4) with an unformed root tip - teeth are replanted in childhood

5) in childhood, all teeth are replanted after endodontic treatment

71. In a 10-year-old child with complete dislocation of 1.1 tooth as a result of a street injury, it is recommended:

1) elimination of the defect by the implant

2) elimination of the defect with a removable prosthesis

3) replantation without its preliminary filling

4) replantation with preliminary endodontic treatment\*

5) dynamic observation

72. Impacted dislocation of the 1.1 tooth with a formed root shows:

1) delete

2) atraumatic removal, trepanation, depulpation, filling, replantation

3) exclusion of load, dynamic observation, according to indications - endodontic treatment

4) reposition, fixation, dynamic observation, according to indications - endodontic treatment\*

5) dynamic observation

73. In a 5-year-old child with 5.1 tooth in case of a root fracture, it is recommended:

1) save

2) delete\*

3) dynamically observe

4) to carry out endodontic treatment with subsequent follow-up

5) splinting the tooth

74. For children aged 4-5 years, the most typical type of injury is:

1) tooth fracture

2) jaw fracture

3) tooth dislocation\*

4) dislocation of the TMJ

5) bruised tooth

75. The most common localization of fractures of the lower jaw according to the type of "green branch":

1) angle of the lower jaw

2) condylar process\*

3) the body of the lower jaw

4) alveolar process

5) any localization is possible

76. A fracture of the jaw bones in childhood according to the "green branch" type is:

1) complete fracture in the area of bone tissue and periosteum

2) fracture of bone tissue and periosteum only from one edge \*

3) bone fracture without damage to the periosteum

4) complete fracture in the area of bone tissue and periosteum with damage to the mucous membrane

5) damage only to spongy bone tissue

77. Subperiosteal fracture of the jaw bones in childhood is:

1) complete fracture in the area of bone tissue and periosteum

2) fracture of bone tissue and periosteum only from one edge

3) bone fracture without damage to the periosteum\*

4) complete fracture in the area of bone tissue and periosteum with damage to the mucous membrane

5) damage only to spongy bone tissue

78. The decisive sign of a complete fracture of the lower jaw in childhood is:

1) pain reaction with a symptom of load \*

2) bone crepitus

3) chewing dysfunction

4) hematoma, swelling of surrounding tissues

5) local pain, aggravated by palpation

79. The most informative method for diagnosing jaw fractures in childhood is:

1) rheography

2) electromyography

3) CBCT study\*

4) MRI examination

5) electroodontometry

80. Splints fixing jaw fragments in children are recommended to be removed no earlier than after:

1) 1 week

2) 2 weeks

3) 3 weeks

4) 4 weeks

5) 5 weeks\*

81. The term of primary surgical treatment of wounds of soft tissues of the face in children:

1) 24 hours

2) up to 36 hours\*

3) up to 48 hours

4) up to 72 hours

5) up to 1 month

82. Dispensary observation of a child with a fracture of the condylar process of the lower jaw continues:

1) before the detection of radiographic signs of primary callus in the area of the fracture

2) before the formation of a permanent bite

3) up to 1 - 2 years after injury

4) up to 16 - 18 years of age

5) before revealing radiographic signs of complete consolidation of fragments\*

83. X-ray sign of incomplete dislocation of a tooth in childhood is:

1) the absence of a periodontal gap in the area of the apex

2) uneven expansion of the periodontal gap in the region of the lateral surface of the root \*

3) expansion of the periodontal gap in the region of the apex

4) narrowing of the periodontal gap in the region of the apex

5) the absence of a periodontal gap over the entire surface of the root

84. X-ray sign of impacted dislocation of a tooth in childhood is:

1) uneven absence of a periodontal gap in the area of the apex

2) uneven expansion of the periodontal gap in the region of the lateral surface of the root

3) expansion of the periodontal gap in the region of the apex

4) narrowing of the periodontal gap in the region of the apex

5) absence of a periodontal gap over the entire surface of the root \*

85. The predominance of dislocation over fracture of teeth 5.2, 5.1, 6.1, 6.2 is explained by:

1) age-related features of the structure of bone tissue

2) age-related features of the periodontal structure \*

3) frequent caries

4) a relatively small root value

5) increased hemodynamic area

86. Predisposing factors of dislocation of temporary incisors of the upper jaw in children are:

1) their multiple caries

2) delayed physiological change

3) prognathic bite\*

4) open bite

5) diastema

87. Clinical symptoms of a fracture of the condylar process of the lower jaw in children:

1) displacement of the midline in the direction opposite to the fracture

2) midline shift towards the fracture\*

3) lack of contact between all teeth

4) tight contact between all teeth

5) lack of contact between the teeth on the side of the fracture

88. Specify the duration of the period of dynamic observation in case of dental trauma in childhood:

1) 2 days

2) 4-6 weeks\*

3) 5 weeks

4) 2 hours

5) 1 year

89. Specify the drug used in the treatment of abrasions of the skin of the maxillofacial region in childhood

1) Heparin Mayaz

2) Methyluracil ointment, "Solcoseryl" \*

3) Troxevasin ointment

4) Levomekol ointment

5) Ointment Vishnevsky

90. Specify the drug used in the treatment of contusion of the skin of the maxillofacial region in childhood:

1) Heparin ointment

2) Methyluracil ointment, Solcoseryl

3) ointment "Dolobene" \*

4) Levomekol ointment

5) Ointment Vishnevsky

91. Specify the drug used in the treatment of mucosal abrasions in children:

1) Heparin ointment

2) Solcoseryl-dental adhesive paste\*

3) ointment "Dolobene"

4) Levomekol ointment

5) Ointment Vishnevsky

92. Specify the drug used in the treatment of hematoma of the skin of the maxillofacial area in childhood:

1) Heparin ointment\*

2) Methyluracil ointment, Solcoseryl

3) ointment "Dolobene"

4) Levomekol ointment

5) Ointment Vishnevsky

93. Specify the drug used in the treatment of hematoma of the oral mucosa in children:

1) Ointment Vishnevsky

2) Methyluracil ointment, Solcoseryl

3) ointment "Dolobene"

4) Levomekol ointment

5) Vinylin balm \*

94. Specify the timing of removal of suture material from the skin of the maxillofacial area in childhood:

1) after 5 days

2) after 7 days

3) after 8 days

4) after 10 days\*

5) after 3 days

95. Specify the timing of removal of suture material from the oral mucosa in children:

1) after 7 days\*

2) after 10 days

3) after 8 days

4) after 5 days

5) after 3 days

96. Specify the period of anatomical development of the temporomandibular joint as an organ?

1) teenage (up to 12-14 years old)

2) from birth to 2-3 years \*

3) from 14 to 50 years old

4) from 50 years to old age

5) from 3 to 5 years

97. Specify the period when the anatomical formation of the temporomandibular joint ends in relation to its function?

1) teenage (up to 12-14 years old) \*

2) from birth to 2-3 years

3) from 14 to 50 years old

4) from 50 years to old age

5) from 3 to 5 years

98. Specify the period of active activity of the temporomandibular joint in relation to its function?

1) teenage (up to 12-14 years old)

2) from birth to 2-3 years

3) from 14 to 50 years\*

4) from 50 years to old age

5) from 3 to 5 years

99. Specify the elderly and senile period of activity of the temporomandibular joint in relation to its function?

1) teenage (up to 12-14 years old)

2) from birth to 2-3 years

3) from 14 to 50 years old

4) from 50 years to old age\*

5) from 3 to 5 years

100. Specify radiographic symptoms that characterize stage I of secondary deforming osteoarthritis of the temporomandibular joint in childhood?

1) stage of osteoarthritis - inflammation and death of bone substance \*

2) destruction of the ulnar head and initial repair, narrowed light line of the joint space, 2-3 years

3) pronounced repair, extensive area of bone formation and deformity of the temporal bone. The line is straight, uneven, 3-5 years

4) complete loss of joint congruence. Solid zone of bone formation

5) stage of functional changes, without pronounced organic changes in the temporomandibular joint