**Тесты для англоязычных студентов по хирургической стоматологии для 3 курса 5 семестр.**

(\* звездочкой отмечены правильные ответы)

1. Communicable pathogenic organisms

1) bacteria

2) viral organisms

3) mycobacterial organisms

4) all the answers are wrong

\*5) all the answers are correct

2. Bacteria encompasses

1) upper respiratory tract flora

2) maxillofacial skin flora

3) non-maxillofacial flora

4) all the answers are wrong

\*5) all the answers are correct

3. Consists of normal oral flora in upper respiratory tract

1) aerobic gram + bacteria

2) actinomycetes

3) anaerobic gram + bacteria

4) all the answers are wrong

\*5) all the answers are correct

4. Of organisms is usually held in check by

1) turnover with desquamation

2) host immunological factors

3) dilution by salivary flow

4) competition between oral organisms for available nutrients

\*5) all the answers are correct

5. What is the main microflora in the oral cavity and paranasal sinuses?

\*1) gram + aerobic streptococci, gram + anaerobes streptococci

2) Bacillus anthracis.

3) Treponema pallidum

4) mycobacterium tuberculosis

5) all the answers are correct

6. Normal flora in the oral cavity is limited by

1) presence of ciliated respiratory epithelium

2) secretory immunoglobulins

3) epithelial desquamation

4) all the answers are wrong

\*5) all the answers are correct

7. Children may harbor\_\_\_\_ , adults have \_\_\_

\*1) children may harbor Haemophilus influenzae , adults have staphylococcus aureus

2) children may harbor staphylococcus aureus, adults have Haemophilus influenzae

3) children do not have microflora

4) all the answers are wrong

5) all the answers are correct

8. Maxillofacial skin flora (predominant species)

\*1) non-pathogenic Corynebacterium

2) Bacillus anthracis.

3) Treponema pallidum

4) all the answers are wrong

5) all the answers are correct

9. Responsible for most infectious hepatitis

1) Hepatitis viruses A

2) Hepatitis viruses B

3) Hepatitis viruses C

4) Hepatitis viruses D

\*5) all the answers are correct

10. Hepatitis A spread by

\*1) contact with of infected individuals

2) inherited genetically

3) animal bite

4) all the answers are wrong

5) all the answers are correct

11. Hepatitis C spread by

\*1) feces or contaminatted blood

2) inherited genetically

3) animal bite

4) all the answers are wrong

5) all the answers are correct

12. Hepatitis B and D spread by

\*1) contact with any human secretions

2) inherited genetically

3) animal bite

4) all the answers are wrong

5) all the answers are correct

13. How is the inactivation of the Hepatitis C virus?

1) halogen- containing disinfectants,

2) formaldehyde,

3) ethylene oxide gas,

4) all types of properly performed heat sterilization and irradiation

\*5) all the answers are correct

14. Hepatitis resistant to

\*1) desiccation and chemical disinfectants

2) halogen- containing disinfectants,

3) formaldehyde,

4) ethylene oxide gas,

5) all types of properly performed heat sterilization and irradiation

15. HIV loses its infectivity by desiccations?

\*1) true (unlike hepatitis)

2) halogen- containing disinfectants,

3) formaldehyde,

4) ethylene oxide gas,

5) all types of properly performed heat sterilization and irradiation

16. What are universal precautions against communicable diseases?

\*1) providers to specifically identify all patients with communicable diseases

2) providers should not specifically identify all patients with infectious diseases

3) treat all patients as if they were all healthy

4) all the answers are wrong

5) all the answers are correct

17. What are universal precautions against communicable diseases?

\*1) treat all patients as if they all patients as if they all had communicable disease

2) providers should not specifically identify all patients with infectious diseases

3) treat all patients as if they were all healthy

4) all the answers are wrong

5) all the answers are correct

18. Universal precautions includes

1) avoid contact with the patient's blood or secretions, whether directly or in aerosol form

2) wear barrier devices : face mask, eye protection, and gloves

3) also includes decontaminating or disposing of all surfaces that are exposed to patient blood, tissue, or secretions

4) avoid contamination objects / surfaces with contaminated gloves or instruments

\*5) all the answers are correct

19. Transmission of mycobacterial

\*1) aerosols that carry tuberculosis bacilli from the infected lungs of an individual

2) inherited genetically

3) animal bite

4) all the answers are wrong

5) all the answers are correct

20. Asepsis

\*1) refers to the avoidance of sepsis

2) refers to oral hygiene

3) refers to the treatment of oral diseases

4) all the answers are wrong

5) all the answers are correct

21. Medical asepsis

1) the attempt to keep patients as free as possible of agents that cause infection

2) the attempt to keep health care staff as free as possible of agents that cause infection

3) the attempt to keep objects as free as possible of agents that cause infection

4) all the answers are wrong

\*5) all the answers are correct

22. Surgical asepsis

\*1) the attempt to prevent microbes from gaining access to traumatic surgically created wounds

2) the attempt to keep patients as free as possible of agents that cause infection

3) the attempt to keep health care staff as free as possible of agents that cause infection

4) the attempt to keep objects as free as possible of agents that cause infection

5) all the answers are wrong

23. Antiseptic and disinfectant

\*1) prevent the multiplication of organisms capable of causing an infections

2) the attempt to prevent microbes from gaining access to traumatic surgically created wounds

3) the attempt to keep patients as free as possible of agents that cause infection

4) the attempt to keep health care staff as free as possible of agents that cause infection

5) the attempt to keep objects as free as possible of agents that cause infection

24. Antiseptic and disinfectant

\*1) antiseptics are applied to living tissues and disinfectants are designed for use on inanimate objects

2) antiseptics are applied for use on inanimate objects and disinfectants are designed to living tissues

3) antiseptics are applied for use on surgically created wounds and disinfectants are designed to living tissues

4) all the answers are wrong

5) all the answers are correct

25. Sterility

\*1) freedom from viable forms of micro-organisms

2) freedom from non-viable forms of microorganisms

3) freedom from contact with microorganisms

4) all the answers are wrong

5) all the answers are correct

26. Sanitization

\*1) reduction of the number of viable microorganisms to levels judged safe by public health standards

2) freedom from viable forms of micro-organisms

3) freedom from non-viable forms of microorganisms

4) freedom from contact with microorganisms

5) all the answers are correct

27. Decontamination

\*1) similar to sanitization

2) freedom from viable forms of micro-organisms

3) freedom from non-viable forms of microorganisms

4) freedom from contact with microorganisms5) all the answers are correct

5) all the answers are correct

28. Physical methods of reducing the number of viable organisms

1) heat

2) mechanical dislodgement

3) radiation

4) all the answers are wrong

\*5) all the answers are correct

29. Chemical methods of reducing the number of viable organisms

1) antiseptics

2) disinfectants

3) ethylene oxide gas

4) all the answers are wrong

\*5) all the answers are correct

30. What is most resistant to elimination

\*1) bacterial endospores

2) aerobic gram + bacteria

3) actinomycetes

4) anaerobic gram + bacteria

5) all the answers are correct

31. Techniques of instrument sterilization

1) with heat

2) dry heat

3) moist heat

4) gaseous sterilizaton

\*5) all the answers are correct

32. Advantage of using dry heat

\*1) relative ease of use and the unlikelihood of damaging heat resistant instruments

2) effective at much lower temperatures

3) requires less time

4) all the answers are wrong

5) all the answers are correct

33. Disadvantage of using dry heat

\*1) the time necessary and the potential damage to heat-sensitive equipment

2) relative ease of use

3) the unlikelihood of damaging heat resistant instruments

4) all the answers are wrong

5) all the answers are correct

34. More effective moist or dry heat?

\*1) moist heat - because it is effective at much lower temperatures and requires less time

2) dry heat - because it is effective at much lower temperatures and requires less time

3) moist heat – because it is effective at much higher temperatures and requires longer time

4) all the answers are wrong

5) all the answers are correct

35. Advantages of moist heat

\*1) its effectiveness, speed, and the relative availability of office proportioned autoclaving

2) tendency of moist heat to dull and rust instruments and the cost of autoclaves

3) it is effective at much higher temperatures and requires longer time

4) all the answers are wrong

5) all the answers are correct

36. Disadvnatages of moist heat

\*1) tendency of moist heat to dull and rust instruments and the cost of autoclaves

2) its effectiveness, speed, and the relative availability of office proportioned autoclaving

3) it is effective at much higher temperatures and requires longer time

4) all the answers are wrong

5) all the answers are correct

37. How long until you have to re-sterilize

\*1) 6 months after – the possibility of organisms entering sterilization bags increases

2) 6 days after – the possibility of organisms entering sterilization bags increases

3) 6 week after – the possibility of organisms entering sterilization bags increases

4) all the answers are wrong

5) all the answers are correct

38. How long until you have to re-sterilize

\*1) all sterilization items should be labeled with an expiration date that is no longer than 6-12 months

2) all sterilization items should be labeled with an expiration date that is no longer than 6 days

3) all sterilization items should be labeled with an expiration date that is no longer than 6 week

4) all the answers are wrong

5) all the answers are correct

39. Duration of treatment or exposure when using dry heat at 121 degrees C (250 F) for\_\_\_\_.

\*1) 6-12 hours

2) 3 hours

3) 2 1/2 hours

4) 2 hours

5) 1 hours

40. Duration of treatment or exposure when using dry heat at 140 degrees C (285 F) for\_\_\_\_.

1) 6-12 hours

\*2) 3 hours

3) 2 1/2 hours

4) 2 hours

5) 1 hours

41. Duration of treatment or exposure when using dry heat at 150 degrees C (300 F) for\_\_\_\_.

1) 6-12 hours

2) 3 hours

\*3) 2 1/2 hours

4) 2 hours

5) 1 hours

42. Duration of treatment or exposure when using dry heat at 160 degrees C (320 F) for\_\_\_\_.

1) 6-12 hours

2) 3 hours

3) 2 1/2 hours

\*4) 2 hours

5) 1 hours

43. Duration of treatment or exposure when using dry heat at 170 degrees C (340 F) for\_\_\_\_.

1) 6-12 hours

2) 3 hours

3) 2 1/2 hours

4) 2 hours

\*5) 1 hours

44. Steam for 60 minutes at what temp?

\*1) 116 degrees C (240 F)

2) 160 degrees C (320 F)

3) 170 degrees C (340 F)

4) 121 degrees C (250 F)

5) 140 degrees C (285 F)

45. What does Gaseous sterilization?

\*1) destroys enzymes and other vital biochemical structures

2) saves enzymes and other vital biochemical structures

3) protects enzymes and other vital biochemical structures

4) all the answers are wrong

5) all the answers are correct

46. Gaseous sterilization uses? what temp and how long?

\*1) ethylene oxide at 50 degrees C for 3 hours

2) ethylene oxide at 100 degrees C for 10 hours

3) ethylene oxide at 200 degrees C for 3 hours

4) all the answers are wrong

5) all the answers are correct

47. Gaseous sterilization advantages?

\*1) for sterilizing porous material, large equipment, and material sensitive to heat and moisture

2) for sterilization of rust-prone instruments

3) for sterilizing small equipment

4) all the answers are wrong

5) all the answers are correct

48. Gaseous sterilization disadvantages?

1) need special equipment

2) the length of sterilization

3) the length of aeration time

4) all the answers are wrong

\*5) all the answers are correct

49. Aeration requirements for gaseous sterilization? why?

\*1) because ethylene oxide is highly toxic to animal tissue - equipment exposed must be aerated for 8-12 hours at 50 degrees C to 60 degrees C or ambient temperatures for 4-7 days

2) because ethylene oxide is highly toxic to animal tissue - equipment exposed must be aerated for 8-12 hours at 200 degrees C to 300 degrees C or ambient temperatures for 4-7 days

3) because ethylene oxide is highly toxic to animal tissue - equipment exposed must be aerated for 1 hours at 50 degrees C to 60 degrees C or ambient temperatures for 1 days

4) because ethylene oxide is highly toxic to animal tissue - equipment exposed must be aerated for 1 hours at 100 degrees C to 200 degrees C or ambient temperatures for 1 days

5) all the answers are correct

50. Chemical disinfectants

\*1) classified by the level of biocidal activity of low, medium, and high

2) classified by the level of biocidal activity of slow, medium, fast

3) classified by the level of biocidal activity of satisfactory and unsatisfactory

4) all the answers are wrong

5) all the answers are correct

51. Use of quaternary compounds?

\*1) not recommended for use in dentistry because they are not effective against hepatitis B virus and become inactivated by soap and anionic agents

2) recommended for use in dentistry because they are effective against hepatitis B virus

3) recommended for use in dentistry because they are not inactivated by soap and anionic agents

4) all the answers are wrong

5) all the answers are correct

52. Surgical field maintenance

\*1) the goal is to prevent any organism from the surgical staff or other patients from entering the patietns wound

2) the goal is reduction of the number of viable microorganisms to levels judged safe by public health standards

3) the goal is to get rid of viable forms of microorganisms

4) all the answers are wrong

5) all the answers are correct

53. Breakdown of surgical staff preparation

1) hand and arm preparation

2) clean technique

3) sterile technique

4) all the answers are wrong

\*5) all the answers are correct

54. Irrigation of wound

\*1) only sterile water or sterile saline should be used to irrigate open wounds

2) all disinfectant can be used to irrigate open wounds

3) only 70% alcohol solution is used for irrigation of open wounds

4) all the answers are wrong

5) all the answers are correct

55. Post-surgical asepsis wound management

\*1) only to dress the wounds with clean gloves

2) only to dress the wounds with not clean gloves

3) only to dress the wounds without gloves

4) all the answers are wrong

5) all the answers are correct

56. What can be used for the prevention of acute injuries in post-surgical asepsis?

Что можно использовать для профилактики острых травм в пост-хирургической асептике?

1) using the local anesthetic needle to scoop up the sheath after use,

2) taking care never to apply or remove a blade from a scalpel handle without an instrument,

3) disposing of used blades, needles, and other sharp disposable items into rigid, well-marked receptacles for contaminated sharp objects

4) all the answers are wrong

\*5) all the answers are correct

57. Normal flora in upper respiratory tract is limited by what?

\*1) not by salivary flow but presence of ciliated respiratory epithelium and secretory immunoglobulins

2) by salivary flow

3) the presence of flat epithelium

4) all the answers are wrong

5) all the answers are correct

58. What is the approximate number of microorganisms in the mouth?

\*1) 1000000000 microorganisms per cubic millimetre

2) 100000 microorganisms per cubic millimetre

3) 10000 microorganisms per cubic millimetre

4) 1000 microorganisms per cubic millimetre

5) 100 microorganisms per cubic millimetre

59. What is asepsis?

\*1) Exclusion or minimisation of microorganisms from the wound

2) 100000 microorganisms per cubic millimetre

3) 100 microorganisms per cubic millimetre

4) 10000000000 microorganisms per cubic millimetre

5) 10000000 microorganisms per cubic millimetre

60. What techniques are used to minimise foreign sources of microorgansims from the surgeon and instruments?

\*1) Aseptic technique

2) Touch technique

3) Septic technique

4) all the answers are wrong

5) all the answers are correct

61. What techniques are used to minimise foreign sources of microorgansims from the surgeon and instruments?

\*1) No touch technique

2) Touch technique

3) Septic technique

4) all the answers are wrong

5) all the answers are correct

62. What is the no touch technique?

\*1) Parts of instrument that come in contact with patient are not touched by operator

2) Instruments are not sterilised beforehand

3) Parts of instrument that come in contact with patient are touched by operator

4) all the answers are wrong

5) all the answers are correct

63. What is the no touch technique?

\*1) Instruments are sterilised beforehand

2) Instruments are not sterilised beforehand

3) Parts of instrument that come in contact with patient are touched by operator

4) all the answers are wrong

5) all the answers are correct

64. What is the aseptic technique?

\*1) Isolation between the surgeon, the instruments and the wound

2) Do not isolation between the surgeon, the instruments and the wound

3) disinfection of the surgeon, instruments and wounds

4) all the answers are wrong

5) all the answers are correct

65. What is the difference between a principle and a technique?

\*1) Principle: Comprehensive and fundamental doctrine or assumptions. Laws or facts of nature. Technique: A practical method for achieving accomplishing a task.

2) Principle: A practical method for achieving accomplishing a task. Technique: Comprehensive and fundamental doctrine or assumptions. Laws or facts of nature.

3) Principle: Should be recorded in patient’s own words. Technique: an opportunity to build rapport with a patient whilst informing your diagnosis and management of dental issues.

4) all the answers are wrong

5) all the answers are correct

66. What are the essential requirements of surgery?

\*1) Absence of infection. Absence of pain. Minimum trauma. Sound assessment

2) cover all critical points whilst allowing the patient time to talk and voice their ideas in a way that helps reassure them.

3) Minimum of infection. Sound of pain. Absence trauma. Absence assessment

4) all the answers are wrong

5) all the answers are correct

67. Taking a thorough dental history is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*1) an opportunity to build rapport with a patient whilst informing your diagnosis and management of dental issues.

2) Clinical examination. General examination. Local examination

3) Comprehensive and fundamental doctrine or assumptions. Laws or facts of nature.

4) A practical method for achieving accomplishing a task.

4) all the answers are wrong

5) all the answers are correct

68. Patients often present in pain and distress; by adopting a systematic approach you can \_\_\_\_\_\_\_\_\_\_\_\_

1) cover all critical points whilst allowing the patient time to talk and voice their ideas in a way that helps reassure them.

2) Should be recorded in patient’s own words.

3) Clinical examination.

4) General examination. Local examination

5) all the answers are correct

69. Biographic data

1) patients full name, age

2) address, occupation

3) gender,

4) marital status

4) PCP, also asses their reliability

\*5) all the answers are correct

70. Describe chief complaint

1) in the patient's own words

2) helps establish priorities

3) clarifies why they desire treatment

4) need to include the details about the history of this chief complaint

\*5) all the answers are correct

71. Medical history should be updated how often

\*1) on a yearly basis

2) once in 2 years

3) once in 3 months

4) once in a month

5) once in 5 years

72. Breakdown of medical history

1) biographic data

2) chief complaint, history of chief complaint

3) medical history

4) review of systems

\*5) all the answers are correct

73. Physical examination involves

1) inspection,

2) palpation, percussion, probing

3) focuses on the oral cavity and on the entire maxillo-facial regions

4) all the answers are wrong

\*5) all the answers are correct

74. General overview

1) part of medical history

2) sequential, comprehensive method of eliciting patient symptoms

3) it may reveal undiagnosed medical conditions unknown to the patients

4) all the answers are wrong

\*5) all the answers are correct

75. Areas a dentist is expected to check

1) review of the lymph nodes of the head and neck, temporomandibular joint

2) review of the mouth, throat

3) review of the ears, eyes, nose

4) all the answers are wrong

\*5) all the answers are correct

76. What consists of the examination?

1) Head, jaw, neck (general appearance)

2) Jaw opening Muscles of mastication

3) Temporomandibular joint

4) Lymph system

\*5) all the answers are correct

77. What are the steps to the exam?

1) Look at the head in both frontal and sagittal views

2) Look at the neck in both frontal and sagittal views

3) check for asymmetries

4) check for abnormalities

\*5) all the answers are correct

78. How should the temporalis muscle be palpated extra orally?

\*1) Anteriorly to posteriorly, check for tender spots

2) zygomatic arch

3) attachment to angle of mandible

4) all the answers are wrong

5) all the answers are correct

79. How should the masseter be palpated extra orally?

1) Insertion (zygomatic arch)

2) body of muscle with jaws clenched and unclenched

3) attachment to angle of mandible

4) all the answers are wrong

\*5) all the answers are correct

80. Where is the medial pterygoid palpated extra orally?

\*1) Under the angle of the mandible

2) Insertion (zygomatic arch)

3) body of muscle with jaws clenched and unclenched

4) attachment to angle of mandible

5) all the answers are correct

81. Where is the temporalis palpated intra orally?

\*1) Coronoid process

2) Under the angle of the mandible

3) Insertion (zygomatic arch)

4) body of muscle with jaws clenched and unclenched

5) attachment to angle of mandible

82. Where is the medial pterygoid palpated intra-orally?

\*1) Ramus of the mandible

2) Coronoid process

3) Insertion (zygomatic arch)

4) body of muscle with jaws clenched and unclenched

5) all the answers are correct

83. Where is the lateral pterygoid palpated?

\*1) Behind the maxilla

2) Coronoid process

3) Insertion (zygomatic arch)

4) body of muscle with jaws clenched and unclenched

5) all the answers are correct

84. What technique should be used in palpating muscles? Why?

\*1) Bilaterally simultaneously. Allows patient to tell you if any difference between right and left side

2) Anteriorly to posteriorly

3) Posteriorly to anteriorly

4) all the answers are wrong

5) all the answers are correct

85. What aspects should be measured in terms of jaw opening?

1) Patient should open his mouth as wide as possible. Then close

2) Then swing left. Then swing right. Movements should be smooth and symmetrical

3) Jaw opening distance should be measured by using ruler to measure inter incisal gap

4) Lateral movement distance measured using the faces and mandibular midlines as landmarks

\*5) all the answers are correct

86. What is the normal range of jaw movement?

1) Opening: 45 mm

2) Lateral: 6 mm

3) Lateral: 7 mm

4) Lateral: 8 mm

\*5) all the answers are correct

87. When should you refer a patient at the abnormal range of jaw movement?

\*1) Refer if opening less than 25 mm

2) Refer if opening less than 50 mm

3) Refer if opening less than 45 mm

4) all the answers are wrong

5) all the answers are correct

88. When patient is in life threatening situation?

\*1) who can't open the mouth more than 5 mm

2) who can't open the mouth more than 45 mm

3) who can't open the mouth more than 50 mm

4) all the answers are wrong

5) all the answers are correct

89. How temporomandibular joint (TMJ) should be performed examination?

1) Palpate TMJ on opening and closing (should feel rotation and translation)

2) Normally symmetrical. Note any crepitus or catching

3) Stretch test. Get mouth to open halfway. Push sharply downwards on chin

4) If TMJ inflamed will hurt in TMJ and ears

\*5) all the answers are correct

90. How should be performed examination Neck muscle evaluation at temporomandibular joint (TMJ)?

1) Palpate sternocleidomastoid. Palpate occipital muscles

2) Get patient to rotate head left and right (should be symmetrical and pain free)

3) Get them to also tilt up and down with head in the midline

4) If muscles cramped will feel soreness along muscle lines

\*5) all the answers are correct

91. What should be checked on salivary gland exam?

1) Parotid (behind muscles masseter and mandibular ramus)

2) Submandibular gland (near angle of the jaw)

3) Sublingual gland (of the mouth)

4) all the answers are wrong

\*5) all the answers are correct

92. How to use the technique of bimanual palpation of the salivary glands?

1) One hand on the outside of the mouth pushes the gland up the other hand inside and pushes down

2) Feel gland between two fingers

3) Compare both sides

4) all the answers are wrong

\*5) all the answers are correct

93. How should you carry out a lymph node exam?

1) Submental

2) Submandibular

3) Facial (anterior to the masseter muscle near the facial artery)

4) the cervical nodes

\*5) all the answers are correct

94. What 3 factors should be considered in the management of a medically compromised patient?

1) Medical status of the patient

2) Interactions between potential treatment and the patient's status

3) Overall management of the patient

4) all the answers are wrong

\*5) all the answers are correct

95. What types of interactions can occur between a patient's medical health and their dental treatment? (i.e. what sort of impacts can their medical condition have on their health and vice versa?)

1) Potential for treatment to destabilise patient's condition

2) Determined by stability of patient's medical condition

3) Is patient's medical condition easily made worse?

4) Does the patient's medication frequently change?

\*5) all the answers are correct

96. What types of interactions can occur between a patient's medical health and their dental treatment? (i.e. what sort of impacts can their medical condition have on their health and vice versa?)

1) Condition can impact on patient's ability to co-operate with operator

2) Can be due to behaviour or physical factors

3) Procedures done on patients can cause them to bleed to varying degrees

4) Can be an issue with patients on anticoagulants and patients with liver disease that lack normal coagulating factors

\*5) all the answers are correct

97. What types of interactions can occur between a patient's medical health and their dental treatment? (i.e. what sort of impacts can their medical condition have on their health and vice versa?)

1) Patient's medical condition can retard healing (e.g. patients on steroids or patients with diabetes)

2) Dental procedures can introduce bacteria into the blood, resulting in presence of viable organisms in the blood stream

3) Drug interation

4) all the answers are wrong

\*5) all the answers are correct

98. What is angina pectoris? Is it reversible or irreversible?

\*1) Temporary interference of blood supply to cardiac muscles. Reversible

2) Causes wall of heart to undergo ischemia and irreversibly die within a number of hours

3) causes irreversible death wall of the ischemic heart muscle within a few hours

4) all the answers are wrong

5) all the answers are correct

99. What is myocardial infarction?

1) More extensive interference with blood supply to cardiac muscles

2) Causes wall of heart to undergo ischemia and irreversibly die within a number of hours

3) causes irreversible death wall of the ischemic heart muscle within a few hours

4) all the answers are wrong

\*5) all the answers are correct

100. What measures can be taken to reduce chance of triggering cardiac problems in patient with cardiac disease?

1) Minimise stress with short appointments

2) Minimising pain

3) If major then refer patient to be treated in hospital setting (under General anesthesia by skilled anesthetist maximises patients’ oxygenation to heart)

4) Be prepared to do Cardiopulmonary resuscitation (CPR) in case of collapse

\*5) all the answers are correct

101. What is the pathophysiology of asthma?

1) Constriction of muscles in middle layer of bronchioles (decrease dimension of bronchioles)

2) Secretion of mucous by inner layer of cells

3) Thus resulting in blockage of airway and inability for oxygen to reach alveoli where gaseous exchange occurs

4) all the answers are wrong

\*5) all the answers are correct

102. What is status asthmaticus?

\*1) Continuous asthma attacks

2) Asthmatic loss of consciousness

3) Asthmatic convulsions

4) Asthmatic aggression

5) all the answers are correct

103. What factors should be taken into account in the management of asthma?

1) Be aware of triggers for asthma

2) Have to know management of asthma and be prepared for management of acute asthma attacks

3) Consider the need to hospitalise patient for use of General anesthesia

4) all the answers are wrong

\*5) all the answers are correct

104. What factors can interfere with a patient's physical ability to co-operate?

\*1) Epilepsy. Pregnancy

2) Asthma

3) myocardial infarction

4) angina pectoris

5) all the answers are correct

105. How should you manage an epileptic patient? Info gathering:

1) Be aware if patient epileptic

2) Be aware of epileptic history (one seizure several years ago and no repeat, or multiple on daily basis?)

3) Type of epilepsy (whole body/grand mal or local reaction?)

4) Be aware of warning signs of upcoming fit

\*5) all the answers are correct

106. How should you manage an epileptic patient?

1) Use of rubber stopper to allow time to remove fingers and instruments in case of epileptic fit

2) Once instruments and fingers removed, allow patient to fit

3) Support patient on the chair or on the floor so that they don't damage themselves

4) Fit usually lasts for about a minute

\*5) all the answers are correct

107. How should you manage an epileptic patient?

1) After fit, put patient in recovery position and be ready to clear out airways in case patient vomits

2) Be aware that after apparent recovery patient is still affected and thus may try to flee from surgery

3) Do not allow the patient to go or drive home by themselves

4) Keep patient until they are fully recovered or get friend/relative to escort them home

\*5) all the answers are correct

108. What is shortcoming of epileptic drugs?

1) of gingival hyperplasia that can cause problems

2) Short half life

3) If patient rushing to get to clinic and forget to take medications then situation is very different than when they readily take their medication

4) all the answers are wrong

\*5) all the answers are correct

109. What is one issue with grand mal seizure?

1) Whole body reaction

2) Therefore includes jaws coming together

3) Makes it difficult to pry them open

4) Therefore can manage by using rubber mouth prop between teeth – allows time for dentist to remove equipment and fingers in case of fit

\*5) all the answers are correct

110. What info should you gather for a pregnant patient?

\*1) Pregnancy stability (if 10 pregnancies, different case if they have had 9 healthy babies vs 1)

2) Be aware of triggers for pregnant

3) Type of pregnant

4) all the answers are wrong

5) all the answers are correct

111. How should you manage a pregnant patient?

1) Defer all dental treatment unless absolutely required (remember if problem happens after treatment patient may blame you even if it's not the cause); e.g. emergency for pain is reasonable, crown placement is not

2) If possible try to do any procedures during mid trimester as risk of teratology greatest in first; max discomfort in third

3) Elevate the right hip to avoid fetus pressing on vena cava. Raise patient and have them get up slowly to avoid ill effects of postural hypertension

4) Be aware that pressure from developing fetus may press on bladder causing need to urinate

\*5) all the answers are correct

112. True or False?

1) Hepatitis is a term that can be applied to both inflammation of the liver and viral infection of the liver

2) The liver and kidneys are the main detoxifying organs in the body

3) Status asthmaticus is continuous asthma attacks

4) all the answers are False

\*5) all the answers are True

113. What considerations should be considered when treating a patient with liver disease?

1) Do not embark on elective treatment such as extensive crown and bridge work as periodontium will almost certainly fail

2) Be aware that as liver produces many coagulation factors patient may experience bleeding problems

3) Be aware of drug actions and if drugs you are prescribing will require the liver to break them down

4) all the answers are wrong

\*5) all the answers are correct

114. What percentage of liver cells can you lose up to before you have problems?

\*1) 80%

2) 50%

3) 40%

4) 30%

5) 20%

115. How should you manage a patient that is on warfarin?

1) Enquire why they are on warfarin (e.g. if because of prosthetic heart valve may also need to consider antibiotic prophylaxis)

2) If require invasive procedure such as extraction then determine the extent of patient's bleeding tendency

3) Done by International Normalised Ratio test that measures patient's prothrombin levels

4) all the answers are wrong

\*5) all the answers are correct

116. What is the level of prothrombin normal/sub-therapeutic in test indicators patient’s in the International Normalised Ratio?

\*1) 1

2) 2-4

3) 4-5

4) 6-7

5) 7-8

117. What level of prothrombin in test indicators patient’s in the International Normalised Ratio indicates the need for Therapeutic local measures?

1) 1

\*2) 2-4

3) 4-5 or higher

4) 6-7

5) 8-9

118. What level of prothrombin in the patient's test parameters in the International normalized ratio indicates the risk of internal bleeding?

1) 1

2) 2

\*3) 4-5 or higher

4) 3

5) 0

119. How should an extraction patient with International Normalised Ratio (INR) range 2-4 be managed?

1) surgical local measures to control bleeding

2) local measures to control bleeding in the form of sutures

3) local measures to control bleeding in the form of the use of tranexamic acid

4) all the answers are wrong

\*5) all the answers are correct

120. How does aspirin affect bleeding time?

1) Aspirin only increases bleeding time

2) No current tests to measure this as the results are not meaningful

3) Aspirin do not affects International Normalised Ratio

4) all the answers are wrong

\*5) all the answers are correct

121. Would you stop using aspirin prior to extractions?

\*1) No

2) cease use of aspirin 3 days before

3) cease use of aspirin 5 days before

4) cease use of aspirin 7 days before

5) cease use of aspirin 10 days before

122. Can a patient stop using clopidogrel (a powerful antiplatelet agent) before starting treatment if they have a stent installed?

\*1) Do not cease

2) Do not cease in first 3 months

3) Do not cease in first 6 months

4) Do not cease in first 8 months

5) Do cease

123. What measures should be taken to manage an extracction patient on Clopidogrel?

\*1) Local measures (same applies to any other anti platelet drug)

2) General measures

3) Local and General measures

4) all the answers are wrong

5) all the answers are correct

124. How should a patient who is on steroids be managed?

1) Determine the underlying reason for steroid use

2) Determine the stability of condition

3) If doing any minor surgeries such as extractions, double the dose of steroids to allow patient to respond to stress

4) all the answers are wrong

\*5) all the answers are correct

125. How should a diabetic patient be managed?

1) Determine what type they are

2) Assess stability with blood glucose test

3) If need to take out a considerable number of teeth, have patient sent to be managed in hospital especially for type I case

4) all the answers are wrong

5) all the answers are correct

126. What effects do resting, fasting and medication have on a diabetic patient's blood glucose level?

\*1) rest increases, fasting and medication decreases

2) rest decreases, fasting and medication increases

3) rest and medication decreases, fasting increases

4) rest and fasting decreases, medication increases

5) all the answers are wrong

127. What is infective endocarditis?

1) Destruction of the heart valves

2) Destruction of the heart valves when bacterial colonies develop on the heart valves

3) Can be caused by dental procedures introducing bacteria to the bloodstream causing bacteraemia

4) all the answers are wrong

\*5) all the answers are correct

128. What are the dosages for antibiotic prophylaxis?

1) 2gm Amoxycyillin orally 1 hour before procedure

2) 600mg clindamycin orally 1 hour before procedure

3) 2gm Amoxycyillin orally 1 hour before procedure (antibiotic from the group of semi-synthetic penicillins)

4) all the answers are wrong

\*5) all the answers are correct

129. What other situations may an antibiotic prophylaxis be indicated

\*1) Patients with new artificial joints placed within last 6 months. Patients with failing joints

2) Patients with liver disease

3) Patients with asthma

4) pregnant patient

5) epileptic patient

130. Anesthetic Gases name

1) Isoflurane (Forane)

2) Desfluorane (Suprane)

3) Sevofluorane (Ultane)

4) Nitrous Oxide

\*5) all the answers are correct

131. Where are Anesthetic Gases eliminated?

\*1) in the lungs.

2) in the liver

3) in the intestine

4) in the renal

5) all the answers are correct

132. What Anesthetic Gases are the shortest acting?

\*1) Nitrous oxide, Desflurane

2) Sevofluorane (Ultane)

3) Isoflurane (Forane)

4) Sevofluorane (Ultane)

5) all the answers are correct

133. How do inhaled anesthetics work? Mechanism?

1) Overall, they work on the Central nervous system

2) Disrupt normal synaptic transmission by interfering with the release of neurotransmitters from presynaptic nerve terminal

3) Alter the re-uptake of neurotransmitters

4) Change the binding of neurotransmitters to the post-synaptic receptor sites

\*5) all the answers are correct

134. Which anesthesia adjuvants relieve anxiety?

\*1) Benzodiazepines (midolazam)

2) opiods

3) Antihistamines (diphenhydramine, ranitidine)

4) Atropine, glycopyrrolate

5) all the answers are wrong

135. Which anesthesia adjuvants prevent allergic reactions?

\*1) Antihistamines (diphenhydramine, ranitidine)

2) Benzodiazepines (midolazam)

3) opiods

4) Atropine, glycopyrrolate

5) all the answers are wrong

136. Which anesthesia adjuvants provide analgesia?

\*1) opiods (fentanyl, morphine, hydromorphone)

2) Benzodiazepines (midolazam)

3) Antihistamines (diphenhydramine, ranitidine)

4) Atropine, glycopyrrolate

5) all the answers are wrong

137. Which anesthesia adjuvants prevent bradycardia and secretion?

\*1) Atropine, glycopyrrolate

2) Benzodiazepines (midolazam)

3) opiods

4) Antihistamines (diphenhydramine, ranitidine)

5) all the answers are correct

138. Dissociative anesthesia is characterized by analgesia and amnesia, but doesn't affect respiratory function. The patient doesn't appear to be anesthetized they can open their eyes and swallow, but they don't process any information. Which anesthesia adjuvants provide Dissociative anesthesia?

\*1) Ketamine

2) Benzodiazepines (midolazam)

3) opiods

4) Antihistamines (diphenhydramine, ranitidine)

5) all the answers are correct

139. What reasons justify the use of General anesthesia?

1) Length or difficult operation or involve several quadrants

2) Acute infection contraindicating Local anesthesia

3) Young children or very nervous patients

4) all the answers are wrong

\*5) all the answers are correct

140. Can the patient's request be a sufficient reason for General Anesthesia?

\*1) No

2) Yes

3) Yes, if the patient refuses local anesthesia

4) all the answers are wrong

5) all the answers are correct

141. What are the contra-indications for General anesthesia?

1) Lack of skilled staff

2) Lack of adequate facilities

3) Medical reasons (e.g. respiratory disease)

4) all the answers are wrong

\*5) all the answers are correct

142. What is the approximate death rate from General anesthesia in apparently health individuals?

\*1) 1 in 100 000 (one in one hundred thousand)

2) 0 (no people died from General anesthesia)

3) 1 in 1000 000 (one in one million)

4) 1 in 1000 (one in one thousand)

5) 1 in 1000 000 000 (one in one billion)

143. What happens if death occurs within 24 hours of an operation? What should you do because of this?

1) Mandatory coronal investigation

2) Document that procedure required with appropriately skilled staff

3) Document that procedure required carried out in appropriate facilities,

4) all the answers are wrong

\*5) all the answers are correct

144. What kind of anesthesia involves unconciousness, complete insensibility to pain, amnesia, motionlessness, and muscle relaxation?

\*1) General anesthesia

2) Local anesthesia

3) General and local anesthesia

4) all the answers are wrong

5) all the answers are correct

145. What kind of anesthesia is involves airway, breathing, heart rate and temperature regulation controlled by anesthesia provider?

\*1) General anesthesia

2) Local anesthesia

3) General and local anesthesia

4) all the answers are wrong

5) all the answers are correct

146. Amides structure

\*1) amide intermediate chain

2) amide anterior chain

3) amide posterior chain

4) ester intermediate chain

5) all the answers are correct

147. Amides metabolized by

\*1) in the liver

2) plasma cholinesterase

3) in the intestine

4) in the renal

5) all the answers are correct

148. What reduces the concentration of the local anesthetic at the active site?

\*1) local vascular drug absorption

2) generalized absorption of the drug

3) local intestinal absorption of the drug

4) local renal absorption of the drug

5) all the answers are correct

149. Two types of local anesthetics

\*1) esters and amides

2) acids and alkalis

3) acids and amides

4) esters and alkalis

5) all the answers are correct

150. Esters structure

\*1) ester intermediate chain

2) amide intermediate chain

3) amide anterior chain

4) amide posterior chain

5) all the answers are correct

151. Esters metabolized by

\*1) plasma cholinesterase

2) plasma diastasis

3) plasma amylase

4) plasma alkaline phosphotase

5) all the answers are correct

152. Incorporation of a vasoconstrictor in the local anesthetic solution restricts the local \_\_\_\_\_\_\_ so that \_\_\_\_\_\_.

\*1) circulation / the local anesthetic vascular absorption is reduced

2) muscle contraction / generalized absorption of the drug is increases

3) digestion / local intestinal absorption of the drug is increases

4) digestion / generalized absorption of the drug is increases

5) all the answers are correct

153. Anesthetic is limited by

\*1) maximum daily dose and by weight

2) maximum daily dose

3) by weight

4) minimum daily dose

on growth

5) all the answers are correct

154. Vasoconstrictor dose is limited by

\*1) cardiac reserve

2) plasma reserve

3) intestine reserve

4) renal reserve

5) all the answers are correct

155. Factors that influence anesthesia

1) proximity of delivery to the nerve

2) concentration of the anesthesia

3) systemic uptake

4) tissue pH

\*5) all the answers are correct

156. What does epinephrine do?

1) Epinephrine makes the intensity better from local anesthetics.

2) Epinephrine makes the success rate better from local anesthetics.

3) The toxicity of the anesthetic is reduced.

4) all the answers are wrong

\*5) all the answers are correct

157. What is it epinephrine?

\*1) It's a vasoconstrictor.

2) It's a local anesthetic

3) It's a General anesthetic

4) It's an antibiotic

5) all the answers are correct

158. what are the amide local anesthetics?

1) lidocaine

2) articaine

3) bupivacaine

4) ropivacaine

\*5) all the answers are correct

159. What are the ester local anesthetics?

1) cocaine, procaine

2) benzocaine

3) tetracaine

4) chloroprocaine

\*5) all the answers are correct

160. All local anesthetics will get absorbed into the blood stream? What should you do about that with lidocaine and procaine?

\*1)You should administer a vasoconstrictor with them because those drugs produce potent vasodilation

2) You should inject a vasodilator with them, because these drugs produce powerful vasoconstriction

3) You don't have to do anything

4) all the answers are wrong

5) all the answers are correct

161. What the most serious side effects of local anesthetics are a result of operator error?

\*1) Inadvertent intravascular injection and excessive amounts of the drug

2) Small amount of the drug

3) The operator has no errors

4) all the answers are wrong

5) all the answers are correct

162. Ester linkages are more allergenic than amides?

\*1) True

2) False

3) Have the same effect

4) all the answers are wrong

5) all the answers are correct

163. What do you do if your patient is in Cardiac function disruption?

\*1) cardiopulmonary resuscitation

2) epinephrine

3) ventilation, oxygen

4) all the answers are wrong

5) all the answers are correct

164. What do you do if your patient is in respiratory distress?

\*1) ventilation, oxygen

2) epinephrine

3) cardiopulmonary resuscitation

4) all the answers are wrong

5) all the answers are correct

165. What do you do if your patient is in Hypotension?

\*1) epinephrine

2) ventilation, oxygen

3) cardiopulmonary resuscitation

4) all the answers are wrong

5) all the answers are correct

166. Which teeth are anesthetized during posterior superior alveolar (dental) the block?

\*1) molars of the upper jaw

2) premolars of the upper jaw

3) molars and premolars of the low jaw

4) molars of the low jaw

5) premolars of the upper jaw

167. Posterior superior alveolar (dental) block takes care of \_\_\_\_\_\_\_

\*1) the first molar, second molar, third molar and the mucous membrane of the alveolar process and cheeks of the vestibular region in the projection of these teeth

2) the first premolar, second premolar,

3) the central incisor, lateral incisor, canine

4) the mucous membrane of the alveolar process and cheeks of the oral region in the projection of the central incisor, lateral incisor, canine

5) the central incisor, lateral incisor, canine and the mucous membrane of the alveolar process and cheeks of the oral region in the projection of these teeth

168. Why are palatal injections so painful?

\*1) there is nowhere for the anesthetic to go

2) there is here for an anesthetic to go

3) the anesthetic has an amide intermediate chain

4) due to local vascular absorption of the drug

5) due to generalized absorption of the drug

169. When you do greater palatine you usually get the

\*1) lesser palatine too

2) posterior superior alveolar block

3) nasopalatine block

4) infraorbital block

5) anterior superior alveolar block

170. Maxillary anesthesia

1) posterior superior alveolar block

2) palatine block,

3) nasopalatine block

4) infraorbital block

\*5) all the answers are correct

171. Where do you inject the anterior superior alveolar nerve?

\*1) inside to the canine fossa

2) outside to the canine fossa region

3) temporomandibular joint

4) tuberosity of maxilla

5) antrum of maxilla

172. Most likely to get hematoma with which injection

\*1) posterior superior alveolar

2) anterior superior alveolar

3) medium superior alveolar

4) inferior alveolar

5) outside to the canine fossa region

173. Higher the gauge of the needle, the \_\_\_ needle. We mostly use \_\_\_ and \_\_\_.

\*1) smaller / 27 / 30

2) large / 1 / 11

3) medium / 5 / 20

4) less / 1 / 11

5) larger /5 / 20

174. Do we bend the needles?

\*1) No

2) Yes

3) at Maxillary anesthesia

4) at Infiltration anesthesia

5) all the answers are correct

175. Trigeminal nerve split into

1) ophthalmic

2) maxillary

3) mandibular

4) all the answers are wrong

\*5) all the answers are correct

176. Infiltration anesthesia of \_\_\_\_\_\_\_\_ mucosa cannot be achieved

\*1) palatal

2) lower lip

3) upper lip

4) buccal

5) tongue

177. Mandibular anesthesia includes

\*1) inferior dental block

2) posterior superior alveolar block

3) palatine block

4) nasopalatine block

5) infraorbital block

178. Mandibular anesthesia includes

\*1) anesthesia by Vazirani-Akinosi

2) posterior superior alveolar block

3) palatine block

4) nasopalatine block

5) infraorbital block

179. Mandibular anesthesia includes

\*1) anesthesia by Gow-Gates

2) posterior superior alveolar block

3) palatine block

4) nasopalatine block

5) infraorbital block

180. Mandibular anesthesia includes

\*1) mental nerve block

2) posterior superior alveolar block

3) palatine block

4) nasopalatine block

5) infraorbital block

181. For long buccal and lingual you want \_\_\_\_\_\_\_ needle and \_\_\_\_\_\_ gauge

\*1) long / 27

2) short / 12

3) short / 11

4) short / 10

5) short / 9

182. What 3 burs are available for access through bone?

1) Small round

2) Flat fissure

3) Large round

4) all the answers are wrong

\*5) all the answers are correct

183. What can you use to drill deeper?

\*1) the flat fissure has end cutting capabilities

2) round bone cutting

3) round dentine cutting burs

4) Straight elevators

5) Cryer's elevators (heavier curved elevators)

184. What is the difference between round bone cutting and round dentine cutting burs?

1) Blades much further apart

2) Blades have different shape

3) Bone is different texture to dentine so require large flutes between blades so doesn't clog up

4) Blades much further apart and have different shape

\*5) all the answers are correct

185. What elevators are available for bone removal?

1) Straight elevators

2) Cryer's elevators (heavier curved elevators)

3) Warwick James elevators (finer curved elevators)

4) all the answers are wrong

\*5) all the answers are correct

186. What are the two types of chisel?

\*1) Regular (have bevel and edge, tip to one side) – when used chisel will be displaced towards tip. Osteotome: tip in the centre, two bevels.

2) Warwick James elevator

3) Straight elevators

4) Cryer's elevators

5) all the answers are correct

187. How should a mallet be handled?

\*1) With thumb and finger. Don't use a full swing.

2) hold the hammer in your fist

3) use the full swing

4) all the answers are wrong

5) all the answers are correct

188. What happens if you try to chisel and jaw is unsupported?

\*1) Fracture of mandible.

2) Soft tissue damage

3) Involvement of maxillary antrum: oroantral fistula, fractured tuberosity, loss of root (or tooth) into antrum

4) Loss of tooth or root: into pharynx and into soft tissues

5) Damage to nerves or vessels

189. Is there any need for bone grafts after extraction?

\*1) No, it will heal up on it's own

2) Yes, xenograft is used

3) Yes, bio transplant is used

4) all the answers are wrong

5) all the answers are correct

190. Will the buccal plate that you have taken off return to it's former shape?

\*1) No. It will heal/fill up but the ridge height will not increase substantially

2) Yes

3) Yes if we use a bio transplant

4) Yes if we use a xenograft

5) all the answers are correct

191. What force do we use to elevate each root section out and how can this result in dentine breakage?

1) We use a diagonal force to bring the tooth up with the elevator (as it is impossible to use a straight vertical force when flicking/levering something up)

2) Vertical component lifts tooth

3) Horizontal component introduces risk of dentine fracture

4) all the answers are wrong

\*5) all the answers are correct

192. Immediate extraction complications

\*1) Fracture of tooth: crown, root

2) Haemorrhage

3) Dry socket

4) Osteomyelitis

5) Swelling, pain, echymosis

193. Immediate extraction complications

\*1) Fracture of alveolar plate

2) Sequestra

3) Trismus

4) Prolonged anesthesia

5) Actinomycosis

194. Immediate extraction complications

\*1) Fracture of mandible

2) Prolonged anesthesia

3) Actinomycosis

4) Chronic oroantral fistula

5) Infective endocarditis

195. Immediate extraction complications

1) Dry socket

2) Swelling, pain, echymosis

3) Osteomyelitis

\*4) Soft tissue damage

5) Sequestra

196. Immediate extraction complications

\*1) Involvement of maxillary antrum: oroantral fistula, fractured tuberosity, loss of root (or tooth) into antrum

2) Osteomyelitis

3) Swelling, pain, echymosis

4) Sequestra

5) Trismus

197. Immediate extraction complications

1) Sequestra

\*2) Loss of tooth or root: into pharynx, into soft tissues

3) Prolonged anesthesia

4) Swelling, pain, echymosis

5) Trismus

198. Immediate extraction complications

1) Chronic oroantral fistula

2) Prolonged anesthesia

\*3) Damage to nerves or vessels

4) Actinomycosis

5) Infective endocarditis

199. Immediate extraction complications

1) Haemorrhage

2) Dry socket

3) Osteomyelitis

\*4) Dislocation of temporomandibular joint

5) Swelling, pain, ecchymosis

200. Immediate extraction complications

\*1) Damage to adjacent teeth

2) Trismus

3) Prolonged anesthesia

4) Actinomycosis

5) Sequestra

201. Immediate extraction complications

\*1) Extraction of permanent tooth germ with deciduous tooth

2) Infective endocarditis

3) Prolonged anesthesia

4) Actinomycosis

5) Chronic oroantral fistula

202. Immediate extraction complications

\*1) Extraction of wrong tooth

2) Osteomyelitis

3) Swelling, pain, echymosis

4) Sequestra

5) Trismus

203. Postextraction complications

\*1) Haemorrhage

2) Fracture of mandible

3) Soft tissue damage

4) Involvement of maxillary antrum: oroantral fistula, fractured tuberosity, loss of root (or tooth) into antrum

5) Loss of tooth or root: into pharynx, into soft tissues

204. Postextraction complications

1) Loss of tooth or root: into pharynx, into soft tissues

\*2) Dry socket

3) Damage to nerves or vessels

4) Dislocation of temporomandibular joint

5) Damage to adjacent teeth

205. Postextraction complications

1) Fracture of tooth: crown, root

2) Fracture of alveolar plate

\*3) Osteomyelitis

4) Soft tissue damage

5) Fracture of mandible

206. Postextraction complications

1) Damage to adjacent teeth

2) Extraction of permanent tooth germ with deciduous tooth

3) Extraction of wrong tooth

\*4) Swelling, pain, ecchymosis

5) Dislocation of temporomandibular joint

207. Postextraction complications

\*1) Sequestra

2) Loss of tooth or root: into pharynx, into soft tissues

3) Damage to nerves or vessels

4) Dislocation of temporomandibular joint

5) Damage to adjacent teeth

208. Postextraction complications

\*1) Trismus

2) Extraction of permanent tooth germ with deciduous tooth

3) Damage to nerves or vessels

4) Dislocation of temporomandibular joint

5) Damage to adjacent teeth

209. Postextraction complications

\*1) Prolonged anesthesia

2) Loss of tooth or root: into pharynx, into soft tissues

3) Fracture of mandible

4) Soft tissue damage

5) Involvement of maxillary antrum: oroantral fistula, fractured tuberosity, loss of root (or tooth) into antrum

210. Postextraction complications

\*1) Actinomycosis

2) Extraction of permanent tooth germ with deciduous tooth

3) Extraction of wrong tooth

4) Dislocation of temporomandibular joint

5) Damage to adjacent teeth

211. Postextraction complications

1) Involvement of maxillary antrum: oroantral fistula, fractured tuberosity, loss of root (or tooth) into antrum

\*2) Chronic oroantral fistula

3) Damage to nerves or vessels

4) Dislocation of temporomandibular joint

5) Loss of tooth or root: into pharynx, into soft tissues

212. Postextraction complications

1) Fracture of tooth: crown, root

2) Fracture of alveolar plate

\*3) Infective endocarditis

4) Soft tissue damage

5) Fracture of mandible