



Inderprastha Dental College & Hospital
46/1, Site-IV, Industrial Area, Sahibabad,
Ghaziabad-201010 (U.P.)



Department of Oral Medicine & Radiology

MCQ'S FOR INTERNS COMPETITIVE EXAMS



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Department of Oral Medicine & Radiology

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FUNGAL INFECTIONS

1. Oral thrush develops in infants at _____?
 - A. 3 days
 - B. 2-6 weeks
 - C. 10-12 weeks
 - D. 18 months

2. Thrush _____?
 - A. Occurs only in elderly
 - B. Is caused by a gram -ve bacteria
 - C. Is seen clinically as a proliferative lesion
 - D. Responds to nystatin

3. Denture sore mouth is caused by _____?
 - A. Actinomyces
 - B. candida albicans
 - C. Blastomyces
 - D. None of the above

4. Candid infection is not seen in _____?
 - A. Median rhomboid glossitis
 - B. Geographic tongue
 - C. Oral thrush
 - D. Denture stomatitis

5. Oral candidiasis is divided into primary and _____?
 - A. Secondary infections
 - B. Subsidiary infections
 - C. Subclinical infections
 - D. All of the above

6. Which type of candidiasis is associated with leukoplakia is _____?
 - A. Acute pseudomembranous candidiasis
 - B. Acute atrophic candidiasis
 - C. Chronic atrophic candidiasis
 - D. Chronic hyperplastic candidiasis

7. Candida infection is involved in _____?
 - A. Migrating geographic tongue
 - B. Median rhomboidal glossitis
 - C. Prolonged tetracycline therapy

D. All of the
above

8. Clinical diagnosis of candidiasis is confirmed by ____?

- A. Characteristic odour
- B. Demonstration of mycelia and spores in scrapping
- C. Response to injection of vitamin B12
- D. Demonstration of ray fungus in granules

9. Thrush refers to _____?

- A. Acute atrophic candidiasis
- B. Acute pseudomembranous candidiasis
- C. chronic atrophic candidiasis
- D. chronic hyperplastic candidiasis

10. ID reaction is associated with _____?

- A. apthous ulcer
- B. herpetic stomatitis
- C. syphilis
- D. candidiasis

11. Denture sore mouth is caused by

- A. Actinomyces
- B. Candida albicans
- C. Blastomyces
- D. None of the above

12. A deficiency of which of the following cell can predispose to candidiasis

- A. Eosinophils
- B. Macrophages
- C. Plasma cells
- D. T lymphocytes

13. Drug used to treat oral thrush:

- A. Clobetasol
 - B. Co-trimoxazole
 - C. Miconazole
 - D. Pencilli
- n

14. Darlings disease is

- A. Histoplasmosis
- B. Phycomycosis

- C. Actinomycosis
- D. Bleomycosis

15. A patient having severe mycotic infection, diabetes mellitus and cellulitis is suffering with

- A. Mycormyosis
- B. Histoplasmosis
- C. Candidiasis
- D. None of the above

Q16. Which of the following are the Not the most common cultural characteristics of fungi ?

- A. They are heterotypic eukaryotic microorganisms
- B. The cell wall is composed of chitin
- C. Fungi reproduce asexually only
- D. Can cause superficial and systemic diseases

17. Prolonged use of antibiotics in children can cause

- A. ANUG
- B. Candidiasis
- C. Actinomycosis
- D. Aphthous
Ulcer

Q18. media is an important growth factor for fungi, what is the best pH range for the growth?

- A. pH 7 to 9
- B. pH 3 to 5
- C. pH 2 to 7
- D. pH 4 to 6

Q19. What color does the fungal cell wall appear when dyed with Periodic acid-Schiff stain ?

- A. Black
- B. Red
- C. It appears colorless
- D. Violet

20. Candidiasis associated with dentures is

- A. Acute Pseudo Membranous
- B. Acute Atrophic
- C. Chronic hyperplastic
- D. Chronic atrophic

ANSWER KEYS

1. Answer: B
2. Answer: D
3. Answer: B
4. Answer: B
5. Answer: A
6. Answer: D
7. Answer: B
8. Answer: B
9. Answer: B
10. Answer: D
11. Answer: B
12. Answer : D
13. Answer : C
14. Answer : A
15. Answer: A
16. Answer: C
17. Answer: B
18. Answer: D
19. Answer: B
20. Answer: D

RADIATION SAFETY AND PROTECTION

1. What are the guiding principles in radiation protection?

- A. Justification
- B. Optimization
- C. Dose limitation
- D. All of the

above

2. What does the following acronym represent? "A L A R A"

- A. As Low As Reasonably Achievable
- B. As Long As Radiation Absconds
- C. Laura's Radiation Principles
- D. Achievable Low Radiation

Absorption

3. Devices attached to the clothing of people working in radiation areas for measurement of radiation are called:

- A. Survey instruments.
- B. G-M counters
- C. Personnel monitoring devices
- D. Portable rate meters.

4. The earliest indications of radiation damage may be detected in the:

- A. Nerve cells
- B. Skin cells
- C. Bone cells
- D. Blood

cells

5. The abbreviation RAD stands for _____

- A. Radiation Absorbed Dose
- B. Radical Man
- C. Outrageousness
- D. Roentgen Absorbed Dose

6. The physical effects of radiation on the body of an individual receiving the radiation are called:

- A. Somatic effects
- B. Latent effects.
- C. Genetic effects.
- D. Radiosensitive effects

7. In relation to radiation effects, MLD stands for:

- A. Maximum Lethal Dose
- B. Median Lethal Dose
- C. Minimum Legal Dose
- D. Maximum Legal

Dose

8. The abbreviation REM stands for:

- A. Radiation Equivalent Mammal
- B. Relative Equivalent Man
- C. Roentgen Equivalent Man
- D. Radical Equivalent

Man

9. The radiation effects which can be passed on to the offspring or to a later generation of a person receiving radiation are called:

- A. Future effects
- B. Genetic effects
- C. Somatic effects
- D. Radiosensitive effects

10. The MLD for humans is the radiation dose:

- A. That causes the first death
- B. That causes slight, temporary blood changes
- C. That is considered lethal to all persons exposed
- D. That causes 50% of those exposed to die

11. Materials used in shielding radiation are most effective when they:

- A. Have a small number of electrons in their atoms
- B. Are dense materials
- C. Shield half of the radiation
- D. Are lightweight and portable

12. When a body tissue cell is damaged by radiation:

- A. The cell may lose its ability to reproduce
- B. The cell may die
- C. Damage is caused by knocking an electron out of the orbit of its parent atom

D. All of the

above

13. QF stands for:

- A. Quantity Factor
- B. Quality Factor
- C. Quality Fusion
- D. Quantity Fashion

14. Which of the following is the SI unit of Radiation Exposure?

- A. Red
- B. Gray
- C. Coulomb/Kg
- D. Roentgen

15. ICRP stands for:

- A. International commission on radiological protection
- B. International commission on radiotherapy practice
- C. International council for radiation procedures
- D. International council for radiowaves prevention

16. In the radiology department walls are coated with which of the following:

- A. Lead
- B. Tungsten
- C. Silver
- D. Glass

17. Which of the following is the fundamental principle of radiation protection:

- A. Time
- B. Distance
- C. Shielding
- D. All of theabove

18. Which of the following is least sensitive to radiation:

- A. GIT
- B. Gonads
- C. Lymphocytes
- D. Cartilage

19. What is the thickness of lead in lead apron :

- A. 0.25mm
- B. 1mm
- C. 3mm
- D. 7mm

20. Radiation exposure occurs in all except ?

- A. CT scan
- B. Plain X-ray
- C. Fluoroscopy
- D. MRI

ANSWER KEYS

- 1. Answer: D
- 2. Answer: A
- 3. Answer: C
- 4. Answer: A
- 5. Answer: A
- 6. Answer: D
- 7. Answer: B
- 8. Answer: C
- 9. Answer: B
- 10. Answer: D
- 11. Answer: B
- 12. Answer: D
- 13. Answer: B
- 14. Answer: C
- 15. Answer: A
- 16. Answer:A
- 17. Answer: D
- 18. Answer: D
- 19. Answer:A
- 20. Answer:D

RED AND WHITE LESIONS

1. Which of the following is an oral manifestation of lichen planus

- A. Dentinogenesis imperfect
- B. Fordyce spot
- C. White, chalky enamel surface
- D. White radiating line on the line of buccal mucosa

2. In lichen planus the basal cell which are shrunken with an eosinophilic cytoplasm and with pyknotic end fragmented nuclei are called

- a) Tzanck cell
- b) Civatte bodies
- c) Donovan bodies
- d) Rostonbodies

3. A fluid filled elevated lesion of skin is called

- a) Bulla
- b) Macule
- c) Papule
- d) Nodule

4. Which of the following is not a type of lichen planus:-

- a) Atrophic
- b) Hypertrophy
- c) Verrucous
- d) Erosive

5. Erythema multiforme is:-

- a) an acute self limiting disease of skin and oral mucous membrane
- b) Painless vesicular self limiting disease
- c) A viral disease
- d) A bacterial infection

6. Lichenoid reaction may be due to:-

- a) Intake of certain drug
- b) Betel nut chewing
- c) Cigarette smoking
- d) Intake of alcohol

7. Lupus Erythematosus is :-

- a. Reactive lesion
- b. Degenerative condition
- c. Autoimmune disorder
- d. Neoplastic condition

8. Psoriasis is associated with:-

- a. Geographic tongue Benign medium
- b. RHOMBOID GLOSSITIS
- c. Lupus erythematosus
- d. Lupus vulgaris

9. Oral lesion seen in hepatitis C

- a) Lichen planus
- b) Leukoplakia
- c) Erythroplakia
- d) Gingivitis

10. Which is the other names of smokers palate

- a) Nicotina stomatitis
- b) Leukoplakia
- c) Erythroplakia
- d) Erythema multiforme

11. Which of the following is etiology of OSMF

- a) Areca nuts
- b) Tobacco
- c) Immunoglobulins A & B
- d) All of the above

12. Strawberry tongue is associated with

- a) Syphilis
- b) Measles
- c) Scarlet fever
- d) Typhoid

13. Chancre sores is commonly known as

- a) Recurrent aphthous ulcer

- b) Recurrent herpetic gingivitis
- c) ANUG
- d) Recurrent herpetic labialis

14. Aphthous like ulcer :-

- a) Bacher syndrome
- b) Sweet syndrome
- c) Periodic fever acute pharyngitis aphthous stomatitis
- d) All of the above

15. Which of the following is painful ulcer:-

- a) Syphilitic ulcer
- b) Tropic ulcer
- c) Oral chancre
- d) All of these

16. Acute herpetic gingivostomatitis occurs in:-

- a) Children and young adults
- b) In young children
- c) In adults
- d) All of these

17. White raised painless area when on peeling exhibit painful erythematous area in case of:-

- a) Oral aphthous ulcer
- b) Oral Thrush
- c) Leukoplakia
- d) Erythroplakia

18. Nikolskiy's sign is seen in:-

- a) Pemphigus vulgaris
- b) Lichen planus
- c) Erythema multiforme
- d) Acanthosis nigricans

19. Enlargement of filiform papillae on tongue seen in:-

- a) Hairy tongue
- b) Scrotal tongue
- c) Geographic tongue
- d) Strawberry tongue

20. Tuberculous ulcer of oral cavity is usually:-

- a. Painless
- b. Painful
- c. Itching
- d. Asymptomatic

ANSWER KEYS

- 1. Answer: D
- 2. Answer: A
- 3. Answer: C
- 4. Answer: A
- 5. Answer: A
- 6. Answer: A
- 7. Answer: C
- 8. Answer: A
- 9. Answer: A
- 10. Answer: A
- 11. Answer: A
- 12. Answer: C
- 13. Answer: A
- 14. Answer: D
- 15. Answer: C
- 16. Answer: A
- 17. Answer: A
- 18. Answer: A
- 19. Answer: A
- 20. Answer: B

DARK ROOM

Q1) which of the following is the bulb watt used in dark room?

- a) 5 watts
- b) 10 watts
- c) 15 watts
- d) 20 watts

Q2) initiator in developing solution is?

- a) Acetic acid
- b) sodium bisulphate
- c) hydroquinone
- d) potassium bromide

Q3) PH at which fixer solution acts is?

- a) 3-4
- b) 4-4.5
- c) 4.5-5
- d) 6-7

Q4) when solution temperature is (20 degree C) recommended time of developing a X-ray film?

- a) 4minutes
- b) 4.5 minutes
- c) 5 minutes
- d) 6 minutes

Q5) in steps in developing film first step is?

- a) stirring the solution
- b) washing of film
- c) dip in developer
- d) dip in fixer

Q6) light radiography film is due to?

- a) over developing
- b) over fixing
- c) directly putting in fixer
- d) exposure to sunlight

Q7) identify the best way to check for light leaks in dark room?

- a) stand inside the dark room in complete darkness
- b) paint the walls black
- c) check the tightness of the lids for the processing tank
- d) process several films and check for film fog

Q8) cell phones should not be used in the dark room because?

- a) An illumination from the phone could cause film fog
- b) Talking on the phone while processing radiograph is confusing
- c) The phone could be dropped into the radio processing solution

d) The operator may open the dark room while processing

Q9) if the developing is 5 minutes ,then fixing time should be approx..

- a) 7 min
- b) 4 min
- c) 8 min
- d) 10 min

Q10) all the following components are important for a darkroom except?

- a) it should be light tight
- b) it should have safe light
- c) should be connected to a dental lab space
- d) it should have a room for processing tanks

ANSWER KEYS

1. Answer: C
2. Answer: C
3. Answer: B
4. Answer: C
5. Answer: A
6. Answer: B
7. Answer: A
8. Answer: A
9. Answer: D
10. Answer: B

OROFACIAL PAIN

1. Risk factors for acute necrotizing ulcerative gingivitis include:

- a) Smoking
- b) Poor oral hygiene
- c) Immunosuppression
- d) Stress
- e) All of the above

2. The most appropriate analgesic for pericoronitis providing it is not contraindicated is:

- a) paracetamol
- b) co-codamol
- c) codeine phosphate
- d) ibuprofen
- e) diclofenac

3. The osmolality theory of dental pain elicits an action potential in which pulpal fibres?

- a) A delta fibres
- b) A beta fibres
- c) A gamma fibres
- d) C fibres
- e) a+d both

4. Which of the following conditions is more commonly known as a 'dry socket'?

- a) acute pulpitis
- b) periapical periodontitis
- c) alveolar osteitis
- d) pericoronitis
- e) acute necrotizing ulcerative gingivitis

5. Select from the following list materials suitable as temporary restorative materials for carious teeth:

- a) amalgam
- b) composite
- c) glass ionomer cement
- d) zinc oxide eugenol
- e) C+D both

6. Pericoronitis can be managed with:

- a) antibiotics
- b) analgesia
- c) tooth extraction
- d) all of the above

7. Which of the following medicines are commonly used to treat neuropathic pain?

- a) Oxycodone
- b) Gabapentin
- c) Pregabalin
- d) all of the above

8. From the following list select the most common cause of chronic orofacial pain

- a) chronic periodontitis
- b) trigeminal neuralgia
- c) temporomandibular disorders
- d) cluster headaches
- e) glossopharyngeal neuralgia

9. From the following list select those conditions which can result in peripheral secondary neuropathies.

- a) Malignancy
- b) Parkinson's disease
- c) Multiple Sclerosis
- d) HIV
- e) all of the above

10. Which of the following terms should no longer be used to describe TMDs?

- a) temporomandibular joint dysfunction
- b) tmj
- c) facial arthromyalgia
- d) all of the above

ANSWER KEYS

- 1. Answer: E
- 2. Answer: D
- 3. Answer: E
- 4. Answer: C
- 5. Answer: E
- 6. Answer: D
- 7. Answer: D
- 8. Answer: C
- 9. Answer: E
- 10. Answer: D

FIBRO OSSEOUS LESION

Q1. McCune-Albright syndrome is also better known as:

- A. Monostotic fibrous dysplasia
- B. Paget's disease
- C. Polyostotic fibrous dysplasia
- D. Hyperparathyroidism

Q2. Thick sclerotic border surrounding radiolucent area in fibrous dysplasia is called:

- A. Crowe sign
- B. Rind sign
- C. Shephard's crook sign
- D. Anamolous sign

Q3 Mosaic pattern of bone is seen in the radiographic features of:

- A. Fibrous dysplasia
- B. Paget's disease
- C. Osteopetrosis
- D. Osteogenesis imperfect

Q4. Characteristic "Cotton wool" appearance of involved bones is seen in:

- A. Fibrous dysplasia
- B. Infantile cortical hyperostosis
- C. Osteopetrosis
- D. Paget's disease

Q5. Which one of the following histological features is found in Paget's disease:

- A. Failure of endochondral ossification
- B. Failure of fibroblastic maturation

- C. Abnormal and excessive remodeling of bone
- D. Abnormal collagen maturation

Q6. Orange peel & groundglass radiographic appearance is seen in cases of:

- A. Ewing's sarcoma
- B. Osteosarcoma
- C. Fibrous dysplasia
- D. Paget's disease

Q7 Mutation in GNAS1 gene is associated with:

- A. Focal cementosseous dysplasia
- B. Periapical cementosseous dysplasia
- C. Fibrous dysplasia
- D. Ossifying fibroma

Q8. Generalized thickening of cortical and cancellous bone is seen in:

- A. Paget's disease
- B. Osteogenesis imperfecta
- C. Osteopetrosis
- D. Hyperparathyroidism

Q9. Osteogenesis imperfecta result from an abnormality in which collagen?

- A. Type I
- B. Type II
- C. Type III
- D. Type IV

Q10. Characteristics skull abnormalities known as ARNOLD HEAD is seen in:

- A. Achondroplasia
- B. Crouzon syndrome
- C. Cleidocranial dysplasia
- D. Marfan's syndrome

Q11. Large anterior fontanelles, open sutures, slanting eyes, decreased sexual development, macroglossia & enamel hypoplasia are seen in:

- A. Craniofacial dysostosis
- B. Down's syndrome
- C. Treachercollin's syndrome
- D. Marfan's syndrome

Q12. A 3yrs old patient reports of progressive bilateral facial swellings, the tentative diagnosis is:

- A. Monostotic fibrous dysplasia
- B. Polyostotic fibrous dysplasia
- C. Central giant cell granuloma
- D. Cherubism

Q13. Biochemical abnormality associated with Osteogenesis imperfecta is an increase in:

- A. Alkaline phosphatase
- B. Acid phosphatase
- C. Bicarbonate ion
- D. Phosphorylase enzyme

Q14. Ground glass appearance is seen in:

- A. Cherubism
- B. Hyperparathyroidism

- C. Monostotic fibrous dysplasia
- D. All of the above

Q15. Generalized hypercementosis is seen in:

- A. Cherubism
- B. Paget's disease
- C. Fibrous dysplasia
- D. Hypophosphatasia

Q16. Amber coloured tooth translucency, blue sclerae, bone fragility & a history of bone fractures are findings in:

- A. Osteoporosis
- B. Osteitis fibrosa cystica
- C. Osteitis deformans
- D. Osteogenesis imperfect

Q17. A patient aged 50 years presents with history of jaw expansion & enlargement of maxilla, the likely diagnosis is:

- A. Paget's disease
- B. Acromegaly
- C. Fibrous dysplasia
- D. Hyperparathyroidism

Q18. Delayed eruption of teeth occurs in:

- A. Mandibulofacial dysostosis
- B. Hyperthyroidism
- C. Cleidocranial dysostosis
- D. Osteitis deformans

Q19. Most common malignant tumor of long bone is:

- A. Osteosarcoma
- B. Ewing sarcoma
- C. Metastatic carcinoma
- D. Multiple Myeloma

Q20. Floating of teeth is seen in:

- A. Fibrous dysplasia
- B. Paget's disease
- C. Cherubism
- D. Caffey's disease

ANSWER KEYS

1. Answer: C
2. Answer: B
3. Answer: B
4. Answer: D
5. Answer: C
6. Answer: C
7. Answer: C
8. Answer: C
9. Answer: A
10. Answer: D
11. Answer: A
12. Answer: D
13. Answer: A
14. Answer: D
15. Answer: B
16. Answer: D
17. Answer: A
18. Answer: A
19. Answer: A
20. Answer: C

EXTRAORAL RADIOGRAPHS

1. In cephalometric radiography the distance between the subject and the source of X ray is

- A. 2 feet
- B. 48 inches
- C. 4.8 metres
- D. 5 feet

2. Ankylosis of TMG can be best viewed in

- A. Lateral oblique views
- B. PA view
- C. Transcranial
- D. Lateral view

3. Submentovertex is useful in viewing

- A. Body of mandible
- B. Fracture of zygomatic arch
- C. Fracture of base of skull
- D. All of the above

4. the best radiographic view for TMG is

- A. Lateral oblique views
- B. PA view
- C. Water's view
- D. OPG

5. zygoma fractures can be best viewed by

- A. Occipitomenal view
- B. Lateral oblique views
- C. Lateral skull view
- D. Towne's view

6. Ghost like shadow seen in

- A. MRI
- B. OPG
- C. CT
- D. Cephalogram

7. Water's projection is useful for evaluating

- A. Frontal and ethmoid sinuses
- B. Zygomaticofrontal suture and nasal cavity

- C. Maxillary sinuses
 - D. All of the above
- B. Answer: D

8. which of the following is used to show the base of the skull, sphenoid sinuses, position and orientation of the condyles, and fractures of the zygomatic arch

- A. The TMG surgery
- B. Submentovertex projection
- C. Reverse-towne projection
- D. The facial profile survey

9. least radiation exposure occurs in

- A. MRI
- B. CT
- C. Arthrography
- D. OPG

10. Radiographic projection used to diagnose horizontal favorable and unfavorable fracture of mandible is

- A. Lateral oblique view of mandible
- A. PA view of skull
- B. Reverse-towne projection
- C. Water's view

ANSWER KEYS

1. Answer: D
2. Answer: C
3. Answer: D
4. Answer: D
5. Answer: A
6. Answer: B
7. Answer: B
8. Answer: D
9. Answer: A
10. Answer: A



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Department of Oral and Maxillofacial Surgery

MCQs FOR COMPETITIVE EXAM PREPARATION

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30	LE FORT FRACTURES
31	OSTEOMYELITIS
32	SALIVARY GLAND TUMORS

ORO-ANTRAL COMMUNICATION

Q.1. What is oroantral communication?

- A. Unnatural communication between the maxillary sinus and oral cavity.
- B. Natural communication between the maxillary sinus and oral cavity.
- C. both
- D. none of these

Q.2 Oroantral fistula most commonly occurs during extraction of:

- A. Facial root max. 1st premolar
- B. Max. 1st premolar
- C. Max. 1st molar
- D. Max. 2nd premolar

Q.3 Oroantral fistula in max 3rd molar region is best treated by:

- A. Bridge flap
- B. Palatal mucoperiosteal flap
- C. Buccal mucoperiosteal flap
- D. Palatal island flap

Q.4 causes of OAC include:

- A. Infection
- B. Neoplasm
- C. Iatrogenic injury and trauma
- D. All of these

Q.5 Oroantral fistula is:

- a. Dental extraction is the usual cause of alveolar type
- b. Regurgitation of food into the nose
- C. Maxillary sinusitis frequently ensues

D. Intranasal antrostomy is part of treatment

Q.6 spontaneous closure can be expected in :

A. Chronic oro antral fistula

B. Acute oro antral fistula

C.both a and b

D.none of the above

Q.7. The max. Sinus drains into the :

A. Sphenoethmoidal sinus

B. Superior meatus

C. Middle meatus

D.inferior meatus

Q.8 the radiographic feature of sinusitis include:

A. Clouding and fluid level

B. Erosion of bone

C.clouding of antra

D. Fluids levels

Q.9 oroantral fistula is most likely result from displacement of which root ;

A. Buccal roots of first molar

B. Buccal roots of second molar

C. Palatal roots of first molar

D. Palatal root of second molar

Q.10 if a patient presents with an oroantral fistula 3 weeks after an extraction .

A. Only surgical intervention will close the fistula

B. An antral regime of antibiotics , nose drops and inhalations should be started

C. An upper first molar extraction was the most probable cause

D. Whitehead's varnish plug placed in the fistula will aid healing

Q.11 other possible complication for oac ;

- A. Chronic sinusitis
- B. Osteomyelitis with maxillary bone loss
- C. Both a and b
- D. None of these

Q.12 which one of these is not a type of oro antral communication .

- A. Alveolar
- B. Sublabial
- C. Palatal
- D. Lingual

Q. 13 patients who are at high risk of oroantral fistula are ;

- A. Extraction of maxillary second molar
- B. Periapical infection
- C. Approximation of the maxillary sinus floor from teeth apices
- D. All of these

Q. 14 a canal lined by epithelium that may be filled by granulation tissue or by polyposis of the sinus membrane , mostly due to oroantral communication is defined as;

- A. Oronasal fistula
- B. Oroantral fistula
- C. Dentoalveolar fistula
- D. Orocutaneous fistula

Q15. Symptoms of fresh oroantral fistula are;

- A. Escape of fluids from mouth to the nose on the side of extraction
- B. Epistaxis

- C. Escape of air
- D. All of these

Q.16 entrance into the sinus in a caldwell procedure is made through the :

- A. Molar eminence
- B. Canine fossa
- C. Tuberosity
- D. Zygomatic ridge

Q. 17 which of the following symptoms are related to maxillary sinusitis ?

- A. Tenderness over the involved area
- B. Post nasal drip
- C. Change in phonation

Q. 18 an operation to remove irreversibly damaged mucosa of the maxillary sinus is:

- A. Caldwell luc antrostomy
- B. Radical antrostomy
- C. Both a and b
- D. None of these

Q.19 intraoral examination of oroantral fistula are :

- A. Descending postnasal floor of mucopurulent discharge
- B. Herniation of polyp into middle meatus
- C. Prolapse of polyp through the fistula
- D. All of the above

Q.20 which of these statement is true :

- A. Small size communications heals better
- B. Large size communications heals better
- C. Large size communication may results into acute oroantral fistula

D. Surgical closure is not necessary for cases of long duration

ANSWERS –

1-a 2-c 3-d 4-d 5-a 6-b 7-c 8-a 9-d 10-b

11-c 12-d 13-d 14-b 15-d 16-b 17-d 18-c 19-d 20-a

CLEFT PALATE

1-The ideal time of repair of cleft of hard palate:

- a- At birth
- b- B/w 3-6 months of age
- c- B/w 12-15 months of age
- d- After 2 yrs. of age.

2- Pierre-Robin Syndrome is:

a-Cleft palate with syndactyly b- Cleft palate with mandibular hypoplasia and respiratory obstruction

c-Cleft lip with mandibular hypoplasia d- Cleft lip

3-Hynes pharyngoplasty is used to improve a child's:

- a-Appearance
- b-Teething
- c-Speech
- d- Feeding

4-Speech problems in cleft palate patients are due to:

- a-Lisping of tongue
- b- Inability of soft palate to stop air to go into nasopharynx
- c-Inability of learning process
- d- All of the above

5-A prosthetic appliance given to cover the palatal defect in patients with cleft palate is called:

- a-Artificial velum
- b-Obturator
- c-Removable prosthetic appliance
- d- None

6-Surgery on hard palate of a 3 yrs. old cleft patient may inhibit growth, causing facial profile to become:

- a-Straight
- b- Elongated
- c-Shortened
- d- More Concave

7-The repair of cleft palate is primarily done for:

a-Correction of esthetics

b-Correction of speech

c-Induce growth of maxilla

d- Induce growth of mandible

8-Which of the following shows lowest frequency of cleft lip&palate:

a-Negroes

b- Afghanese

c-American Indian

d-Indian

9-The oral cleft problem occurs between the period of :

a-1st & 2nd week of embryo-fetal life

b- 6th & 10th week of embryo-fetal life

c-3rd week of fetal life

d- None

10-True about cleft lip& palate:

a-Polygenic is most common &high-risk type risk type

b-Polygenic is less common&low risk type

c-Monogenic is most common high risk type risk type

d-Monogenic is less common&high risk type

11-Which of following is considered as separate entity due to its epidemiology, etiology genetics:

a-Unilateral cleft lip&palate

b-Cleft lip

c-Bilateral cleft lip&palate

d-Isolated cleft palate

12-The abnormalities of tooth morphology in cleft lip&palate patients are mostly in primary &permanent:

a-Mandibular Molars

b-Maxillary Molars

c-Maxillary Incisors

d- Mandibular Incisors

13-The syndrome associated with bilateral pits of cleft lip & palate is known as:

a-Cowden's syndrome

b- Asher's syndrome

c-Van Der Woude's syndrome

d-Grindsan syndrome

14-A 2 year old child presents with cleft of hard and soft palate which extends till the incisive foramen. According to Veau's classification this case comes under:

- a-Group 1
- b- Group 2
- c-Group 3
- d-Group 4

15- First repair of cleft palate is usually done at which of following times:

- a-Before eruption of teeth
- b-When child weights approx. 10kg
- c-Before development of speech
- d- After child learns to drink from cup.

16-Speech problems in cleft palate patients are due to :

- a-Lisping of tongue
- b-Inability of soft tissue to stop air to go into nasopharynx
- c-Inability of learning process
- d- All of above

17-Which of following is not seen with cleft palate:

- a-Supernumerary tooth at site of cleft
- b-High palatal vault
- c-Bilateral maxillary constriction
- d-Missing lateral incisor

18-Symbolic stripped Y classification for cleft lip& palate was given by:

- a-Veau
- b- Kernahan
- c-Jackson
- d-Edward H. Angle

19- Four-Flap method of repair:

- a-Wardill
- b- Veau
- c-Jackson
- d- Edward H. angle

20-Which of following is used as flap for alveolar cleft after filling the gap with cancellous bone graft.

a-Free gingiva

b- Attached gingiva

c-Interdental

d- None

ANSWERS

1-c 2-b 3- c 4- b 5-b 6-d 7-a 8-a 9-b 10-d

11-d 12-c 13-c 14-b 15-a 16-b 17-b 18-b 19-a 20-b

MYOFACIAL PAIN DYSFUNCTION SYNDROME

- 1) MPDS stands for
 - a) Myofacial Pain Dysfunction Syndrome
 - b) Myofacial Pain Dystrophy Syndrome
 - c) Multifocal pain Dysfunction Syndrome
 - d) Multifocal Pain Dystrophy Syndrome

- 2) Which of the following anatomical structure is involved in MPDS
 - a) Bone
 - b) Muscles
 - c) Ligament
 - d) Nerve

- 3) Who coined the term MPDS
 - a) Costen 1934
 - b) Schwartz 1956
 - c) Laskin 1969
 - d) None of the Above

- 4) Which of the following characteristic feature of MPDS
 - a) Unilateral
 - b) Bilateral
 - c) Both of the Above
 - d) None of the Above

- 5) Which gender is more predilected for MPDS
 - a) Male older age
 - b) Female middle age
 - c) Male middle age
 - d) Female older age

- 6) Which is the characteristic aetiological feature of MPDS
 - a) Muscular overextension
 - b) Muscular overcontraction
 - c) Both of the Above
 - d) None of the Above

- 7) Which of the following feature differentiate MPDS from Neuralgia
 - a) Dull pain
 - b) Sharp shooting pain
 - c) Sudden pain

- d) Intermittent pain
-
- 8) Which of the following cardinal symptoms of MPDS
 - a) Pain and Joint Noises
 - b) Limitation of motion of jaw
 - c) Tenderness on palpation of muscles of mastication
 - d) All of the Above
-
- 9) Which of the following is not a diagnostic criteria of MPDS
 - a) Unilateral pain
 - b) Muscle tenderness
 - c) Clicking of TMJ
 - d) Positive radiographic evidence of TMJ
-
- 10) Which of the following is not a clinical feature of MPDS
 - a) Tinnitus
 - b) Otalgia
 - c) Hearing loss
 - d) Mask like face appearance
-
- 11) In MPDS which muscle is most apt to exhibit tenderness
 - a) Temporalis
 - b) Buccinator
 - c) Masseter
 - d) Lateral pterygoid
-
- 12) MPDS can be precipitated by
 - a) High filling or malocclusion
 - b) Psychogenic factors
 - c) Bruxism
 - d) All of the Above
-
- 13) Myofascial pain associated with the medial pterygoid muscle is typically referred to
 - a) Posterior part of mouth & throat
 - b) Zygomatic area
 - c) Mandibular teeth
 - d) Forehead
-
- 14) A patient of MPDS with typical psychosomatic aetiology should be prescribed
 - a) Carbamethaxamol
 - b) Diazepam
 - c) Fomentation and cold compresses
 - d) All of the Above

- 15) Chlorzoxazone is best used for managing
- Pulpal pain
 - Migrain
 - Myofacial pain
 - Periodontal pain
- 16) Most common drug used for the pain control in MPDS
- Aspirin
 - Dilantin
 - Baclofen
 - Indomethacin
- 17) TENS can be used for managing
- Phantom pain
 - Pain associated with cracked tooth
 - Periodontal pain
 - Myofascial pain
- 18) Which of the following is not done for the management of MPDS
- TENS
 - Hypnotherapy
 - EMG biofeedback
 - Peripheral neurectomy
- 19) Which of the following is not a surgical treatment of MPDS
- Eminectomy
 - Menisectomy
 - Zygomectomy
 - Decompression and compression
- 20) A patient complains of pain in TMJ area on mastication his muscles of mastication are tender and an audible click is there, these features are characteristics of
- MPDS
 - Traumatic subluxation
 - Rheumatoid artheritis
 - Rheumatic artheritis

Answers:

- 1) a 2) b 3) c 4) a 5) b 6) c 7) a 8) d 9) d 10) d
11) d 12) d 13) a 14) d 15) c 16) a 17) d 18) d 19) d 20) a

TMJ ANKYLOSIS

1. The TMJ articulation consist of:
 - (a) Glenoid fossa
 - (b) Condyle
 - (c) Sigmoid notch
 - (d) All of the above
2. Which of following are causes of TMJ ankylosis
 - (a) Condylar fracture
 - (b) Rheumatoid arthritis
 - (c) Parotitis
 - (d) All of the above
3. Which of the following is Type 2 grading of ankylosis
 - (a) Flattening or deformity of condyle
 - (b) Bony fusion of outer edges
 - (c) A bridge of bone is seen between mandible and zygomatic arch
 - (d) Entire joint replaced by mass of bone
4. What is the lining around fibrous capsule
 - (a) Synovial membrane
 - (b) Capsular ligament
 - (c) Merke's cartilage
 - (d) Deep cervical fascia
5. Which of following is not above in treatment of ankylosis?
 - (a) High condylar shave
 - (b) Ipsilateral coronoidectomy
 - (c) Contralateral coronoidectomy
 - (d) Repositioning of temporal fascia
6. TMJ is a
 - (a) Fibrous joint
 - (b) Hinge joint
 - (c) Bolt and socket joint
 - (d) Diarthroidal and ginglymoidal joint
7. Initial clicking of TMJ white opening is due to
 - (a) Lateral displacement of condyle
 - (b) Retruded condyle in respect to articular disc
 - (c) Protruded condyle in respect to articular disc
 - (d) Perforated disc
8. Dautry procedure is used for:
 - (a) Correction of ankylosis
 - (b) Correction of prognathism

- (c) Correction of recurrent dislocation of mandible
 - (d) None of the above
9. The most common dislocation of TMJ is
- (a) Anterior
 - (b) Medial
 - (c) Posterior
 - (d) Lateral
10. The Alkalyst and Bramley approach to TMJ is modification of
- (a) Hemicoronal approach
 - (b) Retroauricular approach
 - (c) Preauricular approach
 - (d) Risdon's approach
11. Frequent dislocation of TMJ is
- (a) Spasm of muscles of mastication
 - (b) The articular eminence being smaller
 - (c) Decreased freeway space
 - (d) All of the above
12. Which surgical procedure is carried out to treat TMJ bony ankylosis?
- (a) Arthroplasty
 - (b) Condylectomy
 - (c) Discoplasty
 - (d) Capsulorrhapy
13. In dislocation of jaw, displacement of articular disc beyond articular tubercle of TMJ results from spasms or excessive contraction of following muscle?
- (a) Buccinator
 - (b) Lateral Pterygoid
 - (c) Masseter
 - (d) Temporalis
14. For a 8 year old with TMJ ankylosis the treatment of choice is
- (a) Gap arthroplasty
 - (b) Condylectomy
 - (c) Gap arthroplasty with costochondral grafting
 - (d) Treatment nor required
15. Hydrocortisone acetate is injected in a painful arthritic TMJ to:
- (a) Decrease the inflammatory response
 - (b) Lubricate the synovial joint
 - (c) Anesthetize the nerve supply
 - (d) Increase the blood supply
16. The joint which histologically and morphologically best simulate the TMJ is:
- (a) Sternoclavicular graft
 - (b) 3rd metatarsal graft
 - (c) 5th costochondral graft
 - (d) None of them

17. Most common causes of clicking
- (a) Hypermobility
 - (b) Loose articular bodies
 - (c) Disc displacement without reduction
 - (d) Disc displacement with reduction
18. Obstructive sleep apnoea caused by the following:
- (a) Dentigeroussyst
 - (b) Bilateral TMJ ankylosis
 - (c) Orbital fracture
 - (d) Mandibular ameloblastoma
19. In arthroscopy, for TMJ adhesion lysis, the LASER used is:
- (a) Argon
 - (b) Er-Yag
 - (c) He-Ne
 - (d) Ho-Yag
20. Which is not a theory of TMJ ankylosis?
- (a) Condylar burst theory
 - (b) Calcification around the joint
 - (c) Fracture segment moves backward and fuses with the zygomatic arch
 - (d) Synovial fluid leaks and attracts calcium ions

Answers: 1. (d), 2. (d), 3. (b), 4. (a), 5. (a), 6. (d), 7. (b), 8. (c), 9. (a), 10. (c), 11. (b), 12. (a), 13. (b), 14. (c), 15. (a), 16. (a), 17. (d), 18. (b), 19.(d), 20. (d)

TMJ SUBLUXATION

1)Following are the normal features of TMJ

EXCEPT:

- A. Joint sound
- B. Deviation of the mouth in opposite while opening
the mouth in eccentric movements
- C. Pain while opening the mouth
- D. None of the above

2)Most common cause of clicking:

- A. Hypermobility
- B. Loose articular bodies
- C. Disc displacement without reduction
- D. Disc displacement with reduction

3)TMJ is a:

- A. Fibrous joint
- B. Hinge joint
- C. Ball and socket joint
- D. Diarthroidal and ginglymoidal joint

4)The most common dislocation of TMJ is:

- A. Anterior
- B. Medial
- C. Posterior
- D. Lateral

5) For a 8 year old with TMJ ankylosis, the treatment of choice is:

- A. Gap arthroplasty
- B. Condylectomy
- C. Gap arthroplasty with costochondral grafting
- D. Treatment not required

6) Unilateral TMJ ankylosis is associated with the following features, EXCEPT:

- A. Multiple carious teeth
- B. Facial asymmetry with fullness on the normal side of the mandible
- C. Chin deviated towards the affected side
- D. Prominent antegonial notch on the affected side

7) Eminectomy is done for treatment of:

- A. TMJ ankylosis
- B. TMJ dislocation
- C. Coronoid fracture
- D. All of the above

8) Trismus is due to inflammation of:

- A. Medial pterygoid
- B. Facial nerve irritation
- C. Superior constrictor
- D. Buccinator

9) Dislocation is treated by forcing the mandible:

- A. Upwards and backward
- B. Upwards and forwards
- C. Downward and forward
- D. Downward and backward

10) Hydrocortisone acetate is injected in a painful arthritic TMJ to

- a) Increase the blood supply
- b) Lubricate the synovial joint
- c) Anaesthetize the nerve supply
- d) Decrease the inflammatory response

11) Which nerve block can be given for reduction of mandibular dislocation

- A) masseteric nerve block
- B) deep temporal nerve block
- C) mental nerve block
- D) none of the above

12) Post treatment instructions for dislocation of mandible are

- A) immobilisation of joint
- B) prescription of anti analgesic and anti inflammatory drugs
- C) avoiding excessive mouth opening
- D) all of these

13) Chances of subluxation of TMJ is precipitated by which of the following

- A) yawning
- B) vomiting

C) laughing

D) all of the above

C) lingual nerve block

D) both a) and b)

14) Which of the following statements is true of the temporomandibular joint?

a) It has an articular disc of hyaline cartilage

b) Its articular surfaces are covered by hyaline cartilage

c) Proprioceptive information is carried by the chorda tympani and deep temporal nerves

d) Proprioceptive information is carried by the masseteric and auriculotemporal nerves.

15) Which muscle is the most active during a right lateral excursion of the mandible?

a) Left lateral pterygoid muscle

b) Right lateral pterygoid muscle

c) Left medial pterygoid muscle

d) Right medial pterygoid muscle

16) Dislocation is treated by forcing the mandible

a) Upwards and backwards

b) Upwards and forwards

c) Downwards and forwards

d) Downward and backward

17) The lateral pterygoid muscle

a) Is attached to the coronoid process and elevates the mandible.

b) Is attached to the condylar process and elevates the mandible.

c) Is attached to the coronoid process and protrudes the mandible.

d) Is attached to the condylar process and protrudes the mandible.

18)The major concentrations of proprioceptive receptors providing information about position of the TMJ are located in

a) The capsule and ligaments of the TMJ and the medial pterygoid muscle.

b) the capsule and ligaments of the TMJ and the lateral pterygoid muscle

c) The articular disc of the TMJ and the medial pterygoid muscle.

d) The articular disc of the TMJ and the lateral pterygoid muscle.

CLEFT LIP

1. Cleft Lip is operated at what age?

- a) 1 month
- b) 6 month
- c) 10 Weeks
- d) All the Above

2. Commonest type of cleft lip is?

- a) Bilateral
- b) Midline
- c) Combined with cleft palate
- d) Unilateral

3. Cleft Lip is due to ?

- a) Maxillary process with MNP.
- b) MNP-LNP
- c) MNP-MNP
- d) All of the Above

4. Unilateral clefts are most common on:

- a) Left Side
- b) Right Side
- c) Median
- d) None of the Above

5. Which part are infiltrated during Millard's Rotational Advancement flap?

- a) Lip
- b) Ala
- c) Cheeks
- d) All of the Above

6. Which blade is used for Skin Incisions ?

- a) No. 9
- b) No. 15
- c) No. 12
- d) No. 10A

7. For how many days, the child should be spoon feed after Surgery?

a-Mandibular Molars
Maxillary Incisors

b-Maxillary Molars c-
d- Mandibular Incisors

15. The syndrome associated with bilateral pits of cleft lip & palate is known as:

a-Cowden's syndrome
c-Van Der Woude's syndrome

b- Asher's syndrome
d-Grindspan syndrome

16. Symbolic stripped Y classification for cleft lip & palate was given by:

a-Veou
c-Jackson

b- Kernahan
d-Edward H. Angle

17. The Ratio of Saline-Adrenaline used is in Millard's Rotation Advancement Flap-

a) 1:100,000
c) 2: 20,000

b)1:10,000
d) 1: 1000

18. Failure in the union of two or more embryonic processes may lead to which of the following developmental Deformity-

a) Fibrous Dysplasia
c) Sicca Syndrome

b) Orofacial Clefts
d) None of the Above.

19. Which of the following prosthesis may be prescribed to patient with cleft lip?

a) Zygomatic Prosthesis
c) Implant

b) Artificial Nose
d) Obturator

20. Which of the following statements is correct?

A-Presence of cleft lip doesn't interfere much with sucking. However there may be some difficulty in bottle feeding.

B- Some degree of difficulty in speech is present.

a) A

b) B

c) Both A & B

d) None of the Above

Answers:

1- a	2- c	3- a	4-a	5-d	6-b	7-c	8-a	9 - b
10-a	11-b	12-d	13-d	14-c	15-c	16-b	17-a	
18-b	19-d	20-c						

MANDIBULAR FRACTURES

1. Fracture of mandible are all true except
 - a) Fractures of mandible are common at the angle of mandible
 - b) Fractures of the mandible are effected by the muscle pull
 - c) Fractures of the mandible are usually characterized by sublingual hematoma
 - d) C.S.F. rhinorrhea is a common finding.

2. Green stick fractures are most common with
 - a) Older people
 - b) Adult
 - c) Children
 - d) Soldier

3. A fracture mandible should be immobilized for an average of
 - a) 3 weeks
 - b) 6 weeks
 - c) 9 weeks
 - d) 12 weeks

4. The fracture of the tooth bearing segment of the mandible is
 - a) Simple
 - b) Complex
 - c) Compound
 - d) Comminuted

5. The proximal segment of mandibular angle fracture usually displaced in which direction
 - a) Anterior and superior
 - b) Posterior and interior
 - c) Interior only
 - d) Posterior and superior

6. A displaced mandibular fracture in a child should be managed by
 - a) Circum mandibular wiring
 - b) Early mobilization
 - c) Intermaxillary fixation
 - d) Transosseous wiring

7. Lower lip paresthesia occurs in
 - a) Body fracture

- b) Symphysis fracture
 - c) Coronoid fracture
 - d) Condyle fracture
8. The most common pathognomonic sign of mandibular fracture is
- a) Malocclusion
 - b) Sublingual hematoma
 - c) Deviation of the jaw on opening
 - d) Paraesthesia of the mental nerve
9. The weakest point of the dentulous mandible where fracture occurs is
- a) The condyle region
 - b) Angle of the mandible
 - c) Symphysis menti
 - d) Oblique ridge near mental foramen
10. If there is bilateral mandibular fracture in the canine region the following muscles will tend to pull the mandible back
- a) Genioglossus and anterior belly of digastric
 - b) Genioglossus and mylohyoid
 - c) Genioglossus and thyrohyoid
 - d) Genioglossus and masseter
11. Fracture of body of mandible with full arch of teeth (undisplaced) is treated by
- a) Intermaxillary fixation
 - b) Open reduction and internal fixation
 - c) Close reduction and internal fixation
 - d) External pin fixation
12. Fracture of mandible not involving dental arch is treated by
- a) open reduction
 - b) closed reduction
 - c) No treatment required
 - d) None of the above
13. The optimum length of screw, for fixation of plate in mandible is
- a) 2mm
 - b) 3mm
 - c) 4mm
 - d) 6mm
14. The splint which is most commonly used in edentulous mandibular fracture is
- a) Gunning splint
 - b) Cap splint

- c) Ribbon splint
- d) All of the above

15. The radiographic view of choice for diagnosing horizontally favourable and unfavourable fracture is

- a) OPG
- b) Occlusal
- c) Lateral oblique view
- d) Transpharyngeal

16. In case of fracture of mandible, alveolar border experiences which force

- a) Tension
- b) Compression
- c) Torsion
- d) Rotation

17. Use of an acrylic arch bars for closed reduction of mandible was described by

- a) Schuchardt
- b) Risdon
- c) Stanstout
- d) Leonard

18. Most stable in closed reduction is

- a) Screws
- b) Arch bar
- c) Direct wiring
- d) None of the above

19. In fracture of the body of mandible the miniplate is given

- a) Upper border
- b) Lower border
- c) Between upper and lower border
- d) One at the upper and lower border

20. A patient of 40 yrs male got a blow on the angle region of mandible and he is asymptomatic. The x-rays of that region shows a radiopaque line with very sharp undercut in the lower border of mandible which may be due to

- a) Sutural diastasis
- b) Overlapping sign
- c) Separation sign
- d) Non union sign

ANSWERS: 1. (d), 2. (c), 3. (b), 4. (c), 5. (a), 6. (b), 7. (a), 8. (a), 9. (a), 10. (a), 11. (a), 12. (a), 13. (c), 14. (a), 15. (c), 16. (a), 17. (a), 18. (b), 19. (c), 20. (b)

ORAL SUBMUCOUS FIBROSIS

1. Which of the following is a pre- malignant lesion?
 - a. Carcinoma in situ
 - b. Lichen planus
 - c. Oral submucous fibrosis
 - d. Bowen disease

2. What is the most important characteristic features of osmf?
 - a. Xerostomia
 - b. Reduced mouth opening
 - c. Bleeding gums
 - d. Xerophthalmia.

3. Triamcinilone acetone is used in the management of
 - a. Oral lichen planus
 - b. Oral submucous fibrosis
 - c. Aphthous ulcer
 - d. All of the above.

4. Main causative agent of oral submucous fibrosis
 - a. Smoking
 - b. Alcohol
 - c. Guthka/Bidi
 - d. Chewing areca nut

5. What is the active irritant of chillies leading to osmf?
 - a. Capsaicin
 - b. Guanidine
 - c. Ascorbic acid
 - d. None of the above

6. Effect of osmf on uvula
 - a. Uvula become swollen
 - b. Uvula is enlarged
 - c. Uvula become shrunken
 - d. No effect on uvula

7. Which of the following is correct differential diagnosis of osmf?
- Scleroderma
 - Lichen planus
 - Syphilitic glossitis
 - Leukoplakia
8. Which of the following conditions are associated with some elevation of risk of oral cancer?
- Erosive lichen planus
 - Oral submucous fibrosis
 - Ingesting 6 or more alcoholic drinks a day
 - All of the above
9. Appearance of buccal mucosa with respect to osmf will be
- Erythematous appearance
 - Creaked mud like appearance
 - Curdled milk like appearance
 - Marble like appearance
10. Which nutritional deficiency is an etiologic factor of oral submucous fibrosis
- Vitamin A
 - Vitamin b12
 - Zinc
 - Vitamin c
11. Most commonly affected site of oral submucous fibrosis is
- Gingiva
 - Labial mucosa
 - Lower lip
 - Side of tongue
12. Majority of the OSMF cases exhibit
- Intolerance to hard food
 - Intolerance to spicy food
 - Intolerance to hot food
 - All of the above

13. Which of the following occurs in OSMF?
- Stomatopyrosis
 - Vesicles, melanosis and xerostomia
 - Blanched pallor hard subepithelial stiffness.
 - All of the above
14. Which of the following bands are visible in the case of oral submucous fibrosis?
- Circular
 - Vertical
 - Elliptical
 - A and B both
15. Who coined the term oral submucous fibrosis?
- Schwartz
 - Joshi
 - Lister
 - None of the above.
16. Oral submucous fibrosis is diagnosed by?
- Juxta, epithelial fibrosis changes
 - Changes in epithelium
 - Changes in submucosa
 - All of the above
17. Areca nut chewing is etiological condition for?
- Leukoplakia
 - Systemic lupus erythematosus
 - Oral submucous fibrosis
 - None of the above
18. In advance stage of oral submucous fibrosis what changes are seen in collagen?
- Partial hyalinization takes place.
 - Complete hyalinization with no distinct bundles.
 - No hyalinization.
 - None of the above.

19. Which of the following are the major symptoms of oral submucous fibrosis?

- a. Hypovascularity leading to blanching of the oral mucosa
- b. Staining of the teeth and gingiva
- c. Trismus
- d. All of the above.

20. Which of the following statement is incorrect?

- a. Progressive inability to open mouth (trismus)
- b. Decreased salivation
- c. Oral pain and burning sensation on consumption of spicy food stuff.
- d. Hearing loss due to stenosis of eustachian tube.

Answers

- 1. C
- 2. B
- 3. D
- 4. D
- 5. A
- 6. C
- 7. A
- 8. D
- 9. D
- 10. B
- 11. B
- 12. D
- 13. D
- 14. D
- 15. B
- 16. D
- 17. C
- 18. B
- 19. D
- 20. B

BELL'S PALSY

Q1. Which Cranial nerve is affected in Bell's palsy?

- A. Facial nerve
- B. Trigeminal nerve
- C. Vagus nerve
- D. Olfactory nerve

Q2. What are the primary function(s) of the facial nerve?

- A. Directs the muscles which control eye blinking and closing
- B. Controls facial expressions such as smiling and frowning
- C. Carries nerve impulses to tear glands and salivary glands
- D. All of the above

Q3. What medications are primarily used to treat Bell's palsy?

- A. Steroids such as prednisone
- B. Antivirals such as acyclovir
- C. Analgesics such as aspirin, acetaminophen or ibuprofen
- D. All of the above

Q4. When are all functions affected?

- A. If the lesion is after the geniculate ganglion
- B. If the lesion is just after the stylomastoid foramen
- C. If the lesion is before the geniculate ganglion
- D. None of the above

Q5. When performing testing, a patient with Bell's Palsy will exhibit all of the following except:

- A. Inability to close the affected eye
- B. Inability to open the affected eye
- C. Inability to fully smile showing all the teeth
- D. Inability to fully smile without showing the teeth

Q6. Regarding Bell's Palsy prognosis: Which of the following is incorrect?

- A. A complete lesion has a poorer prognosis
- B. If there is pain with the onset, a poorer prognosis is likely

- C. Medical treatment improves the recovery by 70%
- D. Many recover within 3 months without treatment

Q7. Identify the wrong statement regarding Bell's palsy:

- A. It is the most common form of facial paralysis
- B. Paralysis is usually preceded by pain behind the ear
- C. MRI reveals swelling and enhancement of gasserian ganglion
- D. Presence of incomplete paralysis in first week is the most favourable prognostic sign

Q8. The facial nerve controls which of the following?

- A. The muscles involved in smiling
- B. Tear and saliva production
- C. The muscles used to close the eyelid
- D. All answers are correct

Q9. The root cause of Bell's palsy remains unknown. However, scientists do know the symptoms seen in a patient are related to:

- A. Inflammation of the facial nerve
- B. Inflammation of the tear ducts
- C. Skin irritation on the face
- D. A brain clot

Q10. Which of the following is NOT a symptom of Bell's Palsy?

- A. Twitching of the face on the affected side
- B. Taste alteration
- C. Facial and/or ear pain on the affected side
- D. Arm muscle weakness on the affected side

Q11. Theory of Bell Palsy is:

- A. Vascular
- B. Viral
- C. Autoimmune
- D. All of the above

Q12. Facial nerve exit the skull via:

- A. Foramen ovale
- B. Foramen rotundum
- C. Jugular foramen
- D. Stylomastoid foramen

Q13. Which of the following may be impaired if the nerve lesion is proximal to the geniculate ganglion?

- A. Sight
- B. Lacrimation
- C. Smell
- D. Touch

Q14. In idiopathic facial nerve palsy, the extent of nerve damage determines the outcome. If some nerve function remains, full recovery typically occurs within several months. Which of the following therapies results in faster recovery if begun within 48 h after onset of symptoms?

- A. Antiviral drugs
- B. Corticosteroids
- C. Isotonic saline eye drops
- D. Tarsorrhaphy

Q15. All the following muscles are supplied by facial nerve except:

- A. Orbicularis oris
- B. Orbicularis oculi
- C. Posterior belly of digastric
- D. Levator palpebrae superioris

Q16. Bell palsy is the most common cause of unilateral facial paralysis. Which of the following is most accurate regarding the presentation and physical examination of patients with Bell palsy?

- A. Overproduction of tears is a common symptom of Bell palsy
- B. Progression of facial paralysis associated with Bell palsy typically lasts 14-21 days
- C. Facial spasm associated with Bell palsy is typically seen in younger patients (aged 20-40 years) than in older patients (50 years or older)
- D. Tympanic membranes should be normal in a patient with Bell palsy

Q17. Which of the following is most accurate regarding facial paralysis associated with Lyme disease?

- A. The facial paralysis associated with Lyme disease is exclusively unilateral
- B. Adults are more likely than children to develop facial palsy due to Lyme disease, especially in endemic areas
- C. Oral doxycycline is a recommended treatment option in adults with facial nerve palsy associated with Lyme disease
- D. Ceftriaxone is contraindicated in patients with Lyme disease, with or without facial nerve palsy

Q18. Which of the following is more likely to suggest a stroke, as opposed to Bell palsy, in a patient with facial paralysis?

- A. Numbness on the same side as the facial paralysis
- B. Diplopia in conjunction with supranuclear facial palsy
- C. Hyperacusis
- D. Blurred vision and ocular pain

Q19. Ramsay Hunt syndrome is the second most common cause of facial palsy. Which of the following is most accurate regarding the treatment of Ramsay Hunt syndrome?

- A. Combination therapy with steroids and acyclovir is beneficial in patients with Ramsay Hunt syndrome
- B. Long-term antiviral prophylaxis is routinely recommended in patients with Ramsay Hunt syndrome
- C. High-dose methylprednisolone is recommended as a first-line treatment for patients with Ramsay Hunt syndrome
- D. The vast majority of patients with Ramsay Hunt syndrome who have complete facial palsy experience full recovery

Q20. Which of the following is recommended regarding steroid treatment in patients with Bell palsy?

- A. Corticosteroid treatment in Bell palsy is only recommended within the first 24 hours after symptom onset
- B. If a viral etiology is suspected in patients with Bell palsy, antiviral treatment should be given as monotherapy prior to steroid treatment
- C. High-dose steroids are contraindicated in patients with Bell palsy who also have diabetes

D. The recommended duration of steroid therapy in patients with Bell palsy is 10 days, including a taper period

ANSWERS.

1. a. Facial nerve(Cranial nerve VII)
2. d. All of the above
3. d. All of the above
4. c. If the lesion is before the geniculate ganglion
5. b. Inability to open the affected eye
6. c. Medical treatment improves the recovery by 70%
7. c. MRI reveals swelling and enhancement of gasserian ganglion
8. d
9. a.
10. d.
11. d.
12. d.
13. b.
14. b.
15. d.
16. d.
17. c.
18. b.
19. a.
20. d.

OSTEORADIONECCROSIS (ORN)

1 Pathological basis for late osteoradionecrosis:

- a. osteocyte destruction
- b. occlusion of vessels
- c. circulatory insufficiency
- d. all

2 Osteoradionecrosis results from:

- a. Infection, trauma, radiation
- b. Radiation, trauma, infection
- c. Trauma, radiation, infection
- d. None of the above

3 First complication after radiotherapy is:

- a. Mucositis
- b. Candidiasis
- c. Alopecia
- d. Xerostomia

4 Osteoradionecrosis is due to:

- a. Endarteritis of blood vessels
- b. Damage to periosteum
- c. Damage to Lymphatics
- d. All of the above

5 A patient requires tooth extractions from an area that has been subjected to radiation therapy. Which of the following represents the greatest danger to this patient?

- a. Alveolar osteitis
- b. Osteoradionecrosis
- c. Prolonged healing time
- d. Fracture of the mandible

6 Teeth affected by radiation hazard show:

- a. Occlusal caries
- b. Proximal caries
- c. Chronic caries
- d. Rampant caries

7 Months or years following radiotherapy, the irradiated oral mucosa:

- a. undergoes necrosis.
- b. Develops candidiasis
- c. Becomes atrophic
- d. Develops granulomatosis

8 Management of osteoradionecrosis would require all of the following except:

- a. Antibiotic coverage
- b. Hyperbaric oxygen
- c. Fluoride application
- d. Non removal of sequestrum

9 The patient in has osteoradionecrosis



of the mandible. Which of the following are true about osteoradionecrosis?

- i. Associated with dental caries
- ii. Associated with radiation doses greater than 65 Gy
- iii. Painless
- iv. Reversed with hyperbaric oxygen
- v. Requires specialist dental care

- A. i, ii, v
- B. i, ii, iii, v
- C. i, iv, v
- D. i, iii, iv, v
- E. All of the above

10 The differential diagnosis of this incidentally found asymptomatic lesion of the gum includes :

- i. Squamous cell carcinoma.
- ii. Osteoradionecrosis.
- iii. Bisphosphonate-induced osteonecrosis of jaw.
- iv. A herpetic outbreak
- v. An aphthous ulcer.



- A. i, ii

- B. i, ii, iii
- C. i, iv, v
- D. ii, iii, iv
- E. i, ii, iii, iv, v

11 Rates of osteoradionecrosis are dependent on

- A. The amount of radiation delivered to the mandible.
- B. Dental extractions after radiation therapy.
- C. Poor oral hygiene.
- D. All of the above.

12 The risk of osteoradionecrosis has been shown to be increased by all of the following factors, except

- A. Dental implants.
- B. Preradiation dental extraction followed by inadequate healing time.
- C. Postradiation dental extraction
- D. Prosthetic appliances in edentulous patients

13 The initial treatment of osteoradionecrosis begins with

- A. Curettage of the area, chlorhexidine gluconate rinses, 30 dives of hyperbaric oxygen, and systemic antibiotics.
- B. Curettage of the area, 30 dives of hyperbaric oxygen, and systemic antibiotics.
- C. Curettage of the area, chlorhexidine gluconate rinses, and systemic antibiotics.
- D. Curettage of the area, chlorhexidine gluconate rinses, and 50 dives of hyperbaric oxygen.

14 dosage of Pentoxifylline (?) + Apha-Tocopherol (vitamin E) (?) IU orally od for 2 months

- a 150mg/d + 400IU
- b 500mg/d = 300IU
- c 800 mg/d or 400mg bd + 1000 IU
- d 600 mg/d + 250IU

15 Theories of osteoradionecrosis :

- a watson and scarborough
- b meyer's theory
- c marx theory
- d fibroatrophic theory
- e all of above

16 THREE H' principle by marx 1983 rt induces endarteritis

- a hypocellular, hypophosphate , hyperoxia
- b hypocellularity, hypovascularity ,hypoxia
- c none of above
- d both a and b

17 The risk of developing osteoradionecrosis of the jaw is greatly increased at doses greater than 55 Gy. (T/F)

- a true
- b false

18 Hyperbaric oxygen is a reasonable treatment for mild osteoradionecrosis. (T/F)

- a true
- b false

19 Which of the following is the most common late toxic effect from radiation therapy to the head and neck?

- A. Xerostomia
- B. Brachial plexopathy
- C. Feeding tube dependence
- D. Osteoradionecrosis

20 Which of the following is the most common late sequela after radiation therapy to the head and neck?

- A. Osteoradionecrosis
- B. Feeding tube dependence
- C. Hypothyroidism
- D. Brachial plexopathy

ANSWERS

- 1 - d
- 2 - b
- 3 - a
- 4 - a
- 5 - b
- 6 - d
- 7 - c
- 8 - d
- 9 - c
- 10 - b
- 11 - d
- 12 - a

13 - a
14 - c
15 - e
16 - b
17 - a
18 - a
19 - d
20 - a

IMPACTION

1. Of the following most difficult impaction to extract is

- A. Mesioangular
- B. Vertical
- C. Distoangular
- D. Horizontal

2. Impacted canines :

- A. Most likely to be ankylosed
- B. They may damage roots of other teeth
- C. Good function is impossible without them
- D. None of the above.

3. Extraction of disto angular impaction of mandibular 3rd molar can cause

- A. Slippage in lingual pouch
- B. Fracture of ramus of mandible
- C. Excessive haemorrhage
- D. Dry socket

4. The red line in winter's classification of impacted teeth represents:

- A. Point of application of elevator
- B. The angulation of 2nd molar
- C. Relation of the third molar to the ramus
- D. None of the above.

5. During extraction of lower impacted right molar bone is removed

- A. To expose maximum dimension of tooth
- B. Upto CE junction
- C. Upto furcation area
- D. Upto half of roots

6. In winter's war line, Amber line represents:

- A. Relative depth of the third molar
- B. Point of the application of elevator
- C. Bone level covering the impacted tooth
- D. None of the above.

7. Contributing factor to pericoronitis of an impacted mandibular third molar is

- A. Trauma by opposing tooth
- B. Previous radiation therapy

C. Tissue necrosis

D. Emphysema

15. The advantage of lingual split technique for extraction of mandibular third molar impacted teeth is/are

A. Bone loss is minimal

B. Easy and quick method

C. Tissue trauma is minimal

D. All of the above

16. Common complication encountered during extraction of maxillary third molar :

A. Oroantral communication

B. Root displacement into to sinus

C. Excessive hemorrhage

D. Fracture of the maxillary tuberosity

17. The most common reason for removal of mandibular impacted third molar:

A. Referred pain

B. Orthodontic treatment

C. Recurrent pericoronitis

D. Chronic periodontal disease

18. Radiographic appearance of inferior dental canal and roots of mandibular third molar:

A. Tram lines visible.

B. radiolucent band evident in relation to root of third molar which is grooved tunnel

C. Winter's line.

D. None of the above.

19. The most common tooth to get impacted except third molars is:

A. Maxillary canine

B. Maxillary second premolar

C. Mandibular canine

D. Mandibular second premolar

20. Which nerve is near to mandibular third molar (mesial aspect) and it is likely to be get damaged during extraction of mandibular third molar:

A. Inferior alveolar nerve

B. Buccal nerve

C. Massteric nerve.

D. Lingual nerve

1. 2. 3. 4. 5. 6. 7. 8. 9. 10.

11. 12. 13. 14. 14. 15. 16.D 17.C 18.B 19.A 20.D

SALIVARY GLAND PATHOLOGIES

1. Salivary gland stone most commonly involves :-

- A Submandibular gland
- B Parotid gland
- C Lingual gland
- D Sublingual gland

2. Warthin's tumor is:-

- A An adenolymphoma of parotid gland
- B Pleomorphic adenoma of salivary gland
- C Carcinoma of parotid gland
- D None of above

3. Most common site for necrotising sialometaplasia :-

- A Cheek
- B Dorsum of tongue
- C Palate
- D Gingiva

4. Pleomorphic adenoma arises from:-

- A Myoepithelial cells
- B Acinar cells
- C Connective tissue
- D Stem cell

5. Most common salivary gland malignant neoplasm in bone:-

- A Pleomorphic adenoma
- B Adenoid cystic carcinoma
- C Mucoepidermoid carcinoma
- D Adenolymphoma

6. Most common tumor of Salivary gland:-

- A Pleomorphic adenoma
- B Adenoid cystic carcinoma
- C cylindroma
- D Epidermoid carcinoma

7. A painful crater like ulcer of 1.5 cm is seen on the hard palate mucosa of a women. The most likely diagnosis:-

- A Actinomycosis
- B Squamous cell carcinoma
- C Pleomorphoc adenoma
- D Necrotizing sialometaplasia

8. A condition of mouth which most likely increase caries incidence rate :-

- A Xerostomia
- B Malignancy
- C Hairy tongue
- D excessive saliva

9. Which of the following parotid malignancy show perineural spread :-

- A Pleomorphic adenoma
- B Adenoid cystic carcinoma

- C Warthin's tumor
- D Ductal papilloma

10. Reduction in saliva secretion not commonly seen in :-

- A Elderly diabetics
- B Patients undergoing radiation therapy
- C Patient suffering from Parkinson's disease
- D Patients on phenothiazine drug

11. Acute non suppurative sialadenitis is seen in:-

- A Acute bacterial sialadenitis
- B Chronic bacterial sialadenitis
- C Mumps
- D Necrotizing sialometaplasia

12. A cyst occurring under a tongue caused by obstruction of salivary gland called as :-

- A Mucocele
- B Ranula
- C Dermoid cyst
- D Dentigerous cyst

13. Sialolith in excretory duct will result in :-

- A Chronic sialadenitis
- B Mucous retention cyst
- C Pleomorphic adenoma
- D Rupture of cyst

14. Leafless fruit laden tree or cherry blossom appearance on sialogram indicates:-

- A Mucoepidermoid cell carcinoma
- B Acinar cell carcinoma
- C Sjogren's syndrome
- D Pleomorphic adenoma

15. Sjogren's syndrome include all except :-

- A Xerostomia
- B Keratoconjunctivitis
- C Arthritis
- D Lymphoma

16. Tender submandibular swelling is mostly due to :-

- A Ludwig's Angina
- B Sialolithiasis
- C Enlarged lymph nodes
- D all of above

17. A recurrence of pleomorphic adenoma is attributed to :-

- A Presence of an incomplete capsule
- B Mixed origin
- C Absence of capsule
- D Perineural spread

18. Cribriform, Swiss - cheese, honey comb pattern seen in histology of :-

- A Adenoid cystic carcinoma
- B Pleomorphic adenoma

C Acinic cell carcinoma

D Clear cell carcinoma

19. Commonest salivary gland tumor in children :-

A Lymphoma

B Pleomorphic adenoma

C Adenoid cystic carcinoma

D Mucoepidermoid carcinoma

20. A sialolith is a stone found in salivary gland and duct primarily composed of :-

A Hydroxyapatite

B Potassium crystal

C Calcium chloride

D Unknown compound of phosphate

21. Treatment of recurrent ranula :-

A Marsupialization

B Incision

C Excision

D Excision with adjacent glands

ANSWERS-

1a, 2a , 3c, 4a, 5c, 6a , 7d , 8a , 9b, 10c, 11c, 12b, 13d, 14b , 15 d ,16 c, 17a, 18a, 19b, 20 a,
21d

MAXILLARY ORTHOGNATHIC PROCEDURES

1. Normal upper lip length is:
 - A. 22+2 mm for males & 20+ 2 mm for females
 - B. 20+2 mm for males & 22+2 mm for females
 - C. 18+2 mm for males & 20+2 mm for females
 - D. 21+2 mm for males & 18+2 mm for females

2. Orthognathic decompensation is done
 - A. At the time of surgery
 - B. Before surgery
 - C. After surgery
 - D. Nature itself decompensate/dental compensation

3. Which of the following osteotomy is carried out for maxillary deformity when only a portion of maxillary dental arch requires repositioning
 - A. Segmental maxillary osteotomy
 - B. Posterior maxillary osteotomy
 - C. Lefort 1 osteotomy
 - D. Both A & B

4. In single tooth dento-osseous osteotomy, vertical interdental osteotomies are made by
 - A. Fine fissured bur
 - B. Inverted bur
 - C. Round bur
 - D. 245 bur

5. First anterior maxillary setback was performed by
 - A. Warsmund
 - B. Wundered
 - C. Epker
 - D. Cohn Stock

6. Ronguer forceps are used in which surgery
 - A. Gaining proper access
 - B. Protection of flap
 - C. Trimming anterior nasal spine during small midline incision
 - D. Protecting lateral nasal wall during osteotomy cut

7. Posterior maxillary osteotomy can be used to
 - A. Correct cross bite
 - B. Superiorly reposition supraerupted posterior segment
 - C. Close posterior open bite

- D. All of the above
8. Workhorse of Orthognathic surgical procedures
- A. Lefort 1 osteotomy
 - B. Anterior maxillary osteotomy
 - C. Posterior maxillary osteotomy
 - D. Single tooth osteotomy
9. In anterior maxillary osteotomy, both buccal and palatal pedicle are preserved by
- A. Wundered method
 - B. Warsmund technique
 - C. Both A & B
 - D. None of the above
10. Vertical maxillary excess with typical 'gummy smile' can be corrected by
- A. Superior repositioning of maxilla
 - B. Inferior positioning of maxilla
 - C. Levelling of maxilla
 - D. Both A & B
11. Superior positioning of entire maxilla is indicated in
- A. Superior movement of 5-10 mm
 - B. Superior movement of <5mm
 - C. Superior movement of 16 mm
 - D. Superior movement of 12 mm
12. Dental features in vertical maxillary deficiency include
- A. Angle's class 1 or 2 molar occlusion
 - B. Angle's class 3 molar occlusion
 - C. Deep overbite
 - D. Both A & C
13. A surgical obturator has to be inserted
- A. One day prior to surgery
 - B. On the day of surgery
 - C. 14 days after surgery
 - D. 30 days after surgery
14. Aim of model surgery is
- A. To reduce operating time
 - B. To improve accuracy of results

- C. To locate problem areas preoperatively
 - D. All of the above
15. During single tooth osteotomy, type of incision given for multiple large diastemas
- A. Multiple horizontal incision
 - B. Multiple vertical interdental incisions
 - C. Single horizontal incision
 - D. Single vertical incision
16. During posterior maxillary osteotomy, incision is made at
- A. 1st premolar to 2nd molar region
 - B. Canine to 2nd premolar
 - C. Lateral incisor to 1st molar
 - D. Canine to 1st molar region
17. Latent period of distraction osteogenesis
- A. 2-4 weeks
 - B. 2-3 months
 - C. 3-5 days
 - D. 5-6 weeks
18. Horseshoe shaped osteotomy is
- A. Posterior maxillary osteotomy
 - B. Superior positioning of entire maxilla
 - C. Single tooth osteotomy
 - D. Superior positioning of maxilla leaving nasal floor intact
19. During anterior maxillary osteotomy, nasal crest of maxilla is removed using
- A. Large round bur
 - B. Narrow taper fissure
 - C. Shallow taper fissure
 - D. None of the above
20. Leveling of maxilla can be done by
- A. Raising up of 1 side of maxilla
 - B. Lowering 1 side of maxilla
 - C. Simultaneously lowering 1 side and raising other side of maxilla
 - D. All of the above

ANSWER KEY

1. A. 22+2 for males and 20+2 for females

2. B. before surgery
3. A. Segmental maxillary osteotomy
4. A. Fine fissured bur
5. C. Cohn Stock
6. C. Trimming anterior nasal spine during small midline incision
7. D. All of the above
8. A. Lefort 1 osteotomy
9. C. Both A & B
10. A. Superior repositioning of maxilla
11. B. Superior movement of <5 mm
12. D. Both A & C
13. B. On the day of surgery
14. D. All of the above
15. B. Multiple vertical interdental incisions
16. D. Canine to 1st molar region
17. C. 3-5 days
18. D. Superior positioning of maxilla leaving nasal floor intact
19. A. Large round bur
20. D. All of the above

TRIGEMINAL NEURALGIA

1. Trigeminal nerve is attached to the lateral part of the _____ by its two roots, motor and sensory, from where the roots enter the mid cranial fossa.
 - a) Pons
 - b) Spinal Nucleus
 - c) Gasserian Ganglion
 - d) None of the above

2. The fibres of sensory root of trigeminal nerve arise from _____
 - a) Medulla Oblongata
 - b) Sphenopalatine ganglion
 - c) Pons
 - d) semilunar ganglion

3. In which of the following, the maxillary division of trigeminal nerve does not give off branches?
 - a) Pterygopalatine fossa
 - b) Infraorbital groove
 - c) Anterior cranial fossa
 - d) Middle cranial fossa

4. Branches from the undivided part of mandibular nerve that pass into the middle cranial fossa to supply dura and mastoid cells?
 - a) Nervus spinosus pterygoid
 - b) Auriculotemporal nerve
 - c) Nerve to internal pterygoid
 - d) nervus tentoria

5. What is the other name for the facial pain or the trigeminal neuralgia?
 - a) Tic Polonga
 - b) Tic Doloureux
 - c) Ticino
 - d) Tichodroma

6. Trigeminal neuralgia mostly involves which branches of the trigeminal nerve?
 - a) 1st and 2nd
 - b) 1st and 3rd
 - c) 2nd and 3rd
 - d) 1st, 2nd and 3rd

7. The cause for facial pain is-
 - a) Migranous neuralgia arthritis
 - b) Trigeminal neuralgia
 - c) Temporomandibular arthritis
 - d) All of the above

8. Trigeminal neuralgia affects people of age _____
 - a) 20- 40 years
 - b) 40- 45 years
 - c) above 50 years
 - d) 25 – 30 years

9. The pain in tic doloureux lasts for _____
 - a) Few seconds to minutes hour
 - b) 2-4 hours
 - c) few minutes to 1 hour
 - d) None

10. The pain in trigeminal neuralgia is mostly _____ in nature
- a) Dull and continuous
b) Sharp and lancinating
c) stabbing
d) intermittent
11. Trigeminal neuralgia usually starts when patient is
- a) Brushing and washing face
b) Talking, smiling, shaving
c) eating or chewing
d) all of the above
12. Which side of the face is more often affected in trigeminal neuralgia?
- a) Right
b) Left
c) upper portion
d) lower portion
13. In histopathological findings focal areas of myelin degeneration can be seen within the _____
- a) Pterygopalatine fossa
b) Sphenopalatine ganglion
c) Gasserian ganglion
d) None of the above
14. What is the first line of approach in the pharmacological treatment of trigeminal neuralgia?
- a) Clonazepam
b) Lamotrigine
c) Carbamazepine
d) Phenytoin
15. What is the second line of approach in the pharmacological treatment of trigeminal neuralgia?
- a) Phenytoin
b) Carbamazepine
c) Oxcarbazepine
d) Lamotrigine
16. Surgical treatment of trigeminal neuralgia includes
- a) Cryosurgery
b) Microvascular decompression
c) Microvascular
d) Both b) and c)
17. Stereotactic radiosurgery _____ can be carried out percutaneously and carry low risk but temporary relief for weeks or months.
- a) Cryosurgery
b) Microvascular decompression
c) Alcohol/Phenol Injection
d) none of the above
18. _____ can be applied topically to relieve neuralgic pain?
- a) Capsaicin
b) Gabapentin
c) Amitriptyline
d) protriptyline

20. Which surgical technique is considered to provide the longest pain free duration following treatment?

- a) Balloon Decompression
- b) Gamma knife Surgery
- c) Microvascular decompression
- d) Peripheral cryotherapy

21. Which of the following symptoms is not a recognized feature of classical trigeminal neuralgia?

- a) Light touch provokes the pain
- b) Pain occurs across two divisions of the trigeminal nerve.
- c) Severe, shooting pain lasting around 30 seconds
- d) the pain occurs in conjugation with facial flushing.

ANSWER KEY-

1.a) 2.d) 3.c) 4.a) 5.b) 6.c) 7.d) 8.c) 9.a) 10.b) 11.d) 12.a) 13.c) 14.c) 15.a) 16.d) 17.c) 18.a) 19. c) 20. d)

SYNDROMES OF HEAD AND NECK

1. Sjogren's syndrome is not accompanied by:
 - a. Rheumatoid arthritis
 - b. SLE
 - c. Chronic Active Hepatitis
 - d. An Autoimmune condition

2. The syndrome which consists of cleft palate, micrognathia and glossoptosis is known as:
 - a. Marfan's Syndrome
 - b. Crouzon's Syndrome
 - c. Paget's Disease
 - d. Pierre Robin Syndrome

3. Patient with craniofacial dysostosis will benefit when midface advancement is done:
 - a. Within 1 year of age
 - b. At 4-7 years
 - c. At 12-18 years
 - d. At 21 years of age

4. Crouzon's disease is caused by mutation of:
 - a. Fibroblast growth factor receptor -2
 - b. Osteoclast growth receptor -1
 - c. Fibroblast growth factor receptor-1
 - d. Osteoclast growth receptor -2

5. Increased intracranial pressure in Craniofacial dysostosis may cause:
 - a. mild mental retardation
 - b. vision and hearing impairment
 - c. headache and convulsions
 - d. all of these.

6. Characteristic appearance in Apert's syndrome is:
 - a. Sparrow beaked
 - b. Parrot Beaked
 - c. Crow beaked
 - d. None of these

7. Apert's Syndrome is classical triad of:
 - a. Facial dysplasia, Paget's disease, Sinusitis
 - b. Hypoplastic middle third of face, Craniosynostosis, Syndactyly of hands and feet.

- c. Fibrous dysplasia, Hypoplastic middle third of face, Cleft Palate.
- d. Hypoplastic lower third of face, Craniosynostosis, Cleft Palate.

8. Which syndrome is characterized by craniosynostosis often associated with preaxial polysyndactyly of the feet, short fingers with clinodactyly, and variable soft tissue syndactyly

- a. Crouzon's syndrome
- b. Apert's syndrome
- c. Pfeiffer syndrome
- d. Carpenter Syndrome

9. Clover leaf skull anomaly is known to be:

- a. etiologically and pathologically heterogenous
- b. pathologically and physiologically homogenous
- c. both a & b
- d. none of these.

10. Ascher's syndrome is characterized by

- a. double lip, blepharochalasis, nontoxic thyroid enlargement.
- b. single lip, blepharochalasis, toxic thyroid enlargement.
- c. double lip and toxic thyroid enlargement.
- d. none of these

11. Which of the following is likely to cause enamel hypoplasia.

- a. Rickets
- b. Syphilis
- C. Fluoride
- d. Cleidocranial dysplasia

12. Pierre Robin Syndrome is associated with

- A. Micrognathia
- B. Cleft lip and palate
- C. Syndactyly
- D. Teratology of Fallot

13. The inheritance pattern of dentigerous imperfecta is:

- A. Homozygous
- B. Autosomal dominant
- C. autosomal recessive
- D. X linked recessive.

14. Heck's disease is another name for:

- A. Focal epithelial hyperplasia
- B. Fibromatosis gingiva

- C. Oral melanotic macule.
 - D. Intestinal polyposis syndrome.
15. Hypodontia is mainly found in all, except:
- A. Papillon Levefre syndrome
 - B. Osteopetrosis
 - C. Cleidocranial dysostosis
 - D. Ectodermal dysplasia
16. Most characteristic feature of mandibulofacial dysostosis is:
- A. Normal hearing
 - B. Normal vision with coloboma
 - C. Mandibular prognathism
 - D. Vertical maxillary excess
17. Brittle bone syndrome is caused by:
- A. Improper synthesis of procollagen
 - B. Polymerization of collagen
 - C. Increased osteoclastic activity
 - D. Increased fibroblastic activity
18. Which of the following is not hereditary?
- A. Amelogenesis imperfecta
 - B. Cleidocranial dysostosis
 - C. Regional odontodysplasia
 - D. Dentinogenesis imperfecta
19. Dental anomaly of teeth associated with defective bone formation is seen in:
- A. Amelogenesis imperfecta
 - B. Dentinogenesis imperfecta
 - C. Odontodysplasia
 - D. Osteitis deformans
20. Multiple osteomas, multiple polyposis, supernumerary teeth are found in syndrome:
- A. Reiter's
 - B. Peutz-Jeghers
 - C. Gardner's
 - D. Behcet's

Answers

- 1. C
- 2. D

3. A
4. A
5. D
6. B
7. B
8. D
9. A
10. A
11. D
12. A
13. B
14. A
15. B
16. B
17. A
18. C
19. B
20. C

HIV PREVENTION AND PRECAUTION

1. All of the following are the effective current preventive methods of HIV infection, EXCEPT?

- a) Safe and protected sex
- b) Use of available vaccines
- c) Use of sterile injection needles
- d) Safe blood transfusion method

2. HIV belongs to which of the following genus member of the virus?

- a) Orthomyxovirus
- b) Retrovirus
- c) Parvovirus
- d) Reovirus

3. Select all the incorrect options given below for the common route of transmission of HIV from one person to another?

- a) Unprotected sexual contact with an infected person
- b) From infected mother to the foetus
- c) From the mosquito bite
- d) Exposure to contaminated blood and blood products

4. Which of the following is an important molecule present in the outer membrane of HIV that helps the virus to enter the host cell and cause infection?

- a) Polysaccharides
- b) Glycoproteins
- c) Proteins
- d) Lipopolysaccharides

5. All of the following are examples of clinically important specimens that are used for the laboratory diagnosis of HIV infection, EXCEPT?

- a) Blood
- b) Saliva with the presence of blood
- c) Genital secretions
- d) Urine with no presence of blood

6. Which of the following drug have shown significant results in reducing the transmission of HIV infection from a pregnant mother to a baby?

- a) Acyclovir
- b) Zidovudine
- c) Ceftriaxone
- d) None of the above

7. Select all the opportunistic infections which are common to the HIV/AIDS

- a) Candidiasis
- b) Toxoplasmosis
- c) Meningitis
- d) All of above

8. The name of the treatment regimen commonly used to treat HIV/AIDS is _____.

- a) selective serotonin reuptake inhibitors
- b) highly active antiretroviral therapy
- c) antibiotics
- d) corticosteroids

9. Highly active antiretroviral therapy (HAART) is a combination therapy that includes protease inhibitor class drugs like indinavir and saquinavir and other drugs prescribed for HIV infection. What is the main goal of these drugs?

- a) Inhibitors of the enzyme protease
- b) Inhibits viral replication and viral load
- c) Prevents the interaction between the virus and the coreceptor
- d) All of the above

10. Which of the following is an important HIV antigen in determining the early detection of HIV infection?

- a) p24
- b) gp120
- c) Pol gene
- d) Gp120

11. There is no vaccine against HIV because of which of the following?

- a) The virus is antigenically variable
- b) such vaccine would be so expensive
- c) the virus can be controlled by change in sexual habit
- d) latency can abrogate any vaccine effect

12. All of the following statements regarding HIV infection in human is true, EXCEPT?

- a) Person once infected will remain infected for life if untreated
- b) Monocytes and macrophages are the major reservoirs of the virus
- c) There are mainly 3 stages of the HIV infection with AIDS being the most severe stage
- d) Medicines are available for the complete cure of the chronic stage of the HIV infections

13. Select the correct answer, the chemokine receptor cell present in the host macrophages that helps in the primary attachment of HIV is.....?

- a) CxCR 4
- b) CCR5
- c) Both of the above
- d) None of the above

14. The envelope protein gp120 (Glycoprotein 120) is required for the attachment of the HIV virus to CD 4 receptors of target host cells. Identify the immune cells that consist of CD 4 receptors?

- a) T helper cells
- b) Monocytes
- c) Macrophages
- d) Dendritic cells

15. Which of the following enzyme is required for the viral replication process and plays a critical role in the pathogenesis of HIV infection?

- a) RNA polymerase
- b) DNA polymerase
- c) RNA polymerase II
- d) Reverse transcriptase

16. The confirmatory test used to diagnosis of AIDS

- a) ELISA
- b) westernblot
- c) ESR
- d) PCR

17. What is the CD4 T-cell count at which AIDS is considered to have developed?

- a) below 1000 per cubic mm
- b) below 200 per cubic mm
- c) below 50 per cubic mm
- d) below 500 per cubic mm

18. HIV attacks a certain kind of cell in the immune system. Which is it?

- a) red blood cells
- b) White blood cells called T cells
- c) Platelets

d) Epithelial cells

19. How many stages of HIV infection exist?

a)3

b)2

c)1

d)No stages

20. Which of the following is a symptom of AIDS?

a) Fever

b) Swollen lymph nodes

c)Tiredness

d)All of the above

Multiple Choice Answers:

1. B

2. B

3. C

4. B

5. D

6. B

7. D

8. B

9. B

10. A

11. A

12. D

13. B

14. A

15. D

16. B

17. B

18. B

19. A

20. D

GENERAL ANESTHESIA

1. The immobility caused by general ANESTHESIA in response to painful surgical stimuli is primarily due to their action on;

- A. Motor cortex
- B. Basal ganglion
- C. THALAMUS
- D. spinal cord A

2. What mixture of gases are used in anesthesia?

- A. O₂ & N₂O A
- B. O₂ & CO₂
- C. CO₂ & N₂O
- D. O₂, CO₂ & N₂O

3. AEP stands for...

- A. auditory evoked potential
- B. auxiliary evoked potential
- c. audiovisual evoked potential
- D. Ambulatory evoked potential

4. One of the methods to measure changes in the level of consciousness during anesthesia is...

- A. Auditory evoked potential
- B. Visual evoked potential
- C. tactile evoked potential
- D. speech evoked potential

5. Therapeutics index range – for GA..

- A. 0.5-1
- B. 2-4
- C. 5-10
- D. > 10

6. Concerning measurement of anesthetic potency.

- A. anesthetic potency is determined by measuring brain anesthetic concentration
- B. anesthetic potency is determined based on a alveolar gas concentration
- C. both
- D. Neither

7. Nitrous oxide is...

- A. effective muscle relaxant
- B. should not be used in the patient has occluded middle ear
- C. Significantlydepression of myocardial contractility
- D. significant respiratory depression

8. what is ideal/ required phase for surgery under GA...

- A. Stage I
- B. Stage II
- C. stage III
- D. stage IV

9. Rapid rate of onset of inhalation anesthesia is favored by ;

- A. A High inspired concentration of the agent
- B. Minimal tidal volume breathing by the patient
- C. high pulmonary blood flow.
- D. high body mass index

10. associated with the malignant hyperthermia.

- A. Halothane
- B. Isoflurane
- C. Both a
- d. Neither

11. Nitrous oxide advantages;

- a. Good analgesic
- b. Non flammable
- c. Very rapid onset and recovery
- d. A ,b & c

12. Central gaze, constricted pupil , regular aspirations, and anesthetic depth sufficient that noxious stimuli does not causes reflexes

- a. Analgesia
- b. Delirium
- c. Surgical anesthesia
- d. Medullary depression

13. Four stages of anesthetic...

- a. Medullary depression
- b. Surgical anesthesia
- c. Delirium
- d. All the above

14. Ga likely to cause bronchodilation is....

- A. Thiopentone
- b. Ketamine
- c. Propofol
- d. Fentanyl

15. Which of the following inhalation anesthesia is the induction agent of choice in children...

- a. Methoxyflurane
- b. Sevoflurane
- c. Desflurane
- d. Isoflurane

16. Hallucinations are seen after which anesthesia..

- a. Ketamine
- b. Thiopentone
- c. Tentanyl
- d. Nitrous oxide

17. Naturally occurring local anesthesia...

- a. Cocaine
- b. Procaine
- c. Lignocaine
- d. None of the above

18. Component of balanced anesthesia may include;

- A. Muscle relaxant
- B. pentothal
- C. midazolam
- D. all the above

19. a primary goal in preanesthetic medication is...

- A. Reduction in the requirement in inhalation agents
- B. Reduction in the acidity and volume of gastric content
- C. relief in preoperative pain
- D. Reduced inside effect associated with some inhalational agents

20. Which one is the fastest acting agent...

- A. Halothane
- b. Isoflurane
- c. Ether
- d. Sevoflurane

1. D 2. A 3.A 4.A 5.B 6.B 7.B 8.C 9. a 10.C

11. A 12. C 13.D 14.B 15.B 16.A 17.A 18.D 19.C 20.D

EMERGENCY DRUGS

1. Which of the following is a medical emergency in dental practice?

- A) hypoglycemia
- B) convulsions
- C) both
- D) none

2. Which of the following is a medical emergency in dental practice?

- A) asthamatic attack
- B) cataract
- C) both
- D) none

3. Which one of the following is a non-injectable drug?

- A) epinephrine
- B) vasodilating agents
- C) analgesic
- D) anticonvulsants

4. Which one of the following is an injectable drug?

- A) respiratory stimulant
- B) antihypoglycemic agents
- C) bronchodilating agents

D) sodium bicarbonate

5. Antihistamines are contraindicated in which of the following cases

A) acute asthmatic episodes

B) myocardial infarction

C) diabetic coma

D) acute adrenal cortical insufficiency

6. What is/are the side effects of epinephrine?

A) respiratory depression.

B) tendency to predispose the heart to arrhythmias.

C) both

D) none

7. Which one of the following is the drug of choice for seizures and epilepsies in oral surgery?

A) gabapentin

B) carbamazepine

C) diazepam

D) zonisamide

8. Which of the following is a narcotic antagonist?

A) methoxamine

B) aspirin

C) sodium valproate

D) naloxone

9. Which of the following is an indication of morphine sulphate(analgesic)?

- A) acute myocardial infarction
- B) congestive heart failure
- C) both
- D) none

10. Which emergency drug is been given in acute adrenal insufficiency?

- A) chlorpheniramine
- B) methoxamine
- C) atropine sulphate
- D) naloxone

11. Which of the following statements are true about corticosteroids.

- i. It is indicated in allergic reaction, anaphylaxis and adrenal crisis
 - ii. It has rapid onset of action
- a) only I is true
 - b) only II is true
 - c) both are true
 - d) both are false

12. Which one of the following is a drug of choice for HYPOGLYCEMIC emergency?

- a) 5% sodium bicarbonate IV
- b) 0.6mg tab nitroglycerine
- c) 10mg/ml Phenyl ephrine
- d) 50% dextrose solution

13. Which of the following statements are true about drugs for advanced cardiac life support.

- I. Sodium bicarbonate is effective in management of metabolic acidosis.

ii. Lidocaine is used in cardiac arrhythmias especially those of ventricular origin.

- A) only i is true
- B) only ii is true
- C) both are true
- D) both are false

14. Which one is the most important drug in emergency.

- A) lidocaine
- B) oxygen
- C) diazepam
- D) hydrocortisone

15. What is the route of administration of drug nitroglycerine(vasodilator)?

- A) intramuscula
- B) intravenous
- C) oral
- D) sublingual

16. Patient with bronchial asthma is given appointment in _____ hours.

- A) morning
- B) afternoon
- C) evening
- D) night

17. Which of the following statements are true.

- i. Benzodiazepine is the drug of choice in status epilepticus.
- ii. Flumazenil drug is used in benzodiazepine overdose.

- A) only i is true
- B) only ii is true
- C) both are true
- D) none is true

18. What is the indication of silver-grey vaporole 0.3ml

- A) to suppress asthmatic attacks
- B) to treat chronic heart failure
- C) to treat myocardial infection
- D) to treat syncope

19. Uncontrolled diabetic patients can become a medical emergency on dental chair which will be treated by giving _____.

- A) oral glucose
- B) beclamethasone
- C) naloxone
- D) diazepam

20. Emergency drug used in sinus bradycardia?

- A) sodium bicarbonate
- B) sodium valproate
- C) atropine sulphate
- D) naloxone

ANSWERS

1. C	2. A	3. B	4. D	5. A
6. B	7. C	8. D	9. C	10. B
11. A	12. D	13. C	14. B	15. D
16. A	17. B	18. D	19. A	20. C

BLEEDING DISORDERS IN OMFS

1. In healthy patients the postoperative bleeding is mainly due to
 - A. Systemic cause
 - B. Local cause
 - C. Intrinsic cause
 - D. Extrinsic cause

2. Local causes of hemorrhage originates in
 - A. Bone
 - B. Muscles
 - C. Blood vessels
 - D. Both A & B

3. Arterial bleeding is
 - A. Pink in colour
 - B. Red in colour
 - C. Bright red in colour
 - D. Blue in colour

4. Arteries in the soft tissue are at risk during oral surgical procedure because
 - A. It lies anteriorly
 - B. It lies laterally
 - C. It lies in posterior portion of hard palate
 - D. It lies mesially

5. Venous blood is
 - A. Red in colour
 - B. Blue in colour
 - C. Dark red in colour
 - D. Yellow in colour

6. Troublesome bone bleeding originates from

- A. Inferior alveolar artery
 - B. Superior alveolar artery
 - C. Both A & B
 - D. None of the above
7. Patient with the following disease is more susceptible for hemorrhage following oral surgery procedures
- A. Liner disease
 - B. Hemophilia
 - C. UTI
 - D. Myocardial infarction
8. Systemic causes of hemorrhage in oral surgery
- A. Stroke
 - B. GIT disorder
 - C. Malaria
 - D. Anaemia
9. Secondary hemorrhage in OMSF occurs
- A. Immediately
 - B. After 5-7 days
 - C. After 7-10 days
 - D. After 1 month
10. Normal platelet count
- A. 200,000-800,000
 - B. 100,000-400,000
 - C. Both A & B
 - D. None of the above
11. Normal bleeding time
- A. 1 minute
 - B. 2-8 minutes
 - C. 6 minutes
 - D. None of the above

12. Prothrombin time

- A. 10-15 seconds
- B. 1 minute
- C. 2-8 minutes
- D. 25-40 seconds

13. Partial thromboplastin time

- A. 1 minute
- B. 25-40 seconds
- C. 10-15 seconds
- D. 2-5 minutes

14. Thrombin time is used for the measurement of

- A. Intrinsic pathway
- B. Extrinsic pathway
- C. Thromboplastic pathway
- D. Fibrinolytic pathway

15. Thrombin time

- A. 5-8 minutes
- B. 9-13 seconds
- C. 2 minutes
- D. 8 minutes

16. Hemophilia occurs due to lack of

- A. Factor VIII
- B. Factor IX
- C. Both A & B
- D. None of the above

17. Hemophilia in toddler leads to

- A. Oral ulceration and ecchymosis
- B. Malpositioned teeth

- C. Loosening of teeth
 - D. Gingivitis
18. How can you detect hemorrhage in a healthy patient after dental extraction?
- A. Normal bleeding
 - B. Bleeding after extraction
 - C. Bleeding after 2-4 hours of extraction
 - D. Uncontrolled and persistent bleeding
19. In the vascular phase when a blood vessel is damaged, it causes
- A. Vasodilatation
 - B. Vasoconstriction
 - C. Both A & B
 - D. None of the above
20. Component of blood that adheres to the damaged surface and form a temporary plug is
- A. Platelets
 - B. Fibres
 - C. Skin
 - D. None of the above

ANSWER KEY

1. B. Local cause
2. A. Bone
3. C. Bright red in colour
4. C. It lies in posterior portion of hard palate
5. C. Dark red in colour
6. A. Inferior alveolar artery
7. B. Hemophilia
8. B. GIT disorder
9. C. After 7-10 days
10. B. 100,000-400,000
11. B. 2-8 minutes
12. A. 10-15 seconds
13. B. 25-40 seconds

14. D. Fibrinolytic pathway
15. B. 9-13 seconds
16. C. Both A & B
17. A. Oral ulceration and ecchymosis
18. D. Uncontrollable and persistent bleeding
19. B. Vasoconstriction
20. A. Platelets

EXODONTIA

1. Apex elevator works on which principle?
 - A. Wedge
 - B. Wheel and axle
 - C. Pulley
 - D. None
2. The best time of extraction in pregnancy is?
 - A. First trimester
 - B. Third trimester
 - C. Second trimester
 - D. None
3. Mainly elevators in exodontia works on the principle of-
 - A. Lever class I
 - B. Lever class II
 - C. Lever class I & II
 - D. Wedge
4. An absolute contraindication for extraction of the teeth is-
 - A. Hypertension
 - B. Myocardial infarction
 - C. Thyrotoxicosis
 - D. Central hemangioma
5. The use of medical history in extraction patients is-
 - A. In medicolegal cases
 - B. To assess the growth stage of patients
 - C. To determine bleeding disorder
 - D. To determine communicable disease
6. A male is taking 60 mg of hydrocortisone daily, on the day of extraction the dose should be
 - A. Remain unchanged
 - B. Be doubled
 - C. Reduced to half
 - D. Be reduced to one fourth
7. Which of the following is relatively difficult tooth to extract?
 - A. Maxillary canine

- B. Mandibular premolar
 - C. Maxillary central incisor
 - D. Mandibular canine
8. Reactionary hemorrhage occurs after extraction because of-
- A. Broken roots
 - B. Sharp interdental septum
 - C. High blood pressure
 - D. Gingival laceration
9. Rotatory movement is used for the extraction of the-
- A. Mandibular canine
 - B. Maxillary lateral incisor
 - C. Maxillary central incisor
 - D. All of above
10. In a patient of liver disease, possible complication during extraction is –
- A. Dry socket
 - B. Bleeding
 - C. Facial space infection
 - D. Loss of clot
11. Reactionary hemorrhage is hemorrhage after surgery that occurs-
- A. Within 24 hours
 - B. After 72 hours
 - C. After 24 hours
 - D. After 7 days
12. In extraction, best time to administer analgesics is-
- A. Before anesthesia wears off
 - B. When pain is moderate to severe
 - C. Prior to extraction
 - D. After anesthesia wears off
13. No. 16 cowhorn forceps are especially designed to extractextract?
- A. Maxillary 1st & 2nd premolars
 - B. Mandibular central incisor
 - C. Mandibular molars
 - D. Maxillary molars

14. Pain of dry socket is experienced on?
- A. 1st day after extraction
 - B. 2nd day after extraction
 - C. 3rd day after extraction
 - D. After 7 days
15. Commonest complication after extraction of mandibular third molar is?
- A. Lingual nerve damage
 - B. Fracture of mandible
 - C. Dry socket
 - D. Bleeding
16. Rubber band extraction is a method of extraction in patient having?
- A. Bleeding disorder
 - B. Supernumerary tooth
 - C. Myocardial infarction
 - D. Impacted teeth
17. Extraction of distoangular Impaction of mandibular third molar can cause?
- A. Slippage in lingual pouch
 - B. Dry socket
 - C. Fracture of ramus of mandible
 - D. Excessive hemorrhage
18. After surgery of third molar, Patches of anesthesia on chin is due to damage of?
- A. Lingual nerve
 - B. Mental nerve impaction
 - C. Inferior alveolar nerve
 - D. None of the above
19. After multiple tooth extraction, suture is placed at?
- A. Interdental septum
 - B. Across the socket
 - C. Adjacent tooth
 - D. None of above
20. The most common reason for removal of impacted mandibular third molar is?
- A. Referred pain
 - B. Orthodontic treatment
 - C. Recurrent pericoronitis

D. Chronic periodontal disease

ANSWER KEYS

1.A 2.C 3.A 4.D 5.C 6.A 7.A 8.C 9.C 10.B
11.A 12.A 13.C 14.C 15.B 16.A 17.C 18.B 19.A 20. B

DIFFERENTIAL DIAGNOSIS OF NECK SWELLING

1. A 20 year old male presented with small swelling in front of neck in Midline, swelling moves upward on protrusion of tongue . What is the Diagnosis ?

A) Thyroglossal cyst
B) Brachial cyst

C) Thyroid nodule
D) Cystic hygroma

2. Tubercular cervical lymphadenitis commonly affects ?

- A. Posterior triangle nodes
- B. Upper jugular nodes
- C. Supra clavicular nodes
- D. Axillary lymph nodes

3. Brachial cyst commonly arises from from treatment of ?

- A) First brachial cleft
- B) Second brachial cleft
- C) Third brachial cleft
- D) Second brachial arch

4. Brachial cyst is best differentiated from cold abscess by ?

- A) trans illumination
- B) Contains sulphur granules
- C) Contains cholesterol crystals
- D) Contains blood

5. A 20 year old male is presented with a slow growing pulsatile painless neck Swelling, often with a bruit present on auscultation. What is the diagnosis?

- A) Carotid body tumour
- B) Thyroid nodule
- C) Cystic hygroma
- D) Branchial cyst

6. During the fourth week of development branchial cleft form ridges known As?

- A) Branchial cyst
- B) Larger branchial cyst
- C) Branchial arches
- D) Arches

7. Sistrunk procedure is the most widely used procedure in ?

- A. Dermoid cyst
- B. Branchial cyst
- C. Thyroglossal fistula
- D. Thyroglossal cyst

8. Painless, transilluminated Neck swelling in the submandibular/submental region ?

- A) Ranula
- B) Plunging ranula

C. Tubercular lymphadenitis

D. Thyroglossal fistula

9. Tubercular cervical lymphadenitis is a chronic infection of lymph nodes Due to

A) Mycobacterium

tuberculosis B)

Mycobacterium kansasii

C) Mycobacterium fortuitum

D) Mycobacterium avium complex

10. Mantoux test is positive in which of the following?

A. Carotid body tumours

B. Lymphoma

C. Tubercular lymphadenitis

D. Ranula

11. Which of the following is not the treatment of lymphangioma ?

A) Complete excision

B) Tracheotomy

C) Sclerotherapy

D)

Marsupialization

12. What is hood's sign ?

A. Skin above the fistula opening is pulled upwards

B. Fistula opening

C. Skin above the fistula opening is pulled downwards

D. Skin above the fistula opening remains the same

13. A 24 year old male complains of painless oval/ rounded swelling , soft Non transilluminated , non compressible . What is the diagnosis?

A) Branchial cyst

B) Branchial
sinus C)

Branchial fistula

D) Thyroglossal
cyst

14. 3 branchial cleft opens into

A. External carotid artery

B. Internal carotid artery

C. Piriform fossa

D. Tonsillar fossa

15. Which of the following neck swelling is a chromosomal anomaly? A) Cystic hygroma

B) Ranula

C) Tubercular lymphadenitis

D) Non tubercular lymphadenitis

16. Which type of branchial cleft cyst runs deep to and along the anterior Border of sternocleidomastoid ?

A) 1 branchial cleft

cyst B) 2 branchial

cleft cyst

C. 3 branchial cleft cyst

D. None

17. Collar stud abscess is

A) Discharging sinus

B) Cold abscess

C) Rupture of cold abscess

D) None

18. Widening of angle between the internal carotid and external carotid

On angiography is called ?

A) Lyre's sign

B) Hood's sign

C) V

D) None

19. A 3 year old is presented with a painless slow growing, fluctuant, soft swelling With indistinct margins . What is the diagnosis?

A) Tubercular lymphadenitis

B) Branchial cyst

C) Cystic hygroma

D) Thyroglossal cyst

20. Ranula is a cyst of which salivary gland?

A. Sublingual

B. Sub mandibular

C. Parotid

D. None of the above

Answers

1 – a

a) - b

3 – b

4 – c

5 – a

6 – c

7 – d

8 – b

9- a

10- c

11- d

12 – a

13 – a

14 – c

15- a

16 – b

17- c

18 a

19- c

20- a

PREPROSTHETIC HARD TISSUE PROCEDURE

1) Surgical recontouring of alveolar ridges is called as

- A) Alveoloplasty.
- B) Alveolectomy
- C) Mucogingivectomy.
- D) Fibrectomy

2) Rate of resorption of residual Alveolar ridge depends on

- A) The cellular activity of the osteoblasts and osteoclast
- B) Forces generated from the present prosthetic appliance.
- C) The size, shape, density of the Alveolar ridge
- D) All of the above

3) The scalpel blade most commonly used for oral surgical procedure is

- A) No. 22.
- B) No. 12
- C) No. 11.
- D) No. 15

4) Acrylic splints are desirable during the post-operative phase of management in which of the following procedure

- A) Mandibular Alveoloplasty
- B) Torus palatinus reduction
- C) Mental tubercle reduction
- D) Excision of labial epulis fissuratum

5) During the removal of a torus palatinus it was noticed that a portion of palatal bone is fractured. One would expect

- A) An opening into the nasal cavity
- B) An opening into the maxillary antrum
- C) Vertical fracture of maxilla
- D) Horizontal fracture of maxilla

6) If retromolar pad and tuberosity contact, what should be done

- A) Surgical reduction of tuberosity
- B) Do not extend dentures to retromolar area
- C) Denture fabrication not possible
- D) Has no effect on Denture

7) which of the following is true for a flap required for maxillary tuberosity

- A) Incision is given over the Alveolar crest
- B) A wedge- shaped incision may be 1st tried
- C) Incision extends to the bicuspid cuspid region
- D) None the above

8) Bimaxillary protrusion may be surgically corrected by

- A) Mandibular body ostectomy and posterior maxillary osteotomy
- B) Removal of four premolars and anterior alveolar segment repositioning
- C) Step osteotomy of the mandibular body
- D) Subcondylar osteotomy

9) To remove an under cut maxillary tuberosity, the following flap design criteria is true

- A) Incision should be made at the crest of the ridge

- B) A wedge should be done first
- C) Incision may extend to premolar canine area
- D) All of the above

10) To obtain best long term result, which of the following procedures for augmentation genioplasty is recommended

- A) Onlay bone graft
- B) Injection of silastic gel
- C) Insertion of silastic rubber implant
- D) pedicled horizontal sliding osteotomy

11) Augmented genioplasty is done by

- A) Sliding horizontal osteotomy
- B) Bone grafts
- C) silicone implants
- D) All of the above

12) Sagittal split osteotomy is a procedure done for

- A) Maxillary deformities
- B) Mandibular deformities
- C) Condylar deformities
- D) Deformities in which occlusion is not involved

13) In a patient with class III facial profile one would think of which type of genioplasty

- A) Reduction genioplasty

- B) Advancement genioplasty
- C) Straightening genioplasty
- D) Rotational genioplasty

14) If severe bony undercut exist, best treatment

- A) Remove both undercut so that no undercut exist
- B) Remove undercut on one side
- C) Nothing but do only alveolar ridge contouring
- D) None of the above

15) Very commonly used suture material in oral surgical procedures

- A) Chromic gut. B) Polygalactin
- C) cotton. D) Black silk

Ki

16) which of the following is an objective of preprosthetic surgery:

- a) Restore normal masticatory function.
- b) Restore ideal bone support with broad ridge form.
- c) offering protection to neurovascular bundle.
- d) All of the above

17) Myoplasty and sulcus extension procedures are helpful in

- A) increasing retention
- B) Increasing stability.
- C) Increasing support
- D) Increasing retention and stability

18) Skin graft vestibuloplasty prevent relapse by

- A) Forming a barrier to reattachment of muscle to periosteum
- B) Promoting osteogenesis to establish a bone barrier to lose of sulcus depth
- C) causing an inhibitory effect on fibroblasts in the underlying tissue
- D) none of the above

19) Oro antral fistula is a common complication following surgical reduction of

- A) Maxillary tuberosity. B) torus palatinus
- C) torus Mandibularis. D) None of the above

20) Alveolectomy for prosthetic reasons should be performed

- A) During the time of extraction of teeth
- B) one month after the extraction
- C) 2 months after the extraction
- D) At the time when the complete dentures are to be constructed

ANSWERS

- 1) B
- 2) D
- 3) D
- 4) B
- 5) A
- 6) A

7) A

8) B

9) D

10) D

11) D

12) B

13) A

14) A

15) D

16) A

17) D

18) A

19) A

20) A

DENTAL IMPLANTS

Q. 1 implants are more often made up of :

- A. Titanium
- B. Hydroxyapatite
- C. Stainless steel
- D. Gold alloy

Ans. A

Q. 2 osseointegration means :

- A. Full contact b/w bone and implant body
- B. Fibrous attachment to the implant body
- C. 40% to 70% bone implant contact
- D. Clinical detection of a particularly stable implant

Ans. C

Q. 3 the first event leading to osseointegration that occurs after implant placement is:

- A. Growth of new bone cells
- B. Formation of a blood clot
- C. Growth of fibrous tissue
- D. Gingival downgrowth

Ans. B

Q. 4 excessive force on implant crown results in :

- A. Trauma to bone
- B. Immediate fracture to implant components
- C. Fatigue of implant components, leading to implant fracture
- D. No damage to implant

Ans. C

Q. 5 connective tissue fibres around the implant neck are :

- A. Perpendicular to the implant surface
- B. Not present
- C. Parallel to the implant surface
- D. Multidirectional

Ans. C

Q. 6 immediate implant placement is :

- A. Placement of implant at the time of tooth extraction
- B. Placement of multiple implants at once
- C. Placement at the time of restoration
- D. Placement at the time of surgical uncovering

Ans. A

Q. 7 bone grafting :

- A. Works best to augment ridge height
- B. Is limited to 2mm augmentation
- C. Works best to augment ridge width
- D. Does not work

Ans. C

Q. 8 mobility of implant supported crown means:

- A. Failure of implant
- B. Occlusal transmutation
- C. Normal flexing of abutments
- D. Loosening of an implant component

Ans . D

Q. 9 preload is :

- A. Placement of screw without the application of adequate torque
- B. Pressure on the proximal crown
- C. Tensions placed by the screws to protect implant components
- D. The force transmitted by the crown to the implant

Ans . C

Q. 10 The rough surface of implant is :

- A. Due to fabrication errors
- B. Not desirable for osseointegration
- C. Important to remove at the neck so that gingival plaque do not attach
- D. Desirable for improved osseointegration

Ans. D

Q. 11 plaque and calculus is :

- A. Do not attach on implants
- B. Attach loosely to implants
- C. Have a different composition on implants
- D. Accumulates on implants similarly to teeth

Ans. D

Q. 12 peri-implantitis is:

- A. Is equivalent to gingivitis
- B. Cannot be treated
- C. Is usually limited to superficial soft tissue
- D. Spreads readily to bone

Ans. D

Q. 13 clinical inflammation around a single restored implant , associated with pain on pressure, but on radiograph bone loss, is most likely due to:

- A. Implant failure
- B. Peri-implantitis
- C. Fracture of component
- D. Loosening of component

Ans. D

Q. 14 which of the following should be recommend to patients for home care

- A. Implant braces
- B. Any interproximal brush
- C. Oral rinse only
- D. Superfloss or yarn

Ans. D

Q.15 implant survival :

- A. Is synonyms with implant success
- B. Means that an implant is present and clinically satisfactory after a period of time
- C. Means that an implant is still present in the mouth after a period of time
- D. Means that the implant required some form of treatment to avoid failure

Ans. C

Q. 16 the minimum interarch space for a fixed implant supported prosthesis is:

- A. 4mm
- B. 6mm
- C. 7mm
- D. 12mm

Ans. C

Q.17 computed tomography:

- A. Is the most precise radiographic feature

- B. Delivers low doses of radiation
- C. Is performed by a machine that is the size of a panoramic machine
- D. Should be prescribed in all implant cases

Ans. A

Q. 18 Hounsfield numbers are:

- A. Values that are designed to measure bone density
- B. Arbitrary numbers set for tissue density on computed tomographs
- C. Used in dentistry only
- D. Arbitrary numbers set for dentistry on MRI

Ans. B

Q. 19 Which of the statements about bone quality is true ?

- A. D4 bone is the densest bone
- B. D1 bone is the densest bone
- C. There is direct correlation b/w bone density and implant survival
- D. Bone quality is determined precisely based on Hounsfield numbers

Ans. B

Q.20 Cemented prosthesis possesses the following advantages:

- A. Ease of fabrication
- B. Ease of retrieval
- C. Strong resistance
- D. Ease of connection to natural tooth

Ans. A

PRE PROSTHETIC SOFT TISSUE MANAGEMENT

Q1. Technique used only in premolar region

- a. Caldwell's technique
- b. Clark's technique
- c. Obwegeser technique
- d. Kazanjian technique

Q2. Which is not the aim for lingual frenectomy

- a. corrects speech
- b. increase denture stability
- c. shallow vestibular depth.
- d. improve tongue mobility

Q3. Y - V plasty procedure is used for.

- a. vestibuloplasty
- b. ridge augmentation
- c. frenectomy
- d. mucogingival surgery

Q4. which incision is not used in labial frenectomy

- a. Cross diamond
- b. Z incision
- c. V Y incision
- d. U shaped incision

Q5. technique used in lingual vestibuloplasty

- a. trauner's technique
- b. kanzanian technique
- c. Godwin's modification
- d. Obwegeser technique

Q6. Which is not true for sandwich grafting

- a. horizontal osteotomy is performed
- b. can be used with implants
- c. Danielson and Nemanich gave this technique
- d. has more resorption rate than onlay grafts

Q7. Nerve transposition is done for

- a. mental nerve
- b. marginal mandibular nerve
- c. cervical nerve
- d. posterior superior alveolar nerve

Q8. Lip switch procedure is also called

- a. simple alveoplasty
- b. submucosal vesibuloplasty
- c. labial frenectomy
- d. Transpositional flap vestibuloplasty

Q9. Cutting mucosal fold in dentulous patient causing central diastema is called

- a. lingual frenotomy
- b. labial frenotomy
- c. lingual frenectomy
- d. labial frenectomy

Q10 In kazijian tec. the cut is not made at

- a. vermilion border of lip
- b. vestibule depth
- c. crest of ridge
- d. all of the above.

Q11 . Modified kazijian tech is a type of

- a. submucosal vestibuloplasty
- b. secondary epithelisation vestibuloplasty
- c. grafted vestibuloplasty
- d. both B and C

q12 which is not a lingual vestibuloplasty tech

- a. trauner's tech
- b. Caldwell's tech
- c. Clarks tech
- d. Obwegeser's tech.

Q13. Which is not a procedure for onlay grafting

- a. autogenous

- b. alloplastic
- c. allogenic
- d. sinus lift

Q14. repositioning of inferior alveolar nerve is done by.

- a. lateralization
- b. VY plasty
- c. fenestration
- d. both a and c

Q15. which is not a soft tissue procedure

- a. vestibuloplasty
- b. frenectomy
- c. alveoloplasty
- d. YV plasty

Q16. which is not a maxillary vestibuloplasty tech.

- a. lipswitch tech
- b. trauner's tech
- c. godwin's tech
- d. clarks's tech

Q17. which is not an aim for ridge augmentation procedure

- a. restore optimum ridge height
- b. property interarch relationship

- c. improve stability of denture
- d. correct speech

Q18. Deepening of vestibule without addition of bone is known as

- a. vestibuloplasty
- b. sulcoplasty
- c. sulcus deepening procedure
- d. all of the above

Q 19. which is the oldest vestibuloplasty technique

- a. Clark's technique
- b. Lip switch technique
- c. kajanjian technique
- d. Godwin's technique

Q 20. which muscle(s) is reflectef in caldwell's technique

- a. mylohyoid
- b. genioglossus
- c. both a and b
- d. neither a or b

ANSWERS

- 1. D
- 2. C

3. A

4. D

5. A

6 D

7. A

8. D

9. A

10. D

11. B

12. C

13. D

14. D

15. C

16. B

17. D

18. D

19. C

20. C

LOCAL ANAESTHESIA

Qu.1- In peripheral nerve block, which of the following LA, has the largest duration of action?

- A)Bupivacaine ✓ B)Cocaine
- C)Lignocaine D)Prilocaine

Qu.2- Which of the following is the most accepted theory of LA action?

- A)Acetylcholine theory
- B)Calcium displacement theory
- C)Specific receptor theory ✓
- D)Membrane expansion theory

Qu.3-Of the following LA, which has intrinsic vasoconstrictive action?

- A)Cocaine ✓ B)Procaine
- C)Xylocaine D)Bupivacaine

Qu.4-It is difficult to obtain local infiltration anaesthesia in the presence of inflammation because of

- A)decreased pH ✓
- B)increased vascularity
- C)oedema
- D)pain

Qu.5-Alpha adrenergic agonists are used in combination with LA to

- A)increase the rate of liver metabolism of LA
- B)increase the concentration of LA at receptor site ✓
- C)stimulate myocardial contraction
- D)increase vascular absorption of LA

Qu.6- Action of toxic doses of LA on CNS can be described as

- A)first stimulating the CNS followed by depression ✓

B)first depressing it followed by CNS stimulation

C)only depression of the CNS

D)only stimulation of the CNS

Qu.7- To give field block the LA should be deposited near

A)Main trunk

B)large branch of peripheral nerve ✓

C)small nerve endings

D)PDL

Qu.8-Action of Lignocaine is affected by all except

A)pH at the site of injection

B)blood flow at the site of injection

C)vasoconstrictor in the LA solution

D)action of cholinesterase at the site of injection ✓

Qu.9- On administration of LA in an area of infection, it is not effective because of increase in

A)Cations ✓

B)free base

C)uncharged base

D)none

Qu.10- The common complication of the LA Prilocaine is

A)Agranulocytosis

B)Hepatic dysfunction

C)Methemoglobinemia ✓

D)loss of taste

Qu.11- Maximum recommended dose of Lignocaine with epinephrine is

A)5 mg/kg body wt.

B)7 mg/kg body wt. ✓

C)10 mg/kg body wt.

D)15 mg/kg body wt.

Qu.12- Xylocaine strength used in dentistry is

A)2% ✓

B)5%

C)8%

D)10%

Qu.13- Which of the following LA is a vasoconstrictor

A)Lignocaine

B)Procaine

C)Bupivacaine

D)Ropivacaine ✓

Qu.14- Excess of plasma level of Lignocaine can cause cardiovascular collapse due to

A)Myocardial depression ✓

B)Vagal stimulation

C)syncope

D)CNS excitability

Qu.15- First LA to be used clinically was

A)Cocaine ✓

B)Bupivacaine

C)Procaine

D)Lignocaine

Qu.16- LA with adrenaline is absolutely contraindicated in

A)first trimester of pregnancy

B)Hyperthyroidism ✓

C)Hemophilia

D)Hypertension

Qu.17- Which of the following local anaesthetic will be suitable for a hypertensive patient suffering from a heart disease?

A)Lignocaine without adrenaline

B)Prilocaine

C)Lignocaine with adrenaline 1:1000

D)Prilocaine and felypressin ✓

Qu.18- Lignocaine is used more commonly in dentistry because Lignocaine

A)causes less depression of CNS

B)causes less cardiovascular collapse

C)causes lesser incidence of allergic reactions✓

D)is 50 times more potent than Procaine

Qu.19- Of the following in which condition LA is ineffective?

A)Edema

B)Localized infection ✓

C)Hematoma

D)Anemia

Qu.20- The first sensation to be lost following administration of LA is

A)Proprioception

B)Pain ✓

C)Touch

D)Temperature

VASOVAGAL SYNCOPE IN ORAL MAXILLOFACIAL SURGERY

- 1) Vasovagal syncope is caused by
- (a) Inadequate cerebral blood flow
 - (b) Inadequate cardiac blood flow
 - (c) Pulmonary insufficiency
 - (d) Liver dysfunction

Ans is A.

- 2) The heart rate response in vasovagal syncope may include all of the following except:
- a) bradycardia or relative bradycardia (increase in the heart rate inappropriate to the degree of hypotension)
 - b) atrioventricular block
 - c) asystole lasting for several seconds
 - d) increase in the heart rate appropriate to the degree of hypotension

Ans is A

- 3) The pharmacological approaches in the treatment of vasovagal syncope include all of the following except:
- a) beta blockers
 - b) alpha adrenergic agonists
 - c) alpha adrenergic blockers
 - d) Serotonin reuptake inhibitors
 - e) mineralocorticoids

Ans is A

- 4) The following options may be beneficial in the treatment of vasovagal syncope.
- a) increased salt intake
 - b) avoidance of dehydration
 - c) avoidance of prolonged standing
 - d) Custom-fitted, counterpressure support garments extending from the ankle to the waist
 - e) all of the above

Ans is E

- 5) VASOVAGAL SYNCOPE - This term was first used by
- a) William Gowers in 1907
 - b) George in 1808
 - c) Johnson in 1902
 - d) Shakesphere in 1912

Ans is A

- 6) The mechanism of vasovagal syncope by
- a) Thomas Lewis in 1932
 - b) Williams in 1832
 - c) Robertson in 1905
 - d) Grace in 1917

Ans is A

- 7) Syncope usually occurs secondary to period of :

- A. Cerebral ischaemia
- B. cardiac output
- C. Convulsions

- D. both b and c

Ans is A

- 2) The heart rate response in vasovagal
- 3) syncope may include all of the following except:
- 4) a) bradycardia or relative bradycardia (increase in
- 5) the heart rate inappropriate to the degree of
- 6) hypotension)
- 7) b) atrioventricular block
- 8) c) asystole lasting for several seconds

- 9) d) increase in the heart rate appropriate to the
10) degree of hypotension

8) What are the stages off syncope

- A. Pre syncope
- B. syncope
- C. post syncope
- D. all of the above

Ans is D

9) Which type of breathing is heard during the syncope phase

- A. Deep breathing
- B. Agonal breathing
- C. Jerky irregular shallow breathing
- D. Normal breathing

Ans is C.

10) What is the critical level in which cerebral blood flow decreases

- A.30ml blood /100g
- B.45ml blood/150g
- C. 25ml blood/200g
- D. 50ml blood/145g

Ans is A

11) What is the minimum systolic BP is required

- A. 80mmhg
- B .70 mmhg

C. 110mmhg

D. 90mmhg

Ans is B

12) Which drug is administered during syncope

A. Atropine

B. Adrenaline

C. amiodone

D. Fibrinolytics

Ans is A

13) What drug we administer that aids in blood return to heart and brain

A. Aromatic ammonia

B. sublingual nitro-glycerine

C. sodium bicarbonate

D. Adrenaline

Ans is A

14) Why is it important to obtain an ECG in cases of syncope?

A. An ECG will help us determine the patient's BGL.

B. An ECG will help us rule out cardiac causes.

C. An ECG is not necessary in cases of syncope.

D. None of the above.

Ans is B

15) What are some of the signs of vasovagal syncope?

- A. Yawning
- B. Abdominal discomfort
- C. Diaphoresis
- D. All of the above

Ans is D

16) Do you have to administer oxygen to every syncope syncope patient ?

- A. Yes
- B. no
- C. maybe
- D. In 53% cases

Ans is A yes

17) The vasovagal syncope is by far the most common reflex syncope

In

- A. young patients
- B. Old patients
- C. Infant
- D. None

Ans is A

18) Neurocardiogenic syncope, the least useful investigations is

- a. Tilt table
- b. Carotid sinus massage
- c. Carotid duplex scan
- d. Orthostatic blood pressure recording

Ans is C

19) Special tests used in suspected vasovagal syncope

- a. Tilt table test
- b. The implantable loop recorder
- c. Pacemaker test
- d. Both A and B

Ans is D

20) In patients with neurocardiogenic syncope needing treatment for hypertension, which one of the following medications would be the agent of choice?

- a) amlodipine
- b) hydrochlorothiazide
- c) atenolol
- d) captopril

Ans is D

HAEMORRHAGE

1. An early sign of occult haemorrhage shock is :

- a) Widened pulse pressure
- b) Elevated shock index
- c) Hypothermia
- d) Apnoea

ANS: C) Hypothermia

2. During the primary survey the initial management of a bleeding patient is :

- a) Provide O₂ and ventilation
- b) Prevent heat loss
- c) Direct pressure to external signs of haemorrhage
- d) Initiate IV access

ANS: A) Provide O₂ and ventilation

3. Post extraction bleeding in a leukemic patient is due to :

- a) Increase in leukocytes
- b) Low calcium level
- c) Platelet disorder
- d) Deficiency of clotting factors

ANS: D) deficiency of clotting factors

4. Bleeding caused in an extraction socket due to wound sepsis after a few days is called as :

- a) Primary haemorrhage
- b) Reactionary haemorrhage
- c) Secondary haemorrhage
- d) Systemic haemorrhage

ANS: C) secondary haemorrhage

5. Reactionary haemorrhage is haemorrhage after surgery that occurs :

- a) Within 24 hours
- b) After 24 hours
- c) After 72 hours
- d) After 7 days

ANS : A) Within 24 hours

6. Reactionary haemorrhage occurs after extraction because of :

- a) Broken roots

- b) High blood pressure
- c) Sharp interdental septum
- d) Gingival laceration

ANS: B) high blood pressure

7. A reliable tool for measuring tissue perfusion when there is metabolic acidosis and ongoing haemorrhage is :

- a) Pulse oximetry
- b) Base deficit /excess
- c) Creatinine
- d) Lactate levels

ANS: A) pulse oximetry

8. Class 3 shock results from what % of acute blood loss?

- a) Greater than 40%
- b) 30-40%
- c) 15-20%
- d) Less than 15%

ANS: A) greater than 40%

9. The goal of fluid resuscitation is :

- a) Only achieved with central venous access
- b) Restore adequate tissue perfusion
- c) To provide initial infusion of 2 litres of crystalloids for all patients
- d) To only administer colloids

ANS: B) restore adequate tissue perfusion

10. Which would be the first choice for intravenous line placement during initial resuscitation?

- a) External jugular
- b) Subclavian vein
- c) Antecubital vein
- d) Saphenous vein

ANS: B) subclavian vein

11. Isotonic crystalloids:

- a) Remain in vascular space
- b) Enhance immune system function
- c) Include hetastarch and albumin

d) Rapidly equilibrate across compartments

ANS: C) include hetastarch and albumin

12. A patient with hypertension who underwent subtotal thyroidectomy for toxic goitre is at risk for ?

- a) Acute haemorrhage
- b) Chronic haemorrhage
- c) Secondary haemorrhage
- d) Reactionary haemorrhage

ANS: D) reactionary haemorrhage

13. What is the use to control bleeding in cerebral vessels?

- a) Crushing's clips
- b) Ligatures
- c) Pressure gauges
- d) Artery forceps

ANS: A) crushing's clips

14. What is contraindicated in management of haemorrhagic shock?

- a) Pneumatic cuffs
- b) Vasoconstrictors
- c) Colloids
- d) Morphine

ANS: B) vasoconstrictors

15. Which type of haemorrhagic shock leads to multi organ failure?

- a) Class 1
- b) Class 2
- c) Class 3
- d) Class 4

ANS: D) class 4

16. Which of the following is not associated with haemorrhage?

- a) Ecchymosis
- b) Petechiae
- c) Melanosis
- d) Purpura

ANS: C) melanosis

17. A boy complains of bleeding gums, swollen joints with haemorrhage into joints. His paternal & maternal uncle also had same problem. It is due to deficiency of:

- a) VIII
- b) IX
- c) X

d) VI

ANS: B) IX

18. Patient giving history of thrombocytopenic purpura reports for extraction. What could be the most common post-operative complication?

- a) Oedema
- b) Haemorrhage
- c) Infection spreading through tissue spaces
- d) Dry socket

ANS: B) haemorrhage

19. Pinpoint haemorrhage of less than 1cm diameter are known as?

- a) Petechiae
- b) Ecchymosis
- c) Purpura
- d) Pustules

ANS: A) petechiae

20. Hypovolaemic shock is seen when fluid loss is :

- a) 10-20%
- b) 20-45%
- c) 50-70%
- d) 70-80%

ANS: B) 20-45%

ODONTOGENIC TUMOURS

Q1. All of the following lesions may be classified as odontogenic tumours except?

- A. Acanthomatous Ameloblastoma
- B. Myxoma
- c. Pleomorphic Adenoma
- D. Pindborg Tumour

Q2. Which of the following is the most common lesion of the mandible?

- A. Adamantinoma
- B. Osteogenic Sarcoma
- C. Squamous Cell Carcinoma
- D. Osteoclastoma

Q3. What does ameloblastoma look like on a radiograph?

- A. Supernumerary Teeth
- B. Radiolucent and Radio-opaque areas
- c. Masses of Calcified Areas Honey comb appearance

Q4. Where are Leisegang Rings found?

- A. Calcifying Epithelial Odontogenic Tumour
- B. Odontoma
- C. Ameloblastoma
- D Calcifying Epithelial Odontogenic Cyst

Q5. Radiographic finding in Pindborg Tumour looks like ?

- A. Sun-burst Appearance

- B. Onion peel appearance.
- c. Driven Snow Appearance
- D. Cherry blossom Appearance

Q6. Adenomatoid Odontogenic Tumour is characterised histologically by ?

- A. Stellate shaped cells
- B. Tubular/Duct like cells
- c. Polyhedral Epithelial Cells
- D. Stratified Squamous Epithelial Cells

Q7. Adenomatoid Odontogenic Tumour is most commonly found in ?

- A. Posterior Maxilla
- B. Anterior Maxilla
- C. Anterior Mandible
- D. Posterior Mandible

Q8. Can Ameloblastomas originate from the lining of Odontogenic cysts?

- A. True
- B. False

Q9. A Compound Odontoma shows?

- A. Mixed tissue of Dental Origin with no resemblance to tooth structure
- B. Numerous tooth like structure with denticles commonly found in maxillary
- C. lateral incisors. Haphazardly arranged calcified mass
- D. All of the above

Q10. Pindborg tumour arises from?

- A. Epithelial lining of dentigerous cyst
- B Stratum Comeum
- c. Basal layer of Cells
- D. Reduced enamel epithelium.

Q11. What is the standard treatment of ameloblastoma?

- A Segmental resection with 1cm of normal bone
- B. Enbloc resection
- C. Enucleation
- D. Surgical Enucleation with thorough curettage of surrounding bone.

Q12. Which tumour's hallmark feature is cystification within the lesion?

- A. Unicystic Ameloblastoma
- B. Squamous Odontogenic Tumour
- c. Complex Odontoma
- D. Myxoma

Q13. Which lesions are capable of producing normal appearing enamel, dentin, cementum and pulp in an unorganised fashion?

- A. Myxoma
- B. Odontomes
- C. Ameloblastic fibroma
- D. Pindborg tumour

Q14. what is the most common odontogenic neoplasm in India?

- A. Ameloblastoma
- B. Adenomatoid Odontogenic tumour

- C. Pindborg tumour
- D. Odontoma

Q15. In which tumour does the tumour cells exhibit a 'mushroom' like pattern?

- A. Myxoma
- B. Ameloblastic fibroma
- c. Ameloblastoma
- D. Odontoma

Q16. 'Tennis racket' or 'Spiderweb' like appearance is seen radiographically in?

- A Odontogenic Myxoma
- B. Complex Odontome
- c. Pindborg Tumour
- D. Ameloblastoma

Q17. which tumour did Robinson describe as, unicentric, non-functional, intermittent in growth, anatomically benign and clinically persistent"?

- A. Myxoma
- B. Odontomal
- c. Ameloblastoma
- D. Pindborg tumour

Q18. which odontogenic tumour arises from odontogenic ectomesenchyme without included odontogenic epithelium?

- A. Keratocystic odontogenic tumour
- B. Ameloblastic fibroma
- c. Pindborg tumour
- D. Myxoma

Q19. 'Egg-Shell crackling' and 'Pathological Fracture' can clinically be seen in?

- A. Ameloblastoma
- B. Complex Odontome
- c. Compound Odontome
- D. Myxoma

Q20. 'Fish-net' like pattern of neoplastic cell proliferation can be seen in?

- A. Follicular ameloblastoma
- B. Plexiform ameloblastoma
- c. Acanthomatous ameloblastoma
- D. Granular cell ameloblastoma

ANSWERS

- 1. C.
- 2. A
- 3. D
- 4. A
- 5. C
- 6. B
- 7. B
- 8. A
- 9. B
- 10. D
- 11. D
- 12. A
- 13. B
- 14. A

15. B

16. A

17. C

18. D

19. A

20. B

Le Fort Fractures

1. Which is also called horizontal fracture of maxilla?
 - a. Le Fort I fracture
 - b. Le Fort II fracture
 - c. Pyramidal fracture
 - d. Le Fort III fracture
2. Which of the following is applicable for Le Fort I fracture?
 - a. Separation of complete dentoalveolar part of maxilla
 - b. Fracture fragment is held by means of soft tissues
 - c. The fractured fragment is freely mobile and resultant displacement depends on direction of force
 - d. All of above
3. In what direction fracture line passed through inferior orbital margin?
 - a. Downward forward laterally
 - b. Outward forward laterally
 - c. Forward downward
 - d. Backward downward
4. The typical Le fort fracture is always
 - a. Bilateral
 - b. Unilateral
 - c. Both Bilateral & Unilateral
 - d. None of above
5. Which of following is a sign of Le Fort fracture
 - a. Pain while speaking and moving of jaw
 - b. Sight swelling and edema of lower part of face
 - c. Mobility of upper dentoalveolar portion of jaw
 - d. All of above
6. Where is force delivered in Le Fort II?
 - a. At level of nasal bones
 - b. Frontal process of maxilla
 - c. Across lacrimal bones
 - d. None of above
7. Where can you see the edema in case of Le Fort II?
 - a. Anterior third of face
 - b. Middle third of face
 - c. Lower third of face
 - d. None
8. What separated entire pyramidal block from base of skull?

- a. Pterygomaxillary fissure
 - b. Inferior orbital margin
 - c. Nasal septum
 - d. Pterygoid laminae
9. The other name for Le Fort I fracture
- a. Guerin's fracture
 - b. Pyramidal
 - c. Transverse
 - d. High-level fracture
10. Which of the following is a clinical sign of Le Fort II?
- a. Edema of middle third of face
 - b. Bilateral subconjunctival haemorrhage
 - c. Bridge of nose is depressed
 - d. All of above
11. Where is force applied in case of Le Fort III fracture?
- a. Lateral direction with severe impact
 - b. Downward direction
 - c. Upward direction
 - d. None of above
12. Moon face is seen in
- a. Le Fort I
 - b. Le Fort II
 - c. Le Fort III
 - d. Orbital fracture
13. Le Fort III fracture is same as
- a. Craniofacial dysfunction
 - b. Guerin's fracture
 - c. Pyramidal fracture
 - d. None
14. "Panda facies" is commonly seen in
- a. Le Fort I
 - b. Le Fort II
 - c. Mandibular fracture
 - d. None of above
15. Which of the following is not a feature of Le Fort II fracture
- a. Enophthalmos
 - b. Malocclusion
 - c. Paresthesia
 - d. CSF rhinorrhea
16. Raccoon eyes is a characteristic of which class of Le Fort fracture

- a. Le Fort I
 - b. Le Fort II
 - c. Le Fort III
 - d. Pyramidal fracture
17. Floating maxilla is typically found in
- a. Le Fort I or guerin's fractures
 - b. Le Fort II or pyramidal fracture
 - c. Craniomandibular dysfunction
 - d. All of above
18. What is name of fracture that is caused tugging on maxilla or hard palate?
- a. Le Fort III
 - b. Le Fort II
 - c. Le Fort I
 - d. Le Fort IV
19. Who gave a modified classification of Le Fort classification?
- a. Marciani
 - b. Rowe
 - c. William
 - d. Erich
20. Hemotympanum is related to
- a. Le Fort I
 - b. Le Fort II
 - c. Le Fort III
 - d. None

ANSWERS: 1. (a), 2. (d), 3. (a), 4. (c), 5. (d), 6. (a), 7. (b), 8. (c), 9. (a), 10. (d), 11. (a), 12. (b), 13. (a), 14. (b), 15. (a), 16. (c), 17. (a), 18. (c), 19. (a), 20. (c)

ODONTOGENIC CYSTS

1. Bifid ribs, multiple radiolucent lesions of the jaw, multiple basal cell nevi and flax cerebri classification are found in
 - a) Horner syndrome
 - b) Hereditary internal polyposis
 - c) Sturge weber syndrome
 - d) Basal cell nevus syndrome

2. Botryoid odontogenic cyst is a variant of
 - a) Gingival cyst of newborn
 - b) Gingival cyst of adults
 - c) Apical periodontal cyst
 - d) Lateral periodontal cyst

3. Eruption cyst-
 - a) Transforms into dentigerous cyst
 - b) Regresses after eruption of tooth
 - c) Is found in the place of missing tooth
 - d) Is a type of dentigerous cyst

4. Which of the following shows the presence of cholesterol crystals?
 - a) Keratocyst
 - b) Periodontal cyst
 - c) Aneurysmal cyst
 - d) Hemorrhagic cyst

5. Which of the following is not a true cyst
 - a) Hemorrhagic cyst
 - b) Nasolabial cyst
 - c) Globulomaxillary cyst
 - d) Medial palatal cyst

6. Dentigerous cyst is likely to cause which neoplasm?
- Ameloblastoma
 - Osteogenic sarcoma
 - Squamous cell carcinoma
 - Osteoclastoma
7. Odontogenic Keratocyst has the following features –
- Occurs due to infection periapically
 - Can be treated by aspiration
 - Is developmental in nature
 - Has low recurrence rate
8. The most ideal explanation for the recurrence of odontogenic Keratocyst is –
- Increased mitotic activity of epithelial lining
 - Friability of epithelial lining
 - Presence of satellite cysts or daughter cysts
 - Continued proliferation of rest of dental lamina
9. Each of the following cyst is associated with an impacted tooth except –
- Dentigerous cyst
 - Keratocyst
 - Primordial cyst
 - Calcifying epithelial odontogenic cyst
10. The cyst with highest reoccurrence rate is:
- Keratocyst
 - Peripheral cyst
 - Nasoalveolar cyst
 - Globulomaxillary cyst
11. A multilocular cyst of the jaw is most likely:
- Dental cyst
 - Dentigerous cyst
 - Keratocyst
 - Simple bone cyst

12. Dentigerous cyst is suspected if the follicular space is more than:

- a) 2-3 mm
- b) 3-4 mm
- c) 1-2 mm
- d) >5 mm

13. After entering a radiolucent lesion in a 30 yr old man, hollow cavity without epithelial lining is seen, the most probable diagnosis is :

- a) Aneurysmal bone cyst
- b) Static bone cavity
- c) Hemorrhagic bone cyst
- d) Ameloblastoma

14. Dentigerous cyst is associated with the following:

- a) Impacted third molar
- b) Impacted supernumerary tooth
- c) Odontome
- d) All of the above

15. Management of odontogenic keratocyst involves :

- a) Marsupialization
- b) Enucleation
- c) Enucleation with peripheral ostectomy
- d) Resection and radiation

16. The epithelium of a dentigerous cyst is :

- a) 15-20 cell thick
- b) 6-10 cell thick
- c) 2-4 cell thick
- d) 1-2 cell thick

17. Odontogenic keratocyst is noted for its:

- a) Malignant transformation

- b) Daughter cysts and high rate of recurrence
- c) Impacted teeth
- d) Nodal metastasis

18. Cyst arising from dental lamina :

- a) Radicular cyst
- b) Paradental cyst
- c) Eruption cyst
- d) Glandular odontogenic cyst

19. The most common odontogenic cyst is:

- a) Primordial cyst
- b) Dentigerous cyst
- c) Radicular cyst
- d) Mucocele

20. The most aggressive and destructive cyst is :

- a) Periapical cyst
- b) Dentigerous cyst
- c) Globulomaxillary cyst
- d) Nasopalatine cyst

Answer Key:

1. (d)

2. (d)

3. (b)

4. (a)

5. (a)

6. (a)

7. (c)

8. (c)

9. (c)

10. (a)

11. (c)

12. (d)

13. (c)

14. (d)

15. (c)

16. (c)

17. (b)

18. (d)

19. (c)

20. (b)

OSTEOMYELITIS

Q1) Acute osteomyelitis is commonly caused by –

- a) Staph aureus
- b) S.pyogenes
- c) H. influenza
- d) Salmonella

Q2) The organism causing osteomyelitis in sickle cell anemia –

- a) Salmonella
- b) Staphylococcus
- c) H. influenza
- d) E. coli

Q3) Acute osteomyelitis most common site involved is –

- a) Upper end femur
- b) Lower femur
- c) Upper tibia
- d) Pelvis bone

Q4) 14-year-old boy presents with high grade fever with pain and swelling in the thigh. X-Ray

Of lower limb is showing middle part of bone is swollen and periosteal reaction present. The

Most probable diagnosis is –

- a) Osteosarcoma
- b) Bone cyst
- c) Ewing sarcoma
- d) Osteomyelitis

Q5) The most common organism causing osteomyelitis in drug abusers is –

- a) E. coli
- b) Klebsiella
- c) Staph Aureus
- d) Pseudomonas

Q6) Earliest site of bone involvement in hematogenous osteomyelitis –

- a) Metaphysis
- b) Epiphysis
- c) Diaphysis
- d) point of entry of the nutrient artery

Q7) Chronic discharging sinus with bone sequestrum is seen in –

- a) Acute osteomyelitis
- b) Chronic osteomyelitis
- c) Acute osteomyelitis
- d) Chronic osteomyelitis

b) Bone fractured) Brodie's abscess

Q16) Which of the following is NOT TRUE regarding tubercular osteomyelitis –

a) It is a secondary TBc) Sequestration is uncommon

b) Periosteal reaction is seen) Inflammation is minimum

Q17) Complications of acute osteomyelitis –

a) Malignancy) Sepsis

b) Fracture of the affected bone) Chronicity

Q18) All are associated with chronic osteomyelitis except –

a) Amyloidosis) Metastatic abscess

b) Sequestrum) Myositis ossificans

Q19) True about HIV, osteomyelitis is all EXCEPT –

a) Necrosis absent) Periosteal new bone formation

b) Most common cause is staphylococcus. aureus) Often bilateral

Q20) The most common source of bone and joint infection is –

a) Direct spread) Lymphatic

b) Percutaneous

d) Haematogenous

Salivary gland tumor

Q1. Commonest site for ectopic salivary gland tumor is:

- A. Tongue
- B. Neck C. Cheek D. Palate

Q2. Mixed tumor of salivary gland are:

- A. Most common in submandibular gland
- B. mostly related to Calculi
- C. Are malignant
- D. Most common in parotid gland

Q3. Connective tissue stroma of pleomorphic adenoma exhibits metaplastic changes, which result in:

- A. Mucoïd. B. Myxoid
- C. Chondroid. D. Osseous tissues
- . E. All of them.

Q4. Oncocytoma originate from: A. Striated duct cell. B. Epidermoid cells

C. Mucous cell. D. Intermediate cells

• Q.6 Warthin's tumor is more prevalent in:

- A. Adult male. B. Adult female
- C. Children. D. Both A & B

Tumor does not occur in minor salivary gland:

- A. Pleomorphic adenoma
- B. Adenocarcinoma
- C. Mucoepidermoid carcinoma
- D. Adenolymphoma

Chocolate colored exudate are seen in.

- A. Oncocytoma. B. Cylindroma
- C. Adenolymphoma. D. Mucocele

Has tendency to invade into perineural lymphatic space:

- A. Ranula. B. Cylindroma
- C. Oncocytoma. D. Warthin's tumor

Most common malignant tumor of submandibular gland:

- A. Mixed tumor. B. Adenoid cystic carcinoma
- C. Mucoepidermoid. D. Acinic cell tumor

In cylindroma there is anesthesia and palsy of:

- A. Facial nerve. B. Lingual nerve
- C. Hypoglossal nerves. D. All above

In cylindroma the tumor cell spread via:

- A. Epidermoid cell. B. mucous cell
- C. Perineural or intraneural space
- . D. Microcystic spaces.

Mucoepidermoid tumor arise from:

- A. Excretory duct cell. B. Muroid cell
- C. Mucoepidermoid cell. D. Mucous cell.

Mucoepidermoid tumor affects:

- A. Parotid gland. B. Minor salivary gland
- C. Jaw bone. D. All above

Well differentiated or low grade tumor consist mainly of:

- A. Mucous secreting cell
- B. Epidermoid cell
- C. Intermediate cell
- D. A and B

Most common malignant tumor of parotid gland:

- A. Acinicell tumor. B.mucoepidermoid tumor
- C. Adenocarcinoma. D. Mixed tumor.

Acinic cell tumor most commonly affect:

- A. Submandibular gland.
- B. Minor salivary gland
- C. Parotid gland
- D. Sublingual gland

Pleomorphic adenoma arise from:

- A. Intercalated duct cell
- B. Myoepithelial cell
- C. Mucoepidermoid cell
- D. Both A & B

Clinically adenoid cystic carcinoma present: A.slow enlargement. B. Painfull swelling

- C. Frequent surface ulceration
- D. All above

Common salivary gland tumor in children:

- A. Lymphoma B. Warthin's tumor
- C. Oncocytoma. D.Mucoepidermoid tumor.

- Answer

1. D 2.D 3.E

4. A

5.B

6. A

7. D

8. B

9.D

10.C

11. D

12. C

13. A

14. D

15. D

16. B

17. C

18. D

19. D

20. D



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Department of Conservative Dentistry & Endodontics

MCQs for competitive examination
preparation

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Chapter – DENTAL CARIES

1. Which of the following is cariogenic / caries promoting?

- a) Selenium
- b) Vanadium
- c) Strontium
- d) Molybdenum

Answer: A

2. Widely accepted theory of dental caries

- a) Proteolytic theory
- b) Proteolytic chelation theory
- c) Acidogenic theory
- d) Autoimmune theory

Answer: C

3. Early invading bacteria in carious lesions are called

- a) Microcosm
- b) Pioneer bacteria
- c) Advancing bacteria
- d) Anaerobic bacteria

Answer: B

4. Bacteria free zone of dentinal caries is

- a) Zone of decomposed dentin
- b) Zone of bacterial invasion
- c) Zone of decalcification
- d) Zone of dentinal sclerosis

Answer: D

5. Pioneer bacteria in dental caries are in

- a) Enamel
- b) Dentin

- c) Pulp
- d) Cementum

Answer: B

6. Linear enamel caries lesions in deciduous teeth predominate in

- a) Maxillary anterior teeth
- b) Maxillary posterior teeth
- c) Mandibular posterior teeth
- d) Mandibular anterior teeth

Answer: A

7. From the list of oral microorganisms, which is primarily responsible for the initiation of dental caries?

- a) Mutans streptococci
- b) Bifidobacteria
- c) Lactobacilli
- d) P. gingivalis

Answer: A

8. Oral bacterial synthesise extracellular glucans (dextran and mutan) from which host dietary component?

- a) Glucose
- b) Alpha limit dextrans
- c) Sucrose
- d) Polysaccharides

Answer: C

9. A deficiency of which vitamin has been associated with enamel defects and increased risk of dental caries?

- a) Vitamin A
- b) Folic acid
- c) Vitamin C
- d) Vitamin D

Answer: D

10. The best available evidence for an association between amount of sugars and risk of dental caries comes from which type of study design

- a) Randomised controlled
- b) Non-randomised controlled
- c) Cross sectional observational
- d) Cohort

Answer: D

11. Which of the following is cariogenic / caries promoting?

- a) Selenium
- b) Vanadium
- c) Strontium
- d) Molybdenum

Answer: A

12. Cracked tooth syndrome is characterized by_____

- a) Sharp pain following application of cold
- b) Sharp pain following application of heat
- c) Severe pain while eating
- d) All of the above mentioned

Answer: C

13. When teeth are embedded in the jaw bone, it is called_____

- a) diphyodont
- b) thecodont
- c) heterodont
- d) all of the above

Answer: B

14. An adult human being has a total of 32 permanent teeth, which are of four types. They are called_____

- a) lophodont
- b) thecodont
- c) heterodont

d) diphodont

Answer: C

15. A deficiency of which vitamin has been associated with enamel defects and increased risk of dental caries?

- a) Vitamin A
- b) Folic acid
- c) Vitamin C
- d) Vitamin D

Answer : C

16. Widely accepted theory of dental caries_____

- a) Proteolytic theory
- b) Proteolytic chelation theory
- c) Acidogenic theory
- d) Autoimmune theory

Answer: C

17. From the list of oral microorganisms, which is primarily responsible for the initiation of dental caries?

- a) Mutans streptococci
- b) Bifidobacteria
- c) Lactobacilli
- d) P. gingivalis

Answer: A

18. Arrested carious lesion is_____

- a) Discoloured and remineralized area
- b) Intact and more resistant to caries attack than adjacent unaffected enamel
- c) Not restored unless aesthetically required
- d) All of the above

Answer: D

19. Early invading bacteria in carious lesions are called_____

- a) Microcosm
- b) Pioneer bacteria
- c) Advancing bacteria
- d) Anaerobic bacteria

Answer: B

20. The critical pH below which demineralisation of tooth enamel occurs is usually around:

- a) 6.0
- b) 5.7
- c) 5.5
- d) 5.0

Answer : C

Chapter- ARMAMENARIUM IN OPERATIVE DENTISTRY

1. Most of the hand cutting instruments are made up of:

- a) Chromium cobalt
- b) Carbon steel
- c) Tungsten carbide
- d) Stainless steel

2. Many instruments are identified by the numbering system placed on the handle. First number indicates:

- a) Width of blade in mm
- b) Width of blade in $1/10^{\text{th}}$ of mm
- c) Length of the blade in cm
- d) Width of the cutting edge

3. Which of the following instruments will have a four number formula?

- a) Ordinary hatchet
- b) GMT
- c) Jeffery hatchet
- d) All of the above

4. Four numbered instrument formula other than GMT is:

- a) Chisel
- b) Hoe
- c) Angle former
- d) Hatchet

5. The angle former is a special type of

- a) Chisel
- b) Excavator
- c) Hatchet
- d) Rotary instrument

6. Instruments are angled:

- a) To increase efficiency

- b) For proper balance
- c) For proper distribution of the forces
- d) All of the above.

7. The type of chisel with the shank and blades slightly curved is:

- a) Straight chisel
- b) Wedge-shaped chisel
- c) Enamel hatchet
- d) GMT

8. Cutting instruments should be thoroughly sharpened:

- a) To reduce pain
- b) To effectively control the instrument
- c) To create smooth surface wall
- d) All of the above

9. Most of the routinely used burs in conservative dentistry have:

- a) Positive rake
- b) Negative rake
- c) Neutral rake
- d) None of the above

10. Rake angle for bur is negative:

- a) If rake face is ahead of radius
- b) If rake face is in line with radius
- c) If rake face is behind radius
- d) No answer is correct

11. A major factor determining the efficiency of bur is:

- a) Taper angle
- b) Spiral angle
- c) Head length
- d) Head diameter

12. The hard carious dentin is removed with:

- a)Excavator
- b)Buratlowspeed
- c)Burathighspeed
- d)Noneoftheabove

13. Whichofthefollowingbursproduceasmoothfinish?

- a)8fluted
- b)12fluted
- c)16fluted
- d)24fluted

14. Instrumentwhichformsabladeangle ofmorethan125islikelytobe:

- a)Bianglechisel
- b)Curette
- c)Chisel
- d)Angleformer

15. Toremove remainingunderminingenamel inclassIIcavityinstrumentusedis:

- a)Enamelhatchet
- b)GMT
- c)Tipoftheprobe
- d)Ordinaryhatchet

16. Toprepare retentivepointsindentininclass 3&5onanteriortheethinstrumentusedis:

- a)Angleformer
- b)Hoe
- c)Ordinaryhatchet
- d)GMT

17. Stonesmountedonarotatinginstrumentareusedtosharpen:

- a)Excavator
- b)Hatchets
- c)Hoe

d)Chisels

18. Which one of the following operative instruments is sharpened with handpiece stones?

a) Enamel hatchets

b) Bin angle chisels

c) Curved chisels

d) Spoon excavators

19. Efficiency of carbide bur increases by:

a) Negative or zero rake angle

b) 90 degree edge angle

c) At high speed

d) All of the above

20. Cutting & grinding procedures are predominantly:

a) Two directional

b) Unidirectional

c) Three directional

d) Multidirectional.

1.b11.b

2.b12.b

3.b13.d

4.c14.d

5.b15.a

6.d16.b

7.b17.a

8.d18.d

9.b19.d

10.a20.b

Chapter – FUNDAMENTALS OF CAVITY PREPARATION

1. GV Black simply classified cavities as:

- A. Two classes of smooth surface and three classes of pit and fissure lesions
- B. Three classes of smooth surface and two classes of pit and fissure lesions
- C. One class of pit and fissure and four classes of smooth surface lesions
- D. None of the above

Answer: C

2. Cavities that occur exclusively in posterior teeth are:

- A. Class I cavities
- B. Class V cavities
- C. Class II cavities
- D. Class IV cavities

Answer: C

3. The class/es of cavity which occurs both in anterior and posterior teeth is/are:

- A. Class III
- B. Class V
- C. Class I and VI
- D. Class IV

Answer: C

4. Removal of deep, pulp encroaching caries should be made using

- A. High rotational speeds
- B. Low rotational speeds
- C. Very high rotational speeds
- D. All of the above

Answer: B

5. Pulpal damage can result from:

- A. Lack of coolant
- B. Excessive hand pressure
- C. Dull instrument
- D. All of the above

Answer: D

6. Number of point angles in 'class 3' cavity preparation is:

- A. 4
- B. 5
- C. 3
- D. 11

Answer: C

7. The purposes of cavity preparation is/are:

- A. Removal of all the defects of enamel, dentin and cementum
- B. To locate the margins of restoration as conservatively as possible
- C. To allow for esthetic and functional placement of restorative material
- D. All of the above

Answer: D

8. In order to assume a sound enamel margin, the cavosurface angle of occlusal wall of Class 5 cavity should be:

- A. 110°
- B. $120-130^\circ$
- C. 90°
- D. 45°

Answer: B

9. In "complex" cavity preparation:

- A. Only one tooth surface is involved
- B. Two surfaces are involved
- C. Three or more surfaces are involved
- D. None of the above

Answer: C

10. Which of the following is not an internal wall of a cavity preparation?

- A. Axial wall
- B. Pulpal wall
- C. Gingival wall
- D. All of the above

Answer: C

11. A cavity preparation which includes both internal and external cavity walls is termed:

- A. Extracoronal preparation
- B. Intracoronal preparation
- C. Metal onlay restoration
- D. Both A and B

Answer: B

12. Enameloplasty is indicated:

- A. When fissure depth is no more than $\frac{1}{2}$ thickness of enamel
- B. When fissure depth is not more than $\frac{1}{3}$ rd thickness of enamel
- C. Fissure depth is $\frac{2}{3}$ rd thickness of enamel
- D. None of the above

Answer: B

13. The class V cavity preparation is:

- A. Flat mesiodistally
- B. Concave mesiodistally
- C. Convex mesiodistally
- D. None of the above

Answer: C

14. Cavities of the cusp tips of the posterior teeth are:

- A. Class I cavities
- B. Class II cavities
- C. Class IV cavities
- D. Class VI cavities

Answer: D

15. Cavities occurring on the lingual fossa of incisors are:

- A. Class VI cavities
- B. Class IV cavities
- C. Class III cavities
- D. Class I cavities

Answer: D

16. The purpose for retention form in cavity preparation is to prevent displacement of the restoration by:

- A. Occlusal forces
- B. Lateral forces
- C. Lifting forces
- D. All of the above

Answer: D

17. Internal outline form of the cavity is influenced by all, except:

- A. Proximity to the pulp
- B. Tooth position in the area
- C. Type of restorative material
- D. Spread of caries

Answer: A

18. Extension of buccal and lingual walls in class II prep is determined by:

- A. Extension of carious lesion gingivally
- B. Position of adjacent tooth contacts
- C. Line angles of the tooth to be restored
- D. All of the above

Answer: D

19. Crossing the oblique ridge in maxillary permanent first molar is permissible in all, except:

- A. When the ridge has a deep fissure
- B. When the ridge is undermined with caries
- C. When it is necessary for retention
- D. In incipient caries in mesial and distal pits

Answer: D

20. Gingival wall in a proximal cavity preparation is located:

- A. Within the interproximal contact
- B. Occlusal to the interproximal contact
- C. Apical to the interproximal contact
- D. Apical to the interproximal crest of the gingiva

Answer: C

Chapter - ISOLATION

1.The goals of isolation are

- a) Control of moisture
- b) Protection
- c) Retraction
- d) All of the above

Ans-D

2.Methods of isolation are

- a) Rubber dam
- b) Cotton rolls
- c) Vacuum
- d) Both A and B

Ans-D

3.Rubber dam material is made up of

- a) Latex
- b) Cotton
- c) Nylon
- d) Wool

Ans-A

4.Rubber dam material is supplied as

- a) 5*5
- b) 6*8
- c) 6*6
- d) Both A and C

Ans-D

5.Rubber dam equipment are

- a) Frame
- b) Retainers
- c) Lubricant
- d) All

Ans-D

6.Types of tooth isolation are

- a) Single tooth
- b) Multiple tooth
- c) Both A and B

- d) None
- Ans-D

7. Saliva ejector is used in combination with

- a) Cotton rolls
 - b) Rubber dam
 - c) Both the above
 - d) None
- Ans-C

8. The speed of the suction in High volume evacuator is

- a) Low
 - b) Medium
 - c) High
 - d) Fast
- Ans-C

9. Throat gauze sponge is available as

- a) 2*2inch
 - b) 2*4inch
 - c) 4*4inch
 - d) 5*5inch
- Ans-A

10. Mouth props may be of

- a) Block type
 - b) Cross type
 - c) Running type
 - d) Zig zag type
- Ans-A

11. The items in the dental operatory can be of

- a) Critical items
 - b) Semi critical items
 - c) Non-critical items
 - d) All of the above
- Ans-D

12. Sterilisation methods can be of

- a) 2 Method
- b) 4 Method
- c) 3 Method
- d) None

Ans-B

13. Standard temperature for autoclave is

- a) 121
- b) 142
- c) 123
- d) 135

Ans-A

14. Temperature for the chemical vapour pressure sterilisation is

- a) 143 C
- b) 126 C
- c) 132 C
- d) 156 C

Ans-C

15. Methods of verifying sterilisation are

- a) Process indicators
- b) Non process indicators
- c) Biologic indicators
- d) A and C

Ans-D

16. Dryclave sterilise instruments at degree of

- a) Above 160 C
- b) Below 150 C
- c) Below 95 C
- d) Above 200 C

Ans-A

17. Routes of transmission of dental infections can be

- a) Inoculation
- b) Inhalation
- c) Nasal
- d) A and B

Ans-D

18.Types of autoclaves can be

- a) Downward displacement
- b) High vacuum
- c) Upward Displacement
- d) None
- e) A and B

Ans-E

19.Presoaking of instruments are kept soaked in Glutaraldehyde for

- a) 20mins
- b) 40mins
- c) 50mins
- d) 30mins

Ans-D

20.Newer methods of sterilisation are

- a) Gamma rays
- b) Ultraviolet light
- c) Xray
- d) A and B

Ans-D

Chapter- DENTINAL HYPERSENSITIVITY

1. Hydrodynamic theory, which describes the mechanism behind dentin hypersensitivity, states stimulus induced fluid flow within dentinal tubules activates-----nerve fibers resulting in the sensation of pain.
 - a) A-delta
 - b) A-beta
 - c) C-fibers
 - d) None of the above
2. How many tubules can be found in one square millimeter of dentin.
 - a) 1,000-3,000
 - b) 8,000-12,000
 - c) 18,000-30,000
 - d) 35,000-39,000
3. Pathologies that can exhibit similar signs and symptoms of dentinal hypersensitivity include.
 - a) Fractured or cracked teeth
 - b) Dental caries
 - c) Pulpal pathology
 - d) All of the above
4. Gingival recession causing exposed cementum and/or dentin can lead to sensitivity. Causes of gingival recession include:
 - a) poor oral hygiene
 - b) improper frenal attachments
 - c) occlusal trauma
 - d) all of the above
5. Pick the correct answers : dentin hypersensitivity
 - a) is a short sharp pain arising from exposed dentin, only in response to thermal stimuli
 - b) is prevalence in 10-30% of the global population according to general scientific consensus
 - c) affects more males than females
 - d) peaks at the 2nd decade of life
6. Causation of dentin hypersensitivity – which of the following is false
 - a) pain from dentin hypersensitivity should not be due to any other dental disease
 - b) it has multifactorial aetiology
 - c) vigorous toothbrushing may be associated with dentin hypersensitivity
 - e) dietary acid is an important trigger of dentin hypersensitivity
7. Hydrodynamic theory was given by:
 - a) Brannstrom

- b) Gottlieb
 - c) W.D Miller
 - d) Scheldon
8. Which of the following theories are not related to dentin hypersensitivity:
- a) hydrodynamic theory
 - b) direct innervation theory
 - c) acidogenic theory
 - d) odontoblast deformation theory
9. Which of the following is a differential diagnosis of dentin hypersensitivity:
- a) dental caries
 - b) bleaching sensitivity
 - c) fractured enamel exposing dentin
 - d) all of the above
10. Other name for odontoblast deformation theory:
- a) Chemical theory
 - b) Proteolytic theory
 - c) Transducer mechanism theory
 - d) Endogenous theory
11. Most commonly involved teeth are:
- a) Incisors
 - b) Molars
 - c) Canine and 1st premolar
 - d) 2ND premolar
12. Dentin hypersensitivity occurs only when:
- a) the only dentin is exposed
 - b) only the enamel and dentin is exposed
 - c) the dentin is exposed and the dentinal tubules are patent from the surface till pulp
 - d) only cementum is exposed
13. Which theory is the most accepted theory of dentin hypersensitivity:

- a) odontoblast deformation theory
- b) direct innervation theory
- c) transducer mechanism theory
- d) hydrodynamic theory

14. dentin adhesive seal the exposed dentin by:

- a) micromechanical bonding
- b) chemical bonding
- c) mechanical bonding
- d) none of the above

15. Placement of restoration for managing hypersensitivity can be done with:

- a) glass ionomer cement or composite
- b) calcium hydroxide
- c) amalgam
- d) all of the above can be used

16. Desensitizing toothpaste should contain_____ to block the pulpal sensory nerves from transmitting pain impulses:

- a) calcium
- b) sodium
- c) potassium
- d) none of the above

17. Enamel loss is not due to :

- a) occlusal wear
- b) abfraction
- c) toothbrush abrasion
- d) root planning

18. cementum loss is not due to:

- a) gingival recession
- b) parafunctional habits
- c) periodontal disease

d) periodontal surgery

19. Lesion localization occurs by:

a) gingival recession

b) abrasion

c) erosion

d) all of the above

20. Lesion initiation occurs by:

a) removal of smear layer

b) periodontal procedures

c) abrasive or erosive agents

d) all of the above

ANSWERS:

1 (a), 2(c), 3(d), 4(d), 5(a), 6(b), 7(a), 8(c), 9(d), 10(c)

11(c), 12(c), 13(d), 14(a), 15(a), 16(c), 17(d), 18(b), 19(d), 20(d)

Chapter – CLASS 2 AMALGAM PREPARATION

A. "Saucering" out of small pits to improve self cleansing property is called?

1. Saucerisation
2. Odontomy
3. Enameloplasty
4. None of the above

B. Incipient caries consists of opaque, chalky white areas that appear when the tooth surface is dried, this is referred as?

1. Whitespot
2. Hotspot
3. Translucent zone
4. Body of lesion

C. A butt joint is a?

1. 70 degree joint
2. 90 degree joint
3. 120 degree joint
4. 180 degree joint

D. What does resistance form of the cavity preparation does not prevent?

1. fracture of the restoration
2. fracture of the tooth
3. lateral displacement of the restoration
4. vertical displacement of the restoration

E. How is amalgam retained in the tooth?

1. Chemical bond
2. Occlusal convergence
3. Occlusal divergence
4. single bond

F. What is retention form?

1. Form/design in the preparation that will prevent the restoration from dislodgement in a vertical direction
2. Form/design in the preparation that will prevent the restoration from dislodgement in a horizontal direction
3. Form/design in the preparation that will prevent the restoration from dislodgement in a mesial direction
4. Form/design in the preparation that will prevent the restoration from dislodgement in a distal direction.

G. Convenience form is _____?

1. enough space to allow inspection
2. enough space to allow retention of restorative material
3. enough space for cavity toilet
4. enough space for occlusion

H. Width of the isthmus in a class 2 cavity preparation should be? 1. < 1.5mm

2. < 1.75 mm
3. < 2.0mm
4. < 2.5mm

I. The retention groove is placed in the class 2 preparation _____?

1. from the gingival floor to the height of the pulpal floor
2. from the gingival floor to the cavosurgic margin
3. from the gingival floor to the axial wall
4. from the gingival floor to the proximal wall

J. Pulpoaxial line angle should be rounded or beveled, why?

1. To allow resistance form
2. To prevent fracture of the restoration
3. To allow for swift condensation
4. To allow for convenience form

K. Which one of the following statements about cavity preparations is FALSE?

1. Class II cavity preparations for amalgam restorations must be extended onto the occlusal surface to provide adequate retention.
2. If thin walls remain following a multi-surface cavity preparation, these should be reduced and a cuspal coverage restoration provided.
3. Resin composites should not be used to restore a cavity with subgingival margins.
4. The 'slow' hand piece should be used with water

L. Toilet of cavity is?

1. Removal of debris by washing with H₂O.
2. Removal of debris by cold air spray.
3. Removal of debris by hot air spray.
4. Washing the cavity with soap solution.

M. The optimum depth of a self-threading pin for an amalgam restoration is: 1. 0.5mm.

2. 1mm.
3. 2mm.
4. 4mm.

N. Which of the following 'designing the cavity to resist displacement of the restorative material from lifting forces'?

1. Retention Form
2. Convenience Form
3. Outline Form
4. Resistance Form

O. What is the minimum cavity depth required for amalgam? 1.2.5mm

2. 2mm
3. 1.5mm
4. 1mm

P. What is the ideal cavo surface angle for an amalgam restoration? 1.70°

2. 100°
3. 90°
4. 40°

Q. Which of the following 'allow the tooth and restorative material to withstand masticatory forces, down the long axis of the tooth'?

1. Resistance Form
2. Final Form
3. Convenience Form
4. Retention Form

R. What are the number of line angles and point angles in a class II tooth preparation?

1. 6 and 11 respectively
2. 5 and 12 respectively
3. 7 and 10 respectively
4. 4 and 11 respectively

- S. What should be the width of the gingival seat in amolar? 1. 0.6-0.8mm
2. 0.8-1mm
3. 1-1.2mm
4. 0.4-0.6 mm

T. In a cavity preparation cavo-surface margin will be junction between?

1. Cavity wall/ floor and adjacent tooth surface.
2. Cavity wall and floor.
3. Approximal wall of one tooth with another.
4. Axial wall and occlusal floor.

ANSWERS :

- | | |
|------|-----|
| A.3. | S.2 |
| B. 1 | T.1 |
| C. 2 | |
| D. 4 | |
| E. 2 | |
| F. 1 | |
| G. 1 | |
| H. 1 | |
| I. 1 | |
| J. 2 | |
| K. 1 | |
| L. 1 | |
| M. 3 | |
| N. 1 | |
| O. 2 | |
| P. 3 | |
| Q. 1 | |
| R. 1 | |
| S. | |

Chapter – DENTAL AMALGAM

1. THE TERM TRITURATION MEANS:
 - A. LYSING AMALAGAM ALLOY
 - B. MIXING OF AMALAGAM ALLOY AND MERCURY
 - C. REMOVAL OF EXCESS OF MERCURY
 - D. NONE OF ABOVE

2. DYNAMIC CREEP IS THE:
 - A. CONTINUING ALLOYING BETWEEN SILVER-TIN ALLOY AND MERCURY DURING THE LIFE OF RESTORATION.
 - B. DEFORMATION OF SET AMALGAM DURING FUNCTION
 - C. PROCESS WHEREBY ALLOY IS WETTED BY MERCURY
 - D. SPREAD OF AMALGAM DURING PACKING

3. THE HIGHEST CONCENTRATION IN AMALGAM FILLING IS FOUND:
 - A. AT THE MARGIN OF RESTORATION.
 - B. IN THE CENTER OF RESTORATION
 - C. IN THE DEEPEST PART OF RESTORATION
 - D. NONE OF ABOVE

4. THE DENTAL AMALGAM IS MOST RESISTANT TO:
 - A. COMPRESSIVE STRESS
 - B. IMPACT STRESS
 - C. SHEAR STRESS
 - D. TENSILE STRESS

5. THE ADA SPECIFICATION NO1 FOR COMPOSITION OF AMALGAM ALLOY RECOMMENDS
 - A. 65% SILVER, 32% tin and 3% copper
 - B. 49% silver ,32% TIN AND 19% COPPER
 - C. 65% SILVER, 29% TIN AND 5-6% COPPER
 - D. NONE OF ABOVE

6. ACCORDING TO ADA SP. NO. 1 THE MINIMUM COMPRESIVE STRENGTH FOR SILVER AMALGAM AFTER ONE HOUR SHOULD BE:
 - A. 80 MPA
 - B. 140 MPA
 - C. 260 MPA
 - D. 510 MPA

7. WHICH OF THE FOLLOWING PHASES OF DENTAL AMALGAM HAS MINIMUM STRENGTH?
 - A. GAMMA 1
 - B. GAMMA 2
 - C. GAMMA 3
 - D. EPSILON 1

8. ADMIXED HIGH COPPER ALLOY POWDER CONTAIN:
 - A. 9-20% COPPER

- B. 13-20% COPPER
 - C. 9-30% COPPER
 - D. 13-30% COPPER
9. COMPARED TO CONVENTIONAL AMALGAM, SPHERICAL AMALGAM:
 - A. REQUIRE MORE MERCURY
 - B. REQUIRE HEAVY COMPACTION FORCES
 - C. HAVE LONGER SETTING TIME
 - D. NONE OF ABOVE
 10. FINISHING AND POLISHING OF AMALGAM CAUSES
 - A. INCREASE IN TARNISH AND CORROSION RESISTANCE
 - B. INCREASE IN MARGINAL STRENGTH
 - C. DCREASE IN TARNISH
 - D. NONE OF ABOVE
 11. SETTING TIME OF AMALGAM IS BEST CONTROLLED BY:
 - A. USING SPHERICAL PARTICLES
 - B. LATHE CUT ALLOY
 - C. ALTERING HG ALLOY RATIO
 - D. TRITURATION TIME
 12. INCREASE IJN RESIDUAL MERCURY IN SILVER AMALGAM FILLING CAN:
 - A. CAUSE FRACTURE OF FILLING
 - B. CAUSE TARNISH AND CORROSION
 - C. INCREASE IN STRENGTH
 - D. DECREASE CONDENSATION PRESSURE
 13. HIGH Cu ALLOYS HAVE ALL OF FOLLOWING EXCEPT:
 - A. HIGH TENSILE STRENGTH
 - B. LOW CREEP
 - C. HIGH CORROSION
 - D. NONE OF ABOVE
 14. CHRONIC MERCURY TOXICITY RESULTS FROM:
 - A. INGESTION
 - B. SKIN CONTACT
 - C. MERCURY VAPOR
 - D. ALL OF ABOVE
 15. IN NON-ZINC CONTAINING DENTAL AMALGAM ALLOY THE PERCENTAGE OF ZINC PRESENT IS:
 - A. LESS THAN 0.02%
 - B. LESS THAN 0.1%
 - C. LESS THAN 0.01%
 - D. NONE OF ABOVE
 16. IN SPHERICAL ALLOYS AS COMPARED TO LATHE CUT:
 - A. LESS CONDENSING FORCE IS REQUIRED
 - B. MORE CONDENSING FORCE IS REQUIRED
 - C. BOTH REQUIRE S
 - D. AME CONDENSING FORCE
 - E. MANIPULATION IS EASY
 17. THE LARGEST COMPONENT OF AMALGAM ALLOY IS:

- A. SILVER
 - B. TIN
 - C. ZINC
 - D. COPPER
18. IN HIGH COPPER AMALGAM THE PHASE WHICH IS ELIMINATED IS:
- A. GAMMA 1
 - B. GAMMA 2
 - C. GAMMA 1 AND GAMMA 2
 - D. NO PHASE IS ELIMINATED
19. MOISTURE CONTAMINATION OF AMALGAM CAN LEAD TO:
- A. MARGINAL BREAKDOWN
 - B. SHRINKAGE
 - C. DELAYED EXPANSION
 - D. INCREASED STRESSES
20. AMALGAM RESTORATION GIVE THE BEST CLINICAL SERVICE WHEN THE RESIDUAL MERCURY CONTENT IS:
- A. 38-42%
 - B. 48-52%
 - C. 58-62%
 - D. 68-72%

ANSWERS

- 1. B
- 2. B
- 3. A
- 4. A
- 5. C
- 6. A
- 7. B
- 8. A
- 9. D
- 10. A
- 11. D
- 12. A
- 13. D
- 14. D
- 15. C
- 16. A
- 17. A
- 18. B
- 19. C
- 20. B

Chapter- Matricing

1. All of the following are true about "matrix band" except:
 - A. It is used when two or more surfaces are involved
 - B. It provides general contour of the restoration
 - C. It does not substitute for the lost wall of the tooth
 - D. Both carbon and stainless steel bands are available

2. Most often used thickness of the matrix band is:
 - A. 0 .0015 cm
 - B. 0.0015 inch
 - C. 0.015 inch
 - D. 0 . 0028 mm

3. In a patient, MO cavity is prepared on the mandibular first molar, the position of the matrix band is:
 - A. At the level of proposed marginal ridge
 - B. Slightly above the level of proposed marginal ridge
 - C. Approximately 2 mm above the proposed marginal ridge
 - D. Slightly below the proposed marginal ridge

4. The diagonal slot opening on the Tofflemire matrix retainer (also called the Universal matrix system) is always placed facing the gingiva. This:
 - A. permits easy separation of the retainer from the band in an occlusal direction
 - B. allows for better contour of band to tooth
 - C. allows for easier wedge placement
 - D. is less harmful on the gingiva

5. The Tofflemire universal matrix system is ideally indicated:
 - A. Two surface class II restoration
 - B. Three surface cavity preparation
 - C. Class I compound cavity is prepared

D. All of the above

6. The matrix band should be removed after condensation of the amalgam but prior to the final carving of the restoration. This is because the wedge compensates for the thickness of the matrix band.

A. both the statement and the reason are correct and related

B. both the statement and the reason are correct but not related

C. the statement is correct, but the reason is not

D. the statement is not correct, but the reason is correct

E. neither the statement nor the reason is correct

7. For extensive class II cavity, Automatrix is used. It is a:

A. Universal matrix system

B. retainerless matrix system

C. Tofflemire matrix system

D. Ivory matrix system

8. The best matrix system for class III amalgam cavity preparation is:

A. Wooden wedge

B. wedge supported matrix

C. wedged, compound-supported matrix

D. Tofflemire matrix

9. Pre fabricated plastic matrices are used in:

A. Class V cavity preparations

B. Class VI cavity preparations

C. Class VII cavity preparations

D. All the above cavity preparations

10. With which matrix/retainer patient can bite when the matrix is in place:

A. Ivory no.1

B. Ivory no.8

C. Tofflemire universal matrix retainer

D. retainerless Walser filling matrix

11. Universal matrix band retainer is also known as

A. Ivory 8 retainer

B. Tofflemire retainer

C. Sequiland retainer

D. None of the above

12. Matrix band is difficult to place on..... teeth

A. MO 25

B. DO 37

C. DO 24

D. MO 24

13. Automatrix is a

A. Matrix system that automatically gets attached with retainer and the tooth

B. System where a single retainer can be used for all matrix bands

C. Retainer less matrix system designed for any tooth regardless of its circumference

D. Retainer less matrix system designed for any tooth with specific circumference

14. What is the thickness of class II matrix band

A. 0.002 inches

B. 0.002mm

C. 0.02inches

D. 0.02mm

15. Wedging in the interproximal areas in case of recession is called

A. Piggy back

- B. Tie back
- C. Tie through
- D. None of the above

16. Retainer less matrix that can be used for all teeth

- A. Tofflemeir
- B. Ivory no 1
- C. Universal
- D. Automatrix

17. Which tooth separator works on traction principle

- A. Ferrior
- B. Wedge
- C. Elliot
- D. Ivory

18. In which of the condition “piggy back” wedging is indicated

- A. Proximal caries with gingival recession
- B. Tooth with fluted surface
- C. Class II with wide proximal box
- D. Narrow class II cavity

19. Honing machine is used for

- A. CAD CAM inlay fabrication
- B. Polishing restorations
- C. Mechanical sharpening of instruments
- D. Caries detection

20. Ferrier double dow seperator works on the principle of

- A. Wedge principle
- B. Traction principle
- C. Slow separation
- D. Delayed tooth movement

Answers

1.C

2.B

3.C

4.A

5.B

6.D

7.B

8.C

9.D

10.D

11.B

12.D

13.C

14.A

15.A

16.D

17.A

18.A

19.C

20.B

Chapter- Dental cements

1. What is the ph of zinc phosphate cement at the time of cementation ?
 - a) 2
 - b) 5.5.
 - c) 4.4
 - d) 3

2. Which is the first cement to exhibit chemical bonding to teeth ?
 - a) Zinc polycarboxylate
 - b) Zinc phosphate
 - c) GIC
 - d) Compomer

3. GIC was developed in ?
 - a) 1980s
 - b) 1990s
 - c) 1970s
 - d) 1960s

4. GIC has the combined properties of ?
 - a) Silicate and polycarboxylate cement
 - b) Silicate and phosphate cement
 - c) Polycarboxylate and sodium flouride
 - d) Polycarboxylate and aluminium flouride

5. Type III GIC is ?
 - a) Esthetic restorative cement
 - b) Lining cement
 - c) Luting crown
 - d) Reinforced restorative material

6. Which of the following cement is most irritant to pulp ?
 - a) GIC
 - b) Polycarboxylate
 - c) Zinc phosphate
 - d) Silicate

7. Which of the following is common to both zinc eugenol cement and Polycarboxylate cement ?
 - a) Polyacrylic acid is liquid
 - b) Chelation
 - c) Chemical bond to tooth structure
 - d) None

8. Which of the following cement os most biocompatible with pulp?
- Copper cement
 - GIC
 - Zinc phosphate cement
 - Zinc oxide eugenol cement
9. Polycarboxylate cement is used for ?
- Permanent restoration
 - Luting
 - Temporary restoration
 - None
10. Setting time of type II GIC is ?
- 4-5 min
 - 6 min
 - 7 min
 - 7-8 min
11. Compomer is a modification of which cement ?
- GIC
 - Zinc phosphate
 - Zinc eugenol
 - Zinc polycarboxylate
12. Ketac silver is an example of ?
- Silver alloy admixed
 - Hybrid ionomer
 - Cermet
 - None of the above
13. Secondary caries is least likely seen with ?
- GIC
 - Polycarboxylate
 - Zinc phosphate
 - Silicate cement
14. The setting of zinc phosphate is accelerated by ?
- Adding a drop of water
 - Cooling the slab
 - Increasing mixing time
 - Adding a drop of oleic acid
15. Most preferable cement for temporary restoration?
- Ca(OH)_2

- b) ZOE
 - c) GIC
 - d) Zinc polycarboxylate
16. The effect of ZOE on the pulp ?
- a) Encourages pulpal fibrosis
 - b) Irritating
 - c) Sedating
 - d) No effect
17. The chief advantage of zinc phosphate cement is its ?
- a) Lack of irritation
 - b) Film thickness
 - c) Good compressive strength
 - d) Low solubility
18. EBA is the modification of which cement ?
- a) ZOE
 - b) GIC
 - c) Zinc phosphate
 - d) Zinc polycarboxylate
19. Ph of polycarboxylate liquid is ?
- a) 7
 - b) 5
 - c) 8
 - d) 1.7
20. The major component of zinc phosphate cement is ?
- a) Zinc oxide
 - b) Zinc
 - c) Phosphoric acid
 - d) None

Answers:

1. (b) , 2. (a) , 3. (c) , 4. (a) , 5. (b) , 6.(d) , 7. (b) , 8. (d) , 9. (b) , 10. (c)
11. (a) , 12. (c) , 13. (d) , 14.(a) , 15. (b) , 16. (c) , 17. (b) , 18. (a) , 19.(d) ,
20. (a)

Chapter - Glass Ionomer Cement

(1) Glass ionomer cements are composed of _____?

- A. Zinc oxide powder and phosphoric acid
- B. Aluminosilicate powder and polyacrylate**
- C. Alumino silicate powder and phosphoric acid
- D. Zinc oxide powder and polyacrylate liquid

(2) Minimum thickness for type I zinc phosphate cement should be _____?

- A. 50 microns
- B. 25 microns**
- C. 15 microns
- D. 100 microns

(3) Which of the following is common to both zinc eugenol cement and polycarboxylate cement?

- A. Chemical bond to tooth structure
- B. Polyacrylic acid is liquid
- C. Chelation**
- D. Substitution of eugenol by EBA to increase strength of cement

(4) The addition of which of the following can accelerate the setting time of zinc oxide cement _____?

- A. Zinc acetate**
- B. Zinc sulphate
- C. Barium sulphate
- D. Barium chloride

(5) pH of fully set zinc phosphate _____?

- A. 4-5
- B. 3-4
- C. 6-7**
- D. 7-8

(6) PH of which cement remain below 7 even after 1 month after insertion into the cavity ?

- A. Glass Ionomer Cement
- B. Resin cement
- C. Zinc Phosphate
- D. Silicate cemen**

(7) The most commonly used, most biocompatible and adhesive cement is _____?

- A. Zinc oxide eugenol
- B. Zinc phosphate
- C. Calcium hydroxide
- D. Glass ionomer**

(8) Torsional force is _____?

- A. Tensile force
- B. Compression
- C. Shear**
- D. Transverse bending force

(9) All of the following is used as accelerator in zinc oxide eugenol cement except _____?

- A. Zinc acetate dehydrate
- B. Acetic acid
- C. Calcium chloride
- D. Bromoglycerine**

(10) The principal constituent of set silicate cement matrix is _____?

- A. Hydrate Aluminosilicate gel
- B. Hydrated Aluminium Phosphate with calcium fluoride
- C. Hydrated Aluminium phosphate
- D. Hydrated Aluminium phosphate crystal, CAF_2 alluminosiliate gel**

(11) Which one of the following dental cements does not contain water as part of the composition of the liquid component ?

- A. Zinc silicophosphate cement
- B. Zinc oxide eugenol cement**
- C. Zinc Phosphate cement
- D. Zinc polycarboxylate cement

(12) Which one of the following restorative materials is having coefficient of thermal expansion close to that of tooth enamel and dentin ?

- A. Pure gold
- B. Microfilled composite resins

- C. Silver amalgam
- D. Type II Glass ionomer cement**

(13) Mode of failure during dislodgement of prosthesis cemented with zinc poly carboxylate cement is usually seen at the _____?

- A. Cleavage through the cement layer
- B. Cement prosthesis interface**
- C. Cement tooth interface
- D. Fracture of tooth or prosthesis

(14) The setting time of ZnPO₄ cement can be retarded by _____?

- A. mixing powder to liquid, checked by water
- B. mixing more powder to the liquid
- C. slower addition of powder to liquid**
- D. faster addition of powder to liquid

(15) Mechanism of adhesion of GIC restoration with tooth surface is by mean of _____?

- A. Carboxyl group**
- B. C=C double bond
- C. Chelates with Metal Ions
- D. Polymer chains

(16) The main components is silicophosphate cement _____?

- A. Silicate and GIC
- B. Zinc phosphate and GIC
- C. ZOE and Silicate
- D. Zinc phosphate and Silicate**

(17) Which component of zinc oxide-eugenol cement gives its strength ?

- A. Zinc acetate
- B. Zinc oxide**
- C. Rosin
- D. Oil of cloves

(18)Which cement is irritating to the pulp ?

- A. Zinc oxide-eugenol cement
- B. Carboxylate cement
- C. Zinc phosphate**
- D. Ethoxybenzoic acid

(19) The cement Which is least soluble in oral cavity_____?

- A. Polycarboxylate cement
- B. Resin cement**
- C. Glass ionomer
- D. Silico-Phosphate cement

(20)Silicate cement is indicated in_____?

- A. In the restoration of posterior tooth
- B. Patients with high caries index**
- C. Mouth breathers
- D. None of the above

Chapter- PULP PROTECTION

1. Most common cause of pulp pathology are:
 - a. Microbes
 - b. Trauma
 - c. Leakage from filling material
 - d. Pressure sensation from condensation material.
2. Types of efferent nerve fibre of pulp are:
 - a. Somatic motor
 - b. sympathetic post ganglionic
 - c. parasympathetic post ganglionic
 - d. both sympathetic or parasympathetic post ganglionic
3. The material of choice for pulpotomy in primary molars is
 - A) calcium hydroxide
 - b. Zinc oxide eugenol
 - c) formocresol or gluteraldehyde
 - d) reinforced zinc oxide eugenol
4. The material of choice for direct pulp capping in permanent molars is
 - a) calcium hydroxide
 - b) zinc oxide eugenol
 - c) gic
 - d) reinforced zinc oxide eugenol
5. A severe toothache at night usually means extensive degeneration of the pulp. This calls for more than a conservative types of pulp therapy
 - a) both the statements are false
 - b) both the statements are true
 - c) first statement is true and the second statement is false
 - d) first statement is false and the second statement is true
6. The treatment of choice for vital, wide apex tooth which shows pulp exposure is:
 - a) pulpotomy
 - b) pulpectomy
 - c) apexification
 - d) apexogenesis
7. Normal uninfamed pulp contains all except:
 - a. Macrophages
 - b. Dendritic cells
 - c. Mast cells
 - d. T-cells
8. The ideal treatment for immature teeth with complicated large fractures is:
 - a. Pulpectomy and rct
 - b. Pulpotomy and apexogenesis
 - c. Pulpectomy and indirect pulp capping

d. Direct pulp capping

9. The material recommended for direct capping of a small pulpal exposure resulting from a crown fracture is:

- a. Calcium hydroxide
- b. Mta
- c. Glass ionomer
- d. Zinc oxide and eugenol

10. What is the most likely change in the pulp after a tooth is concussed or subluxated?

- a. Mineralization
- b. Internal resorption
- c. External resorption
- d. Necrosis

11. Pulpectomy (complete pulp removal) is recommended when there is a diagnosis of:

- a. Reversible pulpitis
- b. Irreversible pulpitis
- c. Mineralised pulp
- d. Immature pulp

12. Pulpotomy (partial removal of the pulp):

- a. Is never indicated
- b. Will relieve pain from pulpitic tooth as readily as pulpectomy
- c. should only be used as an emergency procedure for pain relief
- d. Should never be used for long term treatment
- e. Should end 2-3mm below the canal orifices

13. Which of the following is thought to protect dental pulp

- a. Sclerotic dentin
- b. Dead tracts
- c. Tome's granular layer
- d. Denticles.

14. Which material can not be used for pulp protection?

- a. Calcium hydroxide
- b. Mta
- c. Zinc phosphate
- d. Sodium hypochloride

15. Calcium hydroxide causes dentin mineralization but has low strength

- a. True

b. False

16. What inhibits polymerization and should not be used under bonding agents and composites

- a. Varnishers
- b. Bases
- c. Liners
- d. Sealers

17. Direct pulp capping is not indicated in:

- a. Small mechanical exposure while cavity preparation
- b. Traumatic injury
- c. Wide pulp exposure
- d. Minimum bleeding at exposure site

18. Which of the fibers are responsible for conduction of pain impulse?

- a. Alpha
- b. Beta
- c. Delta
- d. Gamma

19. Which of the following is the method of treating internal resorption?

- a. Extirpation of pulp and calcium hydroxide dressing
- b. Extirpation of pulp and formocresol dressing
- c. Pulpotomy
- d. Pulp capping

20. Which of these is not essential for a successful direct pulp cap?

- A) there should be no spontaneous pain from the tooth
- b) when stimulated by hot or cold, the pain should disappear as soon as the stimulus is removed
- c) bleeding from the pulp should be minimal and easily controlled
- d) the exposure must be traumatic, i.e. No infected dentine present.
- e) hard leathery infected dentine should be present

Answers

- 1. A
- 2. B
- 3. C
- 4. A
- 5. B
- 6. D
- 7. C

- 8. B
- 9. B
- 10. B
- 11. B
- 12. B
- 13. A
- 14. D
- 15. A
- 16. C
- 17. C
- 18. C
- 19. A
- 20. E

Chapter- PULP VITALITY

Q1. which of the following tests for tooth vitality assessment has the highest diagnostic accuracy?

- A. Electric pulp test
- B. Heat test
- C. Cold test
- D. Anesthetic test

Ans. C

Q2. Regarding electric pulp test (EPT) for tooth vitality assessment all of the following statement are true EXPERT:

- A. The objective is to stimulate a pulpal response by subjecting the tooth to an increasing degree of electric current.
- B. Any restoration in the tooth or the adjacent gingival tissue should not be contacted with the electrolyte or the electrode.
- C. The test is always performed on the tooth in question prior to testing on a control tooth.
- D. Gloves should not be worn while performing EPT because it may cause false negative responses.

Ans. C

Q3. Which of the following is pulp vitality test?

- A. Cold test
- B. Heat test
- C. Electric pulp test
- D. All of the above

Ans. D

Q4. What are the recent advances for pulp vitality test?

- A. Laser doppler flowmetry
- B. Pulp oximeter test
- C. Dual wavelength spectrophotometry
- D. All of the above

Ans. D

Q5. Anesthetic testing is most effective in localizing pain to which of the following?

- A. Specific tooth
- B. Mandible or maxilla
- C. Across the middle of the face
- D. Posterior tooth

Ans. B

Q6. areas of rarefaction are evident on radiographic examination in which of the following?

- A. When the tooth is responsive to cold

- B. When the tooth is responsive to percussion
- C. When a tooth fracture has been identified
- D. When the cortical layer of bone has been eroded

Ans. D

Q7. Irreversible pulp tis is often defined by which of the following?

- A. Moderate response to percussion
- B. Painful, lingering response to cold
- C. Short, painful response to cold
- D. Short, painful response to heat

Ans. B

Q8. The best approach for diagnosis of odontogenic pain is which of the following?

- A. Radiographic examination
- B. Percussion
- C. Visual examination
- D. A step -by-step, sequenced examination and testing approach.

Ans. D

Q9. Which of the following statement regarding a test cavity is accurate?

- A. It is the first test in diagnostic sequence
- B. It often results in a dull pain response.
- C. It is used when all other test findings are equivocal
- D. It should be performed with local anesthetic

Ans. C

Q10.percussion of a tooth is a test for which of the following?

- A. Pulpal inflammation
- B. Pulpal necrosis
- C. Acute periradicular inflammation
- D. Chronic periradicular inflammation

Ans. C

Q11. The lateral periodontial abscess is best differentiated from the acute abscess by which of the following?

- A. Pulp testing
- B. Radiographic appearance
- C. Location of swelling
- D. Probing patterns

Ans. A

Q12. The acute apical abscess is best differentiated from the acute apical periodontitis by which of the following?

- A. Pulp testing
- B. Radiographic appearance

- C. Presence of swelling
 - D. Degree of mobility
- Ans. C

Q13. Chronic apical periodontitis is best differentiated from acute apical periodontitis by which of the following?

- A. Pulp testing and radiographic appearance
- B. Pulp testing and nature of the symptoms
- C. Radiographic appearance and nature of symptoms
- D. Pulp testing, radiographic appearance, and nature of the symptoms

Ans. D

Q14. Of the following cold-testing agents, which is least effective in producing a response?

- A. Bathing a tooth in ice water
- B. Dichlorodifluoromethane(DDM)
- C. CO₂ snow (i.e., dry ice)
- D. Ethyle chloride

Ans. d

Q15. The majority of patients with symptoms of severe odontogenic pain have a diagnosis of which of the following?

- A. Periodontal abscess
- B. Irreversible pulpitis
- C. Acute apical periodontitis
- D. Acute apical abscess

Ans. B

Q16. Regarding normal pulp:

- A. Immediate pain in response to cold stimuli
- B. Air may produce transient, sharp pain
- C. Pain is directly proportional to the temperature of the stimuli
- D. Changes in intrapulpal pressure are responsible for the pulpal response.

Ans.b

Q17. All are characteristics of irreversible pulpitis except:

- A. Dull, localized pain
- B. Duration is a few minutes to an hour
- C. Sometimes spontaneous pain with no external stimuli
- D. Pain resolves with removal of stimulus

And. D

Q18. Pain on percussion before endodontic treatment suggests:

- A. Reversible pulpitis
- B. Irreversible pulpitis

- C. Pulp necrosis
 - D. Inflammation of periodontal tissues
- Ans. D

Q19. If inflammation is confined to pulp, teeth respond as follows:

- A. Sensitivity to percussion and palpation
- B. Percussion and palpation are within normal limit
- C. Percussion is within normal limits but palpation is not
- D. Sensitivity to percussion

Ans. B

Q20. Which of the following is not associated with acute apical abscess:

- A. Moderate to severe discomfort
- B. Intense and prolonged response to thermal stimulus
- C. Negative response to electric pulp testing
- D. Tenderness to percussion and palpation

Ans.2

Chapter - COMPOSITES

1. Which of the following is an example of a composite material:

- a) A filled resin
- b) Colloidal silica
- c) gold alloy
- d) wax

2. Radio opacity of composite resins is rendered by

- a) Silica glass
- b) organic matrix
- c) barium glass
- d) fluoride particles

3. The main advantage of composites over unfilled direct filling resin is their:

- a) Higher solubility in saliva
- b) Lower modulus of elasticity
- c) esthetic excellence
- d) Lower thermal coefficient of expansion

4. Composite has

- a) resin
- b) resin and filler
- c) filler
- d) none

5. Bonding of composite resins to tooth structure is by:

- a) Covalent bond
- b) ionic bond
- c) mechanical
- d) van der Waal forces

6. The chemical used to etch enamel is

- a) Zinc oxide
- b) methyl methacrylate
- c) phosphoric acid
- d) eugenol

7. The function of the coupling agent in a restorative resin is to allow:

- a) Adhesion of resin particles
- b) Bonding between filler crystals
- c) Bonding between filler and resin
- d) Bonding between tooth and resin

8. The particle size in microfilled composites is

- a) 0.02-0.04mm
- b) 0.5-1.0
- c) 0.04-0.4 microns
- d) 0.3-0.4mm

9. Dentin bonding agents usually contain

- a) Only hydrophobic component
- b) Only hydrophilic component
- c) Hydrophobic and hydrophilic component
- d) Lyophilic and Lyophobic component

10. The advantage of using visible light for light cure resins is

- a) It is easily processed by any light source
- b) Machine is easily available
- c) It can cure the resin through enamel
- d) The finish is better

11. As compared to UV light, visible light can cure

- a) Greater depth of resin
- b) Lesser depth of resin
- c) Only superficial Layer
- d) None of the above

12. Esthetic restorative materials are

- a) Glass ionomer cement
- b) composite
- c) silicate
- d) all of the above

13. An old composite restoration is to be replaced. The best method is

- a) To remove entire restoration, reetch and refill
- b) To roughen the old restoration, re etch and refill
- c) composite restorations cannot be replaced or refilled
- d) none of the above

14. Which is not a property of resin ionomer restorative material

- a) It is a dual cure polymerization system
- b) It is radiolucent
- c) It releases fluoride
- d) It adheres to the dentin

15. Restoration of angle fracture of anterior teeth done by

- a) Amalgam
- b) Composite resin
- c) GIC
- d) All of the above

16. Increasing the etching concentration

- a) Increases the micropores formed
- b) Increases the length of the enamel tags
- c) Causes precipitation of phosphates
- d) increases the bond strength

17. The light from the UV light curing unit can cause:

- a) Iritis
- b) Cataract
- c) Retinal damage
- d) Corneal ulceration

18. The etching of intact enamel with phosphoric acid produces:

- a) an increase in surface area
- b) a decrease in surface area
- c) An increase in chemical bonding capabilities
- d) a decrease in chemical bonding capabilities

19. In class III composite preparation, retention points should be placed:

- a) In the axial wall
- b) Entirely in dentine
- c) At the dentinoenamel junction
- d) At the expense of facial and Lingual wall

20. Which of the following should be used to clean the operating site before giving composite restorations?

- a) Pumice slurry
- b) Prophypaste containing glycerine
- c) prophy paste containing fluoride
- d) all of the above

21. The coupling agent used in composite resin

- a) Colloidal silica
- b) Urethane dimethacrylate
- c) Organosilanes
- d) Diketones

ANSWERS: 1) A 2) C 3) D 4) C 5) C 6) C 7) C 8) C 9) C 10) C 11) A 12) D 13) B
14) B 15) B 16) C 17) C 18) A 19) B 20) A 21) C

Chapter – Composite and dentin bonding agent

1. Restoration of angle fracture of anterior teeth can be done by:

- A. Amalgam**
- B. Composite resin**
- C. Glass ionomer cement**
- D. All of the above**

2. Replanted avulsed tooth can be aesthetically stabilized by;

- A. Occlusal splints**
- B. Composite resins**
- C. Arch bar**
- D. All of the above**

3. The main disadvantages of composites not being recommended for class I posterior restorations are:

- A. Color matching is not good**
- B. Lacks sufficient strength**
- C. Occlusal wear**
- D. Frequent fractures at the isthmus**

4. Initial marginal adaptation is best for the following materials;

- A. Amalgam**
- B. Acid etched composites**
- C. Class ionomers**
- D. Unfilled resins**

5. Acid etching significantly reduces;

- A. Microleakage**
- B. Setting shrinkage**
- C. Coefficient of thermal expansion**
- D. All of the above**

6. Acid etching time of enamel is;

- A. 10 seconds**
- B. 20 seconds**
- C. 30 seconds**

D. 40 seconds

7. True statement regarding using 50% H₃PO₄ in acid etching for 45 sec is:

A. Type 1 pattern occur

B. Type 2 pattern occur

C. Type 3 pattern occur

D. Adherent monocalcium PO₄ layer

8. Etchant is preferred in gel form than in liquid form due to:

A. Better control over placement

B. Enhance and concentrate the action of acid

C. Helps in visualisation while placement

D. None of the above.

9. True about dentin conditioner is;

A. Removes smear layer

B. Increases free surface energy of dentin

C. Has low viscosity and bonds easily

D. Forms a layer of resin on dentinal to tooth surface tubules

10. The minimum thickness of bonding agent applied to prevent O₂ penetration should be;

A. 25 microns

B. 50 microns

C. 100 microns

D. 200 microns

ANSWERS

1. B

2. B

3. C

4. B

5. A

6. B

7. D

8. A

9. A

10. B

Chapter- VITALITY TEST

1. Which test is employed to check cracked tooth/fractured cusp-
(a) Thermal test (c) Pulse oximetry
(b) Bite test ✓ (d) Anaesthetic test

2. Which test is employed to check pulp vascularity-
(a) Thermal test (c) Pulse oximetry ✓
(b) Electric pulp tester (d) Test cavity

3. Bite test is done by which tool-
(a) Mouth mirror (c) Pulp tester
(b) Tooth sloth ✓ (d) Pencil of ice

4. What is the accuracy rate of heat and cold test respectively-
(a) 71% ; 86% ✓ (c) 85% ; 65%
(b) 85% ; 90% (d) 60% ; 90%

5. Electric pulp testing is contraindicated in-
(a) Blood dyscrasias (c) Pacemaker ✓
(b) Uraemia (d) Infective Endocarditis

6. Last resort in endodontic diagnosis-
(a) Laser Doppler (c) Cold test
(b) Anesthetic test (d) Test cavity ✓

7. Percussion testing is done to check-
(a) Pulp vitality (c) Pulp sensibility
(b) Periodontium ✓ (d) Fractured tooth

8. Best pulp vitality test for practical purpose-
(a) Cold test ✓ (c) Heat test
(b) Electric pulp test (d) Pulse oximetry

9. Most common method to conduct cold test-
(a) CO2 snow (c) Pencil of ice
(b) 1,1,1,2 tetrafluoroethane ✓ (d) Ice cold water

10. What used to be the temperature of frozen CO2-

- (a) -41degree C
(b) -50degreeC
- (c) -78.5degreeC ✓
(d) -26.2degreeC
11. "Frequency shift" is seen in which test-
(a) Pulse oximetry
(b) Thermography Flowmetry
(c) Dual wavelength Spectrophotometry
(d) Laser Doppler ✓
12. What type of light(radiation) is used in Laser Doppler Flowmetry-
(a) Red & Near infrared
(b) Infrared & Near infrared ✓
(c) Red & Infrared
(d) Infrared
13. Pulse oximetry works on which principle/theory-
(a) Brannstrom's theory
(b) ✓ Van Hassel's theory
(c) Beer-Lombardt's law
(d) Doppler's principle
14. Most abundant pulpal fibres-
(a) A-delta
(b) A-beta
(c) C-fibres ✓
(d) Both (a) & (b)
15. Placement of tester in anterior teeth in EPT should be done at-
(a) Cervical 3rd
(b) Incisal 3rd ✓
(c) Mesiobuccal cusp tip
(d) Middle 3rd
16. What combination of test is mostly recommended to check pulp vitality-
(a) Heat test, Cold test
(b) Cold test, EPT ✓
(c) EPT, Heat test
(d) EPT, Bite test
17. What is the frequency of red and infrared light used in Pulse oximetry-
(a) 660m; 940nm ✓
(b) 780nm; 632nm
(c) 645nm; 920nm
(d) 760nm; 840nm
18. Cold test activates which fibres-
(a) A-beta
(b) C-fibres
(c) A-delta ✓
(d) Both (a) & (b)

19. Heat test activates which fibres-

- (a) C-fibres ✓
- (b) A-beta

- (c) A-delta
- (d) Both (a) & (c)

20. Electric pulp testing shows 'false negative' result in case of-

- (a) Elderly patient

- (c) immature teeth

- (b) Partial necrosis ✓
killer/sedatives

- (d) Pain

Chapter – Vitality Test - II

1. The control teeth used during pulp testing are
 - a) Adjacent and opposing teeth
 - b) Adjacent and contra lateral teeth
 - c) Suspected tooth only
 - d) Adjacent teeth only

2. Diagnostic test commonly used to determine the status of vitality of pulp is
 - a) Radiography
 - b) Thermal Testing
 - c) Percussion and palpation
 - d) Computerized axial tomography scanning

3. Perfusion of oxygen supply in a free flap can be correctly estimated by
 - a) Pulse oximetry
 - b) Laser doppler flowmetry
 - c) Prick test
 - d) Fluoroscopy

4. Medical condition contraindicated for endodontic therapy
 - a) Rheumatic heart disease
 - b) Patients with pacemaker
 - c) Controlled diabetes
 - d) None of the above

5. Electric pulp test for an immature tooth is
 - a) Positive
 - b) Negative
 - c) False-positive
 - d) False-negative

6. The temperature for testing the vitality by heat test should not exceed
 - a) 65.5 C
 - b) 65.5 F
 - c) 32.5 F
 - d) 32.5 C

7. Testing with cold is carried out best
 - a) To localize pulpal pain
 - b) To localize periodontal pain
 - c) For detecting referred pain
 - d) To test pulp necrosis

8. Electric pulp test
 - a) Requires more current for anterior teeth

- b) Requires more current for posterior teeth
 - c) Same response
 - d) Better in inflamed teeth
9. Initial threshold of the electric test in a traumatic tooth is to
- a) Establish base line of the physical status of the pulp
 - b) Is positive in healthy pulp
 - c) Is negative in root canal tooth
 - d) Is repeated after 30 days
10. False vitality results are common in posterior tooth are most commonly due to
- a) Presence of vital pulp tissue in one of the canals
 - b) Thickness of the enamel
 - c) Presence of pulp stones
 - d) Thickness of dentine
11. Most useful in differentiating an acute Periapical abscess and periodontal abscess would be
- a) Anaesthetic test
 - b) Percussion test
 - c) Radiographic examination
 - d) Pulp vitality test
12. Percussion in dental diagnostic procedure used in determining whether
- a) The tooth is vital
 - b) The pulp is hyperemic
 - c) The periodontitis exists
 - d) All of the above
13. The non-invasive method to measure the blood flow is
- a) Electric pulp test
 - b) Percussion
 - c) Radiographs
 - d) Laser doppler flowmetry
14. Electric pulp test may not be performed on patients who have
- a) Hip implants
 - b) Pace maker
 - c) Dental implants
 - d) Prosthetic eye
15. The confirmatory test for pulp vitality is
- a) Thermal test
 - b) Test cavity
 - c) Analytical technology electric pulp tester

- d) Digital pulp videography
16. The most reliable among vitality test is
- a) Heat test
 - b) Cold test
 - c) Electric pulp test
 - d) Test cavity
17. Laser doppler flowmetry is a method used to assess blood flow in
- a) Microvascular systems
 - b) Micro lymphatics
 - c) Micro vesicles
 - d) Micro spaces
18. Law of Pulse oximetry is based on
- a) Doppler's law
 - b) Pascal's law
 - c) Poille's law
 - d) Beer's law
19. Pulp cavity tests are used to check
- a) Pulp blood supply
 - b) Afferent nerve fibers
 - c) Efferent nerve fibers
 - d) None
20. Pulse oximetry is used in
- a) Blood volume
 - b) Blood coefficient
 - c) Laser wavelength for estimation of blood flow
 - d) Probe with diode is used to measure oxygen saturation

Answers-

- 1)b 2)b 3)c 4)d 5)d 6)a 7)a 8)b 9)a 10)a
11)d 12)c 13)d 14)b 15)b 16)d 17)a 18)d 19)b 20)d

Chapter- ENDODONTIC DIAGNOSIS

- 1. Which of the following statements is correct:**
 - a. Bacteria are found in the deepest layers of carious dentine
 - b. Pulpal reaction only takes place when there is direct exposure of pulp tissue to bacteria.
 - c. A carious lesion on enamel can trigger a pulpal response.
 - d. The bacteria pass through the dentinal tubules to the pulp to trigger a response.

- 2. The most important factor in determining pulp necrosis is:**
 - a. Bacterial virulence
 - b. Lymph drainage
 - c. Host response
 - d. Circulation

- 3. Normal uninfamed pulp contains all except:**
 - a. Macrophages
 - b. Dendritic cells
 - c. Mast cells
 - d. T-cells

- 4. Increase in blood flow during pulpal inflammation is due to:**
 - a. Histamine
 - b. Arachidonic acid
 - c. CGRP neuropeptide
 - d. Substance P

- 5. All are indirect causes of pulpal pain except:**
 - a. Arteriolar vasodilation
 - b. Increased arteriolar permeability
 - c. Elevated tissue pressure
 - d. Low sensory nerve threshold

- 6. Regarding normal pulp:**
 - a. Immediate pain in response to cold stimuli
 - b. Air may produce transient, sharp pain
 - c. Pain is directly proportional to the temperature of the stimuli
 - d. Changes in intrapulpal pressure are responsible for the pulpal response.

- 7. All are characteristics of irreversible pulpitis except:**
 - a. Dull, localized pain
 - b. Duration is a few minutes to an hour

- c. Sometimes spontaneous pain with no external stimuli
- d. Pain resolves with removal of stimulus.

8. Pain on percussion before endodontic treatment suggests:

- a. Reversible pulpitis
- b. Irreversible pulpitis
- c. Pulp necrosis
- d. Inflammation of periodontal

9. A young, 12 y.o boy presents with reddish over-growth of tissue, protruding from carious exposure in lower molar. What may be the possible diagnosis:

- a. Pulp polyp
- b. Pulp hyperemia
- c. Varicosed polyp
- d. Pulpal granuloma

10. If inflammation is confined to pulp, teeth respond as follows:

- a. Sensitivity to percussion and palpation
- b. Percussion and palpation are within normal limits
- c. Percussion is within normal limits but palpation is not
- d. Sensitivity to percussion

11. Extensive formation of hard tissue on dentine walls is called:

- a. Pulp stone formation
- b. Diffuse calcification
- c. Calcific metamorphosis
- d. None of the above

12. Pink spots seen in the crown of a mandibular molar are diagnostic of:

- a. Irreversible pulpitis
- b. Calcific metamorphosis
- c. Intracanal resorption
- d. Pulp stones

13. What is necessary for pulp and periradicular pathosis to develop?

- a. Exposure of pulp tissue
- b. Exposure of dentine
- c. Presence of bacteria
- d. Trauma

14. Which of the following is true regarding mechanical irritants?

- a. Changes to the underlying pulp, such as odontoblast aspiration, are irreversible
- b. Potential for pulp injury decreases as more dentine is removed

- c. Operative procedures without water coolant cause more irritation than those performed under water spray.
- d. There is decreased permeability and constriction of blood vessels in the early stages of pulpitis.

15. What nonspecific inflammatory mediators are *not* present when the dental pulp is irritated:

- a. Histamine
- b. Epinephrine
- c. Bradykinin
- d. Arachidonic acid metabolites.

16. Reversible pulpitis:

- a. Severe inflammation of pulp tissue
- b. Yields a negative response to electric pulp testing
- c. Yields a positive response to thermal pulp testing
- d. Requires RCT

17. Irreversible pulpitis:

- a. Severe inflammatory process
- b. Precedes reversible pulpitis
- c. Resolves with causative agent is removed
- d. Yields a negative response to thermal pulp testing

18. Which of the following is *not* associated with acute apical abscess:

- a. Moderate to severe discomfort
- b. Intense and prolonged response to thermal stimulus
- c. Negative response to electric pulp testing
- d. Tenderness to percussion and palpation

19. What is the most important aid in distinguishing between endodontic and nonendodontic periradicular lesions:

- a. Radiographic location
- b. Radiographic appearance
- c. Pulp vitality testing
- a) Patient's history

20. If inflammation is confined to pulp, teeth respond as follows:

- a. Sensitivity to percussion and palpation
- b. Percussion and palpation are within normal limits
- c. Percussion is within normal limits but palpation is not
- d. Sensitivity to percussion

Answer Keys

1. c
2. b
3. c
4. c
5. d
6. b
7. d
8. d
9. a
10. b

11. c
12. c
13. c
14. c
15. c
16. a
17. d
18. b
19. c
20. b

Chapter- CAST METAL RESTORATION

1. Sprue should ideally be made of
 - A. Inlay wax
 - B. Plastic rod
 - C. Hollow plastic
 - D. Hollow metal

2. Reverse bevel is given for
 - A. Convenience form
 - B. Resistance form
 - C. Lap sliding fit
 - D. To remove undermined enamel

3. Final polish of a cast gold alloy to achieve a smooth polished surface is achieved by
 - A. Pickling
 - B. Electropolishing
 - C. Sand blasting
 - D. Rouge

4. Sprue in wax pattern should be placed
 - A. At right angle
 - B. At acute angle
 - C. At obtuse angle
 - D. It depends upon type of wax pattern

5. During preparation for gold cast restoration, tooth tissue which is weakened by cavity preparation and subjected to damage by forces of mastication must be
 - A. Reduced and covered by a cast restoration
 - B. Cemented firmly on amalgam core
 - C. Protected by full coverage of teeth
 - D. Bevelled and patient asked not to exert force

6. Gypsum bonded investment should not be heated above
 - A. 900 degree centigrade
 - B. 1000 degrees centigrade
 - C. 700 degrees centigrade
 - D. 800 degrees centigrade

7. Minimally acceptable restoration for an endodontically treated maxillary first premolar is
- A. An onlay
 - B. An MOD amalgam
 - C. A full cast crown
 - D. An occlusal amalgam
8. Asbestos liner is used in a casting ring to
- A. Permit expansion of mould
 - B. Retard heating of investment
 - C. Facilitate venting of mould
 - D. Both A and C
9. Pain and sensitivity in a tooth with onlay after 4 months is due to
- A. Supra occlusion
 - B. Gingivitis
 - C. Infra occlusion
 - D. None of the above
10. Pickling is done
- A. To remove oxide film from casting
 - B. Polish the casting
 - C. Improve the strength of casting
 - D. Avoid casting defects
11. Fracture tooth is restored with
- A. Pin retained amalgam
 - B. Cast gold
 - C. Both A and B
 - D. Direct gold
12. Ideal requirement to metal ceramic casting
- A. Low fusing ceramics and high fusing alloys
 - B. Matching of co-efficients of thermal expansion
 - C. Bonding between ceramic and alloy
 - D. All of the above
13. Glossy smooth margins of a casting are due to
- A. Shrinkage of alloy and cooling
 - B. Investment breakdown

- C. Incomplete wax elimination
 - D. Incomplete gas elimination
14. The function of a sprue is to
- A. Form an opening for molten metal to enter the mould
 - B. Help polish cast restorations
 - C. Eliminate air bubbles on wax pattern
 - D. Reproduce fine detail
15. Acute angle in gold gives
- A. Outline form
 - B. Convenience form
 - C. Esthetics
 - D. Retention form
16. Purpose of investment setting expansion is to compensate for
- A. Casting shrinkage
 - B. Casting expansion
 - C. Wax elimination
 - D. Alloy melting
17. Porosity formed due to simultaneous nucleation of solid grains and gas bubbles at first moment that the metal freezes at the mould walls is called
- A. Pinhole porosity
 - B. Gas inclusion porosity
 - C. Microporosity
 - D. Subsurface porosity
18. Cavosurface gingival bevel for a class 2 cast gold inlay preparation should be
- A. 0.5-1 mm wide and blend with secondary lingual flare
 - B. 0.2-0.3 mm wide and blend with secondary lingual flare
 - C. 0.2 mm wide and blend with secondary lingual flare
 - D. 3-4 mm wide and blend with secondary lingual flare
19. Which of the following is not required for retention of cast gold restoration
- A. Cavosurface bevel
 - B. Parallel walls
 - C. Bevelled axiopulpal line angle
 - D. Undermining dentinal walls

20. Retention of inlay is increased by
- A. Increased axial length of preparation
 - B. Flat pulpal walls
 - C. Rounded internal line angles
 - D. All of the above

ANSWER KEY

- 1. D. Hollow metal
- 2. C. Lap sliding fit
- 3. D. Rouge
- 4. B. At acute angle
- 5. A. Reduced and covered by cast restoration
- 6. C. 700 degrees centigrade
- 7. A. An onlay
- 8. A. Permit expansion of mould
- 9. A. Supra occlusion
- 10. A. To remove oxide film from casting
- 11. B. Cast gold
- 12. D. All of the above
- 13. C. Incomplete wax elimination
- 14. A. Form an opening for molten metal to enter mould
- 15. D. Retention form
- 16. A. Casting shrinkage
- 17. D. Subsurface porosity
- 18. A. 0.5-1 mm wide and blend with secondary lingual flare
- 19. D. Undermining dentinal walls
- 20. A. Increased axial length of preparation

Chapter- POST AND CORE

1. _____ forms a seat in mold on which the sand core rests during pouring

- a) Pattern
- b) Sand
- c) Core
- d) Core Print

2. Which of the following is a property of core material used in a foundry?

- a) Appropriate for long production
- b) Low Weight
- c) Reusable
- d) Core Print

3. The use of cores is always dependent on the type of sand used.

- a) True
- b) False

4. The is responsible for cavities in castings in the foundry.

- a) Patterns
- b) Sand
- c) Cores
- d) Riser

5. A core is a disposable item but it can be reused from time to time.

- a) True
- b) False

6. The number of cores to be used to form castings is

- a) One
- b) Ten

- c) Depends on the sand
- d) Depends on the design.

7. _____ cores cannot make long narrow features.

- a) Green Sand
- b) Dry-Sand
- c) Metallic
- d) Lost

8. Which of the following process is not used to remove the cores from the finished casting?

- a) Blowing
- b) Melting
- c) Washing
- d) Chemical Dipping

9. The dimensional accuracy of the cores is low.

- a) True
- b) False

10. Binders are added to increase the strength of the core.

- a) True
- b) False

11. While selecting a post and core system preferably post should be :

- a) Tapered
- b) Parallel
- c) Threaded
- d) Non-threaded

12. In preparing an endodontically treated teeth for receiving a cast post the minimal amount of Guttapercha to be maintained for apical seal is:

- a) 1mm
- b) 4mm
- c) 8mm
- d) 0mm

13. Post fracture disease with

- a) prefabricated post
- b) made past
- c) casted post
- d) metal post

14. During post removal the first thing to do is

- a) Remove the Guttapercha
- b) Remove all the old restoration & undermined enamel & caries
- c) Insertion of post immediately
- d) None of the above

15. Post length increasing will

- a) Increase retention
- b) Increase resistance
- c) Increase strength of restoration
- d) None of the above

16. RCT treated roots with well filled post and core has a periapical radiolucency

- a) Apicoectomy and retrograde filling with silver
- b) Periapical curettage&apicoectomy
- c) Retreat & filling with G.P.
- d) None of the above

17. Post retention depends on

- a) Post length
- b) Post diameter
- c) Post texture
- d) All of the above

18. In restoring an endodontically treated tooth for post core, an absolute minimum of apical fill of guttapercha to be left over to prevent leakage is:

- A. 1 mm
- B. 2 mm
- C. 3 mm
- D. 4 mm

19. In post core which of the following guttapercha technique is used?

- A. Thermoplasticized
- B. Vertical
- C. Sectional
- D. Lateral

20. A core is a disposable item but it can be reused from time to time.

- a) True
- b) False

ANSWER

- 1. D
- 2. B
- 3. A
- 4. C
- 5. B
- 6. D
- 7. A
- 8. B
- 9. A
- 10. A
- 11. B
- 12. B
- 13. C
- 14. B
- 15. A
- 16. A
- 17. D
- 18. C
- 19. C
- 20. B

Chapter- WASTE MANAGEMENT

Q1) What proportion of healthcare waste is hazardous waste

- a) 15%
- b) 25%
- c) 50%
- d) 85%

Q2) Cytotoxic and expired drugs are disposed of by –

- a) Dumping
- b) Autoclave
- c) Incineration
- d) Chemical disinfection

Q3) Autoclaving and microwaving are done for which of the following types of medical waste –

- a) Human anatomical waste
- b) Recyclable contaminated waste
- c) Cytotoxic drugs
- d) Microbiological waste

Q4) The color code of plastic bag for disposing of microbial laboratory culture waste –

- a) Red
- b) Blue
- c) Yellow
- d) Black

Q5) High priority in triage for –

- a) Yellow color
- b) Red color
- c) Green color
- d) Black color

Q6) False statement about yellow bags is –

- a) They are made of non-chlorinated plastic material
- b) Intravenous tubes and catheters are disposed of in it
- c) Discarded linen, mattresses, bedding contaminated with blood or body fluid, routine masks and gown are disposed of in the yellow bag

- d) Silver X-Ray films, discarded formalin, aspirated body fluids, liquids from laboratories and cleaning floor is discarded in the yellow cover

Q7) Size of dust particles reaching alveoli –

- a) <5 microns
- b) 5-10 microns
- c) >15 microns
- d) 10-15 microns

Q8) All the following waste can be incinerated except –

- a) Reactive chemical waste
- b) Vaccine
- c) Mutilated parts
- d) Discarded drugs

Q9) Metallic body implant should be disposed of in

- a) Cadmium-free red color bag
- b) Puncture proof leak- proof box with the blue color marking
- c) Puncture proof leak-proof container
- d) Can be disposed of with general waste

Q10) For the disposal of hospital refuse, the bag made with cadmium is not used because incineration of the bag causes poisonous toxic fumes evolution. The color of the bag is-

- a) Black
- b) Red
- c) Blue
- d) Yellow

Q11) Blood bag is disposed of in-

- a) Red bag
- b) Yellow bag
- c) Green bag
- d) Black bag

Q12) Best for incineration of infectious waste-

- a) Single-chamber
- b) Double-chamber
- c) Triple-chamber
- d) None

Q13) How should linen soaked in the blood of an HIV patient be disposed of-

- a) Pour 1% hypochlorite on the dressing material and send it for incineration in an appropriate bag
- b) Pour 5% hypochlorite on the dressing material and send it for incineration in an appropriate bag
- c) Put the dressing directly in a bag and send it for incineration
- d) Pour 2% Lysol on the dressing material and send it for incineration in an appropriate bag

Q14) Natural disaster causing maximum deaths:

- a) Meteorological
- b) Geological
- c) Hydrological
- d) Fires

Q15) In which of the following ways should a medical waste not be disposed

- a) 21 weeks dead fetus should be deeply buried in a yellow bag
- b) Blood bag should be first treated with non-chlorinated disinfectant
- c) Glass ampoule with the drug should be incinerated
- d) Radiological waste should be disposed of according to the radiological biomedical waste department guidelines

Q16) Which vaccination should be given to worker who deal with biomedical waste-

- a) hbsAg
- b) tetanus
- c) rabies
- d) both 1 and 2

Q17) Which for the following is not a high heat system for treating biomedical waste

- a) hydroplaning
- b) incineration
- c) autoclaving
- d) dry heat sterilization

Q18) The cover of the foleys catheter of a HbsAg positive patient is disposed of in a - - - bag

- a) yellow
- b) red
- c) blue
- d) black

Q19) Which of the following is the nodal center for disaster management-

- a) PHC
- b) CHC
- c) Control room
- d) None

Q20) Epidemics after a disaster are caused by all except-

- a) Leptospirosis
- b) Rickettsiosis
- c) Leishmaniasis
- d) Acute respiratory infection

Answers- (a), (c), (b), (a), (b), (b), (a), (a), (b), (b), (b), (b), (c), (c), (d), (d), (d), (d), (c), (c).

Chapter- ARMAMENTARIUM IN ENDODONTICS

1. Instrument No. 40 represents

- a) diameter at D1
- b) diameter at D2
- c) diameter at D1+D2
- d) diameter at D2-D1

2. Angle of tip of endodontic instrument

- a) 75+15
- b) 75-15
- c) 75+_ 15
- d) 800

3. apical constrictor is otherwise known as

- a) minor diameter
- b) major diameter
- c) radiographic apex
- d) tooth apex

4. Gates- Glidden drill is

- a) flexible and used at low speed
- b) flexible and used at high speed
- c) inflexible and used at low speed
- d) inflexible and used at high speed

5. recapitulation is

- a) using successively larger files to flare the canal
- b) removing the debris with smaller instruments than the instrument that goes to apex
- c) circumferential filing with Hfiles

d) using various types of file and reamers to enlarge the canal.

6. Which of the following is the most appropriate instrument for removing GP from root canal

- a) peeso type reamer
- b) tapered fissure bur at slow speed
- c) tapered fissure bur at high speed
- d) no. 4 round bur at slow speed

7. Out of these which is ideal instrument for widening the root canal

- a) broach
- b) file
- c) fissure bur
- d) reamer

8. peeso reamer is indicated for

- a) to remove lingual shoulder of anterior teeth
- b) to enlarge root canal orifices
- c) post space preparation
- d) for removing gutta percha

9. in cases of re- root canal treatment which is the ideal instrument for removal of gutta-percha

- a) H-File
- b) K-File
- c) GT-File
- d) Lentulo spiral

10. another name of apical constrictor is

- a) minor diameter
- b) major diameter

c) radiographic apex

d) tooth apex

11. which property leads to the flexibility of NiTi instruments

a) plasticity

b) rigidity

c) superelasticity

d) hardness

12. how much is the angle of tip of an endodontic instrument

a) 75-15

b) 75+15

c) 75+_15

d) 90

13. name the instruments used to locate the openings of small canal orifices for endodontic procedures

a) endodontic long- shank spoon

b) endodontic explorer

c) endodontic reamer

d) endodontic file

14. which type of endodontic instrument is used to curet the inside of the tooth to the base of the pulp chamber?

a) endodontic file

b) endodontic reamer

c) endodontic explorer

d) endodontic long- shank spoon

15. which instrument is used to remove the pulp tissue from a canal?

a) broach

- b) reamer
- c) k- type file
- d) hedstrom file

16. which instrument is used to help condense gutta- percha laterally in a canal for endodontic treatment?

- a) endodontic spreader
- b) endodontic plugger
- c) endodontic explorer
- d) both a and b are correct

17. name the main instrument used to help condense gutta- percha vertically in a canal for endodontic treatment

- a) endodontic spreader
- b) endodontic explorer
- c) endodontic plugger
- d) glick instrument

18. which instrument is used to place endodontic sealer or cement in a canal for the final seal before gutta- percha is applied?

- a) Gates Glidden
- b) lentulospiral
- c) k type file
- d) peeso reamer

19. instrument used to help enlarge the walls of the pulp chamber?

- a) peeso reamer
- b) k type file
- c) lentulospiral
- d) barbed broach

20. which instrument is used to widen the canals?

- a) broach
- b) k- type file
- c) hedstrom file
- d) both c and d could be used

Answers

- 1. a)
- 2. c)
- 3. a)
- 4. c)
- 5. b)
- 6. b)
- 7. b)
- 8. c)
- 9. a)
- 10. a)
- 11. c)
- 12. c)
- 13. b)
- 14. d)
- 15. a)
- 16. a)
- 17. c)
- 18. b)
- 19. d)
- 20. d)

TOPIC:- COMPLEX AMALGAM RESTORATION

QUES 1) Which of the following is not an indication of complex amalgam restoration?

- a) To replace missing tooth structure due to fracture
- b) When 1 or more cusps are needed for capping
- c) When increased resistance and retention form is needed.
- d) When the cavity depth is just 0.2-0.8mm into dentin.

Ans:- D

QUES 2) Which of the following is not a non-pin mechanical feature?

- a) Box form
- b) Reduction of undermined cusps
- c) Coves
- d) Amalgam bonding

Ans:- D

QUES 3) For placement of pins, the depth of the caries varies from

- a) 1.3 to 2mm
- b) 2 to 3mm
- c) 0.5 to 2mm
- d) 3 to 3.5mm

Ans:- A

QUES 4) Which of the following affect the retention of the pin in amalgam?

- a) Size of pin
- b) Number and depth of elevations
- c) Material of pin
- d) Height of pin

Ans:- B

QUES 5) Pinhole should not be positioned very close to the vertical wall as

- a) Can cause dentin chipping
- b) It will not give sufficient retention

- c) Condensation of amalgam will be difficult
- d) Enough resistance will not be there for the cavity

Ans:- C

QUES 6) The pin-retained amalgam restoration using self-threading pins originally was described by-

- a) Markley
- b) Going
- c) Birtcil
- d) Venton

Ans:- B

QUES 7) Who introduced amalgapins?

- a) Shavell
- b) Outhwaite
- c) Pashley
- d) Markley

Ans:- A

QUES 8)The gingival pins of a maxillary cuspid is at an angle

- a) 10-15 degrees
- b) 20-35 degrees
- c) 30-35 degrees
- d) 5-10 degrees

Ans:- B

QUES 9) What is the dimension of a slot?

- a) 0.5mm wide and 1mm deep
- b) 1mm wide and 0.5mm deep
- c) 0.5mm wide and 0.5mm deep
- d) 1mm wide and 1mm deep

Ans:- D

QUES 10) Which type of pin is the least retentive

- a) Friction lock pins
- b) Cemented pins

- c) Amalgam pins
- d) Self threaded pins

Ans:- B

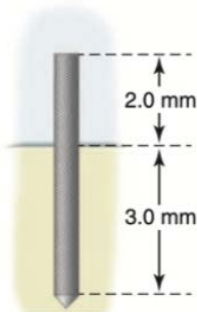
QUES 11) Identify the prepared area



- a) Slot
- b) Vertical groove
- c) Cove
- d) None of the above

Ans:- C

QUES 12) What type of pin follows this ratio



- a) Friction lock pins
- b) Cemented pins
- c) Self threaded pins
- d) None of the above

Ans:- B

QUES 13) Advantages of pin-retained amalgam restoration are

- a) Tooth preparation is more conservative
- b) Restoration can be completed in one visit
- c) Retention form is improved by the use of pins

d) All of the above

Ans:- D

QUES 14) Friction locked pins are usually retained by

a) Threads on pin

b) Resiliency of dentine

c) Luting cement

d) Channel depth

Ans:-B

QUES 15)The most retentive type of pins

a) Cemented pin

b) Self threading pin

c) Friction locked pin

d) Amalgam pins

Ans:- B

QUES 16) A pin retained amalgam

a) Does not reinforce the tooth

b) Weekend the tooth

c) Reinforces the amalgam structure

d) Improves retention of restoration

Ans:- D

QUES 17) Threaded pins are used in large dental amalgam restorations to provide

a) Retention form

b) Resistance form

c) Occlusal stops for opposing teeth

d)Much needed reinforcement of the amalgam

Ans:- A

QUES 18) In self threaded pins, the pinhole is smaller than ping channel by diameter

a)0.001 inch

b)0.002 inch

c)0.003 inch

d)0.004 inch

Ans:- D

QUES 19) All are required for the satisfactory bonding of an amalgam restoration in a badly broken molar except

- a) Resistance form**
- b) Mechanical retention**
- c) Enamel and dentin conditioning**
- d) Pin retention**

Ans:- B

QUES 20) One of the following statements regarding pin-retained restoration is not true

- a) Pinholes should never be prepared at different levels on the tooth**
- b) A minimum of 0.5mm clearance should be provided around the circumference of the pin for adequate condensation of the amalgam**
- c) Pinhole should be located on a flat surface that is perpendicular to the proposed direction of the pinhole**
- d) The pinhole should be positioned no closer than 1mm DEJ and no closer than 1.5 to the external surface**

Ans:- A

COMPLEX AMALGAM RESTORATIONS -II

1. Conventional dental amalgam alloy contains:
 - a) Silver, Tin, Copper and Zinc
 - b) Silver, mercury, copper and zinc
 - c) Silver, tin, palladium and zinc
 - d) Silver, copper, iridium and mercury
2. Contamination of zinc containing amalgam by moisture during trituration or condensation:
 - a) Causes Marked Expansion
 - b) Increases the setting time
 - c) Results in a sharp decrease in flow
 - d) Has no appreciable effect on amalgam
3. A finished and polished amalgam will:
 - a) Tarnish with time
 - b) Not Tarnish And Corrode Easily
 - c) Show secondary caries
 - d) Do none of the above
4. Average mercury content in well condensed amalgam should not exceed:
 - a) 30%
 - b) 40%
 - c) 50%
 - d) 60%
5. The largest component of amalgam alloy is:
 - a) Silver
 - b) Tin
 - c) Zinc
 - d) Copper
6. When a posterior occlusal amalgam makes multiple contacts with an occluding tooth surface, behaves as though it is in:
 - a) Flexion
 - b) Compression
 - c) Shear
 - d) Diametral compression
7. Which of the following is not an indication of complex amalgam restoration:
 - a) To replace missing tooth structure due to fracture
 - b) When 1 or more cusps are needed for capping
 - c) When increased resistance and retention form is needed
 - d) When The Cavity Depth Is Just 0.2-0.8 mm Into Dentin
8. Which of the following is not a mechanical feature:
 - a) Box form

- b) Reduction of undermined cusps
 - c) Coves
 - d) Amalgam Bonding
9. Identify the prepared area:

- a) Slot
- b) Vertical groove
- c) Cove
- d) None of the above



10. For placement of pin, the depth of the caries varies from:
- a) 1.3-2mm
 - b) 2-3mm
 - c) 0.5-2mm
 - d) 3-3.5mm
11. Which of the following affect the retention of the pin in amalgam:
- a) Size of pin
 - b) Number And Depth Of Elevations
 - c) Material of pin
 - d) Height of the pin
12. Pinhole should not be positioned very close to the vertical wall as:
- a) Can cause dentin chipping
 - b) It will not give sufficient retention
 - c) Condensation Of Amalgam Will Be Difficult
 - d) Enough resistance will not be there for the cavity
13. The pin retained amalgam restoration using self threaded pins originally was described by:
- a) Markley
 - b) Going
 - c) Birtcil
 - d) Venton
14. Who introduced amlgapins?
- a) Shavell
 - b) Outhwaite
 - c) Pashley
 - d) Markley
15. The gingival pins of a maxillary cuspid is at an angle of:
- a) 10-15 degrees
 - b) 20-35 degrees
 - c) 30-35 degrees
 - d) 5-10 degrees
16. What is the dimension of a slot?
- a) 0.5mm wide and 1mm deep

- b) 1mm wide and 0.5mm deep
 - c) 0.5mm wide and 0.5mm deep
 - d) 1mm wide and 1mm deep
17. Which type of pin is best retentive:
- a) Friction lock pins
 - b) Cemented pins
 - c) Amalgam pins
 - d) Self threaded pins
18. Advantages of pin retained amalgam restoration are:
- a) Tooth preparation is more conservative
 - b) Restoration can be completed in one visit
 - c) Retention form is improved by the use of pins
 - d) All of the above
19. The pins in an amalgam restoration serve to:
- a) Increase strength
 - b) Increase retention
 - c) Increase resistance of fracture
 - d) All of the above
20. Which of the following restorative material is likely to be eliminated in near future?
- a) Amalgam
 - b) Glass ionomer
 - c) Porcelain
 - d) Composites

ANSWER KEY-

1.(a) 2.(a) 3.(b) 4.(c) 5.(a) 6.(a) 7.(d) 8.(d) 9.(c) 10.(a) 11.(b) 12.(c) 13.(b) 14.(a) 15.(b) 16.(d)
17.(b) 18.(b) 19.(b) 20.(a)

PINS IN AMALGAM RESTORATION

1. WHICH OF FOLLOWING IS NOT AN INDICATION OF COMPLEX AMALGAM RESTORATION?
 - a. TO REPLACE MISSING TOOTH STRUCTURE DUE TO FRACTURE
 - b. WHEN 1 OR MORE CUSP ARE NEEDED FOR CAPPING
 - c. WHEN INCREASED RESISTANCE AND RETENTION FORM IS NEEDED
 - d. WHEN THE CAVITY DEPTH IS JUST 0.2-0.8 MM INTO DENTIN

2. WHICH OF FOLLOWING IS NOT A NON-PIN MECHANICAL FEATURE?
 - a. BOX FORM
 - b. REDUCTION OF UNDERMINED CUSP
 - c. COVES
 - d. AMALGAM BONDING



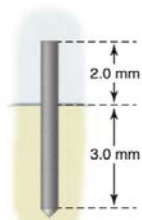
3. IDENTIFY PREPARED AREA?
 - a. SLOT
 - b. VERTICAL GROOVE
 - c. COVE
 - d. ONE OF ABOVE

4. FOR REPLACEMENT OF PINS THE DEPTH OF CARIES VARIES FROM
 - a. 1.3-2MM
 - b. 2-3MM
 - c. 0.5-2MM
 - d. 3-3.5MM

5. WHICH OF THE FOLLOWING AFFECT THE RETENTION OF PIN IN AMALGAM
 - a. SIZE OF PIN
 - b. NUMBER AND DEPTH OF ELEVATION
 - c. MATERIAL OF PIN
 - d. HEIGHT OF PIN

6. PINHOLE SHOULD NOT BE POSITIONED VERY CLOSE TO THE VERTICAL WALL AS
 - a) CAN CAUSE DENTIN CHIPPING
 - b) IT WILL NOT GIVE SUFFICIENT RETENTION

- c) CONDENSATION OF AMALGAM WILL BE DIFFICULT
 d) ENOUGH RESISTANCE WILL NOT THERE FOR CAVITY
7. THE PIN RETAINED AMALGAM RESTORATION USING SELF THREADING PINS ORIGINALLY WAS DESCRIBED BY
- MARKLEY
 - GOING
 - BIRTCIL
 - VENTON
8. WHO INTRODUCED AMALGAM PINS
- SHAVELL
 - OUTHWAITE
 - PASHLEY
 - MARKLEY
9. THE GINGIVAL PINS OF MAXILLARY CUSPID IS AT ANGLE OF
- 10-15 DEGREES
 - 20-35 DEGREES
 - 30-35 DEGREES
 - 5-10 DEGRESS
10. WHAT IS DIMENSION OF A SLOT
- 0.5MM WIDE AND 1MM DEEP
 - 1MM WIDE AND 0.5MM DEEP
 - 0.5MM WIDE AND 0.5MM DEEP
 - 1MM WIDE AND 1MM DEEP
11. WHICH TYPE OF PIN IS LEAST RETENTIVE
- FRICTION LOCK PINS
 - CEMENTED PINS
 - AMALGAM PINS
 - SELF THREADED PINS



12. WHAT TYPE OF PIN FOLLOW THIS RATIO
- FRICTION LOCK PINS
 CEMENTED PIN
 SELF THREADED PINS
 NONE OF ABOVE

13. One of the following statements regarding is retained restoration is not true

- a) Pinholes should never be prepared at different levels on the tooth
- b) A minimum of 0.5MM clearance should be provided around the circumference of the pin for adequate condensation of the amalgam
- c) Pinhole should be located on a flat surface that is perpendicular to the proposed direction of the pinhole.
- d) The pinhole should be positioned no closer than 1mm DEJ And no closer than 1.5 To the external surface.

14. What is the optimum depth for a pinhole in a tooth with a vital pulp

- a) 4 to 5MM
- b) 2-3MM
- c) 2mm
- d) 1-1.5 mm

15. In self threaded pins, the pinhole is smaller than pin channel by diameter

- a) 0.001 inch
- b) 0.002 inch
- c) 0.003 inch
- d) 0.004 inch

16. Friction locked pins are usually retained by

- a. Threads on pin
- b. resiliency of dentine
- c. luting cement
- d. channel depth

17. All are required for the satisfactory bonding of an amalgam restoration in a badly broken molar except

- a. Resistance form
- b. Mechanical retention
- c. Enamel and dentine conditioning
- d. Pin retention

18. Threaded pins are used in large dental amalgam restorations to provide

- a. Retention form
- b. Resistance form
- c. Occlusal stops For opposing teeth
- d. Much needed reinforcement of the amalgam

19. the pin that causes minimum stress in dentin is

- a. threaded pin
- b. cemented pin
- c amalgam pin
- d friction lock pin

20. A pin retained amalgam

- a. Does not reinforce the tooth
- b. Weakens the tooth
- c. Reinforces the amalgam structure
- d. Improves retention of restoration

ANSWERS

1. D
2. D
3. C
4. A
5. B
6. C
7. B
8. A
9. B
10. D
11. B
12. B
13. A
14. C
15. D
16. B
17. B
18. A
19. B
20. D

Disease of Peri radicular Tissue:

1.The treatment of acute periapical abscess:

- a Endodontic therapy
- b Incision and Drainage only
- c Pulp Capping
- d None of above

2.Internal Resorption in an tooth is seen as:

- a Ca (OH)₂ pulpotomy
- b Replacement resorption
- c non-proliferating lesion
- d Desensitizing tooth

3.The most important aspect of emergency treatment for an acute apical abscess is to:

- a Produce sedation
- b Obturation
- c Establish drainage
- d None of above

4.Phoenix abscess is:

- a Reversible pulpitis
- b Acute Apical periodontitis
- c Acute exacerbation of an existing chronic inflammation
- d Chronic abscess

5.The periapical lesion that would most likely contain bacteria within lesion is :

- a Periapical abscess
- b Periapical Cyst
- c Periapical granuloma
- d Condensing osteitis

6.A patient feels that his molar is extruded from the socket and is tender to percussion. This can be due to:

- a Periapical cyst
- b Periapical granuloma
- c Periapical abscess
- d Furcation involvement

7.Which one of the following does not survive in periapical lesion?

- a Pseudomonas
- b Streptococcus
- c Porphyromonas
- d Actinomyces

8.A tooth with a chronic alveolar abscess would have all of the following features except:

- a Always asymptomatic
- b Detected only during routine radiographic examination
- c Presence of sinus tract
- d The sinus tract provides continual drainage of peri radicular lesion

9.Inflammation of periapical tissue is sustained by which of the following:

- a Stagnant tissue fluid
- b Necrotic tissue
- c Microorganisms
- d Pus cells

10. Which of the following irrigant is used during opening of a tooth with acute pulpal abscess:

- a Normal saline
- b Hydrogen peroxide
- c Sodium hypochlorite
- d EDTA

11. Patient report with severe throbbing pain in relation to mandibular second molar. The tooth is sensitive to both hot and cold food and elicits a painful response on percussion. What would be your treatment of choice?

- a Incision and drainage of periapical area
- b Endodontic therapy
- c Indirect pulp capping
- d Partial pulpectomy

12. In treating a tooth with a nonvital pulp and a sinus, the sinus should be treated as follows:

- a No special treatment
- b Caulerization
- c Curettage of sinus
- d Use of cautery to eliminate sinus

13. Internal Resorption is due to:

- a Pulp Necrosis
- b Acute inflammation of pulp
- c Chronic inflammation of pulp
- d None of the above

14. Cholesterol crystals are present in which zone?

- a Zone of contamination
- b Zone of irritation
- c Zone of necrosis
- d Zone of stimulation

15. Which of the following does not require any treatment unless it becomes symptomatic?

- a Subacute pulpitis
- b Chronic pulpitis
- c Pulp Fibrosis
- d Apical cyst

16. According to WHO classification of periradicular disease, code number category K04.4

- a Acute apical periodontitis
- b Chronic apical periodontitis
- c Periapical abscess with sinus
- d Periapical abscess with sinus to maxillary antrum.

17. Inflammation of periapical tissue is sustained by which of the following:

- a Stagnant tissue fluid
- c Microorganisms

b Necrotic tissue Pus cells

18. Halo effect surrounding the root of tooth on IOPA-X-ray is seen with:

a Horizontal root fracture c Widening of Periodontal ligament space

b Root Cariesd Periapical -Periostitis

19. Reason for limitation of Indirect Pulp Capping:

a Internal Resorption c Chronic pulp inflammation

b Calcification d None of above

20. The most important diagnostic test to differentiate between an Acute Periapical abscess and phoenix abscess is:

a Pulp testing c History

b Radiographs d Percussion

ANSWER'S

- | | |
|-----------|------|
| 1- a | 11-b |
| 2- c | 12-a |
| 3- c | 13-c |
| 4- c | 14-b |
| 5- a | 15-c |
| 6- c | 16-a |
| 7- a | 17-c |
| 8- a | 18-d |
| 9- c | 19-d |
| 10- A20-b | |

NON- CARIOUS CERVICAL LESION

Q1) Non carious lesion are characterised by :-

- A. Tooth decay.
- B. Loss of hard dental tissue near the CEJ.
- C. Loose teeth in the jaws or the alveolar bone.
- D. Fracture of teeth.

Q2) What is dental erosion?

- A. Tooth decay.
- B. Dissolving of tooth enamel by acids in food or drinks.
- C. Destruction of tooth material by wear.
- D. Attacks on teeth by bacteria.

Q3) Physiologic wearing of teeth as a result of occlusion:-

- A. Abfraction.
- B. Attrition.
- C. Abrasion.
- D. Resorption.

Q4) Lesion that affects occlusal, incisal, proximal surfaces:-

- A. Cause of internal resorption.
- B. Clinical feature of hypercementosis.
- C. Cause of external resorption.
- D. Clinical feature of attrition.

Q5) Which one of the following is not a common etiological cause of intrinsic erosion?

- A. Gastric disorder.
- B. Eating disorder.
- C. Lifestyle.
- D. Rumination.

Q6) Which of the following is not the common cause of extrinsic erosion?

- A. Occupational factors.
- B. Diet.
- C. Medicament.
- D. Anorexia nervosa.

Q7) Pathologic wearing of tooth structure from external abnormal mechanical processes, not occlusion often tooth brushing, objects b/w teeth.

- A. Abfraction.
- B. Erosion.
- C. Abrasion.
- D. Attrition.

Q8) What is the location of erosion?

- A. Facial or lingual.
- B. Facial.
- C. Mesial.
- D. Distal.

Q9) Which is not a treatment option for non carious cervical lesion?

- A. Dentin desensitization.
- B. Restoration.
- C. Endodontic therapy.
- D. Extraction.

Q10) Abrasion may occur from:-

- A. Stress.
- B. Airway issues.
- C. Brushing technique.
- D. Sleep apnoea.

Q11) Wedge shaped defect in cervical area, often single tooth, subgingival lesion, facial surface:-

- A. Features of ankylosis.

- B. Etiology of erosion.
- C. Attrition in children.
- D. Signs of abfraction.

Q12) Factors influencing the role of tooth brushing in abrasion are:-

- A. Brushing force.
- B. Recurrent vomiting.
- C. Stress.
- D. Diet.

Q13) Is caused due to tooth flexure in patients with abnormal occlusal interactions:-

- A. Erosion.
- B. Resorption.
- C. Abfraction.
- D. Abrasion.

Q14) What is the main characteristic of non carious cervical lesion?

- A. Presence of hard mineralised tissue.
- B. Pulp exposure.
- C. Dentin hypersensitivity.
- D. None of the above.

Q15) Clinical feature of abrasion is:-

- A. Broad, shallow.
- B. Notched, wedge shaped.
- C. Wedge shaped.
- D. None of the above.

Q16) Which lesion is characterised by sharp- notch or wedge-shape lesion instead of the saucer shaped?

- A. Abfraction.
- B. Erosion.
- C. Attrition.

D. Abrasion.

Q17) Smooth, polished depression above CEJ in cervical region labial surfaces affected for ingested substance lingual surface from regurgitation/vomiting:-

- A. Cementosis.
- B. True denticle.
- C. Hypercementosis.
- D. Erosion signs.

Q18) Working in acidic environment ingesting highly acidic substance (sucking lemons) bulimia nervosa, GERD idiopathic

- A. Signs of Abfraction.
- B. Etiology of erosion.
- C. Tooth brush attrition.
- D. Sign of abrasion.

Q19) Which material is contraindicated in non carious cervical lesion?

- A. Composite.
- B. Amalgam.
- C. GIC.
- D. None of the above.

Q20) Increases with age, more severe in men, associated with high fibre, bruxers, tobacco chewers:-

- A. Etiology of erosion.
- B. Attrition in adults.
- C. Signs of abrasion.
- D. Features of ankylosis.

ANSWER KEY

- 1. B
- 2. B
- 3. B

4. D
5. C
6. D
7. A
8. A
9. D
10. C
11. D
12. A
13. C
14. A
15. B
16. A
17. D
18. B
19. B
20. B

TOPIC - RATIONALE OF ENDODONTIC TREATMENT

1. Spread of the inflammation limit by
 - a) fibrin
 - b) macrophages
 - c) collagen
 - d) Exudate
2. Irreversible damage leads to
 - a) Repair
 - b) Tissue necrosis
 - c) Tissue death
 - d) Edema
3. Reversible damage leads to
 - a) Repair
 - b) Tissue necrosis
 - c) Tissue death
 - d) Irritation
4. The objective of inflammation is to
 - a) Severe the injury
 - b) Remove the irritant
 - c) Disturb the function
 - d) Tissue irritation
5. The main cell of a symptomatic acute inflammatory lesion is
 - a) Monocytes
 - b) Plasma cells
 - c) Polymorphonuclear neutrophil
 - d) Lymphocytes
6. Serum factors of complement and immunoglobulins are called
 - a) Opsonins
 - b) Granulation tissue
 - c) Lysosomes
 - d) Suppressor cells
7. At the inflammatory site the tissue fluids fall to pH of
 - a) 8
 - b) 9.5
 - c) 6.5
 - d) 4
8. Macrophages are derived from the circulating
 - a) Lymphocytes
 - b) Monocytes
 - c) Plasma cells
 - d) Neutrophils

9. Small lymphocytes appear in inflammatory reaction at
 - a) Early stage
 - b) Acute stage
 - c) Chronic stage
 - d) End stage

10. T cells recirculate through the organs of the body except
 - a) Thymus
 - b) Thyroid gland
 - c) Lymphoid tissue
 - d) Lymph nodes

11. Effector T cells may produce
 - a) Immunologic reaction
 - b) Inflammatory reaction
 - c) Delayed hypersensitivity
 - d) Cell mediated hypersensitivity

12. Which factor of clotting system is released into the tissues in the inflammatory exudate
 - a) Factor XII
 - b) Factor IX
 - c) Factor XI
 - d) Factor VI

13. Hageman factor in inflammatory exudate is activated by
 - a) Fibrin
 - b) Collagen
 - c) Macrophage
 - d) Bradykinin

14. How many well-defined zones were described by fish
 - a) Five
 - b) Four
 - c) Six
 - d) Three

15. Zone of contamination is characterized by
 - a) Round cell infiltration
 - b) Polymorphonuclear leukocytes
 - c) Lymphocytes
 - d) Neutrophils

16. Fibroblasts and osteoblasts are the characteristic feature of
 - a) Zone of irritation
 - b) Zone of infection
 - c) Zone of stimulation
 - d) Zone of infection

17. Which is the site of infection
 - a) Root canal

- b) Periradicular area
- c) Crown
- d) Periodontium

18. in the zone of contamination lacunae appear

- a) Half
- b) Full
- c) Empty
- d) Excess

19. Another form of degeneration in inflammation is

- a) Suppuration
- b) Thrombosis
- c) Exudate
- d) Edema

20. Which cells are mononucleated cells which facilitates repair?

- a) Lymphocytes
- b) Macrophages
- c) Plasma cells
- d) Fibrin

Answer key :-

- 1.a
- 2.b
- 3.a
- 4.b
- 5.c
- 6.a
- 7.c
- 8.b
- 9.c
- 10.a
- 11.c
- 12.a
- 13.b
- 14.b
- 15.a
- 16.c
- 17.a
- 18.c
- 19.a
- 20.b

BLEACHING

1. The most common consequence of bleaching non vital teeth is

- a) Discolouration
- b) Cervical resorption
- c) Apical periodontitis
- d) Root resorption

2. Superoxol is

- a) 30% H₂O₂
- b) Combination of H₂O₂ + sodium per borate
- c) Combination of HCL + H₂O₂
- d) None of the above

3. Home bleach is also called as

- a) Walking bleach
- b) Thermocatalytic bleach
- c) Power bleach
- d) All of the above

4. In the walking bleach technique:

- a) It uses a heat treatment
- b) It requires the patient to report in 24 hours
- c) Can be done with 35 percent hydrogen peroxide
- d) It uses a mixture of sodium perborate and hydrogen peroxide

5. When undertaking bleaching of vital teeth of the following are done except:

- a) Prophylaxis
- b) Use of protective eye glasses
- c) Use of local anaesthesia
- d) Polishing after treatment

6. Tooth discoloration is due to:

- a) Acute pulpal abscess
- b) Pulpal hyperemia
- c) Pulpal death
- d) None of the above

7. Carbamide solution used for bleaching degrades into

- a) 0.3% sodium perborate
- b) 30% hydrogen peroxide
- c) 3% hydrogen peroxide
- d) 30% sodium perborate

8. Vital bleaching causes

- a) Internal resorption
- b) External resorption
- c) Cervical resorption
- d) Periapical periodontitis

9. A 12-year-old child comes to your office with a history of long-term use of tetracycline. The anterior teeth are a mild yellowish brown. What method would you use to remove the stain?

- a) Hydrochloric acid pumice micro-abrasions
- b) At home bleaching method
- c) Superoxol with or without heat
- d) Composite resin veneers

10. Night guard bleaching refers to:

- a) Laser activated bleaching
- b) Dentist prescribed home applied technique
- c) Thermobleaching
- d) Photo bleaching

11. The bleaching material used for night guard vital tooth bleaching is

- a) Superoxol
- b) Anesthetic ether and hydrochloric acid
- c) Sodium bicarbonate
- d) Carbamide peroxide

12. Discoloration of the teeth results from

- a) Decomposition of the pulp
- b) Filling materials
- c) Haemorrhage following pulp extirpation
- d) All of the above

13. In case of bleaching technique to remove fluorosis stains

- a) 1 % ether removes the surface debris
- b) 36% hydrochloric acid etches the enamel
- c) 30% H₂O₂ bleaches the enamel
- d) All the above are correct

14. Which of the following is not responsible for endogenous staining of teeth during development?

- a) Tetracycline
- b) Rh incompatibility
- c) Neonatal liver disease
- d) Vitamin-C deficiency

15. Which one of the following is used to bleach a discoloured endodontically treated tooth?

- a) Ether
- b) Chloroform
- c) Superoxol
- d) Sodium hypochlorite

16. The "in office" non vital bleaching technique is

- a) Walking bleach
- b) Power bleach technique
- c) Thermo catalytic technique
- d) Night guard technique

17. Following intracoronal bleaching immediate composite restoration required, what has to be done:

- a) Treat with catalase
- b) Wait for 7 days is mandatory
- c) Treat with H₂O₂ for 3 minutes
- d) Not possible

18. Minimum dosage of tetracycline which will show tooth discoloration is

- a) 5 mg/kg body weight
- b) 20 mg/kg body weight
- c) 50 mg/kg body weight
- d) 80 mg/kg body weight

19. Dentist prescribed home applied bleaching technique uses

- a) 35% Hydrogen Peroxide
- b) 10% Carbamide peroxide
- c) 18% Hydrochloric acid
- d) Sodium perborate

20. Discoloration of tooth in tetracycline therapy is because of formation of?

- a) Calcium orthophosphate
- b) Dicalciumphosphate dihydrate
- c) Calcium Oxide
- d) Tetracalcium phosphate

ANSWERS: .1.(B) 2.(A) 3.(A) 4.(D) 5.(C) 6. (C) 7.(C) 8.(D) 9.(B) 10.(B) 11.(D)
12.(D) 13.(D) 14.(D) 15.(C) 16. (C) 17.(A) 18.(B) 19.(B) 20.(A)

Bleaching - II

1. Discoloration of tooth in tetracycline therapy is due to formation of
 - a)calcium orthophosphate
 - b)dicalcium phosphate dihydrate
 - c)calcium oxide
 - d)tetracalcium phosphate
- 2.Dentist prescribed home applied bleaching techniques uses
 - a)35% H₂O₂
 - b)10% H₂O₂
 - c)18%H₂O₂
 - d)sodium perborate
- 3.Minimum dose of tetracycline which will show tooth discoloration is
 - a)5mg/kg body wg
 - b)20mg/kg body wg
 - c)50mg/kg body wg
 - d)80mg/kg body wg
- 4.GIC is used as a barrier over gutta percha filling bleaching an endodontically treated discolored tooth to
 - a)prevent bleaching agent from dissolving gutta percha
 - b)prevent percolation of the bleaching agent into the apical area
 - c)prevent contamination of bleaching agent
 - d)prevent discoloration of tooth from obturating material
- 5.Bleaching is indicated in which of the following clinical situations
 - a)dentin discoloration
 - b)discolored composite
 - c)discoloration due to caries
 - d)superficial discoloration
- 6.A patient comes with discoloration of upper central incisor the tooth was intact and asymptomatic, the treatment should be
 - a)microabrasion
 - b>walking bleach
 - c)over the contour bleaching
 - d)venner
- 7.Till what age tetracycline should not be given to prevent discoloration
 - a)3 years
 - b)12 years
 - c)8 years
 - d)18 years
- 8.Following intracoronal bleaching immediate composition restoration was required, what has to be done
 - a)teeth with catalase
 - b)wait for 7 days mandatory
 - c)treat with H₂O₂ for 3 min
 - d)not possible
- 9.The in office non vital bleaching technique is

- a)walking bleach b)power bleach technique
c)thermo catalytic technique d)night guard technique

10.A patient comes with discoloration of upper canine, the tooth was intact and otherwise asymptomatic the cause of tooth discoloration is

- a)dental resorption b)internal resorption
c)pulp necrosis d)microleakage

11.Which of the following is used to bleach a discolored endodontically treated tooth

- a)ether b)chloroform
c)sodium hypochlorite d)superoxol

12.Which of the following is not responsible for endogenous staining of teeth during development

- a)tetracycline b)rh incompatibility
c)neonatal liver disease d) vit c deficiency

13.In case of bleaching technique to remove fluorosis stains

- a)17% ether removes the surface debris
b)36% hydrochloride acid etches the enamel
c)30% H₂O₂
d)all of the above

14.Discoloration of the teeth results from

- a)decomposition of pulp
b)filling materials
c)hemorrhage following pulp extirpation
d)all of the above

15.The bleaching material used for night guard vital tooth bleaching is

- a)superoxol b)anesthetic ether
b)sodium bicarbonate d) carbamide peroxide

16.Night guard bleaching refers to

- a)laser activated bleaching b)home applied technique
c)thermo bleaching d) photo bleaching

17.Vital bleaching causes

- a)periapical periodontitis b)internal resorption

c)cervical resorption d)external resorption

18.Carbamide solution degrades into

- a)0.3% sodium perborate b)30% H₂O₂
c)3%H₂O₂ d)30% sodium perborate

19.In walking bleach technique

- a)uses heat treatment b)requires patient to report in 24hrs
c)can be done with 35% H₂O₂
d)uses mixture of sodium perborate and H₂O₂

20.Home bleach is also called as

- a)walking bleach b)thermo catalytic bleach
c)power bleach d)all of above

ANSWERS

1(a) 2(b) 3(b) 4(b) 5(a) 6(b) 7(c) 8(a) 9(c) 10(c) 11(d) 12(d) 13(d) 14(d) 15(d) 16(b) 17(a)
18(c) 19(d) 20(a)

NON VITAL TOOTH BLEACHING

- 1) The most common consequence of bleaching non vital tooth of
 - a discoloration
 - b cervical resorption
 - c apical periodontitis
 - d Root resorption
- 2) Superoxol
 - a 30% h₂o₂
 - b combination of h₂o₂ +sodium Perborate
 - c combination of hcl + h₂o₂
 - d none of the above
- 3) Home Bleach is also called as
 - a walking bleach
 - b thermocatalytic bleach
 - c power bleach
 - d all the above
- 4) In walking technique
 - a it uses heat treatment
 - b it requires patient to report 24 hrs
 - c can be done With 35% hydrogen p Peroxide
 - d it uses a mixture of sodium perborate and hydrogen peroxide
- 5) Tooth discoloration is due to
 - a acute pulpal abscess
 - b pulpal hyperemia
 - c pulpal death
 - d none of the above
- 6) Carbamide solution used for bleaching degrades into
 - a 0.3% sodium perborate
 - b 30% hydrogen peroxide
 - c 3% hydrogen peroxide
 - d 30% sodium perborate
- 7) The 'in office' non vital bleaching technique is
 - a walking technique
 - b power bleach technique
 - c thermocatalytic technique
 - d night guard technique

- 8) The common sequels following bleaching non vital teeth are seen
- a ankylosis
 - b periodontal pathology
 - c external cervical resorption
 - d reinfection
- 9) It 12 year old child comes to your office with a history of long term use of Tetra cycling . the anterior teeth are a mild yellowish brown . what method would you used to remove this stain
- a hydrochloric acid pumice micro Abrasion
 - b at home Bleaching method
 - c superoxol with or without heat
 - d composite resin veneers
- 10) Night guard bleaching to
- a laser activated bleaching
 - b dentist prescribed home applied technique
 - c thermo bleaching
 - d photo bleaching
- 11) Discoloration of the teeth result from
- a decomposition of the pulp
 - b filing material
 - c haemorrhage following pulp extirpation
 - d all the above
- 12) In case of bleaching technique to remove fluorosis stain
- a 1% ether removes the surface debris
 - b 36% hydrochloric acid etch the enamel
 - c 30% at h202 bleach the enamel
 - d all the above are correct
- 13) Which of the following is not responsible for endo genus staining of the teeth during development
- a tetracycline
 - b Rh compatibility
 - c Neonatal liver disease
 - d vitamin-c deficiency
- 14) Which of the following is used to bleach a discoloured endodontic Lee treated tooth
- a ether
 - b chloroform
 - c superoxol

d sodium hypochlorite

- 15) Following intracoronal bleach immediate composite restoration required what has to be done
- a treat with catalase
 - b wait for 7 days is mandatory
 - c treat with h202 for 3 minutes
 - d not possible
- 16) The Treatment most often employed for managing discoloration in non vital tooth is
- a microabrasion
 - b walking bleach
 - c over the counter bleaching
 - d veneer
- 17) Glass ionomer cement is used as a barrier over gutta percha filling before bleaching an endodontic treated discoloured tooth
- a dentin discoloration
 - b teeth with discolored composite
 - c teeth discoloration due to caries
 - d teeth with superficial discoloration
- 18) Till what age tetracycline should not be given to prevent discoloration
- a 3 year
 - b 8 year
 - c 12 year
 - d 18 year
- 19) What undertaking bleaching of vital tooth of the following are done except
- a prophylaxis
 - b use of local anaesthesia
 - c use of protective eyewear
 - d polishing after treatment
- 20) Dentist prescribed home applied bleaching technique used
- a 35% hydrogen peroxide
 - b 10% carbamide peroxide
 - c 18% hydrochloric acid
 - d sodium perborate

ANSWER KEY.

1-B

2-A

3-A

4-D

5-C

6-C

7- C

8-C

9-B

10-B

11-D

12-D

13-D

14-C

16- B

17-B

18-B

19-C

20-B

VITAL TOOTH BLEACHING

1) NIGHT GUARD BLEACHING REFERS TO --

- a) Laser activated bleaching
- b) Dentist prescribed home applied technique
- c) Thermo bleaching
- d) Photo bleaching

2) VITAL BLEACHING CAUSES –

- a) Internal Resorption
- b) Cervical Resorption
- c) External Resorption
- d) Periapical Periodontitis

3) TOOTH DISCOLORATION IS DUE TO –

- a) Acute Pulpal Abscess
- b) Pulpal Hyperemia
- c) Pulpal Death
- d) None Of The Above

4) IN THE WALKING BLEACH TECHNIQUE --

- a) It uses a Heat Treatment
- b) It requires the Patient to report in 24 hours
- c) Can be done with 35 percentage hydrogen peroxide
- d) It uses a mixture of Sodium Perborate and Hydrogen Peroxide

5) THE MOST COMMON CONSEQUENCES OF BLEACHING VITAL TEETH IS –

- a) Discoloration
- b) Cervical Resorption
- c) Apical Periodontitis
- d). Root Resorption

6) WHICH OF THE FOLLOWING IS USED TO BLEACH A DISCOLORED ENDODONTICALLY TREATED TOOTH –

- a) Ether
- b) Chloroform

- c) Superoxol
- d) Sodium Hypochlorite

7) DISCOLORATION OF TEETH RESULTS FROM –

- a) Decomposition of the pulp
- b) Filling Materials
- c) Haemorrhage following Pulp Extraction
- d) All of the Above

8) BLEACHING IS INDICATED IN WHICH OF THE FOLLOWING CLINICAL SITUATIONS --

- a) Dentin Discoloration
- b) Teeth with Discolored Composites
- c) Tooth Discoloration due to Caries
- d) Teeth with Tetracycline Therapy

9) DISCOLORATION OF TOOTH IN TETRACYCLINE THERAPY IS BECAUSE OF FORMATION OF --

- a) Calcium Orthophosphate
- b) DicalciumphosphateDihydrate
- c) Calcium Oxide
- d) Tetra Calcium

10) THE COMMON SEQUELS FOLLOWING BLEACHING VITAL TEETH ARE –

- a) Ankylosis
- b) Periodontal Pathology
- c) External Cervical Resorption
- d) Reinfection

11) BLEACHING TECHNIQUE FOR VITAL TEETH –

- a) Home Bleaching Technique

- b) Night Guard Vital Bleaching
- c) Matrix Bleaching
- d) All of the Above

12) BLEACHING AGENTS –

- a) Hydrogen Peroxide
- b) Sodium Perborate
- c) Carbamide Peroxide
- d) All of the Above

13) INDICATIONS FOR BLEACHING –

- a) Mild Tetracycline staining
- b) In Fractured Teeth
- c) In Pregnant Patients
- d) In Cases of Defective Restoration

14) CONTRAINDICATIONS FOR BLEACHING –

- a) Extensively Restored Tooth
- b) Defective and Leaky Restorations
- c) Defective Obturation
- d) All of the Above

15) CAUSES OF TOOTH DISCOLORATION—

- a) Cigarettes, Cigar,Pipes,Chewing Tobacco
- b) Fluorosis and aging
- c) Amelogenesis Imperfecta
- d) All of the Above

16) WHAT FOLLOWING AGENTS ARE USED IN BLEACHING –

- a) Sodium Benzoate
- b) Citric Acid , Citroxain

- c) Phosphoric Acid
- d) Melon and Mint

17) TWO MOST COMMON BLEACHING AGENTS USED FOR WHITENING VITAL TEETH –

- a) Hydrogen Peroxide, Carbamide Peroxide
- b) Sodium Perborate
- c) OTC Agents
- d) Sodium Nitrate

18) MOST COMMON SIDE EFFECTS OF VITAL TOOTH BLEACHING –

- a) Inflammation of gum, Tooth sensitivity
- b) Bleeding of gums
- c) Pigmentation of gums
- d) Pus formation

19) IDEAL PROPERTIES OF BLEACHING MATERIAL –

- a) It should have neutral pH
- b) It should have adjustable Peroxide Concentration
- c) It should not irritate or dehydrate oral tissue
- d) All of the Above

20) PROPERTIES OF HYDROGEN PEROXIDE –

- a) Colorless, Odorless liquid
- b) Stored in sealed refrigerated container
- c) Stored inside light proof bottles
- d) All of the Above

ANSWERS --1(B),2(D),3(C),4(D),5(B),6(C),7(D),8(A),

9(A),10(C),11(D),12(D),13(A),14(D),15(D), 16(D),17(A),18(A),19(D),20(D).

Tooth Colored Restorations

1# Restoration of angle fracture of anterior teeth can be done by:

- A. Amalgam
- B. Composite resin
- C. Glass ionomer cement
- D. All of the above.

2# Replanted avulsed tooth can be aesthetically stabilized by:

- A. Occlusal splints
- B. Composite resins
- C. Arch bar
- D. All of the above

3# The main disadvantages of composites not being recommended for class II posterior restorations are:

- A. Color matching is not good
- B. Lacks sufficient strength
- C. Occlusal wear
- D. Frequent fractures at the isthmus

4# Initial marginal adaptation is best for the following materials:

- A. Amalgam
- B. Acid etched composites
- C. Glass ionomers
- D. Unfilled resins

5# Composites are retained by the phenomenon of:

- A. Cohesion
- B. True bonding
- C. Mechanical interlocking
- D. Atomic forces

6# Glass fiber reinforced composites is used in all of the following except:

- A. Space maintainer
- B. Splinting of anterior teeth

C. Obturation of young permanent teeth D. Used in intra-post cementation of endodontically treated teeth

7# Acid etching significantly reduces:

- A. Microleakage
- B. Setting shrinkage
- C. Coefficient of thermal expansion
- D. All of the above

8# Following the etching of enamel, the pitted surface of enamel without preferential dissolution of either prism or peripheries can be classified as:

- A. Type I
- B. Type II
- C. Type IV
- D. Type VI

9# Acid etching time of enamel is:

- A. 10 seconds
- B. 20 seconds
- C. 30 seconds
- D. 40 seconds

10# Average enamel lost by acid etching is:

- A. 3-10 microns
- B. 10-15 microns
- C. 1-5 microns
- D. 20-30 microns

11# True statement regarding using 50% H₃PO₄ in acid etching for 45 sec is:

- A. Type 1 pattern occur
- B. Type 2 pattern occur
- C. Type 3 pattern occur
- D. Adherent monocalcium PO₄ layer

12# Acid etched tooth was contaminated with oil from airtor, what should be done?

- A. Sterilize the cavity with distilled water, re-etch and then bond
- B. Dry and bond the bracket
- C. Clean with alcohol and then bond
- D. Bond without etching

13# When etched dentin is dried using an air syringe, bond strength decreases substantially for:

- A. Acetone based adhesive system
- B. Water based adhesive system
- C. Ethanol based adhesive system
- D. Ethanol and acetone based adhesive systems

14 # Skipping effect is seen in:

- A. Use of liquid etchant
- B. Use of viscous etchant
- C. Use of GIC as pit and fissure sealant
- D. Use of composite as pit and fissure sealant

15# The purpose of etching the enamel before placing composites:

- A. Increases the surface area 2000 times
- B. To create surface irregularities to aid in mechanical interlocking
- C. Allow proper adaptation and decrease marginal leakage
- D. All of the above

16# One of the main purposes of etching beveled enamel surface is to:

- A. Increase surface energy
- B. Produce macro undercut
- C. To increase convenience
- D. To prevent caries

17# How much deep is microporous layer created by etching the enamel (in micrometers)?

- A. 0-5

- B. 5-50
- C. 50-500
- D. 500-5000

18# Etching of enamel surface with $H_2(PO_4)_3$, creates a microporous etched surface of 15-25 microns how much of this thickness is contributed by enamel in microns?

- A. 1-5
- B. 5-10
- C. 10-15
- D. >15

19# Etchant is preferred in gel form than in liquid form due to:

- A. Better control over placement
- B. Enhance and concentrate the action of acid
- C. Helps in visualisation while placement
- D. None of the above

20# True about dentin conditioner is:

- A. Removes smear layer
- B. Increases free surface energy of dentin
- C. Has low viscosity and bonds easily
- D. Forms a layer of resin on dentinal to tooth surface tubules

ANSWER: 1-B

2-B

3-C

4-B

5-C

6-C

7-A

8-C

9-B

10-A

11-D

12-A

13-D

14-B

15-D

16-A

17-B

18-B

TOPIC - DIRECT FILLING GOLD

1. Pure Gold fuses at the temperature (in °C) of

a) 863

b) 1063

c) 1263

d) 1463

2. The carat for gold foil used for restorations is

a) 18

b) 20

c) 22

d) 24

3. Stress in cold working can be relieved by:

a) Age hardening

b) Annealing

c) Hydrochloric acid

d) Beating

4. Annealing of gold foil is the process by which

a) Contaminants are removed from the surface

- b) Rigidity decreases and ductility increases
- c) both ductility and proportional limit decreases
- d) none of the above

5. Which of the following restorative materials requires more skills in manipulative manoeuvres than others

- a) Amalgam
- b) cast gold alloy
- c) pure gold
- d) composite

6. The cohesion of direct gold filling at room temperature is an example of-

- a) wedging
- b) annealing
- c) adaptability
- d) atomic attraction

7. The purpose of heating gold foil before condensing is:

- a) To improve welding quality
- b) To melt the gold
- c) To remove adsorbed gases on gold surface
- d) To increase oxidation

8. Alloyed form of direct gold restoration is:

- a) Goldent

- b) Mat gold
- c) lectralloy
- d) laminated gold foil

9) Tick the odd one out

- a) Degassing
- b) Desorbing
- c) annealing
- d) Metalizing

10) The amount of force needed to compact direct filling gold properly is influenced mostly by the:

- a) Angle of compaction
- b) Surface area of the condenser
- c) Bulk of the surrounding tooth
- d) Temperature at which gold is annealed

11) Gold foil is prepared by

- a) Condensation'
- b) Beating
- c) Rolling
- d) annealing

12) The term stepping is associated with

- a) Root canal preparation

- b) direct gold condensation
- c) Silver amalgam condensation
- d) fracture mandible

13) If the nib diameter is reduced by half, the compaction force is

- a) Halved
- b) double
- c) Increase 4 times
- d) constant

14) The cavosurface margin for direct filling gold are prepared with

- a) 90° butt joint
- b) 45° Bevelled
- c) 30-40° bevel
- d) 10° bevel

15) Best marginal integrity is obtained with

- a) GIC
- b) Goldfoil
- c) Gold inlay
- d) Amalgam

16) Surface hardness of gold foil during condensation

- a) Always increases
- b) Always decreases
- c) Increased followed by a decrease
- d) Not correlated

17) For class V direct filling gold, retention points are

- a) In the enamel completely
- b) In the occlusal and gingival line angles
- c) In the mesial and distal walls

d) In the axial wall completely

18) The cohesive gold used as a bulk filler is

- a) Electra alloy
- b) Mat gold
- c) spherical gold
- d) gold foil

19) Electralloy is an alloy of

- a) Gold and platinum
- b) Cobalt and chromium
- c) Gold and calcium
- d) tin and chromium

20) Pitting of direct filling gold usually results from

- a) Using contaminated gold foil
- b) Poor finished preparation
- c) Improper stepping of condenser point
- d) using small condenser point

ANSWERS –

- 1. B
- 2. D
- 3. B
- 4. A
- 5. C
- 6. D
- 7. C
- 8. C
- 9. D
- 10. B
- 11. B
- 12. B
- 13. C
- 14. C
- 15. B
- 16. A
- 17. B
- 18. B
- 19. C
- 20. C

ACCESS OPENING IN MAXILLARY TEETH

Q1. Maxillary central incisor has :

- E. 1 root and 2 root canals
- F. 1 root and 1 root canal
- G. 2 roots and 2 root canals
- H. 2 roots and 1 root canal

Q2. In maxillary incisors the access shape is :

- E. Triangular
- F. Ovoid
- G. Square
- H. Rectangular

Q3. The average length of Maxillary incisor is :

- a. 22.5mm
- b. 23.5mm
- c. 22.1mm
- d. 22.8mm

Q4. Lateral canals occur more frequently in

- E. Maxillary lateral incisor
- F. Mandibular lateral incisor
- G. Maxillary central incisor
- H. Mandibular canine

Q5. The access opening for the maxillary lateral incisor is more

- a. Square
- b. Triangular
- c. Ovoid
- d. Tapered

Q6. The average length of maxillary canine is

- E. 24mm
- F. 28mm
- G. 33mm
- H. 26mm

Q7. Which single rooted tooth has the largest pulp chamber?

- E. Maxillary Central incisor

- F. Mandibular Central incisor
- G. Maxillary canine
- H. None of these

Q8. The triangular access preparation in a maxillary molar is modified _____ into a _____ shape whenever the MB-2 canal is suspected or traced.

- E. Ovoid
- F. Rhomboid
- G. Square
- H. None of the above

Q9. C shaped pulp chamber and C shaped root canal is found in :

- a. Maxillary central incisor
- b. Maxillary premolar
- c. Maxillary third molar
- d. Maxillary second molar

Q10. In anterior teeth the starting location for access cavity is the center of the anatomic crown on lingual surface at

- A) angle to it
- B) in line to it
- C) perpendicular to it
- D) all of the above

Q11. Branching of pulpal canals is least likely seen in

- A) maxillary CI
- B) max 1st PM
- C) mand CI
- D) mand LI

Q12. The tooth most commonly having bifurcated roots is the

- A) max CI
- B) mandibular lateral incisor
- C) mand CI
- D) mand PM

Q13. Once the pulp chamber has, been opened canal orifices are located with :

- a. a periodontal curette.
- b. a spoon excavator.

- c. an inverted cone bur.
- d. an endodontic pathfinder.

Q14. Four canals are located in :

- a. Max first PM
- b. Max second PM
- c. Max first molar
- d. Mand premolars

Q15. The maxillary first molar:

- a. has a palatal root that curves lingually.
- b- has a distobuccal root with two canals ending in a common orifice.
- c. should be approached for endodontic treatment with the assumption that two canals exist in the mesiobuccal root.
- d. should be approached for endodontic treatment with the assumption that one canal exists in the mesiobuccal root.

Q16. Entry into a maxillary central incisor is made

- a. below (apical to) the cingulum in the direction of the long axis of the tooth.
- b. just coronal to the cingulum in the direction of the long axis of the tooth.
- c. to include the marginal ridges.
- d. with a slow-speed bur.

Q17. Maxillary canines :

- a. are usually less than 25 mm long.
- b. are 25 mm or longer.
- c. possess extremely curved canals.
- d.. have an anatomic apex distant from the apical foramen.

Q18.. Mandibular incisors :

- a. often have two separate apical foramina.
- b. two of five can have two separate canals.
- c. average 19 mm in length.
- d. are less likely to be perforated labially than lingually during access preparation.

Q19. Access cavity preparation of anterior teeth

- a. is completed using a K-type file.
- b. often can result in lateral cervical or root surface perforations.
- c. often can result in labial cervical or root surface perforations.
- d. arc initiated using a no. 6 or 8 round bur.

20. The fourth canal is often found in :

- a. the mesiobuccal root of maxillary first molar
- b. mesial root of Max first premolar
- c. palatal root of Max first molar
- d. distobuccal root of Max first molar

ANSWER KEY

1-b 2-a 3-d 4-a 5-c 6-d 7-c 8-b 9- 10-c 11-c
12-d 13-d 14-c 15-c 16- b 17-b 18-b 19-d 20-a

TOPIC- RATIONALE OF ENDODONTIC TREATMENT

1. Spread of the inflammation limit by
 - e) fibrin
 - f) macrophages
 - g) collagen
 - h) Exudate

2. Irreversible damage leads to
 - e) Repair
 - f) Tissue necrosis
 - g) Tissue death
 - h) Edema

3. Reversible damage leads to
 - e) Repair
 - f) Tissue necrosis
 - g) Tissue death
 - h) Irritation

4. The objective of inflammation is to
 - e) Severe the injury
 - f) Remove the irritant
 - g) Disturb the function
 - h) Tissue irritation

5. The main cell of a symptomatic acute inflammatory lesion is
 - e) Monocytes
 - f) Plasma cells
 - g) Polymorphonuclear neutrophil
 - h) Lymphocytes

6. Serum factors of complement and immunoglobulins are called
 - e) Opsonins
 - f) Granulation tissue
 - g) Lysosomes
 - h) Suppressor cells

7. At the inflammatory site the tissue fluids fall to pH of
 - e) 8
 - f) 9.5
 - g) 6.5
 - h) 4

8. Macrophages are derived from the circulating
 - e) Lymphocytes
 - f) Monocytes
 - g) Plasma cells
 - h) Neutrophils

9. Small lymphocytes appear in inflammatory reaction at
- e) Early stage
 - f) Acute stage
 - g) Chronic stage
 - h) End stage
10. T cells recirculate through the organs of the body except
- e) Thymus
 - f) Thyroid gland
 - g) Lymphoid tissue
 - h) Lymph nodes
11. Effector T cells may produce
- e) Immunologic reaction
 - f) Inflammatory reaction
 - g) Delayed hypersensitivity
 - h) Cell mediated hypersensitivity
12. Which factor of clotting system is released into the tissues in the inflammatory exudate
- e) Factor XII
 - f) Factor IX
 - g) Factor XI
 - h) Factor VI
13. Hageman factor in inflammatory exudate is activated by
- e) Fibrin
 - f) Collagen
 - g) Macrophage
 - h) Bradykinin
14. How many well-defined zones were described by fish
- e) Five
 - f) Four
 - g) Six
 - h) Three
15. Zone of contamination is characterized by
- e) Round cell infiltration
 - f) Polymorphonuclear leukocytes
 - g) Lymphocytes
 - h) Neutrophils
16. Fibroblasts and osteoblasts are the characteristic feature of
- e) Zone of irritation
 - f) Zone of infection
 - g) Zone of stimulation
 - h) Zone of infection
17. Which is the site of infection
- e) Root canal

- f) Periradicular area
- g) Crown
- h) Periodontium

18. in the zone of contamination lacunae appear

- e) Half
- f) Full
- g) Empty
- h) Excess

19. Another form of degeneration in inflammation is

- e) Suppuration
- f) Thrombosis
- g) Exudate
- h) Edema

20. Which cells are mononucleated cells which facilitates repair?

- e) Lymphocytes
- f) Macrophages
- g) Plasma cells
- h) Fibrin

Answer key :-

- 1.a
- 2.b
- 3.a
- 4.b
- 5.c
- 6.a
- 7.c
- 8.b
- 9.c
- 10.a
- 11.c
- 12.a
- 13.b
- 14.b
- 15.a
- 16.c
- 17.a
- 18.c
- 19.a
- 20.b

Chapter- Pulpotomy

1. What is the common cause of failure of pulpotomy, that employs Ca(OH)₂ in primary molars?

- a) Pulp fibrosis
- b) Pulp calcification
- c) Ankylosis
- d) Internal resorption

2. The treatment of choice for vital, wide apex tooth which shows pulp exposure is:

- a) Pulpotomy
- b) Pulpectomy
- c) Apexification
- d) Apexogenesis_____

3. The material of choice for pulpotomy in primary molars is

- a) Calcium hydroxide
- b. Zinc oxide eugenol
- c) Formocresol or gluteraldehyde
- d) Reinforced zinc oxide eugenol_____

4. A severe toothache at night usually means extensive degeneration of the pulp. this calls for more than a conservative types of pulp therapy

- a) both the statements are false
- b) both the statements are true
- c) first statement is true and the second statement is false
- d) first statement is false and the second statement is true_____

5. the material of choice for direct pulp capping in permanent molars is

- a) Calcium hydroxide
- b) Zinc oxide eugenol
- c) GIC
- d) reinforced zinc oxide eugenol

Ans-1-d,2-d,3-c,4-b,5-a

6.vital pulp therapy

- a)Promotes healing of infected dentin
- b)Preserves pulp vitality
- c)Preserves enamel integrity

d) induces secondary dentin formation

7. direct Pulp capping is done when exposure site

a) <2mm

b) <1.5mm

c) <1mm

d) <0.5mm

8. material used for pulp capping

a) Amalgum

b) Composite resin

c) Zinc phosphate

d) MTA

9. Ideal remaining dentin thickness should be

a) 1mm

b) 1-1.5mm

c) 1.5mm

d) 2mm

10. Vital pulp therapy special used for

a) Deciduous teeth

b) Young permanent tooth

c) necrotic pulps

d) sclerotic dentin

6-b, 7-d, 8-a, 9-b, 10

11. Apexification is done with

a) $\text{Ca}(\text{OH})_2$ at the apex

b) $\text{Ca}(\text{OH})_2$ direct pulp capping

c) indirect pulp capping

d) none

Ans-a

12. Apexification is the treatment of choice for a permanent tooth with wide open apex when

a) The pulp is necrotic

- b) The pulp is vital
- c) The pulp and root canals are calcified
- d) There is traumatic pulp exposure during cavity preparation

Ans-a

13.38 year old child had fractured his maxillary central incisor 10 months ago. The pulp shows no response. There is no periapical lesion in the radiograph. The treatment of choice is

- a) Ca(OH)₂, Pulp capping
- b) Formocresol ppulpotom
- c)Conventional root canal treatment
- d)Complete debridement and apexificationy

Ans-d

14.False vitality test results are common in posterior tooth are more commonly due to

- a)Presence of vital pulp tissue in one of the canals
- b) Thickness of the enamel
- c)Presence of pulp stones
- d) thickness of dentine

Ans-a

15-which of the following is used as best root end filling

- a)MTA
- b)Amalgam
- c)ZOE
- d)Ca(OH)₂

Ans-a

16-Which of the following root canal irrigants removes the smear layer

- a) Sodium hypochlorite
- b) EDTA
- c) H₂O₂
- d) Chlorhexidine

Ans-b

17-which of the following is false about apexogenesis?

- a)Done in a non vital tooth

- b) More physiologic process
- c) pulp tissue with mild inflammation
- d) Root development continues

Ans-a

18-Direct pulp capping has a favourable prognosis if exposure is around

- a) 1mm
- b) 1.5mm
- c) 0.5mm
- d) 2mm

Ans-c

19.The most reliable among vitality test

- a) heat test
- b) Cold test
- c) electric pulp test
- d) test vitality

Ans-c

20.Cvek pulpotomy?

- a) Cervical pulpotomy
- b) Partial pulpotomy
- c) Formocresol pulpotomy
- d) Glutaraldehyde pulpotomy

Ans-b

Access opening and working length determination.

1. Apical foramen is located:

- A. Always at the anatomic apex
- B. At the anatomical apex in about 46% of all teeth
- C. At the anatomical apex in about 95% of all teeth

2. The root that most often contains accessory root canals is:

- A. Distobuccal root of maxillary first molar
- B. Distal root of mandibular second molar
- C. Mesibuccal root of maxillary first molar
- D. Palatal root of maxillary second molar

3. The approach to the distobuccal canal in maxillary molar should be from:

- A. The distal cusp
- C. The lingual cusp
- B. The disto lingual area
- D. The mesiopalatal area

4. In opening of pulp chamber of mandibular incisors the most common error is:

- A. Fracture of crown
- C. Lingual perforation
- B. Labial perforation
- D. All of the above

5. The access preparation for root canal in a maxillary central incisor most resembles with:

- A. A circle
- B. A square
- C. A triangle

D. A trapezoidal

6. In access openings, the common error present is:

A. Too large access opening

B. Too small access opening

C. Incomplete removal of the pulp chamber roof D. All of the above are correct

7. In mandibular premolars two or more canals are present:

A. In about 0 to 1 % of the cases

B. In about 5 to 10% of the cases

C. In about 10 to 25% of the cases

D. In about 50 to 75% of the cases

8. Pulp chamber preparation in a molar is best achieved by using a:

1) Number 1/2 round bur

2) Number 4 round bur

3) Number 3 to 5 inverted cone bur or straight fissure bur

4) Tapered fissure bur

A. 1 and 4

B. 2 and 3

C. 2 and 4

D. 2 and 5

9. Access preparations for root canal treatment should be:

1) As small as possible to conserve tooth strength

2) Confined to area where carious destruction occurs

3) Shaped carefully with a number 35 inverted cone bur

4) Extended to the full periphery of the pulp chamber

A. 1 and 2 B. 2 and 3 C. 3 and 4 D. 1 and 4

10. The principles of access cavity preparation include the following:

- A. Convenience form
- B. Outline form
- C. Removal of remaining carious dentin and defective restorations
- D. All of the above are correct

11. In an endodontic file, D, will be

- a) At the tip of the instrument
- b) At 2 mm from the tip of the instrument
- c) at 3mm from the tip
- d)at 16 mm from the tip

12. According to ISO-2 standardization, root canal files and reamers (Instruments) should have a taper of

- a)0.01mm per mm
- b) 0.02mm per mm
- c) 0.03mm per mm
- d) 0.04mm per mm

13. The tip angle of an endodontic instrument should be

- a)75+15
- b)75-15
- c)75±15

14.purple coloured reamer is numbered

- a)08
- b) 10
- c)15

d)30

15. Working length of an instrument should be less than ____ mm.

a)0.5 mm

b) 1mm

c) 2 mm

d) 2mm more more.

16. Reference points in Endodontics in posterior teeth are

a)buccal and lingual surfaces

b) cusp tips

c) pits

d) marginal edges

17. Smallest number file is

a) 4

b)6

c.)8

d) 10

18. magnification allowed in working length determination in paralleling technique

A)none

b)1mm

c)2mm

d)3mm

19. The conventional approach to the pulp chamber is impractical in the following situations:

A. Dowel crowns

- B. Excessive calcification and periodontal lesions C. Fixed partial denture
- D. All of the above are correct

20 In the maxillary canine teeth, the greatest root canal diameter is:

- A. Cervicoproximal
- B. Gingivoincisal
- C. Labiolingual

Answer 1b 2c 3b 4b 5c 6d 7c 8b 9d 10d 11d 122

13 c 14 b 15d 16b 17 6 18c 19d 20 c.

MCQ'S ON OBTURATION

1. The main objective of obturation is

- a. Fill the canal and prevent apical percolation of fluids
- b. Fill the canal and prevent discolouration of teeth
- c. Fill the canal to give support to restoration
- d. All of the above

2. Which of the following can be used as root canal filling materials

- a. Cements and plastic materials
- b. G.P. Points
- c. Silver points
- d. All of the above

3. Most commonly followed obturation technique

- a. Lateral condensation
- b. Vertical condensation
- c. Thermoplastic injection technique
- d. Carrier based GP

4. McSpadden compactor for thermo mechanical compaction has flutes similar to

- a. Reverse of H-file
- b. H-file
- c. K-file
- d. K-flex file

5. McSpadden compactor is of _____ shape

- a. Reverse blade of K-file
- b. Reverse blade of H-file
- c. Endosonic instrument
- d. None of the above

6. 'Hermetic seal' literally denotes

- a. Fluid-impervious seal
- b. Bacteria impervious seal

c. Blood-impervious seal

d. Air-impervious seal

7. Warm vertical compaction was introduced by

a. Kuttler

b. Schilder

c. Vertucci

d. Pineda

8. Vertical compaction of warm gutta- percha technique, was given by

a. Grossman

b. Ingle

c. Schilder

d. Cohen

9. The best time for giving permanent restoration after obturation is

a. 1 week after obturation

b. 1 month after obturation

c. 3 months after obturation

d. Immediately after obturation in the same appointment

10. About gutta-percha all are true, except

a. It contains 60-70% gutta-percha and 20% ZnO

b. Can be sterilized by heating

c. With time they become brittle

d. It has two forms alpha and beta

11. The largest component of guttapercha cones is

a. Guttapercha

b. Zinc oxide

c. Resins and waxes

d. Colouring agents

12. Guttapercha can be effectively sterilized by

a. Hot salt sterilizer

b. Autoclaving

- c. Chemical solutions
- d. Dry heat

13. The most practical method to disinfect GP is with

- a. NaOCl
- b. H₂O₂
- c. Hot air oven
- d. Glutaraldehyde

14. Rejuvenation of aged gutta-percha is done by

- a. Immersion in hot water of 550 C
- b. Immersion in hot water of 550 F
- c. Immersion in hot water of 550 C, followed by instant cooling in cold water
- d. Immersion in hot water of 550 F, followed by instant cooling in cold water

15. The advantage of silver point as obturating material is that it

- a. Can be used in fine tortuous canals
- b. Is easier to retrieve if retreatment becomes necessary
- c. Gives a perfect seal at the apical 1/3rd of the root canal
- d. Provides better adaptation to canal walls compared to Guttapercha

16. Which one of the following is not a popular method of root canal obturation

- a. Lateral condensation
- b. Silver point technique
- c. Vertical condensation
- d. Thermo-plasticized core filler technique

17. Which of the following is incorrect regarding the use of silver points for root canal obturation

- a. Silver corrodes in tissue fluids
- b. A post cannot be used if a silver point is cemented in root canal
- c. The use of step back method of root canal preparation in a circular configuration is difficult to achieve in the apical segment with silver point
- d. It will not seal the middle and cervical parts

18. Which of the following best describes the resistance form in endodontic root canal preparation?

- a. The establishment of apical tug back resistance to prevent the apical root fracture during obturation
- b. The cavity form which is obtained for application of condenser in vertical compaction
- c. The cavity form which is obtained for application of condenser in lateral compaction
- d. Cavity form which is designed to obtain for entry of condenser during obturation

19. Lentulo spirals are endodontic instruments used for

- a. Exploration
- b. Debridement
- c. Cleaning and shaping
- d. Obturation

20. The primary gutta-percha cone must fill the canal wall tightly in the:

- a. Apical third
- b. Middle third
- c. Cervical third
- d. Entire canal

ANSWER KEY

- 1. A
- 2. D
- 3. A
- 4. A
- 5. B
- 6. D
- 7. B
- 8. C
- 9. D
- 10. B
- 11. B
- 12. C
- 13. A
- 14. C
- 15. A
- 16. B
- 17. B
- 18. B
- 19. D
- 20. A

IRRIGANTS AND INTRACANAL MEDICAMENTS

MCQs

Q1 Which of the following is NOT an ideal requirement for endodontic irrigant?

- A) ANTIMICROBIAL ACTIVITY
- B) NONTOXIC AND BIOCOMPATIBLE IN NATURE
- C) REMOVES THE SMEAR LAYER
- D) HIGH SURFACE TENSION

Q2 Which of the following is NOT an intracanal irrigant?

- A) CALCIUM PHOSPHATE
- B) SODIUM HYPOCHLORITE
- C) EDTA
- D) CHLORHEXIDINE DIGLUCONATE

Q3. According to Estrela et al., which of the following steps is NOT involved in the mechanism of action of sodium hypochlorite.

- A) SAPONIFICATION
- B) TISSUE DISSOLUTION
- C) AMINO ACID NEUTRALIZATION
- D) CHLORAMINATION

Q4. Which of the following is the most commonly used intracanal irrigant?

- A) 17% EDTA
- B) MTAD
- C) 5.25% SODIUM HYPOCHLORITE
- D) CHLORHEXIDINE DIGLUCONATE (2%)

Q5. Which of the following is NOT a machine assisted irrigant agitation techniques?

- A) SYRINGE IRRIGATION WITH NEEDLES

- B) ROTARY BRUSHES
- C) SONIC IRRIGATION
- D) RINSEND

Q6. Which is of the following is a drawback of sodium hypochlorite?

- A) REMOVE THE INORGANIC COMPONENT OF THE ENDODONTIC SMEAR LAYER.
- B) CYTOTOXICITY AND CAUSTIC EFFECTS
- C) IT HAS AN PLEASANT TASTE
- D) THE SOLUTION SHOULD NOT BE KEPT IN A COOL PLACE, AWAY FROM SUNLIGHT.

Q7. What is the full form of EDTA?

- A) ETHYL DIMETHYL TETRA ACETIC ACID
- B) ETHYLENE DICHLORIDE TETRA ACETIC ACID
- C) ETHYLENE DIAMINE TETRA ACETIC ACID
- D) ETHYL DIAMINE TETRA ACETIC ACID

Q8. CHX is very effective against?

- A) MYCOBACTERIUM
- B) E. COLI
- C) NEISSERIA MENINGITIDIS
- D) E. FAECALIS

Q9. MOST IMPORTANT CLINICAL CHARACTERISTIC OF CHLORHEXIDINE IS?

- A) VISCOSITY
- B) IRRITABILITY
- C) SUBSTANTIVITY
- D) HYDROPHOBIC

Q10 Which of the following statements are true :

I. The only instrument required is a disposable luer lock syringe with an endodontic blunt-ended side vented needle.

II. The objective is to irrigate the canal and not to force the solution under pressure into the periradicular tissues.

- A) ONLY I IS TRUE
- B) ONLY II IS TRUE
- C) BOTH ARE TRUE
- D) NONE ARE TRUE.

Q11. Which of the following is not an GROSSMAN's requirement for an ideal root canal medicament?

- A) IT SHOULD BE AN EFFECTIVE ANTIMICROBIAL AGENT
- B) IT SHOULD REMAIN UNSTABLE IN SOLUTION.
- C) IT SHOULD BE NONIRRITATING TO THE PERIRADICULAR TISSUES
- D) IT SHOULD HAVE LOW SURFACE TENSION

Q12. What is the PH of Calcium Hydroxide?

- A) 12.5
- B) 6.5
- C) 4.5
- D) 10.5

Q13. Hydroxyl ions are highly oxidizing free radicals that destroy bacteria by:

- A) DAMAGING THE CYTOPLASMIC MEMBRANE
- B) PROTEIN DENATURATION
- C) DAMAGING BACTERIAL DNA
- D) ALL OF THE ABOVE

Q14. What is this following image .



- A) $\text{Ca}(\text{OH})_2$ INTRACANAL MEDICAMENT
 - B) DENTIN BONDING AGENT
 - C) SELF CURED COMPOSITE
 - D) TEMPORARY RESTORATIVE MATERIAL
- A

Q15. According to Fava and Saunders, the vehicles for intracanal medicament can be classified as follows:

- A) AQUEOUS—E.G. STERILE WATER, NORMAL SALINE
- B) VISCOUS—GLYCERINE, POLYETHYLENE GLYCOL, AND PROPYLENE GLYCOL
- C) BOTH
- D) NON

Q16. Which of the following is the pressure alternation device for irrigant agitation?

- A) ENDOVAC
- B) RINSEND0
- C) NONE OF THE ABOVE
- D) BOTH

Q17. Which of the following are the factors affecting the efficacy of an irrigant?

- A) VOLUME OF THE IRRIGANT USED
- B) CONCENTRATION OF THE IRRIGANT
- C) FREQUENCY OF IRRIGATION
- D) ALL OF THE ABOVE

Q18. Which of the following statements are true ?

I. CHX lacks tissue-dissolving ability.

II. It removes the smear layer and hence has not to be employed in conjunction with other irrigants.

- A) ONLY I IS TRUE
- B) ONLY II IS TRUE
- C) BOTH ARE TRUE
- D) NONE ARE TRUE

Q19. WHICH OF THE FOLLOWING STATEMENTS ARE TRUE?

I. Irrigation with EDTA does not remove the inorganic part of the smear layer.

II. EDTA is effective in softening dentin.

- A) ONLY I IS TRUE
- B) ONLY II IS TRUE
- C) BOTH ARE TRUE
- D) NONE ARE TRUE

Q20. What % OF EDTA is used as an irrigant introduced into endodontic practice by Nygaard-Østby.

- A) 17% EDTA
- B) 18% EDTA
- C) 19% EDTA
- D) 16% EDTA

ANSWER KEY

<i>1.D</i>	<i>2.A</i>	<i>3.B</i>	<i>4.C</i>	<i>5.A</i>
<i>6.B</i>	<i>7.C</i>	<i>8.D</i>	<i>9.C</i>	<i>10.C</i>
<i>11.B</i>	<i>12.A</i>	<i>13.D</i>	<i>14.A</i>	<i>15.C</i>
<i>16.D</i>	<i>17.D</i>	<i>18.A</i>	<i>19.B</i>	<i>20.A</i>

TOPIC – DENTIN BONDING AGENT

Q.1) Dentin bonding agent usually contains

- a) hydrophilic components
- b) hydrophobic components
- c) both of the above
- d) none of the above

Q.2) which generation dentin bonding agents shows highest bond strength

- a) 3rd generation
- b) 4th generation
- c) 5th generation
- d) 6th generation

Q.3) which of the following dentin bonding agents is known as self-etching primer

- a) 3rd generation
- b) 4th generation
- c) 5th generation
- d) 6th generation

Q.4) which of the following contains primer and bonding agent in a single bottle and is known as single component system

- a) 3rd generation
- b) 4th generation
- c) 5th generation
- d) 6th generation

Q.5) which of the following individual component in self-etch adhesive system acts as desensitizing agent

- a) glutaraldehyde
- b) 4- META
- c) HEMA
- d) acetone

Q.6) water tree phenomenon is seen in which generation dentin bonding agent

- a) 3rd generation
- b) 4th generation
- c) 5th generation
- d) 7th generation

Q.7) A Dentin primer is

- a) etches the enamel
- b) removes the smear layer
- c) increase the surface energy
- d) conditions the dentine

Q.8) Type -I enamel etching pattern is

- a) There is peripheral dissolution of enamel rods
- b) centre of enamel rods is dissolved with periphery intact
- c) it is a combination of the above two patterns
- d) involves dentine and enamel

Q.9) what is the ADA specification number of dentin bonding agents

- a) 27
- b) 21
- c) 24
- d) d)23

Q.10) aggressive etching of dentin can cause

- a) increase strength
- b) pulpitis
- c) shrinkage of resin
- d) flawability

Q.11) hybrid layer also called as

- a) Resin – dentin interpenetration
- b) Interdiffusion zone
- c) smear plug
- d) both a & b

Q12) role of water in bonding process are the following

- a) it acts as a plasticizer for collagen & keep it in soft state

- b) If dentin is excessively dried it will leads to collapse of dentin
- c) both a & b
- d) none of the above

Q.13) molecule designed for dentin bonding agent were represented as

- a) M- R – X molecule
- b) R-M- X molecule
- c) X- M – R molecule
- d) none of the above

Q.14) 7th generation is

- a) no mix, self etching adhesive
- b) acid etching of enamel
- c) enamel Bonding agent
- d) self etching primers & primer adhesives , light & dual cured options

Q.15) components of dentin bonding agents are –

- a) etchant/ conditioners
- b) primers
- c) adhesives
- d) all of the above

Q.16) retention of smear layer will cause

- a) lowers dentin permeability
- b) prevent decrease in bond Strength
- c) lowers effect of pulpal pressure on bond strength
- d) all of the above

Q.17) best known chelator conditioner is

- a) EDTA
- b) HEMA
- c) META
- d) oxalic acid

Q.18) The surface active co monomer was the first commercially available dentin bonding agent is

- a) NPG – GMA

- b) BIS – GMA
- c) TEG- DMA
- d) none of the above

Q.19) smear plug is

- a) smear layer
- b) hybrid layer
- c) superficial layer
- d) partial layer

Q.20) along with the primers form resin microtags within the intertubular dentin

- a) adhesive resin
- b) hybrid layer
- c) smear layer
- d) none of the above

Answer of the above questions

- 1. (c)
- 2. (b)
- 3. (d)
- 4. (c)
- 5. (a)
- 6. (d)
- 7. (c)
- 8. (b)
- 9. (a)
- 10. (b)
- 11. (d)
- 12. (c)
- 13. (a)
- 14. (a)
- 15. (d)
- 16. (d)
- 17. (a)
- 18. (a)
- 19. (a)
- 20. (a)

TOPIC- Apexogenesis and Apexification

Q1. Which is the most common material for apexification?

- (a) Calcium hydroxide
- (b) Amalgam
- (c) Bonded composite
- (d) MTA

Q2. Apexification induces a ____ barrier?

- (a) Calcific barrier
- (b) Degenerative
- (c) Internal
- (d) Apical

Q3. Access cavity is sealed with which material?

- (a) MTA
- (b) Calcium hydroxide
- (c) RMGIC
- (d) Tricalcium phosphate

Q4. Long term use of intracanal calcium hydroxide can cause weakening of ____?

- (a) Pulp tissue
- (b) Periradicular tissue
- (c) Apical third
- (d) Root dentin

Q5. What is the mixing ratio of MTA?

- (a) 3:1
- (b) 2:1
- (c) 4:2

(d) 2:1

Q6. For how much time calcium hydroxide is medicated to raise pH?

- (a) One week
- (b) Two weeks
- (c) Five weeks
- (d) Four weeks

Q7. Franks successful results of apexification are?

- (a) Continued closure of canal
- (b) Dome shaped closure
- (c) No radiographic change and positive coronal barrier
- (d) All the above

Q8. What is advantage of MTA?

- (a) Biocompatible
- (b) Structural durability
- (c) Alkaline pH
- (d) All of above

Q9. Contraindications of apexogenesis are?

- (a) Avulsed tooth
- (b) Severe crown fracture
- (c) Carious unrestorable tooth
- (d) All of the above

Q10. Disadvantage of calcium hydroxide in apexification?

- (a) Variability of treatment time
- (b) Difficult to patient followup
- (c) Delayed treatment

(d) All of the above

Q11. The goal of apexogenesis is?

- (a) Attain improper crown root ratio
- (b) Preserve pulp vitality
- (c) Degeneration of dentin bridge
- (d) No root development

Q12. Indication of apexogenesis?

- (a) Traumatized or pulpally involved tooth
- (b) No pain
- (c) No haemorrhage
- (d) All of the above

Q13. Methods used in apexogenesis are?

- (a) Direct pulp capping
- (b) Indirect pulp capping
- (c) Pulpotomy
- (d) All of the above

Q14. Drawbacks of apexification are?

- (a) Apical healing takes 3-4 months
- (b) Patient compliance may be poor
- (c) Temporary filling may fall
- (d) All of the above

Q15. Materials used for apexification are?

- (a) MTA
- (b) Biodentine
- (c) Tricalcium phosphate

(d)All of above

Q16.Source of pluripotent cells in apexification is?

- (a)Connective tissue
- (b) Bone tissue cells
- (c) cells of dental sac
- (d)Residual pulp cells

Q17.What is greater in biodentine than in MTA?

- (a)Calcium intake
- (b)Phosphorus element
- (c) Dentin element uptake
- (d)Silica uptake

Q18.Whats used in shortfill?

- (a) MTA
- (b) Guttapercha
- (c) Diaket
- (d) Collagen particles

Q19.pH of MTA is?

- (a)12.5
- (b)13
- (c)9.0
- (d)14.5

Q20.Which zone of healing of calcium hydroxide has mummified zone?

- (a) Zone of coagulation necrosis
- (b) Zone of dentin bridge formation
- (c) Zone of obliteration
- (d) Line of demarcation

Answers. 1.(a) 2.(a) 3.(c) 4.(d) 5.(a) 6.(a) 7.(d) 8.(d) 9.(d) 10.(d) 11.(b) 12.(d) 13.(d) 14.(d) 15.(d) 16. (b) 17.(c) 18. (c) 19. (a) 20.(a)

TOPIC: APEXOGENESIS AND APEXIFICATION

1. A child has mid crown fracture in a permanent maxillary central incisor several months ago, the pulp is now necrotic, radiographic examination reveals an incompletely formed root with an open apex treatment of choice is:

- a. Formocresol pulpotomy
- b. Root canal therapy
- C. Calcium hydroxide pulpotomy
- D. Apexification

2. MTA is used for:

- a. Apexification of any dentition
- b. Apexification of primary tooth only
- c. Apexification of permanent tooth only
- d. Apexogenesis of any dentition

3. Indirect pulp capping done in

- a. primary molar
- b. premolar and molar
- c. incisors
- d. all the above

4. Simplest form of pulp therapy is:

- a. Apicoectomy
- b. Pulp capping
- c. Pulpectomy
- d. Pulpotomy

5. Treatment of nonvital maxillary lateral incisor in 8 year old child:

- a. Apexification
- B. Apexogenesis

C.Pulpotomy

D.pulp capping

6. Which material is used for pulpotomy:

- a. Ca(OH)₂
- b. Formocresol
- c. Glutaraldehyde
- d. All of the above

7.Vitality of pulp depends on:

- a. Blood supply
- b. Nerve supply
- c. Lymphatic supply
- d. All of the above

8.The preferred material used in Apexification is:

- A. Zinc Phosphate cement.
- B. Zinc Polycarboxylate cement.
- C. Calcium hydroxide
- D. Dycal

9.Two main types of vital pulp therapy are:

- a. Pulpectomy and pulpotomy
- b.Pulp capping and pulpotomy
- c.Partial pulpotomy and cervical pulpotomy
- d.Direct and indirect pulp capping

10.WHICH of the following procedures does not aim to preserve and maintain pulp tissue?

- a. Partial pulpotomy
- b. Pulp capping

- c. Pulpectomy
- d. Cvek pulpotomy

11. What type of dentine has to be removed during the indirect pulp capping procedure?

- a. Affected dentine
- b. Infected dentine
- c. Tertiary dentine
- d. Reparative dentine

12. Which type of pulp exposure has the lowest success rate when direct pulp capping is performed?

- a. Carious exposure
- b. Mechanical exposure
- c. Traumatic exposure
- d. Iatrogenic exposure

13. Which of the following is defined as a treatment, which aims to preserve and maintain the pulp tissue that has been compromised but not destroyed, by caries, trauma or restorative procedures, in a healthy state?

- a. Indirect pulp capping
- b. Vital pulp therapy
- c. Direct pulp capping
- d. Pulpotomy

14. Cervical pulpotomy is also called:

- a. Cvek pulpotomy
- b. Full pulpotomy
- c. Partial pulpotomy
- d. Complete pulpotomy

15. Which are the two commonly used material for indirect pulp capping?

- a. Calcium hydroxide and zinc-oxide eugenol cement
- b. Calcium hydroxide and mineral trioxide aggregate
- c. Calcium hydroxide and resin-modified glass ionomer cement
- d. Calcium hydroxide and Cavit

16. What is the common cause of failure of pulpotomy, that employs Ca(OH)_2 in primary molars?

- a) Pulp fibrosis
- b) Pulp calcification
- c) Ankylosis
- d) Internal resorption

17. The treatment of choice for vital, wide apex tooth which shows pulp exposure is:

- a) Pulpotomy
- b) Pulpectomy
- c) Apexification
- d) Apexogenesis

18. The material of choice for pulpotomy in primary molars is

- a) Calcium hydroxide
- b. Zinc oxide eugenol
- c) Formocresol or gluteraldehyde
- d) Reinforced zinc oxide eugenol

19. A severe toothache at night usually means extensive degeneration of the pulp. this calls for more than a conservative types of pulp therapy

- a) both the statements are false
- b) both the statements are true
- c) first statement is true and the second statement is false
- d) first statement is false and the second statement is true

20. the material of choice for direct pulp capping in permanent molars is

- a) Calcium hydroxide
- b) Zinc oxide eugenol
- c) GIC
- d) reinforced zinc oxide eugenol

1.d

2.b

3.d

4.b

5.a

6.d

7.a

8.c

9.b

10.c

11.b

12.a

13.b

14.b

15.c

16. D

17. D

18. C

19. B

20. A

Topic- Apexogenesis and Apexification - III

1. The treatment of choice for vital, wide apex tooth which shows pulp exposure is:

- a) Pulpotomy
- b) Pulpectomy
- c) Apexification
- d) Apexogenesis

2. The process of inducing a calcific barrier across an open apex of an immature, pulpless tooth is known as

- a) Apexification
- b) Apexogenesis
- c) Vital pulp Therapy
- d) Direct pulp capping

3. Which of the following is a goal of Apexogenesis?

- a) To attain favourable crown: root ratio
- b) To attain root end closure
- c) To preserve pulp vitality to secure further root development and maturation
- d) All of these

4. Which of the following material is not used in Apexogenesis:

- a) MTA
- b) Calcium Hydroxide
- c) Zinc Phosphate
- d) Formocresol

5. Which of the following is a contraindication of Apexogenesis?

- a) Severe crown root fracture
- b) Tooth with unfavourable horizontal root fracture
- c) Necrotic or non- vital pulp
- d) All of the above

6. Young, immature permanent non- vital tooth can be treated by:

- a) Apexogenesis
- b) Apexification

c) Pulpotomy

d) Pulpectomy

7. Following trauma where the tooth loses blood supply to the pulp, the open apex tooth can reestablish a blood supply through the process called:

a) Pulpotomy

b) Apexification

c) Revascularization

d) Indirect pulp capping

8. Which of the following is not a risk factor for tooth fracture?

a) Stains

b) History of attrition

c) Caries

d) Unsupported enamel/ cusps

9. What is the pH of calcium hydroxide?

a) 10

b) 11

c) 12

d) 13

10. MTA is used for:

a) Apexification of any dentition

b) Apexification of primary tooth only

c) Apexification of permanent tooth only

d) Apexogenesis of any dentition

11. In which of the tooth apical surgery is least indicated?

a) Maxillary molars

b) Maxillary premolars

c) Mandibular molars

d) Mandibular premolars

12. Out of these which is used as best root end filling agent?

a) MTA

b) Amalgam

c) ZOE

d) Calcium Hydroxide

13. As formocresol pulpotomy get failed which is the first sign to appear?

a) Internal resorption

b) Pain

c) Discoloration

d) Bleeding

14. Which medical condition is contraindicated for the endodontic therapy?

a) Rheumatic heart disease

b) Patients with pacemaker

c) Controlled diabetic

d) None of the above

15. Hot tooth is:

a) Sensitive to heat

b) Sensitive to cold

c) Difficult to anaesthetize

d) Fractured tooth

16. In which of the following dental condition tooth is tender on vertical percussion?

a) Deep caries

b) Periapical inflammation

c) Pulp necrosis

d) Cracked tooth

17. Who introduced MTA in dentistry?

a) Jasper

b) Hermann

c) Mahmoud Torabinejad

d) Ingle

18. Why Apexification is preferred over RCT?

- a) Open apex
- b) Blunderbuss canals
- c) Thin and fragile canal walls
- d) All of the above

19. Partial pulpotomy is also known as:

- a) Cvek's pulpotomy
- b) Cervical pulpotomy
- c) radicular pulpectomy
- d) Coronal pulpectomy

20. Who introduced Calcium Hydroxide?

- a) Nygaard- Ostby
- b) Hermann
- c) Grossman
- d) Schilder

ANSWER KEY:

1.d) 2.a) 3.d) 4.c) 5.d) 6.b) 7.c) 8.a) 9.b) 10.b) 11.d) 12.a) 13.a) 14.d) 15.c) 16.b)
17.c) 18.d) 19.a) 20.b)

TOPIC: ENDO PERIO

1. sharp shooting pain seen in :

- a. Endo lesion
- b. Perio lesion
- c. Both a and b
- d. none

2. simon's classification of endo perio is based on:

- a. Type of pathogen
- b. Primary source of infection
- c. None
- d. both

3. Most common cause for endo perio lesion is :

- a. Caries
- b. Trauma
- c. Restoration
- d. None

4. primary endo secondary perio lesion occur when:

- a. Endodontics Treatment failure
- b. Calculus and plaque deposit in gingival sulcus
- c. Endodontic lesion left untreated
- d. All

5. Anatomical relationship between pulp and Periodontium:

- a. Dentinal tubules
- b. Apical foramen
- c. Accessory canal
- d. All

6. Lesion that require endodontic treatment according to grossman is/are all except

- a. Endodontic implants
- b. Root fracture
- c. Occlusal trauma

d. All

7. In which of this Pulp sensibility test is positive:

a. Primary Endo lesion

b. Primary Perio lesion

c. All

d. None

8. sinus tract mainly at apex and involves root furcation in :

a. Primary endo

b. Primary perio

c. Both together

d. No relation

9. Acute pain, pus, pocket, tooth mobility may seen in

a. Primary endo

b. Primary perio

c. None

10. diagnosis depend on :

a. Radiograph

b. Clinical examination

c. Pulp vitality test

d. All

11. treatment for endo perio lesion is :

a. RCT

b. RCT followed by periodontal evaluation

c. Both a and b

d. None

12. simon's classification was given in whicg year:

a. 1999

b. 1972

c. 1987

d. 1994

13. Type of pain in primary endo lesion can Be:
- Moderate to severe
 - Mild
 - Severe
14. Bone loss can be expected in primary endo lesion as:
- Narrow coronally
 - Wide coronally
15. Most common cause for problems in pulp and periapical tissues are :
- Caries
 - Trauma
 - Mobility
16. Infected pulp chamber can lead to furcation radiolucency only in:
- Primary endo
 - Primarily perio
 - Both together
 - None
17. concomitant endo perio lesion :
- 2 separate lesion on same tooth
 - 2 separate lesion on different tooth
 - Can be any
18. inflammatory pulpal lesion may occur following root planing due to :
- Prolonged procedure
 - Damage to the blood supply of pulp
 - Both
19. endo perio lesion is defined as:
- Localized collection of pus
 - Localized periodontal probing depth of pulpal or periodontal origin
 - None
20. tool used to differentiate primarily endo secondary perio lesion
- Pulp vitality test

b. Percussion

c. Probing

ANSWERS

1.A.

2.B

3.A

4.B

5. D

6.C

7.B

8.A

9.A

10.D

11.B

12.B

13.A

14.A

15.A

16.A

17.A

18.B

19.B

Endodontic emergencies

(1) All are characteristics of irreversible pulpitis except:

1. Dull, localized pain
2. Duration is a few minutes to an hour
3. Sometimes spontaneous pain with no external stimuli
4. Pain resolves with removal of stimulus

(2) The treatment of acute periapical abscess is:

1. Endodontic therapy or extraction
2. Incision and drainage only
3. Pulp capping
4. None of the above

(3) A pulp polyp may arise in connection with:

1. Pulp necrosis
2. Chronic open pulpitis
3. Acute pulpitis
4. Chronic Periapical lesion

(4) Internal resorption:

1. Will appear as a lesion superimposed over an altered canal in a radiograph
2. Is associated with a systemic disease
3. Is frequently associated with trauma
4. Requires deferment of treatment with 'careful watching'

(5) A tooth with a chronic alveolar abscess would have all of the features EXCEPT:

1. Always asymptomatic
2. Detected only during routine radiographic examination
3. Presence of a sinus tract
4. The sinus tract provides continual drainage of the periradicular lesion

(6) Which of the following can be used to diagnose a cracked tooth?:

1. Methylene blue staining
2. Tooth sloth
3. Transillumination
4. All of the above

(7) Predisposing clinical condition for endodontic flare up:

1. Acute periapical abscess
2. Acute apical periodontitis
3. Asymptomatic necrotic pulp with periapical lesion
4. Pain and swelling since the treatment

(8) Which of the following is a method of treating internal resorption?:

1. Extirpation of pulp and calcium hydroxide dressing
2. Extirpation of pulp and formocresol dressing
3. Pulpotomy
4. Pulp capping

(9) Pain due to irreversible pulpitis is:

1. Spontaneous
2. Sharp
3. Lasting for short time
4. Both A and B

(10) Enamel fracture without tooth structure loss or incomplete fracture results from:

1. Avulsion
2. Subluxation
3. Concussion
4. None of the above

(11) Apical root fracture in anterior tooth is treated by:

1. Extraction
2. Splinting for 2-3 months
3. Endodontic treatment
4. All of the above

(12) In class-III Elli's fracture:

1. Only enamel is involved
2. Involves enamel and dentin
3. Involves enamel, dentin and pulp
4. Non vital pulp

(13) Which of the following is a feature(s) of hypochlorite accident:

1. Ecchymosis with tissue necrosis
2. Edema
3. Parasthesia and secondary infection
4. All of the above

(14) Exarticulation of teeth means:

1. Intrusion
2. Avulsion
3. Extrusion
4. Subluxation

(15) Which of the following irrigant is used during opening of a tooth with acute pulpal abscess:

1. Normal saline
2. EDTA
3. Hydrogen peroxide
4. Sodium hypochlorite

(16) Pulp of involved tooth is vital in:

1. Apical cyst
2. Granuloma
3. Apical periodontitis
4. Phoenix abscess

(17) Pulpal inflammation is marked by:

1. Peripheral vasoconstriction
2. Strangulation of pulp
3. Increased vascular permeability
4. Decreased capillary pressure

(18) Which of the following may be used to fill the pathologic void of a non perforating internal resorption:

1. Silver amalgam
2. Gutta percha
3. Zinc oxide Eugenol
4. All of the above

(19) Enamel infarctions can be detected by:

1. Direct illumination with visible light
2. Ultraviolet light source
3. Magnetic resonance imaging
4. Fibre optic light source

(20) The treatment of acute pulpitis is:

1. Extraction
2. Pulpotomy
3. Pulpectomy
4. PA curettage

Answer key:-

- (1)-4
- (2)-1
- (3)-2
- (4)-3
- (5)-1
- (6)-4
- (7)-3
- (8)-1
- (9)-4
- (10)-3
- (11)-4
- (12)-3
- (13)-4
- (14)-2
- (15)-1
- (16)-3
- (17)-3
- (18)-4
- (19)-4
- (20)-3

ENDODONTIC MISHAPS

MCQs

Q1. Which of the following is an endodontic mishap related to

ACCESS OPENING OF PULP SPACE?

- A) TREATING THE WRONG TOOTH.
- B) INCOMPLETE REMOVAL OF CARIES
- C) ACCESS OPENING THROUGH FULL-COVERAGE RESTORATION
- D) ALL OF THE ABOVE

Q2. Which of the following is NOT an endodontic mishaps related to CANAL SHAPING AND CLEANING?

- A) CANAL BLOCKAGE AND LEDGE FORMATION
- B) DEVIATION FROM NORMAL CANAL ANATOMY
- C) IATROGENIC PERFORATIONS (CERVICAL PERFORATIONS)
- D) SEPARATION OF INSTRUMENTS

Q3. Which of the following is an endodontic mishap related to OBTURATION?

- A) SEPARATION OF INSTRUMENTS
- B) UNDERFILLING OF GUTTA-PERCHA
- C) CANAL BLOCKAGE AND LEDGE FORMATION
- D) INCOMPLETE REMOVAL OF CARIES

Q4. Procedural errors can be avoided to a larger extent by following?

- A) COMPLETE A THOROUGH HISTORY AND METICULOUS CLINICAL EXAMINATION OF THE TOOTH OR TEETH IN QUESTION BEFORE COMMENCING THE TREATMENT
- B) APPLICATION OF RUBBER DAM AND HIGHPOWER SUCTION IS THE STANDARD OF CARE IN ENDODONTICS.
- C) THE WORKING LENGTH MUST BE ESTIMATED BY MORE THAN ONE METHOD.
- D) ALL OF THE ABOVE

Q5. Which of the following statement is true.

I. It is recommended that an existing old restoration, especially involving occlusoproximal areas, should be removed in total and access cavity designed accordingly.

II. But this wont prevent any chances of secondary caries being left behind when an endodontic procedure is completed.

A) I IS TRUE

B) II IS TRUE

C) BOTH ARE TRUE

D) NONE ARE TRUE

Q6. IDENTIFY THE FOLLOWING ENDODONTIC MISHAP.



A) INCOMPLETE REMOVAL OF CARIES IN THE DISTAL GINGIVAL MARGIN AFTER ACCESS OPENING.

B) INABILITY TO LOCATE EXTRA CANALS

C) IATROGENIC PERFORATIONS (CERVICAL PERFORATIONS)

D) NONE OF THE ABOVE

Q7. Which of the following is NOT a cause of MISSED CANAL ORIFICES?

- A) FAILURE TO EXTERNALIZE THE INTERNAL ANATOMY WHILE STUDYING THE PREOPERATIVE RADIOGRAPH
- B) COMPLETE DEROOFING OF THE PULP CHAMBER
- C) IMPROPER ACCESS AND NOT OBSERVING THE BASIC CAVITY DESIGN FEATURES
- D) LACK OF KNOWLEDGE PERTAINING TO ROOT CANAL ANATOMY, CONFIGURATION, AND ITS VARIATIONS.

Q8. Which of the following the prevention for canal blockage?

- A) ALWAYS USE THE SMALLER SIZED INSTRUMENTS FIRST.
- B) ALWAYS PRECURVE STAINLESS STEEL HAND INSTRUMENTS.
- C) RECAPITULATE REPEATEDLY.
- D) ALL OF THE ABOVE

Q9. Which of the following is NOT a cause of LEDGING?

- A) NOT EXTENDING THE ACCESS CAVITY SUFFICIENTLY TO ALLOW ADEQUATE ACCESS TO THE APICAL PART OF THE ROOT CANAL
- B) FORCING AND DRIVING THE INSTRUMENT INTO THE CANAL
- C) CORRECT ASSESSMENT OF THE ROOT CANAL CURVATURE
- D) INADEQUATE IRRIGATION AND/OR LUBRICATION DURING INSTRUMENTATION

Q10. Which of the following is a prevention of ledge formation?

- A) ROTATING THE FILE AT THE WORKING LENGTH (I.E., OVERUSE OF A REAMING ACTION)
- B) OVERRELYING ON CHELATING AGENTS
- C) RECAPITULATION WITH SMALLER INSTRUMENTS IN BETWEEN EACH CHANGE OF INSTRUMENT IS THE RECOMMENDED METHOD TO PREVENT LEDGE FORMATION.
- D) ATTEMPTING TO RETRIEVE BROKEN INSTRUMENTS

Q11. WHAT IS ZIPPING ?

A) ARTIFICIALLY CREATED DEVIATION OF THE ROOT CANAL WALL THAT PREVENTS THE PASSAGE OF AN INSTRUMENT TO THE APEX OF AN OTHERWISE PATENT CANAL

B) THE APICAL TRANSPORTATION OF A CURVED CANAL CAUSED DUE TO IMPROPER SHAPING TECHNIQUE

C) NARROWEST PORTION OF THE ZIPPED CANAL.

D) NONE OF THE ABOVE

Q12 WHAT IS LEDGING?

A) ARTIFICIALLY CREATED DEVIATION OF THE ROOT CANAL WALL THAT PREVENTS THE PASSAGE OF AN INSTRUMENT TO THE APEX OF AN OTHERWISE PATENT CANAL

B) THE APICAL TRANSPORTATION OF A CURVED CANAL CAUSED DUE TO IMPROPER SHAPING TECHNIQUE

C) NARROWEST PORTION OF THE ZIPPED CANAL.

D) NONE OF THE ABOVE

Q13. WHAT IS ELBOW ?

A) ARTIFICIALLY CREATED DEVIATION OF THE ROOT CANAL WALL THAT PREVENTS THE PASSAGE OF AN INSTRUMENT TO THE APEX OF AN OTHERWISE PATENT CANAL

B) THE APICAL TRANSPORTATION OF A CURVED CANAL CAUSED DUE TO IMPROPER SHAPING TECHNIQUE

C) NARROWEST PORTION OF THE ZIPPED CANAL.

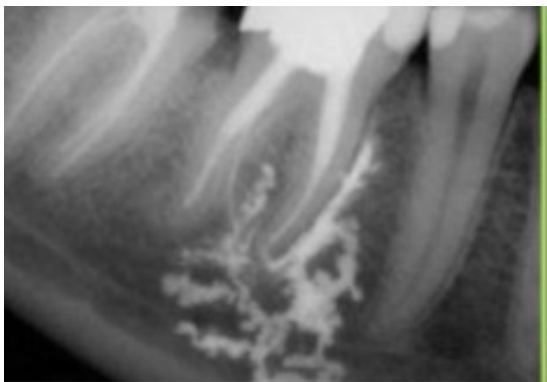
D) NONE OF THE ABOVE

Q14. tissue emphysema?



- A) RELATED TO ACCESS OPENING OF THE PULP SPACE.
- B) RELATED TO CANAL SHAPING AND CLEANING.
- C) RELATED TO OBTURATION.
- D) RELATED TO IRRIGANTS .

Q15. Which of the following endodontic mishaps causes NERVE PARESTHESIA?



- A) RELATED TO ACCESS OPENING OF THE PULP SPACE.
- B) RELATED TO CANAL SHAPING AND CLEANING.
- C) RELATED TO OBTURATION.
- D) RELATED TO IRRIGANTS.

Q16. Which of the following endodontic mishaps causes OVER EXTENDED ROOT CANAL FILLINGS?

- A) RELATED TO ACCESS OPENING OF THE PULP SPACE.

B) RELATED TO CANAL SHAPING AND CLEANING.

C) RELATED TO OBTURATION.

D) RELATED TO IRRIGANTS.

Q17. Which of the following statement is true regarding prevention of cervical perforation in the furcation area.

I. Access bur penetration for depth and angulation should be confirmed before proceeding with designing access cavity.

II. Straightline access is a cardinal rule in all access preparations.

A) I IS TRUE

B) II IS TRUE

C) BOTH ARE TRUE

D) NONE IS TRUE

Q18. Prognosis and management of a separated instrument inside a canal are dependent upon?

A) LEVEL OF INSTRUMENT SEPARATION IN THE CANAL (CORONAL, MIDDLE, OR APICAL THIRD)

B) DEGREE OF INFECTION BEYOND THE LEVEL OF THE SEPARATION

C) PATIENT MOTIVATION AND DECISION OF THE FUTURE COURSE OF TREATMENT

D) ALL OF THE ABOVE.

Q19. Parashos and Messer's Recommendations to Minimize the Incidence of Instrument Separation are?

A) USE A CROWN-DOWN SHAPING TECHNIQUE DEPENDING ON THE INSTRUMENT SYSTEM.

B) USE STIFFER, LARGER, AND STRONGER FILES (SUCH AS ORIFICE SHAPERS) TO CREATE A CORONAL SHAPE BEFORE USING THE NARROWER, MORE FRAGILE INSTRUMENTS IN THE APICAL REGIONS

C) USE A LIGHT TOUCH ON THE INSTRUMENT; NEVER PUSH HARD.

D) ALL OF THE ABOVE

Q20. Gutta-percha and sealer can be removed by the application of?

A) MECHANICAL FORCE IN THE FORM OF INSTRUMENTATION

B) HEAT TO SEAR AND SOFTEN THE GUTTA-PERCHA

C) SOLVENTS

D) COMBINATIONS OF THE ABOVE.

ANSWER KEY

1.D 2.C 3.B 4.D 5.A

6.A 7.B 8.D 9.C 10.C

11.B 12.A 13.C 14.D 15.C

16.C 17.C 18.D 19.D 20.D

TOPIC: ENDOSURGERY

1. All of the following incisions are recognized, standard approaches for an apicoectomy EXCEPT.

- a) Cervical margin of teeth with buccal extensions
- b) Figure of eight
- C) Rectangular
- d) Semilunar

2. Which is true about mucogingival flap designs:

- a) Flaps should be wider at the base
- b) Flaps should be narrower at the base
- c) Flap margins should not rest on the bone
- d) Mucogingival flaps should be avoided

3. Which surgical procedure is indicated after the endodontic treatment is completed of a mandibular molar with periodontal and carious involvement of the bifurcation:

- a) Hemisection
- b) Fenestration
- c) Root amputation
- d) Apical curettage

4. Apicoectomy is indicated in which one of the following cases?

- a) Persistent positive results of root canal culture for microorganisms
- b) Incomplete obturation in apical part of root canal with persistent infection
- c) Fracture of apical one-third area of root in a vital asymptomatic tooth
- d) Presence of a minor pulp stone in pulp chamber

5. Which of the following are complications of Periapical surgery?

- a) Paresthesia
- b) Ecchymoses
- c) Stitch abscess
- d) All of the above

6. Endodontic surgery should be avoided in:

- a) Short rooted teeth

- b) Teeth with periodontal disease
 - c) Lingual surface of mandibular molars
 - d) All of above
7. Draining abscess by cutting a window in the bone is:
- a) Hiltons method
 - b) Trephination
 - c) Marsupialisation
 - d) Odontectomy
8. RCT treated roots with well filled post and core, has a periapical radiolucency :
- a) Apicoectomy and retrograde filling with silver
 - b) Periapical curettage & apicoectomy
 - c) Retreat and filling with gutta-percha
 - d) None of above
9. In Periapical surgery, which of the following flap designs limit access to the operative site and often heals with scar formation?
- a) Envelope
 - b) Rectangular
 - c) Semilunar
 - d) Triangular
10. The prognosis of the broken instrument in root canal is good when:
- a) Instrument is less than 20 nos.
 - b) Instrument is lodged in the bone beyond the apical area
 - c) Instrument obliterates apical third of the canal
 - d) Instrument is in middle
11. Apicoectomy is contraindicated in:
- a) Extensive bone loss
 - b) Over filled root canals
 - c) Lateral perforation at apical third
 - d) is not contraindicated
12. Replacement resorption is characterized by:
- a) Pain

- b) Apical pathosis
- c) Acute inflammation
- d). Tooth ankylosis

13. Apical surgery is least indicated in:

- a) Maxillary molars
- b) Maxillary premolars
- c) Mandibular molars
- d) Mandibular premolars.

14. Most of the failures of replanted tooth are due to:

- a) Replacement resorption
- b) Surface resorption
- c) External resorption
- d) Internal resorption

15. Which of the following directly affects the prognosis of an avulsed tooth:

- a) Length of time the tooth was out of the mouth
- b) Condition of the dental socket when the tooth was replanted
- c) Whether necrotic cementum was removed from the root
- d) Whether the pulp was extirpated to prevent Periapical inflammation

16. A 12-years-old child suffers from an avulsed tooth following trauma. The best medium in which to carry the tooth to the dental clinic is:

- a) Buccal vestibule
- b) Milk
- c) Water
- d) Cotton

17. Success of reimplanted avulsed tooth depends on:

- a) Proper antibiotic coverage
- b) Prevention of dehydration of PD ligament of avulsed tooth
- c) Protection of socket
- d) All of the above

18. Stabilisation of avulsed tooth requires:

- a) 1-2 Weeks

- b) 2-3 Weeks
- c) 4-6 Weeks
- d) More than 6 Weeks

19. When performing endodontic surgery on anterior crowned teeth, the ideal surgical flap design is a:

- a) Full thickness rectangular flap
- b) Full thickness triangular flap
- c) Submarginal Leubke-Ochsenbein flap
- d) Submarginal semilunar flap

20. The flap design ideal for root end surgical procedures in upper anterior teeth with ceramic crowns is the:

- a) Semilunar flap
- b) Trapezoidal flap
- c) Triangular flap
- d) Submarginal scalloped flap

ANSWERS

1. B Figure of eight
2. A Flaps should be wider at the base
3. A Hemisection
4. B Incomplete obturation in apical part of root canal with persistent infection
5. D All of the above
6. D All of above
7. B Trephination
8. A Apicoectomy and retrograde filling with silver
9. C Semilunar
10. C Instrument obliterates apical third of the canal
11. A Extensive bone loss
12. D Tooth ankylosis

13. D Mandibular premolars.
14. C External resorption
15. A Length of time the tooth was out of the mouth
16. B Milk
17. D All of the above
18. A 1-2 Weeks
19. C Submarginal Leubke-Ochsenbein flap
20. D Submarginal scalloped flap

LASER

1. The first laser ever built in 1960 was _____.

- A. CO₂
- B. erbium
- C. Nd:YAG
- D. ruby

2. The first laser marketed to dentistry was _____.

- A. Er:YAG in 1995
- B. Nd:YAG in 1990
- C. Nd:YAG in 1987
- D. A diode in 1991

3. Laser is an acronym for _____.

- A. light amplitude by simple emission of radiation
- B. level amplified stimulated emission of radiation
- C. light amplification by stimulated emission of radiation
- D. lowered amplification of static emitted radiation

4. Dental laser beams are _____.

- A. monochromatic, non-coherent, and multidirectional
- B. ionizing, monochromatic, and unidirectional
- C. monochromatic, coherent, and unidirectional
- D. non-ionizing, monochromatic, and emitted from a passive medium

5. Optical Pumping is used to achieve which step in laser creation?

- A. Amplification
- B. Emission
- C. Radiation
- D. Stimulation

6. Laser power is _____.

- A. the rate of energy used and is measured in watts
- B. the amount of energy produced and is measured in millijoules
- C. the product of pulses per second and wattage
- D. greatest in diode lasers

7. The emission mode that has true pulsed bursts of laser energy is _____.

- A. continuous
- B. free running pulsed
- C. gated wave
- D. intermittent

8. A laser running in continuous mode's peak power is _____.

- A. higher than its average power
- B. lower than its average power
- C. the same as its average power
- D. why it is so useful for cutting enamel and dentin

9. Thermal relaxation refers to _____.

- A. the ability of biostimulation with lasers to relax skeletal muscle
- B. the ability of biostimulation to dilate capillaries and increase blood flow
- C. the ability of the active medium crystal to cool itself in free running pulsed mode
- D. the tissues ability to absorb and dissipate heat to help minimize thermal damage with pulsed laser usage

10. The actual physical work done by a laser is mostly a result of which interaction?

- A. Scattering
- B. Absorption
- C. Transmission
- D. Refraction

11. Which of the following statements are true?

- A. Erbium lasers primary chromophore is water and Nd:YAG lasers primary chromophores are pigments like hemoglobin or melanin.
- B. CO₂ lasers are primarily absorbed by hemoglobin.
- C. Shorter near infrared laser wavelengths of diodes and Nd:YAG exhibit lesser tissue penetration than erbium lasers.
- D. Diode lasers primary chromophore is collagen.

12. Fluorescence of tissue stimulated by laser light is mostly important in _____.

- A. caries diagnosis
- B. biostimulation
- C. periodontal therapies
- D. osseous surgery

13. The primary biological effect of lasers when performing soft tissue procedures is _____.

- A. photochemical
- B. photoacoustic
- C. photothermal
- D. photodisruptive

14. When tissue is heated to 60 degrees C, _____.

- A. protein will begin to denature
- B. tissue is vaporized
- C. tissue will show signs of carbonization
- D. None of the above.

15. Erbium lasers _____.

- A. all have identical wavelengths
- B. all exhibit identical water absorption
- C. are hard and soft tissue capable
- D. run in continuous emission mode

16. When cutting hard tissue with an erbium laser, _____.

- A. longer pulse durations are preferable
- B. minimal thermal effects are observed in adjacent tissue when used properly
- C. shorter pulse durations have lower peak power
- D. anesthesia is always needed when preparing teeth

17. Nd:YAG lasers _____.

- A. are available in multiple wavelengths
- B. use primarily photoacoustic effects to work
- C. are 1064 nm wavelength
- D. exhibit minimal tissue penetration

18. Fibrin formation with an Nd:YAG laser _____.

- A. is maximized at a 100 microsecond pulse duration
- B. can be utilized after an extraction to help form a clot in the socket
- C. is useful when performing photobiomodulation
- D. is interesting but has no clinical use

19. Diode lasers _____.

- A. are the most expensive of all types of dental lasers
- B. are available in only a single wavelength
- C. use a semiconductor stimulated by electricity to produce laser light
- D. have hard tissue capabilities

20. Water is the primary chromophore for diode laser wavelengths.

Diode lasers run in free running pulsed mode.

- A. Both statements are true.
- B. The first statement is true and the second statement is false.
- C. The first statement is false and the second statement is true.
- D. Both statements are false.

ANSWER KEY-

**1.(d 2.(b 3.(c 4.(c 5.(b 6.(b 7.(b 8.(c 9.(d 10.(b 11.(b 12.(a 13.(c 14.(a 15.(c 16.(b 17.(c 18.(a
19**

Topic - Instruments in Conservative Dentistry

1. Cutting and Grinding procedures are predominantly

- A Two directional
- B Unidirectional
- C Three Directional
- D Multidirectional

2. Rake angle is negative

- A If Rake is before Radial line
- B If rake face is inline with radial line
- C If rake face is behind radial line
- D None

3 Instruments which forms a blade angle of more than 125 is likely to be

- A Biangle Chisel
- B Curette
- C Chisel
- D Angle Former

4 A major factor determining the efficiency of bur is

- A Taper angle
- B Spiral angle
- C Head length
- D Head diameter

5 The angle former is special type of

- A Chisel
- B Exacavtor
- C Hatchet
- D Rotary Instrument

6 The enamel bevel of a gingival floor is done with

- A Hatchet
- B Chisel
- C Hoe
- D Curette

7 Efficiency of carbide bur is increases by

- A Negative or zero rake angle
- B 90 edge angle
- C At high speed
- D all of the above

8 All of the following influence the efficiency of bur, except

- A Neck Diameter
- B Length and Diameter of bur

- C Height and taper of bur
- D Spiral angle and cross cuts of Bur

9. A dental bur cuts the tooth structure more effectively when rake angle of bur is

- A Positive
- B Negative
- C Radial
- D None of the above

10. As far as the raise of frictional heat, in using various rotary cutting instruments is concerned which of the following is the most kind to the pulp

- A Stainless steel bur
- B Diamond bur
- C Carbide bur
- D Carbon Steel bur

11. Diamond abrasive having particle size of 125-150mm is classified

- A Fine
- B Coarse
- C Medium
- D Extrafine

12. Enamel hatchet is differentiated from chisel by all except

- A Curved in one plane only
- B Blade is larger
- C Blade is perpendicular to the long axis of the handle
- D Blade is heavier

13. Distance of the blade from the shank to have antirotational stability of the instrument

- A 2mm
- B 3mm
- C 4mm
- D 5mm

14. The design and construction of ordinary hatchet is

- A Monoangle
- B Monoangle, bibevelled
- C Monoangled, bibevelled and cutting edge parallel to long axis
- D Monoangled, bibevelled and cutting edge perpendicular to long axis

15. The encircled number in given instrument formula represents 10-(80)-6-12

- A Width of the blade
- B Length of the blade
- C Angulation of the blade to the long axis
- D Angulation of the cutting edge of blade to the long axis

16. Honing Machine is used for

- A CAD CAM INLAY fabrication
- B Mechanical Sharpening of instruments
- C Caries detection
- D None

- 17 Order denotes
- A the purpose or function of the instrument
 - B Position or manner of use of the instrument
 - C Form of the blade
 - D None

- 18 Formula for GMT
- A 12 1/2-100-8-14
 - B 12-100-8-14
 - C 12-76-8-14
 - D None

- 19 4th number indicates in instrument formula
- A blade length in mm
 - B Blade angle relative to the long axis of the handle in clockwise direction
 - C The primary cutting edge angle
 - D Blade angle relative to the long axis of the handle in clockwise direction

- 20 Hand instrument technique
- A Palm Method
 - B Thumb Method
 - C Modified Pen
 - D None

ANSWER KEY

- 1)2, 2)
- 1,3)4,4)2,5)2,6)2,7)4,8)3,9)1,10) 3,
- 11)2,
- 12)3,13)1,14)3,15)4,16)2,17)1,
- 18)1,19)2,20)3.

Topic Enamel and Dentine adhesion

- 1) What is the approximate bond strength between dentine and composite when a modern DBS is used?
 - A 1MPa
 - B 5MPa
 - C 15MPa
 - D More than 15 Mpa

- 2) Does the Bond strength of dentine when a DBS is used exceed the contraction stress of polymerised composite?
 - A No
 - B About equal
 - C Yes
 - D None

- 3) The resins in a Dentine Bonding System Primer?
 - A Have a high molecular weight
 - B are viscous
 - C have high surface tension
 - D are hydrophilic

- 4) The solvent that helps dentine "wetting" in DBS's is often-
 - A water
 - B Acetone or Ethanol
 - C Carbon tetrachloride
 - D Ethylamine

- 5) Which of these is NOT an advantage of EBA over dentine bonding systems?
 - A Less marginal leakage
 - B Better colour stability
 - C Less moisture sensitive
 - D Higher bond strength

- 6) A dentine 'Primer'
 - A Etches the dentine
 - B Raises the surface free energy of the dentine
 - C Removes the smear layer
 - D Bonds the composite

- 7) Does the bond strength of EBA to enamel exceed the contraction stress of polymerized composite?
 - A No
 - B About equal
 - C Yes ,slightly

D Yes, greatly

- 8) What is the bond strength achievable using EBA on etched enamel?(1MPa=1kg/mm square)
- A 1MPa
 - B 5MPa
 - C 15MPa
 - D 30MPa
- 9) What is the approximate stress caused by polymerization contraction of composite?
- A 1MPa
 - B 5MPa
 - C 15MPa
 - D 20MPa
- 9) Which of these products is an EBA?
- A Prime & Bond
 - B Durafill
 - C One Step
 - D Liner Bond
- 10) Etched enamel does not need "wetting" before the enamel bonding agent is applied. Why not?
- A it has a high surface free energy
 - B it has a low surface free energy
 - C Enamel bonding agent has low **surface** tension
 - D None
- 11) How should you protect adjacent teeth from being etched?
- A Rubber Dam
 - B Vaseline
 - C Mylar matrix strip
 - D Cavity varnish
- 12) How should the pulp be protected from etch in a deep cavity?
- A Line it with Dycal
 - B Line it with Vitrebond
 - C Line it with Kalzinol
 - D Protect it with Copalite(cavity varnish)
- 13) Why is etch usually presented as a gel instead of a solution?
- A to make identification easier
 - B to allow better control over placement
 - C to enhance and concentrate the action of the acid
 - D to make it easier to wash off
- 14) Why is the etch gel colored.

- A Legal requirement
- B to make identification easier
- C The color changes when etching is completed
- D None

- 15) How deep is the micro porous layer created by etching the enamel (in micrometers)
- A 0.5 to 5
 - B 5 to 50
 - C 50 to 500
 - D 500 to 5000

- 16) How much general surface enamel is removed by etching (in micrometers)
- A 0.1
 - B 1
 - C 10
 - D 100

- 17) When washing the acid off a tooth, approximately how long should you spray water for?
- A 5 sec
 - B 10 sec
 - C 30sec
 - D 60 sec

- 18) When etching enamel , approximately how long should the acid be in place?
- A 10sec
 - B 25sec
 - C 40sec
 - D 60sec

- 19) When etching dentine, approximately how long should the acid be in place?
- A 10sec
 - B 25sec
 - C 40sec
 - D 60sec

- 20) What is conditioner
- A Acid
 - B Alcohol
 - C Dentine priming agent
 - D Dentine bonding agent

ANSWER KEY

1)3,2)4,3)2,4)3,5)2,6)4,7)4,8) 2, 9) 2,10)1,11)
3,12)2,13)2,14)2,15)2,16)3,17)3,18)2,19)1,20)1



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**MCQs FOR COMPETITIVE EXAMINATION PREPARATION
(2022-23)**

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TOPIC- 'INTRODUCTION TO PEDODONTICS'

1. The definition, "Pediatric dentistry is defined as speciality that provides both primary and comprehensive, preventive and therapeutic oral health care for infants and children through adolescence, including those with special health care needs" was given by?
 - a) American academy of Pediatric dentistry(1985)
 - b) American Academy of Pediatric dentistry(1999)
 - c) Boucher's dental terminology(1999)
 - d) Stewart, Barber, Trout, Wei(1982)

2. The first dental college in India was established in the year?
 - a) 1989
 - b) 1993
 - c) 1920
 - d) 1931

3. Who is known as the grand old man of dentistry?
 - a) Dr. Rafiuddin Ahmed
 - b) Dr. Samuel D. Harris
 - c) Dr. BR Vacher
 - d) Dr. ML Gauba

4. In the modified pedodontics treatment triangle, which is the modified fourth component added?
 - a) Environment
 - b) Society
 - c) Family
 - d) Patient

5. Heart rate in new born averages?
 - a) 80
 - b) 60
 - c) 120
 - d) 150

6. Child's body composition has _____% of water?
 - a) 60
 - b) 70
 - c) 80
 - d) 90

7. In what year was pediatric dentistry recognized as a speciality?

- a)1987
- b)1991
- c)1956
- d)1942

8. When was the American Academy of Pedodontics formed?

- a)1945
- b)1947
- c)1926
- d)1967

9. Who is the Father of Pedodontics in India?

- a) Dr BRVacher
- b) Dr RafiuddinAhmed
- c) Dr AmitTiwari
- d) Dr Samuel DHarris

Answers :

- 1. B
- 2. C
- 3. A
- 4. B
- 5. C
- 6. C
- 7. D
- 8. D
- 9. B
- 10. A

TOPIC-GROWTH AND DEVELOPMENT IN PEDODONTICS

- 1) Greatest amount of cranial growth occurs by :
 - a) cranium
 - b) mandible
 - c) middle face
 - d) nasal capsule
- 2) Age of closure of sphenoccipital synchondrosis is :
 - a) 12
 - b) 25
 - c) 6
 - d) 18
- 3) In mandibular child we usually see which protrusion
 - a) maxillary protrusion
 - b) maxillary retrusion
 - c) mandibular protrusion
 - d) mandibular retrusion
- 4) Differential growth means :
 - a) difference between growth and development
 - b) difference between individual growth
 - c) acceleration in growth
 - d) different tissue growth at different times, rate and amount
- 5) Growth of the cranium continues:
 - a) upto 12 yr
 - b) upto 15 yr
 - c) upto 10 yr
 - d) throughout life
- 6) Growth is
 - a) qualitative
 - b) quantitative
 - c) uniform
 - d) disruptive
- 7) Development is
 - a) qualitative
 - b) quantitative
 - c) uniform
 - d) disruptive
- 8) If a child's teeth are not formed it would affect :
 - a) maxilla
 - b) mandible

- c) alveolar bone
- d) D)whole face

9) At birth, the palate is relatively flat . In adults; it is vault shaped. By which of the following does the change occur ?

- a) bone resorption in the palatal vault
- b) growth of the maxillary sinuses
- c) deposition of the alveolar crestal bone
- d) bone deposition on the posterior wall of the maxillary tuberosity

10) Sphenoccipital synchondrosis closes at the age of :

- a) age of 6 yr
- b) early puberty age
- c) early adult age
- d) it never closes

11) An early pre-puberty growth spurt indicates:

- a) longer treatment time
- b) fast maturing child
- c) an endocrine dysfunction
- d) slow maturing child

12) Duration of adolescence age in boys :

- a) 3 yr
- b) 4 yr
- c) 3-5 yr
- d) 5 yr

13) Pediatric treatment triangle was given by :

- a) hg white
- b) gz wright
- c) zg whiltz
- d) gh whither

14) Which is true regarding pediatric dentistry:

- a) it is age defined specialty
- b) it is gender defined specialty
- c) manage only primary dentition
- d) do not treat infant and children

15) Who is the focus of attention in pedodontics triangle

- a) dentist
- b) society
- c) child
- d) parent

16) What is the position of child in pedodontics triangle:

- a) centre
- b) apex
- c) base
- d) all of the above

17) Negative growth is characterised by :

- a) testis
- b) brain
- c) mandible
- d) thymus

18) The body tissue that grows rapidly but shows minimal growth after the age of 6-7 yr :

- a) neural tissue
- b) lymphoid tissue
- c) skeletal tissue
- d) thymus

19) Which of the following principle of development is incorrect one?

- a) There are individual differences in development
- b) Development is the result of coincidences
- c) It is a continuous process
- d) It is predictable

What is the age group of early childhood?

- a) 0 to 2 years
- b) 2 to 4 years
- c) 2 to 6 years
- d) 4 to 7 years

Answer

1- a

2-d

3-d

4-d

5-b

6-a

7-b

8-c

9-c

10-c

11-d

12-d

13-b

14-a

15-c

16-b

17-d

18-a

19-b

20- c

TOPIC-CHILD PSYCHOLOGY/ FEAR AND ANXIETY

1. Observational theory was put forward by:
 - a) Skinner
 - b) Bandura
 - c) Maslow
 - d) Mahler

2. According to Stone and Church, a toddler is:
 - a) < 15 months
 - b) 15 months to 2 years
 - c) 2 to 6 years
 - d) >6 years

3. Which structure is not a part of the psychic triad:
 - a) Id
 - b) Ego
 - c) Superego
 - d) Libido

4. Erogenous zone absent in this stage of Freud's theory is :
 - a) Latency
 - b) Oral
 - c) Phallic
 - d) Anal

5. Oedipal conflict is resolved by :
 - a) Sublimation
 - b) Identification
 - c) Rationalization
 - d) Reaction formation

6. According to Erikson, 'mastery of skills' is seen in :
 - a) Oral sensory stage
 - b) Muscular anal stage
 - c) Latency stage
 - d) Adolescent stage

7. Intuitive stage in Piaget's theory is :
 - a) < 2 years
 - b) 2 to 4 years
 - c) 4 to 7 years
 - d) 7 to 11 years

8. Withdrawal of pleasant stimulus is:
 - a) Escape
 - b) Time out

- c) Punishment
- d) Reward

9. First form of fear or anxiety is :

- a) Fear of bodily injury
- b) Fear of unknown
- c) Fear of falling
- d) Fear of noise

10. Psychoanalytic theory was given by :

- a) Jean Piaget
- b) Skinner
- c) Ivan Pavlov
- d) Sigmund Freud

ANSWERS

- | | | |
|------|------|-------|
| 1 b) | 5 b) | 9 b) |
| 2 b) | 6 c) | 10 d) |
| 3 d) | 7 c) | |
| 4 a) | 8c) | |

TOPIC - BEHAVIOUR MANAGEMENT

1) Behaviour modification includes all of the following except

- a. Tell-show-do
- b. Desensitisation
- c. Modeling
- d. Home

Ans – D

2) HOME technique should not be applied to

- a. 5 years old child
- b. Who exhibits hysterical behaviour during treatment but mentally sound
- c. Child who can understand simple verbal commands but exhibiting inconsolable behaviour
- d. Immature frightened child

Ans – D

3) Hand over mouth technique was first described by

- a. Dr. Evangeline Jordan
- b. Addelson and Gold fried
- c. Dr. G.V. Black
- d. Dr. Goldman

Ans – A

4) An effective state of consciousness in which joy, sorrow, fear, hate or the likes are expressed is termed as –

- a. Behaviour
- b. Emotion
- c. Condition
- d. Complex

Ans – B

5) Behaviour Management techniques were labelled as "Embarrassment of riches" in 1977 by

- a. Jimmy R. Pinkham
- b. Gerald Z. Wright
- c. David W. Chambers
- d. J.C.Brauer

Ans – C

6) When a dentist says " I cannot fix your mouth if you do not open your mouth wide" he is employing

- a. Problem ownership
- b. Voice control
- c. Tolerance
- d. Flexibility

Ans – A

7) Universally used method of behaviour management in paediatric dentistry for both cooperative and uncooperative children is

- a. Voice control
- b. Behaviour shaping
- c. Implosion therapy
- d. Communication

Ans – D

8) Which of the following is false about conscious sedation-

- a. Patient retains ability to maintain a patent airway
- b. Responds appropriately to physical stimulation
- c. Responds appropriately to verbal commands
- d. None of the above

Ans – D

9) If the use of a technique on a child is objectionable enough that the child will cooperate in order to avoid it that technique will come under

- a. Pharmacological domain
- b. Physical domain
- c. Aversive domain
- d. Reward oriented domain

Ans – C

10) One of the following is not a non-pharmacological approach of behaviour management

- a. Voice control
- b. Conscious sedation
- c. Hypnosis
- d. Tell-show-do

Ans – A

TOPIC- FIRST DENTAL VISIT

1. According to American academy of pediatric dentistry oral health recommending that first visit of a child should occur within how much month?
 - a) 5 month b) 6 month
 - c) 3 month d) 4 month⁴
2. Preappointment behaviour modification includes?
 - a) preappointment mailing and modelling b) communication c) counselling d) only mailing
3. Which is the best method to enhance positive behaviour in a child?
 - a) live modelling b) communication c) audiovisual d) euphemisms
4. Which procedure should we do in first dental visit?
 - a) Oral prophylaxis b) pulpotomy c) Pulpectomy d) extraction
5. What is the objective of first dental visit?
 - a) to treat problem b) to provide treatment c) prevention d) to evaluate oral health
6. How should be the first dental visit of a child?
 - a) fearful b) pleasant and enjoyable c) fast d) slow
7. Dental caries is mostly seen in children whose first dental visit occur in which year?
 - a) 3 year b) 2 year c) 6 year d) 1 year
8. Instruction to parents for the child first dental visit?
 - a) to raise there fear b) doctor will take your teeth c) to scold there child d) not to raise their fear
9. Dental home is an ongoing relationship between dentist and?
 - a) other dentist b) Parent c) staff d) patient
10. In which year concept of medical home came?
 - a) 1995 b) 1998 c) 1992 d) 1996

answers

1. b 2. a 3. a 4. a 5. c 6. b 7.c 8.d 9. d 10.c

TOPIC-DEVELOPMENT OF OCCLUSION

1. In children, Midline diastema in between permanent central incisors ends with the eruption of-

- a) Maxillary permanent first premolars
- b) Maxillary permanent lateral incisors
- c) Maxillary permanent canines
- d) Maxillary permanent second molar.

2. Average LEEWAY SPACE OF NANCE in each half of the maxilla is approximately-

- a) 0.9 mm
- b) 1.8mm
- c) 2.9 mm
- d) 4.0mm

3. Lateral mesial shift is due to-

- a) Closure of primate spaces
- b) Eruption of 1st permanent molar
- c) Related to end on molar relationship
- d) Closure of LEEWAY SPACE

4. Inter canine width of maxilla is increased with-

- a) Eruption of permanent incisors
- b) Eruption of peg laterals
- c) Eruption of permanent canines
- d) Eruption of 1st premolars

5. Which terminal plane is favorable for E/E to develop into class I molar relation-

- a) Flush terminal plane
- b) Mesial step
- c) Distal step
- d) None of the above

6. Good contact in primary teeth with lack of space predicts-

- a) normal permanent dentition
- b) crowded permanent dentition
- c) anterior crossbite
- d) spaced permanent dentition

7. Which of the following is a self correcting anomaly-

- a) ugly duckling stage
- b) deep bite
- c) protrusion
- d) retrusion

8. Ugly duckling stage is seen in which age group-

- a) 7-8 years
- b) 8-9 years
- c) 10-12 years
- d) 12-14 years

9. The difference in width of permanent and primary incisors is called as-

- a) overjet
- b) incisal inclination
- c) incisal guidance
- d) incisal liability

10. At which stage of Nolla's stage tooth start erupting?

- a) stage 4
- b) stage 5

c) stage 6

d) stage 7

ANSWER KEY

1. c)

2. a)

3. d)

4. a)

5. b)

6. b)

7. a)

8. b)

9. d)

10. c)

TOPIC- PULP THERAPY

1. Root formation of upper permanent central incisor is completed by:

- a. 10-12yrs
- b. 9-10yrs
- c. 8-9yrs
- d. None

Ans. B

2. The major problem involved in performing pulpectomy for primary teeth is:

- a. root resorption
- b. inadequate operator skill
- c. limited knowledge of pulpal anatomy
- d. all of the above

Ans. C

3. Pulpectomy and pulp capping are more successful in primary teeth because of:

- a. increased odontoblastic activity in the young
- b. increased blood supply through the wide apex
- c. increased volume of pulp in primary teeth
- d. lesser amount of collagen fibers in young pulp

Ans. B

4. Ideal root canal filling for primary teeth:

- a. Calcium hydroxide – iodine mix
- b. ZOE
- c. Gutta Percha
- d. Ferric sulfate

Ans. A

5. KRI paste used in pulpectomy is a mix of:

- a. ZnO and Calcium hydroxide\
- b. calcium hydroxide and iodoform
- c. iodoform and ZnO
- d. iodoform and CMCP

Ans. D

6. The common traditionally used filling material in primary teeth after pulpetomy is:

- a. GP
- b. ZOE
- c. Amalgam
- d. Calcium hydroxide

Ans. B

7. All of the following can be used as obturating material for primary teeth except:
- a. calcium hydroxide and iodoform paste
 - b. ZOE
 - c. GP
 - d. ZnO-iodoform paste

Ans. C

8. Pulp of all primary teeth is active for a period of:
- a. 5 yrs
 - b. 9.6 yrs
 - c. 10.6 yrs
 - d. 12.5 yrs

Ans. B

9. Pulp extirpation is difficult in primary teeth because:
- a. sensitivity of primary teeth
 - b. lack of patient cooperation
 - c. torturous anatomy and branching of canals
 - d. NOTA

Ans. C

10. Entire pulpal tissue is removed in:
- a. DPC
 - b. IPT
 - c. pulpectomy
 - d. pulpotomy

Ans. C

11. Complete pulpectomy technique for primary molars was developed by:
- a. Starkey
 - b. Buckley
 - c. Garcia Godoy
 - d. Sweet

Ans. A

12. Which of the following results in apexification
- a. pulpotomy of young permanent anterior tooth with incomplete root formation
 - b. DPC of young permanent anterior tooth with incomplete root formation
 - c. pulpectomy of young permanent anterior tooth with incomplete root formation
 - d. NOTA

Ans. C

13. The rate of resorption in pulpless primary teeth compared to vital teeth is:

- a. Similar
- b. Slow
- c. Rapid
- d. Variable

Ans. A

14. Important criteria of success of partial pulpectomy in a permanent central incisor

- a. formation of pulp stones
- b. root end completion
- c. formation of calcific bridges
- d. NOTA

Ans. B

15. CMCP used for root apexification is allowed to remain for _____ months

- a. 1
- b. 3
- c. 12
- d. 6

Ans. D

16. Which device is used to measure dentin thickness above pulp chamber:

- a. Prepometer
- b. DIFOTI
- c. Diagnodent
- d. Hughes Probeye Camera

Ans. A

17. Which of the following calcium hydroxide products is capable of stimulating early dentinal bridge formation:

- a. Hydrex
- b. Dycal
- c. Pulpdent
- d. All have equal potential

Ans. C

18. After apexification the root canals are best obturated by which technique of obturation

- a. Obtura
- b. Sectional technique
- c. Inverted cone technique
- d. Lateral condensation

Ans. A

19. The following material derived from bovine collagen can prevent the extrusion of root canal filling materials during primary molars' pulpectomies:

- a. Colla Cote
- b. Endoflas
- c. MTA
- d. Vitapex

Ans. A

20. A definite method of determining vitality of primary teeth after trauma is:

- a. EPT
- b. Transillumination
- c. Temperature pulp testing
- d. NOTA

Ans. D

TOPIC-PULP THERAPY

1. The material of choice for pulpotomy in primary molar is
 - a) Calcium hydroxide
 - b) Zinc oxide eugenol
 - c) Formocresol or glutaraldehyde
 - d) Reinforced zinc oxide eugenol
2. Agents commonly used for pulpotomy are
 - a) Formocresol
 - b) Glutaraldehyde
 - c) Ferric sulphate
 - d) All of the above
3. What is the common cause of failure of pulpotomy that employs calcium hydroxide in primary molars
 - a) Pulp fibrosis
 - b) Pulp calcification
 - c) Ankylosis
 - d) Internal resorption
4. A large exposure of pulp within 24 hours is treated by
 - a) Pulpotomy
 - b) Pulpectomy
 - c) Indirect pulp capping
 - d) Direct pulp capping
5. In formocresol ratio of formaline to cresol
 - a) 3:2
 - b) 2:3
 - c) 1:2
 - d) 2:1
6. 5 hours ago a 7 year old boy had a fall. He fractured his maxillary right central incisor at gingival level. The exposed pulp is still vital. Treatment of choice is
 - a) Pulpotomy
 - b) Pulpectomy
 - c) Extraction of the tooth
 - d) Pulp capping
7. Cvek pulpotomy refers to
 - a) Partial pulpotomy
 - b) Cervical pulpotomy
 - c) Glutaraldehyde pulpotomy
 - d) Formocresol pulpotomy
8. The % of formaldehyde in Buckley's formocresol
 - a) 15%
 - b) 19%
 - c) 25%
 - d) 20%
9. The most successful treatment for a vital primary second molar with a large carious and pulpal exposure is
 - a) Indirect pulp treatment

- b) Pulpotomy with formocresol
 - c) Pulpotomy with calcium hydroxide
 - d) Pulp capping with calcium hydroxide
10. The effect of formocresol on the pulp following of primary teeth
- a) Calcified bridge is formed
 - b) Massive infiltration of inflammatory cells
 - c) Surface fixation of pulpal tissue accompanied by degeneration of odontoblast
 - d) Pulp remains vital throughout and relatively unchanged however all microorganisms are destroyed
11. Pulp therapy which sweet name associated with
- a) Formocresol pulpotomy
 - b) Beech wood cresol pulpotomy
 - c) Non vital pulpotomy
 - d) Pulpectomy
12. Which of the following is a contraindication for pulpotomy
- a) Accidental exposure in a vital tooth
 - b) If there is inflammation of the radicular pulp and pain
 - c) Greatly curved and tortuous root
 - d) None of the above
13. The success of the calcium hydroxide pulpotomy is determined by the
- a) Formation of calcific bridge
 - b) Formation of hard base to support restoration
 - c) Continuation of root formation and apexogenesis
 - d) All of the above
14. The cotton applied to the pulpal stumps in the formocresol pulpotomy technique should be
- a) Slightly dampened with formocresol
 - b) Saturated with formocresol
 - c) Left for 2 hours in the cavity
 - d) Leakage of formocresol on the lip
15. The most important criteria of success in a pulpotomy in a young permanent central incisor would be whether
- a) The uncompleted root and would complete its development
 - b) The root end remained opened if not fully developed when treatment was started
 - c) A bridge of secondary dentin , became radiographically demonstrable
 - d) Pulp stones were in evidence several months after treatment
16. The failure of calcium hydroxide pulpotomy done on a primary 1st molar is due to
- a) Internal resorption
 - b) External resorption
 - c) Pulp calcification
 - d) Pulp fibrosis
17. The ideal restoration following pulpotomy in a primary tooth is
- a) Amalgam

- b) Glass ionomer
 - c) Composite
 - d) Stainless steel crown
18. The Buckley's solution is composed of
- a) Cresol, formaldehyde, water and glycerin
 - b) Formaldehyde, resorcinol, water
 - c) Iodoform, glutaraldehyde, ZOE
 - d) Chloraldehyde, parachloral, methanol water
19. Formocresol saturated cotton pellet is placed over the amputated pulp stump
- a) 1 min
 - b) 2 min
 - c) 4 min
 - d) 5 min
20. The percentage of glutaraldehyde as a medicament during primary tooth pulpotomy
- a) 4%
 - b) 3%
 - c) 1.5%
 - d) 2%

ANSWER KEY

- 1. C
- 2. A
- 3. B
- 4. C
- 5. A
- 6. A
- 7. A
- 8. D
- 9. A
- 10. D
- 11. D

TOPIC-ORAL HABITS- I

Oral habits is classified into-

- a) Normal, Physiological, Habitual
- b) Intentional, Masochistic, Unintentional
- c) Obstructive, Habitual, Anatomic
- d) None of the above

ANSWER C

1. What are the clinical tests used to diagnose a patient who's a oral habits?
- a) Butterfly test
 - b) Mirror test
 - c) Water retention test
 - d) All of the above

ANSWER D

2. What Cephalometric changes are seen in pt. who's a oral habits?
- a) Increased facial height, mandibular plane angle and gonial angle
 - b) Decreased facial heightmandibular plane angle and gonial angle
 - c) No change to the facial heightmandibular plane angle and gonial angle
 - d) Depends from patient to patient

ANSWER- a

3. Till what age is oral habits considered normal?
- a) 2-3 months
 - b) 1-2 years
 - c) 3-5 years
 - d) Never

ANSWER- d

4. Type of crossbite seen in oral habits?
- a) Anterior crossbite
 - b) Posterior crossbite
 - c) All of the above
 - d) None of the above

ANSWER- b

5. ype of open bite seen in oral habits?
- a) Anterior open bite
 - b) Posterior open bite

- c) All of the above
- d) None of the above

ANSWER- a

6. Shape of the maxilla present in oral habits?

- a) U shaped
- b) V shaped
- c) Square shaped
- d) A and B

Answer - b

7. Most common type of malocclusion seen in oral habits?

- a) Angle's Class I malocclusion
- b) Angle's Class II malocclusion
- c) Angle's Class III malocclusion
- d) Angle's Class III subdivision malocclusion

ANSWER -b

8. Inductive Plethysmography is a procedure to-

- a) Check for anomalies of the anatomic structures
- b) Support breathing
- c) Measure pulmonary ventilation
- d) All of the above

ANSWER-C

9. Which is NOT a clinical feature of oral habits?

- a) Pigeon chest
- b) Incompetent lips
- c) Adenoid facies
- d) Flattened face

ANSWER - d

10. Gingival inflammation is seen in which part of the mouth of a oral habits?

- a) Maxillary Anterior region
- b) Mandibular Anterior region

- c) Maxillary Posterior region
- d) Mandibular Posterior region

ANSWER - a

11. Nasal breathing is important because it produces-

- a) Oxygen (O₂)
- b) Water vapour (H₂O)
- c) Nitrogen (N₂)

d) Nitric oxide (NO)

ANSWER - a

12. Which of the following statements is false for Nose breathing?

- a) The nose acts as a filter and retains small particles in the air
- b) The nose subtracts moisture from the air to prevent dryness in the lungs and bronchial tubes
- c) The nose warms up cold air to body temperature before it gets to the lungs
- d) Nose breathing adds resistance to the air stream. This increases oxygen uptake by maintain lungs elasticity.

ANSWER -b

13. What of the following symptoms are seen in children who are oral habits?

- a) Interrupting, Self-focused behaviour, Does not pay attention
- b) Irritated, Slower than normal growth rate, Problems concentrating at school
- c) Having a short temper, Hyperactive, Distracted
- d) All of the above

ANSWER- d

14. Clinical features of Mouth breathing seen in nose and it's associated structures?

- a) Reduced ciliary activity
- b) Decreased sense of smell
- c) Poorly developed sinuses
- d) All of the above

ANSWER- d

15. What is the type of smile line seen in patients who are Mouth breathers?

- a) Low S.L.
- b) Average S.L.
- c) High S.L.
- d) Ideal S.L.

ANSWER- c

16. Resting position of the tongue in a patient who's a Mouth breather?

- a) In the middle pressed against the Maxillary incisors
- b) On the roof of the mouth
- c) On the floor of the mouth
- d) None of the above

ANSWER- a

17. What are the correct steps of treatment of Mouth breathing?

- a) Elimination of cause-> Symptomatic treatment of gingiva-> Interception of habit-> Correction of malocclusion-> Surgery

- b) Interception of habit-> Correction of malocclusion->Symptomatic treatment of gingiva->Elimination of cause->Surgery
- c) Symptomatic treatment of gingiva-> Surgery->Interception of habit->Correction of malocclusion-> Elimination of cause
- d) Elimination of cause->Interception of habit->Symptomatic treatment of gingiva->Correction of malocclusion-> Surgery

ANSWER-d

18. Interception of the habit is done by-

- a) Physical exercises
- b) Face exercises
- c) Lip exercises
- d) A and C

ANSWER - d

19. Appliance therapy used to intercept Mouth breathing habit?

- a) Oral screen
- b) Hawley's appliance
- c) All of the above
- d) None of the above

ANSWER – a

TOPIC-ORAL HABITS- II

1. Earnst Klein has classified habits into:

- a) Compulsive & Non Compulsive habits
- b) Intentional & Non Intentional habits
- c) Primary & Secondary habits
- a) Pressure & Non Pressure habits

Answer : b

2. Breathing is termed anatomic mouth breathing if :

- a) Short upper lip
- b) Enlarged tonsil
- c) Enlarged tonsil
- d) Both a & b

Answer : a

3. The positioning of tongue in infantile swallowing is :

- a) Posterior
- b) Medial
- c) Lateral
- d) Anterior

Answer : d

4. Etiology of tongue thrusting includes :

- a) Genetic Influence
- b) Thumb Sucking
- c) Sleeping Habits
- d) All of the above

Answer : d

5. Manifestation of lip biting includes all except:

- a) Lip Trap
- b) Mentolabial sulcus accentuated
- c) Lip reddened
- d) Retrusion of incisor

Answer: d

6. What is bruxism?

- a) Grinding of teeth
- b) open bite
- c) Closed bite
- d) over jet

Answer : a

7. Treatment of Thumb Sucking are :

- a) Using Palatal crib
- b) Using oral screen
- c) Modified blue grass appliance
- d) All of these

Answer : d

8) Tongue Thrusting is mainly due to :

- a) Thumb sucking
- b) Mixed Dentition
- c) Gap filling
- d) All of these

Answer : d

9. How to Diagnose Mouth Breating ?

- a) Mirror Test

- b) Butterfly Test
- c) Water Holding Test
- d) All of these

Answer : d

10. Bruxism occur due to:

- a) Due to CNS
- b) Psychological factor like anger
- c) Genetic
- d) All of these

Answer : d

TOPIC- PREVENTIVE PEDODONTICS

1. What is the recommended dietary allowance for vitamin B12?
 - a. 3 p/day
 - b. 6 p/day
 - c. 8 p/day
 - d. 12 p/day

2. Magenta tongue is seen in the deficiency of which vitamin?
 - a. Riboflavin
 - b. Cyanocobalamin
 - c. Thiamine
 - d. Tocopherol

3. Night blindness and xerophthalmia are symptoms of deficiency of:
 - a. Vitamin B1
 - b. Vitamin A
 - c. Vitamin C
 - d. Vitamin E

4. The concept of prophylactic odontotomy was discovered by:
 - a. Arthur
 - b. Miller
 - c. Hyatt
 - d. Rodyhouse

5. Sodium lauryl sulphate in dentifrices acts as a:
 - a. Detergent
 - b. Humectant
 - c. Preservative
 - d. Flavouring agent

6. Which of the following is added as a sweetener in dentifrices?

- a. Sorbitol
- b. Colouring agent
- c. Humectant
- d. Binder

7. What is the diameter of soft, medium and hard toothbrushes?

- a. 0.007, 0.12 and 0.014 inches respectively
- b. 0.008, 0.14 and 0.018 inches respectively
- c. 0.7, 1.2 and 0.14 inches respectively
- d. 0.8, 0.14 and 1.4 respectively

8. Chlorhexidine is used as a mouthwash in the concentration of:

- a. 0.12–0.2%
- b. 2–4%
- c. 1–2%
- d. 0.4–1%

9. Which of these is not a method of chemical plaque removal?

- a. Quaternary Ammonium Compounds
- b. Triclosan
- c. Sanguinarine
- d. Toothbrush

10. Which of the following is not true for two tone solutions?

- a. Older plaque stains blue

- b. Newer plaque stains red
- c. Thicker plaque stains blue
- d. Thinner plaque stains green

ANSWERS

- 1. A
- 2. A
- 3. B
- 4. C
- 5. A
- 6. A
- 7. A
- 8. A
- 9. D
- 10. D

TOPIC-PIT AND FISSURE SEALANT

1. The concentration of phosphoric acid used for acid etching usually is :

- a) 30—50% acid solution or gels
- b) 10—20% acid solution
- c) 70—80% acid solution or gels
- d) Less than 10%

Answer: a)

2. Generally, a 20 second etching time is recommended. Enamel that has been exposed to fluoride may be resistant to etching and may need to be exposed for longer periods.

- a) Both the statements are false
- b) Both the statements are true
- c) First statement is true and the second is false
- d) First statement is false and the second is true

Answer: b

3. Which of the following are advantages of light cured materials over chemical cure sealants?

- a) Less chance of incorporation of air bubbles
- b) Working time is longer
- c) Better physical and mechanical properties
- d) All of the above

answer: d

4. The sealed composite resin restoration (preventive resin restoration, PRR) is an alternative procedure for restoring young permanent teeth requiring only minimal tooth preparation for caries removal but also having adjacent susceptible fissures. This conservative cavity preparation with sealing for prevention is a successful approach for treating selected decayed teeth.

- a) Both the statements are false
- b) Both the statements are true
- c) First statement is true and the second is false
- d) First statement is false and the second is true

Answer b

5. The condition that leads to the occurrence of dental caries is

- a) tooth with deep pit and fissure
- b) Cariogenic bacteria
- c) Suitable substrate for the bacteria to form acids
- d) All of the above

Answer: d

6. Which type of PRR will require a local anesthesia and a liner?

- a) Type A
- b) Type B
- c) Type C
- d) All of the above

Answer

7. Diluted resin is used in

- a) Type A PRR
- b) Type B PRR
- c) Type C PRR
- d) All of the above

Answer b

8. The disadvantages of clear resin when used as a sealant is

- a) Esthetically unpleasant
- b) Low strength
- c) poor retention
- d) Difficult to detect on recall examinations

Answer d

9. The success of a sealant retention depends mainly on

- a) Proper isolation
- b) Proper washing of occlusal surface
- c) Etching
- d) Washing after etching

Answer a

10. Sealant retention to buccal and palatal pits and fissures of molars compared to occlusal pits and fissures

- a) is considerably lower
- b) is the same
- c) is considerably higher
- d) Has never been evaluated

Answer a

11. Difficult to-seal teeth include all the following except

- a) The fully erupted premolar
- b) The partially erupted permanent first molar
- c) The partially erupted permanent second molar
- d) The partially erupted premolar

Answer a

12. A caries diagnosis for pits and fissures using a sharp explorer has been discarded in recent years in favor of

- a) Radiographic evidence
- b) Visual changes in the appearance of enamel
- c) New diagnostic devices
- d) All of the above

Answer d

13. When saliva touches the tooth surface, what takes place immediately?

- a) Demineralization
- b) Remineralization
- c) Activation
- d) Nothing

Answer b

14. When placing the sealant material it is important to:

- a) Use the maximum amount of material to insure full occlusal coverage.
- b) Use all of the material in the dispenser.
- c)
- d) Use the minimum amount of the material to cover all the pits and fissures.

Answer c

15. After placing the sealant, it is necessary to evaluate the procedure by doing which of the following?

- a) Scraping with a sharp instrument.
- b) Using a finishing bur with a hand piece.
- c) Using prophylaxis paste and a brush.
- d) All of the above.

Answer c

16. Which of the following is the most appropriate method for removing excess material from a polymerized sealant?

- a) Exploring for voids or bubbles.
- b) Checking how securely the sealant is attached to the tooth surface.
- c) Checking the occlusion for premature contacts.
- d) All of the above.

Answer d

17. Tooth enamel that is etched but not covered with sealant material will:

- a) Decay
- b) Demineralize
- c) Discolor
- d) Remineralize

Answer b

18. Which tooth surface benefits the least from the caries reducing effects of fluoride?

- a) Incisal surfaces
- b) Smooth surfaces
- c) Pits and fissures
- d) Proximal surfaces

answer b

19. What is the appropriate curing time for light cured sealant materials?

- a) 10 seconds
- b) 30 seconds
- c) 80 seconds
- d) 120 seconds

answer: b

20. Laser used in pit and fissure sealant is :

- a)Nd-Yag
- b)Co2
- c)Tungsten
- d)Ultraviolet

answer b

TOPIC-FLUORIDES

Q1. By what % are carious lesions reduce in someone who has continuously drank fluoridated water since birth ?

- i. 40%- 60%
- ii. 10%-20%
- iii. 70%-90%
- iv. 30%-50%

Q2. What daily dose of fluoride supplements should be given to 5 year old who lives in an area with 0.5 ppm ?

- i. 0 mg
- ii. 0.5mg
- iii. 0.25mg
- iv. 1mg

Q3. NaF gels and foams for in-office use are generally available in the following concentration ?

- i. 1.23%
- ii. 2.0%
- iii. 5%
- iv. 1.1%

Q4. 1.23% APF gel has pH of

- i. 5
- ii. 7
- iii. 2.5
- iv. 3.5

Q5. Prevident 5000 contains ?

- i. APF
- ii. NaF
- iii. SnF
- iv. Na₂PO₃F

Q6. How much fluoride toothpaste should be applied to a toddlers toothbrush ?

- i. Pea size
- ii. A half inch
- iii. A half pea size
- iv. Depending on plaque

Q7. For optimum caries reduction fluorides varnish should be applied every day ?

- i. 1-2
- ii. 8-12

- iii. 3-6
- iv. 6-8

Q8. Fluoride varnish should be indicated in all cases EXCEPT

- i. Patient with open caries
- ii. Patient with active pits and fissure enamel caries
- iii. patient with orthodontics brackets
- iv. Patient with dentinal hypersensitivity

Q9. What is the typical concentration of fluoride varnish in USA ?

- i. 2%
- ii. 5%
- iii. 1.23%
- iv. 1.1%

Q10. What is their]=8 maximum amount of fluoride that should be place in each trays for the pediatric patients ?

- i. 2ml
- ii. 4ml
- iii. 5ml
- iv. 10ml

ANSWERS :

Q1. 40% -65%

Q2. 0.25mg

Q3. 2.0%

Q4. 3.5

Q5. NaF

Q6. A half pea size

Q7. 3-6

Q8. Patients with open caries

Q9. 5%

Q10. 2ml

1. Denti di chiaie was reported by:
 - a) McKay
 - b) JM Eager
 - c) Trendley Dean
 - d) GV Black
2. Shoe leather survey was carried out by:
 - a) McKay
 - b) JM Eager
 - c) Trendley Dean
 - d) HV Churchill
3. The appropriate fluoride level for caries prevention in community water fluoridation is:
 - a) 0.5ppm
 - b) 0.7 -1.2ppm
 - c) 0.2- 0.5ppm
 - d) 2-3ppm
4. Nalgonda technique is a technique for:
 - a) Adding flouride to community water fluoridation
 - b) Defluoridation
 - c) School water fluoridation
 - d) School topical fluoride application
5. The Recommended concentration of fluoride in school water Fluoridation:
 - a) 4.5 -6.3ppm
 - b) 1.5-3.5ppm
 - c) 1.5-4.5ppm
 - d) 6-8ppm
6. The concentration of stannous fluoride used for topical application is:
 - a) 2%
 - b) 1.23%
 - c) 8%
 - d) 4%
7. Knutson technique is application of:
 - a) Sodium fluoride
 - b) Stannous fluoride
 - c) APF gel
 - d) APF solution
8. Certainly lethal dose of fluoride is:
 - a) 12-24mg/kg
 - b) 32-64mg/kg
 - c) 1mg/kg
 - d) 5mg/kg
9. Fluoride in any form is contraindicated in:
 - a) Chronic Renal failure
 - b) Osteoporosis
 - c) Hypertension

- d) Thyrotoxicosis
10. Flouride was identified excessively in water through spectrometric analysis by:
- a) McKay
 - b) JM Eager
 - c) Trendley Dean
 - d) HV Churchill

Answer Key

- 1. b
- 2. c
- 3. b
- 4. b
- 5. a
- 6. c
- 7. a
- 8. b
- 9. a
- 10. d

TOPIC- GINGIVA IN PERIODONTAL DISEASES IN CHILDREN

1. Which of the following is more common in children
- a) Gingivitis
 - b) Periodontitis
 - c) Anug
 - d) Pericornitis

2. Which single factor could contribute most of the development of simple gingivitis in children
 - a) High fever
 - b) Poor oral hygiene
 - c) Oral habits
 - d) Physical nature of food ingested

3. The most common cause of inflammation of gingiva in children is
 - a) Juvenile periodontitis
 - b) Acute herpetic gingivostomatitis
 - c) Diphtheria
 - d) Leukemia

4. Gingivitis in primary dentition involves
 - a) Marginal and interdental gingiva
 - b) Marginal and attached gingiva
 - c) Marginal gingiva
 - d) Interdental and attached gingiva

5. Localized gingival recession in children is most commonly associated with
 - a) Lower incisors and upper cuspids
 - b) Upper incisors and lower cuspids
 - c) Upper and lower incisors
 - d) Upper and lower cuspids

6. Punched-out crater-like depression at the crest of interdental papilla is a characteristic feature of
 - a) Chronic marginal gingivitis
 - b) Necrotizing Ulcerative gingivitis
 - c) Erythema multiforme
 - d) Aphthous stomatitis

7. Herpetic gingivostomatitis is an infection of oral cavity caused by
 - a) HSV-1
 - b) HSV-1 and 2
 - c) Both
 - d) None

8. A 3-year old child reports with fever. He has reddish yellow ulcers of the facial mucosa and tongue. He is most probably suffering from
 - a) Erosive lichen planus
 - b) Acute herpetic gingivostomatitis
 - c) ANUG
 - d) Leukemia

9. Drug most frequently causing gingival enlargement in children

- a) Nifedipine
- b) Cyclosporine
- c) Phenytoin
- d) Verapamil

10. A 5-year old female child comes with history of mobility of maxillary and mandibular incisors and first molars. On examination you observed distal migration of maxillary incisors creating diastema. Radiographic findings revealed vertical loss of alveolar bone around the first molars and incisors in otherwise healthy child. Microbiological test revealed distinct microbial population of rod -shaped organisms located predominantly at the base of the defect. Gram-negative anaerobe, Actinobacillusactinomycetemcomitans.
- a) Juvenile periodontitis
 - b) Acute herpetic gingivostomatitis
 - c) Necrotizing Ulcerative gingivitis
 - d) Chronic marginal gingivitis

Answers-

- 1) a 2) b 3) b 4) c 5) a 6) b 7) a 8) b 9) b 10) a

TOPIC: ATRAUMATIC RESTORATIVE TREATMENT

1. Which of the following material least follows the principle of minimal intervention dentistry ?
 - a) amalgam
 - b) composite
 - c)RMGIC
 - d) GIC

2. Which of the following is not a principle of Minimal intervention dentistry ?
 - a) repair
 - b) replace
 - c) regeneration
 - d) reductions

3. Which of the following preparation follow MID principles ?
- a) internal preparation
 - b) slot cavity
 - c) tunnel cavity
 - d) all of the above
4. Which of the following is least invasive ?
- a) TYPE1 PRP
 - b) TYPE 2PRP
 - C) TYPE3 PRP
 - d) all are equally invasive
5. Which of the following new technology for the diagnosis of caries helps us to practise MID ?
- a) QLF
 - b) DIFOTI
 - c) DIAGNOdent
 - d) all of the above
6. Which of the following is not a goal of minimal intervention
- a) prevention of dental caries, demineralization and early lesions
 - b) reduction in cariogenic bacteria
 - c) minimal surgical intervention of cavitated lesion
 - d) replacement rather than repair of defective restorations
7. Which of the following is not an example of minimal intervention ?
- a) digital radiography versus conventional radiography
 - b) repair of crowns instead of replacement
 - c) preventive therapy
 - d) none of these
8. Possible treatment of non cavitated lesion can be
- a) resin infiltration
 - b) alter the oral environment
 - c) topical fluoride
 - d) all of the above
9. As per Mount and Hume classification site 2 refers to
- a) pits and fissures
 - b) proximal surfaces
 - c) cervical surfaces
 - 850d) none of the above
10. Preserving healthy enamel as much as possible while doing cavity preparation helps by
- a) giving more surface for micromechanical retention
 - b) giving more surface for macromechanical retention
 - C) both of the above

d) none of the above

Answers : 1 a) 2 b) 3 d) 4 a) 5 d) 6 d) 7 d) 8 d) 9 b) 10 a)

TOPIC-PREVENTIVE AND INTERCEPTIVE ORTHODONTICS

1] Space maintainers are usually needed in the:

- a]Mandibular primary incisor teeth area
- b]Mandibular primary canine teeth area
- c]Mandibular primary 2nd molar area
- d]Maxillary primary incisor area

2]The term Space Maintenance refers to:

- a]Preservation of space for a permanent tooth in child's mouth
- b]Preservation of total arch length or of all the permanent teeth in the arch in a child's mouth
- c]the preservation of mesial drift after the loss of a tooth
- d]none of the above

3]The space maintainer which is contraindicated in a child suffering from subacute bacterial endocarditis is:

- a]Removable
- b]Crown and Loop
- c]Band and Loop
- d]Distal shoe

4]Which of the following about band and loop space maintainer is correct?

- a]It is unilateral fixed appliance used in the posterior segment.
- b]It is a loop soldered with the stainless-steel crown.
- c]Stainless steel crown may be banded
- d]This loop is only limited to maintain the space of one tooth.

5]Which of the following is recommended for bilateral premature exfoliation of primary teeth?

- a]Nance Appliance
- b]Lingual Arch
- c]Band and Loop
- d]Distal shoe appliance

6]Daniella, a 44-year-old got her lower second molar extracted due to caries, the possible line of treatment is:

- a]Distal Shoe space maintainer
- b]Band and loop between primary first molar and permanent first molar
- c]Removable partial denture

d]No active treatment is necessary

7]A mandibular lingual holding arch with loops mesial to each molar band is used in children for:

a]Correction

b]Regaining Space

c]Space maintenance only

d]Correction of distally tilted molars

8]In an 8-year-old child, there is insufficient space in the upper anterior segment for the upper permanent lateral incisors to

a] Disk the proximal surface of maxillary incisors.

b] Disk deciduous canines and first molars

c]Extract the deciduous canines and first molars

d]No treatment required but observe.

9]The distal shoe type of space maintainer is indicated in:

a]Loss of primary anterior tooth

b]If the primary 2nd molar is lost before the eruption of permanent 1st molar.

c]If the primary 2nd molar is lost before the eruption of permanent 1st molar

d] Loss of primary 1st molar

10]Function of space maintainers:

a]Prevent Supra-eruption of opposite teeth

b]Prevent migration of teeth

c]Maintain space

d]All of the above

ANSWER'S

1- c

6- a

2- b

7- b

3- d

8- b

4- d

9- b

5- b

10- d

TOPIC: PEDIATRIC RADIOGRAPHY

1. "ALARA" stands for
 - a) As long as regularly allowed
 - b) As long as regularly achieved
 - c) As low as reasonably allowed
 - d) As low as reasonably achieved
2. Which film size would best image a bitewing on a 4 year old?
 - a) Size #1
 - b) Size #0
 - c) Size #2
 - d) Size #4
3. Once the permanent molar have erupted, the ideal full mouth survey which include a minimum of ___ films.
 - a) 4
 - b) 12
 - c) 10
 - d) 8
4. According to guidelines issued by various dental associations
 - a) Radiographs should be taken routinely every six months
 - b) Children's teeth should be first examined by a dentist before deciding on the number and types of radiographs
 - c) Every patient should have a full mouth series of radiographs at the initial visit
 - d) The dentist should not rely on radiographs from another office even if they are recent
5. To gain patient's confidence and compliance, easiest region to radiograph first would be
 - a) Mandibular canines
 - b) Mandibular incisors
 - c) Maxillary anteriors
 - d) Maxillary premolars
6. The most likely film placement to initiate gag reflex is
 - a) Maxillary molar
 - b) Maxillary premolar
 - c) Mandibular molar
 - d) Mandibular premolar
7. Guidelines for prescribing radiographs are based on
 - a) Sign and Symptoms
 - b) Medical and dental histories
 - c) Clinical examinations

- d) All of the above
8. Which portion of the dental film retains the latent image
- a) Gelatin
 - b) Silver halide crystals
 - c) Adhesives
 - d) Protective layer
9. The “Lollipop Radiograph Technique” is an example of
- a) Desensitization
 - b) Bribery
 - c) Reward
 - d) Punishment
10. Which of the following radiographs is indicated for facial and jaw growth analysis
- a) Panoramic radiograph
 - b) Cephalometric radiograph
 - c) Lateral oblique radiograph
 - d) Digital radiograph

Answer Key

- 1. (d)
- 2. (b)
- 3. (b)
- 4. (b)
- 5. (c)
- 6. (a)
- 7. (d)
- 8. (b)
- 9. (a)
- 10. (b)

TOPIC-CONSCIOUS SEDATION

1. Diffusion hypoxia is related to
 - Ketamine
 - Fentanyl
 - Nitrous oxide
 - Sufentanil
2. Titration is possible with
 - Intranasal route
 - Oral route
 - Rectal route
 - Intravenous route
3. Drugs causing sedative & analgesic property both, except:
 - Ketamine
 - Midazolam
 - Dexmedetomidine
 - None
4. Capnography measures
 - oxygen saturation of blood
 - co₂ saturation of blood
 - partial pressure of oxygen in exhaled air
 - partial pressure of co₂ in exhaled air
5. Fastest recovery time is associated with
 - Oral sedation
 - Inhalation sedation
 - Intravascular sedation
 - Intramuscular sedation

6. Midazolam is usually not administered through

Oral

Inhalation

Intranasal

Rectal

7. The term dissociative anaesthesia is associated with

Ketamine

Midazolam

Fentanyl

Sufentanil

8. "second gas effect" is seen with

Nitrous oxide

Ether

Tramadol

Ketamine

9. Which of the following term is no longer used

Mild sedation

Procedural sedation

moderate sedation

Conscious sedation

10. Nitrous oxide is

Colorless

Slightly sweet smelling

Heavier than air

All of the above

11. Who used nitrous oxide for the first time in dentistry?

Colton

Horace wells

Long

None of the above

12. Through which route is nitrous oxide administered?

Orally

Inhalation route

Intravenous

All of the above

13. What is the main effect of nitrous oxide?

Analgesic

Anxiolytic

Euphoric

All of the above

14. Blood gas partition coefficient for nitrous oxide is?

0.014

0.46

0.041

0.64

TOPIC-EXODONTIA IN PEDIATRIC DENTISTRY

11. Which of the following is not an indication of tooth removal in pediatric dentistry:
- e) Teeth that are hopelessly carious
 - f) Non restorable teeth
 - g) Acute infections
 - h) Presence of periapical pathology with poor prognosis
12. Absolute contraindications of extractions:
- e) Acute dentoalveolar abscess with cellulitis
 - f) Malignancy
 - g) Hemangioma
 - h) Blood dyscrasias
13. Operator position for extraction of mandibular anterior teeth in right quadrant:
- e) 7O'clock position
 - f) 11O'clock position
 - g) 6O'clock position
 - h) 12O'clock position
14. Any rotary motion is contraindicated in extraction of :
- e) Maxillary primary molars
 - f) Mandibular primary molars
 - g) Mandibular anterior teeth
 - h) Maxillary anterior teeth
15. Cross – sectional shape of mandibular primary molar root is :
- e) Round
 - f) Oval
 - g) Buccally curved
 - h) Flat mesiodistally
16. Which one of the following is not a hemostaticagent:
- e) Adrenaline
 - f) Thrombin
 - g) Gel foam
 - h) Calcium hydroxide
17. What should be operator position for extraction of left maxillary deciduous molar in five year old patient?
- e) In front and to the left of the patient
 - f) In front and to the right of the patient
 - g) In back and to the left of the patient
 - h) In back and to the right of the patient

18. Which one of the following postoperative instruction given to the child is incorrect:

- e) Child is instructed not to bite his lip
- f) Child is instructed to drink through straw for that day
- g) Do not disturb the area where the tooth was removed
- h) To hold a small cotton roll between his teeth for half an hour

19. For 8-10 year old child who needs teeth removed should have a working through period of :

- a. 1-2 days
- b. 2-3 days
- c. 3-4 days
- d. 4-7 days

ANSWERS

- | | | |
|------|------|------|
| 1 c) | 4 b) | 7a) |
| 2 c) | 5 d) | 8 b) |
| 3 a) | 6 d) | 9 d) |

TOPIC- SPACE MAINTAINERS AND REGAINERS

1. What is the chief advantage of a nonfunctional fixed space maintainer;
 - A. Prevent lateral jaw growth
 - B. Difficult to fabricate
 - C. Difficulty in maintaining proper oral hygiene
 - D. Continued eruption of opposing tooth

2. The space maintainer which is contraindicated in a child suffering from sub acute bacterial endocarditis is;
 - A. Removable
 - B. Crown and loop
 - C. Band and loop
 - D. Distal shoe

3. Space maintainers are usually needed in the-
 - A. Mandibular primary incisor teeth area
 - B. Mandibular primary canine teeth area
 - C. Mandibular primary second molar area
 - D. Maxillary primary incisor teeth area

4. Best space maintainer
 - A. Band and loop
 - B. Distal shoe appliance
 - C. Space regainer
 - D. None of the above

5. Contraindication of band and loop space maintainer are all except;
 - A. High caries susceptibility
 - B. Single tooth missing in posterior region
 - C. Moderate to severe space loss
 - D. Lower anterior crowding

6. A space maintainer is least indicated for premature loss of a;
 - A. Primary maxillary first molar
 - B. Primary mandibular first molar
 - C. Primary mandibular central incisor
 - D. Primary maxillary central incisor

7. Which of the following is recommended for bilateral premature exfoliation of mandibular canines;

- A. Nancy appliance
- B. Lingual arch
- C. Band and loop
- D. Distal shoe appliance

8. Which of the following does not function as a space maintainer;

- A. Lingual arch
- KB. Stainless steel crown
- C. Class 2 restorations
- D. Palatal expander

9. Which of the following about band and loop space maintainer is incorrect;

- A. Most commonly used
- B. It is a loop soldered with the stainless steel crown
- C. Unilateral fixed appliance used in posterior segments
- D. This loop is only limited to maintain the space of one teeth

10. During mixed dentition stage, which of the following appliance should be used as a space maintainer for missing primary molars in mandibular arch;

- A. Passive Lingual arch
- B. Nance's palatal holding device
- C. Distal shoe
- D. Removable functional space maintainer

Answers

1. D
2. D
3. C
4. D
5. B
6. D
7. B
8. D
9. B
10. A

TOPIC-ROLE OF DIET AND NUTRITION

1. The daily requirement of protein for the adults is

- a) 6g
- b) 60g
- c) 120g
- d) 250 g

2. Rickets is caused due to deficiency of

- a) Iron
- b) Vitamin D
- c) Protein
- d) Carbohydrate

3. Vitamin that helps in clotting of blood is

- a) Vitamin A
- b) Vitamin D
- c) Vitamin E
- d) Vitamin K

4. Dietary fiber is rich in

- a) Starch
- b) Cellulose
- c) Collagen
- d) Inulin

5. Fat provides how much percentage of body's calories

- a) 40%
- b) 30%
- c) 50%
- d) 75%

6. Fat soluble vitamins are

- a) A, B, D, K
- b) A, D, E, K
- c) A, B, E, K
- d) A, C, E, K

7. Daily requirement of iron in man is

- a) 1g
- b) 10 micro-g
- c) 10mg
- d) 20 mg

8. Vitamins required for tooth development and calcification are:

- a) E, K
- b) AD
- c) B, C
- d) A E

9. Raw beefy tongue is a characteristic feature of which vitamin deficiency

- a) Thiamin
- b) Niacin
- c) Pyridoxine

d) Cyanocobalamine

10. Least cariogenic sugar is

a) Fructose

b) Glucose

c) Sucrose

d) Xylitol

Answers:

1. B

2. B

3. D

4. B

5. B

6. B

7. C

8. B

9. B

10. D

TOPIC-TRAUMATIC INJURIES IN PEDIATRIC DENTISTRY

1. Indirect trauma includes all except:
 - a) Fall causing injury to chin.
 - b) Fracture of teeth
 - c) Fracture of condyle
 - d) Fall causing injury to chin resulting in trauma to posterior teeth.
2. Which of the following malocclusion is described as accident prone profile?
 - a) Class 1 malocclusion
 - b) Class 2div 1 malocclusion
 - c) Class two div 2 malocclusion
 - d) Class 3 malocclusion
3. Trauma to the teeth resulting in loosening but no displacement is:
 - a) Concussion
 - b) Subluxation
 - c) Luxation
 - d) Avulsion
4. A four year old boy had a fracture in the upper central incisors involving the enamel and the dentin with pulpal involvement. It is:
 - a) Ellis class 3
 - b) Ellis class 2
 - c) Ellis class 1
 - d) Ellis class 9
5. Which one of the following is a numerical classification?
 - a) Andreasen's classification
 - b) Ellis and Davey classification
 - c) WHO classification
 - d) SHY Wei's classification
6. The ideal storage medium for an avulsed tooth is:
 - a) Isotonic saline
 - b) Saliva
 - c) Unsalted water
 - d) HBSS
7. The replanted tooth root surface is treated with various agents to avoid:
 - a) Internal resorption
 - b) Surface resorption
 - c) Necrosis of periodontal ligament in the socket wall
 - d) Infection
8. Avulsion is classified in Ellis Davey's classification as:
 - a) Ellis class 4
 - b) Ellis class 5
 - c) Ellis class 6
 - d) Ellis class 7
9. An incomplete fracture of enamel without loss of tooth structure is:

- a) Crown infraction
 - b) Crown infarction
 - c) Enamel fracture
 - d) Ellis class 1 fracture
10. Which of the following pulp testing method can be described as an ideal pulp testing method?
- a) Thermal test
 - b) Electric pulp testing
 - c) Laser Doppler flowmetry
 - d) Carbon dioxide snow

Answer Key:

- 1. b
- 2. b
- 3. b
- 4. a
- 5. c
- 6. d
- 7. b
- 8. b
- 9. a
- 10. c

TOPIC-CHILD PATIENT WITH SPECIAL HEALTH CARE NEEDS

1. Which of the following is not an indication for the use of physical restraints?
 - a. A patient who requires diagnosis or treatment and cannot cooperate because of lack of maturity
 - b. A patient who requires diagnosis or treatment and cannot cooperate because of mental or physical disabilities
 - c. A patient who requires diagnosis or treatment and does not cooperate before and other behaviour management techniques failed
 - d. When the safety of the patient or practitioner would be at risk without the protective use of restraint
2. Which of the following physical restraints is not used to control body position?
 - a. Papoose board
 - b. Pedi wrap
 - c. Safety belt
 - d. Posey strap
3. Which of the following is considered to be one of the approaches. in handling children with cerebral palsy in the dental office!
 - a. Providing dental treatment in the wheel chair
 - b. Use of mouth props and finger splints
 - c. Avoidance of abrupt stimuli which will initiate the startle reflex
 - d. All of the above
4. Difficulty in grasping objects is characteristic of which type of cerebral palsy!
 - a. Dyskinetic
 - b. Ataxic
 - c. Spastic
 - d. Mixed
5. The touch taste smell method (instead of TSD) is usually used in children who are affected by
 - a. Deafness.

b. Blindness

c. Cerebral palsy

d. Down syndrome

6. Which of the following factors are to be considered while treating a child who has hearing impairment?

a. Determining the mode of communication

b. Usage of visual aids and allowing the patient to see the instruments

c. Adjusting the hearing aids

d. all of the above

7. Which of the following is least likely to be effective in attempting to communicate with a mentally challenged patient?

a. Verbal rationalization of the patient's fears and anxieties

b. Rewarding appropriate behaviour with verbal praise

c. Expressing verbal disapproval of negative behaviour

d. Utilizing the parents as models, if they are cooperative

8. A well developed 8-year-old boy is referred by a pediatric neurologist to you for dental treatment. His mother narrates the following history: At present he is receiving daily dose of an amphetamine. His teacher complains that he never pays attention. He is left-handed and a bit clumsy. The most probable behaviour disorder this patient demonstrates is

a. Autism

b. Epilepsy

c. Hyperkinesia

d. Mental retardation

9. Limping gait and circumduction of affected leg are characteristic features in

a. Hemiplegia

b. Quadriplegia

c. Monoplegia

d. Paraplegia

10. Feingold diet is associated with treatment of

- a. Autism
- b. Hyperactivity
- c. Mental retardation
- d. Porphyria

Answers

- 1.(c) 6.(d)
- 2.(d) 7.(a)
- 3.(d) 8.(c)
- 4.(b) 9.(a)
- 5.(b) 10.(b)

TOPIC-MANAGEMENT OF MEDICALLY COMPROMISED PATIENTS

1. _____percentage of chlorhexidine gluconate is used to decrease oral bacterial count as preoperative oral antiseptic before.
 - A)0.2
 - b)0.5
 - c)0.6
 - d)0.8
2. It is preferable to have platelet levels above _____before extractions in patient suffering from haemostasis.
 - A)80x10⁹L
 - B)50x10⁹L
 - C)10x10⁹L
 - D)60x10⁹L
3. _____sedation can be effective for restorative procedures with the need for local anaesthesia.
 - A)nitrous oxide
 - B)oral conscious
 - C)IV sedation
4. In a type of cerebral palsy characterized by sudden violent involuntary contraction of a muscle or group of muscle there is:
 - a. Spasticity
 - b. Ataxia
 - c. Athetosis
 - d. Rigidity
5. Handicapped patient are usually taken care by
 - A) families
 - B) Insurance companies
 - C)Sponsors of program
 - D)Themselves
6. When natal teeth are present the most common and preferAble approach is
 - A)extract the teeth
 - B)Grind the sharp incisal edges
 - C)Take radiograph and determine the status of adjacent teeth
 - D)Retain the teeth if possible
7. According to Stanford-Binet test non trainable type of mental retardation has an IQ of:
 - A)Below 20
 - B) Between 36 and 51
 - C)Above 51
 - D) Between 90 and 130
8. The IQ level below which a person may be considered Mentally retarded:
 - A) 110
 - b) 90

c)80

d)70

9. NSAIDs should be avoided in:

- A. Asthma
- B. Bleeding disorders
- C. Peptic ulcers
- D. All of the above

10. Child patient suspected of leukemia is suffering from periapical abscess line of treatment is:

- A) Endodontic therapy
- B)extraction of involved tooth
- C)obtain a blood count before extraction
- D)obtain medical consultation.

Answers: 1.a 2.b 3.a 4.a 5.a 6.d 7.a 8.d 9.d 10.d

TOPIC-CHILD ABUSE & NEGLECT

1. How many forms of child abuse are there?
 - a) 1
 - b) 3
 - c) 4
 - d) 2

2. What % of abused and maltreated infants exhibited symptoms of disorganized attachment?
 - a) 75%
 - b) 60%
 - c) 80%
 - d) 85%

3. What are the four forms or categories of child abuse?
 - a) Neglect, physical, sexual, and psychological
 - b) Physical, psychological, mental, emotional
 - c) Emotional, physical, mental, educational
 - d) Neglect, sexual, educational, and physical

4. The emotional trauma and hurt of child abuse usually lasts:
 - a) Until age 21
 - b) For about five years after an incident
 - c) Until age 35
 - d) For a lifetime

5. Child abuse is normally found in households with incomes of:
 - a) Less than Rs. 20,000
 - b) Rs. 20-35,000

c) Rs. 35-55,000

d) All income demographics may experience child abuse

6. Preventing child abuse is the responsibility of...

a) The government

b) Law enforcement

c) Parents

d) Everyone

7. Abused Child Suffer from-

a) Cognitive Difficulties

b) Social Difficulties

c) Both a & b

d) None

8. Which is a common form of child neglect?

a) failure-to-thrive syndrome

b) emotional neglect

c) unsafe home environment

d) all of the above

9. What is the officer's first priority when responding to a suspected child abuse case?

a) Safety of child

b) Determine if a crime has, in fact, been committed

c) Identify and preserve evidence

d) Take suspect into custody

10. Deliberate, intentional acts that cause harm or the threat of harm to a child are _____.

- a) child neglect
- b) child abandonment
- c) child abuse
- d) child discipline

Answers

- | | | | | |
|------|------|------|------|-------|
| 1. c | 2. c | 3. a | 4. d | 5. d |
| 6. d | 7. c | 8. d | 9. a | 10. c |

TOPIC - CROWNS IN PEDIATRIC DENTISTRY

- 1) Stainless crowns are used for -
 - a) Primary Teeth
 - b) Young permanent teeth
 - c) Both of the above
 - d) none of the above

- 2) Sealing decay under performed (stainless steel) crown avoiding injection and drilling is called -
 - a) Norma's technique
 - b) Beggs technique
 - c) Hall's technique
 - d) Adams technique

- 3) Performed stainless steel crowns manufactured by most of the companies available in.
 - a) 1-6
 - b) 2-6
 - c) 2-7
 - d) 1-7

- 4) Which finish line is preferred on lingual and buccal side of a primary tooth while preparing for stainless steel crown
 - a) Shoulder
 - b) chamfer
 - c) Shoulder with bevel
 - d) None of the above

- 5) Slight occlusal discrepancy in stainless steel crown, on primary teeth post cementation is.
 - a) Acceptable, as PDL space is narrow to permanent teeth.
 - b) Acceptable, as PDL space is wider compared to permanent teeth.
 - c) not acceptable, as PDL space is wider compared to permanent teeth
 - d) Not acceptable as PDL space is narrow as compared to permanent teeth

- 6) Knotted floss is used in stainless steel crown to perform
 - a) check if home floss is possible
 - b) remove the excess cement
 - c) remove the crown during trial fit of the crown
 - d) check the fit of the crown

- 7) Buccal marginal gingival tissues of second deciduous molar appears as -
 - a) starched out S
 - b) Smile
 - c) inverted c
 - d) upright c

- 8) Ball and socket plier no is
 - a) 110

- b)112
- c)114
- d)118

- 9) In open faced anteriors stainless steel crowns
- a) Esthetics is not acceptable
 - b) Tooth structure is accessible for pulp testing
 - c) Tooth structure is not accessible for pulp testing
 - d) Window is prepared on lingual surface

- 10) rubber dam while preparing tooth for performed stainless steel crown
- a) Desirable as it prevents aspirations of crown
 - b) Not desirable as crowns are usually not aspirated
 - c) removed after the crown is cemented
 - d) none of the above

Answers

- 11) 1-c, 2-c, 3-c, 4-d, 5-b,6-b, 7-b, 8-b, 9-b, 10-a

TOPIC: LOCAL ANAESTHESIA & MAXILLOFACIAL SURGERY

Qu.1- In peripheral nerve block, which of the following LA, has the largest duration of action?

- A)Bupivacaine B)Cocaine
- C)Lignocaine D)Prilocaine

Qu.2- Which of the following is the most accepted theory of LA action?

- A)Acetylcholine theory
- B)Calcium displacement theory
- C)Specific receptor theory
- D)Membrane expansion theory

Qu.3-Of the following LA, which has intrinsic vasoconstrictive action?

- A)Cocaine B)Procaine
- C)Xylocaine D)Bupivacaine

Qu.4-It is difficult to obtain local infiltration anesthesia in the presence of inflammation because of

- A)decreased pH
- B)increased vascularity
- C)oesdema
- D)pain

Qu.5-Alpha adrenergic agonists are used in combination with LA to

- A)increase the rate of liver metabolism of LA
- B)increase the concentration of LA at receptor site
- C)stimulate myocardial contraction
- D)increase vascular absorption of LA

Qu. 6- Developing ameloblasts are affected by the ingestion of high fluoride content water resulting in

- A) Turners tooth
- B) Hutchinsons teeth
- C) Mottled enamel
- D) Moons molars

Qu. 7 – Geographic tongue, All are true except:

- A) Lesions maybe bilaterally symmetrical on tongue
- B) No treatment is required
- C) Is a precancerous condition
- D) Maybe related to emotional stress

Qu. 8 – Which of the following is a fissural cyst?

- A) Dentigerous cyst
- B) Primordial cyst
- C) Nasopalatine cyst
- D) Radicular cyst

A) Qu. 9- Multiple osteomas, multiple polyposis, supernumerary teeth are found in :

- A) Reiters syndrome
- B) Peutzjeghers syndrome
- C) Gardners syndrome
- D)Behcets syndrome

Qu. 10 – Hairy tongue is characterized by :

- A)Hypertrophy of filiform papillae
- B) Hypertrophy of fungiform papillae

C) Hypertrophy of foliate papillae

D) Hypertrophy of circumvalate papillae

ANSWERS: 1- A, 2-C, 3-A, 4-A, 5-B, 6-C, 7-C, 8-C, 9-C, 10- A

TOPIC: CLEFT LIP & CLEFT PALATE

Q 1. Cleft lip is operated at what age?

- A) 1 month
- B) 6 Months
- C) 10 weeks
- D) 1 year

Ans : ©

Q2. Cleft palate should be repaired

- A) After 5 years of age
- B) Before 1 year
- C) 1 and half to 2 years
- D) Any time

Ans: (c)

Q3. Commonest type of cleft lip is

- (A) Bilateral
- (B) Midline
- (C) Combined with cleft palate
- (D) Unilateral

Ans : ©

Q4. Cleft lip is due to non union of

- A) Maxillary process with MNP
- B) MNP-LNP
- C) MNP-MNP
- D) All of the above

Ans (a)

Q5. Pierre Robin syndrome is

- A) Cleft palate with syndactyly
- B) Cleft palate with mandibular hypoplasia and respiratory obstruction
- C) Cleft lip with mandibular hypoplasia
- D) Cleft lip

Ans (b)

Q6. Which of the following feature is not seen with cleft palate

- A) Supernumerary tooth at site of cleft
- B) High palatal vault
- C) Bilateral maxillary constriction
- D) Missing lateral incisor

Ans (b)

Q7. Cleft lip is treated by all of the following methods except

- A) Von langenback
- B) Millards method
- C) Tennison randall method
- D) Le – mesurier method

Ans (a)

Q8. A child who suffered from bilateral cleft lip and palate is brought to your clinic. Immediate treatment should be

- A) Post and ant crossbite correction
- B) Expansion of mandibular arch which will cause maxilla to stretch
- C) Speech therapy
- D) Patient counselling and orthognathic surgery

Ans (b)

Q9. Symbolic striped 'Y' classification for cleft lip and palate was given by

- A) Veau
- B) Kernahan
- C) Jackson
- D) Edward H Angle

Ans (b)

Q10. Inheritance of cleft lip and palate is

- A) Monogenic
- B) Polygenic
- C) Multifactorial
- D) Sex linked

Ans ©

TOPIC-CARIES AND RESTORATIVE DENTISTRY

1. The pulp horn that is most likely to be exposed during cavity preparation on deciduous molars is:

- a) Mesio Buccal of first molar
- b) Distobuccal of first molar
- c) Mesio Buccal of second molar
- d) Distobuccal of second molar

2. Parents should begin cleaning a child's mouth:

- a) By the time first tooth erupt
- b) When all deciduous teeth erupt
- c) When all anterior teeth have erupt
- d) When incisors and first molars have erupt

3. Restoration of choice in endodontically treated primary secondary molar in 9-year-old child is:

- a) Stainless steel crown
- b) Cast gold crown
- c) Amalgam
- d) Zinc oxide eugenol

4. The first teeth become involved in nursing bottle caries usually are:

- a) Mandibular canines
- b) Maxillary anterior teeth
- c) Mandibular anterior teeth
- d) Maxillary and mandibular teeth

5. The bacteria responsible for causing nursing bottle caries are:

- a) Lactobacillus only
- b) Streptococcus and Lactobacillus
- c) Streptococcus , Lactobacillus and Veillonella
- d) Streptococcus , Lactobacillus and Neisseria

6. Pit and fissure sealants are bound to tooth surface by:

- a) Chemical bond
- b) Mechanical retention
- c) Adhesive bond
- d) Chemical and mechanical bond

7. Mechanism of action of pit and fissures sealant is by:

- a) Blocking the nutrient supply to bacteria
- b) Killing micro-organism causing caries
- c) Neutralizing acid produced by bacteria
- d) All of these

8. Which of the following sugars contributes least to the dental caries:

- a) Fructose
- b) Galactose
- c) Sucrose
- d) Xylitol

9. Keys triad does not include:

- a) Time
- b) Substrate

c) Tooth

d) Flora

10. Suitable technique used for diagnosis of posterior interproximal caries in children:

a) Bite wing with Bisecting angle technique

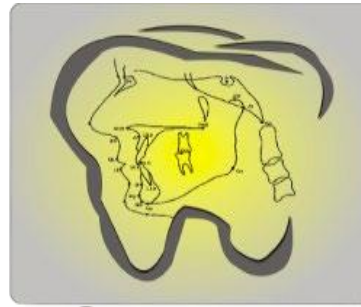
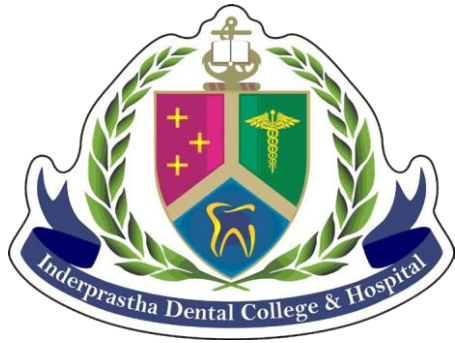
b) Bite wing with Paralleling technique

c) Bite wing with RVG

d) Panoramic Radiography

ANSWERS:

1.(a) 2.(a) 3.(a) 4.(b) 5.(c) 6.(b) 7.(a) 8.(d) 9.(a) 10.(c)



DEPARTMENT OF ORTHODONTICS AND DENTOFACIAL ORTHOPAEDICS

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1. **DIFFERENCE BETWEEN RAPID AND SLOW MAXILLARY EXPANSION –MCQ**

1) **The ratio of Skeletal: Dental expansion obtained finally after rapid palatal expansion is**

- a) **4:1**
- b) 3:1
- c) 1:1
- d) 2:1

2) **A Distinctive clinical manifestation of a successful RME is**

- a) Anterior Crossbite
- b) Posterior Crossbite
- c) **Midline Diastema**
- d) Open Bite

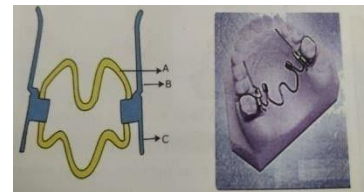
3) **Which type of rapid palatal expansion?**

- a) **Hyrax**
- b) Hass
- c) Issacson
- d) Biedermann



4) **Which is a new type slow palatal expander?**

- a) **NiTi expander**
- b) Hyrax expander
- c) Quad helix
- d) Molar rotator



5) **In Quad helix appliance, activation of anterior helices produce**

- a) **Posterior expansion**
- b) No expansion is produced at all
- c) Anterior expansion
- d) Both anterior and posterior expansion



6) **Hyrax screw is mostly used in**

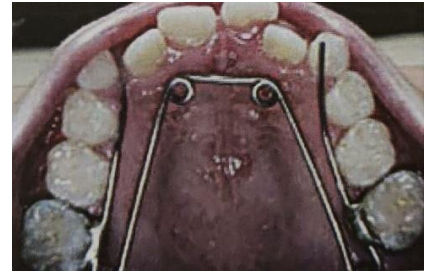
- a) Class III cases
- b) Class II cases
- c) **Rapid maxillary expansion**
- d) Retraction of incisors

- 7) **The midpalatal suture is most likely to open at which following age of expansion**
- a) 18 years
 - b) 13 years**
 - c) 25 years
 - d) 23 year
- 8) **Which of the following is a contraindication of RME**
- a) Posterior crossbite associated with real or relative maxillary deficiencies
 - b) Patients with vertical growth pattern**
 - c) Class III conditions along with the facemask
 - d) Medical conditions like nasal stenosis and septal deformities
- 9) **Expansion screws used in treatment of crossbites produce**
- a) 1 mm expansion per quarter turn**
 - b) 0.20 mm expansion/quarter turn, which is equal to width of PDL ligament
 - c) 1 mm expansion per half turn, which is equal to width of PDL ligament
 - d) 1 mm expansion per quarter turn, which is equal to width of PDL ligament
- 10) **Pitch of hyrax screw is**
- a) 1 mm
 - b) 0.8 mm
 - c) 0.5 mm
 - d) 0.25 mm**
- 11) **A 12 year old boy was subjected to rapid maxillary expansion (RME) for the correction of bilateral posterior crossbite. The maximum separation of mid palatine suture will occur**
- a) In the molar region
 - b) In the premolar region
 - c) At posterior nasal spine
 - d) Between two central incisors**
- 12) **Typically rapid palatal expansion is done with a jack screw that is activated at the rate of**
- a) 1.0 to 2.0 mm/week
 - b) 1.0 to 2.0 mm/day
 - c) 0.5 to 1.0 mm/week
 - d) 0.5 to 1.0 mm/day**

- 13) **In rapid palatal expansion activation schedule is**
- a) 2 quarter turns a once in a day
 - b) 2 quarter turns in morning
 - c) **1 quarter turns in morning and 1 in evening**
 - d) 2 quarter turns in morning and in evening
- 14) **The ratio of skeletal: dental expansion obtained finally after rapid palatal expansion is**
- a) **4:1**
 - b) 3:1
 - c) 2:1
 - d) 1:1
- 15) **A rapid expansion was carried out to treat a severe maxillary crossbite. The ratio of skeletal to dental expansion obtained immediately?**
- a) 2:3
 - b) **4:1**
 - c) 1:8
 - d) 1:4
- 16) **A slow expansion was carried out with a jack screw at the rate of one quarter turn of the screw to treat maxillary crossbite. The ratio of skeletal to dental expansion is expected to be?**
- a) 4:1
 - b) **1:1**
 - c) 1:5
 - d) 1:4
- 17) **A distinctive clinical manifestation of a successful rapid maxillary expansion is**
- a) Anterior crossbite
 - b) Posterior crossbite
 - c) **Midline diastema**
 - d) Open bite
- 18) **Appliance which brings orthopaedic movements in children and orthodontic movements in adults**
- a) Hyrax
 - b) Biedermann
 - c) **Quadhelix**
 - d) Bimler

19) **Following appliance is used for**

- a) **Treat posterior crossbite**
- b) Rapid maxillary expansion
- c) Treat anterior as well as posterior crossbite
- d) Correction of midline diastemma



20) **Quad helix**

- a) **Widens the upper arch**
- b) Used in cleft lip
- c) Retracts the upper canine
- d) Bite opening



2. BIOLOGY OF TOOTH MOVEMENT

1. **Tipping of Anterior tooth require a force of:**

- a) 10-12 gm
- b) 50-70 gm
- c) **20-15 gm**
- d) Above 100 gm

2. **Couple force is:**

- a) Two equal Perpendicular force
- b) Two equal parallel force acting in same direction
- c) two non equal perpendicular force acting in opposite direction
- d) **two non equal parallel force acting in opposite direction**

3. **Resorption in case of ideal orthodontic tooth movement should be**

- a) Undermining
- b) **Frontal**
- c) Indirect
- d) Necrotic

4. **Resorption of cementum as compared to bone occurs**

- a) **Less readily**
- b) More readily
- c) Same
- d) Undermining resorption

5. **A 300 mg force is applied through a canine retractor, the following change will benoticed:**

- a) **Hyalinization**
- b) Rapid tooth movement
- c) Frontal root resorption
- d) None of the above

6. **If during an application of an orthodontic force, the level declines to zero betweenactivations the force duration is called as**

- a) Continuous force
- b) **Interrupted force**
- c) Intermittent force
- d) Differential force

7. It is normal response to orthodontic treatment for periodontal space to

- a) **Widen**
- b) Narrow
- c) Shorten
- d) Elongate

8. The histological section of tooth under orthodontic force representing an avascular area in the periodontal ligament is often referred as

- a) Frontal zone
- b) **Hyalinised zone**
- c) Undermining zone
- d) Clear zone

9. Most efficient orthodontic tooth movement is obtained by

- a) **Light continuous force**
- b) Large intermittent force
- c) Light interrupted force
- d) Heavy continuous force

10. Type of force in a patient activated appliance is?

- a) Interrupted
- b) **Intermittent**
- c) Continuous interrupted
- d) Continuous intermittent

3. Cephalometric

1. Difference between size of cranium & the cephalogram is

A. No difference

B. 5% reduction

C. 5% enlargement

D. 0% enlargement

2. The Occipital Condyle is represented by the following cephalometric point

A. Bolton's Point

B. Brodbent Registration Point

C. Basion

D. Articulare

3. In cephalometrics, Point A is:

A. The deepest point in the midline between the alveolar crest of mandible and the mental process

B. The most anterior point of the bony chin in the median plane

C. The deepest point in the midline between the anterior nasal spine and alveolar crest between the two central incisors

D. The most inferior midline point on the mandibular symphysis

4. All of the following landmarks are present on mandible except:

A. Point B

B. Porion

C. Pogonion

D. Gonion

5. The median point of the anterior margin of the foramen magnum is:

A. Porion

B. Basion

C. Bolton point

D. Orbitale

6. In cephalometrics, which of the following planes represents the anterior cranial base:
- A. SN plane
 - B. Frankfort horizontal plane
 - C. Basion-Nasion plane**
 - D. Bolton's plane
7. In Down's cephalometric analysis the average value of angle of convexity is
- A. 28
 - B. 14
 - C. -10
 - D. 0**
8. If in a person Y-axis is greater than normal then he is showing
- A. Vertical growth of mandible
 - B. Horizontal growth of mandible
 - C. No growth of mandible
 - D. Forward growth of mandible**
9. In a case of class III malocclusion A-B plane angle is:
- A. Zero degrees
 - B. Negative
 - C. Positive
 - D. Remains constant whatever be the molar relationship**
10. IF ANB angle of a person is 8, it is indicative of:
- A. class I malocclusion
 - B. class II skeletal tendency**
 - C. class III skeletal tendency
 - D. Pseudo class III malocclusion

11. If SNA angle is 90° and SNB angle is 80° , it indicates that:

A. Maxilla is prognathic

B. Mandible is prognathic
C. Maxilla

is retrognathic

D. Mandible is retrognathic

12. The planes that form a diagnostic triangle of Tweed are all of the following except:

A. Frankfort horizontal plane

B. S.N plane

C. Mandibular plane

D. Long axis of lower incisor

13. In Tweed analysis, the mean value of Frankfort mandibular incisor angle (FMIA) is:

A. 45

B. 25

C. 90

D. 65

14. Frankfort horizontal plane connects the:

A. Sella and nasion

B. Nasion and porion

C. Orbitale and porion

D. Orbitale and basion

15. Facial plane is drawn

from A Nasion to porion

B. Nasion to pogonion

C. Nasion to gonion

D. Nasion to menton

16. If the norm for the cephalometric angle SNA is 82° , a patient's reading of 90° for SNA most likely indicates:

A. Maxillary protrusion

B. The patient's ethnic background

C. Protrusive maxillary incisors

D. Dysplasia of the anterior cranial base

17. Which of the following is a MISMATCH

a) Bolton point: Highest point on the concavity behind occipital condyles

b) Gonion: Anterior point of the angle of the mandible

c) Orbital: Lower point on the left infraorbital margin

d) Porion: Highest point on the soft tissue (superior surface) of the external auditory meatus

18. The most anterior part of bony chin

a) Gonion

b) Pogonion

c) Menton

d) Gnathion

19. Which of the following landmarks present in the angle of mandible

a) Gnathion

b) Gonion

c) Pogonion

d) Porion

20. The point of intersection of dorsal contours of mandibular processes

a) Supramentale

b) Articulare

c) Condylion

d) Pterygomaxillary

4. CLEFT LIP AND PALATE

1. Surgical closure of cleft lip usually perform at the age of
 - a.2-12 weeks**
 - b.6-9 months
 - c. 18-24 months
 - d.3-5 years

2. Reposition of premaxilla is a must before cleft lip and palate surgery as it
 - a.Support base for lip closure**
 - b.Helps feeding
 - c. Helps in proper alignment of permanent central incisors
 - d.Helps in preventing speech defects

3. consanguineous marriages are believed to have
 - a.significant influence on clefts**
 - b.non influencing change on clefts
 - c.a chance of defective zygote
 - d. very less effect on clefts

4. embryologic development of face takes place between
 - a.4th and 8th weeks of gestation**
 - b.6th and 10th weeks of gestation
 - c.7th and 12th weeks of gestation
 - d.11th and 12th weeks of gestation

5. lower lip and mandible develop from
 - a.mandibular arch**
 - b.maxillary arch
 - c.stomodeum
 - d.ectodermal plates

6. lateral nasal processes forms
 - a.nasal septum
 - b.ala of nose**
 - c.premaxilla
 - d.middle portion of upper lip and premaxilla

7. complete bilateral alveolar cleft is which group in veau's classification
- a.i
 - b.ii
 - c.iii
 - d.iv**
8. inkernahan's classification anterior portions of "y" depicts
- a.palate
 - b.lip**
 - c.alveolus
 - d.ridges
9. cleft palate patients show problem in
- a.mastication
 - b. deglutination**
 - c.smelling
 - d.taste sensation
10. first surgical intervention for repair of cleft lip is carried out at age range of
- a. 3-6 months**
 - b.7-9 months
 - c.10-12 months
 - d.13-14 months
11. rhinoplasty is carried out at the age range of
- a.14-15 years
 - b.16-18 years**
 - c. 19-20 years
 - d.21-22 years
12. which rule is followed by most of the surgeons for surgery of cleft palate and lip?
- a.william's rule of six
 - b.millard's rule of six
 - c.william's rule of ten
 - d.millard's rule of ten**

13. which one of the following groups included in millard's rule of ten?

- a. 10 years of age, 10 kg of weight
- b. 10 weeks of age, 10 pounds wt, 10-inch height of head
- c. 10 gm of hb, 10 weeks of age, 10 pounds wt**
- d. 10 kg of weight, 10-inch height of head

14. rhinoplasty is

- a. final lip and palate revision
- b. final lip revision
- c. final palate revision
- d. final nose and lip revision**

15. surgical repair of unilateral cleft lip is known as

- a. millard's procedure**
- b. langenback's procedure
- c. rhinoplasty
- d. cumin's procedure

16. breast feeding or sucking is difficult for cleft palate patients because of

- a. air in oral cavity
- b. absence of negative pressure in mouth**
- c. tongue obstruction
- d. air in nasal cavity

17. the best time for secondary alveolar grafting is

- A. 1-3 years
- B. 3- 6 years
- C. 6-9 years**
- D. 9-12 years

18. the ratio of occurrence of cleft lip and palate is

- A. 1 in 100 lives
- B. 1 in 800 lives**
- C. 1 in 8000 lives
- D. no ratio mention

19. the v-y plast is used for

- A. lengthening the tissue
- B. shortening the tissue**
- C. rotating the tissue
- D. all the above

20. cleft of the soft palate is closed at what age

A.18-24 weeks

B.18-24 months

C.4-5 weeks

D.4-5 months

5. Development of Dentition

1. The Groove separating the Gum pad from the palate is called:
 - a) **Gingival Groove**
 - b) Dental Grove
 - c) Transverse Groove
 - d) Lateral Sulcus

2. Both Conditions of “supernumerary teeth” and “Partial Anodontia” is seen in:
 - a) Cleft Palate
 - b) Down’s Syndrome
 - c) Ectodermal Dysplasia
 - d) **Cleidocranial Dysplasia**

3. Late mesial shift is due to?
 - a) Closure of primate spaces?
 - b) **Eruption of 1st permanent molars**
 - c) Related to end on molar relation
 - d) Closure of leeway space

4. With respect to their permanent successors, the sum of the mesiodistal diameters of the 1st and 2nd deciduous molars is generally?
 - a) **Less**
 - b) Greater
 - c) The same
 - d) Not related

5. Primate spaces are between
 - a) B and C
 - b) C and D
 - c) A and C
 - d) **Options A and B**

6. Ugly duckling stage affects
 - a) **Maxillary anterior teeth**
 - b) Mandibular anterior teeth
 - c) Both maxillary and mandibular teeth
 - d) Cause decrease in vertical height

7. Which terminal plane is favourable for E/E to have class 1 molar relationship?
- a) Flush terminal plane
 - b) Mesial step**
 - c) Distal step
 - d) None of the above
8. Which of the following is a self-correcting anomaly?
- a) Ugly duckling stage**
 - b) Deep bite
 - c) Retrusion
 - d) Protrusion
9. The ugly duckling stage is seen at the age of?
- a) 6- 7 yrs
 - b) 8- 9 yrs**
 - c) 10-12 yrs
 - d) 12-14 yrs
10. Spacing in anterior teeth in deciduous dentition is
- a) Common and desirable**
 - b) Uncommon and undesirable
 - c) Common and undesirable
 - d) Uncommon
11. Difference in width of permanent and primary incisors is
- a) Incisal guidance
 - b) Incisal inclination
 - c) Incisal liability**
 - d) Overjet
12. Into how many segments is infant's gum pad divided
- a) 2 in each quadrant
 - b) 3 in each quadrant
 - c) 2 in each jaw
 - d) 5 in each quadrant**

13. Spaces I deciduous dentition
- a) **Physiological**
 - b) Pathological
 - c) Incisal liability none of the above
14. In a new born child we generally see
- a) Maxillary protrusion
 - b) Maxillary retrusion
 - c) Mandibular protrusion
 - d) **Mandibular retrusion**
15. Mesial step formation in deciduous dentition is indication of future
- a) Class 2 malocclusion
 - b) **Class 3 malocclusion**
 - c) Anterior crowding
 - d) Anterior crossbite
16. A 9 yr old child came to the dental clinic with spacing in anterior teeth. The line of treatment is?
- a) Fixed appliance
 - b) Removable appliance
 - c) Inclined plane
 - d) **No treatment, observation of patient**
17. The arch length from mixed dentition to permanent dentition
- a) Remains same
 - b) **Increases**
 - c) Decreases
 - d) Doubles
18. Intercanine width in maxilla is increased
- a) Eruption of lateral incisors
 - b) **Eruption of permanent canines**
 - c) Eruption of premolars
 - d) Eruption of peg laterals

19. In children median diastema between maxillary permanent centrals closes with the eruption of
- a) Maxillary permanent 1st molar
 - b) Maxillary permanent central incisor
 - c) **Maxillary permanent canines**
 - d) Maxillary permanent 2nd molars
20. An 8 yr old child has 1st molar cusp to cusp relation. The treatment is
- a) **Fixed appliance**
 - b) Removable appliance
 - c) Continuous recall and observe
 - d) None of the above

6. Post Natal Growth of Mandible

1. Mandible closely follow the growth curve of:

A. Lymphoid Tissue

B. Neural Tissue

C. General Tissue

D. All of the above

2. The Condylar Cartilage in the Mandible is held by:

A. Primary Cartilage

B. Secondary Cartilage

C. Tertiary Cartilage

D. Non-Growing cartilage

3. The first ossification center of the mandible in a 6 weeks old human embryo is found in which one of the following locations?

A. Future coronoid process

B. Future condylar process

C. Future mental foramen

D. Future mandibular foramen

3. The first ossification center of the mandible in a 6 weeks old human embryo is found in which one of the following locations?

A. Future coronoid process

B. Future condylar process

C. Future mental foramen

D. Future mandibular foramen

5. The movement of bone in response to its own growth is termed as:

A. Rotation

B. Secondary Displacement

C. Primary Displacement

D. Differentiation

6. All of the following are considered micro skeletal units of the mandible as per the matrix theory except:

A. Chin

B. Glenoid fossa

C. Coronoid process

D. Angle of the mandible

7. The condylar cartilage in the mandible is held to be a:

A. Primary cartilage

B. Secondary cartilage

C. Tertiary cartilage

D. Non growing cartilage

8. Growth of condyle is by :

A. Membranous growth

B. Interstitial growth

C. Cartilaginous proliferation

D. Bony apposition

9. The mandible grows longer by apposition of new bone on the posterior surface of :

A. Coronoid process

B. Condyle

C. Ramus

D. Symphysis

10. Which one of the following statements about the growth of the mandible is correct?
- a) The mental symphysis closes at about 1 year postnatally
 - b) The condylar growth cartilage ceases activity at puberty**
 - c) The ossification centre appears about 8 weeks I.U.L medial to Meckel's cartilage
 - d) The functional matrix acting on the angle of the mandible is the lateral pterygoid muscle

11. The primary site of ossification in the mandible is at –

- a) Condyle**
- b) Coronoid Process
- c) Terminal of mental nerve
- d) Terminal of Inferior Alveolar Nerve

12.) Which among the following is not a primary mandibular cartilage-

- a) Symphyseal Cartilage
- b) Condylar Cartilage
- c) Meckel's Cartilage
- d) Coronoid Cartilage**

13.) The two hemi of the mandible fuse around which age-

- a) 4 Years
- b) 5.5 Years**
- c) 1 Years
- d) Only Fibrous union occurs.

14.) Scott categorised the mandible into 3 units not including

- a) Basal
- b) Symphyseal
- c) Muscular
- d) Alveolar**

15.) Which of the following ligaments is derived from the Meckel's cartilage-

- a) Stylomandibular Ligament
- b) Sphenomandibular Ligament**
- c) Accessory Ligament of TMJ
- d) Capsular Ligament of TMJ

16.) De-innervation of the Temporalis Muscle produces –

- a) Does not affect the growth of the mandible
- b) Increases the growth of the Coronoid Process
- c) Increases the growth of the Condylar Process**
- d) Decreases the growth of the coronoid process

17.) Which of the following microskeletal unit is incorrectly matched with its soft tissue matrix-

- a) Coronoid – Temporalis Muscle
- b) Gonial Angle – Masseter and internal pterygoid muscle
- c) Alveolar process - teeth
- d) Condylar Process – Masseter**

18.) Which of the following is not a method to studying growth by measurement approach-

- a) Craniometry
- b) Anthropometry
- c) Autoradiography
- d) Cephalometry**

19.) Which of the following Mechanism is involved in the growth of the mandible-

a)Remodeling

b)Displacement

c)Cortical Drift

d)All of the above

7. GROWTH OF NASOMAXILLARY COMPLEX

Ques1 Downward & Forward growth of face is the result of

- a) Upward & Backward growth of condyle & Maxillary suture
- b) Eruption of teeth & increase in vertical direction**
- c) Upward & Forward growth of cranial base
- d) Apposition of bone at anterior border of mandible & Maxilla

Ques2 No. of Primary Ossification centre of Maxilla is:

- a) two
- b) three**
- c) four**
- d) five

Ques3 Growth of Maxilla in the vertical dimension is due to:

- a) Growth of alveolus**
- b) Growth at sutures
- c) Growth of the cranial base
- d) Growth of synchondrosis

Ques4 Premaxilla is derived from:

- a) Maxillary protuberance
- b) Palatine bones
- c) Frontonasal process**
- d) Median process

Ques5 Earlier closure of suture is called:

- a) Synchondrosis
- b) Anklyosis
- c) Epiphysis
- d) Synostosis**

Ques6 Functional matrix theory is hypothesized by

- a) scott
- b) sicher
- c) petrovic
- d) moss**

Ques7 Skull at birth contains:

- a) 22 bones
- b) 34 bones
- c) 45 bones**
- d) 54 bones

Ques8 Growth site in maxilla is/ are:

- a) Maxillary tuberosity
- b) Sutures
- c) Nasal septum
- d) All of above**

Ques9 Which one of the following undergoes predominantly endochondral ossification:

- a) Maxilla
- b) Cranial base**
- c) Palate
- d) Cranial vault

Ques10 Normal growth of maxilla occurs by

- a) Displacement and drift**
- b) Drift only
- c) Apposition
- d) Replacement resorption

Ques11 Growth activity at which of these synchondroses completes first

- a) Spheno occipital
- b) Inter sphenoidal**
- c) Intra occipital
- d) Sphenoethmoidal

Ques12 Servo system theory of growth was given by:

- a) Scott
- b) Petrovic**
- c) Limborgh
- d) Van der klaauw

Ques13 Greatest amount of cranial growth occurs by:

- a) **Birth to 5 yrs**
- b) 5-6 yrs
- c) 6-7 yrs
- d) 7-10 yrs

Ques14 Age of closure of sphenoccipitalsynchondrosis:

- a) 6 yrs
- b) 12 yrs
- c) **18 yrs**
- d) 25 yrs

Ques15 Growth of cranium continues upto:

- a) 2 yrs
- b) 10 yrs
- c) **15 yrs**
- d) Grows equally

Ques16 In a new born child we generally see:

- a) Maxillary protrusion
- b) Maxillary retrusion
- c) Mandibular protrusion
- d) **Mandibular retrusion**

Ques17 Earlier closure of a suture is called:

- a) Synchondrosis
- b) Ankylosis
- c) **Synostosis**
- d) Epiphysis

Ques18 Growth estimation is done by:

- a) Frontal bone
- b) Clavicle
- c) Capitate
- d) **Cervical vertebrae**

Ques19 First growth spurt takes place at what age:

- a) **1styr**
- b) 3rdyr
- c) 6thyr
- d) 9thyr

Ques20 In child development, the embryo period is?

- a) 0-2 weeks
- b) **2-3 weeks**
- c) 2-8 weeks
- d) 9 wks to birth

8. Topic – Serial Extraction

1. The Main criteria of serial extraction is

- a) Spacing
- b) Crowding
- c) jaw Relation
- d) Patient's cooperation**

2. In serial extraction procedure if maxillary 1st premolar is extracted then maxillary canine erupts in:

- a) downward
- b) downward backward
- c) downward forward**
- d) forward

3. Indication of serial extraction is:

- a) cleft lip and palate
- b) severe class II
- c) openbite without correction
- d) lack of developmental spacing.**

4. Who used the term serial extraction

- a) Kjellgren
- b) Nance**
- c) Hotz
- d) Twe

5. Dewel method proposed the extraction sequence as:

- a) D4C
- b) CD4**
- c) DC4
- d) 4CD

6. Tweed method proposed the extraction sequence as:

a) CD4

b) D4C

c) 4CD

d) DC4

7. Nance method proposed the extraction sequence as:

a) D4C

b) CD4

c) DC4

d) 4CD

8. Serial extraction should not be undertaken if there:

a) crowding

b) Ectopic eruption

c) deep bite and open bite

d) none of the above.

9. Which is not a contraindication of serial extraction

a) lingual tipping of incisors

b) Impacted canine

c) Ditching

d) Open bite

10. Serial extraction is indicated in patient who have

a) class II molar relation

b) Class I molar relation

c) Class III molar relation

d) Excessive overbite

11. In a serial extraction procedure if maxillary first premolar is extracted then maxillary canine erupts in which direction:

- a) Downward
- b) Downward and backward**
- c) Downward and forward
- d) Forward

12. Extraction of mandibular 1st molar in a 8 year old child called as:

- a) Wilkinson's extraction**
- b) Compensatory extraction
- c) Serial extraction
- d) Orthodontic extraction

13. Serial extraction contraindicated on all of the following except:

- a) Canine impaction
- b) Missing premolars
- c) Class II div 1 malocclusion
- d) Crowding of deciduous dentition**

14. Which of the following permanent tooth is least extracted for orthodontic treatment:

- a) canine**
- b) 1st molar
- c) 2nd molar
- d) premolar

15. Treatment objective of serial extraction:

a) is to intercept developing arch length deficiency and to reduce or eliminate the need for extensive appliance therapy

b) reduce arch length discrepancy

c) planned for extensive appliance therapy

d) none of the above.

16. In dewel method extraction 2nd step involved is to:

a) extract 1st premolar

b) extract 1st deciduous molar only

c) extract deciduous canine only

d) none of the above

17. Serial extraction is indicated when there is

a) Skeletal discrepancy $< 5^\circ$

b) No skeletal discrepancy with dental crowding $> 10\text{mm}$

c) Skeletal discrepancy $> 15^\circ$

d) None of the above

18. Premature primary mandibular canine is most often the sequelae of which of the following?

a) Arch length inadequacy

b) Trauma

c) Caries

d) Serial Extraction

19. Which of the following is not a procedure of preventive orthodontics

a) Topical flouride

b) Lip guard

c) Serial Extraction

d) thumb sucking corrections

9. Malocclusion in orthodontics:

1. Backward path of closure of Mandible is seen in

- a) Normal Occlusion
- b) Class II Div I**
- c) Class II Div II
- d) Class III

2. The major etiological factor of Class II Malocclusion is

- A) Sleeping Habit
- B) Thumb Sucking
- C) Growth Discrepancy**
- D) Tooth Jaw Size Discrepancy

3. The following features are noted in a patient. The mesiobuccal cusp of right upper first molar is aligning in the mesiobuccal groove of right lower first molar. The distobuccal cusp of left upper first molar is aligning in the mesiobuccal groove of left lower first molar. The upper Incisors are retroclined. You would like to classify it as:

- a) Angle's Class I div I subdivision
- b) Angle's Class II div I subdivision
- c) Angle's Class II div II subdivision**
- d) Angle's Class III div I subdivision

4. A patient is having edge to edge or end on relation of first molar in permanent dentition with retroclination of incisors. The malocclusion according to Angles Classification is

- a) Class 1
- b) Class II Div I
- c) Class II Div II
- d) Class III**

5. Anterior crossbites according to Dewey are Classified in Angle's Class I as

- a) Type 1**
- b) Type II
- c) Type III
- d) Type IV

6. Anterior crossbites according to Dewey are Classified Angle's Class III as

- a) Type 1
- b) Type II
- c) Type III
- d) There is no modification of Angle Class III**

7. Who has Classified malocclusion based on aetiology

- a) Angle**
- b) Lischer
- c) Benett
- d) Dewey

8. Transposition of teeth refers to

a) Buccorotation of 120 degrees

b) Hypodontia

c) Teeth erupted in unusual position

d) Inverted supernumerary teeth

9. Transposition of teeth is most commonly seen in the region of

a) Maxillary central and lateral incisors

b) Mandibular canine and first premolar

c) Maxillary lateral incisor, canine and premolar

d) Mandibular first and second premolars

10. The term torsion refers to the

a) impaction of maxillary canines

b) interchange of position of teeth

c) rotation of teeth in their long axis

d) none of the above

10. Among the following the most common cause of malocclusion

A. Premature loss of deciduous teeth

B. Late shedding of deciduous teeth

C. Presence of supernumerary teeth

D. Absence of few teeth

11. The most common cause of premature loss of deciduous teeth is:

A. Periodontal disease

B. Caries

C. Gingivitis

D. Congenital deformities

12. Among the following the most commonly seen congenital defect is:

A. Macrognathia

B. Cleidocranial dysostosis

C. Oligodontia

D. Cleft lip and cleft palate

13. The clinical feature(s) that is/are associated with cleft lip and cleft palate are:

A. Presence of supernumerary teeth

B. Absence of few teeth

C. Both of the above

D. None of the above

14. Milwaukee braces that are used for the treatment of scoliosis on prolonged use can cause:

A. Mandibular prognathia

B. Mandibular retrognathia

C. Maxillary prognathia

D. Maxillary retrognathia

15. Delayed eruption of permanent teeth may be due to:

- A. Congenital absence of the permanent tooth
- B. Presence of supernumerary tooth
- C. Endocrinal disorders such as hypothyroidism
- D. All of the above**

16. Delayed eruption of teeth is a characteristic sign of which of the following conditions:

- A. Hypothyroidism**
- B. Hyperthyroidism
- C. Hypoparathyroidism
- D. Hyperparathyroidism

10. Mechanics of tooth movement

1. The type of force exerted by removable functional appliance:

- a) Light Continuous
- b) Heavy Continuous
- c) **Intermittent**
- d) Interrupted

2. The tipping of a tooth results in fibers of PDL to be:

- a) All Compressed
- b) All Stressed
- c) **Half Stressed, Half Compressed**
- d) No effect

3. Transposition means

- a) Overlapping of adjacent teeth
- b) Where both crown and root of tooth is in incorrect position
- c) **Condition where two teeth have reversed their position.**
- d) None of the above

4. Torque in orthodontics refer to

- a) The change in mesiodistal inclination of teeth
- b) **The change in labiolingual inclination of teeth**
- c) The rotation of teeth
- d) None of the above

5. For bodily movement centre of resistance is

- a) Apical one third
- b) Infinity
- c) **Midpoint**
- d) CEJ

6. In which orthodontic movement utmost control is required

- a) **Intrusion**
- b) Extrusion
- c) Tipping
- d) Rotation

7. Tooth movement is difficult to achieve

- a) Intrusion and extrusion
- b) Intrusion and translation
- c) **Tipping and rotation**
- d) Tipping and intrusion

8. Couple are true except

- a) Cause pure rotation at center of resistance (CR)
- b) Centre of resistance unaffected
- c) **It is unaffected by varying distance**
- d) Direction of rotation can change

9. Compare to tipping movements produced by removable appliance, bodily movements by means of fixed appliance

- e) Move teeth rapidly
- f) **Move teeth slowly**
- g) Require high force
- h) Show higher root resorption

10. The type of forces exerted by removable functional appliance

- i) Light and continuous
- j) Heavy continuous
- k) Intermittent**
- l) Interrupted

11. The centre of rotation for uncontrolled tipping is at

- a) Infinity
- b) Coincides with centre of resistance**
- c) Apical one third of the root
- d) Coronal portion at level of the brackets

12. In intrusion centre of rotation is at

- a) Infinity
- b) CEJ
- c) Apical third**
- d) Outside the tooth

13. Extrusive movements ideally would produce no areas of compression within pdl, but will produce

- a) Only contusion
- b) Only tension**
- c) Only retraction
- d) Only extraction

14. Couple of forces is

- a) Two equal perpendicular forces
- b) Two equal parallel forces acting in same direction
- c) Two non-equal perpendicular forces acting in opposite direction
- d) Two equal parallel forces acting in opposite directions**

15. Heavy forces on periodontal ligament causes

- a) Hyalinization
- b) Osteoclastic activity around tooth
- c) Osteoblastic activity around tooth
- d) Crest bone resorption**

16. Resorption of cementum as compared to bone occurs

- a) Less readily**
- b) More readily
- c) Same
- d) Undermining resorption

17. 300 mg force is applied through a canine retractor the following change will be noticed

- a) Hyalinization
- b) Rapid tooth movement
- c) Frontal root resorption
- d) None of the above**

18. Most efficient orthodontic tooth movement is obtained by

- a) Light continuous force**
- b) Large intermittent force
- c) Light interrupted force
- d) Heavy continuous force

19. It is normal response to orthodontic treatment for periodontal space to

- a) Widen
- b) Narrow**
- c) Shorten
- d) Elongated

20. When a tooth is intruded orthodontically the force is concentrated over the area

- a) At the crest of alveolar bone
- b) On all sides of tooth
- c) At the apex**
- d) From lingual alveolar crest to apex

11. Model analysis and orthodontics diagnosis

1. If PMBAW % is 44 in Howe's analysis, it indicates

A.Extraction Case

B.Expansion case

C.Borderline Case

D.None of the above

2. In Pont's Analysis for a given width of maxillary incisors the arch width of molar regions should be

A. 50%

B. 64%

C. 80%

D. 90%

3. Ponts analysis is used to determine:

A. The need for arch expansion

B. The amount of expansion needed in the molar region

C. The amount of expansion needed in the premolar region

D. All of the above

4. Ponts analysis and Linder Harth index are similar to each other except for one value which is different, that value is:

A. Measured premolar value

B. Measured molar value

C. Calculated molar value

D. Calculated premolar value

5. The Carey's analysis on the upper cast is termed as:

- A. Upper cast analysis
- B. Maxillary cast analysis.
- C. Arch length analysis

D. Arch perimeter analysis

6. If in carey's analysis the discrepancy between arch length and tooth material is 4.5 mm, it indicates:

- A. No need of extraction
- B. Extraction of first premolar

C. Extraction of second premolar

D. Extraction of first molar

7. The Bolton's analysis helps in determining:

- A. Whether the dental arch is narrow or is normal
- B. The need for lateral arch expansion

C. Disproportion in size between maxillary and mandibular teeth

D. How much expansion is possible at the premolar and molar region

8. In Bolton's analysis if the overall ratio of sum of mandibular 12 and sum of maxillary 12 is less than 91.3 it indicates.

- A. Maxillary prognathism
- B. Mandibular prognathism
- C. Maxillary tooth material excess**
- D. Mandibular tooth material excess

9. In Bolton's analysis, the anterior ratio indicates

- A. Equal to 77.2%
- B. Less than 77.2%
- C. More than 77.2%**
- D. More than 91.3%

10. The purpose of a mixed dentition analysis is to evaluate the amount of space available in the arch for the erupting:

- A. Deciduous canines only
- B. Permanent canines only
- C. Permanent premolars only
- D. Permanent canines and premolars**

11. In radiographic method of mixed dentition analysis the Y, in the formula $Y1 = (X1 \times Y2) / X2$ denotes:

- A. Width of unerupted tooth whole measurement is to be determined**
- B. Width of unerupted tooth on the radiograph
- C. Width of a tooth that has erupted, measured on the cast
- D. Width of a tooth that has erupted, measured on the radiograph

12. Moyer's mixed dentition analysis predicts the:

- A. Combined mesio-distal width of 3, 4 and 5 based on the sum of the widths of the four lower permanent incisors**
- B. Combined mesio-distal width of 4 and 5, based on the sum of the widths of the four lower permanent incisors
- C. Combined mesio-distal width of 3, 4 and 5 based on the sum of the widths of the four upper permanent incisors
- D. Combined buccal-lingual width of 3, 4 and 5 based on the sum of the widths of the four lower permanent incisors

13. Which of the following analysis can be done only in lower arch:

A. Moyer's mixed dentition analysis

B. Peck and peck index

C. Arch perimeter analysis

D. Total space analysis

14. To determine whether to use a space maintainer or a space regainer in an arch where there has been premature primary molar loss, it is necessary to:

A. Analyze a cephalogram

B. Consult with an orthodontist

c) Perform a mixed dentition and study model analysis

D. Measure tooth and space sizes on intraoral radiographs

15. Study models are used

a) as references in orthodontic cases

b) to show shape, size and position of teeth

c) as an aid in treatment planning

d) All of the above

16. Gnathostatic models

a) Upper base is parallel to ground

b) Upper base is parallel to FH plane

c) Upper base is parallel to lower base

d) Lower base is parallel to FH plane

17. Arch perimeter is measured with

a) Cephalogram

b) Brass wire

c) Verniercalipers

d) Occlusal radiograph

18. If arch length space discrepancy is more than 10 mm, it indicates, for correction of crowding

a) Definite extraction of some permanent teeth

b) Myofunctional therapy should be carried

c) Only fixed appliance therapy is indicated

d) Expansion of the arch should be carried out

19. In space discrepancy according to Carey's arch perimeter analysis is 4 mm, your inference is

a) Proximal stripping

b) Expansion of the arch

c) Extraction of 2nd Premolar

d) Extraction of 1st premolar

20. Ashley-Howe model analysis is used to predict

a) tooth material excess

b) maxillo-mandibular relationships

c) basal bone alveolar relationship

d) growth prediction

12. Myofunctional appliances

1. The Maximum Bite permitted during myofunctional appliance in class

II Treatmentis:

a) 2 mm

b) 4 mm

c) 6 mm

d) 8 mm

a) The Mechanism of sliding tube & pin is seen in

b) Jasper Jumper

c) Herbst

d) Clarke

e) Activator

2. Which of the following is not Myofunctional appliance?

a) Begg & Edgewise appliance

b) Herbst appliance & Activator

c) Anterior bite plane & Oral Screen

d) Frankel regulator and lip bumper

3. Frankel appliance is a

a) myofunctional appliance

b) removable appliance

c) fixed appliance

d) none of the above

4. Lip bumper not used in the treatment of

a) Lip biting

b) distalization of molars

c) nail biting

d) lip exercises

5. Norwegian appliance is

a) bionator

b) activator

c) Frankel

d) Twin block

6. The two blocks in the Twin block functional appliance are angulated at (or) for the angle of incline plane in Clark's twin block is

a) 45 degree

b) 70 degree

c) 65 degree

d) 80 degree

7. Which of the following is a myofunctional appliance

a) Catalans appliance

b) Hawley's appliance

c) expansion screw

d) Derishweiler appliance

8. Lip bumper was used for

a) mouth breathing

b) nail biting

c) for lip biting and hyperactive mentalis

d) all of the above

9. Which of the following is a fixed functional appliance

a) bionator

b) bow Activator

c) Herbst appliance

d) a and b

13. Oral Habits

1. In which of the following conditions oral screen should not be used?

a. Nail biting habit

b. Acute infections of tonsils&adenoids

c. Tongue thrusting

d. Thumb sucking

2. Oral screens are used for all the following purposes except:

a. Mouth breathing

b. Tongue thrusting

c. Lip biting

d. None of the above

3. Oral screen:

a. Causes the child to breathe through the nose

b. Allows the passage of air through mouth

c. Prevents the passage of air through nares

d. Allows the passage of air through mouth and nose

4. Bruxism should be treated by night guard using:

a. Hawley's retainer

b. Occlusal splint

c. Double occlusal splint

d. All of the above

5. Manifestations of lip biting includes all except:

a. Lip trap

b. Mentolabial sulcus accentuated

c. Lip reddened

d. Retrusion of upper incisors

6. Factors resulting in bruxism include all except:

a. Occlusal discrepancies

b. Psychological factors

c. Chronic abdominal distress

d. Respiratory distress

7. Classification of mouth breathing by Finn includes:

- a. Obstructive
- b. Habitual
- c. Anatomical
- d. All of the above**

8. Classical features of mouth breathers include all except:

- a. Lips are held far apart
- b. Face expression is lost
- c. Short broad face**
- d. Upper lip is short

9. Classical dental features of mouth breathers include all except:

- a. Narrow maxillary arch
- b. Anterior deep bite**
- c. Palatal vault is high
- d. Protrusion of maxillary and mandibular incisors

10. Mirror test is done to confirm which oral habit:

- a. Tongue thrusting
- b. Self-injurious habits
- c. Bruxism
- d. Mouth breathing**

11. Etiology of tongue thrusting includes:

- a. Genetic influence
- b. Thumb sucking
- c. Sleeping habits
- d. All of the above**

12. Moyer's classification of swallowing pattern includes all except:

- a. Normal infantile swallow
- b. Normal mature swallow**
- c. Normal immature swallow
- d. Transitional swallow

13. A child with tongue thrusting exhibits one of the following features:

- a. Proclined spaced/flared upper anteriors**
- b. Adenoid facies
- c. Deep bite
- d. None of the above

14. Exercises for tongue thrusting includes:

- a. 4S exercise and lip exercises
- b. Lemon candy exercises and whistling
- c. Reciting from 60 to 69

d. All of the above

15 In which of the following conditions oral screen should not be used?

a. Nail biting habit

b. Tongue thrusting

c. Acute infection of tonsils and adenoids

d. Thumb sucking

14. MCQ in orthodontics diagnosis

1. All of the following are essential diagnostic Aids except:
 - A. Periapical radiographs
 - B. Wrist x-rays**
 - C. master study casts
 - D. Facial photographs

2. A patient suffering from epilepsy needs an orthodontic treatment. The dentist should:
 - A. may the orthodontic treatment until epilepsy is in control
 - B. Proceed With an orthodontic treatment**
 - C. Advise him that an epileptic patient cannot undergo an orthodontic treatment
 - D. None of the above

3. A boy undergoing orthodontic treatment takes aspirin. This results orthodontic tooth movement to be:
 - A. Faster than normal
 - B. Same as normal
 - C. Slower than normal**
 - D. Cannot be predicted

4. Skeletal indicators of maturity are determined by:
 - A. Chest X-ray
 - B. Periapical X-ray
 - C. Hand wrist X-ray
 - D. Occlusal X-ray**
 - E. Combination of B and C

5. Brachycephalic individuals usually have:
 - A. Narrow dental arches
 - B. Broad dental arches**
 - C. Normal dental arches
 - D. Both A & B

6. The molar relationship in a person with a concave profile is most likely to be:

A. Class I molar relationship

B. Class II division I molar relationship

C. Class III division II molar relationship

D. Class III molar relationship

7. Ideally, when the teeth are in normal occlusion the mandibular skeletal base as compared to the maxillary skeletal base is:

A. 2 to 3 mm anterior

B. 2 to 3 mm posterior

C. 6 to 5 mm anterior

D. 5 to 6 mm posterior

8. When the mandibular plane and the Frankfort horizontal plane meet beyond the occipital region, it indicates:

A. Horizontal growing face

B. Vertical growing face

C. High angle face

D. None of the above

9. Deep mento-labial sulcus is seen in:

A. Class I malocclusion

B. Class II, division malocclusion

C. Class I malocclusion with bimaxillary protrusion

D. Class III malocclusion

10. 'blanch test' is used to identify:

A. Incompetent lips

B. Deviated nasal septum

C. A shift in the mandible during closing

D. Abnormal frenal attachment

11. In Gnathostatic models the base of the maxillary cast is trimmed 80 that it is parallel to:

A. Frankfort horizontal plane

B.S-N plane

C.Basion —Nasion plane

D.Bolton's plane

12. The diagnostic setup was first proposed by:

A. Calvin case

B. Edward Angle

C.H D Kesling

D. William Conrad

13. Backward path of mandibular closure is seen is

a) Class II division 2

b) Class I

c) Pseudo class III

d) Class III

14. Convex profile is seen in

a) Class I

b) Class II

c) Class III

d) None of above

15. Which of the following statements about the hand Wrist radiographs is incorrect:

A. It helps not only in assessing the growth of an individual, but also helps to predict future skeletal maturation rate and status

B. It is based upon the fact that the numerous small bones of hand, like carpals, metacarpals, etc show a predictable and scheduled pattern of appearance, ossification and union from birth to maturity.

C. It gives us a general idea regarding the amount and direction of growth

D. It helps in determination of skeletal maturity status prior to treatment of skeletal malocclusion such as skeletal class II or class III malocclusion.

16. In orthodontic study models the bases of the maxillary and the mandibular casts are:

A. Parallel to each other

B. At 90 to each other

C. At 300 to each other

D. At 1100 to each other

17. Which of the following methods is least accurate in determining the site of new bone deposition in laboratory animals:

A. Implants

B. Radiographs

C Tetracycline stains

D. Histochemical stains

18. The lip is supported by

a) Relation of lip edge and facial surfaces of teeth

b) Labial sulcus between teeth and lip

c) Relationship of tongue and teeth

d) None

19. Normal nasolabial

angle) 80°

b) 90-110°

c) 70°

d) 140°

20. Hyperactive mentalis activity is seen in

a) Class I

b) Class II division 1

c) Class II division 2

d) Class III

15. Orthopedic appliances

1. High Pull Headgear is used for

- a. extrudes the maxillary incisors & correct anterior deep bite**
- b.to intrude the maxillary incisors & correct the anterior deep bite
- c.to intrude the mandibular incisors & correct the anterior deep bite
- d.none

2. Amount of force for orthopedic appliances should be

- a.At least greater than 400gm
- b.at least greater than 400 g per side**
- c.greater than 800 gm side
- d.less than 400 gm

3. What should be the duration of Orthopedic appliance wearing

- a.15 hours a day
- b.12 hours a day**
- c.8 hours a day
- d.6 hours a day

4. Is the best age for orthopedic appliance therapy

- a.pre pubertal growth spurt
- b.post pubertal growth spurt
- c.mixed dentition period
- d.both a and c**

5. what is the timing of appliance wearing

- a.all day
- b.only day time
- c.only for 2 hours
- d.throughout the night**

6. All are orthopedic appliances except

- a.headgear
- b.edgewise**
- c. facemask
- d.chin cup

7. Components of Headgear

- a.face bow j hook
- b.force generating unit
- c.anchor unit
- d. all of the above**

8.Parietal Headgear is also called

- a.Cervical
- b.High pull**
- c. occipital
- d.combination pull

9. Chin cup helps

- a. retard mandible growth**
- b.protrude mandible
- c. expand mandible
- d.expand maxilla

10. Which of the following is not a commercially available chin cup

- a. hyrax chin cup**
- b.hickham
- c.unitek
- d.summit

11. Uses of Headgear

- a. space maintainers
- b. anchorage
- c. distalization of molars
- d. all of the above**

12. first one to use reverse headgear

- a. Hickham**
- b. Angles
- c. Edward
- d. Proffit**

13. Reverse pull headgear is also called

- a. occipital
- b. cervical
- c. face mask**
- d. parietal

14. Angle of headgear for downward pull to produce forward translatory motion in maxilla

- a. less than 10
- b. 15-20**
- c. 45
- d. 60

16. MCQs on Orthodontic Space Maintainers

1. What is the chief advantage of a nonfunctional fixed space maintainer?

A. It is a unilateral fixed appliance used in the posterior segment

B. It is a loop soldered with the stainless steel crown

C. Stainless steel crown may be banded like any other natural teeth

D. This loop is only limited to maintain the space of one tooth

2. **The distal shoe type of space maintainer is indicated in:**

A. Loss of primary anterior tooth

B. If the primary 2nd molar is lost before the eruption of permanent first molar

C. If the primary 1st molar is lost before the eruption of permanent first molar

D. Loss of primary first molar

3. Space maintainers are usually needed in the;

A. Mandibular primary incisor teeth area

B. Mandibular primary canine teeth area

C. Mandibular primary second molar area

D. Maxillary primary incisor teeth area

4. Best space maintainer

A. Band and loop

B. Distal shoe appliance

C. Space regainer

D. Primary teeth

5. Contraindication of band and loop space maintainer are all except;

A. High caries susceptibility

B. Single tooth missing in posterior region

C. Moderate to severe space loss

D. Lower anterior crowding

6. A space maintainer is least indicated for premature loss of a;

A. Primary maxillary first molar

B. Primary mandibular first molar

C. Primary mandibular central incisor

D. Primary maxillary central incisor

7. Which of the following is recommended for bilateral premature exfoliation of mandibular canines;

A. Nancy appliance

B. Lingual arch

C. Band and loop

D. Distal shoe appliance

8. Which of the following does not function as a space maintainer;

A. Lingual arch

B. Stainless steel crown

C. Class 2 restorations

D. Palatal expander

9. Which of the following about band and loop space maintainer is incorrect;

A. Most commonly used

B. It is a loop soldered with the stainless-steel crown

C. Unilateral fixed appliance used in posterior segments

D. This loop is only limited to maintain the space of one tooth

10. During mixed dentition stage, which of the following appliance should be used as a spacemaintainer for missing primary molars in mandibular arch;

A. Passive Lingual arch

B. Nance's palatal holding device

C. Distal shoe

D. Removable functional space maintainer

11. The term space maintenance refers to:

A. the preservation of space for a permanent tooth in a child's mouth

B. the preservation of total arch length or of all the permanent teeth in the arch in a child's mouth

C. the preservation of mesial drift after the loss of a tooth

D. none of the above

12. Daniella, a 4-year-old got her lower second molar extracted due to caries, the possible line of treatment is:

A. Distal shoe space maintainer

B. Band and loop between primary first molar and permanent first molar

C. Removable partial denture

D. No active treatment is necessary

13. A mandibular lingual holding arch with loops mesial to each molar band is used in children for:

A. Correction

B. Regaining space

C. Space maintenance only

D. Correction of distally tilted molars

14. In an eight-year-old child, there is insufficient space in the upper anterior segment for the upper permanent lateral incisors to erupt. Treatment is:

A. Disk the proximal surface of maxillary incisors

B. Disk deciduous canines and first molars

C. Extract the deciduous first molars

D. No treatment required but observe

15. The distal shoe type of space maintainer is indicated in:

A. Loss of primary anterior tooth

B. If the primary 2nd molar is lost before the eruption of permanent first molar

C. If the primary 2nd molar is lost before the eruption of permanent first molar

D. Loss of primary first molar

16. Function of space maintainers:

A. Prevent supra eruption of opposite tooth

B. Prevent migration of teeth

C. Maintain space

D. All of the above

17. The main reason for replacing premature loss of primary anterior teeth:

A. Form and Function

B. Speech and Esthetics

C. Space maintenance

D. None of the above

18. During mixed dentition stage, which of the following appliance should be used as a spacemaintainer for missing primary molars in mandibular arch?

A. Distal shoe

B. Nance holding arch

C. Passive lingual arch

D. Removable functional acrylic

19. Which of the following factors is important when space maintenance is considered after the untimely loss of primary teeth?

A. Chronologic age of patient

B. Skeletal age of patient

C. Dental age of patient

D. Biologic age of patient

20. Which among the following about removable space maintainers is wrong?

A. Being tissue born, they impose less stress on remaining teeth

B. By virtue of tissue stimulation, they often accelerate the eruption of teeth between them

C. They can be functional in the truest sense, hence better patient cooperation can be expected

D. Easier to fabricate, requiring less chairside time

17. MCQ ON LABIAL BOW

HARISCHANDRA DAS

Q 1. The diameter of labial bow of the maxillary plate?

- a)0.5-0.6mm**
- b)0.6-0.8mm
- c)0.7-0.8mm
- d)0.8-1.0mm

Q2. Which of the following is correct

a)High labial bow is used mainly to carry auxillary apron springs and is indicated forretraction of anteriors with large over jet.

b)Roberts retractor is indicated in patients with having severe anterior proclination (mainlycanines) with a 34. over jet of 4 mm.

c)Mills retractor or extended labial bow is indicated in patients with large overjet.

d)all of the above

Q3.A labial wire on a bite plate may be necessary if it is being used to?

- a)correct a diastema
- b)derotate a tooth**
- c)form a diagnostic splint
- d)Intrude a central incisor

Q4. Which of the following cannot be used for incisor retraction

- a) Roberts retractor
- b) Split labial-bow**
- c) High labial-bow
- d) Apron spring

Q5. Which of the following is a labial-bow

- a) high labial bow
- b) Mill's retractor
- c) Robert's Retractor
- d) all of the above**

Q6. Mill's retractor is

- a) used for posterior cross bite
- b) Modified labial bow
- c) Arch expansion
- d) Anterior bite plane**

Q7. Robert's retractor is a

- a) Functional appliance**
- b) Fixed appliance
- c) Mechanical appliance
- d) Extraoral storage device

Q8. High labial-bow is mainly used

- a) To move anterior teeth lingually**
- b) As extraoral anchorage
- c) To carry auxiliary springs
- d) To keep lips away from teeth

Q9. Which of the following labial bow is risky for soft tissue injury.

- a) Short labial bow
- b) Long labial bow
- c) Split labial bow
- d) High labial bow with apron springs**

Q10. Which of the following cannot be used for active tooth movement

- a) Fitted labial bow
- b) Mill's retractor**
- c) Reverse Retractor
- d) Long labial bow

Q.11 Begg's labial bow is made up of

a) 0.5m

m

b) 0.9m

m

c) 0.7m

m

d) 0.6m

m

Q 12. Which of these are removable appliances?

a) labial bow

b) Banded canine to canine retractor

c) Bonded lingual retainer

d) Edge wire appliance

Q13. Which of the following is the function of labial bow

a) Retraction of anterior teeth

b) Retention of anterior teeth

c) Overjet reduction

d) All of the above

Q14. Palatal expansion device does

not need a labial bow because

- a. Labial bow is not rigid enough
- b. Labial bow would limit the expansion effect
- c. Labial bow is not functional in this case**
- d. None of the above

Q15. Which of these are correct?

- a) Split labial bow is activated by closing the loops
- b) Robert's retractor does not require any activation
- c) Long labial bow is activated by readapting the soft straightening wire
- d) None of the above**

Q16. Modification of the Labial bow is

- a) canine retractor
- b) single cantilever spring
- c) Mill's retractor**
- d) both a and c

Q17. Uses of Long labial bow is

- a) Closure of space distal canine
- b) Proclination of the posterior teeth
- c) Distalize the molar
- d) none of the above**

Q 18. Activation of Reverse labial bow is

- a) single step
- b) double step**
- c) triple step
- d) not needed

Q.19 Another name of Mill's retractor is

- a) Universal labial bow
- b) Reverse loop labial bow
- c) Extended labial bow**
- d) Begg's labial bow

Q20. Apron springs in high labial bow is used for

- a) Overjet reduction
- b) Retention of teeth
- c) Retraction of one or more teeth**
- d) Active tooth movement

18. Retention and Relapse

1. What is relapse

a. loss of correction

b. loss of esthetics

c. loss of overlapping of teeth

d. loss of equilibrium

2. Reasons for relapse could be:

a. Periodontal Ligament traction

b. Growth related changes

c. Bone adaptation

d. All of the above

3. Retention is defined by all except

a. maintaining newly moved teeth

b. maintaining them long enough

c. maintaining the aesthetics

d. maintaining for stabilizing correction

4. Which is not the school of thought

a. maxillary incisor school

b. occlusal school

c. muscular school

d. mandibular incisor school

5. Who gave the occlusal school of thought

a. Edward

b. Angle

c. Kingsley

d. Profitt

6. Alex Lundstrom suggested which of the following

a. muscular

b. apical base

c. occlusal

d. mandibular incisor

7. What is the 3rd theorem of retention

a. malocclusion should be overcorrected

b. elimination of malocclusion

c. uprighting of lower incisors

d. proper occlusion

8. "The farther the teeth have been moved. The lesser the risk of relapse" is which theorem

a.theorem 1

b.theorem 5

c.theorem 8

d.theorem 10

9. What did Rojer propose

a. functional balance is necessary

b.aesthetics is necessary

c.turning contact points in contact areas is necessary

d.maintaining tight contacts is important

10. Which of the following conditions do not require any retention

a. anterior crossbite

b. serial extraction procedures

c. posterior crossbites

d. all of the above

11. Prolonged retention is needed for

a.deep bites

b.class 1 non extraction with dental arches showing proclination and spacing

c.midline diastema

d.highly placed canines in class 1 extraction cases.

12. Retainers are all except

a.removable

b.functional

c. fixed

d.active

13. Which retainers are best suited for a periodontically weak dentition

a. wrap around retainer

b.adapsretainer with labial bow soldered with adam clasps

c.begg's retainer

d.spring retainers

13. Kesling tooth positioner has following disadvantages except

a.bulky

b.expensive

c. speech difficulty

d.does not retain incisor position

19. Treatment

1. What's the rationale for correcting anterior crossbites in children?

- A. Prevent abnormal incisal wear
- B. Prevent possible periodontal involvement
- C. Allow normal jaw junction by eliminating any occlusal interferences
- D. Allow for correction of any localized space loss
- E. All of the above are rationales for correcting crossbites**

2. I) You may correct an anterior crossbite in a child with either a removable Hawley appliance or a fixed 2x4 appliance

II) Once the crossbite is corrected retention is never required because the teeth are now in their most stable position.

- A. Both statements are TRUE
- B. Both statements are FALSE
- C. First statement is FALSE, second statement is TRUE
- D. First statement is TRUE, second statement is FALSE**

3. Etiology of cross-bite is/are

- A. Persistence of a deciduous tooth
- B. Crowding or abnormal displacement of one or more teeth
- C. Unilateral hypo or hyper plastic growth of any jaws
- D. All the above**

4. Condition in which the maxillary posterior teeth are lingual to the mandibular antagonist

- A. cross bite**
- B. Lingual cross bite
- C. anterior cross bite
- D. none of the above

5. Mandibular teeth are entirely lingual to the maxillary arch

- A. cross bite
- B. Lingual cross bite
- C. anterior cross bite
- D. Telescopic bite**

6. Clinical features of anterior cross bite

A. Loss of arch length as the adjacent teeth migrates.

B. Excessive wear to the teeth.

C. Traumatic occlusion of the unlocked tooth

D. All of the above

7. The terms used to describe reverse overjet of one or more anterior teeth

A. cross bite

B. Sunday bite

C. telescopic bite

D. none

8. Developed anterior cross bite is treated by

A. Z- spring

B. post. Bite plane

C. quad helix

D. expansion screw

E. coffin spring

9. Which can be used to bring about correction of individual tooth cross bites in the posterior segment

A. Cross elastics

B. Tongue blade

C. Expansion screw

D. None

10. What can be used for correction of posterior cross bite

A. Fixed orthodontic appliances

B. Cross elastics

C. Tongue blade

D. mini screws

11. Capable of correcting cross bite in young developing dentition

A. Coffin spring

B. Cross elastics

C. Tongue blade

D. Expansion screw

12. Digital sucking can lead to

A. unilateral posterior cross bite

B. Anterior cross bite

C. Narrow maxilla

D. telescopic bite

13. A condition in which one or more primary or permanent maxillary incisor is lingual to the mandibular incisor

A. unilateral posterior cross bite

B. Anterior cross bite

C. Sunday bite

D. telescopic bite

14. Differential diagnosis of cross bite except

A. Atypical swallowing pattern

B. pacifier sucking habit

C. impaired nasal breathing

D. None

15. Unilateral hypo or hyper plastic growth of any jaws

A. class 3 malocclusion

B. Cross bite

C. Both

D. None

16. Hawley appliances are used

A. To close midline diastema

B. Maintain the normal relationship of the adjacent teeth until the canine Erupts

C. Both

D. None

17. To produce a stable correction of an upper labial segment in lingual crossbite; it is essential to

A. Use fixed appliances

B. Have adequate overbite

C. Treat during growth

D. Use posterior capping

E. Increase vertical dimension

18. In posterior crossbite situation which are the supporting cusps

A. Upper buccal and lower lingual cusps

B. Upper ant.

C. Lower only

D. None

19. To produce a stable correction of an upper labial segment in lingual crossbite; it is essential to

A. Use fixed appliances

B. Have adequate overbite

C. Treat during growth

D. Use posterior capping

E. Increase vertical dimension

20. Which is present in Angel's Class II division 2 malocclusion

A. Open bite

B. Retrusion of maxillary central incisors

C. Reduced Overjet

D. Increased overbite



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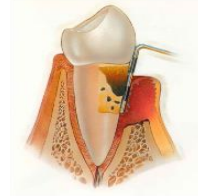


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MCQS For
Competitive Examination
Preparation



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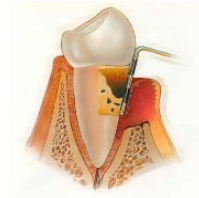
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INTERNS MCQS INDEX LIST

- 1. Gingiva**
- 2. Tooth Supporting Structures**
- 3. Classification of Diseases and Conditions Affecting the Periodontium**
- 4. Periodontal Disease Pathogenesis**
- 5. Host-Microbe Interactions and the Inflammatory Response**
- 6. Defense Mechanisms of the Gingiva**
- 7. Dental Biofilm-Induced Gingivitis and Its Management**
- 8. Histopathology of gingivitis**
- 9. Acute Gingival Infections and Management**
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GINGIVA

1. The main function of gingiva is:

- A. Attaching the tooth to alveolar bone
- B. Protection: of underlying tissues
- C. Providing blood supply to teeth
- D. Taking the brunt of mastication.

Correct answer- B

2. Stippling is seen on

- A. Marginal gingiva
- B. Attached gingiva
- C. Interdental gingiva
- D. None of the above

ANS- B

3. Under absolutely normal conditions, the depth of gingival sulcus is about:

- A. 0 mm B. 1 mm
- C. 2 mm D. 3 mm

Correct answer- A

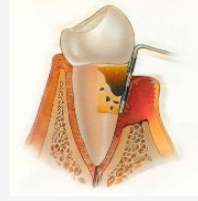
4. A thin bluish line around the gingival margin is due to absorption of

- A:-Silver
- B:-Mercury
- C:-Lead
- D:-Copper

Correct Answer: - Option-C



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5. With the increase in age keratinisation of gingiva

- A. Increases
- B. Decreases
- C. Remains same
- D. Increases and then decreases

ANS- B

6. The width of attached gingiva is the distance between:

- A. Bottom of gingival sulcus to MG junction
- B. Bottom of periodontal pocket to MG junction
- C. Both of the above are correct
- D. None of the above is correct

Correct answer- C

7. The width of attached gingiva is greatest in:

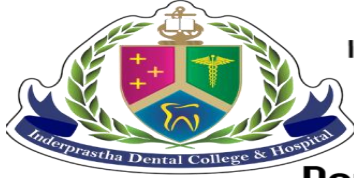
- A. Maxillary anterior region
- B. Mandibular molar region
- C. Maxillary premolar region
- D. Mandibular premolar region

Correct answer- A

8. The width of attached gingiva is least in:

- A. Mandibular anterior region
- B. Mandibular canine region
- C. Maxillary/ anterior region
- D. Mandibular premolar region

Correct answer- D



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9. The colour of gingiva is due to

- A. Capillaries
- B. Thickness of epithelium
- C. Thickness of keratinisation and pigmentation
- D. All of the above

ANS- D

10. The width of attached gingiva:

- A. Increases with age
- B. Decreases with age
- C. Is stationary throughout life
- D. Is the distance between gingival margin and mucogingival junction

Correct answer- A

11. Shape of interdental gingiva in children?

- a. Pyramid
- b. Saddle
- c. Arrow
- d. Round

Ans- D

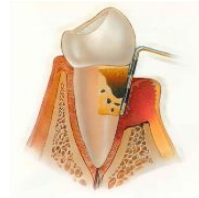
12. Average human biologic width?

- a. 3mm
- b. 2mm
- c. 1mm
- d. 4mm

(Ans-b)



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13. The junction is seen on:

- A. Facial side B. Palatal side
- C. Both of the above D. None of the above

Correct answer- A

14. Interdental papilla is formed by:

- A. Marginal gingiva B. Attached gingival
- C. Both of the above D. None of the above

Correct answer- C

15. Which of the following gingival cell is not a clear cell :

- A. Melanocyte B. Keratinocyte
- C. Langerhan's cell D. Merkel cell

Correct answer-B

16. Position of healthy Gingiva?

- a. 2mm above CEJ
- b. 1mm above CEJ
- c. 2mm below CEJ
- d. 2mm below CEJ

(Ans-b)

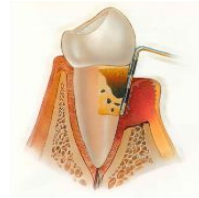
17. Proliferation of Keratinocytes takes place from:

- A. Basal cell layer B. Suprabasal layer
- C. Both of the above D. None of the above

Correct answer- C



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18. Which of the following are seen less commonly in the superficial layers of gingival epithelium:

- A. Lipid droplets
- B. Keratohyalin granules
- C. Tonofibrils
- D. Mitochondria

Correct answer- D

19. Which of the following is absent in parakeratinized gingiva:

- A. Stratum corneum
- B. Stratum granulosum
- C. Stratum spinosum
- D. Stratum basale

Correct answer- B

20. Which of the following does not contain cytokines:

- A. Keratinized epithelium
- B. Prakeratinized epithelium
- C. Nonkeralinized epithelium
- D. None of the above

Correct answer- D

21. The main keratin found in stratum corneum is:

- A. K1
- B. K8
- C. K19
- D. K40

Correct answer- A

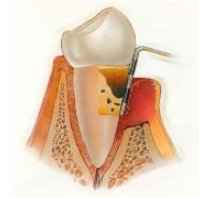
22. Keratinosomes are abundantly found in:

- A. Stratum corneum
- B. Stratum granulosum
- C. Stratum spinosum
- D. Stratum basale

Correct answer- C



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23. Lamina densa of gingival basal lamina is made up of:

- A. Type I collagen B. Type II collagen
- C. Type III collagen D. Type IV collagen

Correct answer- D

24. Gingival basal lamina is permeable to:

- A. Fluids
- B. Particulate matter
- C. Both of the above
- D. None of the above

Correct answer- A

25. The more common surface presentation of outer gingival epithelium is:

- A. Keratinized B. Parakeratinized
- C. Nonkeratinized D. None of the above

Correct answer- B



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TOOTH SUPPORTING STRUCTURES

- Gingival col is
 - Orthokeratinised
 - Parakeratinised
 - Both para and orthokeratinised
 - Non-keratinisedCorrect answer- D
- The periodontal ligament fibres that mainly prevent extrusion of teeth are:
 - Trans-septal fibres
 - Alveolar crest group
 - Horizontal fibres
 - Inter-radicular fibresCorrect answer- B
- “Indifferent fibres” are
 - Elastic fibres
 - Oxytalan
 - Collagen fibres
 - None of the aboveCorrect answer- C
- The “V” shaped space that encircles the tooth and present between tooth and gingiva is known as
 - Interdental papilla
 - Free gingiva
 - Attached gingiva
 - Gingival sulcusCorrect answer- D
- The most common cells in periodontal ligament are:
 - Fibroblasts
 - Epithelial rests
 - Osteoblasts
 - Neutrophils



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Correct answer- A

6. Type IV collagen is absent in:

- A. Basal lamina of endothelium
- B. External basal lamina of junctional epithelium
- C. Internal basal lamina of junctional epithelium
- D. Basal lamina of oral gingival epithelium

ANS-C

7. PDL is thinnest at

- A. CEJ
- B. Apex
- C. Middle
- D. None of the above

Correct answer- C

8. The distance between apical end of junctional epithelium and crest of alveolar bone:

- A. Increases with age
- B. Decreases with age
- C. Is stationary throughout life
- D. Depends on health of periodontium

ANS-C

9. Langerhan's cells are absent in

- A. Junctional epithelium
- B. Sulcular epithelium
- C. Oral epithelium
- D. All of the above

Correct answer- A

10. The function of fibroblast in periodontal ligament:

- A. Synthesis of collagen
- B. Degradation of old collagen
- C. Both of the above
- D. None of the above.

Correct answer- C



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11. Biological width means

- A. Sum of connective tissue and junctional epithelium
- B. Distance from tip of papilla to base of sulcus
- C. Distance from marginal gingiva to mucogingival junction
- D. Distance from incisal edge of tooth to mucogingival junction

ANS- A

12. Epithelial rests in periodontal ligament are relatively less common in which of the following areas:

- A. Cervical areas
- B. Apical areas
- C. Midroot level
- D. Fundus of socket

Correct answer- C

13. Pick the correct statement. Collagen is

- A. The major protein in gums
- B. A protein with a high turnover rate
- C. Rich in basic amino acids
- D. Rich in essential amino acids

ANS- B

14. Osteoblast covering the periodontal surface of alveolar bone constitute a

- A. Modified periosteum
- B. Modified endosteum
- C. Periosteum
- D. Endosteum

ANS- B

15. Which of the following is not correct about periodontal ligament:

- A. It is shaped like hourglass
- B. It is thicker on mesial side of root
- C. It is narrow at axis of rotation
- D. None of the above

Correct answer- B



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16. Which of the following does not get nutrient supply from periodontal ligament:

- A. Cementum
- B. Alveolar bone
- C. Gingiva
- D. None of the above

Correct answer- D

17. Cemental repair occurs in areas of root that are:

- A. Exposed to pocket environment
- B. Not exposed to pocket environment
- C. Both of the above
- D. None of the above

Correct answer- B

18. Which of the following is -"incorrect about cementum:

- A. It is mesenchymal
- B. It is avascular
- C. It covers clinical root
- D. None of the above

Correct answer- C

19. Alveolar bone is

- A. Compact bone
- B. Cancellous bone
- C. Spongy bone
- D. None of the above

20. The major component of acellular cementum:

- A. Intrinsic Collagen
- B. Sharpey's fibres
- C. Cementum matrix
- D. Cementoblasts

Correct answer- B

18. Acellular afibrillar cementum is found on:



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- A. Cervical third of root
- B. Middle third of root
- C. Apical third of root
- D. Enamel

Correct answer- D

19. Which of the following parts of alveolar bone does not show Haversian system:

- A. Cancellous trabeculae
- B. Bundle bone
- C. Lamellated bone
- D. External cortical plate

Correct answer- B

20. The periosteum is attached to alveolar bone by:

- A. Collagen bundles
- B. Basement lamina
- C. Mucoprotein layer
- D. Hemidesmosomes

Correct answer- A

21. Anatomic form of root is determined by

- A. Dental lamina
- B. Neural crest cells
- C. Hertwig's root sheath
- D. Hammock ligament

ANS- C



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CLASSIFICATION OF DISEASES

1. Which of the following drugs can cause drug influenced gingivitis:

- A. Dilantin sodium
- B. Nefidipine
- C. Cyclosporin
- D. Oral contraceptives

Ans-D

2. Which of the following is a relatively more common infection of gingiva:

- A. Gonorrhoea
- B. Syphilis
- C. Streptococcal gingivitis
- D. Pseudomonas infection

Ans-C

3. Streptococcal gingivostomatitis -is usually preceded by:

- A. Diarrhoea
- B. Tonsillitis
- C. Gastritis
- D. Sinusitis

Ans-A

4. The organisms associated with streptococcal gingivostomatitis:

- A. a.-Haemolytic streptococci
- B. Beta- Haemolytic streptococci
- C. γ -Haemolytic streptococci
- D. Non-haemolytic streptococci

Ans-B

5. Candida infection of gingiva in HIV -Positive patients, presents as erythema of:

- A Marginal gingival
- B. Attached gingiva



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C. Interdental papilla

D. Gingival crevice

Ans-B

6. An example of factitial traumatic lesion of gingiva:

A. Toothbrush trauma

B. Iatrogenic trauma

C. Thermal injury

D. Chemical injury

Ans-A

7. Which of the following is not a clinical feature of necrotizing ulcerative periodontitis:

A. Pocket formation

B. Spontaneous bleeding

C. Pain

D. Exposure of alveolar bone

Ans-A

8. In endodontic-periodontal lesions, periapical infection reaches the oral cavity through:

A. Sinus opening

B. Periodontal ligament

C. Sinus that forms between gingival and alveolar bone

D. Intra gingival route

Ans-B

9. Which of the following can cause pulpal necrosis:

A. Trauma

B. Periodontal pocket

C. Both of the above

D. None of the above

Ans-C

10. Which of the following is not associated with loss of attachment:



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- A. Palatogingival groove
- B. Enamel pearl
- C. Enamel projection
- D. Supernumerary cusp

Ans-D

11. Which of the following does not promote periodontal destruction:

- A. Cemental tear
- B. Cervical resorption
- C. Root fracture
- D. Dilaceration

Ans-D

12. Loss of attachment rules out the diagnosis of:

- A. Gingivitis
- B. Periodontitis
- C. Both of the above
- D. None of the above

Ans-D

13. Which of the following dose not have modifying effect on gingivitis:

- A. Pregnancy
- B. Puberty
- C. Diabetes
- D. Hypertension

Ans-D

14. Which of the following drug- intake, cannot lead to gingival enlargement:

- A: Phenytoin
- B: Cyclosporin
- C: Oral contraceptives
- D: None of the above



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Ans-D

15. Chronic periodontitis occurs in:

- A. Adults
- B. Children
- C. Both of the above
- D. None of the above

Ans-C

16. To be diagnosed as localized form of chronic periodontitis, the number of sites involved should be less than:

- A. 10%
- B. 20%
- C. 30%
- D. 40%

Ans-C

17. To be called severe chronic periodontitis; the attachment loss should be more than:

- A. 5 mm
- B. 6 mm
- C. 7 mm
- D. 8 mm

Ans-A

18. Aggressive periodontitis occurs in patients who are:

- A. Healthy
- B. Having systemic disease like diabetes
- C. Smokers
- D. HIV Positive

Ans-A

19. Which of the following, is not a characteristic of aggressive periodontitis:

- A. Familial tendency



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- B. Infection with *Actinobacillus actinomycetemcomitans*
- C. Hyperactivity of macrophages
- D. Abundant microbial deposits

Ans-D

20. Significant serum antibody response to specific plaque organisms is found in:

- A. Localized form of chronic periodontitis
- B. Generalized form of chronic periodontitis
- C. Localized form of aggressive periodontitis
- D. Generalized form of aggressive periodontitis

Ans-C



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PERIODONTAL DISEASES PATHOGENESIS

1. All are true about lipopolysaccharides except:

- a. They are found in the outer membrane of gram-negative bacteria
- b. They are found in the outer membrane of gram-positive bacteria
- c. They act as endotoxins
- d. It triggers a series of intracellular events.

Ans-B

2. Constituents of saliva that contribute to innate immunity includes all except:

- a. Ig A
- b. Ig G
- c. Lysozyme
- d. Lactoferrin.

Ans-B

3. The activation of the complement cascade involves activation of which mechanism:

- a. Classical
- b. Lectin
- c. Alternative
- d. All of the above

Ans-D

4. Biologic activity of collagenase is:

- a. Degrades interstitial collagen (types I, II, and III)
- b. Digest ECM molecules
- c. Increased cell invasion
- d. Epithelial cell migration.

Ans-A

5. Functions of gelatinases are all except:

- a. Epithelial cell migration
- b. Increased bioavailability of MMP-9



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- c. Differentiation of mesenchymal cells with inflammatory phenotype
- d. Degrades collagen types I, II and III.

Ans-D

6: In pathogenesis of periodontal pocket formation, the junctional epithelium detaches from the tooth surface when the relative volume of polymorphonuclear leukocytes goes above

- A: 40%
- B: 50%
- C: 60%
- D: 80%

Ans -C

7. In periodontal pocket, zone of attachment of junctional epithelium to the tooth is reduced to

- A: 500 μm
- B: More than 200 μm
- C: 300 μm
- D: Less than 100 μm

Ans -D

8: The distance from the attached plaque to the bone is never more than

- A: 2.7 mm
- B: 0.5 mm
- C: 1.97 mm
- D: 2 mm

Ans -A

9. 40 years diabetic patient, present clinically with periodontal attachment loss and diagnosed as having According to AAP 1999 classification of periodontal diseases, the type of periodontitis in this case is:

- a. Aggressive periodontitis.
- b. Chronic periodontitis modified by systemic condition.
- c. Periodontitis as a manifestation of systemic disease.



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Ans-C

10. The initial colonisers in the dental plaque are:

- a. Fusobacterium nucleatum, Prevotella intermedia.
- b. Capnocytophaga species, campylobacter rectus.
- c. Streptococcus sanguis, actinomyces viscosus.
- d. Eikenella corrodens, Actinobacillus actinomycetemcomitans.

Ans -C

11: Stress induced immunosuppression increases the potential for destruction by periodontal pathogens by

- A: Decreased cortisol production
- B: Suppression of neutrophil activity
- C: Increased IgG production
- D: Increased phagocytosis

Ans -B

12. A forcibly embedded tooth brush bristle may be retained in the gingiva and cause:

- a. Gingival recession.
- b. Periodontal pocket.
- c. Attachment loss.
- d. Gingival abscess

Ans-D

13. Vitamin B deficiency results in:

- a. Deep periodontal pockets.
- b. Hemorrhagic diathesis in the gingival.
- c. Loss of lamina dura.
- d. Glossitis, glossodynia, gingivitis, inflammation of entire oral mucosa.

Ans-D

14. 1ml of saliva contains approximately

- a. 750 million bacteria



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- b. 100 million bacteria
- c. 50 million bacteria
- d. 300 million bacteria

Ans- A

15. Pregnancy associated gingivitis is associated with:

- a. Increase in steroid hormone in crevicular
- b. Increase in level of P. Intermedia
- c. Both of the above
- d. None of the above

Ans-B

16. Which of the following complex of secondary colonizer is associated with bleeding on probing?

- a. Green complex
- b. Red
- c. Orange
- d. All of the above

Ans-B

17. The specific gravity of saliva is:

- a. 1.003
- b. 0.5
- c. 2.001
- d. None of the above

Ans-A

18. The tooth associated plaque is characterized by:

- a. Gram positive rods and cocci
- b. Gram negative bacilli
- c. Gram negative cocci
- d. All of the above



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Ans-A

19. Microbiological cultivation of plaque microorganism in adult periodontitis show:

- a. 10% of anaerobes
- b. 50% of anaerobes
- c. 90% of anaerobes
- d. 75% of anaerobes

Ans-C

20. Tissue necrosis of gingival margin and interdental papillae is seen in:

- a. Herpetic gingivostomatitis
- b. ANUG
- c. Pregnancy gingivitis
- d. Juvenile periodontitis

Ans-B

21. Which of the following lacks an organized structure?

- a. Dental plaque
- b. Material alba
- c. Calculus
- d. All of the above

Ans-B

22. Calcification of dental plaque may occur as early as:

- a. 4-8 hrs
- b. 2-3 days
- c. 5-6 days
- d. 7-14 days

Ans- A

23. Keratinase is secreted by:

- a. P. Intermedia
- b. P. gingivalis



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- c. C. rectus
- d. All of the above

Ans-D

24. For periodontal disease, smoking is a:

- A. Risk factor
- B. Prognostic factor
- C. Both of the above
- D. None of the above

Ans-C

25. The process of coating of bacteria with host protein which facilitates phagocytosis is known as:

- a. Diapedesis
- b. Opsonization
- c. Emigration
- d. None of the above

Ans-B



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HOST-MICROBIAL INTERACTION WITH PERIODONTAL DISEASE

1. The common etiology of periodontitis is:
 - A. Occlusal trauma
 - B. Systemic factors
 - C. Local irritating factors
 - D. Hormonal defectsAns: C
2. Bacterial enzyme detected in GCF is
 - A. Fibronectin
 - B. Cytokines
 - C. Phospholipase
 - D. MyeloperoxidaseAns: C
3. Actinobacillus actinomycetemcomitans usually found in
 - a. Refractory periodontitis
 - b. Aggressive periodontitis
 - c. Chronic periodontitis
 - d. All the aboveAns: B
4. In which conditions, is microbial host response most obscured
 - a. Chronic periodontitis
 - b. Juvenile periodontitis
 - c. Desquamative gingivitis
 - d. ANUGAns: C
5. It is likely that cell mediated immune reactions (delayed hypersensitivity) occur in periodontitis because subjects with periodontitis have
 - a. High levels of histamine in involved gingival tissue
 - b. IgG antibodies reactive with plaque bacterial antigens



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- c. T-lymphocytes sensitized to bacterial plaque antigens
- d. High levels of collagenase in gingival fluids

Ans: C

6. Leukotoxin

- a. Kills neutrophils
- b. Attracts neutrophils
- c. Aggregates neutrophils
- d. Enhance phagocyte activity

Ans: A

7. Leukotoxin is released by

- A. *P. nucleum*
- B. *A. naeslundii*
- C. *B. forsytha*
- D. *A. actinomycetemcomitans*

Ans: D

8. In periodontal disease, ground substance is dissolved by

- A. Hyaluronidase
- B. Coagulase
- C. Phosphorylase
- D. Acid phosphatase

Ans: A

9. Pellicle formation occurs due to

- a. Adsorption of glycoproteins from saliva
- b. Focal areas of mineralization
- c. Focal areas of necrosis
- d. Bacterial colonization

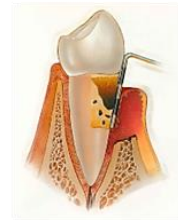
Ans: A

10. Interleukin-1 (IL-1) gene cluster is responsible for

- A. Dental caries
- B. Periodontal diseases



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- C. Supernumerary teeth
- D. Peg laterals

ANS: B

11. MMP is synthesized by

- A. Neutrophils
- B. Monocytes
- C. Lymphocytes
- D. All of the above

ANS: A

12. E. faecalis in post periodontitis

- A. Cultured easily and disinfected
- B. Disinfected with saline and hydrogen peroxide
- C. Tolerate Ph upto 11.5
- D. Treated with intracanal medicaments

Ans: C

13. Most potent bone resorbing interleukin is

- A. IL-8
- B. IL-18
- C. IL-5
- D. IL-3

Ans: B

14. Which of the following cells produce PGE₂ in periodontium?

- A. Macrophages
- B. Fibroblasts
- C. Neutrophils
- D. Both A and B

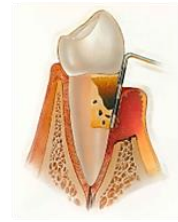
ANS: D

15. Properties of microbes that enable them to cause disease is-

- A. Virulence factors
- B. Contagious factors



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C. Promoting factors

D. Inhibiting factors

ANS: A

16. A. viscosus attaches to saliva-coated tooth surface through

A. Surface protein

B. Membrane protein

C. Fimbriae

D. Heat sensitive protein

Ans: C

17. In LAP, mechanical debridement alone is insufficient to eliminate A. actinomycetemcomitans and requires systemic antibiotic because

A. A. actinomycetemcomitans in the invaded tissue provides reservoir for recolonization

B. A. actinomycetemcomitans has strong adhesion factors

C. A. actinomycetemcomitans causes systemic illness

D. None of the above

Ans: A

18. Gingipain A of P. intermedia degrades:

A. C5

B. C4

C. Factor B

D. C3

Ans: D

19. Gingipain is produced by

A. P. intermedia

B. P. gingivalis

C. T. forsythia

D. T. denticola

ANS: B



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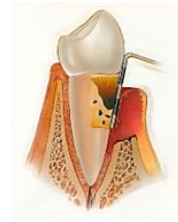


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20. Which of the following is true about tooth associated subgingival plaque?
- A. Has both gram positive and negative bacteria
 - B. Extends till junctional epithelium
 - C. May penetrate cementum
 - D. Associated with gingivitis and periodontitis
- Ans: C
21. The Lactoperoxidase thiocyanate system present in saliva is against
- A. A. actinomycetemcomitans
 - B. Streptococcus
 - C. P. gingivalis
 - D. Actinomyces
- Ans: B
22. Which cell type migrates into the gingival sulcus in large numbers in response to dental plaque
- A. Mast cells
 - B. Neutrophils
 - C. Lymphocytes
 - D. Plasma cells
- Ans: B
23. MMPs are:
- A. Calcium dependent zinc containing endopeptidases
 - B. Sodium dependent iron containing endopeptidases
 - C. Calcium dependent copper containing endopeptidases
 - D. Sodium dependent zinc containing endopeptidases
- ANS: A
24. The key types of mediators that orchestrate host response in periodontal disease includes:
- A. Proteinases
 - B. Cytokines
 - C. Prostaglandins



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D. All of the above

ANS: D

25. PGE2 cause

A. Vasoconstriction

B. Decreased vascular permeability

C. Bronchospasm

D. Vasodilation

ANS: D



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DEFENSE MECHANISM OF GINGIVA

1. The predominant cell type in gingival crevicular fluid is the

- A Mast cell
- B Plasma cell
- C Macrophages
- D PMNL

Ans-D

2. Which of the following is not used for collecting gingival crevicular fluid:

- A. Micropipettes
- C. Twisted threads
- B. Absorbing paper strips
- D. Periochip

Ans-D

3. GCF is measured using:

- A Whatman's filter paper
- B Plasma cell
- C Mylar strip
- D Litmus paper

Ans-A

4. What is a periopaper?

- A. The paper used for periodontal charting
- B. The paper used in bleeding points index
- C. The paper used to collect crevicular fluid
- D. None of the above

Ans-C

5. The source of collagenase in GCF can be:

- A. Fibroblast
- B. PMN leukocyte
- C. Bacteria
- D. All of the above



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Ans-D

6. Ogranulocytes are:

- A Granulocytes present in gingival connective tissue
- B Mast cells present in GCF
- C PMNs reaching the oral cavity through subepithelium
- D All of the above

Ans-D

7. Drug which reaches maximum concentration in gingival fluid is

- A Tetracycline
- B Penicillin
- C Erythromycin
- D Sulphonamide

Ans-A

8. When compared to serum, the total protein content in GCF is:

- A. Almost same
- B Slightly high
- C Less
- D. Very high

Ans-B

9. Which of the following does not increase the flow of crevicular fluid:

- A. Inflammation
- C. Smoking
- B. Trauma from occlusion
- D. Brushing

Ans-B

10. Glucose levels in GCF are:

- A Equal to glucose levels in serum
- B Zero



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C 3-4 times greater than serum levels

D More than 10 times the serum levels

Ans-C

11. The predominant immunoglobulin in GCF is:

A. IgA

B. IgG

C. IgM

D. IgE

Ans-B

12. Sulcular fluid does not perform one of the following functions:

A Contains plasma proteins which may improve adhesion

B Possess antimicrobial property

C Lymphocytes

D Plasma cells

Ans-A

13. The most potent bone resorbing interleukin is-

A. IL-8

B. IL-1B

C. IL-5

D. IL-3

Ans-B

14. Leukotoxin is released by-

A. *P. nucleatum*

B. *A. naeslundii*

C. *B. forsythia*

D. *A. actinomycetescomita*

Ans-D

15. What are the cells that produce PGE₂ in the periodontium?



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- A Macrophages
- B Fibroblasts
- C Neutrophils
- D Both macrophages and fibroblasts

Ans-B

16. To identify microorganism in periodontal disease, Koch's Postulate have been modified by:

- A Socransky
- B Glickman
- C Russel
- D Vermillion

Ans-A

17. Gingival fluid is a-

- A. Transudate
- B. Exudate
- C. Can be either of the two
- D. Neither of the two

Ans-B

18. GCF is altered serum transudate found in gingival sulcus, this definition is termed by:

- A Genco
- B Uttio
- C Vermillion
- D Carranza

Ans-A

19. The proper method of collecting GCF is:

- A. Gingival washing method – capillary tubing – absorbent filter paper strips
- B. Capillary tubing – gingival washing methods – absorbent filter strips
- C. Absorbent filter paper strips – gingival washing methods – capillary tubing



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D. None of the above

Ans-A

20. The bacterial enzyme detected in GCF is-

- A. Fibronectin
- B. Cytokines
- C. Phospholipase
- D. Myeloperoxidase

Ans-C



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CLINICAL FEATURES OF GINGIVITIS

1. The tissue change seen in chronic gingivitis:

- A. Reparative
- B. Destructive
- C. Both of the above
- D. None of the above

ANS-C

2. Leathery consistency of gingiva is caused by:

- A. Fibrosis of connective tissue
- B. Epithelial proliferation
- C. Both of the above
- D. None of the above

ANS-C

3. Vesicle formation in gingiva is caused by:

- A. Degeneration of collagen
- B. Degeneration of ground substance
- C. Rupture of epithelial cell walls
- D. Vascular degeneration in connective tissue

ANS-C

4. The severity of recession is measured as the distance between:

- A. Gingival margin and cemento-enamel junction
- B. Cemento-enamel junction and bottom of pocket
- C. Bottom of the pocket and gingival margin
- D. Gingival margin and bottom of pocket

ANS-B

5. The earliest clinical sign of chronic gingival inflammation.

- A. Erythema
- B. Oedema



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- C. Loss of stippling
- D. Bleeding on probing

ANS-D

6. The predominant inflammatory cell in gingival sites that bleed on probing:

- A. PMN cell
- C. Plasma cell
- B. Lymphocyte
- D. Macrophage

ANS-B

7. Clinical sign active tissue destruction in periodontitis.

- A. Colour change
- C. Mobility
- B. Loss of stippling
- D. Bleeding on probing

Ans-D

8. Abnormal gingival bleeding can be caused by all of the following except:

- A. Uremia
- B. Hyperglycemia
- C. Hypoprothrombinemia
- D. Leukaemia

Ans-B

9. Shape of interdental gingiva in children?

- A. Pyramid
- B. Saddle
- C. Arrow
- D. Round

Ans-A



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10. A thin bluish line around the gingival margin is due to absorption of

- A. Silver
- B. Mercury
- C. Lead
- D. Copper

Ans- C

11. Interdental papilla is formed by:

- A. Marginal gingiva
- B. Attached gingival
- C. Both of the above
- D. None of the above

ANS-C

12. Which of the following does not have a modifying effect on gingivitis:

- A: Pregnancy
- B: Puberty
- C: Diabetes
- D: Hypertension

ANS-D

13. Which of the following components of gingiva does not affect its colour:

- A. Vascularity
- B. Ground substance
- C. Fibrosis
- D. Keratinization

Ans-B

14. Whitish gray discoloration of gingival is seen in:

- A. Subacute inflammation
- B. Acute inflammation
- C. Severely acute inflammation



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D. Chronic inflammation

ANS-C

15. Metallic pigmentation of gingival is treated by:

- A. Gingivectomy
- B. Gingivoplasty
- C. Discontinuing the metal containing drug
- D. Reducing inflammation

ANS-D

16. Endogenous gingival pigmentation can be caused by all of the following except:

- A. Iron
- B. Bilirubin
- C. Melanin
- D. Tetracycline

ANS-D

17. Which of the following is not an established cause for gingival recession

- A. Physiologic aging process
- B. Cumulative effect of pathological processes
- C. Repeated trauma
- D. Periodontal disease

Ans-A

18. Gingival abrasion is caused by:

- A. Faulty brushing
- B. Soft tissue friction
- C. Tooth malposition
- D. High frenal attachment

Ans-A

19. Which of the following is usually not caused by gingival recession:

- A. Hypersensitivity



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- B. Root caries
- C. Periodontal abscess
- D. Pulpal hyperaemia

ANS-D

20. Alterations of gingival contours are mostly associated with:

- A. Recession
- B. Atrophy
- C. Enlargement
- D. Desquamation

Ans-C

21. Stillman's clefts are caused by:

- A. Inflammation
- B. Trauma from occlusion
- C. Genetic factors
- D. Developmental defects

Ans-A

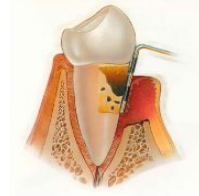
22. All of the exogenous factors can cause gingival colour changes except:

- A. Coal dust
- B. Tobacco
- C. Alcohol
- D. Amalgam

Ans-c



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Histopathology of Gingivitis

1. Which of the following cells are predominant in the stage 1 of gingivitis are

- A. Neutrophils
- C. Plasma cell
- B. Lymphocytes
- D. Mast cells

ANS-A

2. Which one of the following is decreased in chronically. inflamed gingiva:

- A. P-glucuronidase
- B. Alkaline phosphatase
- C. Acid phosphatase
- D. Neutral mucopolysaccharides

ANS-D

3. Bleeding on probing starts in:

- A. Stage I gingivitis -
- B. Stage II gingivitis
- C. Stage III
- D. Stage IV gingivitis

ANS-B

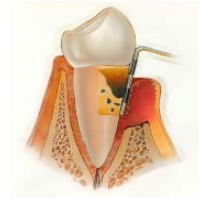
4 .The histopathological picture of chronic gingivitis:

- A. leucocytic infiltration with increased neutrophils
- B. widening of capillaries and venules
- C. increased plasma cells and neutrophils
- D. infiltration of neutrophils, lymphocytes and plasma cells

ANS-D



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5. Vasoactive substances in gingivitis are produced by:

- A. Polymorphs
- B. Basophils
- C. Lymphocytes
- D. Monocytes

ANS-D

6. First cells to be activated in gingivitis:

- A. Endothelial cells
- B. Leukocytes
- C. Fibroblasts
- D. Epithelial cells.

ANS-B

7. Plasma cells are mostly seen in one of the stages of gingivitis:

- A. initial lesion
- B. early lesion
- C. established lesion
- D. advanced lesion

Ans-c

8. Which of the following cells is not found in the gingival connective tissue:

- A. Fibroblast
- B. Mast cell
- C. Histiocyte
- D. None of the above

ANS-D

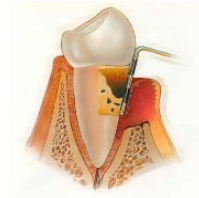
9. Which collagen forms the bulk of lamina propria?

- a. Collagen Type I
- b. Collagen Type II
- c. Collagen Type III
- d. Collagen Type IV

(Ans- a)



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10. In gingivitis, the immunoglobulins are consistent with the increase in no. of

- A. fibroblasts
- B. neutrophils
- C. lymphocytes
- D. plasma cells

ANS-D

11. Junctional epithelium shows formation of retepegs in:

- A. Stage I gingivitis
- B. Stage II gingivitis
- C. Stage III gingivitis
- D. Stage IV gingivitis

ANS-B

12. The predominant inflammatory cell in early lesion:

- A. Neutrophil
- B. T-lymphocyte
- C. B-lymphocyte
- D. Plasma cell

ANS-B

13. In plaque induced gingivitis, vascular proliferation is seen in:

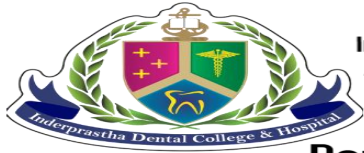
- A. Initial lesion
- B. Early lesion
- C. Established lesion
- D. Advanced lesion

ANS-B

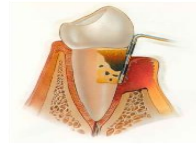
14. A key feature that differentiates stage III gingivitis from the stage II lesion is an increase in no. of:

- A. Neutrophil
- B. T -lymphocyte
- C. B-lymphocyte
- D. Plasma cell

ANS-D



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15. Perivascular collagen loss occurs initially in:

- A. Stage I gingivitis
- B. Stage II gingivitis
- C. Stage III gingivitis
- D. Advanced lesion

ANS-A

16. Collagen fibrils have a transverse striation with a characteristic periodicity of:

- A. 64 cm
- B. 64 nm
- C. 640 um
- D. 640 nm

ANS-B

17. Early and established stage of gingivitis is differentiated by increase in no. of

- A. plasma cells
- B. neutrophils
- C. B-cells
- D. macrophages

ANS-A

18. Which stage of gingivitis is also called subclinical gingivitis:

- A. initial stage
- B. Advanced stage
- C. Early stage
- D. Established stage

ANS-A

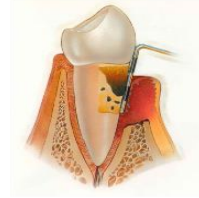
19. Pregnancy gingivitis is caused by:

- A. bacteriodes melaninogenicus
- B. actinobacillus actinomycetemcomitans
- C. streptococcus sanguis
- D. fusobacterium

ANS-A



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Acute gingival infections

1. ANUG is caused by:

- A. Borrelia vincenti and fusobacterium
- B. Actinomycetamcomitans
- C. Actinomyces naeslundii
- D. Streptococcus mutans

Ans-a

2. Mouthwash used in ANUG:

- A. Chlorhexidine
- B. Normal Saline
- C. Hydrogen Peroxide
- D. Stannous Fluoride

Ans-C

3. The predominant organism found in smear of ANUG is

- A. Vibrio
- B. Fusobacterium
- C. Spirochetes
- D. Streptococci

ANS-c

4. Color change seen in ANUG may be:

- A. Marginal
- B. Diffuse
- C. Patch-Like
- D. Lace-Like

Ans-A

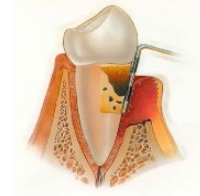
5. Metronidazole is the drug of choice for

- A. All periodontal disease
- B. Anug
- C. Juvenile periodontitis
- D. Herpes simplex

ANS-b



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6. Extraction can be done in ANUG patients after:

- A. 4 Weeks
- B. At 1st Appointments Only
- C. 4 Months
- D. 1 Week

Ans-A

7. Necrotizing ulcerative gingivitis has been demonstrated to be:

- A. Communicable but not transmissible
- B. Both communicable and transmissible
- C. Transmissible but not communicable
- D. Neither transmissible nor communicable

Ans-c

8. Which of the following can lead to gnawing radiating pain:

- A. Herpetic stomatitis
- B. ANUG
- C. Chronic periodontitis
- d. None

ANS-b

9. Which of the following periodontal disease is associated with haematological disorder?

- A. AIDS
- b. Hypophosphatemia
- C. Wegener's granulomatosis
- d. Histiocytes-x

Ans-a

10. Incidence of gingivitis in pregnancy:

- A. 10-20%
- B. 20-30%
- C. 40-50%
- D. 50-100%

Ans-d

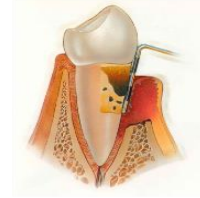
11. Histological examination of the tissues in Desquamative gingivitis would reveal?

- A. Hyperkeratosis
- B. Elongation of Rete Pegs
- C. Loss of Basement Membrane
- D. No Inflammatory Response

ANS-c



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12. Trench mouth is caused by:

- A. Fusiform Bacillus
- B. Borelli Vincenti
- C. Both A And B
- D. None of the above

Ans-C

13. Which of the following condition if not treated, can lead to indifferent course?

- A. Diphtheria
- B. Herpangina
- C. Herpetic Gingivostomatitis
- D. ANUG

Ans-D

14. Most common cause of chronic inflammation of the gingiva in a preschool child:

- A. Acute Herpetic Gingivostomatitis
- B. Acute Necrotizing Gingivitis
- C. Aphthous Stomatitis
- D. Vitamin B Deficiency

Ans-A

15. Leukemic gingivitis resembles:

- A. ANUG
- B. Thrombocytopenic Purpura
- C. Herpetic Gingivitis
- D. Bullous Pemphigus

Ans-A

16. Not a contributing factor for ANUG.

- A. Pericoronal Flap
- B. Poor Oral Hygiene
- C. Smoking
- D. Aphthous Ulcers

Ans-D

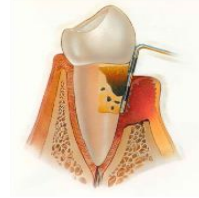
17. Laboratory test of ANUG is:

- A. Crater like Lesions
- B. Severe Gingivitis
- C. Recession of Gingiva
- D. None

Ans-B



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18. Drug of choice given in ANUG:

- A. Penicillin
- B. Metronidazole
- C. Both of the above
- D. Tetracycline

Ans-C

19. Gingival deformities are seen in:

- A. Anug
- B. Internal Resorption
- C. Cementomas
- D. Periapical Cysts

Ans-A

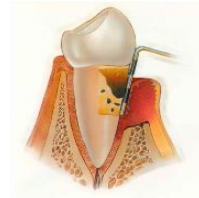
20. According to Horning and Cohen staging of oral necrotizing disease stage one represents:

- A. NUG
- B. NUP
- C. Necrotizing Stomatitis
- D. NOMA

Ans-A



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Desquamative Gingivitis

1. A patient who presents with fiery red marginal and attached gingiva and demonstrates ulcerated and necrotic epithelium that sloughs with air blast probably has:

- a. Periodontitis
- b. ANUG
- c. Desquamative gingivitis
- d. Hyperplastic gingivitis.

Ans-C

2. Differential diagnosis of desquamative gingivitis include all except:

- a. Oral lichen planus
- b. Mucous pemphigoid
- c. Pemphigus vulgaris
- d. Leukoedema.

Ans -D

3. Earlier name of desquamative gingivitis was:

- a. Gingivosis
- b. Periodontosis
- c. Juvenile periodontitis
- d. Early onset periodontitis.

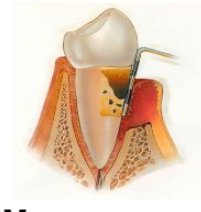
Ans -A

4. Which of the following includes intense redness and desquamation of the surface epithelium?

- a. Desquamative gingivitis



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- b. Aggressive periodontitis
- c. Periodontal abscess
- d. Pseudopockets.

Ans -A

5. Who gave the term 'chronic desquamative gingivitis'?

- a. Prinz
- b. Cairo
- c. Carranza
- d. McCarthy.

Ans -A

6. If a case of desquamative gingivitis on histological examination presents with replication of basal lamina with subepithelial vesicle formation, the causative disease could be:

- A. Lichen planus
- B. Pemphigus
- C. Bullous pemphigoid
- D. All of the above

Ans-c

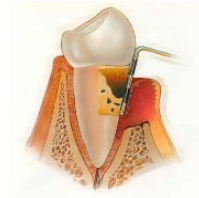
7. Which of the following is used in the treatment for localized lesions of pemphigoid:

- A. Topical steroids
- B. Tetracycline
- C. Nicotinamide
- D. All of the above

Ans-d



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8. Desquamative gingivitis is unusual in:

- A. Lichen planus
- B. Erythema multiforme
- C. Mucous membrane pemphigoid
- D. None of the above

Ans-b

9. In maintenance phase of oral pemphigus, oral prophylaxis should be preceded by intake of:

- A. Antibiotics
- B. Prednisone
- C. Vitamins
- D. Analgesics

Ans-b

10. If a patient with erosions surrounded by erythema of gingiva and lateral borders of the tongue is positive for SES-ANA on immunofluorescent test, the probable diagnosis is:

- A. Erythema multiforme
- B. Lichen planus
- C. Chronic ulcerative stomatitis
- D. Pemphigoid

Ans-c

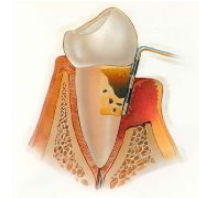
11. Incidence of Gingivitis in pregnancy is

- a) 10-20%
- b) 20-30%
- c) 40-50%
- d) 50-100%

Ans -D



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12. In the management of patients with Vincent's infection, the preferred therapeutic agents are

- a) Hydrogen peroxide mouthwash and metronidazole
- b) Cephalosporins and hydrogen peroxide mouthwash
- c) Chlorhexidine mouthwash and metronidazole
- d) Crystalline penicillin and chlorhexidine mouthwash

Ans -A

13. Necrotizing Ulcerative Gingivitis has been demonstrated to be

- a) Communicable but not transmissible
- b) Both communicable and transmissible
- c) Transmissible but not communicable
- d) Neither transmissible nor communicable

Ans -C

14. According to Horning and Cohen staging of oral necrotizing diseases stage one represents

- a) NUG
- b) NUP
- c) Necrotizing stomatitis
- d) Noma

Ans -A

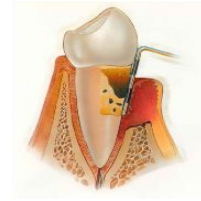
15. Which of the following can lead to gnawing radiating pain?

- a) Herpetic stomatitis
- b) ANUG
- c) Chronic Periodontitis d) None

Ans -B



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16. Which of the following condition if not treated, can lead to indifferent course?

- a) Diphtheria
- b) Herpangina
- c) Herpetic Gingivostomatitis
- d) ANUG

Ans -D

17. Histological examination of the tissues in desquamative gingivitis would reveal?

- a) Hyperkeratosis
- b) Elongation of rete pegs
- c) Loss of basement membrane
- d) No inflammatory response

Ans -C

18. Gingival enlargement in pregnancy is called:

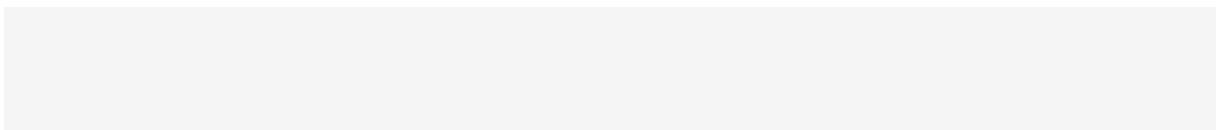
- A. Angioma
- B. Fibroma
- C. Angiofibroma
- D. Giant cell granuloma

ANS-C

19. Puberty associated gingival enlargement occurs in:

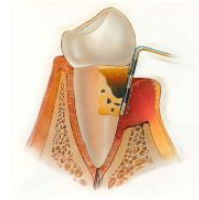
- A. Male adolescents
- B. Female adolescents
- C. Both of the above
- D. None of the above

Ans-C





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20. Punched out lesions at the tip of the interdental papillae is characteristic of

- A:-Acute herpetic Gingivostomatitis
- B:-Acute Necrotising ulcerative Gingivitis
- C:-Pericoronitis
- D:-Erosive Lichen Planus

Ans –B

21. Most commonest mucocutaneous disease manifesting as desquamative gingivitis

- a. Pemphigus vulgaris
- b. Linear IgA disease
- c. Erosive lichen planus
- d. Lupus erythematosus

Ans- C

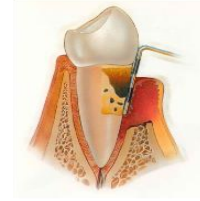
22.. If a case of desquamative gingivitis on histological examination presents with replication of basal lamina with subepithelial vesicle formation, the causative disease could be:

- A. Lichen planus
- B. Pemphigus
- C. Bullous pemphigoid
- D. All of the above

ANS-C



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Gingival Enlargement

1. Drugs associated with gingival changes are

- A. Phenytoin, cystine and nifedipine
- B. Nifedipine, ibuprofen and lignocaine
- C. Cyclosporine, chlorine and iodine
- D. Phenytoin, hydrogen, hydrogen peroxide and paracetamol

ANS- A

2. Changes in the gingiva during pregnancy are attributed to

- A. Changes in hormonal level
- B. Altered microorganisms
- C. Altered immunological responses level
- D. All of the above

ANS- A

3. Developmental gingival enlargement is:

- A. Idiopathic
- B. Familial
- C. Seen during tooth eruption
- D. Disease of tooth follicle

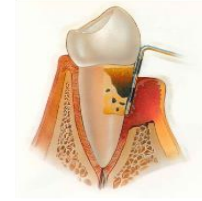
ANS-C

4. Local irritating factors in gingiva most likely give rise to

- A. Pyogenic granuloma
- B. Generalized fibrous hyperplasia of gingiva



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- C. Mucosal cobblestoning
- D. Periapical abscess

ANS- A

5. Streptococcal gingivostomatitis -is usually preceded by:

- A. Diarrhoea
- B. Tonsillitis
- C. Gastritis
- D. Sinusitis

Ans- b

6. Leukemic gingival enlargement:

- a. Occurs in chronic leukemia.
- b. Occurs by abnormal accumulation of leukemia cells in dermal and subcutaneous connective tissue.
- c. Occurs by dense cellular accumulation in papillary layer of connective tissue.
- d. Occurs by dense cellular accumulation in reticular layer of connective tissue.

Correct answer: Option d

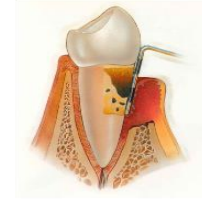
7. Gingival enlargement in pregnancy is termed

- A. Periodontal abscess
- B. Angio granuloma
- C. Gingival abscess
- D. Wegener's granulomatosis

ANS- B



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8. The organisms associated with streptococcal gingivostomatitis:

- A. Haemolytic streptococci
- B. streptococci
- C. γ -Haemolytic streptococci
- D. Non-haemolytic streptococci

Ans-A

9. Which organism is increased in pregnant ladies?

- A. Porphyromonas intermedius
- B. Porphyromonas gingivalis
- C. Porphyromonas melaninogenicus
- D. Eikenella corrodens

ANS- A

10. Conditional gingival enlargement is usually not

- A. Hormonal
- B. Leukemic
- C. Granuloma pyogenicum
- D. Drug induced

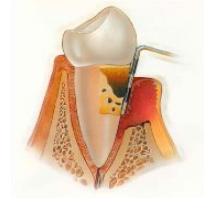
ANS- D

11. Dilantin hyperplasia is treated with

- A. Gingivectomy
- B. Gingivoplasty
- C. Apically repositioned flap



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D. Curettage

ANS- A

12. Which of the following is not a clinical feature of necrotizing periodontitis:

- A. Pocket formation
- B. Spontaneous bleeding
- C. Pain
- D. Exposure of alveolar bone

Ans- D

13. In endodontic-periodontal lesions, periapical infection reaches the oral cavity through:

- A. Sinus opening
- B. -Periodontal ligament
- C. Sinus that forms between gingival and alveolar bone
- D. Intragingival route

Ans- B

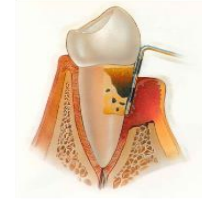
14. Which of the following can cause pulpal necrosis:

- A. Trauma
- B. Periodontal pocket
- C. Both of the above
- D. None of the above

Ans- A



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15. Which of the following is not associated with loss of attachment:

- A. groove
- B. Enamel pearl
- C. Enamel projection
- D. Supernumerary cusp

Ans- D

16. Which of the following does not promote periodontal destruction:

- A. Cemental tear
- B. Cervical resorption
- C. Root fracture
- D. Dilaceration

Ans- D

17. Loss of attachment rules out the diagnosis of:

- A. Gingivitis
- B. Periodontitis
- C. Both of the above
- D. None of the above

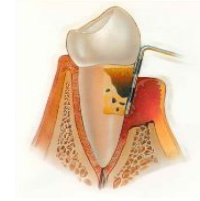
Ans- A

18. Which of the following dose not have modifying effect on gingivitis:

- A. Pregnancy



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- B. Puberty
- C. Diabetes
- D. Hypertension .

Ans-D

19. The predominant fibre groups affected in the early lesion of gingivitis are

- A. Circular and dentogingival
- B. Circular and horizontal
- C. Circular and alveolar crest
- D. Circular and transseptal

ANS- A

20. Chronic periodontitis occurs in:

- A. Adults
- B. Children .
- C. Both of the above
- D. None of the above

Ans- A

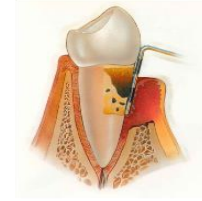
21. Which type of enlargement is seen in puberty?

- A. Interdental papillae appear bulbous but facial gingiva is not affected
- B. Interdental papillae and facial gingiva both are enlarged
- C. Interdental gingiva, marginal gingiva and attached gingiva are all enlarged
- D. Both marginal gingiva and attached gingiva are enlarged

ANS- B



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22. To be called 'Severe chronic periodontitis', the attachment loss should be more than:

- A. 5 mm
- B. 6 mm
- C. 7 mm
- D. 8 mm

Ans- D

23. An example of acute inflammatory gingival enlargement is most likely to be seen in patient exhibiting

- A. Periodontal cyst
- B. Pregnancy gingivitis
- C. Dilantin hyperplasia
- D. Hereditary fibromatosis

ANS- B

24. Which of the following, is not a characteristic of aggressive periodontitis:

- A. Familial tendency
- B. Infection with actinobacillus-actinomycetemcomitans
- C. Hyperactivity of macrophages
- D. Abundant microbial deposits

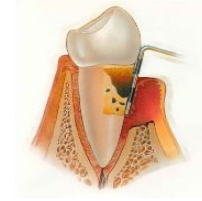
Ans-D

25. Significant serum antibody response to specific plaque organisms is found in:

- A. Localized form of chronic periodontitis
- B. Generalized form of chronic periodontitis



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- C. Localized form of aggressive periodontitis
- D. Generalized form of aggressive periodontitis

Ans- C

26. Which of the following' systemic diseases does not show 'periodontitis' as its· manifestation:

- A. Hypophosphatasia
- B. Down's syndrome
- C. Leukaemia
- D. Lichen planus

Ans- D

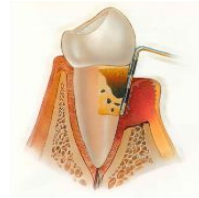
27. Based on Bokenkamp's grading of enlargements, an enlargement covering $3/4^{\text{th}}$ of the crown is considered as

- A. Grade I
- B. Grade II
- C. Grade III
- D. Grade IV

ANS- C



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GINGIVECTOMY

1. A conventional gingivectomy will

- A] Eliminate infra-bony pockets
- B] Eliminate false pockets
- C] Preserve width of attached gingiva
- D] Facilitate healing by primary intension

Ans- B

2. Dilantin hyperplasia is treated with:

- A] gingivectomy
- B] gingivoplasty
- C] apically repositioned flap
- D] curettage

Ans- A

3. The reshaping process of gingiva in the absence of periodontal pocket is-

- A] Curretage
- B] Gingivoplasty
- C] Gingivectomy
- D] Flap operation

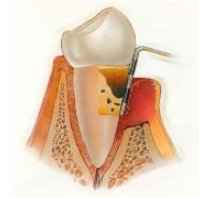
Ans – B

4. Wavelength of CO2 laser used in gingevectomy:

- a) 10,600nm
- b) 1060nm
- c) 940nm



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d) 500nm

(ANS-A)

5. Gingival deformities due to fixed orthodontic treatment can be corrected by-

- A] Gingivectomy
- B] Gingivoplasty
- C] Soft tissue curettage
- D] All of the above

Ans- B

6. Gingivectomy is contraindicated in-

- A] Gingival hyperplasia
- B] Supra-bony defects
- C] Infra-bony pockets
- D] Phenytoin induced gingival hyperplasia

Ans- C

7. Epithelialization of gingivectomy wound is completed by

- A] 4 days
- B] 1 month
- C] 4 months
- D] 2 months

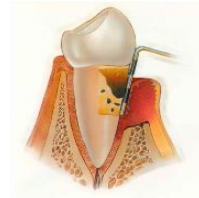
Ans- B

8. Gingivectomy

- A] Removes supragingival pockets



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- B] Removes enlargements
- C] Removes supragingival abscess
- D] All

Ans- D

9. Electrocoagulation is used for

- A] Gingivectomy
- B] Flap surgeries
- C] Mucogingival surgeries
- D] All of the above

Ans- A

10. The most recommended technique of gingivectomy is by means of-

- A] Chemicals
- B] Lasers
- C] Scalpels
- D] Electrodes

Ans- C

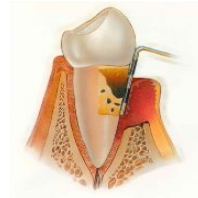
11. In which of the following conditions gingivectomy is contraindicated

- A] Gingival sulcus beyond mucogingival junctions
- B] Enlargement of the gingiva
- C] papillary enlargement
- D] enlargement due to acute systemic disease

Ans- a



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12. After curettage re-epithelization occurs in:

- A] 1-2 days
- B] 2-3 days
- C] 2-7 days
- D] Two weeks

Ans- C

13. Soft tissue curettage is used for:

- A] Shallow pockets with gingivitis
- B] Deep pockets with gingivitis
- C] Infra-bony pockets
- D] Oedematous gingiva

Ans- a

14:-The ideal surgical technique for treatment of inadequate width of attached gingiva

- A:-Modified widman flap
- C:-Regular widman Flap

- B:-Apically Displaced flap
- D:-Laterally Displaced Flap

Correct Answer:- Option-B

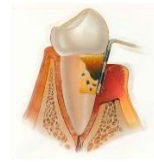
15. Soft tissue curettage is indicated in:

- A] Periodontal pockets
- B] Edematous gingival pockets
- C] Fibrous gingival pockets
- D] Supragingival calculus deposits

Ans- b



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Aggressive Periodontitis

1. The bacteria detected in localized aggressive periodontitis are:

- A. *Borrelia vincenti*, medium size spirochetes.
- B. *Fusiformis*, *Tannerella forsythus*.
- C. *Actinobacillus actinomycetemcomitans*, *Capnocytophaga Spp.*, *Eikenella corrodens*, *campylobacter rectus*, *Prevotella intermedia*.
- D. *Mycoplasma*, *Capnocytophaga sputigena*, spirochetes.

Ans: C

2. The age of onset in localised aggressive periodontitis is:

- A Circumpubertal
- B Robust
- C Rapid
- D Typical

Ans: A

3. Juvenile periodontitis is a

- A Definite genetic disorder
- B Immunological defect
- C Neutrophil chemotactic effect
- D Neutrophil adhesion effect

Ans: C

4. Periodontitis manifests itself in

- A Molars
- B Upper incisors
- C Molars and premolars
- D Premolars

Ans: C



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5. “Mirror image” type of bone loss pattern is seen in

- A. Localized juvenile periodontitis
- B. Rapidly progressive periodontitis
- C. Pre pubertal periodontitis
- D. Adult periodontitis

Ans: A

6. 16 years boy, present clinically with attachment loss related to 1st Molars and Incisors only. Diagnosis of this case according to AAP 1999 periodontal Diseases Classification is:

- A. Localized aggressive periodontitis.
- B. Generalized aggressive periodontitis.
- C. Generalized juvenile periodontitis.
- D. Localized juvenile periodontitis.

Ans: C

7. Titres of Actinomycetemcomitans are increased in

- A Gingivitis
- B Trauma from occlusion
- C Juvenile periodontitis
- D Cyclic neutropenia

Ans: C

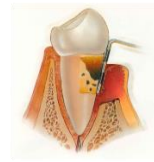
8. Periodontal diseases associated with neutrophil disorders include :

- A ANUG
- B Localised juvenile periodontitis
- C Rapid aggressive periodontitis
- D All of the above

Ans: D



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9. Which of the following drugs is most frequently used in treating refractory periodontitis, including localised juvenile periodontitis?

- A Metronidazole and amoxicillin
- B Tetracycline
- C Ciprofloxacin
- D Penicillin

Ans: A

10. Localized aggressive periodontitis is best treated in early Stage by:

- A. Tetracycline 250mg 4 times daily for fourteen days.
- B. Tetracycline 250mg once daily for 7 days.
- C. Tetracycline 250mg twice daily for 7 days.
- D. Tetracycline 250mg 4 times daily for 3 days.

Ans: A

11. Which of the following antibiotic prescribed in case of juvenile periodontitis

- A Tetracycline
- B Erythromycin
- C Sulfadiazine
- D Cephalexin

Ans: A

12. Which of the following is a feature of Ppillionlefevresyndrome ?

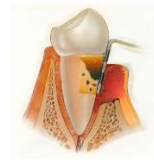
- A Destructive periodontitis
- B Palmar plantar keratosis
- C Calcification of dura
- D All of the above

Ans: D

13. Permanent teeth, other than incisors and first molars, that are affected in localized aggressive periodontitis should not be more than: -



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- A. One
 - B. Two
 - C. Three
 - D. Four
- Ans: B

14. 15. The HLA that is consistently associated with aggressive periodontitis:

- A. A7
 - B. B7
 - C. A9
 - D. B9
- Ans: C

15. Periodontitis is usually severe in patients with :

- A Taking phenytoin
 - B With defective neutrophils
 - C With bruxism
 - D With overcrowding
- Ans: B

16. First clinical sign of localised juvenile periodontitis is :

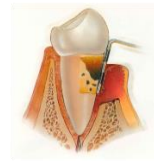
- A Tooth mobility
 - B Gingival bleeding
 - C Pathologic migration
 - D Vertical bone loss along incisors and molars
- Ans: C

17. Hypoplastic cementum is seen in:

- A. Chronic gingivitis
- B. Chronic periodontitis ·
- C. Localized aggressive periodontitis



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D. Generalised aggressive periodontitis

Ans: C

18. The prevalence of localized aggressive periodontitis is less than:

A. 1%

B. 2%

C. 3%

D. 4 %

Ans: A

19. Type of periodontitis which does not respond to therapy even after repeated treatments is:

A Refractory periodontitis

B Juvenile periodontitis

C Rapidly progressive periodontitis

D Chronic adult periodontitis

Ans: A

20. Localised juvenile periodontitis is _____ type of disease

A Atrophic

B Inflammatory

C Degenerative

D None of the above

Ans: C



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REFRACTORY PERIODONTITIS

1. Three major microbial complexes in refractory periodontitis:
 - a. B. forsythius, F. nucleatum, C. rectus
 - b. S. intermedius, P. gingivalis, P. microbes
 - c. S. intermedius, F. nucleatum
 - d. All of the above

Ans: D
2. Refractory periodontitis is defined as-
 - a. Cases which do not respond to any treatment
 - b. Cases which respond to treatment
 - c. Cases which do not respond to any treatment provided, whatever the thoroughness of frequency.
 - d. Cases which respond to treatment immediately

Ans: C
3. Types of refractory periodontitis-
 - a. Anatomic sites favoring growth of microorganisms
 - b. Severe PMN defects
 - c. Papillon-louvre syndrome
 - d. All of the above

Ans: D
4. What changes are made in AAP 1999 periodontal classification with respect to Refractory periodontitis?
 - a. Elimination of refractory periodontitis as separate entity
 - b. Use of the term recurrent periodontitis
 - c. "disease in multiple sites in patients which continue to demonstrate attachment loss after apparent appropriate therapy"
 - d. All of the above.

Ans: D
5. Highest risk factor for refractory periodontitis:
 - a. Diabetes



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- b. Smoking
- c. Hypertension
- d. Kidney diseases

Ans: B

6. Parameters check for disease progression in RP
- a. Change of attachment level,
 - b. Probing pocket depth, and
 - c. Radiographic assessment of alveolar bone level
 - d. All of the above.

Ans: D

7. Most reliable diagnosis for RP
- a. Clinical and laboratory
 - b. Antibody response
 - c. RT-PCR
 - d. HOMIM (Human Oral Microbe Identification Array)
 - e. All of above

Ans: E

8. Refractory periodontitis primarily means-
- a. Clinical attachment level loss
 - b. Presence of periodontal pockets
 - c. Gingival inflammation
 - d. Furcation involvement

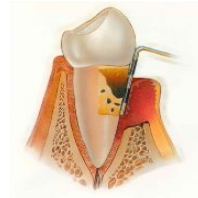
Ans: A

9. Which antibiotics is most resistant in refractory periodontitis?
- a. Amoxicillin.
 - b. Clindamycin hydrochloride
 - c. Tetracycline
 - d. doxycycline.

Ans: A



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PERIODONTAL POCKET

1. A periodontal pocket of 6mm deep lying coronal to the junctional epithelium is
 - A. Infrabony pocket
 - B. Periodontal pocket
 - C. True pocket
 - D. Pseudo pocketAns. D
2. The distance between the bottom of calculus and alveolar crest in human periodontal pocket is constant having an approximate length of
 - A. 0.97 mm
 - B. 1.97 mm
 - C. 2.97 mm
 - D. 3.97 mmAns. B
3. What is the difference between gingivitis and periodontitis?
 - A. Gingival sulcus
 - B. Periodontal pocket
 - C. Loss of epithelial attachment
 - D. Mobility of toothAns. C
4. In periodontitis maximum destruction is present in
 - A. Lateral wall of pocket
 - B. Root surface
 - C. Junctional epithelium
 - D. None of the aboveAns. A
5. In a patient without gingival recession, the distance between base of pocket and cementoenamel junction is 4mm and that of free gingival margin to cementoenamel junction is 3mm. Total depth of the pocket
 - A. 7mm
 - B. 3mm
 - C. 4mm
 - D. 10mmAns. A



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6. Apical migration of epithelial attachment with corresponding recession of marginal gingiva results in

- A. Shallow sulcus
- B. Gingival pocket formation
- C. Infrabony pocket formation
- D. Periodontal pocket formation

Ans. D

7. Periodontal tissue destruction apically and potentially migrating towards the gingival margin is called

- A. Marginal periodontitis
- B. Marginal gingivitis
- C. Retrograde periodontitis
- D. Chronic destructive periodontitis

Ans. C

8. Periodontal pocket wall between tooth and bone is

- A. Suprabony pocket
- B. Infrabony pocket
- C. Gingival pocket
- D. Pseudo pocket

Ans: B

9. The least effect on the prognosis of a periodontal disease is

- A. Suppuration from the pocket
- B. Furcation involvement
- C. Alveolar bone loss
- D. Co-operation and motivation of patient

Ans. A

10. The depth of gingival sulcus is the distance between gingival margin to the

- A. Cementoenamel junction
- B. Alveolar crest
- C. Apical extension of junctional epithelium
- D. Apical penetration of probe

Ans. D



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11. The first fibers to be destroyed in periodontitis is:

- a. Free gingival
- b. Oblique
- c. transseptal
- d. Horizontal

Ans: A

12. Which cells are decreased in periodontitis?

- a. B lymphocytes
- b. T lymphocytes
- c. Mast cells
- d. plasma cells

Ans: B

13. The periodontal pocket basically contains of:

- a. Leucocytes
- b. microorganisms and debris
- c. gingival fluids and mucin
- d. desquamated epithelial cells

Ans: B

14. The distance between junctional epithelium and alveolar bone

- a. increases with age
- b. decreases with age
- c. remains constant
- d. none of the above

Ans: C

15. The pocket epithelium shows a series of histopathological changes. Which of the following is true in this regard?

- A. Necrotic changes
- B. Proliferative changes
- C. Degenerative changes
- D. Proliferative and degenerative changes

Ans: D



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16. Purulent exudation from gingival sulci is an indication of

- A. Deep pockets
- B. Severe periodontal attachment loss
- C. Nature of inflammatory changes in pocket wall
- D. Shallow pockets

Ans -C

17. In pathogenesis of periodontal pocket formation the junctional epithelium detaches from the tooth surface when the relative volume of polymorphonuclear leukocytes goes above

- A. 40%
- B. 50%
- C. 60%
- D. 80%

Ans-C

18. Periodontal abscess is formed in

- A. Periapical area
- B. Alveolar bone laterally
- C. Periodontal ligament laterally
- D. All of the above

Ans: C

19. The treatment for acute periodontal abscess is

- A. Drainage of abscess through incision only
- B. Incision & drainage followed by flap surgery after the symptoms subside
- C. Incision should not be given through ultrasonic tip
- D. Incision should be given only external level

Ans- B

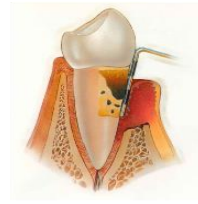
20. A compound PDL pocket is

- a. spiral type
- b. present on 2 or more surfaces
- c. infrabony in nature
- d. all the above

Ans: B



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21. Which cells increased in periodontitis?

- a. Plasma cells
- b. Leucocytes
- c. Lymphocytes
- d. Erythrocytes

Ans: A

22. Exotoxin acting on cementum is obtained from

- A. Bacteria
- B. Sulcular fluid
- C. Calculus
- D. Saliva

Ans: A

23. Periodontal pockets which offer the least possibility for bone regeneration are classified as
..... pockets

- A. Suprabony
- B. One wall Infrabony
- C. Two wall Infrabony
- D. Three wall Infrabony

Ans: B



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BONE LOSS AND PATTERNS OF BONE DESTRUCTION

1. Coronoplasty should be carried out in patients with

- A Occlusal prematurities
- B Parafunctional habits
- C Signs of TFO
- D All of the above

Ans- C

2. Buttressing bone formation is a

- A Congenital abnormality
- B Occurs endosteally
- C Occurs periosteally
- D Due to trauma from occlusion

Ans- D

3. Intrabony defects are

- A One walled defect
- B Two walled defects
- C Three walled defects
- D Combination of above

Ans- C

4. Angular bone defects are classified as

- A According to depth of pockets
- B According to number of walls involved
- C According to type of pockets
- D According to number of walls remaining

Ans- D

5. All are true about osseous crater except

- A 2/3rd of all mandibular defects



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B 2times more common in anterior region as compared to posterior

C 85% lingual and facial height is same

D 1/3rd of all defects

Ans- B

6. Which is the most common osseous lesions in periodontitis?

A. Exostosis

B. Crater

C. Buttressing bone

D. Hemiseptum

Ans- B

7. The distance from the attached plaque to the bone is never more than

A: 2.7 mm

B: 0.5 mm

C: 1.97 mm

D: 2 mm

Ans- A

8. Vertical or angular defects are found in

A Suprabony defects

B Infrabony defects

C Intrabony defects

D Both b and c

Ans- D

9. Classification of bone defects are most helpful in determining the likelihood of repair after periodontal treatments is based on

A Depth of bone defect

B Number of bone walls remaining

C Distance between facial and lingual walls



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D Distance from crest of defect to CEJ

Ans- B

10. Which histologic criteria is used to distinguish gingivitis from periodontitis?

- A. Occlusal trauma
- B. Howships lacunae
- C. Bone resorption
- D. Endosteal proliferation

Ans- B

11. Occlusal correction is done after periodontal therapy in which condition

- A. Infrabony pockets
- B. Suprabony pockets
- C. Trauma from occlusion
- D. Pseudopockets

Ans- C

12. Resorption of thick margins resulting in plateau formation is called as:

- A. Crater
- B. Lipping
- C. Ledge
- D. Trauma from occlusion

Ans- C

13. Occlusal correction is done after periodontal therapy in which condition?

- A Infrabony pockets
- B Suprabony pockets
- C Trauma from occlusion
- D Pseudopockets



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Ans- C

14. When occlusal forces are increased, the cancellous bony trabeculae?

- A Increase in number and thickness
- B Decrease in number and thickness
- C Decrease in number and Increase in thickness
- D Remains the same

Ans- A

15. Bone loss associated with trauma from occlusion is :

- A Notching
- B Vertical
- C Horizontal
- D Cystic

Ans- B

16. Trauma from occlusion refers to

- A. Occlusion causing trauma
- B. Abnormal periodontium
- C. Changes in periodontium
- D. Inflammation of periodontium

Ans- C

17. Periodontal disease progression by short bursts of destruction followed by periods of no destruction is called

- A. Asynchronous model
- B. Continuous model
- C. Random model
- D. Slow mode

Ans- C

18. There is partial or complete loss of lamina dura in:

- a. Hypoparathyroidism.



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- b. Hyperparathyroidism.
- c. Beri Beri.
- d. Pellagra.

Ans- B

19. The distance from the attached plaque to the bone is never more than

- A: 2.7 mm
- B: 0.5 mm
- C: 1.97 mm
- D: 2 mm

Ans- A

20. Trauma from occlusion causes vascular changes in the periodontium with in

- A 45 mins
- B 60 mins
- C 30mins
- D 10 mins

Ans- C



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SMOKING AND PERIODONTAL DISEASES

1. Example for composite index:

- A. DMF
- B. OHI
- C. PMA
- D. Gingival bone count

ANS-D

2.- For periodontal disease, smoking is a:

- A. Risk factor
- B. Prognostic factor
- C. Both of the above
- D. None of the above

ANS-C

3. When there is bleeding on probing, the score of gingival is:

- A. 1
- B. 2
- C. 3
- D. 4

ANS-B

4. Smokers have a risk of losing their teeth about

- A:360%
- B:75%
- C:120%
- D:90%

Ans-A

5. Modified gingival

- A. Is an invasive index



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- B. Is a noninvasive index
- C. Assesses attachment loss
- D. Assesses bleeding on probing

ANS -B

6. The total number of periodontal sites that are examined in NIDCR method:

- A. 32
- B. 28
- C. 14
- D. 7

ANS-B

7. Which of the following groups is more likely to have gingivitis:

- A. Adolescent males
- B. Adolescent females
- C. Adult males
- D. Adult females

ANS-A

8. The direct cause of gingivitis:

- A. Calculus
- B. Plaque
- C. Faulty restoration
- D. Malocclusion

ANS-B

9. Equipment required for periodontal index:

- A. Light
- B. light and mouth mirror ·
- C. Light, mouth mirror and explorer
- D. Light, mouth mirror and graduated probe

ANS-C



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10. The prevalence of periodontitis:

- A. Increases with increase in age
- B. Decreases with increase in age
- C. Is same in all age groups
- D. Is the risk of developing disease

ANS-A

11. The number of quadrants of that are examined for gingival bleeding in NIDCR protocol for gingival assessment:

- A. One
- B. Two
- C. Three
- D. Four

ANS-B

12. The periodontal index score when the teeth are depressible in the sockets:

- A. 2
- B. 4
- C. 6
- D. 8

ANS-D

13. Which of the following is not a "Ramjford's tooth":

- A. 16
- B. 36
- C. 14
- D. 28

ANS-C

14. The indirect method for measuring attachment loss:

- A. Russel's method
- B. Ramjford' s method



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C. Lobene's method

D. Loe's method

ANS-B

15. The tooth to be examined in PDI when 21 is missing:

A. 11

B. 22

C. 31

D. None

ANS-D

16. An ESI score of (20,3.0), has to be interpreted as:

A. 20 teeth examined show 3 mm attachment loss

B. 20 sites examined show 3 mm attachment loss

C. 20% of sites examined have disease and 3 mm is the average attachment loss

D. 20 sites have gingival inflammation and 3 sites have attachment loss

ANS-C

17. The NIDCR probe has markings separated by:

A. 1 mm

B. 2 mm

C. 3 mm

D. 4mm

ANS-B

18. The NIDCR method for furcation assessment of maxillary posteriors uses:

A. Naber's probe

C. No.23 explorer

B. No.17 explorer

D. William's probe

ANS-B

19. The prevalence of which of the following increases with age:



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- A. Attachment loss
- B. Periodontal pocketing
- C. Both of the above
- D. None of the above

ANS-A

20. Which of the following is not a risk factor for periodontal disease:

- A. Smoking
- B. Nutritional deficiency
- C. Type I diabetes
- D. Type II diabetes

ANS-B

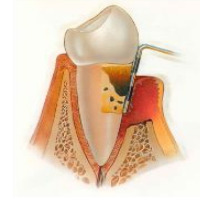
21. The primary pathogen for localized aggressive periodontitis is:

- A. Bactericides forsythus
- B. Prevotella intermedia
- C. Actinobacillus
- D. Spirochaetes actinomycetemcomitans

ANS-C



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PERIODONTAL MEDICINE AND INFLUENCE OF SYSTEMIC DISORDERS AND STRESS ON THE PERIODONTIUM

1. Which is seen in pregnancy gingivitis?
 - a. Actinobacillus actinomycetemcomilans
 - b. Bacteroides melaninogenicus
 - c. S. sanguis
 - d. Fusobacterium.

Ans-B

2. Leukemia with dermal and oral manifestations
 - a. Monocytic
 - b. Myelocytic
 - c. Subleukemic
 - d. Lymphocytic.

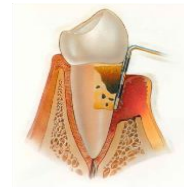
Ans -A

3. Which of the following ailment most common cause periodontal disorder:
 - a. Hypophosphatemia
 - b. Wegener's granulomatosis
 - c. Multiple myeloma
 - d. AIDS.

Ans -D



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AIDS AND PERIODONTIUM

1. The aids virus is –

- a) Retro virus
- b) DNA virus
- c) RNA virus
- d) None of them above

Ans-A

2. Which of the following is a symptom of AIDS?

- a. Fever
- b. swollen lymph nodes
- c. Tiredness
- d. All of the above

Ans-D

3. Replication of the virus occurs in

- a) Lymph nodes
- b) Spleen
- c) Macrophages
- d) All of the above

Ans-D

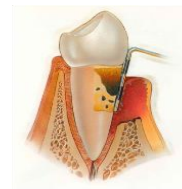
4. HIV parasitizes ____

- a. Y-helper cells
- b. T-helper cells
- c. K-helper cells
- d. None of the above

Ans-B



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5. How many stages of HIV infection exist?

- a. 3
- b. 2
- c. 1
- d. No stages

Ans-A

6. One of the most common side effects of anti-cancer drugs in

- A) Excess salivation
- B) Multiple oral ulcers
- C) White patches in oral mucosa
- D) Oral bleeding

Ans-D

7. Periodontal disease associated with aids

- a) Linear gingival erythema
- b) NUG
- c) NUP
- d) All of the above

Ans-C

8. SIV is the abbreviation of:

- a. Simian immunodeficiency virus
- b. Siluridae immunodeficiency virus
- c. Synodontidae immunodeficiency virus
- d. None of the above

Ans-A

9. The percentage of aids patients having oral lesions is



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- a) 20 percent
- b) 35 percent
- c) 55 percent
- d) 95 percent

Ans-D

10. HIV infection is strongly correlated with

- a) Oral candidiasis
- b) Oral hairy leukoplakia
- c) Oral Kaposi sarcoma
- d) All of the above

Ans-D

11. In individuals with HIV, opportunistic infections are:

- a. More frequent
- b. Less frequent
- c. Non-existent
- d. None of the above

Ans-A

12. In HIV infected patients oral hairy leukoplakia is found almost exclusively on the

- a) Buccal mucosa
- b) Soft palate
- c) Hard palate
- d) Lateral borders of the tongue

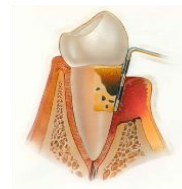
Ans-D

13. The Kaposi sarcoma that occurs in HIV infected patients presents different clinical features in that it is

- a) Very slowly growing lesions



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- b) Much more aggressive lesion
- c) Frequently involves the oral mucosa, particularly the palate and the gingiva
- d) Both (b) and (c)

Ans-A

14. Simian immunodeficiency virus is known to affect

- a. non-human primates
- b. Birds
- c. Rabbits
- d. None of the above

Ans-A

15. The most common oral lesion in HIV infected patients is

- a) Oral hairy leukoplakia
- b) Oral candidiasis
- c) Oral Kaposi sarcoma
- d) Oral hyperpigmentation

Ans-A

16. HIV is a _____

- a. Lentivirus
- b. Capri poxvirus
- c. Gallivirus
- d. Papillomavirus

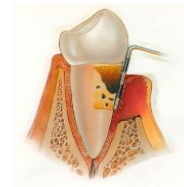
Ans-A

17. The percentage of aids patients suffering from candidiasis is approximately

- a) 50 percent
- b) 60 percent
- c) 90 percent



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d) 100 percent

Ans-B

18. HIV associated gingivitis is best described by the term

- a) Juvenile gingivitis
- b) Acute necrotizing gingivitis
- c) Linear gingiva erythema
- d) Necrotizing ulcerative gingivitis

Ans-C

19. HAART was discovered in which year?

- A) 1987
- B) 1999
- C) 1995
- D) 1994

Ans-A

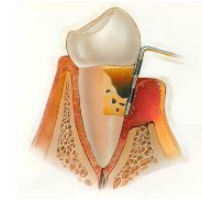
20. The first ever instance of AIDS was reported in

- a. USA
- b. France
- c. Russia
- d. None of the above

Ans-A



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4. Bluish black discoloration of gingiva in inflammatory condition

- a. Lead intoxication
- b. Bismuth intoxication
- c. Mercury intoxication
- d. Arsenic intoxication.

Ans -B

5. The sixth complication of diabetes:

- a. Retinopathy
- b. Renal failure
- c. Ischaemic heart diseases
- d. Periodontitis.

Ans -D

6. In leukemic patients gingival bleeding during prophylaxis occurs because of:

- a. Increased leukocytes count
- b. Increased Ca level in blood
- c. Platelet disorder
- d. Deficiency in clotting factor

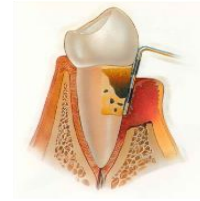
Ans -C

7. The probable etiology of gingivosis is:

- a. High progesterone levels
- b. Deficiency of estrogen and testosterone



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- c. Pregnancy
- d. Aldosterone deficiency.

Ans -B

8. Oral prophylaxis is contraindicated in
- a. Prepubertal gingivitis
 - b. Pregnancy gingivitis
 - c. Ulcerative refractory gingivitis
 - d. Leukemic gingivitis.

Ans-D

9. In leukemic patient gingival bleeding occurs during oral prophylaxis because of:
- a. Increased leukocyte count
 - b. Increased Ca level in blood
 - c. Platelet disorder
 - d. Deficiency in clotting factor.

Ans -C

10. Use of Doxycycline hyclate 20 mg for a period of time forms:
- a. Prophylactic antimicrobial therapy
 - b. Systemic antimicrobial therapy
 - c. Host modulation therapy
 - d. Local drug delivery.

Ans -C



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11. PGE₂, mediated bone resorption in periodontal disease is inhibited by:

- a. Calcitonins
- b. Estrogens
- c. NSAIDs
- d. Vitamin D and calcium.

Ans-C

12. The sixth complication of diabetes mellitus is:

- a. Retinopathy
- b. Renal failure
- c. Ischemic heart diseases
- d. Periodontitis.

Ans -D

13. Dental and periodontal infection can pose a severe risk to patients under:

- a. Chemotherapy
- b. Radiotherapy
- c. Ozone therapy
- d. Water therapy.

Ans -B

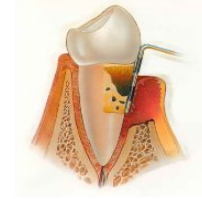
Q14. THE EFFECT OF HORMONAL IMBALANCE ON PERIODONTAL TISSUE IS

- A) THEY SHOW MANIFESTATION
- B) THEY MODIFY THE TISSUE RESPONSE TO PLAQUE
- C) PRODUCE ANATOMIC CHANGES THAT FAVOUR TRAUMA FROM OCCLUSION
- D) ALL OF THE ABOVE

Ans- B



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Q15. PERIODONTAL CHANGES THAT OCCURS IN HYPOTHYROIDISM

- A) INCREASED TOOTH MOBILITY
- B) GINGIVAL INFLAMMATION
- C) BOTH OF THE ABOVE
- D) NONE OF THE ABOVE

Ans-D

Q16. LOSS OF LAMINA DURA OCCURS IN

- A) PAGETS DISEASE
- B) HYPERPARATHYROIDISM
- C) OSTEOMALACIA
- D) ALL OF THE ABOVE

Ans-D

Q17. NONSPECIFIC ORAL CHANGE SEEN IN DIABETICS

- A) CHEILOSISS
- B) BURNING SENSATION
- C) XEROSTOMIA
- D) ALL OF THE ABOVE

Ans-D

Q18. Which drug can be given for reducing AGE production

- a. Penicillin
- b. Tetracycline
- c. Cephalosporin
- d. Macrolide

Answer: C



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TRAUMA FROM OCCLUSION

1. Infrabony pocket results from

- A. Trauma from occlusion
- B. Dental plaque
- C. Actinomyces viscosus
- D. Improper tooth brushing

ANS- A

2. TFO affects all of the following except

- A. Enamel
- B. Pulp
- C. Gingiva
- D. Alveolar bone

ANS-C

3. Occlusal trauma maybe best defined as a condition caused due to

- A. Pressure on teeth due to lack of proper arch alignment
- B. Failure of occlusal balance bilaterally
- C. Force of pressure beyond physiological limits of periodontium
- D. Force or pressure within physiological limits of periodontium

ANS- C

4. Lipping refers to

- A: Central buttressing
- B: Peripheral buttressing
- C: Plateau
- D: Ledges

Correct Answer: Option-B

5. Which of the following is not a sign of TFO

- A. Increased tooth mobility
- B. Cementum tear
- C.TOP
- D. Periodontal pocket



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ANS-D

6. In “Jiggling type” of trauma, the occlusal force cause
- A. Funnel shaped destruction of socket wall
 - B. Distinct pressure and tension sides within PDL
 - C. No changes in socket wall
 - D. No effect on PDL space

ANS- A

- 7: The most common clinical sign of trauma from occlusion is
- A: widening of periodontal ligament space
 - B: angular bone loss
 - C: pathologic migration
 - D: tooth mobility

Correct Answer: Option-D

8. Which of the following radiographic changes seen in TFO
- A. Increase in width of PDL space
 - B. Vertical bone loss
 - C. Radiolucency of alveolar bone
 - D. All of the above

ANS-D

9. Test for tooth mobility
- A. Tension test
 - B. Roll test
 - C. Fremitus test
 - D. All of the above

ANS-C

10. If bone is resorbed by excessive occlusal force, it attempts to compensate for lost bone called
- A. Adaptive remodelling
 - B. Buttressing force
 - C. Both of the above



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D. None of the above

ANS-B

11. In response to TOFs, alveolar bone has

- A. Osteoblasts in area of tension and osteoclasts in areas of pressure
- B. Osteoclasts in areas of tension and osteoblasts in areas of pressure
- C. Osteoid in areas of tension and osteoblasts in areas of pressure
- D. Afunctional atrophy

ANS- A

12. In primary trauma from occlusion

- A. Blood vessels present in PDL rupture and release contents in surrounding space
- B. Adaptive capacity of tissues to withstand occlusal forces is impaired resulting in injury from normal occlusion forces
- C. Alveolar bone is not damaged
- D. Bifurcations and trifurcations are less susceptible to injury related to this condition

ANS- A

13. Secondary occlusal trauma is the effect induced by occlusal forces (normal/ abnormal) on teeth?

- a) Decreased periodontal support
- b) Decreased crown structure
- c) Teeth with small root length
- d) All of the above

ANS- D

14. To reinforce the thin bony trabeculae by occlusal forces, bone formed is?

- a) Buttressing bone formation
- b) Reinforcing bone formation
- c) Ledge
- d) Condensing

ANS-B

15. Bone loss associated with Trauma from occlusion is:

- a) Notching



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- b) Vertical
- c) Horizontal
- d) Cystic

ANS-C

16. Pathologic migration of tooth occurs

- A. Towards bone resorption area
- B. Always from bone resorption area
- C. Inciso occlusal direction
- D. Axio inclined direction

17. Occlusal correction is done after periodontal therapy in which condition?

- A. Infrabony pockets
- B. Suprabony pockets
- C. Trauma from occlusion
- D. Pseudopockets

ANS- C

18. Osseous craters make about:

- a. 1/2 of all the mandibular defect
- b. 1/4 of all the osseus defect
- c. 1/3 of all the mandibular defect
- d. 2/3 of the mandibular defect

ANS-d

19. What histologic criteria is used to distinguish gingivitis from periodontitis

- A. Occlusal trauma
- B. Howships lacunae
- C. Bone resorption
- D. Endosteal proliferation

ANS- B

20. The depth of penetration of a probe in a pocket depends on:

- a. Size of the probe
- b. Force and direction of penetration



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- c. Resistance of tissue and convexity of crown
- d. All of the above

ANS-d

21. The standardized force for using periodontal probing is:

- a. 5 pound
- b. 15 pound
- c. 25 pound
- d. 40 pound

ANS-25 pound

22. The depth of penetration of the probe in the connective tissue apical to the junctional epithelium in a periodontal pocket is about:

- a. 0.1 mm
- b. 0.2mm
- c. 0.3mm
- d. 0.4mm

ANS-0.3mm

23. Which of the following represents early effect of primary TFO?

- A. Vertical pockets
- B. Generalized alveolar bone loss
- C. Undermining resorption
- D. Haemorrhage and thrombosis of blood vessels in PDL

ANS- D

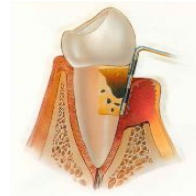
24. Trauma from occlusion causes vascular changes in the periodontium within

- A. 45 minutes
- B. 60 minutes
- C. 30 minutes
- D. 10 minutes

ANS- C



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DETERMINATION OF PROGNOSIS

1. Which of the following does not affect periodontal prognosis:
 - a) Enamel Pearl
 - b) Enamel Projection
 - c) Bifurcation ridge
 - d) Talon's Cusp(ANS-D)

2. Prognosis is good in:
 - a) One wall pocket
 - b) Two wall pocket
 - c) Three wall pocket
 - d) hemiseptum(ANS-C)

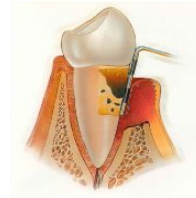
3. Provided inflammation is controlled, the prognosis for moderate periodontitis is:
 - a) Good
 - b) Fair
 - c) Poor
 - d) Questionable(ANS-A)

4. A 25-year-old is too young to have an advanced probing depth but her youth favours a good prognosis:
 - a) Both statement and reason are correct
 - b) Both statement and reason are incorrect
 - c) Statement is correct but the reason is false
 - d) Statement is incorrect but the reason is true(ANS-C)

5. Which has better prognosis:
 - a) Vertical bone loss
 - b) Horizontal bone loss
 - c) Angular bone loss
 - d) Trapezoidal bone loss(ANS-A)



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6. Anatomic factors considered In prognosis:
 - a) Enamel Pearls
 - b) Smoking
 - c) Diabetes
 - d) Poor plaque control(ANS-A)

7. Prognosis is determined:
 - a) After diagnosis, Before the treatment
 - b) Before diagnosis, After the treatment
 - c) Before diagnosis and treatment
 - d) After diagnosis and treatment(ANS-A)

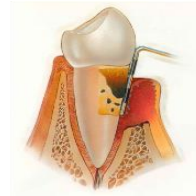
8. True for effect of smoking on prognosis of periodontal diseases following scaling and prophylaxis is :
 - a) Increase in clinical attachments
 - b) Increase in width of attached gingiva
 - c) Reduction in negative influence of smoking due to increased level of plaque control
 - d) Increase in neutrophilic response(ANS-C)

9. Which has better prognosis:
 - a) Shallow pocket
 - b) Deep pocket
 - c) Pseudo pocket
 - d) True pocket(ANS-A)

10. The following affects prognosis of periodontal treatment:
 - a) Short root, long crown
 - b) Long root, short crown
 - c) Apical pearls
 - d) Root concavities(ANS-D)



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11. No bone loss, gingival condition good, good patient cooperation, no systemic or environment factor involved:

- a) Excellent Prognosis
- b) Good Prognosis
- c) Fair Prognosis
- d) Questionable prognosis

(ANS-A)

12. Prognosis of patient with ANUG is :

- a) Good
- b) Fair
- c) Poor
- d) Questionable

(ANS-A)

13. Prognosis is:

- a) Most likely cause of the disease
- b) Least likely cause of the disease
- c) Estimation of the likely course of the disease
- d) None of the above

(ANS-C)

14. Access to furcation is most difficult for:

- a) Max Ist PM
- b) Max IInd PM
- c) Max Ist M
- d) Max IInd M

(ANS-A)

15. Genetic factors play a key role in :

- a) Chronic Periodontitis
- b) Aggressive periodontitis
- c) Both of the above
- d) None of the above

(ANS-C)

16. Which of the following is not a significant risk factor

for periodontal disease:

A. Diabetes

B. Smoking

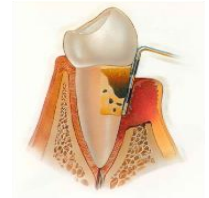
C. Aging

D. Poor oral hygiene

ANS-C



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17. Tooth mobility caused by which of the following is not likely to be corrected :

- a) TFO
- b) Inflammation in PDL
- c) Loss of alveolar bone
- d) All of the above

(ANS-C)

18. Surgical periodontal treatment required in systemic patient, prognosis is:

- a) Fair
- b) Poor
- c) Hopeless
- d) Questionable

(ANS-D)



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TREATMENT PLAN

1. Which of the following drugs has been shown to slow down the alveolar bone loss in periodontitis:

- A. Nimesulide
- B. Rofecoxib
- C. Ibuprofen
- D. Valecoxib

(ANS-C)

2. The most common factor that defects healing after periodontal treatment:

- A. Plaque
- B. Excessive manipulation of tissue
- C. Inadequate blood supply
- D. Foreign bodies

(ANS-A)

3. Which of the following does not improve healing after periodontal treatment:

- A. Pressure
- B. Debridement
- C. Immobilization
- D. Oxygen insufflation

(ANS-D)

4. Which of the following is not one of the factors that delay wound healing:

- A. Vitamin C deficiency
- B. Protein deficiency
- C. Oestrogen deficiency
- D. Aging

(ANS-C)



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5. By definition growth of new cells and intercellular substances to form new tissues is called:

- A. Regeneration
- B. Repair
- C. New attachment
- D. Reattachment

(ANS-A)

6. Local treatment procedure that accelerates regeneration is:

- A. Scaling
- B. Root planning
- C. Curettage
- D. None of the above

(ANS-D)

7. Repair that occurs after treatment of periapical lesions is called

- A. Reattachment
- B. Epithelial adaptation
- C. New attachment
- D. Repair

(ANS-A)

8. The cells from which of the following should reach the healing area first for new attachment to occur:

- A. Gingival
- B. Periodontal ligament
- C. Alveolar bone
- D. Cementum

(ANS-B)



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9. Maintenance phase should start after:

- A. Preliminary phase
- B. Phase I
- C. Phase II
- D. Phase III

(ANS-B)

10. Periodontal disease is an important risk factor for all of the following except:

- A. Diabetes
- B. Stroke
- C. Premature delivery
- D. Hypertension

(ANS-D)

11. Which of the following come under phase 1:

- A. Excavation caries
- B. Chemical plaque control
- C. Removal of calculus
- D. All of the above

(ANS- D)

12. Implant surgery is done in:

- A. Phase I
- B. Phase II
- C. Phase III
- D. Phase IV

(ANS-B)

13. Extraction of hopeless teeth is done in:



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- A. Emergency phase
 - B. Phase I
 - C. Phase II
 - D. Phase III
- (ANS-A)

14. Which of the following is not correct about periodontal ligament:

- A. It is shaped like hourglass
 - B. It is thicker on mesial side of root
 - C. It is narrow at axis of rotation
 - D. None of the above
- (ANS-B)

15. Each of the following drug regimens is likely to influence periodontal treatment planning except

- A. Dexamethasone
 - B. Dicoumarol
 - C. Diphenhydramine
 - D. Nitroglycerine
- ANS- C

16. The following affects prognosis of periodontal treatment

- A. Short root, long crown
 - B. Long root, short crown
 - C. Apical pearls
 - D. Root concavities
- ANS- D

17. The stain that can be used in measuring the width of gingiva:

- A. Bismark brown



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- B. Schiller's potassium
 - C. Ninhydrin
 - D. Erythrosine
- (ANS-C)

18. The diameter of dental endoscope is:

- A. 0.66 mm
- B. 0.77mm
- C. 0.88 mm
- D. 0.99 mm

(ANS-D)

19. Other measures to record periodontal inflammation

- A. Periotemp
- B. Perioscan
- C. Periostat
- D. None of the above

ANS- A

20. Air powder abrasive system should not be used in all of the following patients except:

- A. Diabetics
- B. Hypertensives
- C. Haemodialysis patients
- D. Patients with respiratory infections

(ANS-A)

21. Tooth mobility is increased during:

- A. Puberty
- B. Pregnancy
- C. Ovulation



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D. Menopause

(ANS-B)

22. Radiographically the level of normal interproximal alveolar crest is related to the

- A. Position of CEJ of approximal teeth
- B. Epithelial attachment
- C. Anatomy of alveolar process
- D. Location of gingival attachment

ANS- A

23. Periotest is used for detecting

- A. Enzymes in GCF
- B. Tooth mobility
- C. Antibody
- D. Inflammatory mediator

ANS- B

24. If the pocket depth is 5 mm and gingival recession is 3 mm then total loss of attachment is

- A. 8 mm
- B. 3 mm
- C. 5 mm
- D. 2 mm

ANS- A

25. Bone sounding done in modern times is performed by which method

- A. RVG
- B. Probing
- C. CBCT
- D. Radiovisiography

ANS- C



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PRINCIPLES OF INSTRUMENTATION

1. Instrumentation zone in periodontal therapy is

- A. Portion of tooth where calculus or necrotic cementum is found
- B. CEJ
- C. Exposed root surfaces
- D. Deep periodontal pocket

Ans: A

2. Correct tooth-blade angulation for curettage is:

- A. 0°
- B. 45° - 90°
- C. Less than 45°
- D. More than 90°

Ans-d

3. Ideal angulation for insertion of a curette into sub-gingival arc is:

- A. 0°
- B. 45°
- C. 60°
- D. 90°

Ans- a

4. Horizontal strokes of scaling are selectively used on:

- A. Cementoenamel junction
- B. Line angles
- C. Abraded areas
- D. Eroded areas

Ans- b



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5. The scaling motion should preferably be initiated in:

- A. Forearm
- B. Wrist
- C. Palm
- D. Fingers

Ans -a

6. The blade of a Gracey curette curves in:

- A. One plane
- B. Two planes
- C. Three planes
- D. Four planes

Ans- b

7. Which one of the following blades has cutting edges on both sides:

- A. No. 15
- B. No. 15C
- C. No. 12D
- D. None of the above

Ans- c

8. Which one of the following blades can be used with both pulling and pushing cutting motion in narrow areas:

- A. # 15
- B. No. 15C
- C. # 11D
- D. # 12D



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Ans- d

9. With which of the following instrument stability is highest during scaling and root planning?

- A. Files
- B. HOE scaler
- C. Chisel
- D. Sickle scaler

Ans: B

10. While sharpening curettes and sickles, the internal angle of Must be preserved between the face and lateral surface

- A. 50-60
- B. 60-70
- C. 70-80
- D. 80-90

Ans: C

11. When one of the following is a natural sharpening stone:

- A. Ruby
- B. Ceramic
- C. Arkansas
- D. Carborandum

Ans- C

12. In procedure used for sharpening the scalers with unmounted stone:

- A. Stone stabilized and instrument is drawn across it
- B. Instrument stabilized and stone is drawn across it
- C. Either of the above
- D. None of the above

Ans-C



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13. The relationship between the working edge of the instrument and the tooth surface is

- A. Angulation
- B. Access
- C. Adaptation
- D. Activation

Ans: C

14. While sharpening instruments with synthetic stones, the lubricant that has to be used is:

- A. Water
- B. Oil
- C. Any of the above
- D. None of the above

Ans- a

15. The angle between shank and face in Gracey curette is:

- A. 60°
- B. 70°
- C. 80°
- D. 90°

Ans- b

16. The angle between face and lateral surface of blade is 70° to 80° in:

- A. Sickle
- B. Curette
- C. Both of the above
- D. None of the above

Ans- c



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17. The grasp to be used while sharpening a sickle with a flat stone:

- A. Pen grasp
- B. Modified pen grasp
- C. Palm and thumb grasp
- D. None of the above

Ans- b

18. Angulation of a periodontal instrument refers to the

- A. Angle between face of blade and shank
- B. Angle between shank and shaft
- C. Angle between face of blade and tooth surface
- D. Angle between shank and tooth surface

Ans: C

19. Gracey curette no. 11-12 are used for

- A. Anterior tooth
- B. Posterior teeth mesial
- C. Posterior teeth distal
- D. Posterior teeth facial and lingual

20. Marquis colour coded probe has calibrations separated by:

- A. 1 mm
- B. 2 mm
- C. 3 mm
- D. 4 mm

Ans -C

21. Probing depth of a pocket is assessed by

- A. Williams probe



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- B. Nabers probe
 - C. DNA probe
 - D. RNA probe
- Ans: A

22. Which of the following is not an instrument grasp during scaling procedure?

- A. Pen grasp
- B. Thumb grasp
- C. Modified pen grasp
- D. Palm and thumb grasp

Ans: B

22. Scaling and root planning is performed

- A. As initial treatment
- B. Post surgically
- C. In only gingival enlargements
- D. After only antibiotics

Ans: A



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ULTRASONIC SCALING

1. Scaling process removes:

- A. Calculus
- B. Plaque
- C. Both of the above
- D. None of the above

Ans- C

2. The ultrasonic scaler dislodges only calculus that

- A Has been formed recently
- B. Is already loose
- C Is in direct contact with the tip
- D. Is located on interproximal surfaces

Ans- C

3. Instrument used for detection of subgingival calculus:

- A. Probe
- B. Explorer
- C. Both of the above
- D. None of the above

Ans- C

4. Ultrasonic scaler can be used in:

- A AIDS patients
- B Asthmatics
- C Pacemaker
- D Scaling

Ans- D

5. The distance between apical edge of calculus and bottom of the pocket is usually less than:

- A. 1 mm
- B. 2 mm
- C. 3 mm
- D. 4 mm



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Ans- A

6. Which one for the following instruments is not used for subgingival scaling:

- A. Sickle
- B. Hoe
- C. Chisel
- D. All of the above

Ans- C

7. Instrument used for crushing of subgingival calculus:

- A. After five curettes
- B. Ochsenbein chisel
- C. Hirsch field- file

Ans- C

8. Ultrasonic instrument size required to remove bulk of restoration and dentin islands

- A CPR 1
- B CPR 2
- C CPR 5, 6
- D CPR 7, 8

Ans- B

9. The portion of tooth covered by calculus or altered cementum is called:

- A. Pathologic zone
- B. Toxic zone
- C. Deposit zone
- D. Instrumentation zone

Ans- D

10. Ultrasonic scaler can be used for all of the following purposes except:

- A. Scaling
- B. Curettage
- C. Gingivoplasty
- D. Correction of overhanging margins of restorations

Ans- C



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11. Sonic scalers can be used safely if the forces applied do not exceed:

- A. 1 N
- B. 2 N
- C. 3 N
- D. 4 N

Ans- B

12. Before ultrasonic scaling chlorhexidine rinsing should be done for:

- A. 20 seconds
- B. 30 seconds
- C. 40 seconds
- D. 60 seconds

Ans- D

13. Aerosol produced by ultrasonic scaling remains in the air for a minimum period:

- A. 5 minutes
- B. 10 minutes
- C. 20 minutes
- D. 30 minutes

Ans- D

14. Aerosol produced by ultrasonic scaling remains in the air for a minimum period:

- A. 5 minutes
- B. 10 minutes
- C. 20 minutes
- D. 30 minutes

Ans- D

15. Fulcrum used for ultrasonic scaling of maxillary teeth:

- A. Extraoral
- B. Intraoral
- C. Both of the above
- D. None of the above

Ans- A



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16. The amplitude of oscillation in sonic scaler tip:

- A. 10 pm
- B. 100 pm
- C. 1000 pm
- D. 10000 pm

Ans- C

17. Anti-infective periodontal treatment involves:

- A. Debridement
- B. Antimicrobial therapy
- C. Both of the above
- D. None of the above

Ans- C

18. The standard probing depth, which requires referral to periodontist, at the time of evaluation of phase 1:

- A. 5 mm
- B. 6 mm
- C. 7 mm
- D. 8 mm

Ans- A

19. The insert of magnetostrictive scaler is made up of:

- A. Quartz crystal
- B. Ferrite
- C. Nickle
- D. Chromium

Ans- B

20. The scaler that can interfere with cardiac pacemakers:

- A. Piezo
- B. Magnetostrictive
- C. Sonic
- D. All of the above



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Ans- B



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Periodontal Flap

1. An apically repositioned flap

- a) Does not preserve the attached gingiva
- b) Does not increase the length of clinical crown
- c) Is the procedure of choice for palatal pockets
- d) Is a pocket elimination procedure

Ans-D

2. In periodontal flap most important factor to be considered is:

- a) Depth of vestibule
- b) Frenum attachment
- c) Amount of attached gingiva
- d) Free gingiva

Ans-C

3. The common goal of all periodontal flap procedures is to:

- a) Correct mucogingival inadequacies
- b) Remove diseased granulation tissue
- c) Provide access for instrumentation
- d) Add bone support where it has been lost

Ans-C

4. Which of the following has greatest impact on success of a periodontal flap procedure?

- a) Level of postoperative plaque control
- b) Level of flap at closure
- c) Extent to which flap is reflected
- d) Type of incision

Ans-A

5. Infra-bony pockets are treated by:

- a) Gingivectomy.
- b) Gingivoplasty.



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OSSEOUS SURGERY

1. The best way to fill a bony defect will be with which of the following?

- a) Hydroxy apatite
- b) Donor graft
- c) Xenograft
- d) Autograft

Ans-D

2. Bone graft procedures are most successful in treating:

- a) In furcation involvements
- b) Deep, two-wall craters
- c) Narrow three-wall defects
- d) Osseous defects with one remaining wall

Ans-C

3. What do you understand by isograft?

- a) Bone taken from same individual
- b) Bone taken from generally similar individual
- c) Bone taken from identical twin
- d) Bone taken from the same individual

Ans-C

4. Graft when taken from a different species is called a:

- a) Xeno graft
- b) Auto graft
- c) Allo graft
- d) Homo graft

Ans-A

5. If an osseous fill procedure is successful, the type of bone formed in the defect is?

- a) Cancellous



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- b) Bundle
- c) Spongy
- d) None of the above

Ans-B

6. Decalcified freeze-dried bone allograft is considered as

- a) osteogenic su22h
- b) osteoinductive
- c) osteoconductive
- d) osteoplastic

Ans-B

7. The extent of bony defects can be best estimated by –

- a) Long cone parallel radiographic technique
- b) Sequential probing
- c) Use of Florida probe
- d) Transgingival probing

Ans-D

8. Fibronectin is used in periodontal therapy as -

- a) Growth factor
- b) Bone graft
- c) Biomodification of root surface
- d) GTR membrane

Ans-C

9. Bone blending is a technique employed for

- a) Transplanting cortical bone
- b) Transplanting cancellous bone
- c) Transplanting a mix of cancellous and cortical bone
- d) Transplanting resorbable hydroxyapatite crystals only



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Ans-C

10. Buttressing bone formation is the tissue response to increase occlusal forces seen in

- a) Stage I injury
- b) Stage II repair
- c) Stage III repair
- d) None of the above

Ans-B

11. Allografts are grafts taken from

- a) Same species and individuals who are genetically related
- b) Different species
- c) Same species but individuals are genetically not related
- d) Same species and between genetically identical individuals

Ans-C

12. In growth of bone from the margins of the defect with gradual resorption of the graft is an example for

- a) Ontogenesis
- b) Osteoconduction
- c) Osteoinduction
- d) Osteopromotion

Ans-B

13. Healing of a wound which simply restores the continuity of the diseased marginal gingiva is known as

- a) Regeneration
- b) new attachment
- c) Repair
- d) reattachment

Ans-C



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14. Which of the following is most likely side effect of fresh autogenous iliac crest transplant in managing an infra bony pocket?

- a) Infection
- b) Arthus reaction
- c) Root resorption
- d) Auto erythrocyte sensitivity

Ans-C

15. Crown lengthening may be required if the crown height from the crestal bone is less than

- a) 1.5 mm
- b) 2 mm
- c) 3 mm
- d) 4 mm

Ans-C

16. Regeneration in periodontal therapy aims at:

- a) Bone refill
- b) Repair of the bony defect
- c) Reconstitution of the lost periodontium
- d) Removal of the diseased bone

Ans- c

17. Regeneration of lost periodontium involves

- a) Healing by new attachment formation
- b) Healing by Long junctional epithelium formation
- c) Healing by re-attachment
- d) Healing by scar formation.

Ans- a

18. Ramping can be done for a

- a) one wall defect



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- b) two wall defect
- c) three wall defect
- d) four wall defect

Ans- a

19. Radicular blending is purely a procedure

- a) Osteoplasty
- b) Ostectomy
- c) A & B
- d) None of the above

Ans- a

20. Sequential steps for resective osseous surgery are

- A) Radicular Blending, Vertical Grooving, Flattening Interproximal Bone, Gradualizing Marginal Bone
- B) Vertical Grooving, Flattening Interproximal Bone, Gradualizing Marginal Bone, Radicular Blending
- C) Vertical Grooving, Radicular Blending, Flattening Interproximal Bone, Gradualizing Marginal Bone
- D) Vertical Grooving, Gradualizing Marginal Bone, Radicular Blending, Flattening Interproximal Bone.

Ans- C



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- c) Flap operation
- d) Vestibuloplasty.

Ans-C

6.The flap technique for pocket elimination and to increase in width of attached gingiva is

- a) Coronally repositioned flap
- b) Apically repositioned flap
- c) Lateral pedicel flap
- d) Modified Widman flap

Ans- B

7.The flap technique procedure which does not increase the width of attached gingiva:

- a) Apically positioned flap
- b) Undisplaced flap
- c) Fenestration operation
- d) Free gingival graft

Ans-B

8.Thick manageable true pockets with no recession are best treated by

- a) Modified Widman
- c) free gingival graft
- b) apically displaced flap
- d) pouch tunnel method

Ans-A

9.The internal bevel incision of a periodontal flap:

- a) is directed to the base of the pocket
- b) removes the keratinized tissue completely
- c) is a vertical incision
- d) remove the lining of the pocket wall

Ans-D

10.Internal bevel gingivectomy is:



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- a) Apically displaced flap
- b) Distal molar surgery
- c) Widman flap
- d) Undisplaced flap

Ans-D

11. The advantages of the modified Widman flap procedure include all except

- a) Adaptation of healthy tissue to the tooth surface
- b) Post operative interproximal architecture is normal
- c) The procedure is feasible when implantation of bone is contemplated
- d) Conservation of bone & optimal coverage of root surfaces by the soft tissues

Ans-C

12. Which of the following is essentially an excisional procedure of the gingiva?

- a) Modified Widman flap
- b) Undisplaced flap
- c) Apically displaced flap
- d) Papilla preservation flap

Ans-B

13. The treatment option for a large area of gingival enlargement (>6 teeth) with osseous defects and limited keratinized tissue

- a) Gingivectomy
- b) Curettage
- c) Periodontal flap
- d) Gingivoplasty

Ans-C

14. An apically repositioned flap

- a) Does not preserve the attached gingiva
- b) Does not increase the length of clinical crown
- c) Is the procedure of choice for palatal pockets



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d) Is a pocket elimination procedure

Ans – d

15. A lateral sliding flap done on a tooth with roots denuded for 6 years will show

a) PDL fibres attached to cementum

b) PDL fibres attached to dentin

C) Epithelium adjacent to previously denuded root surface

d) Co adaptation to the remaining fibres

Ans-C

16. Best position for apically displaced flap is

a) At the alveolar crest

b) At 2mm apical to alveolar crest

c) At 1mm apical to alveolar crest

d) At 1mm coronal to alveolar crest

Ans-B

17. Lateral repositioning flap is done for

a) gingival recession

b) high frenal attachment

c) increasing the width of attached gingiva

d) shallow vestibule

Ans-A

18. The tissue preferred for free gingival graft in order of preference is

a) Alveolar mucosa

c) Edentulous mucosa

b) Attached gingiva

d) Unattached gingiva

Ans-B

19. Frenectomy is a



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- a) gingival surgery
- c) osseous surgery
- b) plastic surgery
- d) all of the above

Ans-B

20. After reflection of full thickness flap, post surgical alveolar bone loss is greatest at

- a) Thin facial margin
- b) Thick lingual margin
- C) Inter proximal bone
- d) No bone loss at all

Ans-A

21. All of the following are definite indications of mucogingival surgery except

- a) one wall bony defect
- b) high frenal attachment
- c) insufficient width of attached gingiva
- d) shallow vestibule

Ans-A

22. If pretreatment pocket depth is X mm and width of attached gingiva is Y mm what will be the width of attached gingiva after treatment

- a) $X + Y$
- b) $X/2 + Y$
- c) $X + 2Y$
- d) $X + Y/2$

Ans-B

23. The flap technique procedure which does not increase the width of attached gingiva:

- a) Apically positioned flap
- b) Undisplaced flap
- c) Fenestration operation



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d) Free gingival graft

Ans-B

24. The free gingival graft is placed on:

a) On the periosteum

b) Bone

c) Gingiva

d) Periodontal pocket

Ans-A

25. A split thickness flap is indicated when:

a) Osseous craters are present

b) Fenestrations and Dehiscence are suspected

c) Buttressing bone formation is present

d) Three walled osseous defects are encountered

Ans-B

26. The success of a free gingival graft procedure depends upon which of the following

a) The graft being immobilized at the recipient site

b) The donor tissue being as thick as possible and containing periosteum

c) A thick blood clot remaining between the recipient and donor tissue

d) Periosteal fenestration being present

Ans- a

27. Which of the following is a mucogingival surgery

a) Free gingival graft

b) Widman flap

c) Gingivectomy

d) Gingivoplasty

Ans- a

28. In Tarnow's technique, the method described for denuded root surface is

a) Semilunar coronally repositioned flap



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- b) Split thickness coronally repositioned flap
- c) Free soft tissue autograft
- d) Subepithelial connective flap

Ans- a

29. GTR is related to

- a) Gingivoplasty
- b) Frenectomy
- c) Mucogingival surgery
- d) Gingivectomy

Ans- c

30. Placement of graft will be failure in which class of recession

- a) class I
- b) Class II
- c) Class III
- d) Class IV

Ans- d

31. Method of increasing attached gingiva

- a) Apical flap
- b) Widman flap
- c) Undisplaced flap
- d) Modified widman flap

Ans- a

32. Internal bevel gingivectomy is:

- a) Apically displaced flap
- b) Distal molar surgery
- c) Widman flap
- d) Undisplaced flap

Ans- d



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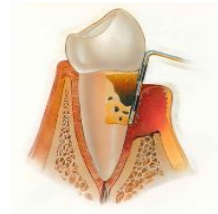
33. Granulation tissue is replaced by connective tissue in?

- a) 7 days
- b) 14 days
- c) 21 days
- d) 1 month

Ans- c



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DENTAL IMPLANTS

1. Distance between implant and adjacent tooth should be at least:

- a. 7 mm
- b. 1.5 mm
- c. 3.5 mm
- d. 3.75 mm

Ans. (b)

2. Requirement necessary for initial rigid fixation in implant.

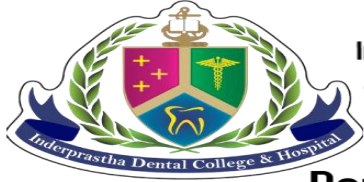
- a. Absence of movement at the interface during healing
- b. traumatic bone preparation
- C. Close approximation of living bone to the biocompatible implant surface
- d. All the above

Ans. (d)

3. Inflammatory changes in the soft tissues surrounding an implant is diagnosed as:

- a. peri-implant gingivitis
- b. peri-implantitis
- c. peri-implant mucositis
- d. peri-implantosis

Ans. (b)



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4. According to Misch, region that considered in anterior maxilla as one type of bone density

- a. Canine to canine
- b. 1st premolar to 1st premolar
- C. 2nd premolar to 2TM premolar
- d. Lateral incisor to lateral incisor

Ans-B

5. For better osseointegration modifications on implant surfaces include:

- a. sandblasting with aluminium oxide
- b. etching with phosphoric acid
- C. plasma sprayed titanium
- d. all of the above

Ans.(d)

6. Bone density MOST precisely determined before surgery by

- a) Periapical radiograph
- b. Lateral cephalometric image
- C) Computed tomography
- D) OPG

Ans-C

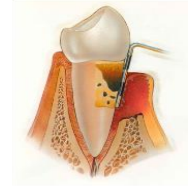
7. The unalloyed form of titanium used to form dental implants is in the :

- a. beta form
- b. alpha form
- C) gamma form
- d. delta form

Ans.(b)



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8. Presence of cortical bone is true, except

- a. Increase overall strength
- b. Increase modulus of elasticity
- c. Decrease resorption
- d. D4 has little or no cortical bone

Ans-D

9. The plasma coating of a titanium dental implant (TPS) is done to:

- a. to increase its acceptance in bone
- b. to make the implant biocompatible
- C) to avoid contamination of the implant
- D) to improve implant anchorage power in bone

Ans.(d)

10. Histological composition of D1 bone:

- A Dense lamellar bone
- b. Complete haversian system
- c. Highly mineralized
- d. All the above

Ans- D

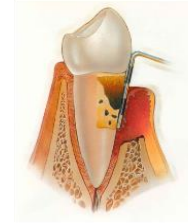
11. Remaining bone associated with implant papillary level of single tooth implant is denoted by:

- A) Bone level surrounding adjacent natural bone height
- b. 5 mm of implant abutment junction
- C. 5 mm of implant bone level
- d. According to bone height of implant

Ans. (a)



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12. Factors related to heat generated during implant osteotomy, except

- a) Amount of bone being prepared
- b. Amount of bleeding
- c. Drill speed
- d. Variation in cortical thickness

Ans. (b)

13. Most plausible factor for dental implant fracture:

- A Peri-implantitis
- b. Bending overloads
- c. Non-passive fit prosthesis
- d. Manufacturing imperfections

Ans. (b)

14. How much higher the temperature from normal (40°C) can cause necrosis of the bone?

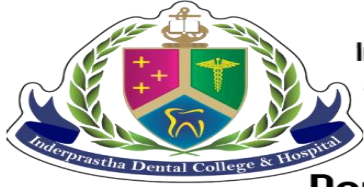
- a. 1°C
- b. 3°C
- C) 4°C
- d. 5°C

Ans. (b)

15:-According to Misch the posterior maxilla is of

- A:-D1 and D2
- B:-D2 and D3
- C:-D3 and D4
- D:-D2 and D4

Ans. (C)



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16. First implant system developed?

- a. Noble biocare- Branemark
- b. Noble biocare- Steri oss
- c. ITI-Strauman
- d. Astra

Ans. (a)

17. Ideal implant length for D1 bone using 4mm diameter implant

- A) 8mm
- b)10 mm
- c)12mm
- d)13mm

Ans- C

18:-Minimum mesiodistal space required for a standard diameter implant is

- A:-6mm
- B:-7mm
- C:-8mm
- D:-9mm

Ans- (B)



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MCQ'S FOR INTERN COMPETITIVE EXAMINATION
PREPARATION- 2023

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MCQ CHAPTER 1 (CD IMPRESSION)

1. In making a final impression for a complete denture, the most important area of the impression is
 - a) Ridge area of maxilla and buccal shelf of mandible
 - b) Lingual border area of mandible
 - c) Junction of hard and soft palate of maxilla and disto lingual area of mandible
 - d) Mid palatal area of maxilla and ridge of the mandible larger than ridge.
2. The stability of a mandibular complete denture will be enhanced when
 - a) The level of occlusal plane is above the dorsum of the tongue
 - b) The tongue rests on the occlusal surface
 - c) The lingual contour of the denture is concave
 - d) The posterior teeth on the denture have a broad buccolingual width
3. The primary stress bearing area of maxillary complete denture is
 - a) Alveolar ridge
 - b) Buccal flange
 - c) Palate
 - d) Posterior palatal seal area
4. The mean denture bearing area in the edentulous mandible is approximately
 - a) 12.25 cm^2 (14 cm^2)
 - b) 16.25 cm^2
 - c) 18.12 cm^2
 - d) 20.25 cm^2
5. While taking impression of flabby fibrous tissue on maxillary ridge for complete denture care is taken to:
 - a) Use a tray with spacer
 - b) Not maintain intimate contact with tissues
 - c) Use a close fitting tray
 - d) Following normal procedures
6. In primary impression the stock tray should be mm larger than ridge.
 - a) 2mm

b) 4mm

c) 6mm

d) 8 mm

7. Passive impression technique involves:

a) Impression with silicone

b) The tongue rests on the occlusal surface

c) The lingual contour of the denture is concave

d) Alginate

8. Primary stress bearing area in mandibular edentulous ridge is:

a) Buccal shelf

b) Crest of the ridge

c) Retromolar pad

d) Lingual flange

9. Vomiting during impression making procedures may be prevented by:

a) Sedating the patient

b) Injecting local anaesthetic

c) Asking patient to come empty stomach

d) Change the impression material

10. Retromolar pad:

a) Should not be covered by low denture

b) Should be covered by lower denture

c) Has tendon of temporal muscle attached to it

d) Disappears on eruption of mandibular last molars

Ans key: 1 c) 2 b) 3 c) 4 a) 5 a) 6 a) 7 d) 8 a) 9 b) 10 b

Chapter-2 BORDER MOULDING & POSTERIOR PALATAL SEAL

1. The upper denture falls when the patient opens his mouth wide. This is due to:
 - a) Thick labial flange
 - b) Over-extended borders
 - c) Thick disto-buccal flange
 - d) Poor peripheral seal

2. Distolingual extension of the mandibular impression for a complete denture is limited by the action of.
 - a) Stylohyoid muscle
 - b) Medial pterygoid muscle
 - c) Lateral pterygoid muscle
 - d) Superior constrictor muscle

3. PPS anatomically is:
 - a) Pterygomaxillary notches & fovea palatine
 - b) Pterygomaxillary notches & PNS
 - c) Maxillary tuberosity & pterygomaxillary raphe
 - d) Posterior limit of palatine bone

4. Secondary peripheral seal area in mandible is provided by:
 - a) Buccal shelf
 - b) Anterior lingual border
 - c) Retromolar pad
 - d) Crest of the ridge

5. Increased depth in posterior palatal seal area of denture causes:
 - a) Tingling sensation
 - b) Gagging
 - c) Increased retention
 - d) Unseating of denture base

6. The posterior palatal seal for a maxillary complete denture:

- a) Is placed immediately posterior to the vibrating line
- b) Is placed immediately anterior to the vibrating line
- c) Is not necessary if a metal base is made
- d) Will vary in outline and depth according to the palatal form

7. Post dam area serves mainly to:

- a) Prevent ingress of food and saliva beneath denture base
- b) Preventing lifting away of denture during incising
- c) Stabilize the denture
- d) All of the above

8. Distobuccal flange of mandibular denture is influenced by:

- a) Masseter
- b) Buccinator
- c) Temporalis
- d) Platysma

9. Fovea palatine are situated in:

- a) Hard palate
- b) Soft palate
- c) At the junction of hard and soft palate
- d) Their position is not fixed

10. Mandibular complete denture should cover retromolar pad because

- a) More surface area gives better retention
- b) Provides border seal
- c) Resists movement of denture base
- d) All of the above

Ans key : 1 c)2 c)3 b)4 b)5 d)6 d)7 d)8 a)9 d)10 d)

MCQ Chapter 3 (Jaw Relation)

1. The use of kinematic face bow is contraindicated in the edentulous patients because
 - a) It has to be used on the mandibular ridge
 - b) Recording base may be unstable on the edentulous mandible
 - c) Movement of bases may lead to inaccuracy in recording hinge axis
 - d) All of the above

2. Freeway space is defined as
 - a) Vertical dimension at rest - vertical dimension at occlusion
 - b) Vertical dimension of occlusion + vertical dimension at rest
 - c) Vertical dimension at rest
 - d) Vertical dimension at occlusion - vertical dimension at rest

3. If the interocclusal distance is increased beyond physiologic occlusion limits, the patient's chief complaint may result from:
 - a) A muscular imbalance
 - b) An occlusal disharmony in centric
 - c) A displacement of the mandibular denture
 - d) A displacement of the maxillary denture while yawning

4. Hinge axis is located with the help of
 - a) Ear rods
 - b) Maxillo mandibular vertical relations
 - c) Kinematic face bow
 - d) Orbital pointer

5. Patient has difficulty in swallowing as a CD wearer. The most probable cause is:
 - a) Decreased vertical dimension
 - b) Increased vertical dimension
 - c) Thickness of flange
 - d) Decreased retention

6. Bennett movement of mandible is related to:
- a) Condylar rotation
 - b) Lateral bodily movement of mandible
 - c) Protrusive movement of mandible
 - d) Edge to edge occlusion
7. Gothic arch tracing
- a) Intraoral tracing device
 - b) Extraoral tracing device
 - c) Records centric relation and the movements of mandible in horizontal plane
 - d) Records centric occlusion and the movements of mandible in vertical plane
8. Orientation records are transferred by
- 1. Gothic arch tracing
 - 2. Face bow record
 - 3. Dual impression technique
 - 4. Any of the above
9. The closest speaking space was suggested by
- a) Pound
 - b) McGrane
 - c) Neswonger
 - d) Silverman
10. The difficulty in constructing C.D in a Bell's palsy patient is
- a) Impression taking
 - b) Teeth setting
 - c) Border moulding
 - d) Jaw relations

Ans key: 1 b) 2a) 3a) 4c) 5b) 6b) 7c) 8 b) 9 c) 10 d)

MCQ Chapter 4 (TEETH SETTING & ARTICULATORS)

1. Articulators are classified into arbitrary positional and functional by
 - a) Beak
 - b) Posell
 - c) Boucher
 - d) Thomas

2. An evaluation of which of the following represents the most important aspect in selection of shade for the restoration to match with existing dentition?
 - a) Hue
 - b) Value
 - c) Chroma
 - d) Size

3. Width of the central incisor as compared to the bizygomatic width is
 - a) 1:13
 - b) 1:14
 - c) 1:15
 - d) 1:16

4. Porcelain denture teeth
 - a) Have a higher coefficient of thermal expansion than acrylic teeth
 - b) Have a lower abrasion resistance than enamel
 - c) Should be used where the inter alveolar clearance is small
 - d) Have a higher abrasion resistance than gold

5. The maxillary teeth if placed too far anteriorly and superiorly in a complete denture results in the faulty pronunciation of:
 - a) FandV sounds
 - b) Sand T sounds

- c) Vowels
- d) Consonants

6. 'Articulators'

- a) Duplicate jaw movements
- b) Simulate jaw movements
- c) Have condylar movements
- d) Reproduce the Bennett movement

7. Metamerism is

- a) Operator unable to record the colour
- b) Patient has teeth with different shades
- c) Various light sources produce different colour perception
- d) All the above

8. Lateral condylar guidance is

- a) $L = 12 + d / H$
- b) $L = H + d / 12$
- c) $L = H / 8 + 12$
- d) $L = H + d / 4$

9. The function of compensating curve is

- a) To provide balanced occlusion in complete dentures when mandible is protruded
- b) To aid in establishing an incisal guide
- c) Same as function of curve of Spee
- d) None of the above

10. Recontouring and selective grinding procedures are carried out in complete denture to:

- a) Decrease the vertical dimension of occlusion
- b) Decrease cuspal height

c) Enhance curve of spee

d) Remove occlusal disharmony

Ans Key: 1c) 2c) 3d) 4d) 5a) 6b) 7c) 8c) 9a) 10d)

MCQ Chapter 5 (Special consideration in complete denture)

1. Tissue conditioners are temporary in nature as:
 - a) They cause trauma to ridge is called
 - b) They become hard after some time
 - c) They have to be replaced periodically
 - d) BandC

2. The use of selected initial roots in over denture therapy
 - a) Overlaying denture therapy
 - b) Biologic denture therapy
 - c) Submucosal vital root retention
 - d) Submerged denture therapy

3. As compared to relining, in rebasing of a denture a change is effected in:
 - a) Centric occlusion
 - b) Centric relation
 - c) Entire denture base
 - d) Tissue surface

4. Osseointegration was first defined by:
 - a) Bothe and Coworkers
 - b) Greenfield
 - c) Strock
 - 4) Branemark

5. Jiffy denture is a type of
 - a) Interim immediate denture
 - b) Conventional complete denture
 - c) Fixed partial denture

d) Cast partial denture

6. The advantages of overdenture are all of the following

EXCEPT -

- a) Preservation of alveolar bone
- b) Aesthetics
- c) Retention
- d) Support

7. True about immediate denture is

- a) The patient experiences less pain since the denture acts as splint
- b) Occlusal correction should be done after 48 hrs
- c) Avoid the psychological trauma of edentulous periods
- d) All of the above

8. Boucher's method of relining is a

- a) Open mouth technique
- b) Chair side relining technique
- c) Functional relining method
- d) Closed mouth relining technique

9. Ear prosthesis and ocular prosthesis is made from

- a) Methyl methacrylate
- b) Metallic implant
- c) Silicone
- d) Epoxy resin

10. Most recent type of denture adhesive is:

- a) Salts of Gontrez
- b) Natural gums

c) Cellulose based salts

d) Acrylic adhesive

Ans Key: 1 d) 2 a) 3 c) 4d) 5 a) 6 d) 7d) 8b) 9c) 10 d)

MCQ FPD CHAPTER 1 (Principal Of Tooth Preparation)

1. The average root surface area of maxillary first molar is (in mm?)
 - a) 433
 - b) 431
 - c) 426
 - d) 400

2. Extra retention in abutment teeth is obtained with
 - a) Dovetail
 - b) Slots, pins and grooves
 - c) Outline form
 - d) Increasing tooth reduction

3. The forces acting through a fixed partial denture on the abutment tooth should be directed:
 - a) As far as possible at right angles to the long axis of the teeth
 - b) Parallel to the long axis of the teeth
 - c) By decreasing the mesio-distal dimension
 - d) None of the above

4. In FPD retention is provided by:
 - a) Cement
 - b) Parallel walls
 - c) Grooves
 - d) Proximal slice

5. Which of the following may least be used as an abutment:
 - a) Tooth with minimum crown
 - b) Tooth with short tapered crown and conical root
 - c) Rotated and tipped tooth

d) Pulp treated tooth

6. Optimum crown to root ratio of the tooth to be used as abutment is

a) 1:2

b) 2:3

c) 1:1

d) 2:1

7. Over contoured crowns are most often the result of

a) Insufficient tooth reduction

b) Overbuilding by technicians

c) Desirable, if properly shaped

d) Increases retention the abutment.

8. Ante's law provides an aid for

a) Selection of pontic

b) Selection of connector

c) Selection of retainers

d) Selection of abutments

9. Cavosurface margin angulation in chamfer finish line is:

a) Always 90°

b) 90° or less than 90°

c) 90° or more than 90°

d) 120°

10. The ideal crown preparation has a degree of convergence from gingival finish line towards occlusal is

a) 2° - 4°

b) 3° - 5°

c) 4° - 9°

d) 8° - 11°

Ans: 1a) 2b) 3a) 4b) 5b) 6 a) 7a) 8d) 9b) 10a)

MCQ Chapter 2 (Complete & Partial veneer Crown)

1. The finish line used in complete metal cast crown is
 - a) Chamfer
 - b) Chamfer with bevel
 - c) Feather edge
 - d) Shoulder

2. Wrench like grip is obtained with
 - a) Mesial half-crown
 - b) Three fourth crown
 - c) Dowel crown
 - d) Jacket crown

3. Finish lines of a complete coverage crown should lie
 - a) Supragingivally
 - b) Subgingivally
 - c) Subgingival if required
 - d) Gingival margin

4. . The occlusal surface of an abutment tooth with acrylic veneering should be
 - a) In acrylic
 - b) In porcelain fused to metal
 - c) In metal 0.5 mm thick
 - d) In metal 0.25 mm thick

5. The proximal retention grooves for anterior 3/4" crown are placed
 - a) Parallel to middle and incisal thirds
 - b) Parallel to long axis of tooth
 - c) Parallel to middle and cervical thirds
 - d) Parallel to cervical, middle and incisal thirds

6. What is the amount of occlusal reduction required for metal ceramic facing on the non-functional cusp?
- a) 0.5-1mm
 - b) 1-1.5mm
 - c) 1.5-2mm
 - d) 2-2.5mm
7. A reverse partial veneer crown rather than full veneer crown is indicated on mandibular first molar because:
- a) The facial surface offers more retention than the lingual
 - b) The reverse PVC is more esthetic
 - c) It is easier to make a reverse preparation
 - d) The axial inclination of this tooth requires more tooth reduction
8. A reverse partial veneer crown rather than conventional partial crown is indicated on mandibular molars when
- a) The facial surface offers more retention than the lingual
 - b) The reverse partial veneer crown is more esthetic
 - c) It is easier to make a reverse preparation
 - d) The axial inclination of these teeth requires excessive tooth reduction
9. When preparing a 3/4th crown on maxillary incisor tooth the proximal grooves should generally be parallel to the
- a) Long axis of the tooth
 - b) Gingival 2/3 of the labial surface
 - c) Incisal 2/3 of the labial surface
 - d) Short axis of the tooth
10. The first layer of porcelain applied on to a metal in PFM crowns would be
- a) Opaque

b) Body

c) Incisal

d) Both a) and b)

Ans Key: 1a) 2b) 3a) 4c) 5b) 6 a) 7 c) 8d) 9a) 10d)

MCQ CHAPTER 3 (METAL CERAMICS)

1. Repeated fracture of a porcelain fused to metal fused to metal restoration is primarily due to restoration is:
 - a) Occlusal trauma
 - b) Inadequately designed framework
 - c) Improper firing schedule
 - d) Failure to use metal conditioner

2. The indicated finish margin with porcelain
 - a) Shoulder
 - b) Shoulder with bevel
 - c) Heavy shoulder
 - d) Heavy chamfer

3. Choice of restoration in endodontically treated anterior teeth
 - a) Metal ceramic crown
 - b) All ceramic crown
 - c) Acrylic crown
 - d) All metal crown

4. The correct comparison of amount of tooth reduction for metal ceramic crown and porcelain jacket crown is related to:
 - a) The facial tooth reduction
 - b) The incisal reduction is the same for both
 - c) There is more lingual reduction in metal ceramic
 - d) There is less lingual reduction in metal ceramic

5. Fracture or separation of porcelain and metal occurs due to:
 - a) Increased thickness of porcelain
 - b) High occlusal contact

- c) No metal conditioner used
- d) Centric occlusal contact on metal-ceramic interface

6. In metal ceramic crowns, the function of tin, Indium is to

- a) Improve bonding
- b) Decrease porosity
- c) React with porcelain and make an opaque layer to mask the metal
- d) Improve thermal expansion matching

7. Main disadvantage of PFM restoration is:

- a) Excessive tooth reduction
- b) Porcelain is very brittle
- c) PFM restoration is unaesthetic
- d) All of the above

8. The porcelain-metal bond is

- a) Chemical
- b) Mechanical
- c) a & b
- d) None of the above

9. Contraindications for the metal-ceramic crown, include

- a) Caries
- b) Untreated periodontal disease
- c) Patients with large pulp chambers
- d) All of the above

10. Connector's height for ceramic fixed partial dentures is

- a) 2 mm
- b) 4mm

c) 6mm

d) 8mm

Ans Key: 1b) 2b) 3a) 4c) 5d) 6d) 7a) 8c) 9d) 10a)

MCQ CHAPTER 4 (LAMINATES, MARYLAND, ALL CERAMIC, CEMENTATION, TISSUE DILATION)

1. The use of porcelain laminates is indicated for
 - a) Teeth in parafunction
 - b) Heavily restored teeth
 - c) Closure of 1 mm diastema
 - d) Lower anterior teeth:
2. In doing gingival retraction all of the following are used except
 - a) 8% racemic epinephrine
 - b) 8% alum
 - c) 8% zinc chloride
 - d) 40% zinc chloride
3. The inner surface of ceramic veneer is etched with
 - a) 50% Phosphoric acid
 - b) 30% Polyacrylic acid
 - c) 35% Citric acid
 - d) 5% Hydrofluoric acid
4. The process of achieving limited removal of epithelial tissue in the sulcus while creating chamfer finish margin is called:
 - a) Rotary curettage
 - b) Mechanico surgical gingival retraction
 - c) Electro surgery
 - d) Periodontal curettage
5. Intra enamel depth preparation in porcelain laminate Veneer
 - a) 0.5 mm
 - b) 0.75 mm
 - c) 1mm
 - d) 2mm

6. Dicor is
 - a) Castable ceramic
 - b) Metavite elastic impression
 - c) Vitallium
 - d) Vita ceramic

7. which of the following are efficient methods of managing interproximal soft tissues while making elastic impression
 - a) Rubber dam
 - b) Use of chemically impregnated cord
 - c) Electro surgery
 - d) All of the above

8. A problem with a porcelain jacket is it:
 - a) Is not colour stable
 - b) Is very brittle
 - c) Has a very high compression strength
 - d) Is irritating to the gingiva,

9. Which of the following cements are not be used to cement acrylic temporary crown:
 - a) Zinc oxide eugenol
 - b) Zinc phosphate
 - c) Glass ionomer
 - d) None of the above

10. Porcelain jacket crown can best tolerate which of the following forces?
 - a) Compressive forces
 - b) Shearing stress
 - c) Tensile forces
 - d) None of the above

Ans Key: 1c) 2d) 3d) 4a) 5b) 6a) 7b) 8a) 9a) 10d)

MCQ CHAPTER 5 (PONTICS)

1. Egg-shaped pontic is indicated for the replacement of
 - a) Mandibular posteriors
 - b) Mandibular anteriors
 - c) Maxillary posteriors
 - d) Maxillary anteriors

2. A pontic as compared to a missing posterior tooth should be.
 - a) Same dimensions as that of natural teeth
 - b) Same dimensions mesiodistally but less facio lingually
 - c) Same dimensions facio lingually but less mesio distally
 - d) Larger than natural tooth, to exert same forces of mastication

3. Which of the following is not indicated for maxillary anterior pontic
 - a) Ridge lap
 - b) Modified ridge lap
 - c) Hygienic
 - d) Ovate

4. Most appropriate pontic design is:
 - a) It should fill the missing teeth area
 - b) Greater lingual embrasure
 - c) Should contact mucosa but should not irritate it
 - d) None of the above

5. In the posterior maxilla, the pontic of choice is
 - a) Sanitary
 - b) Point contact
 - c) Bullet shaped
 - d) Modified ridge lap

6. Most suitable pontic for maxillary posterior area
 - a) Tru pontic or long pin pontic
 - b) Sanitary pontic
 - c) Flat back pontic with porcelain facing
 - d) Pin facing pontic

7. In the mandibular posterior region, which of the following design is indicated for the pontic in the fixed bridge
 - a) Spheroidal
 - b) Modified ridge lap
 - c) Ridge lap
 - d) Conical

8. Best pontic for maxillary posterior teeth is:
- a) Point contact
 - b) Composite
 - c) Trupontic
 - d) Bullet nose
9. Ridge lap design of pontic is indicated for the replacement of a
- a) Maxillary first molar
 - b) Maxillary central incisor
 - c) Mandibular first molar
 - d) Mandibular second premolar
10. Faciolingual width of pontic is determined by
- a) Opposing centric stops
 - b) Height of the bridges
 - c) Stresses created by the patient
 - d) Length of the bridge

Ans Key: 1d) 2b) 3c) 4a) 5a) 6b) 7b) 8a) 9a) 10a)

MCQ RPD CHAPTER 1 (INTRODUCTION & CLASSIFICATION)

1. Class IV Kennedy Classification is
- a) Bilateral edentulous area located posterior to the remaining natural teeth
 - b) Unilateral edentulous area located posterior to the remaining natural teeth
 - c) Unilateral edentulous area with natural teeth remaining both anterior to the remaining natural teeth and posterior to it.
 - d) A single but bilateral (crossing the midline)

2. Bilateral edentulous area present posterior to the remaining natural teeth remaining teeth can be classified as Kennedy's

- a) Class I
- b) Class II
- c) Class III
- d) Class IV

3. The Kennedy classification that is more suitable for an edentulous area located anterior to the remaining natural teeth.

- a) Class 1
- b) Class 2
- c) Class 3
- d) Class 4

4. A distal extension partial denture receive its support

- a) From terminal abutment
- b) Equally from abutment and the residual ridge
- c) Mostly from residual ridge
- d) Exclusively from residual ridge

5. The support for a removable partial denture is usually:

- a) Tooth support
- b) Mucosa support
- c) Occlusal rest support
- d) Tooth and mucosa support

6. The main advantage of RPD over FPD in replacing bilateral lost teeth is

- a) Cross arch stabilization
- b) Aesthetics
- c) Less expensive
- d) Comfort to the patient

7. Main cause of failure of partial denture result from

- a) Caries of the abutment
- b) Resorption of the ridge
- c) Interference with the function of the tongue
- d) Fracture of metal frame work

8. For obtaining functional impression for RPD:

- a) Teeth are recorded in anatomical form and ridge in functional form
- b) Teeth are recorded in functional form and ridge in anatomical form
- c) Teeth and ridge are recorded both in anatomical and functional form
- d) None of the above

9. 3 weeks after insertion of distal extension partial denture, the patient reports to the dental clinic with complaint of sensitivity to chewing pressure the most probable reason would be:

- a) Improper occlusion
- b) Abrasion of tooth by clasp
- c) Wearing off the cement base
- d) Passive retentive arm

10. According to the Kennedy's classification the posterior unilateral edentulous space is

- a) Class I situation
- b) Class II situation
- c) Class III situation
- d) None of the above

Ans Key: 1d) 2a) 3d) 4b) 5d) 6a) 7b) 8a) 9a) 10b)

MCQ CHAPTER 2 (MAJOR & MINOR CONNECTORS)

1. The most rigid palatal major connector is
 - a) A-P palatal bar
 - b) Palatal plate
 - c) Palatal bar
 - d) Horse shoe shaped palatal bar

2. Advantage of “U” shaped palatal strap is increased
 - a) Rigidity
 - b) Support
 - c) Stability
 - d) None of the above

3. Advantage of palatal strap:
 - a) Increased rigidity with less bulk
 - b) Increased retention of appliance
 - c) Can be used in Kennedy class I partial dentures
 - d) More economical and comfortable to patient

4. Tissue stops in impression tray aids in
 - a) Anterior posterior stabilization
 - b) Better Acrylic flow
 - c) Proper Retention
 - d) All of the above

5. The design for a maxillary cast RPD frame work with a double bar (anteriorly and posteriorly) type of major connector is indicated when:
 - a) Maximum palatal support is required
 - b) High vault type of palate
 - c) Acrylic plate for palate is to be used
 - d) Where a single palatal bar connector would flex

6. Function of major connector is that it:

- a) Connects parts of prosthesis on one side of arch with those on opposite side
- b) Distributes forces over entire supporting structure
- c) Resists flexing and torque
- d) All of the above

7. The advantage of metal base denture is:

- a) Increase in tissue tolerance
- b) Easy laboratory procedure
- c) Rebasing and relining are quite easy
- d) Increase in restorative cost

8. Lingual bar is used in conditions where:

- a) Lingual sulcus is deep
- b) Lingual sulcus is shallow
- c) When splinting of adjacent teeth is required
- d) When abutment teeth have poor bony support

9. Ideal denture base material should not have

- a) Sufficient strength
- b) Dense and non-irritating surface
- c) High specific gravity
- d) Esthetically acceptable

10. Major connector should be

- a) Able to act as indirect retainer
- b) Able to function as direct retainer
- c) Rigid to connect bilateral components
- d) Able to function as stress breakers

Ans Key: 1b) 2c) 3a) 4d) 5d) 6d) 7a) 8c) 9c) 10c)

MCQ CHAPTER 3(REST, DIRECT & INDIRECT RETAINERS)

1. Terminal end of retentive arm of extra corenal retainer is placed at
 - a) Gingival third
 - b) Occlusal third
 - c) Middle third
 - d) Junction of middle & Gingival third

2. The most important mechanical property involved when a base metal partial denture clasp is adjusted is:
 - a) Hardness
 - b) Elongation
 - c) Elastic limit
 - d) Tensile strength

3. Size of the bur for preparing lingual rest seat for an RPD is
 - a) 1/10th inch
 - b) 1/4th inch
 - c) 1/2 inch
 - d) 1 inch

4. The floor of the occlusal rest is:
 - a) Ledge shaped
 - b) Half pear shaped
 - c) Spoon shaped
 - d) Half moon shaped

5. In full tooth borne dentures occlusal rests transmits percentage of occlusal forces to teeth:
 - a) 50%
 - b) 70%
 - c) 80%
 - d) 100%

6. Indirect retainers of a partial denture:

- a) Engages undercut areas
- b) Most effective when close to direct retainers
- c) Must be constructed with flexible materials like plastics.
- d) Should resist rotatory forces about a fulcrum.

7. Intracoronal retainer placed in the abutment teeth has the following disadvantage

- a) It is unaesthetic
- b) They cannot provide support and stability
- c) Difficult laboratory procedures
- d) Difficult to repair and replace

8. The function of reciprocal clasp arm is:

- a) To balance the denture
- b) To act as a direct retainer
- c) To counteract the movement of denture which is caused during engagement of retentive arm
- d) none of the above

9. Which type of R.P.D definitely requires an indirect retainer

- a) Class I, IIR.P.D b) Class II, IV R.P.D
- c) Class I & IV R.P.D d) Class III & IV R.P.D

10. The clasps for partial dentures should be made of

- a) Gold
- b) Tridioplatinum
- c) Platinum
- d) Silver

Ans Key: 1c) 2d) 3d) 4a) 5b) 6a) 7b) 8a) 9a) 10d)

MCQ CHAPTER 4 (SURVEY & DESIGN)

1. Tripod marks are placed on the cast after surveying for which of the following reasons:
 - a) To record the undercut areas on the abutment teeth
 - b) To mount the cast on the articulator
 - c) To record the orientation of the cast to the articulator
 - d) To record the orientation of the cast to the surveyor

2. Approximately what gauge wax relief should be provided prior to duplication of master cast beneath frame work extension on to ridge areas for attachment of resin bases.
 - a) 22 gauge
 - b) 20 gauge
 - c) 10 gauge
 - d) 28 gauge

3. Which of the following rod is not used with the surveyor?
 - a) Incisal guide pin.
 - b) Analyzing rod.
 - c) Carbon marker.
 - d) Wax trimmer

4. Ideally the depth of undercut on the proposed abutment teeth at the most desired location is
 - a) 0.010 inch
 - b) 0.015 inch
 - c) 0.020inch
 - 4) 0.030inch

5. Main cause of RPD failure is:
 - a) Improper clasp design
 - b) Insufficient contact of teeth

- c) Insufficient contact of teeth and improper clasp design
- d) None of the above

6. Dental surveyor is used to

- a) Measure resiliency of tissues
- b) Indicate relative parallelism between two teeth
- c) To determine primary stress bearing area
- d) To determine depth of undercut

7. The method of making a record of orientation for a diagnostic cast on a surveyor is called

- a) Organization
- b) Tripoding
- c) Tilting
- d) Cervical convergence

8. The tilting of a cast during surveying in a RPD changes the

- a) Position of undercuts
- b) Path of insertion
- c) Amount of undercut
- d) All of the above

9. Mouth preparation for removable cast partial denture include

- a) Periodontal preparation only
- b) Oral surgical preparations only
- c) Abutment tooth preparations only
- d) All of the above

10. Guiding Planes are

- a) Parallel to the path of insertion
- b) Perpendicular to the path of insertion

c) Both the above

d) None of the above

Key Ans: 1a) 2b) 3a) 4b) 5b) 6 a) 7a) 8d) 9b) 10a)



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Department of Oral and Maxillofacial
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MCQs for Competitive
Examination Preparation
2022-23



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Department of Oral Pathology & Microbiology

MCQs 2022-23

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Development of teeth
MCQs 2022-23

1. Ectodermal cells in tooth bud is responsible for
 - a. Determination of shape of crown and root
 - b. Formation of periodontal ligament
 - c. Formation of cementum
 - d. Formation of pulp

2. Disturbance during the morphodifferentiation stage of tooth development will result in
 - a. Change in number of teeth
 - b. Ameloblastoma
 - c. Change in form and shape of the teeth/ peg teeth
 - d. Hypoplasia

3. Accessory canals result from
 - a. Defects in cementogenesis
 - b. Dividing epithelial bridges
 - c. Break in Hertwig's root sheath
 - d. Adherent epithelial roots

4. Blood supply of ameloblast for most of its life cycle comes from
 - a. Dental papilla
 - b. Reduced enamel organ
 - c. Dental sac
 - d. Dental pulp

5. Stellate reticulum is seen in
 - a. Dental lamina
 - b. Enamel organ
 - c. Hertwig's epithelial root sheath
 - d. All the above

TOPIC-TOOTH DEVELOPMENT

1. A
2. C
3. C
4. A
5. B

Enamel
MCQs 2022-23

1. Hunter schreger bands are
 - a. Dark and light bands of enamel seen in longitudinal ground section
 - b. Dark and light bands of enamel seen in horizontal ground section
 - c. Dark and light bands dentin seen in longitudinal section
 - d. Dark and light bands of dentin seen in horizontal section

2. Blunt cell processes seen on the developing ameloblasts are called as:
 - a. Tomes fibres
 - b. Tomes layer
 - c. Tomes processes
 - d. Odontoblastic processes

3. All are true about the striae of retzius except
 - a. Constitute the rest lines with in the enamel rods
 - b. Have high inorganic content
 - c. They are areas of increased porosity
 - d. Allow the movement of water and small ions

4. On microscopic examination enamel rods have:
 - a. Key hole appearance in cross section
 - b. Paddle appearance in cross section
 - c. Lamellated appearance in cross section
 - d. None of the above

5. Moth eaten appearance is seen in
 - a. Odontodysplasia
 - b. Amelogenesis imperfecta
 - c. Dentin dysplasia
 - d. Mottled enamel

ENAMEL

1. A
2. A
3. B
4. A
5. A

Dentin
MCQs 2022-23

1. Korffs fibres are seen in
 - a. Mantle dentin
 - b. Circumpulpal dentin
 - c. Predentin
 - d. Osteodentin

2. Tomes fibres are
 - a. With out but not with the dentin
 - b. Odontoblastic processes in dental tubules
 - c. Type of sharpeys fibres
 - d. Originate from tomes granular layer

3. Excess deposition of calcium in the dentinal tubules is referred to as
 - a. Sclerotic dentin
 - b. Mantle dentin
 - c. Interglobular dentin
 - d. Intertubular dentin

4. The average diameter of coronal dentinal tubules near the pulp is
 - a. 0.2-0.5 microns
 - b. 2-3 microns
 - c. 0.2-0.3 microns
 - d. 7 microns

5. The pain transmission through dentin is
 - a. Direct neural stimulation
 - b. Fluid or hydrodynamic theory
 - c. Transduction theory
 - d. All the above

TOPIC-DENTIN

1. A
2. B
3. A
4. B
5. B

Pulp
MCQs 2022-23

1. Odontoblasts are derived from
 - a. Undifferentiated mesenchymal cells
 - b. Histocytes
 - c. Macrophages
 - d. Lymphocytes

2. Weils zone of pulp is
 - a. Cell degenerated zone
 - b. Cell rich zone
 - c. Cell regenerated zone
 - d. Cell free zone

3. Pericytes are found
 - a. In thymus
 - b. Around capillaries of pulp
 - c. In gallbladder
 - d. Along with heparin on surface of mast cells

4. The total volumes of all permanent pulp organ
 - a. 0.38cc
 - b. 0.58cc
 - c. 0.02cc
 - d. 3.8cc

5. Aging process affects pulp by
 - a. Decreasing the size and shape of pulp tissue and cellular component
 - b. Increases cellular component at the expenses of fibre component
 - c. Increases vascularity of the pulp
 - d. Decreases the calcific component of the pulp

TOPIC-PULP

1. A
2. D
3. B
4. A
5. A

Cementum
MCQs 2022-23

1. Cellular cementum and compact bone contain
 - a. Sharpeys fibres and elastic fibres
 - b. Collagen fibres and blood vessels
 - c. Canaliculi and incremental lines
 - d. Lacunae and elastic fibres
2. If overgrowth of cementum does not improve the functional qualities it is termed as
 - a. Hyperplasia
 - b. Hypoplasia
 - c. Hypertrophy
 - d. Excementoses
3. At the CEJ cementum overlaps enamel about
 - a. 55-60%
 - b. 60-65%
 - c. 65-70%
 - d. 70-75%
4. Chronic periapical inflammation is associated with
 - a. Ankylosis
 - b. Resorption of cementum
 - c. Hypertrophy of cementum
 - d. Hyperplasia of cementum
5. Trauma or excessive occlusal forces causes
 - a. Hyperplasia of cementum
 - b. Hypertrophy of cementum
 - c. Resorption of cementum
 - d. None of the above

TOPIC - CEMENTUM

- 1.B.Collagen fibres and blood vessels
- 2.A.Hyperplasia
- 3.B.60-65%
- 4.A.Ankylosis
- 5.C.Resorption of cementum

Alveolar bone
MCQs 2022-23

- 1) Alveolar process helps in providing
 - a) Support and retention to complete denture
 - b) Boundaries for the tongue during speech
 - c) Attachment to muscles of facial expression
 - d) Support the natural teeth

- 2) Calcium content of lamina dura
 - a) More than other parts of alveolar bone
 - b) Less than other parts of alveolar bone
 - c) Same as in other parts of alveolar bone
 - d) Less than cementum

- 3) Reversal lines which may be seen on the cribriform plate (alveolar bone proper) of the alveolar process indicate the cessation of
 - a) Osteoblastic activity
 - b) Osteoclastic activity
 - c) Myeloid activity
 - d) Healing activity

- 4) Bone at forming stage has
 - a) Osteoclasts, osteoblasts, ostoid
 - b) Odontoblasts and megakaryocyte
 - c) Megakaryocytes, osteoblasts, osteoclasts
 - d) None

- 5) Cribriform plate is also known as
 - a) Lamina dura
 - b) Alveolar bone proper
 - c) Supporting alveolar bone
 - d) None of the above

Alveolar bone

1. D
2. A
3. B
4. A
5. D

Periodontal ligament
MCQs 2022-23

1. The periodontal ligament
 - a. Derives its blood supply primarily from the branches of vessels entering pulp
 - b. Has slow rate of turn over
 - c. Contains epithelial cells
 - d. Comprises primarily of type II collagen

2. Which of the following is not the principle fiber group of periodontal ligament
 - a. Horizontal
 - b. Oblique
 - c. Alveolar crest
 - d. Transseptal

3. Anchoring fibrils are composed of
 - a. Type V and VII collagen
 - b. Type I and III collagen
 - c. Type IV
 - d. Type IV and III collagen

4. Collagen molecule exhibits all the following features except
 - a. Exhibit cross striations at 64cm
 - b. Mostly contains glycine residues
 - c. Triple pleated sheath
 - d. Intracellular in nature

5. Remnants of Hertwig's epithelial root sheath are found in
 - a. Gingival
 - b. Alveolar bone
 - c. Cementum
 - d. Periodontal ligament

TOPIC-PERIODONTAL LIGAMENT

1. C
2. D
3. A
4. D
5. D

Salivary glands
MCQs 2022-23

The normal pH of saliva is about:

- a) 5.5
- b) 9.5
- c) 7.5
- d) 8.5

2) Of the total amount of saliva secreted by all the salivary glands, about 60% is secreted by :

- a) Parotid glands
- b) Submandibular glands
- c) Sublingual glands
- d) None of the above

3) The neutralization of saliva is due to

- a) Mucin
- b) Ammonia
- c) Amino acids
- d) Bicarbonates

4) The content of saliva includes all except :

- a) Amylase
- b) Urea
- c) Lysoenzyme
- d) Lipase

5) Saliva is secreted by:

- a) Major salivary gland
- b) Minor salivary gland
- c) Major & minor salivary gland
- d) Parotid gland

TOPIC-SALIVARY GLAND

1. C
2. B
3. D
4. D
5. D

Maxillary sinus
MCQs 2022-23

1. The audit maxillary sinus measures about
 - a) 33mm in height,23mm in width
 - b) 33mm in width, 23mm in height
 - c) 30mm in height, 8mm in width
 - d) 8mm in height, 30mm in width
2. Which of the following is true
 - a) Maxillary sinus communicates with environment through middle meatus and nasal vestibule
 - b) Maxillary sinus is four sided pyramid
 - c) In most of the cases, the main ostium is present in posterior third of hiatus semilunaris
 - d) All of the above
3. The type of epithelium lining maxillary sinus is
 - a) Simple columnar
 - b) Pseudo stratified columnar and ciliated
 - c) Stratified squamous
 - d) Simple squamous
4. The tooth present close to maxillary sinus is
 - a) 1st molar
 - b) 2nd premolar
 - c) 1st premolar
 - d) 2nd molar
5. Functional importance of maxillary sinus is :
 - a) Lightening of skull weight and production of bacteriocidal lysozyme to the nasal cavity
 - b) Protects the brain against exposure to cold air by arresting air in the sinus temporarily
 - c) Resonance of voice and enhancement of facio-cranial resistance to mechanical shock

d) All of the above

TOPIC- MAXILLARY SINUS

1. A
2. D
3. B
4. A
5. B

Temporomandibular joint
MCQs 2022-23

- 1) Role of meckel's cartilage in development of mandible :
- a) It has major role
 - b) It has a minor role
 - c) It does not have any role
 - d) None of the above
- 2) The condyle of mandible is composed of :
- a) Compact bone
 - b) Cancellous bone
 - c) Cancellous bone covered by a thin layer of compact bone
 - d) Compact bone covered by cancellous bone
- 3) Which of the following is correct
- a) Roof of mandible contains thin, compact bone
 - b) Articular tubercle is composed of spongy bone covered with thin compact bone
 - c) Condyle contains red bone marrow
 - d) All of the above
- 4) Normal interincisal distance is :
- a) 48mm
 - b) 38mm
 - c) 58mm
 - d) 28mm
- 5) The articular cartilage is characterized by all of the following except

- a) It is devoid of perichondrium
- b) It has a rich nerve supply
- c) It is avascular
- d) It lacks capacity to regenerate

Temporomandibular joint:

1. A
2. A
3. B
4. C
5. B

Developmental anomalies of teeth
MCQs 2022-23

1. Teeth that erupt in 30 days of birth are called
 - a) Natal teeth
 - b) Neonatal teeth
 - c) Primary teeth
 - d) Prenatal teeth

2. True generalized microdontia is characterized by
 - a) Small teeth with large jaws
 - b) Large teeth with small jaws
 - c) Small teeth than the normal
 - d) None

3. The most common supernumerary tooth form is
 - a) Tuberculated
 - b) Conical
 - c) Screw shaped
 - d) Incisor shaped

4. Most common missing in the permanent dentition is :
 - a) Maxillary canine
 - b) Maxillary first molar
 - c) Mandibular 2nd premolar
 - d) Mandibular first molar

5. False about anodontia:
 - a) May involve both the deciduous and the permanent dentition
 - b) In false anodontia tooth doesn't undergo full development
 - c) May involve a single tooth
 - d) In total anodontia all teeth are missing

6. All are true about supernumerary tooth except:
- a) May have resemblance to normal teeth
 - b) Distal molars doesn't resemble any other tooth
 - c) Mesiodens is the most common supernumerary tooth
 - d) More common in mandible
7. Microdontia is most commonly seen affecting :
- a) Maxillary lateral incisor
 - b) Mandibular Second premolar
 - c) Mandibular Central incisor
 - d) Mandibular First premolar
8. Anodontia affects the growth of :
- a) Maxilla
 - b) Mandible
 - c) Alveolar bone
 - d) Cranium
9. In children the most frequently missing permanent teeth are :
- a) First premolar
 - b) Second premolars
 - c) Maxillary lateral incisors
 - d) Mandibular lateral incisors
10. The 2nd common most supernumerary teeth is:
- a) Mesiodens
 - b) Distal to 3rd molar in maxilla
 - c) Distal to mandibular 3rd molar
 - d) Para molars

DEVELOPMENTAL DISTURBANCES OF NUMBER & ERUPTION

1. B
2. C
3. D
4. C
5. B
6. D
7. A
8. C
9. C
10. B

Basal cell carcinoma
MCQs 2022-23

1. Which of the following is the most common site for the occurrence of basal cell carcinoma:

- a) Buccal mucosa
- b) Hard palate
- c) Skin of the lower lip
- d) Dorsum of the tongue

2. Which of the following has been implicated due to sunlight:

- a) Basal cell carcinoma
- b) Lymphoepithelioma
- c) Junctional nevus
- d) Verruca vulgaris

3. Sunlight is one of the etiological causes of :

- a) Squamous cell carcinoma
- b) Malignant melanoma
- c) Basal cell carcinoma
- d) Port-wine stain

4. Rodent ulcer is another name of

- a) Verrucous carcinoma
- b) Basal cell carcinoma
- c) Squamous cell carcinoma
- d) Osteosarcoma

5. How common is basal cell carcinoma?

- a) It is rare
- b) It is the most common skin cancer
- c) It is second most common skin cancer

- d) It is moderately rare
6. Which is the most common type of basal cell carcinoma
- a) Infiltrative
 - b) Nodular
 - c) Superficial
 - d) Morpheaform
7. Regarding basal cell carcinoma of eyelid
- a) Infiltrative in nature
 - b) Is related to diabetes mellitus
 - c) Is radiosensitive
 - d) Is related to high rate of recurrence after excision
8. ALL of the following statements regarding BASAL CELL NERVUS syndrome are true except
- a) Associated tumour include medulloblastoma
 - b) It is autosomal recessive
 - c) Hypertelorism is a feature
 - d) all of the above
9. Basal cell carcinoma are epithelial tumors that arise from:
- a) Basal layer of epidermis
 - b) Squamous cell layer
 - c) Epithelial layer
 - d) None of the above
10. Treatment option for basal cell carcinoma include:
- a) Local destruction
 - b) Cryosurgery
 - c) Radiation and surgical interventions
 - d) All of the above

TOPIC-BASAL CELL CARCINOMA

1. C
2. A
3. C
4. B
5. B
6. B
7. C
8. B
9. A
10. B

Bacterial, Viral & Fungal Infections
MCQs 2022-23

1. Actinomycosis is a :
 - b) Bacterial infection
 - c) Fungal infection
 - d) Viral infection
 - e) Parasitic infection

2. Hard swelling at the angle of mandible with numerous draining sinuses is most likely:
 - a) Actinomycosis
 - b) Ludwig's angina
 - c) Mucormycosis
 - d) Cellulitis

3. The commonest opportunistic infection in AIDS cases in India:
 - a) Pneumocystis carinii
 - b) Cryptococcal meningitis
 - c) Toxoplasmosis
 - d) Tuberculosis

4. Steroids are indicated in all of the following condition except:
 - a) Oedema following extraction
 - b) Oral ulcers in AIDS patient
 - c) TMJ arthritis
 - d) Angioneurotic oedema

5. All of the following statement about thrush are true except
 - a) It is caused by gram-negative fungus
 - b) It is characterized by a plaque of proliferating epithelial and other cells
 - c) It is complication of immunosuppression or systemic disease
 - d) It can affect neonates in an epidemic fashion

6. Id reaction is associated with
 - a) Aphthous ulcer
 - b) Herpetic stomatitis
 - c) Syphilis
 - d) Candidiasis

7. Botryomycosis is a _____ disease.
 - a) Fungal
 - b) Bacterial
 - c) Viral

d) Parasitic

8. Acute necrotizing ulcerative gingivitis is on the rise globally in association with:

a) Tuberculosis

b) Hepatitis B

c) Both

d) None of the above

9. Identify the individual most likely to develop actinomyces:

a) Post lung transplant

b) Patient with lymphoma

c) Patient with glucocorticosteroids

d) Patient with seizure disorder

10. Drug used to treat oral thrush

a) Clobetasol

b) Co-trimazole

c) Miconazole

d) Penicillin

TOPIC-BACTERIAL,VIRAL,FUNGAL

1. B
2. B
3. D
4. B
5. D
6. D
7. B
8. D
9. D
10. B

Dental caries
MCQs 2022-23

1. Linear enamel caries lesions in deciduous teeth predominate in following teeth
 - a. Maxillary anterior
 - b. Maxillary posterior
 - c. Mandibular posterior
 - d. Mandibular anterior

2. Smooth surface caries is characterized by spread of caries in enamel and dentin as cones. These alignments in enamel and dentin is
 - a. Base to base
 - b. Apex to base
 - c. Apex to apex
 - d. None of the above

3. Which tooth in the permanent dentition is the most susceptible to dental caries
 - a. Maxillary 1st premolar
 - b. Maxillary 2nd molar
 - c. Mandibular 1st molar
 - d. Mandibular 2nd molar

4. Initiation of dental caries depends on
 - a. Formation of large amount of acid
 - b. Availability of carbohydrate food
 - c. Viscosity of saliva
 - d. Localization of acid over tooth surface

5. Caries, all are true except
 - a. Lactobacillus is main causative organism in plaque
 - b. Smooth surface caries occur due to streptococcus mutans
 - c. Pit and fissure caries can be prevented by using pit and tissue sealants
 - d. Fluorides help in reducing caries incidence

6. The lateral spread of dental caries is facilitated mostly by the:
 - a. Enamel spindles
 - b. Dentinoenamel junction
 - c. Enamel lamellae striae of Retzius

7. The probable reasons for a high incidence of dental caries in the teenage population relates mostly directly to:
 - a. Rapid growth
 - b. Frequency of sucrose intake
 - c. Negligence in visiting the dentist

- d. Carelessness in oral hygiene habits
8. Cavity formation in a tooth due to dental caries is due to
- a. Destructive potential of streptococcus mutans
 - b. Destructive potential of lactobacillus acidophilus
 - c. Lateral spread of caries along DE junction and weakening of the outer covering enamel
 - d. Mastectomy force and unrelated to the extent of carious process
9. In the earliest stages of carious lesion there is loss of
- a. Enamel cuticle
 - b. Interprismatic substance
 - c. Organic matrix
 - d. Enamel lamellae
10. Turbid dentine in carious tooth is all except:
- a. Zone of bacterial invasion
 - b. Zone which can not be remineralized
 - c. Zone in which collagen is irreversibly denatured
 - d. Zone that need not be removed before restoration

TOPIC-CLINICAL ASPECT OF DENTAL CARIES

1. A
2. B
3. C
4. B
5. A
6. B
7. B
8. A
9. D
10. D

Diseases of pulp & periapical tissues
MCQs 2022-23

1. A 30 yr old patient with radiographic appearance of endosteal bone formation, sclerosed bone is likely to be suffered from?
 - a) Garre's osteomyelitis
 - b) Chronic focal sclerosing osteomyelitis
 - c) Acute osteomyelitis
 - d) Chronic osteomyelitis

2. Garre's chronic non suppurative sclerosing osteomyelitis is characterized clinically by :
 - a) Endosteal bone formation
 - b) Periosteal bone formation
 - c) Resorption of medullary bone
 - d) Resorption of cortical bone

3. The earliest radiographic sign of osteomyelitis is :
 - a) Solitary or multiple small radiolucent areas
 - b) Increased granular radio-opacity
 - c) Blurring of trabecular outlines
 - d) Formation of sequestrum appearing as radiopaque patches

4. Osteomyelitis begins as a inflammation of :
 - a) Cortical bone
 - b) Periosteum
 - c) Medullary bone
 - d) Periosteum and inner cortex

5. Focal sclerosing osteomyelitis is :
 - a) Due to excessive periosteal bone formation
 - b) An extremely painful condition
 - c) Due to low grade chronic infection
 - d) A common sequel following sequestrectomy

6. Acute osteomyelitis is most frequently caused by which of the following microorganism:
 - a) Gonococcus
 - b) Enterococcus
 - c) Streptococcus
 - d) Staphylococcus

7. An asymptomatic tooth has deep caries on occlusal surface. Radiograph shows radiopaque mass at the apex of the tooth ,this mass is most likely to be :

- a) Cementoma
 - b) Condensing osteitis
 - c) Chronic apical periodontitis
 - d) Acute apical periodontitis
8. Which of the following is more prone to osteomyelitis:
- a) Maxilla
 - b) Zygoma
 - c) Palatine bone
 - d) Mandible
9. The chronic osteomyelitis of jaw consist of :
- a) Condensing osteitis
 - b) Sclerotic cemental mass
 - c) Chronic diffuse sclerosing osteomyelitis
 - d) All of the above
10. What is the most frequent cause of acute osteomyelitis of jaw?
- a) Dental infection
 - b) Trauma
 - c) Paget disease
 - d) Malnutrition

Diseases of pulp and periapical tissues

1. B
2. B
3. C
4. C
5. C
6. D
7. B
8. D
9. D
10. A

Diseases of skin
MCQs 2022-23

1. Erythema multiformae is:
 - a) An acute self limiting disease of skin and oral mucous membrane
 - b) Painless vesicular self limiting disease
 - c) A viral disease
 - d) Bacterial infection

2. Target lesion are observed in case of :
 - a) Erythema multiformae
 - b) Lichen planus
 - c) Pemphigus vulgaris
 - d) Psoriasis

3. Which of the following is an oral manifestation of lichen planus?
 - a) Dentinogenesis imperfecta
 - b) Fordyce's spots
 - c) White, chalky enamel surface
 - d) White radiating lines on the buccal mucosa

4. In lichen planus the basal cells which are shrunken with an eosinophilic cytoplasm and with a pyknotic and fragmented nuclei are called :
 - a) Tzank cells
 - b) Civatte bodies
 - c) Donovan bodies
 - d) Rushton bodies

5. Nikolsky's sign is positive in
 - a) Bullous pemphigoid
 - b) Epidermolysis bullosa
 - c) Herpes simplex
 - d) Erythema multiforme

6. A fluid filled elevated lesion of skin is called:
 - a) Bulla
 - b) Macule
 - c) Papule
 - d) Nodule

7. MONRO's abscess are seen in :
 - a) Pemphigus

- b) Lichen planus
 - c) Leukoplakia
 - d) Psoriasis
8. Oral lesions are not seen in :
- a) Psoriasis
 - b) Pemphigoid
 - c) Stevens-Johnsons syndrome
 - d) Candidiasis
9. Scleroderma involves:
- a) Tightening of oral mucosa and periodontal involvement
 - b) Multiple palmer keratosis
 - c) Raynaud's phenomenon
 - d) All of the above
10. Oral diagnostic features of scleroderma include all of the following, EXCEPT :
- a) A hard and rigid tongue
 - b) Widening of the oral aperture
 - c) Pseudo ankylosis of the T.M joint
 - d) Difficulty in swallowing

TOPIC-DISEASES OF SKIN

1. A
2. A
3. D
4. B
5. A
6. A
7. D
8. A
9. D
10. B

Diseases of bones & joints
MCQs 2022-23

- 1) Which of the following are characteristic feature of cherubism:
 - a) Premature exfoliation of primary teeth
 - b) Hypoplastic defects
 - c) Progressive painless symmetric swelling of cheek bones
 - d) A+C

- 2) Noonan's syndrome is associated with
 - a) Macrogathia
 - b) Osteopetrosis
 - c) Cleidocranial dysplasia
 - d) Cherubism

- 3) Clavicle is absent in :
 - a) Osteogenesis imperfecta
 - b) Cleidocranial dysostosis
 - c) Fibrous dysplasia
 - d) Osteopetrosis

- 4) Delayed eruption of teeth occur in :
 - a) Craniofacial dysostosis
 - b) Hyperthyroidism
 - c) Cleidocranial dysostosis
 - d) Osteitis deformans

- 5) Osteogenesis imperfecta:
 - a) It is a sex-linked disorder of bones that develop in cartilage
 - b) Manifests with blue sclera which are pathognomonic of this disease
 - c) May be associated with deafness
 - d) Has association with amlogenesis imperfecta

6) Which of the following are triad of sign and symptoms of osteogenesis imperfecta

- a) Blue sclera, sparse hair, anhydrosis
- b) Enlarges hand, feet, maxilla, mandible
- c) Blue sclera, brittle bone, opalescent dentin
- d) Blue sclera, arachnodactyly, brittle bones

7) Orange peel and ground glass radiographic appearance is observed in case of :

- a) Paget's disease
- b) Ewing's sarcoma
- c) Osteosarcoma
- d) Fibrous dysplasia

8) A relatively young person complaining of a solitary painless, fusiform enlargement of the maxilla, which is firm and smooth and with normal overlying mucosa, has a radiopaque, ground glass appearance. The possible diagnosis is :

- a) Fibrous dysplasia
- b) Central giant cell granuloma
- c) Paget's disease
- d) Hyperparathyroidism

9) Serum alkaline phosphatase levels are increased in

- a) Osteoarthritis
- b) Dentinogenesis imperfect
- c) Paget's disease
- d) Rheumatoid arthritis

10) Which of the following has the potential of undergoing spontaneous malignant transformation:

- a) Osteomalacia
- b) Albright's syndrome
- c) Paget's disease
- d) Osteogenesis imperfecta

Diseases of bones & joints

1. C
2. D
3. B
4. C
5. A
6. A
7. D
8. A
9. C
10. C

Miscellaneous
MCQs 2022-23

1. Which of the following structure are associated with bell's palsy?
 - a) Sub mandibular gland
 - b) Seventh carnial nerve
 - c) Temporomandibular joint
 - d) Glosso pharyngeal nerve
2. Facial pain due to elongated styloid process is called
 - a) Cowden's syndrome
 - b) Tic douloureux
 - c) Eagle's syndrome
 - d) Reiter's syndrome
3. Biopsy of a clinically suspicious lesion is negative. The most appropriate treatment is
 - a. Tell the patient no malignancy
 - b. Repeat the biopsy
 - c. Observe the patient for twelve months
 - d. Observe the patient for three months
4. Minimum tumor burden needed to be detected by PET scan
 - a. 2-5cm
 - b. 20-25cm
 - c. 15-20cm
 - d. 5-10cm
5. Dry socket/alveolitis sicca is essentially a:
 - a) Acute osteomyelitis
 - b) Chronic osteomyelitis
 - c) Garre's osteomyelitis
 - d) Focal osteomyelitis
6. Which of the following sign /symptoms in not encountered in dry socket?
 - a) Extraction of mobile maxillary incisor
 - b) Extraction of firm mandibular incisor
 - c) Extraction of impacted mandibular 3rd molar
 - d) Extraction of firm maxillary canines

7. Forensic identification utilizes
 - a. Lip prints
 - b. Lip schutz bodies
 - c. Lip pits
 - d. Lip reading

8. The study of tooth prints is also called as
 - a. Dermatohlyphics
 - b. Ameloglyphics
 - c. Dentinoglyphics
 - d. Cementoglyphics

9. A mucocele is not a true cyst because
 - a) It is lined by epithelium
 - b) Its lumen is filled with pus
 - c) It occurs as a result of trauma
 - d) It is not lined by epithelium

10. The most common location for occurrence of mucocele is :
 - a) Upper lip
 - b) Floor of the mouth
 - c) Lower lip
 - d) Palate

Miscellaneous

1. B
2. C
3. B
4. D
5. D
6. A
7. A
8. B
9. D
10. C



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Department of Public Health Dentistry

CHAPTERWISE MCQ'S FOR COMPETITIVE EXAMINATION PREPARATION

INDEX

- 1. Determinants of Health**
- 2. Experimental Epidemiology**
- 3. Measurement in Epidemiology**
- 4. Epidemiology of Periodontal Disease**
- 5. Epidemiology of Oral Cancer**
- 6. Planning and Evaluation**
- 7. Biomedical Waste Management**
- 8. Finance in Dentistry**
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- 11. Biostatistics- Data**
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- 19. Topical Flourides**
- 20. Flourides**
- 21. Systemic Flourides**
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Department of Public Health Dentistry

INTERN MCQ'S : DETERMINANTS OF HEALTH

Q1: The concept of "positive health" does not include which component:

- (a) Biological (b) Psychological (c) Social (d) Physical

Q2: The way people live is termed:

- (a) Culture (b) Lifestyle (c) Behaviour (d) Attitude

Q3: Political system of a country contributes to which determinant of health:

- (a) Socio-economic (b) Environmental (c) Biological (d) Behavioural

Q4: Which state has the highest female literacy rate?

- (a) Karnataka (b) Kerala (c) Tamil Nadu (d) Maharashtra

Q5: Which of the following options is correct for the following statement Health is a state of complete_

- (a) Physical (b) Mental (c) Social well being (d) All of the options

Q6: Which of the following is a determinant of health?

- (a) Environmental factors (b) Weight (c) Behaviour (d) Where you live

Q7: Socioeconomics does Not include

- (a) Education (b) Income (c) Social intelligence (d) Employment

Q8: What is the full form of GNP?

- (a) General Education Performance (b) General Economic Performance (c) General Employment Performance (d) General Economic Percentage

Q9: A baby has control over their health

- (a) True (b) False

Q10: Who revived the concept of disease-environment association?

- (a) Pettenkoffer (b) Einstein (c) Darwin (d) Franklin

Answers: 1(d) 2(b) 3(a) 4(b) 5(d) 6(b) 7(c) 8(b) 9(b) 10(a)

EXPERIMENTAL EPIDEMIOLOGY

1. In which method of research the independent variable is manipulated to observe and measure its effect on dependent variable?

- a. ex-post facto method
- b. Experimental method
- c. Case study method
- d. Historical method

2. Experimental research can be

- a. Easily generalized
- b. Easily analyzed
- c. Easily planned
- d. Precisely controlled

3. Experimental researches are aimed to

- a. Establish association between variables
- b. describes variables
- c. study the application theory
- d. study trend analysis

4. Through which of the following method of research 'cause and effect relationship' is focused?

- a. Historical method
- b. Experimental method
- c. Analytical method
- d. Case study method

5. The research method which focuses on establishing causal relationship with controls among variables – Independent, moderate and dependent is called

- a. Analytical method
- b. Survey method
- c. Case study method
- d. Experimental method

6. The main purpose of epidemiology is

- a. Identification of disease process
- b. Occurrence and distribution of disease in population
- c. Identification of predisposing factors of disease
- d. none of the above

7. The mode of transport of an infectious agent through the environment to a susceptible host is called as

- a. Carrier
- b. Reservoir
- c. Vector
- d. Vehicle

8. The purpose of double blinding in clinical trials is

- a. For comparability
- b. Eliminate observer bias
- c. Eliminate subjective variations
- d. Eliminate both observer bias and subjective variation

9. Animal studies are done to

- a. Experimentally reproduce human disease in animals to confirm etiological hypothesis
- b. Study the pathogenic phenomena and complete the natural history of disease
- c. Test the efficacy of preventive or therapeutic measures
- d. All of the above

10. To study a rare disease, best approach is

- a. Case control study
- b. Cross sectional study
- c. Cohort study
- d. Clinical trials

ANSWERS □ 1. b □ 2. d □ 3. a □ 4. b □ 5. d □ 6. b □ 7. d □ 8. d □ 9. d □ 10. a

MEASUREMENT IN EPIDEMIOLOGY

Q1. Incidence rate is given by the following formula: *Number of new cases of a specific disease during a given time period* \times *The population at risk* \times

- a) 10
- b) 100
- c) 1000
- d) 10000

Q2. If incidence=10 cases/1000 population/year and mean duration of disease=5 years, then prevalence is:

- a) 0
- b) 50
- c) 1/10
- d) 1/250

Q3. Morbidity means:

- a) State of ill health as a result of disease.
- b) An absence of physical or mental well being as a result of disease.
- c) A deviation from a state of physical and mental well being or health as a result of disease.
- d) None of the above.

Q4. Incidence is defined as:

- a) Awareness of disease during any period of time.
- b) Awareness of disease in a population.
- c) Awareness of disease during specific period of time in a population.
- d) Occurrence of new disease cases in a population during a specific period of time.

Q5. Prevalence is defined as:

- a) Number of cases of a disease in a population at anytime.
- b) Total number of cases of a disease in a population at anytime.
- c) Total number of cases of a disease in a population at a certain period of time.
- d) Number of cases of a disease in a population at a certain period of time.

Q6. Incidence of case indicates which of the following?

- a) Old cases.
- b) New cases.
- c) Old cases followed up.
- d) Old and new cases.

Q7. Prevalence refers to which of the following?

- a) Cumulative effects of a disease.

- b) Number of new cases detected.
- c) Rate of disease transmission.
- d) Proportion of population affected by a disease.

Q8. Of a specific disease the number of new cases occurring in a defined population during a specified period of time is known as:

- a) Incidence.
- b) Point prevalence.
- c) Distribution.
- d) Prevalence.

Q9. What is a proportion that uses a standard denominator and includes a time interval(1000,10000,100000 per year)?

- a) Rates.
- b) Counts.
- c) Proportions.
- d) Index.

Q10. Mortality is a proportion of people who live from a disease to the population of a geographic area for a Q10. Mortality is a proportion of people who live from a disease to the population of a geographic area for a period of time.

- a) True
- b) False

ANSWER: C,B,C,D,C,D,B,D,A,B

EPIDEMIOLOGY OF PERIODONTAL DISEASES

1. In CPITN:

- a. The dentition is divided into five segments.
- b. Pocketing of 4-5 mm, that is, when the gingival margin is on the clear area is code no. 3.
- c. Pocketing of 6mm or more, that is when the gingival margin is on the black area of the probe is code no. 4. d. For appropriate treatment plan code 2 requires improvement in home care.
- e. For appropriate treatment plan code 3 require supra and subgingival scaling and improvement in home care. Key: e

02. Root planning is:

- a. Removal of material Alba and stains from root surface.
- b. Removal of soft tissue wall of the periodontal pocket.
- c. Removal of calculus & plaque from root surface.
- d. Removal of food debris from tooth surface.
- e. Removal of diseased cementum along with other root deposits.

Key: e

3. Furcation involvement is measured by:

- a. WHO probe.
- b. CPITN probe.
- c. Naber's probe.
- d. Michigan "O" probe.
- e. Periodontal explorer Key: c

4. The bacteria detected in localized aggressive periodontitis are:

- a. *Borrelia vincenti*, medium size spirochetes.
- b. *Fusiformis*, *Tanarella forsythus*.
- c. *Actinobacillus actinomycetemcomitans*, *capnocytophaga Spp.*, *Eikenella corrodens*, *campylobacter rectus*, *prevotella intermedia*.
- d. *Mycoplasma*, *capnocytophaga sputigena*, *spirocheles*.
- e. *Treponema denticola*, *fusobacterium nucleatum*, *C. rectus* Key: c

5. *Actinobacillus Actinomycetem comitans*. Acute periodontal abscess is treated by:

- a. Gingivoplasty. b. Gingivectomy. c. Periodontal flap procedure. d. Antibiotics. e. Drainage through the gingival sulcus or by an external incision. Key: e

6. Tumour metastasing to gingiva is/are:

- a. Papilloma. b. Central giant cell carcinoma of the jaw. c. Fibroma. d. Lipoma. e. Adenocarcinoma of colon, renal cell carcinoma, hypernephroma Key: e

7.False gingival enlargement is caused by:

- a. Underlying drug induced gingival enlargement.
- b. Underlying inflammation of periodontal ligament.
- c. Underlying dental and osseous structures.
- d. By epulis.
- e. Sarcoidosis. Key: c

8.Necrotising ulcerative periodontitis:

- a. Is associated with deep periodontal pockets.
- b. Is associated with a crater like depression at the tip of interdental papilla and vesicle formation.
- c. Is associated with a crater like interdental bony depression.
- d. Is not responsive to any therapy.
- e. Leads to gingival recession because of faulty tooth brush Key. C

9.Subclinical gingivitis is:

- a. Characterized by vascular proliferation.
- b. Characterized by predominantly lymphocytes microscopically.
- c. Characterized by predominantly plasma cells microscopically.
- d. Characterized by erythema, bleeding on probing.
- e. Characterized by increased crevicular fluid flow and infiltration of sulcular and junctional epithelium by polymorphonuclear leukocytes. Key: e

10.The amount of gingival crevicular fluid is:

- a. Decreased when inflammation is present.
- b. Increase by trauma from occlusion.
- c. Decreased by mastication of coarse foods and smoking.
- d. Decreased by ovulation and hormonal contraceptives.
- e. Increased by tooth brushing and gingival massage. Key:

ANSWER KEY

- 1. e
- 2. e
- 3. c
- 4. c
- 5. e
- 6. e
- 7. c
- 8. c
- 9. e
- 10. e

EPIDEMIOLOGY OF ORAL-CANCER

- 1) Who Is At Risk Of Developing Oral Cancer
 - A.Cooks
 - B.Mid Aged Peoples
 - C. Computer Professionals
 - D.Peoples With Hpv Virus

- 2) Which Of The Following Is Not A Symptom Of Oral-Cancer
 - A.White And Red Patches
 - B.Weight Loss
 - C.Bleeding Gums
 - D. Pain In Abdomen

- 3) The High Risk Sites For Oral Cancer In Men Who Smoke Cigarettes And Drink Heavily Are:
 - A. The Soft Palate Complex
 - B. The Lateral Tongue / Posterior floor Of Mouth
 - C. The Anterior Floor Of The Mouth
 - D. All Of The Above

- 4) Oral Cancers In Men Who Smoke Cigarettes And Drink Heavily Are More Likely To Occur:
 - A. On The Attached Gingiva
 - B. On The Hard Palate
 - C. On The Dorsum Of The Tongue
 - D. On The Lateral Tongue And Floor Of The Mouth

- 5) Which Of The Following May Be Obstacles To Early Detection Of Oral Cancer:
 - A. "Warning Signs" Are Actually Manifestations Of More Advanced Disease
 - B. Early Oral Cancer Is Generally Asymptomatic And May Be Difficult To See
 - C. The Oral Cancer Exam May Not Be Done By Enough Clinicians On Their Patients At Risk
 - D. All Of The Above

6) Behaviors That Have Been Shown To Increase The Risk Of Developing Oral Squamous Cell Carcinoma Include:

- A. Cigarette Smoking
- B. Heavy Alcohol Consumption
- C. Cheek Biting
- D. A And B Only

7) Requirements For A Thorough Oral Cancer Examination Include:

- A. A Dental Mirror
- B. A Good Light Source
- C. A Gauze Square
- D. All Of The Above

8) Which Of The Following Are The High Risk Sites For H-Associated Oral Cancer?

- A. Anterior Floor Of Mouth
- B. Gingival And Buccal Mucosa
- C. Posterior Tongue And Tonsil
- D. All Of The Above

9) For Cancers Of Maxillary Sinus Which Is The Preferred Curative Modality :

- A. Surgery
- B. Radiation
- C. Robotic Surgery
- D. None Of The Above

10) Which Of The Following Head And Neck Region Cancer Has The Highest Risk Of Lymph Node Metastasis:

- A. Salivary Gland Tumors
- B. Sarcomas
- C. Squamous Cell Carcinoma
- D. All Have Similar Risk

ANSWERS

1.d 2.d 3.d 4.d 5.d 6.d 7.d 8.d 9.A 10.C

PLANNING AND EVALUATION

1. Designing a course of action for a circumscribed health problem is:

- a) Problem solving planning
- b) Program planning
- c) Coordination of efforts and activities planning
- d) Planning for allocation of resources

2. Closing of obstetric and pediatric wards in hospitals located in areas with a declining birth rate is an example for:

- a) Program planning
- b) Problem solving planning
- c) Coordination of efforts and activities planning
- d) Planning for allocation of resources

3. Conducting a needs assessment does not entail:

- a) Defining the problem
- b) Obtaining community profile
- c) Program acceptance
- d) Evaluating effectiveness of the program

4. The planned end point of all activities is:

- a) Goal b) Objective c) Resources d) Health needs

5. The method of imposing people's values and judgements of what is important onto the raw data:

- a) Priority determination
- b) Problem identification
- c) Situation analysis
- d) Needs assessment

6. Conducting a needs assessment helps to evaluate:

- a) Effectiveness of program
- b) Efficacy of program
- c) Adequacy of program
- d) Appropriateness of program

7. What are considered to be roadblocks in achieving a certain goal or objective?

- a) Priority b) Needs c) Constraints d) Resources

8. The process of putting the plan into operation is referred to:

- a) Implementation phase b) Evaluation phase c) Strategy selection d) Formulation of

objectives

9. The measure of dental program being acceptable to both consumer and provider is:

a) Effectiveness b) Efficacy c) Appropriateness d) Adequacy

10. Effectiveness evaluation determines:

a) Did program benefit exceed the cost incurred?

b) Did the program meet its stated objectives?

c) Do program activities clearly conform to the original plan?

d) Is the program appropriate to the defined problem?

ANSWERS. 1. (b) 2. (c) 3. (c) 4. (b) 5. (a) 6. (a) 7. (c) 8. (a) 9. (c) 10. (b)

“Biomedical Waste Management”

Multiple Choice Questions & Answers (MCQs)

1. Which of the following area has the lowest chance of producing a biomedical waste?
 - a) Hospitals
 - b) Clinics
 - c) Laboratories
 - d) Agricultural lands

2. Which of the following is not a Biomedical waste?
 - a) Animal waste
 - b) Microbiological waste
 - c) Chemical waste
 - d) Domestic waste

3. In the fourth week of June 2015, where was the agreement on waste management between two entrepreneurs and several civic bodies?
 - a) Gujarat
 - b) Maharashtra
 - c) Kerala
 - d) Assam

4. Which of the following is categorized as an incineration waste?
 - a) Incineration ash
 - b) Animal waste
 - c) Solid waste
 - d) Cytotoxic drugs

5. Which of the following should not be mixed with other wastes to avoid contamination?
 - a) Tarry residue
 - b) Oily sludge
 - c) Animal waste
 - d) Vegetable oil

6. Which of the following is not a waste treatment method for biomedical wastes?
 - a) Incineration
 - b) Chemical disinfecting
 - c) Autoclaving
 - d) Sieving

7. Which of the following requires special treatment of bacteria?

- a) Packaging of waste
- b) Labelling of waste
- c) Transport of waste
- d) Degradation of waste

8. Which of the following can be used to produce marketable compost from dry solid wastes?

- a) Aerobic composting
- b) Vermicomposting
- c) Anaerobic digestion
- d) Anaerobic composting

9. Which of the following can be used to treat wastes with simple organic matter with high water content?

- a) Vermicomposting
- b) Aerobic composting
- c) Incineration
- d) Anaerobic digestion

10. India's first e-waste clinic was inaugurated in

- a) West Bengal
- b) Andhra Pradesh
- c) Tamil Nadu
- d) Madhya Pradesh

ANSWER KEY

1.D

2.D

3.D

4.A

5.C

6.D

7.D

8.A

9.D

10.D

Topic- Water Purification

Multiple choice questions

Q1. Optimum period of storage of Raw water is

A) 1 week B) 5 weeks C) 2 weeks D) 4 weeks

Q2. Full form of BOD is

A) Biochemical oxygen demand B) biological oxygen demand C) biochemical oxygen depletion D) none of the above

Q3. Elements of slow sand filter is/ are:

A) Supernatant water B) A bed of graded sand C) An underdrainage system D) All of the above

Q4. Disinfection action of chlorine is due to:

A) Hydrogen chloride B) Hypochlorous acid C) Hypochlorite ions D) Hydrogen ions

Q5. Slow sand filter is also known as

A) Mechanical filter B) Biological filter C) biochemical filter D) none of the above

Q6. For a chemical to be used as disinfectant should potentially be

A) capable of killing pathogenic bacteria B) should not be toxic C) should not leave residuals of reaction D) all of the above

Q7. Step involved in rapid sand filtration is

A) flocculation B) rapid mixing C) sedimentation D) all of the above

Q8. Methods of chlorination are:

A) chlorine gas B) nitric acid C) perchloron D) both a & c

Q9. Schmutzdecke refers to A) suspended matter in drinking water B) Algae in drinking water C) Alum flocculate on surface of sand D) Algae, planktons, diatoms, bacteria on surface of sand filter

Q 10. Orthotoluidine test is done for

A) dissolved oxygen B) residual chlorine C) fluorine D) iodine

TOPIC- FINANCE IN DENTISTRY

1. Private 3rd party pre-payment plans includes-
 - a) Commercial insurance companies
 - b) Delta dental plans
 - c) Both a & b
 - d) Only a
2. Which is the most efficient way of providing dental care?
 - a) Post payment plans
 - b) Public programs
 - c) Private fee for service
 - d) All of the above
3. Which of the following system is not use in India?
 - a) Private fee for service
 - b) Post payment plan/ Budget plans
 - c) Public programs
 - d) Private 3rd party pre-payment plans
4. What are the major forms of 3rd party reimbursement currently in use ?
 - a) USR
 - b) Table of allowances
 - c) Fee schedules
 - d) All of the above
5. What is the preferred method for reimbursement for dentist in pre-payment plans?
 - a) USR
 - b) Table of allowances
 - c) Fee schedules
 - d) All of the above
6. What are the advantages of Commercial insurance companies?
 - a) Payment is quicker
 - b) Hassle free

- c) No free audits
 - d) All of the above
7. What is the full form of NADSP?
- a) National Association Of Delta Service Plans
 - b) National Association Of Delta Service Programs
 - c) National Association Of Dental Service Plans
 - d) National Association Of Dental Service Programs
8. Public financing of dental care includes-
- a) Medicare
 - b) Medicaid
 - c) National Health Insurance (NHI)
 - d) All of the above
9. Which of the following are fee/ discounted health services schemes?
- a) ESIS
 - b) CGHS
 - c) Only b
 - d) Both a & b

ANSWER KEY

- 1. c
- 2. c
- 3. b
- 4. d
- 5. a
- 6. c
- 7. c
- 8. d
- 9. d

CONSUMER PROTECTION ACT

Q1. WHEN WAS THE CONSUMER PROTECTION ACT ESTABLISHED?

- a) 1982 b) 1986 c) 1977 d) 1988

Q2. HOW MANY CONSUMER RIGHTS WERE ENSHRINED IN CONSUMER PROTECTION ACT?

- a) 6 b) 7 c) 8 d) 5

Q3. WHICH OF THE FOLLOWING IS ELIGIBLE TO BE A COMPLAINANT?

- a) CONSUMER
b) CENTRAL GOVERNMENT OR ANY STATE GOVERNMENT
c) ANY REGISTERED VOLUNTARY CONSUMER ASSOCIATION
d) ALL OF THE ABOVE

Q4. HOW MANY TIER SYSTEM IS CPA OF?

- a) 3 b) 5 c) 2 d) 4

Q5. WHEN WAS THE MEDICAL PROFESSION BROUGHT UNDER THE CPA?

- a) 1991 b) 1997 c) 1947 d) 1993

Q6. WHICH OF THE FOLLOWUNG RIGHTS WAS NOT INCLUDED IN CONSUMER PROTECTION ACT?

- a) HEALTHY ENVIRONMENT b) REDRESS c) SAFETY d) CHOOSE

Q7. WHERE CAN A COMPLAINANT FILE A COMPLAINT?

- a) CONSUMER FORUM
b) LOCAL POLICE STATION
c) MEDICAL SUPERINTENDANT OF CONCERNED HOSPITAL

d) ALL OF THE ABOVE

Q8. HOW LONG IS THE LIMITATION PERIOD?

a) WITHIN 1 YEAR b) WITHIN 6-10 MONTHS c) WITHIN 2 YEARS d) NONE OF THE ABOVE

Q9. WHERE IS THE COMPLAINT FILED IF THE VALUE OF COMPENSATION EXCEED MORE THAN RS. 1 CRORE?

a) DISTRICT FORUM b) NATIONAL COMMISSION c) STATE COMMISSION
d) NONE OF THE ABOVE

Q10. WHAT ARE THE DUTIES OF THE DOCTOR?

a) DUTIES TO PATIENT
b) DUTIES TOWARDS LAW ENFORCERS
c) DUTIES NOT TO VIOLATE PROFESSIONAL ETHICS
d) ALL OF THE ABOVE

ANSWERS 1. b 2. a 3. d 4. a 5. d 6. a 7. d 8. c 9. b 10.d

CARIES ACTIVITY TEST

1. Caries vaccine works by all the following except

- a) Monoclonal antibodies are formed which attach to the tooth surface by adhering to the salivary pellicle
- b) Strep. mutans binds to the antibodies
- c) New flora is established
- d) Strep. fecalis takes the place occupied by Strep. mutans.

2. The foolproof method to check the diet counseling is

- a) Lactobacillus test
- b) Snyder test
- c) Vinegar test
- d) None of the above

3. The valuable test for evaluating caries activity in very young children is

- a) Lactobacillus colony count test
- b) Swab test
- c) Alban test
- d) Calorimetric snyder test

4. Caries activity is increased in

- a) Xerostomia
- b) Sugar diet
- c) Taking much carbohydrate food
- d) None

5. The dye used in the "Reductase enzyme" (caries activity $c > 10,000$ test) is

- a) Diazoeresorcinol
- b) Bromocresol green
- c) 1% acid red in propylene glycol
- d) Methyl blue

6. Snyder's test tell us the:

- a) Exact nature of microorganisms
- b) Combined acidogenic nature of microorganisms
- c) Enamel dissolving capacity of saliva
- d) All of the above

7. In Snyder's Test, the saliva is said to be highly cariogenic if colour change is observed at (hrs)

- a) 24
- b) 48
- c) 72
- d) 96

8. Vaccine for caries is based on which immunoglobulin?

- a) IgG
- b) IgA
- c) IgE
- d) IgM

9. Lactobacillus count AFTER CARIES ACTIVITY test is 10,500CFU. What is the rate of caries progression?

- a) Slight
- b) Mild
- c) Moderate
- d) Severe

10. the lactobacillus count test , to assess caries activity was given by

- a) Synder
- b) Jay
- c) Hadley
- d) Edelstein

ANSWER KEY:

Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10
C	D	B	A	A	B	A	B	D	C

BIOSTATISTICS- DATA COLLECTION AND PRESENTATION

■ Which of these are not methods of data collection?

- a. Questionnaires
- b. Interviews
- c. Experiments
- d. Observation

■ The data obtained by conducting a survey is called?

- a. Primary data
- b. Secondary data
- c. Continuous data
- d. Quantitative data

■ The data collected from published report is known as?

- a. Discrete data
- b. Arrayed data
- c. Secondary data
- d. Primary data

■ If time is of the essence for a research project, the preferred contact method is?

- a. Mail
- b. Telephone
- c. Intercept interview
- d. Personal interview

■ Which one is done first?

- a. Tabulation is done first
- b. Classification is done first
- c. Both classification and tabulation
- d. None of these

■ Bar diagram is :

- a. 1- dimensional chart
- b. 2- dimensional chart
- c. Multidimensional chart
- d. None of these

► Classification can be applied to:

- a. Qualitative data
- b. Quantitative data
- c. Both a and b
- d. None of these

► The other name of pie chart is

- a. Circular diagram
- b. Bar diagram
- c. Histogram
- d. Polygon

► When a circle is divided into different sectors corresponding to the frequency of the variable in the distribution, the diagram is known as

- a. Bar
- b. Pie
- c. Pictogram
- d. Histogram

► The principle component of a table is:

- a. Table number
- b. Title
- c. Head note
- d. All of these

► **Answers**

1) C

2) **A**

3) **C**

4) **B**

5) **B**

6) **A**

7) **C**

8) **A**

9) **B**

10) **D**

MOBILE DENTAL CLINIC

1. Public health is :

- rural health
- people's health
- urban health
- school children health

2. Which is not a feature of a mobile dental clinic ?

- Maintenance costs are higher
- require water and waste disposal methods
- require All modern amenities
- require generator on board to provide electricity

3. Individuas who couLd Be A Potential partners Of mobile dental clinic :

- Community health departments
- Community Water supervisors
- Higher education departments
- all of the aBove

4. Which is not a specification of a mobile dental clinic :

- Dental chair
- hot air oven
- TV, dvd player
- X-Ray Unit

5. Thickness of lead aprons required for protection from radiation from dental x-ray unit is :

- 0.5 mm
- 0.3 mm
- 0.2 mm
- 0.8 mm

6. Method for refuse disposal is :

- incineration or burning
- dumping
- controlled tripping or sanitary landfill
- all of the above

7. Community is a :

- group of people having same resemblance
- group of similar individuals
- group of people living together
- none of the above

8. An Important step for planning the dental care fOr a school :

- use of fluoride tablets
- Follow up
- treating caries
- treating periodontal diseases

9. Which is not an objective of dental health education :

- information
- motivation
- Inspiration
- Guidance

10. Some of the mobile dental clinics :

- Across the smiles
- Smiles away
- Smiles 2 go
- Molar express

ANSWER KEY

1. B
2. C
3. D
4. C
5. A
6. D
7. C
8. A
9. C
10. B

CARIES VACCINE

1. Which of the following is cariogenic / caries promoting?

- a) Selenium b) Vanadium c) Strontium d) Molybdenum

2. Widely accepted theory of dental caries

- a) Proteolytic theory b) Proteolytic chelation theory c) Acidogenic theory d) Autoimmune theory

3. Early invading bacteria in carious lesions are called?

- a) Microcosm b) Pioneer bacteria c) Advancing bacteria d) Anaerobic bacteria

4. Bacteria free zone of dentinal caries is?

- a) Zone of decomposed dentin b) Zone of bacterial invasion c) Zone of decalcification d) Zone of dentinal sclerosis

5. Pioneer bacteria in dental caries are in

- a) Enamel b) Dentin c) Pulp d) Cementum

6. Linear enamel caries lesions in deciduous teeth predominate in

- a) Maxillary anterior teeth b) Maxillary posterior teeth c) Mandibular posterior teeth d) Mandibular anterior teeth

7. From the list of oral microorganisms, which is primarily responsible for the initiation of dental caries?

- a) Mutans streptococci b) Bifidobacteria c) Lactobacilli d) P. gingivalis

8. Oral bacterial synthesise extracellular glucans (dextran and mutan) from which host dietary component?

a) Glucose b) Alpha limit dextrans c) Sucrose d) Polysaccharides

9. A deficiency of which vitamin has been associated with enamel defects and increased risk of dental caries? a) Vitamin A b) Folic acid c) Vitamin C d) Vitamin D

10. The best available evidence for an association between amount of sugars and risk of dental caries comes from which type of study design

a) Randomised controlled b) Non-randomised controlled c) Cross sectional observational d) Cohort

ANSWER KEY 1. a 2. c 3. b 4. d 5. b 6. a 7. a 8. c 9. d 10. d

CPITN

Q1. CPITN records the common treatable conditions namely

- a) Periodontal pocket
- b) Gingival inflammation
- c) Dental calculus
- d) All of the above

Q2. CPITN was developed by “joint working committee” for “WHO” and “FDI” in

- a) 1980
- b) 1982
- c) 1986
- d) 1990

Q3. In CPITN the dentition is divided into how many sextant

- a) 3
- b) 8
- c) 9
- d) 6

Q4. For people of age 20 or more how many teeth are examined

- a) 6
- b) 10
- c) 4
- d) None of the above

Q5. CPITN probe is designed for which purpose

- a) Measurement of pocket depth
- b) Detection of sub gingival calculus
- c) Both A & B
- d) None of the above

Q6. What is the probing force of CPITN probe

- a) 15gms
- b) 20gms
- c) 23gms
- d) 28gms

Q7. What are the instruments used for calculating CPITN

- a) Mouth mirror
- b) CPITN e probe
- c) CPITN c probe
- d) All of the above

Q8. When examining children up to 19 years , which of the following tooth is not included

- a) 16
- b) 31
- c) 46
- d) 41

Q9. How much score is recorded for each sextant

- a) 1
- b) 3
- c) 4
- d) None of the above

Q10. Code “X” means –

- a) No periodontal disease
- b) Pathological pocket 4-5mm in depth
- c) When only one tooth or no teeth are present in sextant
- d) None of the above

ANSWER KEY

Q1. D Q2. B Q3.D Q4.B Q5.C Q6.B Q7.D Q8.D Q9.A Q10.C

Topic- METHODS OF WATER FLUORIDATION

Q1. What is the optimum amount of fluoride recommended in water to reduce chances of dental caries?

1. 0.1 ppm
2. 0.01 ppm
3. 1.00 ppm
4. 2.1 ppm

Q2. Which of the following fluoride compound is the most popular and cheapest?

1. Fluorspar
2. Silicofluorides
3. Sodium fluoride
4. Sodium silicofluoride

Q3. Commercial grades of fluorspar contain fluoride?

1. 85 to 98%
2. 37 to 50%
3. 13 to 25%
4. 47 to 78%

Q4. The water fluoridation equipment should have a well defined precision of:

1. Not more than 5%
2. 5%
3. More than 5%
4. 5%- 10%

Q5. Which of the following is not a conventional system:

1. Saturator system
2. Dry feeder
3. Solution feeder
4. Saturation- suspension cone

Q6. Which of the following systems can be employed in small sized towns:

1. Saturator system
2. Dry feeder
3. Solution feeder
4. None of the above

Q7. Which of the following system is recommended for large towns:

1. Saturator system
2. Solution feeder
3. Venturi fluoridator system
4. Dry feeder

Q8. What shortcomings were overcome by Venturi fluoridator system and Saturator-suspension cone?

1. Cost of equipment
2. Maintenance by cable operators
3. Both a and b
4. None of the above

Q9. The clear acrylic thermoplastic used in Venturi fluoridator system enables the operator to...

1. See the level of water present
2. See the process of water fluoridation
3. See the debris in water
4. Make a visual inspection of the level of chemical, in order to replenish it.

Q10. To maintain control of the quality of analysis, how many "blind" samples are to be sent to the water treatment plants by the responsible authorities?

1. Three samples every 2 months
2. Three samples each month
3. Three samples every

3 months 4. Four samples each month

ANSWERS 1.) 3 2.) 4 3.) 1 4.) 1 5.) 4 6.) 1 7.) 2 8.) 3 9.) 4 10.) 2.

NATIONAL HEALTH PROGRAMME

Q1. IN WHICH YEAR NATIONAL ORAL HEALTH PROGRAM WAS INCLUDED IN NATIONAL HEALTH POLICY?

- a) 1998
- b) 1997
- c) 1995
- d) 1996

Q2. LATER WHICH HOSPITAL / DEPT BECAME THE NODAL AGENCY TO IMPLEMENT THE NOHP?

- a) AIIMS
- b) VMMC
- c) MAMC
- d) LHMC

Q3. IN WHICH TWO STATES NATIONAL WORKSHOPS WERE HELD?

- a) Delhi And Mumbai
- b) Delhi And Mysore
- c) Kolkata And Mysore
- d) Kerala And Bangalore

Q4. THE NATIONAL ORAL HEALTH PROGRAM WAS LAUNCHED AS A

- a) Pilot Project
- b) Trainer Project
- c) Trial Project
- d) Welfare Project

Q5. WHICH IS NOT THE OBJECTIVE OF THE NOHP?

- 1. To improve the determinants of oral health
- 2. To reduce morbidity from oral diseases
- 3. To integrate oral health promotion and preventive services with general health care system
- 4. To improve the overall aesthetics

Q6. THE PROGRAM HAS HOW MANY COMPONENTS

- 1. One
- 2. Two
- 3. Three
- 4. four

Q7. WHAT ARE THE 3 BASIC REQUIREMENTS OF ANY PROGRAM TO FLOURISH?

- a) Money, Manpower And Material

- b) Money , Data And Knowledge
- c) Material, Time And Space
- d) Money, Time And Material

Q8. WHICH IS NOT THE REASON FOR THE NEED OF NHOP?

- a) For quality dental education
- b) To reduce the number of new cases of oral cancers and precancerous lesions from the existing levels of 19 per lac.
- c) For oral health promotion through prevention considering the fact that oral diseases are almost preventable by simple and cost effective means
- d) To increase the risk of dental caries

Q9. THEB PILOT PROJECT WAS LAUNCHED IN HOW MANY STATES?

- a) 5
- b) 6
- c) 4
- d) 3

Q10. THE NATIONAL ORAL HEALTH PROGRAM COMES UNDER WHICH CATEGORY OF NATIONAL HEALTH PROGRAM?

- a) communicable diseases
- b) non communicable diseases
- c) national nutritional program
- d) reproductive and adolescent health

ANSWERS:

- 1. C
- 2. A
- 3. B
- 4. A
- 5. D
- 6. C
- 7. A
- 8. D
- 9. A
- 10. B

PLAQUE CONTROL

1. Non- Detergent diet:
 - Sticks to the tooth
 - Aggregate existing Periodontal problems
 - Interferes in the self cleansing process of oral cavity
 - All of the above

2. Which of the following is not an abnormality of hard tissue:
 - Proximal Contact
 - Abnormal Contour
 - Abnormal attachment of Frenum
 - Tooth Position

3. The age group considered under juvenile periodontitis:
 - 26-35 years
 - 12-26 years
 - 14-26 years
 - Under 14 years

4. Which of the following has no association with periodontitis:
 - Vitamin A
 - Vitamin B Complex
 - Vitamin K
 - Vitamin C & D

5. According to ADA, the standard dimension of brush is:
 - 25-31.8mm long, 7-9.5mm wide, 2-4 rows of bristles
 - 20-24.5mm long, 5-7mm wide, 1-2 rows of bristles
 - 15-21.5mm long, 11-13 mm wide, 5-6 rows of bristles
 - 30-35.6mm long, 8-10mm wide, 1-5 rows of bristles

6. The dentifrices increase the abrasive action of toothbrush by:
 - 30 times
 - 40 times
 - 50 times
 - 60 times

7. Chlorhexidine is not effective against:

- Gram +ve Bacteria
- Gram -ve Bacteria
- Yeast
- Protozoans

8. Which of the following is not a component of dentifrices:

- Humectant
- Phenol
- Binding Agent
- Detergent

9. Motivating the patients include:

- Receptiveness
- Self Administration
- Behavioral Change
- All the above

10. The most common & Preferable brushing technique is:

- Modified Bass Technique
- Bass Technique
- Charters Technique
- Fones Technique

Answers

- 1 D
- 2 C
- 3 B
- 4 C
- 5 A
- 6 B
- 7 D
- 8 B
- 9 D
- 10 A

PRIMARY HEALTH CARE

1. Principles of Primary Health Care

- a. Equitable distribution b. Community participation c. Intersectoral coordination d. All the above

2. Health is best described as resource that allows a person to have

- a. A social and spiritual life b. A production social and economic life c. Economic well-being d. Physical capacity

3. Comprehensive primary health care is characterised by activities that work to change

- a. Social and political determinants of illness b. Economic and educational well-being c. Health status in communities, region or cities d. All the above

4. Health care is predominantly

- a. The province of the diagnostician b. Community focused c. Political in nature d. Independent in nature

5. Primary prevention is concerned with

- a. Preventing disease or illness occurring b. Delaying the progress of an existing disease or illness c. Maintaining current health status d. Treatment of existing disease or illness

6. Elements/Components of Primary Health Care

- a. Provision of essential drugs b. Prevention and control of endemic disease c. An adequate supply of safe water and basic sanitation d. All the above

7. Assurance of proper nutrition specially for mothers and children is a basic _____ measure in primary health care

- a. Curative b. Preventive c. Promotive d. Rehabilitative

8. All the followings are principle of primary health care except

- a. It should be accessible b. It should be acceptable c. It should be comprehensived. d. It should be paid much money

9. The main aim of public health is to improve health by

- a. Providing medical intervention appropriate for the individual b. Performing research to compare the effectiveness of treatment c. Promoting health and preventing disease in population d. Providing advice on risk markers and genetic to families

10. Four A's in primary health care

- a. Acceptabilty b. Availability c. Affordability d. Appropriateness of health services e.

All the above

Answer 1.(d) 2.(a) 3.(d) 4.(c) 5.(a) 6.(d) 7.(c) 8.(d) 9.(c) 10.(e)

TOPICAL FLOURIDES

1. Dental fluorosis can begin at level over which ppm?
a) 2ppm b) 8ppm c) 4ppm d) 1.7ppm
2. All of the following are topical effects of Fluoride in dental caries EXCEPT
a) Decreases Oral pH b) Enhances Remineralization c) Inhibits bacterial activity
d) Inhibits demineralization
3. Fluorine is a member of which group?
a) Inert gases b) Alkaline Earth Metal c) Alkali group d) Halogen group
4. Surface of application of topical fluoride
a) Lip b) Tongue c) Enamel d) Gingiva
5. In Topical Fluoride application caries arrest and Pigmentation of incipient carious lesions is caused
a) Zinc b) Fluoride c) Tin d) Sodium
6. Sodium Fluoride gels and foams for in-office Use are generally available in following concentration?
a) 5% b) 1.23% c) 1.1% d) 1.1%
7. For optimum Caries reduction Fluoride Varnish should be applied at a duration of every.....month?
a) 1-2 b) 3-6 c) 8-12 d) 6-8
8. Fluoride Varnish should be indicated in all of the following except
a) Patients with open caries lesions b) Patients with active Pit and fissure enamel Caries
c) Patients with orthodontics brackets d) Patients with dental hypersensitivity
9. What is the maximum amount of fluoride that should be placed in 2 trays for pediatric patient?
a) 2ml b) 4ml c) 8ml d) 10ml
10. The process of lowering the amount Of Fluoride in fluorinated water to an optimum level to prevent fluorosis is known as
a) Unfluoridation b) Hypocalcification c) Demineralisation d) Defluoridation

Answer 1.A 2.A 3.D 4.C 5.C 6.D 7.B 8.A 9.A 10.

FLOURIDES

1. Fluorine is a member of which group ?

(a) Halogen group (b) alkali metal (c) Alkaline earth metal (d) inert gases

2. professionally applied topical fluoride are introduced by-

(a) Henri moissan (b) Agricola (c) Bibby (d) McKay

3. NaF is applied by the technique-

(a) Muhler's technique (b) tray technique (c) Paint on technique (d) knutson's technique

4. The duration of application of APF is:-

(a) 1-2 week (b) 1-2 months (c) 6-12 months (d) 4-6 months

5. which of the following have highest caries reduction property?

(a) Sodium fluoride (b) stannous fluoride (c) acidulated phosphate fluoride (d) amine fluoride

6. which of the following have highest Fluorine concentration??

(a) sodium fluoride (b) amine fluoride (c) acidulated phosphate fluoride (d) stannous fluoride

7. Surface of application of topical fluoride?

(a) Gingiva (b) Tongue (c) Enamel (d) lip

8. which of the following is self applied topical fluorides?

(a) dentifrices (b) Fluoride mouth rinses (c) Fluoride gels (d) All of the above

9. Fluoride is bad for which disease?

(a) syphilis (b) thyroid (c) leukoplakia (d) mouth ulcer

10. Which of the following have neutral PH ?

(a) sodium fluoride (b) Stannous Fluoride (c) Acidulated phosphate fluoride (d) Amine fluoride

Answer 1.(a) 2(c) 3(d) 4(c) 5(b) 6(d) 7(c) 8(d) 9(b) 10(a)

SYSTEMIC FLUORIDES

1. WHICH OF THE FOLLOWING IS TYPES OF SYSTEMIC FLUORIDES ?

- A. WATER FLUORIDATION
- B. MILK FLUORIDATION
- C. SALT FLUORIDATION
- D. ALL OF THE ABOVE

2. WHICH FLUORIDE COMPOUND USED IN WATER FLUORIDATION ?

- A. FLUOROSPAR
- B. TIN
- C. SODIUM BICARBONATE
- D. MAGNESIUM

3. WHEN WAS THE GRAND MUSKEGON STUDY DONE FOR WATER FLUORIDATION ?

- A. 1948
- B. 1945
- C. 1988
- D. 1998

4. WHAT IS THE CURRENTLY RECOMMENDED DOSE OF FLUORIDE IN THE SCHOOL WATER SUPPLY?

- A. 9.8 – 10 PPM
- B. 3.2-6.9 PPM
- C. 4.5- 6.5 PPM
- D. 4.5-6.3 PPM

5. WHICH OF THE COMPUND IS TO CONTROL SALT FLUORIDATION?

- A. Mg & CaF
- b. P & NaF
- C. Na & KF
- D. B & C

6. WHICH OF THE FOLLOWING FOUNDATION ESTABLISHED BY DR. EDGAR BORROW ?

- A. MOTHER DAIRY FOUNDATION

- B. BORROW DENTAL MILK FOUNDATION
- C. NAMASTE INDIA FOUNDATION
- D. NESTLE

7. WHICH OF THE FOLLOWING INDIAN TECHNIQUE IS USED IN DEFLUORIDATION?

- A. NALGONDA TECHNIQUE
- B. ION EXCHANGE METHOD
- C. BOTH A & B
- D. NONE OF THESE

8. IN WHICH FORM WE DELIVER THE FLUORIDE IN INFANTS UPTO 2 YEARS ?

- A. TABLET
- B. DROPS
- C. LOZENGES
- D. NONE OF THE ABOVE

9. MECHANISM OF ACTION OF NALGONDA TECHNIQUE IS :-

- A. RAPID MIX ~ FLOCCULATION ~ SEDIMENTATION ~ FILTRATION
- B. FLOCCULATION ~ FILTRATION ~ SEDIMENTATION ~ RAPID MIX
- C. SEDIMENTATION ~ RAPID MIX ~ FILTRATION ~ FLOCCULATION
- D. NONE OF THE ABOVE

10. CERTAINLY LETHAL DOSE OF FLUORIDE IS

- A. 32-64 MG/KG
- B. 25-75 MG/KG
- C. 8-16 MG/KG
- D. NONE OF THE ABOVE

ANSWERS 1. D 2. A 3. B 4. D 5. C 6. B 7. A 8. B 9. A 10. A

SURVEY PROCEDURES

1. A non experimental investigation, in which information is systematically collected is termed:

(a) epidemiology (b) Survey (c) Health education (d) Primary health care

2. A survey conducted to assess the determinants of the diseases is:

(a) Analytical survey (b) descriptive survey (c) Cross sectional survey (d) One point survey

3. Pathfinder survey employs which sampling technique:

(a) Multistage sampling (b) Stratified cluster sampling technique (c) Quota sampling (d) Area sampling Technique

4. Which of the following about a pilot survey is true?

(a) It employs one or two index ages (b) It employs all subgroups in the population (c) Follows the stratified sampling technique (d) Suitable for data collection to plan service

5. Which index age group is considered as the global index age to monitor oral health?

(a) 5 years (b) 15 years (c) 12 years (d) 35 – 44 years

6. An important index age to assess the periodontal disease indicator in adolescents is:

(a) 5 years (b) 12 years (c) 15 years (d) 35 – 44 years

7. To assess the full effect of dental caries and severity of periodontal involvement, which index age group is to be surveyed?

(a) 12 years (b) 35 – 44 years (c) 15 years (d) 65 – 74 years

8. The number of subjects in each index age group in cluster, to be examined in pathfinder survey is: (a) 25– 50 (b) 10 – 25 (c) 50 – 75 (d) 200 – 300

9. The ability of a test to measure what it is intended to measure is:

(a) Consistency (b) Validity (c) Reproducibility (d) Calibration

10. What is the procedure done to ensure uniform interpretation of codes and criteria for various diseases and conditions?

(a) calibration (b) Consistency (c) validity (d) Infection control

ANSWER KEY:- 1. (b) 2. (a) 3. (b) 4. (a) 5. (b) 6. (c) 7. (b) 8. (a) 9. (b) 10. (a)



Inderprastha
Dental College & Hospital

BASIC SCIENCE

QUESTION BANK FOR INTERN COMPETITIVE EXAMS

(Basic Sciences)

1. The Main Hormones secreted by the Thyroid Gland

- A. T4
- B. T3
- C. (A) AND (B) BOTH
- D. TSH

2. Trauma to the spinal cord and resultant loss of autonomic and motor reflexes below the injury level can lead to the following type of shock

- A. Cardiogenic
- B. Hypovolemic
- C. Neurogenic
- D. Obstructive

3. Which of these is a common cause of diarrhea?

- A. Contaminated food or water
- B. Viral infection
- C. Imbalance of good and bad bacteria in the gut
- D. All of the above

4. Myotonic dystrophy is inherited through which chromosome?

- A. 21
- B. 20
- C. 19
- D. 24

5. Which of the following is an Antiasthmatic?

- A. Histamine
- B. Salbutamol
- C. Acetylcholine
- D. Serotonin

6. Hydroxylation of proline requires the following except

- A. Fe⁺²
- B. O₂
- C. Ascorbic acid
- D. Succinate

7. *N. meningitidis* and *N. gonorrhoeae* are differentiated in the laboratory by:

- A. Biochemical reactions
- B. Culture characteristics
- C. Smear examination
- D. All of these

8. Lack of 5 α -reductase causes the absence of:

- A. Male external genitalia
- B. Male internal genitalia
- C. Testosterone secretion

D. Spermatogenesis

9. _____ encloses thyroid, responsible for its movement during swallowing

- A. Prevertebral fascia
- B. Pretracheal fascia
- C. Investing layer of the deep cervical fascia
- D. Superficial fascia

10. A 82-year-old diabetic is involved in an automobile accident, with severe thoracic and abdominal traumatic injuries. He is rushed to the hospital and placed in the intensive care unit. After a few hours, there is the rapid onset of myocardial dysfunction, hypotension, disseminated intravascular coagulation, and coma. This sequence of events most closely mimics what type of shock:

- A. Septic (Distributive)
- B. Cardiogenic
- C. Anaphylactic
- D. Neurogenic

11. Besides watery stools, which of these symptoms also may happen during diarrhea?

- A. Abdominal pain
- B. Bloating
- C. Nausea
- D. All of the above

12. Which of the following is NOT a feature of reversible cell injury?

- A. Cellular swelling
- B. Reduction of ATP synthesis
- C. Reduced cellular pH
- D. Clumping of nuclear chromatin
- E. Defects in cell membrane

13. Long acting beta-2 agonist

- A. Salbutamol
- B. Salmeterol
- C. Pirbuterol
- D. Orciprenaline

14. One of the following is non essential amino acid

- A. Tyrosine
- B. Valine
- C. Methionine
- D. Cystine

15. Post diphtheritic paralysis seen usually at:

- A. 2-3 week
- B. 3-4 week
- C. 4-5 week
- D. 5-6 week

16. The hormone which increases the number of β_1 adrenergic receptors on the heart includes:

- A. Epinephrine
- B. Cortisol
- C. Thyroxine
- D. Norepinephrine

17. In Bell's palsy facial muscles are paralysed.

- A. ipsilateral
- B. centralateral
- C. no sides
- D. both sides

18. Cystic hygroma is known to occur in all except :

- A. Calf
- B. Mediastinum
- C. Axilla
- D. Neck

19. Abnormal and excessive discharge of nerve impulses in the brain is called

- A. Paralysis
- B. Epilepsy
- C. Stroke
- D. Nervous Disorder

20. What is the inheritance pattern of Alport syndrome

- A. Autosomal dominant
- B. Autosomal recessive
- C. X linked dominant
- D. X linked recessive

21. Prolonged use of Aspirin leads to :

- A. Peptic ulcer
- B. Bleeding defects
- C. Carcinoma
- D. Both A & B

22. Which among the following enzymes does not participate in Galactose Metabolism?

- A. Glucokinase
- B. Galactokinase
- C. Galactose-1-Phosphate Uridyl transferase
- D. UDP-Galactose 4- epimerase

23. The stain NOT used for corynebacterium is:

- A. Albert
- B. Kinyoun
- C. Ponder
- D. Neisser

24. Vagal stimulation produces the least effect on:

- A. Saliva

- B. Gastric secretion
- C. Pancreatic secretion
- D. Bile

25. Accumulation of food occurs in oral vestibule due to the paralysis of _

- A. orbicularis oris
- B. platysma
- C. buccinator
- D. zygomaticus minor

26. Earliest tumour to appear after birth is :

- A. Sternomastoid tumour
- B. Cystic hygroma
- C. Brachial cyst
- D. Lymphoma

27. Both mood disorders and anxiety disorders are recurring psychiatric conditions in epilepsy. True or false?

- A. True
- B. False

28. The veins from the stomach, intestine, pancreas and spleen drain into

- A. Superior portal vein
- B. Hepatic portal vein
- C. Inferior portal vein
- D. Superior dorsal vein

29. Shortest acting opioid analgesic is

- A. Morphine
- B. Fentanyl
- C. Ramifentanil
- D. Sufentanil

30. Cancer Cells have High Energy Demands for Replication and Division. Increased Flux of glucose into Glycolysis Replenishes the Energy Demand. Which of the Following Enzymes Plays an Important Role in Tumor Metabolism?

- A. Glucokinase
- B. Phosphofructokinase
- C. Phosphoglucomutase
- D. Pyruvate Kinase M2

31. Which of the following Igs is heat labile?

- A. IgA
- B. IgG
- C. IgE
- D. IgM

32. Receptive relaxation of stomach facilitates:

- A. Mixing
- B. Storage

- C. Propulsion
- D. Emptying

33. This is an incorrect statement

- A. Rhodopsin is the purplish-red protein situated in rods only
- B. Retinal is a derivative of Vitamin C
- C. Retinal is the light-absorbing part of visual photopigments
- D. the rods in the retina have rhodopsin, a photopigment while cones have three different photopigments

34. What percentage of patients with thoracic trauma require thoracotomy ?

- A. 10-15%
- B. 20-25%
- C. 30-40%
- D. 45-50%

35. is responsible for the ultrafiltration of blood in the kidney.

- A. Small intestine
- B. Urine bladder
- C. Ureter
- D. Nephron

36. Cancer not caused by a virus is

- A. Cervical cancer
- B. Adenocarcinoma lung
- C. Burkitt's lymphoma
- D. Merkel cell carcinoma

37. Lidocaine produces its anti arrhythmic effects by

- A. increasing A-V conduction
- B. decreasing cardiac excitability
- C. increasing cardiac conduction velocity
- D. increasing spontaneous pacemaker activity

38. Which of the Following is not a Polymer of Glucose?

- A. Glycogen
- B. Cellulose
- C. Amylase
- D. Insulin

39. The selective medium used for B. anthracis is:

- A. PLET medium
- B. Tellurite blood agar
- C. Cefsulodin agar
- D. Cetrimide agar

40. The actions of angiotensin II does not include:

- A. Vasoconstriction
- B. Na⁺ reabsorption

- C. Water reabsorption
- D. Thirst stimulation

41. The eye lens is

- A. Concave
- B. Convex
- C. Biconcave
- D. Biconvex

42. CPR should have a ratio of chest compressions to mouth breathing of :

- A. 1:4
- B. 4:1
- C. 2:3
- D. 3:2

43. The hematuria is the presence of..... in the urine.

- A. DNA
- B. RNA
- C. RBCs
- D. Albumin

44. All the following conditions are caused by *Helicobacter pylori* except

- A. MALT lymphoma
- B. Kaposi sarcoma
- C. Peptic ulcer
- D. 4 gastric adenocarcinoma

45. Which among the following is not used for surface anesthesia?

- A. Lidocaine
- B. Procaine
- C. Tetracaine
- D. Benzocaine

46. Which of the following Glucose Transporter (GLUT) are important in Insulin-Dependent Glucose Uptake?

- A. GLUT1
- B. GLUT2
- C. GLUT3
- D. GLUT4

47. The special stain used for spores of *B. anthracis* is:

- A. Nigrosin
- B. Sudan black
- C. Lugol's iodine
- D. Methenamine silver

48. During inspiration, all of the following show an increase *except*:

- A. Intrapleural pressure
- B. Stroke volume
- C. Venous return

D. Intrapulmonary pressure

49. The persistence of vision for the human eye is

- A. 1/6th of a second
- B. 1/10th of a second
- C. 1/16th of a second
- D. 1/18th of a second

50. Craniofacial dysfunction is seen in

- A. Lefort 1 fracture
- B. Lefort 2 fracture
- C. Lefort 3 fracture
- D. None of the above

51. Is an abnormally high amount of protein in the urine.

- A. Proteinuria
- B. Hematuria
- C. Juggers heme
- D. Reddish urine

52. Jaundice is caused due to?

- A. Excess of Uric acid in blood
- B. Excess of Haemoglobin in blood
- C. Excess of Bilirubin in blood
- D. Excess of Potassium in the blood

53. Which is not antiemetic?

- A. Domperidone
- B. Phenazocine
- C. Cyclizine
- D. Ondansetron

54. Albumin is synthesized by

- A. Liver
- B. Kidney
- C. Muscle
- D. Spleen

55. Which of the following is a component of the cell wall of Actinomycetes

- A. Lipid
- B. Muramic acid
- C. Teichoic acid
- D. Cysteine

56. Stability to alveoli is given by all of the following *except*:

- A. Intrapleural pressure
- B. Lung surfactant

- C. Surface tension
- D. Lung elastin

57. Protrusion of tongue is brought out by --
- A. Genioglossus
 - B. Intrinsic muscles of tongue
 - C. Styloglossus
 - D. Palatoglossus

58. Which of the following is absolutely essential for wound healing ?

- A. Vitamin D
- B. Carbohydrates
- C. Vitamin C
- D. Balanced diet

59. Which of the following could lead to iodine deficiency?

- A. Low intake of fruits and vegetables
- B. Intake only of locally grown food in central Africa
- C. Insufficient caloric intake
- D. Inadequate sunlight exposure

60. AMD occurs when _____ accumulates in the retina and eventually causes macular degeneration. This combination of _____ accumulation and atrophy can be referred to as _____

- A. Lipofuscin, Lipofuscin, Brown Atrophy
- B. Lipofuscin, Bilirubin, Icterus
- C. Hemosiderin, Hemosiderin, Jaundice
- D. Lipofuscin, Lipofuscin, Dystrophic Calcification

61. Omeprazole is used in the treatment of

- A. Peptic ulcer
- B. amoebiasis
- C. malaria
- D. cholera

62. Which of the following is an essential fatty acid?

- A. Linolenic acid
- B. Arachidonic acid
- C. Oleic acid
- D. Palmitic acid

63. Which of the following is a component of the cell wall of Actinomycetes

- A. Lipid
- B. Muramic acid
- C. Teichoic acid
- D. Cysteine

64. Stability to alveoli is given by all of the following *except*:

- A. Intrapleural pressure
- B. Lung surfactant
- C. Surface tension
- D. Lung elastin

65. All are structures lying deep to the hyoglossus muscle except-

- A. Hypoglossal nerve
- B. Lingual artery
- C. Stylohyoid muscle
- D. Geniohyoid muscle

66. Intact dermis contain how much type I collagen and how much type III ?

- A. 50% / 50%
- B. 60% / 40%
- C. 80% / 20%
- D. 25% / 75%

67. Deficiencies of which of the following nutrients can lead to anaemia?

- A. Iodine and vitamin C
- B. Copper and iron
- C. Zinc and protein
- D. Vitamin D and zinc

68. Which of the following is the most common cause of cell injury?

- A. Chemical injury
- B. Hypoxia
- C. Infections
- D. Immunologic and autoimmune diseases

69. Which is a prodrug?

- A. Enalapril
- B. Clonidine
- C. Salmeterol
- D. Acetazolamide

70. Identify the simple lipid from the following

- A. Lecithin
- B. Fatty acid
- C. Triacylglycerol
- D. Steroids

71. An anaerobic actinomycete is:

- A. Actinomadura
- B. Cervicofacial
- C. Actinomyces
- D. Nocardia

72. Airway resistance is increased by all of the following *except*:

- A. Lung Surfactant
- B. Histamine
- C. Prostaglandin

D. Leucotriene

73. Impulses generated in the taste buds of the tongue reach the cerebral cortex via the:

- A. Thalamus
- B. Internal Capsule
- C. Cervical spinal nerve
- D. Trigeminal nerve

74. In regeneration ?

- A. Granulation tissue
- B. Repairing by same type of tissue
- C. Repairing by different type of tissue
- D. All of the above

75. Which of the following has not at one point in the past few decades been considered as a cause of the oedema of kwashiorkor?

- A. Altered composition of intestinal bacteria
- B. Low intake of antioxidant nutrients
- C. Sudden weaning from the breast
- D. Iron deficiency

76. The investigation and diagnosis of disease from examination of isolated cells is called as:

- A. Histopathology
- B. Cytopathology
- C. Haematology
- D. None of these

77. Drugs causing hyperglycemia

- A. Beta blocker
- B. Glucocorticoids
- C. Acetylcholine
- D. Alpha blockers

78. Gluconeogenesis occurs in the liver because of the presence of

- A. Phosphofructokinase
- B. Pyruvate carboxylase
- C. Glucose 6 phosphatase
- D. Glucokinase

79. Which of the following is a common pathogen found in the genitourinary tract?

- A. E. coli
- B. G. vaginalis
- C. T. brucei
- D. S. stercoralis

80. The rise in basal body temperature following ovulation is due to the action of :

- A. LH

- B. FSH
- C. Estrogen
- D. Progesterone

ANSWER KEY

1. C
2. C
3. D
4. C
5. B
6. D
7. D
8. A
9. B
10. A
11. D
12. E
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15. A
16. B
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18. A
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34. A
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66. C
67. B
68. B
69. A
70. C
71. C
72. A
73. A
74. B
75. D
76. B

- 77. B
- 78. B
- 79. B
- 80. D



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Department of Paedodontics & Preventive Dentistry

INTERNS PREPARATION FOR COMPETITIVE EXAMS

Batch- A

Posting Dates- 12-06-23
to 11-07-2023

S.No	Name of Intern Posted	Date	Date
		Marks(20) 20/6/23	Marks(20) 8/7/23
1	Aadya	15	17
2	Aatruhi	16	16
3	Aanchal Jain	Ab	Ab
4	Aanshi	16	13
5	Akshit	15	16
6	Arjali	17	18
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M. Anshu
Head of The Department
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Indraprastha Dental College & Hospital
Sahibabad, Ghaziabad



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Department Of Public Health Dentistry

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: 6

POSTING DATE:

12/6/23 -
11/9/23

S. NO.	NAME OF THE INTERN POSTED	DATE 28/6/23 MARKS (20)	DATE MARKS (20)
1.	Anju	15	
2.	Antazika	16	
3.	Aparna	15	
4.	Apoorva	14	
5.	Azpan	14	
6.	Avinashika	16	
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Department of Oral Medicine & Radiology

INTERNS PREPARATION FOR COMPETITIVE EXAMS

Posting Dates- 12/6/23 - 11/7/23

Batch- E (2018)

S.No	Name of Intern Posted	Date 22/6/23 Marks(20)	Date 7/7/23 Marks(20)
1	Nisha	17	18
2	Mital	18	16
3	Muskaan	15	18
4	Neelima	14	15
5	Niccy	16	17
6	Nupur	18	15
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Department Of Oral Pathology & Microbiology

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: G

POSTING DATE: 28/5/23 to
11/6/23

S. NO.	NAME OF THE INTERN POSTED	DATE 2/6/23 MARKS (20)	DATE 7/6/23 MARKS (20)
1.	Misha Dua	10	11
2.	Mitali Bargaroti	11	10
3.	Muskaan R. Sethi	10	10
4.	Neelima Singh	12	10
5.	Micky Kumari	10	07
6.	Nupur Yadav	11	12
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Department Of Prosthodontics And Crown & Bridge
U.G . Section

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: Batch H (2018)

POSTING DATE: 13-5-23 to
27-6-23

S. NO.	NAME OF THE INTERN POSTED	DATE 29/5/23 MARKS (20)	DATE 17/6/23 MARKS (20)
1.	Vidhi Sha	18	18
2.	Priyanka Poyal	17	15
3.	Sandhyadeep	16	16
4.	Hanshit	14	17
5.	Deepatet.	18	18.
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8.		<i>Dr</i> Dept. of Prosthodontics and Crown & Bridge	
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Department of Oral Medicine & Radiology

INTERNS PREPARATION FOR COMPETITIVE EXAMS

Batch- F (2018)

Posting Dates- 13/5/23 - 12/6/23

S.No	Name of Intern Posted	Date 20/5/23 Marks(20)	Date 9/6/23 Marks(20)
1	Pallavi Sharma	14	16
2	Pooja Gupta	Ab	14
3	Priya Rani	Ab	Ab
4	Priyanka Verma	15	16
5	Ragini Kumari	Ab	Ab
6	Riya Dutt	16	15
7	Sakshi Anand	14	16
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Department of Paedodontics & Preventive Dentistry

INTERNS PREPARATION FOR COMPETITIVE EXAMS

Batch- B & Semhini

Posting Dates: 12-5-23
1-6-23

S.No	Name of Intern Posted	Date	Date
		Marks(20) 01/5/23	Marks(20) 09/6/23
1	Anju	18	19
2	Akashika	15	17
3	Aparna	19	20
4	Apoorva	19	19
5	Arpan	18	18
6	Avinashika	17	18
7	Akshaya	17	17
8	Akshaya	18	16
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M. Anish
Head of the Department
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Sahibabad, Chaziabad





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Department Of Public Health Dentistry

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: IR

POSTING DATE: 08/5/23 -
07/8/23

S. NO.	NAME OF THE INTERN POSTED	DATE 23/5/23 MARKS (20)	DATE 07/8/23 MARKS (20)
1.	Poo. Kash	15	
2.	Ranya	13	
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Department Of Public Health Dentistry

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: IR

POSTING DATE: 04/5/23-
03/8/23

S. NO.	NAME OF THE INTERN POSTED	DATE 10/6/23 MARKS (20)	DATE 23/7/23 MARKS (20)
1.	Ridhi	-	
2.	Sahni Davendra	16	
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Department of Oral Medicine & Radiology

INTERNS PREPARATION FOR COMPETITIVE EXAMS

Posting Dates- 04/5/23 - 07/6/23

Batch- E (2012)

S.No	Name of Intern Posted	Date Marks(20)	Date Marks(20)
1	Ananya	12/5/23 16	01/5/23 15
2	Akanksha	17	14
3	Pooja	Ab	Ab
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Department Of Public Health Dentistry

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: C

POSTING DATE:

28/4/23 -
27/7/23

S. NO.	NAME OF THE INTERN POSTED	DATE 15/5/23 MARKS (20)	DATE 27/7/23 MARKS (20)
1.	Avikal	14	15
2.	Bhavya	15	14
3.	Disha	15	14
4.	Deishti	14	16
5.	Garima	16	15
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Department Of Oral And Maxillofacial Surgery

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: Batch - 'A'

POSTING DATE: 28/4/23 - 11/6/23

S. NO.	NAME OF THE INTERN POSTED	DATE 13/5/23 MARKS (20)	DATE 30/5/23 MARKS (20)
1.	AADYA	12	13
2.	AAKRUTI	12	14
3.	ANCHAL JAIN	Ab	Ab
4.	AARUSHI	14	15
5.	AKSHIT	11	13
6.	ANJALI	12	14
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Oral And Maxillofacial Surgery
Inderprastha Dental College And Hospital



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Department Of Oral Pathology & Microbiology

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: **M**

POSTING DATE: 28-4-23
12-5-23

S. NO.	NAME OF THE INTERN POSTED	DATE 4/5/23 MARKS (20)	DATE 11/5/23 MARKS (20)
1.	Shubhendu	09	10
2.	Nishant	10	09
3.	Chhar	08	08
4.	Gajender	09	10
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Department Of Oral Pathology & Microbiology

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: F

POSTING DATE: 28/5/23 -
12/5/23

S. NO.	NAME OF THE INTERN POSTED	DATE 4/5/23 MARKS (20)	DATE 11/5/23 MARKS (20)
1.	Pallavi	13	15
2.	Pooja Gupta	08	07
3.	Anya Koni	08	09
4.	Prayanshi Kumari	11	10
5.	Ragini Kumar	07	08
6.	Riya Mitt	11	12
7.	Sakshi Arora	15	16
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Department Of Prosthodontics And Crown & Bridge
U.G . Section

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: L

POSTING DATE:
13/4/23 - 12/5/23

S. NO.	NAME OF THE INTERN POSTED	DATE 28/4/23 MARKS (20)	DATE 12/5/23 MARKS (20)
1.	Vanshika A	16	19
2.	Vanshika Tomar	15	20
3.	Vaishya	15	19
4.	Vedika	16	19
5.	Vishal	14	20
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Dept. of Prosthodontics And Crown & Bridge
H-3 Head



INDERPRASTHA DENTAL COLLEGE & HOSPITAL
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Ghaziabad (U.P.) - 201010, Delhi NCR



Department Of Conservative Dentistry And Endodontics U.G . Section

INTERN PREPARATION FOR COMPETITIVE EXAMS

13/4/23

BATCH: I

POSTING DATE: 12/5/23

S. NO.	NAME OF THE INTERN POSTED	DATE 28/4/23 MARKS (20)	DATE 12/5/23 MARKS (20)
1.	Shakeen Samar	12	15
2.	Shakeeba Hussain	11	14
3.	Shiva Gupta	11	10
4.	Shivesh	13	13
5.	Shruti Srivastava	13	15
6.	Shruti Verma	12	14
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Ghaziabad (U.P.) - 201010, Delhi NCR



Department Of Orthodontics And Dentofacial Orthopaedics


INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: 2017

POSTING DATE: 13/04/23 -
12/05/23

S. NO.	NAME OF THE INTERN POSTED	DATE 29/4/23 MARKS (20)	DATE 12/5/23 MARKS (20)
1.	Piyosh Saket	14	15
2.	Prachi Grover	16	17
3.	Prakshi Sharma	15	18
4.	Priyanka Anjana	15	17
5.	Rabiya Iqbal	14	17
6.	Rajvandini	16	17
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Professor & Head
Department of Orthodontics
& Dentofacial Orthopaedics



Indraprastha Dental College & Hospital
45/1, Site-IV, Industrial Area, Sahasrabud,
Ghaziabad 201010 (U.P.)



Department of Oral Medicine & Radiology

INTERNS PREPARATION FOR COMPETITIVE EXAMS

Posting Dates- 13/4/23-12/5/23

Batch- 8 (2017)

S.No	Name of Intern Posted	Date 21/4/23 Marks(20)	Date 01/5/23 Marks(20)
1	Murkan Gupta	Ab	Ab
2	Murkan Singh	15	Ab
3	Namrata	16	Ab
4	Neha	15	16
5	Nishi	Ab	Ab
6	Nitesh Gupta	17	15
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Ghaziabad-201010 (U.P.)



Department of Paedodontics & Preventive Dentistry

INTERNS PREPARATION FOR COMPETITIVE EXAMS

Batch- H 20

Posting Dates- 13-4-28
12-5-28

S.No	Name of Intern Posted	Date	Marks(20)	Date	Marks(20)
1	Aruni	21/4/23	15	9/5/23	14
2	Ruchi		17		15
3	Saba		15		16
4	Sanjana		15		16
5	Sanjivi		13		17
6	Seema		15		14
7	Isha		14		13
8	Gauri		15		14
9	Nidha		Ab		Ab
10	Priya		10		09
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Head of The Department
Paedodontics & Preventive Dentistry
Indraprastha Dental College & Hospital
Sahibabad, Ghaziabad



Inderprastha Dental College & Hospital
40/1, Site-IV, Industrial Area, Sahibabad,
Ghaziabad-201010 (U.P.)



Department of Periodontology

INTERNS PREPARATION FOR COMPETITIVE EXAMS

Batch- 2017(1K) BATCH-E

Posting Dates- 13/4/23 to 12/5/23

S.No	Name of Intern Posted	Date 11/4/23 Marks(20)	Date 8/5/23 Marks(20)
1	Kiran Gupta	16	17
2	Krispy	18	16
3	Kriti	17	18
4	Keerul Sharma	16	16
5	Hamta	16	18
6	Hansha Rai	17	17
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Head of Department
Periodontology
Inderprastha Dental College & Hospital
Ghaziabad, Ghaziabad



INDERPRASTHA DENTAL COLLEGE & HOSPITAL
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Ghaziabad (U.P.) - 201010, Delhi NCR



Department Of Oral Pathology & Microbiology

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: A

POSTING DATE: 13.4.23-
28.4.23

S. NO.	NAME OF THE INTERN POSTED	DATE 19/4/23 MARKS (20)	DATE 25/4/23 MARKS (20)
1.	Ashwin	14	13
2.	Bastha	15	16
3.	Aditi Jain	16	15
4.	Anshika	14	15
5.	Anshuman	13	14
6.	Arupama	14	13
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Inderprastha Dental College & Hospital
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Department of Oral Medicine & Radiology

INTERNS PREPARATION FOR COMPETITIVE EXAMS

Batch: 5 (2018)

Posting Dates- 12/4/23 - 12/5/23

S.No	Name of Intern Posted	Date 19/4/23 Marks(20)	Date 3/5/23 Marks(20)
1	Sarah	15	14
2	Saumya Mishra	Ab	Ab
3	Siddharth.	13	15
4	Suman	14	16
5	Somya Yadav	16	13
6	Swati	15	16
7	Sheshayi	14	14
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Department Of Conservative Dentistry And Endodontics

U.G . Section

INTERN PREPARATION FOR COMPETITIVE EXAMS

8/4/23

BATCH:

POSTING DATE: 7/5/23

S. NO.	NAME OF THE INTERN POSTED	DATE 20/4/23 MARKS (20)	DATE 6/5/23 MARKS (20)
1.	Prakash Kumar Singh	9	12
2.	Ranya Singh	10	11
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Department Of Conservative Dentistry And Endodontics

U.G . Section

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH:

POSTING DATE:

4/4/23
3/5/23

S. NO.	NAME OF THE INTERN POSTED	DATE 19/4/23 MARKS (20)	DATE 3/5/23 MARKS (20)
1.	Rishi	12	11
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Department Of Oral And Maxillofacial Surgery

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: J

POSTING DATE: 29/3/20 -
12/5/23

S. NO.	NAME OF THE INTERN POSTED	DATE 14/4/23 MARKS (20)	DATE 3/5/23 MARKS (20)
1.	Shubhangi A	11	13
2.	Shubhangi K	10	12
3.	Shweta	14	16
4.	Somya	12	11
5.	Sonu	11	13
6.	Supriya	12	15
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Oral And Maxillofacial Surgery
Indraprastha Dental College And Hospital



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Ghaziabad (U.P.) - 201010, Delhi NCR



Department Of Public Health Dentistry

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: D

POSTING DATE: 28/3/23 -
27/6/23

S. NO.	NAME OF THE INTERN POSTED	DATE 12/4/23 MARKS (20)	DATE 27/6/23 MARKS (20)
1.	Garvita Chaudhary	14	17
2.	Himanshu Dahiya	15	16
3.	Jay Srivastava	15	15
4.	Jayanti Anja	14	18
5.	Kapil Bhardraj	14	17
6.	Kashish Gupta	14	-
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INDERPRASTHA DENTAL COLLEGE & HOSPITAL
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Department Of Conservative Dentistry And Endodontics U.G . Section

INTERN PREPARATION FOR COMPETITIVE EXAMS

28/3/23

BATCH: E

POSTING DATE: 27/4/23.

S. NO.	NAME OF THE INTERN POSTED	DATE 10/4/23 MARKS (20)	DATE 26/4/23 MARKS (20)
1.	Misha Dua	12	13
2.	Mitzi Bangeti	13	14
3.	Muskaan Rayan Sethi	14	16
4.	Neelima Singh	11	13
5.	Nicky Kumari	12	14
6.	Nupur Yadav	10	12
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INDERPRASTHA DENTAL COLLEGE & HOSPITAL
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Department Of Orthodontics And Dentofacial Orthopaedics

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: F

POSTING DATE: 26/3/23 -
27/4/23

S. NO.	NAME OF THE INTERN POSTED	DATE 18/40/25 MARKS (20)	DATE 24/04/23 MARKS (20)
1.	Pallavi Sharma	15	14
2.	Pooja Gupta	14	16
3.	Priya Rani	16	15
4.	Priyanka Kumar	15	10
5.	Ragini Kumari	15	14
6.	Priya Dutt	16	14
7.	Sakshi Anand	14	15
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[Signature]
Professor & Head
Department of Orthodontics
& Dentofacial Orthopaedics



Indraprastha Dental College & Hospital
45/1, GPO IV, Industrial Area, Saket, New Delhi
(Chartered 2010) (U.P.)



Department of Oral Medicine & Radiology

INTERNS PREPARATION FOR COMPETITIVE EXAMS

Batch: H (2018)

Posting Dates- 22/3/23 - 27/4/23

S.No	Name of Intern Posted	Date 6/4/23 Marks(20)	Date 25/04/23 Marks(20)
1	Priyanka	13	15
2	Vidhi Jha	Ab	17
3	Suprateek	Ab	Ab
4	Akansha	Ab	Ab
5	Priyanka Ch	Ab	Ab
6	Hassant	Ab	Ab
7	Sandhyadeep	15	12
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Jishu



Inderprastha Dental College & Hospital
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Ghaziabad-201010 (U.P.)



Department of Paedodontics & Preventive Dentistry

INTERNS PREPARATION FOR COMPETITIVE EXAMS

Posting Dates- 28-03-23
27-04-23

Batch- e

S.No	Name of Intern Posted	Date 12-11-23 Marks(20)	Date 25-04-23 Marks(20)
1	Aviral	18	19
2	Ayman	16	16
3	Bhavya	17	15
4	Disha Arora	13	16
5	Shikhi Jindal	12	15
6	Ganima Varsh	15	16
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Mansoor
Head of The Department
Paedodontics & Preventive Dentistry
Inderprastha Dental College & Hospital
Sahibabad, Ghaziabad





INDERPRASTHA DENTAL COLLEGE & HOSPITAL
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Department Of Oral And Maxillofacial Surgery

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: B

POSTING DATE: 28/3/23 -
11/5/23

S. NO.	NAME OF THE INTERN POSTED	DATE 12/4/23 MARKS (20)	DATE 21/4/23 MARKS (20)
1.	Ajnu Yadav	13	14
2.	Antarika	13	13
3.	Aparna Singh	10	12
4.	Apurva	12	14
5.	Aparna	13	14
6.	Avinashika	12	13
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Oral And Maxillofacial Surgery
Inderprastha Dental College And Hospital



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Department Of Oral Pathology & Microbiology

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: G

POSTING DATE: 28/3/23
28/4/23

S. NO.	NAME OF THE INTERN POSTED	DATE 4/3/23 MARKS (20)	DATE 11/4/23 MARKS (20)
1.	Sarah	11	09
2.	Saumya Mishra	12	04
3.	Shubhangi Roy	12	03
4.	Siddhant	11	04
5.	Simion, Balan	14	06
6.	Saumya Gupta	12	03
7.	Swati S. Laxmi	14	04
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Department of Paedodontics & Preventive Dentistry

INTERNS PREPARATION FOR COMPETITIVE EXAMS

Batch- G

Posting Dates- 3-03-23
-12-04-23

S.No	Name of Intern Posted	Date 30.03.23 Marks(20)	Date 10.4.23 Marks(20)
1	Piyush	A	12
2	Prachi	15	14
3	Prakshi	14	15
4	Priyanka	14	16
5	Rabiya	16	15
6	Raj nandani	A	13
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Mansh
Head of the Department
Paedodontics & Preventive Dentistry
Inderprastha Dental College & Hospital
Sahibabad, Ghaziabad



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Department Of Oral Pathology & Microbiology

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: L

POSTING DATE: 13/3/23 - 28/3/23

S. NO.	NAME OF THE INTERN POSTED	DATE 20/3/23 MARKS (20)	DATE 27/3/23 MARKS (20)
1.	Vanshika Agarwal	15	16
2.	Vanshika Tomer	14	14
3.	Varsha	13	12
4.	Vedika	13	12
5.	Vishal,	10	11
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Department Of Orthodontics And Dentofacial Orthopaedics

INTERN PREPARATION FOR COMPETITIVE EXAMS


BATCH: Batch-f (2017)

POSTING DATE:

13/3/23 - 12/4/23

S. NO.	NAME OF THE INTERN POSTED	DATE 23/3/23 MARKS (20)	DATE 12/4/23 MARKS (20)
1.	Muskan Gupta	16	15
2.	Muskan Singh	15	15
3.	Naurata	12	13
4.	Neha Kumari	12	12
5.	Nishi Singh	13	12
6.	Nitish Gupta	14	13
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Professor & Head
Department of Orthodontics
& Dentofacial Orthopaedics



INDERPRASTHA DENTAL COLLEGE & HOSPITAL
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Department Of Periodontology

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: 2017 (R) Batch D

POSTING DATE: 15/5/23 -
15/11/23

S. NO.	NAME OF THE INTERN POSTED	DATE 10/5/23 MARKS (20)	DATE 17/4/23 MARKS (20)
1.	Himani	17	18
2.	Shlo	16	17
3.	Ishita	17	17
4.	Ivan	18	16
5.	Kanika	16	17
6.	Karan	17	18
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Head of The Department
Periodontology
Inderprastha Dental College & Hospital
Sahibabad, Ghaziabad





INDERPRASTHA DENTAL COLLEGE & HOSPITAL
46/1, Site IV Industrial Area, Sahibabad,
Ghaziabad (U.P.) - 201010, Delhi NCR



Department Of Public Health Dentistry

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: C

POSTING DATE: 13/3/23 -
12/5/23

S. NO.	NAME OF THE INTERN POSTED	DATE 3/3/23 MARKS (20)	DATE 12/5/23 MARKS (20)
1.	Chhavi Malhotra	-	-
2.	Drishity Kaler	15	17
3.	Garima Sharma	15	17
4.	Gunjan Malhotra	-	-
5.	Harsh Acharya	15	18
6.	Harshita	16	17
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Inderprastha Dental College & Hospital
46/1, Site-IV, Industrial Area, Sahibabad,
Ghaziabad-201010 (U.P.)



Department of Oral Medicine & Radiology

INTERNS PREPARATION FOR COMPETITIVE EXAMS

Batch- E (2017)

Posting Dates- 13-3-23 to 12-4-23

S.No	Name of Intern Posted	Date 20/3/23 Marks(20)	Date 29/3/23 Marks(20)
1	Kuan	14	15
2	Krispy	Ab	Ab
3	Ksiti	Ab	Ab
4	Kunal	Ab	Ab
5	Mamta	16	14
6	Manisha	15	13
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INDERPRASTHA DENTAL COLLEGE & HOSPITAL
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Ghaziabad (U.P.) - 201010, Delhi NCR



Department Of Conservative Dentistry And Endodontics U.G. Section

INTERN PREPARATION FOR COMPETITIVE EXAMS

19/3/23

BATCH: H

POSTING DATE: 12/4/23

S. NO.	NAME OF THE INTERN POSTED	DATE 25/3/23 MARKS (20)	DATE 11/4/23 MARKS (20)
1.	Renu Pal	11	12
2.	Ruchi Chaudhary	12	13
3.	Saba	11	11
4.	Sayana	12	13
5.	Sanyasini	8	16
6.	Seema Sharma.	10	14
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Department Of Oral And Maxillofacial Surgery

INTERN PREPARATION FOR COMPETITIVE EXAMS

1/8/23 - 12/4/23

BATCH: Batch - 'I'

POSTING DATE:

S. NO.	NAME OF THE INTERN POSTED	DATE 16/3/23 MARKS (20)	DATE 30/9/23 MARKS (20)
1.	Shahcen	12	14
2.	Shakiba	11	12
3.	Shiva	13	13
4.	Shivesh	13	15
5.	Shruti Shrivastava	14	12
6.	Shruti Varun.	13	13
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Oral And Maxillofacial Surgery
Inderprastha Dental College And Hospital



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Department Of Periodontology

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: 2017 (R) Batch C

POSTING DATE: 09/12/23 -
12/12/23

S. NO.	NAME OF THE INTERN POSTED	DATE 28/2/23 MARKS (20)	DATE 10/3/23 MARKS (20)
1.	Chavi	17	18
2.	Dhishity	16	17
3.	Garima	17	17
4.	Gunjan	18	17
5.	Hareli	16	17
6.	Harshita	16	16
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Head of the Department

Signature of Head of the Department



INDERPRASTHA DENTAL COLLEGE & HOSPITAL
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Department Of Conservative Dentistry And Endodontics U.G . Section

INTERN PREPARATION FOR COMPETITIVE EXAMS

18/2/23

BATCH: A

POSTING DATE: 19/3/23.

S. NO.	NAME OF THE INTERN POSTED	DATE 3/3/23 MARKS (20)	DATE 18/3/23 MARKS (20)
1.	Bhavana Rajan	10	12
2.	Shwani Singh	9	11
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Indraprastha Dental College & Hospital
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Department of Paedodontics & Preventive Dentistry

INTERNS PREPARATION FOR COMPETITIVE EXAMS

Posting Dates- 18-02-23
19-02-23

Batch- C (IR)

S.No	Name of Intern Posted	Date 20.2.23 Marks(20)	Date 18-02-23 Marks(20)
1	Shivangi Verma	15	16
2	Adiba Iqbal	19	18
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Head of The Department
Paedodontics & Preventive Dentistry
Indraprastha Dental College & Hospital
Sahibabad, Ghaziabad





INDERPRASTHA DENTAL COLLEGE & HOSPITAL
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Ghaziabad (U.P.) - 201010, Delhi NCR



Department Of Oral Pathology & Microbiology

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: *K*

POSTING DATE: *13/2/23 To 28/2/23*

S. NO.	NAME OF THE INTERN POSTED	DATE <i>21/2/23</i> MARKS (20)	DATE <i>25/2/23</i> MARKS (20)
1.	<i>Suryansh</i>	<i>11</i>	<i>12</i>
2.	<i>Twinkle</i>	<i>10</i>	<i>12</i>
3.	<i>Umesh</i>	<i>13</i>	<i>14</i>
4.	<i>Utkarsh</i>	<i>13</i>	<i>12</i>
5.	<i>Vaishvi</i>	<i>14</i>	<i>16</i>
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Kishor Kumar
Prof. & Head
FOC, SAHIBABAD





INDERPRASTHA DENTAL COLLEGE & HOSPITAL
46/1, Site IV Industrial Area, Sahibabad,
Ghaziabad (U.P.) - 201010, Delhi NCR



Department Of Public Health Dentistry

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: B

POSTING DATE: 13/2/23 - 12/5/23

S. NO.	NAME OF THE INTERN POSTED	DATE 25/2/23 MARKS (20)	DATE 11/5/23 MARKS (20)
1.	Anushka Sharma	14	14
2.	Arushi Dubey	14	15
3.	Ashit Arand	15	14
4.	Chandangshi Kaushik	14	15
5.	Chetan Kumar Singh	15	16
6.	Chetna Mahajan	-	-
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Inderprastha Dental College & Hospital
40/1, Site-IV, Industrial Area, Sahibabad,
Ghaziabad-201010 (U.P.)



Department of Paedodontics & Preventive Dentistry

INTERNS PREPARATION FOR COMPETITIVE EXAMS

Posting Dates- 13-02-23 to
12-03-23

Batch- F

S.No	Name of Intern Posted	Date 13-02-23 Marks(20)	Date 12-03-23 Marks(20)
1	Muskan Gupta	A	A
2	Muskan Singh	13	14
3	Namrata	16	15
4	Neha	18	17
5	Nishi	A	A
6	Nitishu	12	13
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[Signature]
Head of the Department
Paedodontics & Preventive Dentistry
Inderprastha Dental College & Hospital
Sahibabad, Ghaziabad



Inderprastha Dental College & Hospital
46/1, Site-IV, Industrial Area, Sahibabad,
Ghaziabad-201010 (U.P.)



Department of Oral Medicine & Radiology

INTERNS PREPARATION FOR COMPETITIVE EXAMS

Batch- D

Posting Dates- 13/2/23 - 12/3/23

S.No	Name of Intern Posted	Date <u>20/2/23</u> Marks(20)	Date <u>6/3/23</u> Marks(20)
1	Nirman	15	12
2	Ila Gupta	15	13
3	Jhita	14	15
4	Ivan	15	13
5	Kanika	15	12
6	Karan	12	13
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INDERPRASTHA DENTAL COLLEGE & HOSPITAL

46/1, Site IV Industrial Area, Sahibabad,
Ghaziabad (U.P.) - 201010, Delhi NCR



Department Of Orthodontics And Dentofacial Orthopaedics

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: Batch - E (2017)

POSTING DATE:
13/2/23 - 12/3/23

S. NO.	NAME OF THE INTERN POSTED	DATE 17/2/23 MARKS (20)	DATE 10/3/23 MARKS (20)
1.	Kiran	16	13
2.	Krispy	15	14
3.	Kriti	12	14
4.	Kunal	14	16
5.	Mamta	13	12
6.	Manisha	13	15
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Professor & Head
Department of Orthodontics
& Dentofacial Orthopaedics



INDERPRASTHA DENTAL COLLEGE & HOSPITAL

46/1, Site IV Industrial Area, Sahibabad,
Ghaziabad (U.P.) - 201010, Delhi NCR



Department Of Conservative Dentistry And Endodontics

U.G . Section

INTERN PREPARATION FOR COMPETITIVE EXAMS

13/2/23

BATCH: G

POSTING DATE: 12/3/23

S. NO.	NAME OF THE INTERN POSTED	DATE 28/2/23 MARKS (20)	DATE 11/3/23 MARKS (20)
1.	Piyush Saket	12	14
2.	Prachi Grouce	11	15
3.	Arakshi Sharma	12	13
4.	Priyanka Sijano	11	13
5.	Rabrya Iqbal	12	11
6.	Rajnandini	10	12
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Department Of Prosthodontics And Crown & Bridge
U.G . Section

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: 3

POSTING DATE:
13/2/23 - 28/3/23

S. NO.	NAME OF THE INTERN POSTED	DATE 28/2/23 MARKS (20)	DATE 14/3/23 MARKS (20)
1.	Shubhangi Anand	17	18
2.	Shubhangi Khator	17	19
3.	Shweta	18	18
4.	Sonu Singh	18	19
5.	Saanya	17	18
6.	Supriya	17	18
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Dept. of Prosthodontics And Crown & Bridge
U.G. Head



INDERPRASTHA DENTAL COLLEGE & HOSPITAL
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Ghaziabad (U.P.) - 201010, Delhi NCR



Department Of Oral And Maxillofacial Surgery

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: B

POSTING DATE: 2/02/23 - 10/03/23

S. NO.	NAME OF THE INTERN POSTED	DATE 2/02/23 MARKS (20)	DATE 4/3/23 MARKS (20)
1.	Sahni Devendra	13	15
2.	Gurpreet	12	10
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Oral And Maxillofacial Surgery
Inderprastha Dental College And Hospital



INDERPRASTHA DENTAL COLLEGE & HOSPITAL
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Department Of Public Health Dentistry

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: M

POSTING DATE: 29/1/23 -
27/4/23

S. NO.	NAME OF THE INTERN POSTED	DATE 15/2/23 MARKS (20)	DATE 26/4/23 MARKS (20)
1.	Sonam Singh	-	-
2.	Shubhanshu Jainmal	15	14
3.	Nishant	14	14
4.	Chhavi Raghav	-	-
5.	Gagandeep Singh	13	12
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Department Of Prostodontics And Crown & Bridge
U.G . Section

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: N

POSTING DATE:
29/1/23 - 12/3/23

S. NO.	NAME OF THE INTERN POSTED	DATE 13/2/23 MARKS (20)	DATE 27/2/23 MARKS (20)
1.	Aditi	16	19
2.	Sourya	17	19
3.	Sayan	16	19
4.	Terzin	17	19
5.	Ayushi	17	18
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Dept. of Prostodontics And Crown & Bridge
U.G. Head



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Ghaziabad (U.P.) - 201010, Delhi NCR



Department Of Oral And Maxillofacial Surgery

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: H

POSTING DATE: 27/1/23 -
12/3/23

S. NO.	NAME OF THE INTERN POSTED	DATE 10/2/23 MARKS (20)	DATE 25/2/23 MARKS (20)
1.	Renu	15	14
2.	Ruchi	10	12
3.	Saba	15	13
4.	Sanjana	16	15
5.	Sanjeevani	10	11
6.	Seema	12	12
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Head and Neck
Surgery
Inderprastha Dental College & Hospital

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Head and Neck
Surgery
Inderprastha Dental College & Hospital



Inderprastha Dental College & Hospital
46/1, Site-IV, Industrial Area, Sahibabad,
Ghaziabad-201010 (U.P.)



Department of Paedodontics & Preventive Dentistry

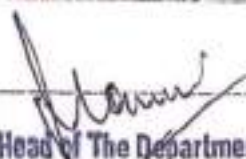
INTERNS PREPARATION FOR COMPETITIVE EXAMS

Batch- IR

Posting Dates-23-01-23 to
21-02-23

S.No	Name of Intern Posted	Date	Date
		Marks(20) 6/2/23	Marks(20) 19/2/23
1	Priyanka Kumari	15	15
2	Aditi Vats	14	13
3	Jyoti Singh	12	14
4	Parishmita Yasmin	14	15
5	Shayari Sew	19	16
6	Sabir	A	A
7	Ujala Thakur	14	15
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Head of The Department
Paedodontics & Preventive Dentistry
Inderprastha Dental College & Hospital
Sahibabad, Ghaziabad



INDERPRASTHA DENTAL COLLEGE & HOSPITAL
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Ghaziabad (U.P.) - 201010, Delhi NCR



Department Of Conservative Dentistry And Endodontics

U.G . Section

INTERN PREPARATION FOR COMPETITIVE EXAMS

17/1/23

BATCH:

POSTING DATE: 16/2/23.

S. NO.	NAME OF THE INTERN POSTED	DATE 31/1/23 MARKS (20)	DATE 16/2/23 MARKS (20)
1.	Shreuti Nishach	10	12
2.	Md. Haiman Qureshi	11	10
3.	Vikhyata Sagar	12	12
4.	Pammy Bharti	10	11
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Department Of Prosthodontics And Crown & Bridge
U.G . Section

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: F

POSTING DATE:
13/1/23 - 25/2/23

S. NO.	NAME OF THE INTERN POSTED	DATE 23/1/23 MARKS (20)	DATE 11/2/23 MARKS (20)
1.	Shakeen	16	19
2.	Shakeba	17	19
3.	Shiva	16	19
4.	Shruti	16	19
5.	Shruti Varun	17	20
6.	Shivsh	18	19
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Dr.

Dept. of Prosthodontics And Crown & Bridge
U.G. Head



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Department Of Conservative Dentistry And Endodontics

U.G. Section

INTERN PREPARATION FOR COMPETITIVE EXAMS

13/1/23

BATCH: F

POSTING DATE:

12/2/23

S. NO.	NAME OF THE INTERN POSTED	DATE 31/1/23 MARKS (20)	DATE 11/2/23 MARKS (20)
1.	Muskan Gupta	12	14
2.	Muskan Singh	11	13
3.	Namrata	10	10
4.	Neha Kumari	12	13
5.	Neshu Singh	13	13
6.	Nitish Gupta	11	12
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Department Of Public Health Dentistry

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: 0

POSTING DATE: 13/1/23-
12/4/23

S. NO.	NAME OF THE INTERN POSTED	DATE 31/1/23 MARKS (20)	DATE 12/4/23 MARKS (20)
1.	Esha Yadav	15	Ab
2.	Gauri Kishwaha	Ab	Ab
3.	Aishwarya	15	Ab
4.	Nida Iqbal	-	Ab
5.	Pritha Shil	14	16
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Sahibabadi Dental College & Hospital
 66/1, Site-IV, Industrial Area, Sahibabad,
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Department of Oral Medicine & Radiology

INTERNS PREPARATION FOR COMPETITIVE EXAMS

Batch **C**

Posting Dates- 13/1/23
 11/2/23

S No	Name of Intern Posted	Date ^{04/01/23} Marks(20)	Date ^{01/2/23} Marks(20)
1	Nabin	15	15
2	Divyati	16	15
3	Garima	17	13
4	Gurjan	18	18
5	Hosh	15	15
6	Harshita	15	15
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46/1, Site IV Industrial Area, Sahibabad,
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Department Of Public Health Dentistry

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: A

POSTING DATE: 13/1/23
to
12/4/23

S. NO.	NAME OF THE INTERN POSTED	DATE 30/1/23 MARKS (20)	DATE 12/4/23 MARKS (20)
1.	Aafreen Naseem	15	15
2.	Aastha Sinha	16	15
3.	Aditi Jain	-	-
4.	Anshika	15	15
5.	Anshuman Chauhan	14	-
6.	Anupama Srivastava	16	16
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Inderprastha Dental College & Hospital
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Ghaziabad-201010 (U.P.)



Department of Periodontology

INTERNS PREPARATION FOR COMPETITIVE EXAMS

Batch- Batch B 2019 (R)

Posting Dates- 13/1/23 - 12/2/23

S.No	Name of Intern Posted	Date 27/1/23 Marks(20)	Date 11/2/23 Marks(20)
1	Amesha	16	16
2	Anshi	17	16
3	Ashit	16	16
4	Chandanshi	16	17
5	Chetan	17	17
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Head of The Department
Periodontology
Inderprastha Dental College & Hospital
Sahibabad, Ghaziabad





Inderprastha Dental College & Hospital
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Department of Paedodontics & Preventive Dentistry

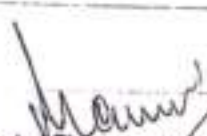
INTERNS PREPARATION FOR COMPETITIVE EXAMS

Batch- E

Posting Dates- 13.01.23 -
12.02.23

S.No	Name of Intern Posted	Date 28.01.23 Marks(20)	Date 10.02.23 Marks(20)
1	Kiran Gupta	12	15
2	Krispy	A	A
3	Kaithi	10	12
4	Kunal Sharma	A	A
5	Mamta	12	16
6	Manisha Rai	14	15
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Head of The Department
Paedodontics & Preventive Dentistry
Inderprastha Dental College & Hospital
Sahibabad, Ghaziabad



INDERPRASTHA DENTAL COLLEGE & HOSPITAL
46/1, Site IV Industrial Area, Sahibabad,
Ghaziabad (U.P.) - 201010, Delhi NCR



Department Of Orthodontics And Dentofacial Orthopaedics

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: Batch - D [2017]

POSTING DATE:
13/1/23 - 12/2/23

S. NO.	NAME OF THE INTERN POSTED	DATE 23/1/23 MARKS (20)	DATE 10/2/23 MARKS (20)
1.	Himani Sharma	15	16
2.	Ila Gupta	16	13
3.	Ishita	13	14
4.	Ivan	13	14
5.	Kanika	14	12
6.	Karan	15	15
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Professor S. Anand
Department of Orthodontics
& Dentofacial Orthopaedics



INDERPRASTHA DENTAL COLLEGE & HOSPITAL
46/1, Site IV Industrial Area, Sahibabad,
Ghaziabad (U.P.) - 201010, Delhi NCR



Department Of Oral Pathology & Microbiology

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: J

POSTING DATE: 13/1/23 to
28/1/23

S. NO.	NAME OF THE INTERN POSTED	DATE 21/1/23 MARKS (20)	DATE 27/1/23 MARKS (20)
1.	Shushangi Arora	14	15
2.	Shubhangi Khatwani	13	14
3.	Shweta	11	12
4.	Sonu Singh	12	11
5.	Somya Omer	13	14
6.	Supriya	13	15
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INDERPRASTHA DENTAL COLLEGE & HOSPITAL
46/1, Site IV Industrial Area, Sahibabad,
Ghaziabad (U.P.) - 201010, Delhi NCR



Department Of Oral And Maxillofacial Surgery

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: C

POSTING DATE: 31/1/23 - 31/2/23

S. NO.	NAME OF THE INTERN POSTED	DATE 17/1/23 MARKS (20)	DATE 09/02/23 MARKS (20)
1.	Shivangi Verma	10	12
2.	Adiba Iqbal	15	15
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Oral And Maxillofacial Surgery
Inderprastha Dental College And Hospital



INDERPRASTHA DENTAL COLLEGE & HOSPITAL
46/1, Site IV Industrial Area, Sahibabad,
Ghaziabad (U.P.) - 201010, Delhi NCR



Department Of Conservative Dentistry And Endodontics

U.G . Section

INTERN PREPARATION FOR COMPETITIVE EXAMS

3/1/23

BATCH: B

POSTING DATE: 07/2/23.

S. NO.	NAME OF THE INTERN POSTED	DATE 20/1/2023 MARKS (20)	DATE 07/2/2023 MARKS (20)
1.	Gunpreet Singh Sahgal	10	11
2.	Latni Devendra	10	12
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Department Of Oral And Maxillofacial Surgery

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: G

POSTING DATE: 30/12/22-
12/2/23

S. NO.	NAME OF THE INTERN POSTED	DATE 18/1/23 MARKS (20)	DATE 30/1/23 MARKS (20)
1.	Piyush	15	16
2.	Prachi	17	18
3.	Prakshi	13	15
4.	Priyanka	10	12
5.	Rabiya	18	18
6.	Rajnandani	14	15
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Oral And Maxillofacial Surgery
College A



INDERPRASTHA DENTAL COLLEGE & HOSPITAL
46/1, Site IV Industrial Area, Sahibabad,
Ghaziabad (U.P.) - 201010, Delhi NCR



Department Of Oral Pathology & Microbiology

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: N

POSTING DATE: 28/12/22 to
12/1/23

S. NO.	NAME OF THE INTERN POSTED	DATE 6/1/23 MARKS (20)	DATE 12/1/23 MARKS (20)
1.	Sayan Sanyal	11	12
2.	Somya Sekher	12	11
3.	Tansen	13	14
4.	Aditi Banerjee	12	13
5.	Arushi Kuccher	13	12
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Indraprastha Dental College & Hospital
48/1, Site-IV, Industrial Area, Sahibabad,
Ghaziabad-201010 (U.P.)




Department of Periodontology

INTERNS PREPARATION FOR COMPETITIVE EXAMS

Batch- Batch I 2017 (R)

Posting Dates- 23/12/22-13/01/23

S.No	Name of Intern Posted	Date Marks(20)	Date Marks(20)
1	Shakiba	16	
2	Shruti Shrivastava	17	
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Head of The Department
Periodontology
Indraprastha Dental College & Hospital
Sahibabad, Ghaziabad





Indraprastha Dental College & Hospital
48/1, Site-IV, Industrial Area, Sahibabad,
Ghaziabad-201010 (U.P.)



Department of Periodontology

INTERNS PREPARATION FOR COMPETITIVE EXAMS

Batch- 2017 (R)

Posting Dates- 22/12/22-21/01/23

S.No	Name of Intern Posted	Date 06/01/23 Marks(20)	Date 20/01/23 Marks(20)
1	Priyanka Kumari	17	18
2	Aarti Vats	16	17
3	Jyoti Singh	17	18
4	Parismila Yamin	16	17
5	Shayeni Sen	16	18
6	Ujala	17	18
7	Sahil	16	17
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VK
Head of The Department
Periodontology
Indraprastha Dental College & Hospital
Sahibabad, Ghaziabad



Inderprastha Dental College & Hospital
46/1, Site-IV, Industrial Area, Sahibabad,
Ghaziabad-201010 (U.P.)



Department of Paedodontics & Preventive Dentistry

INTERNS PREPARATION FOR COMPETITIVE EXAMS

Posting Dates- 22-12-22 to
21-01-23

Batch- IR

S.No	Name of Intern Posted	Date 05-01-23 Marks(20)	Date 12-01-23 Marks(20)
1	Riddhi	10	12
2	Prakash	10	11
3	Ranya	12	13
4	Soham	11	14
5	Palak	A	A
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Head of the Department
Paedodontics & Preventive Dentistry
Inderprastha Dental College & Hospital
Sahibabad, Ghaziabad





INDERPRASTHA DENTAL COLLEGE & HOSPITAL
46/1, Site IV Industrial Area, Sahibabad,
Ghaziabad (U.P.) - 201010, Delhi NCR



Department Of Oral Pathology & Microbiology

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: I

POSTING DATE: 13/12/22 to 28/12/22

S. NO.	NAME OF THE INTERN POSTED	DATE 22/12/22 MARKS (20)	DATE 27/12/22 MARKS (20)
1.	Shahen	13	14
2.	Shakiba	14	14
3.	Shiva	12	13
4.	Shivsh	11	12
5.	Shreuti Srivastava	13	15
6.	Shreuti Varun	13	12
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INDERPRASTHA DENTAL COLLEGE & HOSPITAL
46/1, Site IV Industrial Area, Sahibabad,
Ghaziabad (U.P.) - 201010, Delhi NCR



Department Of Oral And Maxillofacial Surgery

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: M

POSTING DATE: 13/12/22 -
28/1/23

S. NO.	NAME OF THE INTERN POSTED	DATE 30/12/22 MARKS (20)	DATE 11/1/23 MARKS (20)
1.	Saran Singh	10	11
2.	Nishant	12	10
3.	Shubhanshu	15	16
4.	Chavi	11	13
5.	Yagan deep	10	12
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Oral And Maxillofacial Surgery
Inderprastha Dental College And Hospital



Inderprastha Dental College & Hospital
46/1, Site-IV, Industrial Area, Sahibabad,
Ghaziabad-201010 (U.P.)



Department of Paedodontics & Preventive Dentistry

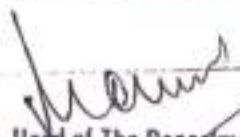
INTERNS PREPARATION FOR COMPETITIVE EXAMS

Posting Dates- 13.12.22
12.1.23

Batch- D

S.No	Name of Intern Posted	Date 22.12.22 Marks(20)	Date 09.01.23 Marks(20)
1	Himani Sharma	12	14
2	Ela Gupta	10	13
3	Ishita	14	15
4	Ivan Quite	11	12
5	Kaushika	12	14
6	Karan	13	12
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Head of The Department
Paedodontics & Preventive Dentistry
Inderprastha Dental College & Hospital,
Sahibabad, Ghaziabad



Indraprastha Dental College & Hospital
46/1, Site-IV, Industrial Area, Sahibabad,
Ghaziabad-201010 (U.P.)



Department of Periodontology

INTERNS PREPARATION FOR COMPETITIVE EXAMS

Batch- Batch 0 (PR) 2016

Posting Dates-13/01/23-12/01/23

S.No	Name of Intern Posted	Date 29/12/22 Marks(20)	Date 10/01/23 Marks(20)
1	Aishwarya	15	18
2	Esha	16	18
3	Gauri	17	17
4	Pritha	18	17
5	Nida	17	18
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Head of The Department
Periodontology
Indraprastha Dental College & Hospital
Sahibabad, Ghaziabad



Indraprastha Dental College & Hospital
48/1, Site-IV, Industrial Area, Sahibabad,
Ghaziabad-201010 (U.P.)



Department of Periodontology

INTERNS PREPARATION FOR COMPETITIVE EXAMS

Batch- Batch A (R) 2017

Posting Dates- 15/12/22 - 12/01/23

S.No	Name of Intern Posted	Date 29/12/22 Marks(20)	Date 11/01/23 Marks(20)
1	Aafreen	13	17
2	Aastha	17	18
3	Aditi Jain	15	16
4	Anshika	15	16
5	Anshuman	16	18
6	Anupama	17	18
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Head of The Department
Periodontology
Indraprastha Dental College & Hospital
Sahibabad, Ghaziabad



INDERPRASTHA DENTAL COLLEGE & HOSPITAL
46/1, Site IV Industrial Area, Sahibabad,
Ghaziabad (U.P.) - 201010, Delhi NCR



Department Of Public Health Dentistry

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: L

POSTING DATE: 13/12/22
12/5/23

S. NO.	NAME OF THE INTERN-POSTED	DATE 3/1/23 MARKS (20)	DATE 10/3/23 MARKS (20)
1.	Vanshika Agarwal	14	16
2.	Vanshika Tomar	15	16
3.	Varsha	15	17
4.	Vedika Singh	15	15
5.	Vishal Gupta	14	Ab
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Indraprastha Dental College & Hospital
48/1, Site-IV, Industrial Area, Sahibabad,
Ghaziabad-201010 (U.P.)



Department of Oral Medicine & Radiology

INTERNS PREPARATION FOR COMPETITIVE EXAMS

Batch- B

Posting Dates- 13/12/22 - 12/1/23

S.No	Name of Intern Posted	Date 20/12/22 Marks(20)	Date 10/01/23 Marks(20)
1	Anushka Sharma	14	Ab
2	Arunshi Dubey	15	Ab
3	Abhit Arund	Ab	15
4	chandangehi Kaushik	Ab	Ab
5	Chetan singh	13	14
6	chetna	Ab	Ab.
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Ghaziabad (U.P.) - 201010, Delhi NCR



Department Of Orthodontics And Dentofacial Orthopaedics

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: Batch C (2017)

POSTING DATE:

13/12/22 - 12/1/23

S. NO.	NAME OF THE INTERN POSTED	DATE MARKS (20)	DATE MARKS (20)
1.	Chhavi	12	15
2.	Drishty Kalra	13	15
3.	Carima Shaema	14	15
4.	Gunjan	13	16
5.	Harsh Achhera	14	16
6.	Harshita	13	15
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Professor & Head
Department of Orthodontics
& Dentofacial Orthopaedics



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Ghaziabad (U.P.) - 201010, Delhi NCR



Department Of Conservative Dentistry And Endodontics U.G . Section

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: E

POSTING DATE:

13/12/22
12/1/23

S. NO.	NAME OF THE INTERN POSTED	DATE 2/1/23 MARKS (20)	DATE 12/1/23 MARKS (20)
1.	Kiran Gupta	10	12
2.	Kaushy	11	13
3.	Keeti	12	12
4.	Keenal Sharma	10	11
5.	Mamta	12	14
6.	Manisha Rai	11	16
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Department Of Prosthodontics And Crown & Bridge
U.G . Section

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: H1

POSTING DATE:

13/12/22 - 26/1/23

S. NO.	NAME OF THE INTERN POSTED	DATE 29/12/22 MARKS (20)	DATE 12/1/23 MARKS (20)
1.	Renupal	16	19
2.	Ruchi	17	18
3.	Saba	17	18
4.	Sanjana	18	19
5.	sanjivini	17	20
6.	Seema sharma	18	19
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[Signature]
Dept. of Prosthodontics And Crown & Bridge
U.G. Head



Indraprastha Dental College & Hospital
40/1, Site-IV, Industrial Area, Sahibabad,
Ghaziabad-201010 (U.P.)



Department of Periodontology

INTERNS PREPARATION FOR COMPETITIVE EXAMS

Batch- 2017 (K)

Posting Dates- 17/12/22 - 14/01/23

S.No	Name of Intern Posted	Date 02/01/23 Marks(20)	Date 15/01/23 Marks(20)
1	Mohd. Hasnain	16	18
2	Shuchi Nishant	18	17
3	Vikhyata	17	16
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Head of The Department
Periodontology
Indraprastha Dental College & Hospital
Sahibabad, Ghaziabad





Inderprastha Dental College & Hospital
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Ghaziabad-201010 (U.P.)



Department of Periodontology

INTERNS PREPARATION FOR COMPETITIVE EXAMS

Batch- (IR) Batch 2016

Posting Dates- 30-11-22- 24-12-22

S.No	Name of Intern Posted	Date 15/12/22 Marks(20)	Date 29/12/22 Marks(20)
1	Ayushi Gupta	17	18
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Head of The Department
Periodontology
Inderprastha Dental College & Hospital
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Department of Periodontology

INTERNS PREPARATION FOR COMPETITIVE EXAMS

Batch- 2016 (1R)

Posting Dates- 29/11/22 - 28/12/22

S.No	Name of Intern Posted	Date: 14/11/22 Marks(20)	Date: 27/11/22 Marks(20)
1	Simran Gupta	16	17
2	Nahida Khatun.	15	18
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V.L.
Head of The Department
Periodontology
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Sahibabad, Ghaziabad



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Ghaziabad-201010 (U.P.)



Department of Periodontology

INTERNS PREPARATION FOR COMPETITIVE EXAMS

Batch- 2015 (1R)

Posting Dates- 23/11/22 - 24/12/22

S.No	Name of Intern Posted	Date 15/12/22 Marks(20)	Date 27/12/22 Marks(20)
1	Deepank John	16	17
2	Anchal Maurya	17	17
3	Ardhya Sharma	15	18
4	Kashvi Singh	16	16
5	Shamugan	17	18
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Head of The Department
Periodontology
Indraprastha Dental College & Hospital
Sahibabad, Ghaziabad



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Department Of Oral And Maxillofacial Surgery

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: F

POSTING DATE: 28/11/22-
12/1/23

S. NO.	NAME OF THE INTERN POSTED	DATE 12/1/22 MARKS (20)	DATE 27/1/23 MARKS (20)
1.	Muskan Guppte	10	12
2.	Muskan Singhi	15	14
3.	Namrati	17	18
4.	Nehe	16	15
5.	Nishi	13	12
6.	Nituh	18	17
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Oral And Maxillofacial Surgery
Inderprastha Dental College & Hospital



Department of Oral Medicine & Radiology

INTERNS PREPARATION FOR COMPETITIVE EXAMS

Batch - A-

Posting Dates- 14/11-12/12

S.No	Name of Intern Posted	Date 23/11/22 Marks(20)	Date 9/12/22 Marks(20)
1	Aafreen	14	15
2	Aastha	15	13
3	Aditi Jain	Ab	Ab
4	Angelika	13	14
5	Anshumami	Ab	Ab
6	Anupama	15	14.
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Department Of Public Health Dentistry

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: K

14.11.22 - 14.2.23
POSTING DATE:

S. NO.	NAME OF THE INTERN POSTED	DATE 15.12.22 MARKS (20)	DATE 9.2.23 MARKS (20)
1.	Suryansh	15	16
2.	Twinkle	14	15
3.	Urvasi	15	16
4.	Utkarsh	14	15
5.	Vaishavi	15	16
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Department Of Oral And Maxillofacial Surgery

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: Batch- 'N'

POSTING DATE:

(14/11/21-28/12/21)

S. NO.	NAME OF THE INTERN POSTED	DATE 28/11/21 MARKS (20)	DATE 15/12/21 MARKS (20)
1.	Ridhi	17	17
2.	Sayan Sanyal.	10	11
3.	Somya Shikhar.	12	13
4.	Tenzin	10	14
5.	Aditi Banerjee.	13	14
6.	Ayushi	13	14
7.	Prakash.	14	15
8.	Ranya.	12	13
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Oral And Maxillofacial Surgery
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Department Of Conservative Dentistry And Endodontics

U.G . Section

13/11/22

INTERN PREPARATION FOR COMPETITIVE EXAMS

12/12/22

BATCH: D

POSTING DATE:

S. NO.	NAME OF THE INTERN POSTED	DATE 26/11/22 MARKS (20)	DATE 12/12/22 MARKS (20)
1.	Himani Sharma.	11	12
2.	Ile Gupta	12	14
3.	Ishita Srivastava	14	16
4.	Jvan Thangkhanmang	12	13
5.	Kanika Aggarwal	12	13
6.	Karan	11	12
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Indraprastha Dental College & Hospital
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Ghaziabad 201010 (U.P.)



Department of Paedodontics & Preventive Dentistry

INTERNS PREPARATION FOR COMPETITIVE EXAMS

Posting Dates- 13-11-22 to 12-12-22

Batch- C

S.No	Name of Intern Posted	Date 19.11.22 Marks(20)	Date 03.12.22 Marks(20)
1	Chavi Malhotra	14	A
2	Daisy Kalia	12	14
3	Garima	13	15
4	Harsh	A	A
5	Harshita	12	14
6	Harsh	11	14
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Head of The Department
Paedodontics & Preventive Dentistry
Indraprastha Dental College & Hospital
Sahibabad, Ghaziabad





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Ghaziabad (U.P.) - 201010, Delhi NCR



Department Of Orthodontics And Dentofacial Orthopaedics

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: *Batch B (2017)*

POSTING DATE:

13/11/22 - 12/12/22

S. NO.	NAME OF THE INTERN POSTED	DATE <i>24/11/22</i> MARKS (20)	DATE <i>12/12/22</i> MARKS (20)
1.	<i>Shushka Sharma</i>	<i>15</i>	<i>15</i>
2.	<i>Shushi Dubey</i>	<i>16</i>	<i>16</i>
3.	<i>Shst Anand</i>	<i>15</i>	<i>17</i>
4.	<i>Chandanghi</i>	<i>17</i>	<i>16</i>
5.	<i>Chetan Singh</i>	<i>18</i>	<i>18</i>
6.	<i>Chetra</i>	<i>16</i>	<i>17</i>
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[Signature]
Professor & Head
Department of Orthodontics
& Dentofacial Orthopaedics



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Ghaziabad (U.P.) - 201010, Delhi NCR



Department Of Orthodontics And Dentofacial Orthopaedics

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: *Batch 0 (DDFH)*

POSTING DATE:
13/11/22 - 12/12/22

S. NO.	NAME OF THE INTERN POSTED	DATE <i>20/11/22</i> MARKS (20)	DATE <i>12/12/22</i> MARKS (20)
1.	<i>Ksha Jind</i>	16	17
2.	<i>Gauri</i>	15	16
3.	<i>Ashwarya</i>	12	13
4.	<i>Nida</i>	Absent	Absent
5.	<i>Ritha Shil</i>	13	16
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Professor & Head
Department of Orthodontics
& Dentofacial Orthopaedics



INDERPRASTHA DENTAL COLLEGE & HOSPITAL
46/1, Site IV Industrial Area, Sahibabad,
Ghaziabad (U.P.) - 201010, Delhi NCR



Department Of Oral Pathology & Microbiology

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: M

POSTING DATE: 13/11/22 to
28/11/22

S. NO.	NAME OF THE INTERN POSTED	DATE 13/11/22 MARKS (20)	DATE 28/11/22 MARKS (20)
1.	Renuka	12	14
2.	Ruchi	13	12
3.	Saba Suhail	12	13
4.	Sanjana	14	15
5.	Seema	14	13
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Department Of Oral Pathology & Microbiology

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: 0

POSTING DATE: 29/11/22 to 12/11/22

S. NO.	NAME OF THE INTERN POSTED	DATE 4/11/22 MARKS (20)	DATE 11/11/22 MARKS (20)
1.	Esha Yadav	12	13
2.	Gauri	13	13
3.	Wishwanya	13	12
4.	Nida	12	11
5.	Pritha Mittal	13	14
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Department Of Oral And Maxillofacial Surgery

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH:

Batch - (E)

POSTING DATE:

22/10/22
12/12/22

S. NO.	NAME OF THE INTERN POSTED	DATE 12/10/22 MARKS (20)	DATE 28/11/22 MARKS (20)
1.	Kiran	14	14
2.	Krispy	12	16
3.	Kaifi	13	17
4.	Kunal	12	17
5.	Mamta	12	18
6.	Mousha	13	14
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Oral And Maxillofacial Surgery
Inderprastha Dental College And Hospital



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Ghaziabad (U.P.) - 201010, Delhi NCR



Department Of Prosthodontics And Crown & Bridge
U.G . Section

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: F

POSTING DATE:
13/10/22 - 27/11/22

S. NO.	NAME OF THE INTERN POSTED	DATE 28/10/22 MARKS (20)	DATE 11/11/22 MARKS (20)
1.	Muskan Gupta	18	19
2.	Muskan Singh	17	19
3.	Namrata	17	20
4.	Neha Kumari	16	18
5.	Nishi Singh	17	19
6.	Nitish	18	19
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Dept. of Prosthodontics And Crown & Bridge
U.G. Head



INDERPRASTHA DENTAL COLLEGE & HOSPITAL
46/1, Site IV Industrial Area, Sahibabad,
Ghaziabad (U.P.) - 201010, Delhi NCR



Department Of Conservative Dentistry And Endodontics

U.G . Section

INTERN PREPARATION FOR COMPETITIVE EXAMS

13/10/22

12/11/22

BATCH: C

POSTING DATE:

S. NO.	NAME OF THE INTERN POSTED	DATE 27/10/22 MARKS (20)	DATE 12/11/22 MARKS (20)
1.	Chhavi Malhotra	10	11
2.	Drishly Kalra	12	14
3.	Gaurav Sharma	13	14
4.	Guyam Malhotra	12	15
5.	Hansh Acharya	14	16
6.	Hanshta	13	14
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46/1, Site IV Industrial Area, Sahibabad,
Ghaziabad (U.P.) - 201010, Delhi NCR



Department Of Public Health Dentistry

INTERN PREPARATION FOR COMPETITIVE EXAMS

13.10.22 - 12.1.23

BATCH: J

POSTING DATE:

S. NO.	NAME OF THE INTERN POSTED	DATE 3/11/22 MARKS (20)	DATE 4/1/23 MARKS (20)
1.	Shubhangi Anand	15	16
2.	Shubhangi Krator	14	15
3.	Shweta	15	16
4.	Sonu Singh	16	16
5.	Sounya Dmer	-	-
6.	Supriya Yadav	14	15
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Indraprastha Dental College & Hospital
40/1, Site-IV, Industrial Area, Saket, New Delhi,
Ghaziabad-201010 (U.P.)



Department of Periodontology

INTERNS PREPARATION FOR COMPETITIVE EXAMS

Batch- Batch N (1R)

Posting Dates- 13/10/22 - 12/11/22

S.No	Name of Intern Posted	Date 28/10/22 Marks(20)	Date 11/11/22 Marks(20)
1	Sayan Sanyal	17	17
2	Zanya Shekhar	18	17
3	Tenzin Wangyal	17	18
4	Aditi Banerjee	18	18
5	Aayushi Kuchhal	17	16
6	Ayesha	18	17
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Nil
Head of The Department
Periodontology
Indraprastha Dental College & Hospital
Saket, New Delhi



Inderprastha Dental College & Hospital
46/1, Site-IV, Industrial Area, Sahibabad,
Ghaziabad-201010 (U.P.)



Department of Paedodontics & Preventive Dentistry

INTERNS PREPARATION FOR COMPETITIVE EXAMS

Posting Dates- 13.10.22 &
12.11.22

Batch- B

S.No	Name of Intern Posted	Date 18.10.22 Marks(20)	Date 12.11.22 Marks(20)
1	Anushka Sharma	15	A
2	Arushi	14	15
3	Akshik	13	14
4	Chandangshi	12	14
5	Chetna Singh	A	12
6	Chetna Mahajan	A	A
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[Signature]
Head of The Department
Paedodontics & Preventive Dentistry
Inderprastha Dental College & Hospital
Sahibabad, Ghaziabad



INDERPRASTHA DENTAL COLLEGE & HOSPITAL
46/1, Site IV Industrial Area, Sahibabad,
Ghaziabad (U.P.) - 201010, Delhi NCR



Department Of Orthodontics And Dentofacial Orthopaedics

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: *Bales (A) 2017*

POSTING DATE: *13/10/22 - 12/11/22*

S. NO.	NAME OF THE INTERN POSTED	DATE <i>22/10/22</i> MARKS (20)	DATE <i>12/11/22</i> MARKS (20)
1.	<i>Aakrean</i>	<i>16</i>	<i>17</i>
2.	<i>Aakha</i>	<i>15</i>	<i>16</i>
3.	<i>Aditi</i>	<i>14</i>	<i>15</i>
4.	<i>Apeksha</i>	<i>14</i>	<i>15</i>
5.	<i>Anshuman</i>	<i>Absent</i>	<i>Absent</i>
6.	<i>Anugraha</i>	<i>16</i>	<i>17</i>
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[Signature]
Professor & Head
Department of Orthodontics
& Dentofacial Orthopaedics



INDERPRASTHA DENTAL COLLEGE & HOSPITAL
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Department Of Oral Pathology & Microbiology

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: G

POSTING DATE: 13/10/22 to 20/10/22

S. NO.	NAME OF THE INTERN POSTED	DATE 21/10/22 MARKS (20)	DATE 27/10/22 MARKS (20)
1.	Piyush	12	13
2.	Rishi	15	14
3.	Kapshi	15	15
4.	Brijanka	13	14
5.	Raksha	15	16
6.	Rajrandini	15	14
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Department of Oral Medicine & Radiology

INTERNS PREPARATION FOR COMPETITIVE EXAMS

Batch- K

Posting Dates- 13/10/22 - 12/11/22

S.No	Name of Intern Posted	Date	Marks(20)	Date	Marks(20)
1	Vanshika Aggarwal		10		15
2	Vanshika Tomar		15		12
3	Vansha		16		13
4	Vedika		17		12
5	Vishal		15		15
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Department of Periodontology

INTERNS PREPARATION FOR COMPETITIVE EXAMS

Batch- Batch K (R) 201A

Posting Dates- 13/10/22 - 12/11/22

S.No	Name of Intern Posted	Date 09/10/22 Marks(20)	Date 11/11/22 Marks(20)
1	Suryansh Singh	17	17
2	*Twinkle Baneth	17	18
3	Urvasi Chauhan	18	18
4	Atkarsh Agarwal	17	16
5	Vaishnavi Pandey.	18	18
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VL
Head of The Department
Periodontology
Indraprastha Dental College & Hospital
Sahibabad, Ghaziabad



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Ghaziabad (U.P.) - 201010, Delhi NCR



Department Of Conservative Dentistry And Endodontics U.G . Section

INTERN PREPARATION FOR COMPETITIVE EXAMS

7/10/22

BATCH:

POSTING DATE:

6/11/22

S. NO.	NAME OF THE INTERN POSTED	DATE 20/10/22 MARKS (20)	DATE 5/11/22 MARKS (20)
1.	Priyanka Kumari	12	14
2.	Sahil	10	12
3.	Aditi Vats	11	12
4.	Jyoti Singh	12	13
5.	Parvita Yashin	13	15
6.	Shayari Sen	13	14
7.	Ujala Thakur	12	14
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Inderprastha Dental College & Hospital
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Department of Paedodontics & Preventive Dentistry

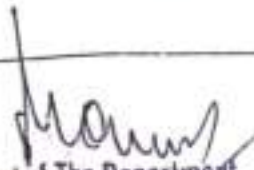
INTERNS PREPARATION FOR COMPETITIVE EXAMS

Posting Dates- 2-10-22 to 1-11-22

Batch- ER

S.No	Name of Intern Posted	Date 10.10.22 Marks(20)	Date 31.10.22 Marks(20)
1	Shreuti	12	11
2	Mohel Hasnan	10	12
3	Vikhyata	12	14
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Head of The Department
Paedodontics & Preventive Dentistry
Inderprastha Dental College & Hospital
Sahibabad, Ghaziabad



INDERPRASTHA DENTAL COLLEGE & HOSPITAL
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Ghaziabad (U.P.) - 201010, Delhi NCR



Department Of Oral And Maxillofacial Surgery

INTERN PREPARATION FOR COMPETITIVE EXAMS

28/9/21-12/11/21

BATCH:

POSTING DATE:

S. NO.	NAME OF THE INTERN POSTED	DATE 12/10/21 MARKS (20)	DATE 27/10/21 MARKS (20)
1.	HIMANI	14	15
2.	ILA	14	18
3.	ISHITA	14	17
4.	IVAN	15	17
5.	KANKA	12	14
6.	KARAN	13	13
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Oral And Maxillofacial Surgery
Instructor
Inderprastha Dental College & Hospital
Sahibabad



Inderprastha Dental College & Hospital
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Ghaziabad-201010 (U.P.)



Department of Oral Medicine & Radiology

INTERNS PREPARATION FOR COMPETITIVE EXAMS

Batch- IR

Posting Dates-

23/9/22 - 22/10/22

S.No	Name of Intern Posted	Date 30/9/22 Marks(20)	Date 19/10/22 Marks(20)
1	Riddhi	Ab	Ab
2	Prakash	Ab	Ab
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Department Of Prosthodontics And Crown & Bridge U.G . Section

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: E

POSTING DATE: 13/9/22 -
27/10/22

S. NO.	NAME OF THE INTERN POSTED	DATE 29/9/22 MARKS (20)	DATE 14/10/22 MARKS (20)
1.	Kiran	16	19
2.	Krispy	17	18
3.	Kriti	17	18
4.	Kunal	16	17
5.	Mamta	15	19
6.	Manisha	18	19
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Dept. of Prosthodontics And Crown & Bridge
U.G. Head



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Department Of Conservative Dentistry And Endodontics U.G . Section

INTERN PREPARATION FOR COMPETITIVE EXAMS

13/9/22

BATCH: B

POSTING DATE: 12/10/22

S. NO.	NAME OF THE INTERN POSTED	DATE 24/9/22 MARKS (20)	DATE 12/10/22 MARKS (20)
1.	Anushka Sharma	11	12
2.	Arushi Dubey	12	13
3.	Ashit Anand	12	14
4.	Chandangshi Kaushik	13.	15
5.	Chetan Singh	12	13
6.	Chetna Mahajan	10	11
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Department of Oral Medicine & Radiology

INTERNS PREPARATION FOR COMPETITIVE EXAMS

Posting Dates- 13/9/22 - 12/10/22

Batch- N

S.No	Name of Intern Posted	Date 2/9/22 Marks(20)	Date 6/10/22 Marks(20)
1	Sayan	18	18
2	Soumya Shekhar	14	16
3	Tenzin	13	12
4	Aditi Banerjee	18	17
5	Ayushi	18	18
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Department Of Public Health Dentistry

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: I

13.9.22 - 12.12.22

POSTING DATE:

S. NO.	NAME OF THE INTERN POSTED	DATE 11/10/22 MARKS (20)	DATE 5/12/22 MARKS (20)
1.	Shaheen	15	16
2.	Shakeba	15	16
3.	Shiva	14	15
4.	Shivesh	15	16
5.	Shruti . S	15	14
6.	Shruti . V	14	15
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Indraprastha Dental College & Hospital
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Department of Periodontology

INTERNS PREPARATION FOR COMPETITIVE EXAMS

Batch- Batch J (R) Batch 2014

Posting Dates- 13/9/22 - 31/10/22

S.No	Name of Intern Posted	Date 22/9/22 Marks(20)	Date 10/10/22 Marks(20)
1	Shubhangi A	17	18
2	Shubhangi K.	16	17
3	Shweta	18	18
4	Sonu	17	17
5	Joumya	0	0
6	Supriya.	17	16
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[Signature]
Head of The Department
Periodontology
Indraprastha Dental College & Hospital
Sahibabad, Ghaziabad





Inderprastha Dental College & Hospital
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Ghaziabad-201010 (U.P.)



Department of Periodontology

INTERNS PREPARATION FOR COMPETITIVE EXAMS

Batch- Batch M (1R)

Posting Dates- 13/9/22 - 12/10/22

S.No	Name of Intern Posted	Date 03/09/22 Marks(20)	Date 09/10/22 Marks(20)
1	Shubhanshu	16	17
2	Niharit	18	17
3	Aggandeep	19	18
4	Chhavi.	17	17
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Head of The Department
Periodontology
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Sahibabad, Ghaziabad





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Department of Paedodontics & Preventive Dentistry

INTERNS PREPARATION FOR COMPETITIVE EXAMS

Posting Dates- 13/09/22 to 13/10/22

Batch- A

S.No	Name of Intern Posted	Date 20/09/22 Marks(20)	Date 08/10/22 Marks(20)
1	Afreen	13	14
2	Aastha Sinha	12	15
3	Aditi Jain	11	A
4	Aushika	12	14
5	Anshuman	A	A
6	Anupama	14	15
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[Signature]
Head of The Department
Paedodontics & Preventive Dentistry
Inderprastha Dental College & Hospital
Sahibabad, Ghaziabad



INDERPRASTHA DENTAL COLLEGE & HOSPITAL
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Department Of Oral And Maxillofacial Surgery

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH:

POSTING DATE: 13/9/22 - 28/10/22

S. NO.	NAME OF THE INTERN POSTED	DATE 27/09/22 MARKS (20)	DATE 12/10/22 MARKS (20)
1.	Isha	16	15
2.	Gauri Khushwaha	14	15
3.	Aishwarya	14	16
4.	Nida Jabal	11	16
5.	Priyanka	11	15
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Oral And Maxillofacial Surgery
Indraprastha Dental College And Hospital



INDERPRASTHA DENTAL COLLEGE & HOSPITAL
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Department Of Orthodontics And Dentofacial Orthopaedics

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: *Batch 1 (2017)*

POSTING DATE:
12/9/22 - 12/10/22

S. NO.	NAME OF THE INTERN POSTED	DATE <i>23/9/22</i> MARKS (20)	DATE <i>12/10/22</i> MARKS (20)
1.	<i>Vanshika Agnani</i>	17	16
2.	<i>Vanshika Tane</i>	16	15
3.	<i>Vaish</i>	12	13
4.	<i>Vedika Singh</i>	13	14
5.	<i>Vishal Gupta</i>	15	15
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[Signature]
Professor & Head
Department of Orthodontics
& Dentofacial Orthopaedics



INDERPRASTHA DENTAL COLLEGE & HOSPITAL
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Department Of Oral Pathology & Microbiology

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: F

POSTING DATE: 13/9/22 to 28/9/22

S. NO.	NAME OF THE INTERN POSTED	DATE 20/9/22 MARKS (20)	DATE 27/9/22 MARKS (20)
1.	Austan Gupta	15	14
2.	Austan Singh	14	15
3.	Namrata	13	14
4.	Neha Kumari	14	15
5.	Nishi	12	13
6.	Nilish	13	12
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Department of Oral Medicine & Radiology

INTERNS PREPARATION FOR COMPETITIVE EXAMS

Batch- K

Posting Dates-13/9/22-12/02

S.No	Name of Intern Posted	Date	Date
		Marks(20) 24/9/22	Marks(20) 12/10/22
1	Suryansh	Ab	16
2	Twinkle	12	13
3	Umesh	10	12
4	Utkarsh	Ab	Ab
5	Vaishnavi	16	18
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Department Of Oral Pathology & Microbiology

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: *Scouting batch*

POSTING DATE: *4/9/22 to 19/9/22*

S. NO.	NAME OF THE INTERN POSTED	DATE 10/9/22 MARKS (20)	DATE 16/9/22 MARKS (20)
1.	<i>Rishi</i>	<i>12</i>	<i>13</i>
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Department Of Oral And Maxillofacial Surgery

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: *Batch- 'D'*

29/8/22 -
POSTING DATE: 12/10/22

S. NO.	NAME OF THE INTERN POSTED	DATE 12/09/22 MARKS (20)	DATE 24/9/22 MARKS (20)
1.	<i>Chauvi</i>	12	15
2.	<i>Dishiti</i>	14	16
3.	<i>Craime</i>	15	14
4.	<i>Gunjar</i>	15	13
5.	<i>Harsh</i>	15	13
6.	<i>Hawhill</i>	12	15
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[Signature]
Oral And Maxillofacial Surgery
Inderprastha Dental College And Hospital



Inderprastha Dental College & Hospital
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Department of Paedodontics & Preventive Dentistry

INTERNS PREPARATION FOR COMPETITIVE EXAMS

Batch- e

Posting Dates- 28-03-23

27-04-23

S.No	Name of Intern Posted	Date 12-4-23 Marks(20)	Date 25-04-23 Marks(20)
1	Aviral	18	19
2	Ayman	16	16
3	Bhavya	17	15
4	Disha Arora	13	16
5	Drishiti Jindal	12	15
6	Ganima Varsh	15	16
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M. K. Singh
Head of The Department
Paedodontics & Preventive Dentistry
Inderprastha Dental College & Hospital
Sahibabad, Ghaziabad





Inderprastha Dental College & Hospital
46/1, Site-IV, Industrial Area, Sahibabad,
Ghaziabad-201010 (U.P.)



Department of Paedodontics & Preventive Dentistry

INTERNS PREPARATION FOR COMPETITIVE EXAMS

Posting Dates- 23-08-22 to
12-09-22

Batch- L

S.No	Name of Intern Posted	Date 20-08-22 Marks(20)	Date 08-09-22 Marks(20)
1	Vanshika Aggarwal	11	13
2	Vanshika Tomar	13	14
3	Vansha	15	13
4	Vedika	14	15
5	Vishal	12	14
6	Prabhal deep	11	10
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[Signature]
Head of The Department
Paedodontics & Preventive Dentistry
Inderprastha Dental College & Hospital
Sahibabad, Ghaziabad



INDERPRASTHA DENTAL COLLEGE & HOSPITAL
46/1, Site IV Industrial Area, Sahibabad,
Ghaziabad (U.P.) - 201010, Delhi NCR



Department Of Oral Pathology & Microbiology

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: A - 2016 batch

POSTING DATE: 23/8/22
to
6/9/22

S. NO.	NAME OF THE INTERN POSTED	DATE 23/8/22 MARKS (20)	DATE 5/9/22 MARKS (20)
1.	Indiba	13	14
2.	Kanjali	14	15
3.	Raksha	13	15
4.	Aditi Saini	16	16
5.	Ajaykumar Singh	14	15
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Department Of Conservative Dentistry And Endodontics

U.G . Section

INTERN PREPARATION FOR COMPETITIVE EXAMS

22/8/22

BATCH: D

POSTING DATE:

21/9/22

S. NO.	NAME OF THE INTERN POSTED	DATE 3/9/22 MARKS (20)	DATE 20/9/22 MARKS (20)
1.	Kamal Kumar	12	11
2.	Priyanka Yadav	10	10
3.	Meghali Malik	11	12
4.	Neel Khan	11	11
5.	Mehru	10	13
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Inderprastha Dental College & Hospital
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Department of Oral Medicine & Radiology

INTERNS PREPARATION FOR COMPETITIVE EXAMS

Batch- *9*

Posting Dates- *22/09/21-21/09/22*

S.No	Name of Intern Posted	Date	Marks(20)	Date	Marks(20)
1	<i>shimpy</i>		<i>08/9/21</i> <i>11</i>	<i>21/9/21</i>	<i>12</i>
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Inderprastha Dental College & Hospital
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Department of Periodontology

INTERNS PREPARATION FOR COMPETITIVE EXAMS

Batch- H(R) Batch 2016

Posting Dates- 27/7/22 - 21/9/22

S.No	Name of Intern Posted	Date 27/7/22 Marks(20)	Date 19/9/22 Marks(20)
1	Shivi	16	8
2	Shradha	17	17
3	Shriya	16	17
4	Stuti	18	18
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Head of The Department
Periodontology
Inderprastha Dental College & Hospital
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Indraprastha Dental College & Hospital
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Department of Paedodontics & Preventive Dentistry

INTERNS PREPARATION FOR COMPETITIVE EXAMS

Posting Dates- 22/08/22
21/09/22

Batch- B

S.No	Name of Intern Posted	Date 22/08/22 Marks(20)	Date 08/09/22 Marks(20)
1	Rahul Rajan	14	12
2	Rajshree	10	14
3	Ramandeep	13	11
4	Seema Khan	A	A
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Head of The Department
Paedodontics & Preventive Dentistry
Indraprastha Dental College & Hospital
Sahibabad, Ghaziabad





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Department Of Orthodontics And Dentofacial Orthopaedics

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: *Batch F (2016)*

POSTING DATE:

22/9/22 - 21/9/22

S. NO.	NAME OF THE INTERN POSTED	DATE <i>6/9/22</i> MARKS (20)	DATE <i>22/9/22 - 21/9/22</i> MARKS (20)
1.	<i>Sushrta Saini</i>	18	17
2.	<i>Sunidhi Vajral</i>	17	15
3.	<i>Sanchai Panda</i>	16	17
4.	<i>Sandhya</i>	17	15
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[Signature]
Professor & Head
Department of Orthodontics
& Dentofacial Orthopaedics



INDERPRASTHA DENTAL COLLEGE & HOSPITAL
46/1, Site IV Industrial Area, Sahibabad,
Ghaziabad (U.P.) - 201010, Delhi NCR



Department Of Oral And Maxillofacial Surgery

INTERN PREPARATION FOR COMPETITIVE EXAMS

22/2/22 - 6/10/22

BATCH: Batch - 'A'

POSTING DATE:

S. NO.	NAME OF THE INTERN POSTED	DATE 5/9/22 MARKS (20)	DATE 20/9/22 MARKS (20)
1.	Jahid	16	11
2.	Aditi Vats	12	13
3.	Jyoti Singh	14	16
4.	Parishmita	15	15
5.	Priyanka Kumari	15	14
6.	Shayari Sen	12	13
7.	Ujjale	11	12
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Oral And Maxillofacial Surgery
Inderprastha Dental College & Hospital



INDERPRASTHA DENTAL COLLEGE & HOSPITAL
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Department Of Prosthodontics And Crown & Bridge
U.G . Section

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: D

POSTING DATE:
13/8/22 - 27/9/22

S. NO.	NAME OF THE INTERN POSTED	DATE 29/8/22 MARKS (20)	DATE 12/9/22 MARKS (20)
1.	Himani	16	19
2.	Ua	15	18
3.	Ishita	15	18
4.	Ivan	17	20
5.	Karika	16	19
6.	Karan	16	18
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Dept. of Prosthodontics And Crown & Bridge
U.G. Head



INDERPRASTHA DENTAL COLLEGE & HOSPITAL
46/1, Site IV Industrial Area, Sahibabad,
Ghaziabad (U.P.) - 201010, Delhi NCR



Department Of Conservative Dentistry And Endodontics

U.G. Section

INTERN PREPARATION FOR COMPETITIVE EXAMS

13/8/22

BATCH: A

POSTING DATE: 12/9/22

S. NO.	NAME OF THE INTERN POSTED	DATE 30/8/22 MARKS (20)	DATE 12/9/22 MARKS (20)
1.	Aajreen Naseem	12	13
2.	Aashka Suba	12	11
3.	Aditi Jain	11	12
4.	Anshika	10	11
5.	Anurag Chauhan	11	12
6.	Anupama Srivastava	12	13
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Inderprastha Dental College & Hospital
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Department of Oral Medicine & Radiology

INTERNS PREPARATION FOR COMPETITIVE EXAMS

Batch- J

Posting Dates- 19/8/22 - 11/9/22

S.No	Name of Intern Posted	Date	Marks(20)	Date	Marks(20)
1	Subhangi Arand	11/8/22	16	10/9/22	15
2	Subhangi Khatwari		17		16
3	Swetha		13		12
4	Sonu		17		18
5	Somya		16		15
6	Supriya		16		16
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Inderprastha Dental College & Hospital
46/1, Site-IV, Industrial Area, Sahibabad,
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Department of Oral Medicine & Radiology

INTERNS PREPARATION FOR COMPETITIVE EXAMS

Batch- M

Posting Dates- 13/6/22 - 31/9/22

S.No	Name of Intern Posted	Date	Marks(20)	Date	Marks(20)
1	Subhanshu		18 (11/9/22)		17 (11/9/22)
2	Nishant		16		15
3	Gagandeep		15		16
4	Chavi		Ab		15
5	Sonam Singh		Ab		Ab
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Indraprastha Dental College & Hospital
46/1, Site-IV, Industrial Area, Sahibabad,
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Department of Periodontology

INTERNS PREPARATION FOR COMPETITIVE EXAMS

Batch- Batch I (R) Batch 2017-

Posting Dates- 13/8/22 - 12/9/22

S.No	Name of Intern Posted	Date 25/8/22 Marks(20)	Date 10/9/22 Marks(20)
1	Shaheen	17	16
2	Shakeba	18	17
3	Shiva	18	17
4	Shruti Srivastava	19	18
5	Shruti Varun	18	18
6	Shivsh.	17	17
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Head of The Department
Periodontology
Indraprastha Dental College & Hospital
Sahibabad, Ghaziabad



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Department Of Orthodontics And Dentofacial Orthopaedics

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: *Batch - N (2017)*

POSTING DATE:

13/8/22 - 12/9/22

S. NO.	NAME OF THE INTERN POSTED	DATE <i>29/8/22</i> MARKS (20)	DATE <i>12/9/22</i> MARKS (20)
1.	<i>Sayan Sayal</i>	<i>Absent</i>	<i>Absent</i>
2.	<i>Sonaya Shekhar</i>	<i>16</i>	<i>14</i>
3.	<i>Tenzin</i>	<i>15</i>	<i>16</i>
4.	<i>Aditya Bamejee</i>	<i>14</i>	<i>13</i>
5.	<i>Ayushi</i>	<i>15</i>	<i>12</i>
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Professor & Head
Department of Orthodontics
& Dentofacial Orthopaedics



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Department Of Public Health Dentistry

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: H

13.8.22 - 12.11.22

POSTING DATE:

S. NO.	NAME OF THE INTERN POSTED	DATE 6/9/22 MARKS (20)	DATE 2/11/22 MARKS (20)
1.	Renu Pal	15	15
2.	Ruchi chandhary	14	15
3.	Baba Suhail	15	16
4.	Sanjana	12	13
5.	Sanjivini	13	14
6.	Seema	14	15
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Department Of Orthodontics And Dentofacial Orthopaedics

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: *Batch K (2017)*

POSTING DATE: *13/8/22 - 12/9/22*

S. NO.	NAME OF THE INTERN POSTED	DATE <i>25/8/22</i> MARKS (20)	DATE <i>10/9/22</i> MARKS (20)
1.	<i>Suryansh Singh</i>	16	15
2.	<i>Tushar Baniya</i>	15	14
3.	<i>Utkarsh Agrawal</i>	15	16
4.	<i>Umesh Chohan</i>	16	15
5.	<i>Varunav Pandey</i>	13	16
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& Dentofacial Orthopaedics



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Department Of Oral Pathology & Microbiology

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: E

POSTING DATE: 13/8/22 - 28/8/22

S. NO.	NAME OF THE INTERN POSTED	DATE 18/8/22 MARKS (20)	DATE 26/8/22 MARKS (20)
1.	Kiran Gupta	13	14
2.	Krispy	15	16
3.	Kriti	14	15
4.	Kunal	12	12
5.	Manika	15	14
6.	Manisha Rai	15	15
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Department Of Prosthodontics And Crown & Bridge
U.G . Section

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: **B**

POSTING DATE: 6/8/22 -
21/9/22

S. NO.	NAME OF THE INTERN POSTED	DATE 22/8/22 MARKS (20)	DATE 5/9/22 MARKS (20)
1.	Akshita	15	17
2.	Anjali	16	17
3.	Anshuli	16	18
4.	Anusmita	19	19
5.	Deepthi	17	19
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Dept. of Prosthodontics And Crown & Bridge
U.G. Head



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Department Of Oral And Maxillofacial Surgery

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: Batch - 'C'

POSTING DATE: 6/8/22 - 20/9/22

S. NO.	NAME OF THE INTERN POSTED	DATE <u>20/8/22</u> MARKS (20)	DATE <u>20/9/22</u> MARKS (20)
1.	HARISH	15	16
2.	HEENA	17	17
3.	Jai	17	18
4.	KANCHAN	18	18
5.	KASHAF	18	17
6.	HAMOA	14	13
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Inderprastha Dental College & Hospital
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Ghaziabad-201010 (U.P.)



Department of Periodontology

INTERNS PREPARATION FOR COMPETITIVE EXAMS

Batch- 2016 (1R)

Posting Dates- 4/8/22 - 3/9/22

S.No	Name of Intern Posted	Date 18/8/22 Marks(20)	Date 9/9/22 Marks(20)
1	Ridhi	18	19
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[Signature]
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Department Of Oral And Maxillofacial Surgery

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: Batch - 'B'

POSTING DATE: 29/7/22 - 12/9/22

S. NO.	NAME OF THE INTERN POSTED	DATE 12/8/22 - MARKS (20)	DATE 29/7/22 - MARKS (20)
1.	Anushka	13	17
2.	Arushi	14	16
3.	Ashi +	13	15
4.	Chandayshi	15	15
5.	Chetan	16	17
6.	Chetna	12	16
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Department Of Prosthodontics And Crown & Bridge
U.G . Section

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: '0'

POSTING DATE:
28/7/22 - 12/9/22

S. NO.	NAME OF THE INTERN POSTED	DATE 12/8/22 MARKS (20)	DATE 26/8/22 MARKS (20)
1.	Esha Yadav	15	17
2.	Gauri	16	17
3.	Aishwarya	16	19
4.	Nida	17	18
5.	Bittha	15	19
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Dept. of Prosthodontics And Crown & Bridge
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Department Of Conservative Dentistry And Endodontics

U.G . Section

INTERN PREPARATION FOR COMPETITIVE EXAMS

28/7/22

BATCH:

POSTING DATE:

27/8/22

S. NO.	NAME OF THE INTERN POSTED	DATE 9/8/22 MARKS (20)	DATE 27/8/22 MARKS (20)
1.	Deepank John	10	11
2.	Anchal Maurya	11	12
3.	Acuthya Sharma	9	10
4.	Kashji Saghir	8	10
5.	Shatrughan	9	11
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Department of Oral Medicine & Radiology

INTERNS PREPARATION FOR COMPETITIVE EXAMS

Batch- H

Posting Dates- 23/7/22 - 21/08/22

S.No	Name of Intern Posted	Date	Marks(20)	Date	Marks(20)
1	Shin	18/8/22	15	20/8/22	12
2	shradha		12		15
3	shreya		10		11
4	stuti		16		15
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Department of Paedodontics & Preventive Dentistry

INTERNS PREPARATION FOR COMPETITIVE EXAMS

Posting Dates- 22-07-22 to 21-08-22

Batch- E

S.No	Name of Intern Posted	Date	Marks(20)	Date	Marks(20)
1	Saniksha		13		A
2	Samridhi		12		14
3	Sanchai		12		15
4	Sansri ki		11		A
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Department Of Conservative Dentistry And Endodontics

U.G . Section

INTERN PREPARATION FOR COMPETITIVE EXAMS

22/7/22

BATCH: E

POSTING DATE: 21/8/22

S. NO.	NAME OF THE INTERN POSTED	DATE 9/8/22 MARKS (20)	DATE 20/8/22 MARKS (20)
1.	Rohul Raijan	10	12
2.	Rajshree Verma	11	11
3.	Ranandeep Vig	10	12
4.	Saurin Kumar	8	10
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Department Of Conservative Dentistry And Endodontics

U.G . Section

INTERN PREPARATION FOR COMPETITIVE EXAMS

22/7/22

BATCH:

POSTING DATE: 28/8/22

S. NO.	NAME OF THE INTERN POSTED	DATE 9/8/22 MARKS (20)	DATE 26/8/22 MARKS (20)
1.	Amran Gupta	10	11
2.	Nahida Khatoun	13	14
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Department Of Prosthodontics And Crown & Bridge
U.G . Section

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: C (2017)

POSTING DATE: 13/7/22 -

27/8/22

S. NO.	NAME OF THE INTERN POSTED	DATE 29/7/22 MARKS (20)	DATE 12/8/22 MARKS (20)
1.	Chhavi	16	19
2.	Drishty	16	19
3.	Garima	17	18
4.	Geerjan	16	19
5.	Harsh	18	20
6.	Harshita	16	20
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Dept. of Prosthodontics And Crown & Bridge
U.G. Head



Inderprastha Dental College & Hospital
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Department of Oral Medicine & Radiology

INTERNS PREPARATION FOR COMPETITIVE EXAMS

Batch- I

Posting Dates- 13/7/22 - 12/8/22

S.No	Name of Intern Posted	Date	Marks(20)	Date	Marks(20)
1	Shahen	1/8	15	12/8	16
2	Shakiba		16		15
3	Shiva		17		17
4	Shreeta Singastava		18		18
5	Shreeta Vaur		17		17
6	Shweta		16		16
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Shahen





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Department Of Public Health Dentistry

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: G

13.7.22 - 12.10.22
POSTING DATE:

S. NO.	NAME OF THE INTERN POSTED	DATE 16/7/22 MARKS (20)	DATE 7/8/22 MARKS (20)
1.	Piyush	14	14
2.	Prachi Grover	14	13
3.	Prakshi Grover	15	14
4.	Piyanka Anjana	16	15
5.	Rabiga	15	16
6.	Rajrandini	14	15
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Department of Periodontology

INTERNS PREPARATION FOR COMPETITIVE EXAMS

Batch- H(R) Batch 2017

Posting Dates- 13/9/22 - 11/1/22

S.No	Name of Intern Posted	Date 01/9/22 Marks(20)	Date 10/1/22 Marks(20)
1	Renu Lal	17	18
2	Ruchi	16	19
3	Saba Suhail	17	18
4	Sonjana	17	16
5	Sanjivini	18	18
6	Teema	19	18
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Head of The Department
Periodontology
Indraprastha Dental College & Hospital
Ghaziabad, Ghaziabad





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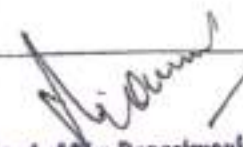
Department of Paedodontics & Preventive Dentistry

INTERNS PREPARATION FOR COMPETITIVE EXAMS

Posting Dates- 13-07-22 to 12-08-22

Batch- **R**

S.No	Name of Intern Posted	Date 16-07-2022 Marks(20)	Date 09-08-22 Marks(20)
1	Suryanshu Singh	15	16
2	Twinkle Baruah	13	15
3	Urvashi Chauhan	13	13
4	Utkarsh	11	12
5	Vaishnavi Pandey	15	13
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Paedodontics & Preventive Dentistry
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Department Of Orthodontics And Dentofacial Orthopaedics

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: *Batch M (2017)*

POSTING DATE:
13/7/22 - 12/8/22

S. NO.	NAME OF THE INTERN POSTED	DATE <i>28/7/22</i> MARKS (20)	DATE <i>12/8/22</i> MARKS (20)
1.	<i>Harman Singh</i>	<i>Absent</i>	<i>Absent</i>
2.	<i>Shubhanshu J</i>	<i>16</i>	<i>17</i>
3.	<i>Absent</i>	<i>15</i>	<i>16</i>
4.	<i>Charvi Kataria</i>	<i>14</i>	<i>13</i>
5.	<i>Gagandeep S.</i>	<i>13</i>	<i>15</i>
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& Dentofacial Orthopaedics



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Department Of Orthodontics And Dentofacial Orthopaedics

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: *Batch J (2017)*

POSTING DATE:
13/7/22 - 12/8/22

S. NO.	NAME OF THE INTERN POSTED	DATE <i>27-7-22</i> MARKS (20)	DATE <i>9/8/22</i> MARKS (20)
1.	<i>Shubhangi Anand</i>	<i>12</i>	<i>16</i>
2.	<i>Shubhangi Khater</i>	<i>13</i>	<i>14</i>
3.	<i>Shweta Chetani</i>	<i>14</i>	<i>14</i>
4.	<i>Omee Singh</i>	<i>12</i>	<i>15</i>
5.	<i>Somanya Omee</i>	<i>10</i>	<i>Absent</i>
6.	<i>Sapna Yadav</i>	<i>12</i>	<i>14</i>
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& Dentofacial Orthopaedics



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Department Of Oral Pathology & Microbiology

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: D

POSTING DATE: 13/7/22 - 29/7/22

S. NO.	NAME OF THE INTERN POSTED	DATE 19/7/22 MARKS (20)	DATE 26/7/22 MARKS (20)
1.	Himani	16	15
2.	gla	15	16
3.	Ishita	14	15
4.	Ivan	13	14
5.	Kawika	14	14
6.	Karan	13	14
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Department Of Conservative Dentistry And Endodontics

U.G . Section

INTERN PREPARATION FOR COMPETITIVE EXAMS

13/7/22

BATCH: L

POSTING DATE:

12/8/22

S. NO.	NAME OF THE INTERN POSTED	DATE 22/7/22 MARKS (20)	DATE 12/8/22 MARKS (20)
1.	Vanshika Aggarwal	10	11
2.	Vanshika Taneja	11	10
3.	Vaasha	11	12
4.	Vedika Singh	10	11
5.	Vishal Gupta	12	10
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Department Of Oral And Maxillofacial Surgery

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: D

13/7/22 - 28/7/22
POSTING DATE:

S. NO.	NAME OF THE INTERN POSTED	DATE 13/7/22 MARKS (20)	DATE 28/7/22 MARKS (20)
1.	Raitha	8	9
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Department of Oral and Maxillofacial Surgery
Inderprastha Dental College & Hospital



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Department of Paedodontics & Preventive Dentistry

INTERNS PREPARATION FOR COMPETITIVE EXAMS

Batch- N

Posting Dates- 13/07/22 to 12/08/22

S.No	Name of Intern Posted	Date 15/7/22 Marks(20)	Date 9/8/22 Marks(20)
1	Somya Shekhar	13	15
2	Aditi B	13	14
3	Tenzin	14	14
4	Ayushi Kushal	12	A
5	Sreyan	11	A
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Head of the Department
Paedodontics & Preventive Dentistry
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Department Of Oral And Maxillofacial Surgery

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: 'D'

7/7/22 - 22/8/22
POSTING DATE:

S. NO.	NAME OF THE INTERN POSTED	DATE 13/7/22 MARKS (20)	DATE 9/8/22 MARKS (20)
1.	Komal	10	11
2.	Suranka	12	13
3.	Meghali	8	9
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Oral And Maxillofacial Surgery
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Department Of Oral Pathology & Microbiology

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: B

POSTING DATE: 7/7/22 - 21/7/22

S. NO.	NAME OF THE INTERN POSTED	DATE 15/7/22 MARKS (20)	DATE 21/7/22 MARKS (20)
1.	Akshita	15	16
2.	Anjali	13	14
3.	Anshuli	15	16
4.	Anusrita	14	13
5.	Aruhi	14	13
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Department Of Oral And Maxillofacial Surgery

INTERN PREPARATION FOR COMPETITIVE EXAMS

30/6/22 - 12/8/22

BATCH: A

POSTING DATE:

S. NO.	NAME OF THE INTERN POSTED	DATE 15/7/22 MARKS (20)	DATE 9/8/22 MARKS (20)
1.	Aafreen	14	15
2.	Aarsha	13	14
3.	Aditi Jain	14	15
4.	Anshika	12	11
5.	Anshuman	8	9
6.	Anupama	14	15
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Oral And Maxillofacial Surgery
Inderprastha Dental College and Hospital



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Department Of Orthodontics And Dentofacial Orthopaedics

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: *Scouting Batch*

POSTING DATE:
29/06/22 - 28/07/22

S. NO.	NAME OF THE INTERN POSTED	DATE <i>9/7/22</i> MARKS (20)	DATE <i>28/7/22</i> MARKS (20)
1.	<i>Shivan Gupta</i>	<i>16</i>	<i>15</i>
2.	<i>Alakshya Khator</i>	<i>17</i>	<i>15</i>
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Professor & Head
Department of Orthodontics
& Dentofacial Orthopaedics



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Department Of Orthodontics And Dentofacial Orthopaedics

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: *Surajy Batra*

POSTING DATE: *28/06/22 - 27/07/22*

S. NO.	NAME OF THE INTERN POSTED	DATE <i>9/07/22</i> MARKS (20)	DATE <i>27/07/22</i> MARKS (20)
1.	<i>Pulkit Mishra</i>	<i>16</i>	<i>15</i>
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& Dentofacial Orthopaedics



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Department Of Orthodontics And Dentofacial Orthopaedics

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: *Security Batch*

POSTING DATE:

28/06/22 - 27/07/22

S. NO.	NAME OF THE INTERN POSTED	DATE <i>9/7/22</i> MARKS (20)	DATE <i>22/7/22</i> MARKS (20)
1.	<i>Deepank</i>	15	16
2.	<i>Apurva Maurya</i>	14	14
3.	<i>Aditya Sharma</i>	15	12
4.	<i>Kesav Singh</i>	16	15
5.	<i>Shatrupan</i>	17	16
6.	<i>Poojita</i>	13	13
7.	<i>Aditi Singh</i>	<i>Absent</i>	<i>Absent</i>
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[Signature]
Professor & Head
Department of Orthodontics
& Dentofacial Orthopaedics



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Department Of Prosthodontics And Crown & Bridge
U.G . Section

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: C (2016)

POSTING DATE:

22/6/22 - 5/8/22

S. NO.	NAME OF THE INTERN POSTED	DATE 9/7/22 MARKS (20)	DATE 22/7/22 MARKS (20)
1.	Harish	16	18
2.	Heera	17	19
3.	Jai	16	19
4.	Kanchan	16	18
5.	Kashof	18	17
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Dept. of Prosthodontics And Crown & Bridge
U.G. Head





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Department Of Orthodontics And Dentofacial Orthopaedics

INTERN PREPARATION FOR COMPETITIVE EXAMS

22.6.22 - 21.7.22

BATCH: Batch-H (2016)

POSTING DATE:

S. NO.	NAME OF THE INTERN POSTED	DATE 30.6.22 MARKS (20)	DATE 19.7.22 MARKS (20)
1.	Shivi Mathur	14	16
2.	Smadha Bihani	Ab	Ab
3.	Smriya Kumari	Ab	Ab
4.	Stuti Babbar	13	14
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Professor & Head
Department of Orthodontics
& Dentofacial Orthopaedics



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Department Of Conservative Dentistry And Endodontics

U.G . Section

22/6/22 - 21/7/22

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: F

POSTING DATE:

S. NO.	NAME OF THE INTERN POSTED	DATE 2/7/21 MARKS (20)	DATE 21/7/22 MARKS (20)
1.	Sanksha	11	10
2.	Samrati	12	11
3.	Sanchari	12	12
4.	Sanketi	10	11
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Department Of Conservative Dentistry And Endodontics

U.G. Section

13/6/22 - 12/7/22

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: K

POSTING DATE:

S. NO.	NAME OF THE INTERN POSTED	DATE 23/6/22 MARKS (20)	DATE 11/7/22 MARKS (20)
1.	Suryansh Singh	12	14
2.	Tunkele B	12	13
3.	Urvashi Chauhan	10	12
4.	Utkarsh Agarwal	11	10
5.	Vaishnavi Pandey	12	14
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Department Of Public Health Dentistry

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: F

POSTING DATE:

13/7/22 to 12/9/22

S. NO.	NAME OF THE INTERN POSTED	DATE 13/7/22 MARKS (20)	DATE 1/8/22 MARKS (20)
1.	Muskar Gupta	16	17
2.	Muskar Singh	17	17
3.	Namratala	17	15
4.	Neha Kumari	15	16
5.	Nishi Singh	16	16
6.	Nitisha Gupta	15	17
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Department of Periodontology

INTERNS PREPARATION FOR COMPETITIVE EXAMS

Batch- G/R Batch 2017.

Posting Dates- 13/6/22 - 17/7/22.

S.No	Name of Intern Posted	Date 29/6/22 Marks(20)	Date 11/7/22 Marks(20)
1	Piyush Saket	18	19
2	Prachi Grover	17	18
3	Prakshi Sharma	15	16
4	Priyanka Anjana	15	15
5	Rabiya Sabal	18	17
6	Rajnandini	17	18
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Head of the Department
Periodontology
Inderprastha Dental College & Hospital
Sahibabad, Ghaziabad



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Ghaziabad (U.P.) - 201010, Delhi NCR



Department Of Orthodontics And Dentofacial Orthopaedics

INTERN PREPARATION FOR COMPETITIVE EXAMS

13.6.22 - 12.7.22

BATCH: Batch-I (2017)

POSTING DATE:

S. NO.	NAME OF THE INTERN POSTED	DATE 23.6.22 MARKS (20)	DATE 12.7.22 MARKS (20)
1.	Shaheen Qamar	12	13
2.	Shakeba.	13	15
3.	Shivam Gupta.	12	14
4.	Shivesh	11	13
5.	Smriti Srivastava.	14	15
6.	Smriti Verun.	13	16.
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Professor & Head
Department of Orthodontics
& Dentofacial Orthopaedics



Inderprastha Dental College & Hospital
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Department of Paedodontics & Preventive Dentistry

INTERNS PREPARATION FOR COMPETITIVE EXAMS

Batch- N

Posting Dates- 13/6/22 to 12/7/22

S.No	Name of Intern Posted	Date 15/6/22 Marks(20)	Date 9/7/22 Marks(20)
1	Souam Singh	22	10
2	Shubhanshu Tewari	16	17
3	Nishant	17	16
4	Chhavi	15	16
5	Gayandeep	16	12
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Head of The Department
Paedodontics & Preventive Dentistry
Inderprastha Dental College & Hospital
Sahibabad, Ghaziabad



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Department of Paedodontics & Preventive Dentistry

INTERNS PREPARATION FOR COMPETITIVE EXAMS

Posting Dates- 13/6/22 to 12/7/22

Batch- J

S.No	Name of Intern Posted	Date	Marks(20)	Date	Marks(20)
1	Shubhangi Anand	25/6/22	17	9/7/22	18
2	Shubhangi Khatw		16		17
3	Sweta Chetwal		15		16
4	Sonu Singh		17		18
5	Soumya Orrier		16		17
6	Supriya Yadav		15		16
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Head of The Department
Paedodontics & Preventive Dentistry
Indraprastha Dental College & Hospital
Sahibabad, Ghaziabad



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Department Of Conservative Dentistry And Endodontics

U.G . Section

13/6/22 - 12/7/22

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: N

POSTING DATE:

S. NO.	NAME OF THE INTERN POSTED	DATE 23/6/22 MARKS (20)	DATE 11/7/22 MARKS (20)
1.	Sayan Sanyal	10	12
2.	Sanya Shekhar	10	11
3.	Tenzin Wangyal	9	10
4.	Aditi Banerjee	9	10
5.	Ajusha Kuchhal	11	10
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Department Of Conservative Dentistry And Endodontics

U.G . Section

13/6/22 - 12/7/22

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: 0

POSTING DATE:

S. NO.	NAME OF THE INTERN POSTED	DATE 23/6/22 MARKS (20)	DATE 11/7/22 MARKS (20)
1.	Ashu Yadav	11	12
2.	Gauri	10	11
3.	Aishwarya	12	13
4.	Nidhi Jyoti	12	12
5.	Kulna Singh	10	11
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Inderprastha Dental College & Hospital
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Ghaziabad-201010 (U.P.)



Department of Paedodontics & Preventive Dentistry

INTERNS PREPARATION FOR COMPETITIVE EXAMS

Posting Dates- 22/06/22 to 4/07/22

Batch-

G

S.No	Name of Intern Posted	Date 24/06/22 Marks(20)	Date 19/07/22 Marks(20)
1	Shirupy Kumari	11	12
2	Sayoni	10	10
3	Shaily	12	12
4	Shazia	4	13
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Head of The Department
Paedodontics & Preventive Dentistry
Inderprastha Dental College & Hospital
Sahibabad, Ghaziabad





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Chaziabad-201010 (U.P.)



Department of Oral Medicine & Radiology

INTERNS PREPARATION FOR COMPETITIVE EXAMS

Posting Dates- 12/6/22-12/7/22

Batch- 11

S.No	Name of Intern Posted	Date	Marks(20)	Date	Marks(20)
1	Kenu Pal		14		13
2	Ruchi Chaudhary		AB		AB
3	Saba Sunil		16		17
4	Sanjana Shrivastava		17		16
5	Sanjivani Sarkar		18		16
6	Seema Sharma		10		AB
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Department Of Oral And Maxillofacial Surgery

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: *Batch 'E'*

7/6/22 - 22/7/22
POSTING DATE:

S. NO.	NAME OF THE INTERN POSTED	DATE 13/6/22 MARKS (20)	DATE 18/7/22 MARKS (20)
1.	<i>Rahul</i>	<i>10</i>	<i>11</i>
2.	<i>Rajshree</i>	<i>14</i>	<i>15</i>
3.	<i>Ramandeep</i>	<i>14</i>	<i>15</i>
4.	<i>Sima</i>	<i>10</i>	<i>11</i>
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Oral And Maxillofacial Surgery
Inderprastha Dental College And Hospital

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Department Of Public Health Dentistry

INTERN PREPARATION FOR COMPETITIVE EXAMS

BATCH: A

POSTING DATE: 23/5/22 - 22/8/22

S. NO.	NAME OF THE INTERN POSTED	DATE 21/6/22 MARKS (20)	DATE 19/8/22 MARKS (20)
1.	Indibar	13	14
2.	Pranjali	12	13
3.	Aditi Jain	15	16
4.	Ajay Pratap Singh	14	14
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