

قائمة الاسئلة

طب أسنان الأطفال المستوى الخامس - طب وجراحة الفم والاسنان

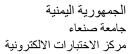
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- 1) Stainless steel crown used in permanent teeth is a:
 - 1) Permanent restoration.
 - 2) Temp. restoration.
 - 3) + Semi permanent restoration.
 - 4) None
- 2) A stainless steel crown should normally extend below the gingival crest approximately:
 - 1) + 1 mm
 - 2) 1.5 mm
 - 3) 2 mm
 - 4) 2.5 mm
- 3) Area with fluoride concentration more than 0.6 ppm , a 4 years child need Dietary Fluoride Supplementation by:-
 - 1) 0.25 mg
 - 2) 0.50 mg
 - 3) 1.00 mg
 - 4) + No need.
- 4) In the preparation for stainless steel crown the proximal gingival contour of primary molars-is like:
 - 1) Smile
 - 2) Stretched-Out S
 - 3) + Frown
 - 4) None
- 5) In the preparation for stainless steel crown the Buccal gingival contour of first primary molar-is like:
 - 1) Smile
 - 2) + Stretched-Out S
 - 3) Frown
 - 4) None
- 6) Area with fluoride concentration between 0.3- 0.6 ppm, a 4 years child need Dietary Fluoride Supplementation is 0.50 mg. From studies it was shown that the surface fluoride level of newly erupted teeth is equal to 1000 ppm.
 - 1) Both the statements are true.
 - 2) + Both the statements are false.
 - 3) First statement is true and the second is false.
 - 4) First statement is false and the second is true.
- 7) Fluoride is beneficial for dental health because it
 - 1) Strengthens bones and promotes overall body health.
 - 2) Acts as an analgesic and relieves tooth pain.
 - 3) + Enhances the remineralization of tooth enamel.
 - 4) Reduces gum inflammation and bleeding.
- 8) Stainless steel crowns are commonly used for which of the following dental procedures?
 - 1) Root canal treatment
 - 2) Dental implant placement
 - 3) Orthodontic treatment
 - 4) + Full coverage restoration of decayed teeth.
- 9) Which of the following statements about stainless steel crowns is true?
 - 1) They are primarily used for front teeth.



- 2) They require frequent replacement due to wear and tear.
- 3) + They can be used as a long-term restoration option.
- 4) They are not suitable for patients with dental anxiety.
- Which dental treatment option is typically recommended for children and adolescents with tooth decay involving multiple teeth?
 - 1) + Dental crowns
 - 2) Dental bridges
 - 3) Removable partial dentures
 - 4) Complete dentures
- 11) The space maintainer that consider an appliance for move its abutment distally is:
 - 1) Band and loop
 - 2) + lingual arch
 - 3) Distal shoe
 - 4) Nance holding arch
- What is the most appropriate space management appliance for a 4-year-old who prematurely lost teeth lower D and D?
 - 1) Unilateral band and loop
 - 2) + Bilateral band and loops
 - 3) Lingual holding arch
 - 4) Nance appliance.
- For infant brushing should be without dentifrices. In pre-school children a little amount as small as a pea should be put over the brush.
 - 1) + Both the statements are true.
 - 2) Both the statements are false.
 - 3) First statement is true and the second is false.
 - 4) First statement is false and the second is true.
- 14) The space maintainer of choice after removal of upper left E in a 6-7 year-old is
 - 1) unilateral (band and loop)
 - 2) bilateral (Nance)
 - 3) + unilateral followed by a bilateral after the eruption of the permanent anteriors
 - 4) None of the above.
- 15) The space maintainer that consider an appliance for move its abutment distally is
 - 1) Band and loop
 - 2) + lingual arch
 - 3) Distal shoe
 - 4) Nance holding arch
- 16) The common cause of ectopic eruption is
 - 1) + Arch length deficiency
 - 2) Super numerary teeth
 - 3) Hereditary
 - 4) Endocrinal disorder
- 17) For a 3yr old child a removable space maintainer is fabricated. What is the biggest disadvantage of this appliance?
 - 1) irritation to supporting tissues.
 - 2) Difficult to clean.
 - 3) + Child may not tolerate wearing.
 - 4) Function will be compromised.
- 18) Which condition in children and adolescents may require the use of an obturator prosthesis?
 - 1) + Cleft palate

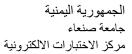
2 / 2 الصفحة





- 2) Tooth decay
- 3) Malocclusion
- 4) Temporomandibular joint disorder
- 19) Which factor is crucial to consider when fabricating a dental prosthesis for children and adolescents?
 - 1) + Patient's skeletal growth pattern
 - 2) Patient's socioeconomic status
 - 3) Patient's dietary habits
 - 4) Patient's oral hygiene practices
- 20) What is the most common indication for a removable partial denture in children and adolescents?
 - 1) Tooth decay
 - 2) Traumatic tooth loss
 - 3) + Congenital missing teeth
 - 4) Severe malocclusion
- 21) The following gingival lesions is due to desquamation of epithelium
 - 1) Eruption cyst
 - 2) + Recurrect aphthus ulcer
 - 3) ANUG
 - 4) Pericoronitis
- 22) When the ulcer is preceded by burning and tingling sensation, it is
 - 1) Primary herpetic gingivostomatitis
 - 2) + Recuurent aphthus ulcer
 - 3) ANUG
 - 4) pericoronitis
- 23) aphthasol is used in treatment of
 - 1) Primary herpetic gingivostomatitis
 - 2) + Recuurent aphthus ulcer
 - 3) ANUG
 - 4) Recuurent herpis labialis
- 24) Monilia albicans is the main cause of
 - 1) + Oral candidiasis
 - 2) Recuurent aphthus ulcer
 - 3) ANUG
 - 4) Non of the above
- 25) Hydrogen peroxide irrigation is used in treatment of
 - 1) Oral candidiasis
 - 2) Recuurent aphthus ulcer
 - 3) + ANUG
 - 4) Non of the above
- 26) The chronic specific gingival lesion which generalized in all mouth except
 - 1) + Puberty gingival enlargement
 - 2) Gingival fibromatosis
 - 3) Dilantin gingival enlargement
 - 4) scorbutic gingival enlargement
- 27) this disease may appear in new born
 - 1) eruption gingivitis
 - 2) pericoronitis
 - 3) + eruption cyst
 - 4) none of the above
- 28) the following lesion is not self-limiting disease

6 / 3 الصفحة





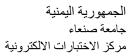
- 1) pericoronitis
- 2) acute herpetic gingivostomatitis
- 3) recurrent aphthus ulcer
- 4) + ANUG
- 29) In puberty gingival hyperplasia, the gingival enlargement regress after
 - 1) 15 years old
 - 2) 16 years old
 - 3) 17 years old
 - 4) + Non of the above
- 30) Gingival fibromatosis is also called
 - 1) Hyperplastic gingiva
 - 2) Stippling gingiva
 - 3) + Elephantiasis gingiva
 - 4) All of the above
- 31) The material that make fixation of the pulp during pulpotomy is
 - 1) + Glutaraldehyde
 - 2) Ferric sulfate
 - 3) MTA
 - 4) Non of the above
- 32) Pulpectomy of primary molars has low success rate due to
 - 1) Pulp aged early
 - 2) + Open apex
 - 3) Less root divergence
 - 4) All of the above
- When primary molar with deep caries near the pulp, and during cavity preparation you leave the very deep caries and cover it with calcium hydroxide, this treatment is called
 - 1) + Indirect pulp capping
 - 2) Direct pulp capping
 - 3) Pulpotomy
 - 4) Pulpectomy
- In primary molars, if we make small pinpoint exposure of the pulp during caries removal and exposure is surrounded by sound dentin, we prefer to do
 - 1) Indirect pulp capping
 - 2) Direct pulp capping
 - 3) + Pulpotomy
 - 4) Pulpectomy
- 35) Direct pulp capping is done in permanent teeth in
 - 1) + One visit
 - 2) Two visits
 - 3) Not indicated
 - 4) Non of the above
- 36) Removal of coronal pulp till the orifices of radicular vital pulp is called
 - 1) + Pulpotomy
 - 2) Pulpectomy
 - 3) Partial pulpectomy
 - 4) Non-vital pulpotomy
- 37) Ferric sulfate material is considered as
 - 1) Devitalization
 - 2) + Preservation

6 / 4 الصفحة



- 3) Regeneration
- 4) Non of the above
- 38) The pH value of calcium hydroxide is
 - 1) + 12
 - 2) 12.5
 - 3) 10
 - 4) Non of the above
- 39) permanent vital mature teeth with pulp exposure due to caries is treated by
 - 1) Apexification
 - 2) Apexogenesis
 - 3) + RCT
 - 4) Non of the above
- 40) In pulpotomy procedure, we prefer to remove the tissues in pulp chamber using
 - 1) Large round bur
 - 2) Small round bur
 - 3) Fissure bur
 - 4) + Spoon excavator
- 41) Internal root resorption after pulp therapy of primary molars may happened due to the action of
 - 1) Odontoblast cells
 - 2) Osteoclast cells
 - 3) + Odontoclast cells
 - 4) Osteoblast cells
- 42) Trauma of teeth with mobility and without displacement is called
 - 1) Infraction
 - 2) Concussion
 - 3) + Subluxation
 - 4) Avulsion
- 43) Axial displacement of tooth and the tooth pushed completely out of the socket
 - 1) Lateral displacement
 - 2) Intrusion
 - 3) Extrusion
 - 4) + avulsion
- 44) Fragment reattachment can be done in
 - 1) + Class II tooth fracture
 - 2) Class III tooth fracture
 - 3) Both a and b
 - 4) Non of the above
- 45) In class III tooth fracture, treatment of the permanent anterior tooth with direct pulp capping when
 - 1) + Tooth is vital
 - 2) Exposure size is large
 - 3) Time elapsed is 2 days
 - 4) All of the above
- 46) The only root fracture need splinting in treatment is
 - 1) Apical part
 - 2) + Middle part
 - 3) Cervical part
 - 4) All parts the same
- 47) In avulsion of primary central incisor, and patient came to clinic during 30 min and hold it by crown, the treatment is

6 / 5 الصفحة





- 1) Reposition and splinting and pulp therapy
- 2) Reposition and pulp therapy
- 3) Splinting only
- 4) + Non of the above
- 48) In extrusion of permanent central incisor, the best treatment is
 - 1) + Orthodontic reposition
 - 2) Surgical reposition
 - 3) Spontinous re-eruption
 - 4) Extraction
- 49) What is the best storage medium for avulsed permanent tooth?
 - 1) + HBSS
 - 2) Saliva
 - 3) Cold milk
 - 4) Distilled water
- 50) If upper right central permanent incisor of child aged 8 years is fractured due to trauma and the pulp is exposed (large exposure) and he came to your clinic during 15 minutes. Your treatment plane will be
 - 1) Direct pulp capping
 - 2) + Apexogenesis
 - 3) Apexfication
 - 4) RCT