



قائمة الاسئلة

التعويضات السنية المتقدمة الخامس طب وجراحة القم والاسنان

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- 1) A lower complete denture opposing upper natural teeth is acceptable for:
 - 1) - Patients with class I. jaw relation.
 - 2) + Patients with cleft palate.
 - 3) - Patients with cleft lip.
 - 4) - Patients with large tongue.
- 2) Maxillary single complete dentures problems and difficulties against natural teeth are the following (Except one).
 - 1) - Excessive pressure from the opposing natural teeth, result in resorption of the residual ridge & hyperplastic tissues.
 - 2) - The presence of the mandibular anterior teeth makes the esthetic and phonetic placement difficult.
 - 3) + The opposing natural teeth causing abrasion of artificial teeth if porcelain teeth is used.
 - 4) - If porcelain artificial teeth are used, this will result in rapid wear of opposing natural teeth.
- 3) In maxillary single denture construction, mesial drifting of the opposing natural teeth results in tilting of the natural teeth which:
 - 1) + Produce an unharmonious occlusal plane.
 - 2) - Produce a harmonious balanced occlusion.
 - 3) - Produce distal axial angulation (Tilting)
 - 4) - Produce a harmonious occlusal plane.
- 4) The anterior ridge undercut (often severe) is considered as disadvantage of immediate denture, that is caused by the presence of the remaining teeth may:
 - 1) - Interfere with the jaw relation recording.
 - 2) + Interfere with the impression procedures.
 - 3) - Interfere with the try-in stage.
- 5) In maxillary single denture construction, the supraeruption of the opposing natural teeth will produce:
 - 1) - Unharmonious occlusal plane, and increase the vertical space for setting the opposing denture teeth.
 - 2) + Unharmonious occlusal plane, and decrease the vertical space for setting the opposing denture teeth.
 - 3) - Unharmonious occlusal contact, and increase the vertical space for setting the opposing denture teeth.
 - 4) - Unharmonious occlusal index, and increase the vertical space for setting the opposing denture teeth.
- 6) Vertical dimension of occlusion for irradiated patients is accomplished by:
 - 1) - Increasing the vertical dimension of occlusion.
 - 2) - Decreasing the interocclusal space. (freeway space).
 - 3) + Increasing the interocclusal space. (freeway space).
- 7) The Telescopic overdenture is possible only when the teeth have an adequate bony support and a good periodontal prognosis because with this type:
 - 1) - There is only a medium reduction in the crown/root ratio.
 - 2) - There is only a maximum reduction in the crown/root ratio.
 - 3) + There is only a minimum reduction in the crown/root ratio.
 - 4) - There is only a moderate reduction in the crown/root ratio.
- 8) Final impression for irradiated patients should be carried out carefully and zinc-oxide eugenol material is not advisable with the dry mucosa, because:
 - 1) - Its irritating effect could result in mucosal necrosis.
 - 2) - Its irritating effect could result in mucosal perforation.
 - 3) + Its irritating and its sticking effect to the dry mucosa.
- 9) Immediate denture Should be worn for first 24 hours without removal (Except one).:





- 1) - This allows the underlying tissues to better heal into the shape of your denture allowing for better stability.
 - 2) - If removed, reinsertion can be difficult if significant swelling occurs.
 - 3) + If removed, reinsertion can be easy if significant swelling occurs.
- 10) The mandibular guidance prosthesis consists of a removable partial denture framework with a flange extending 7–10 mm laterally and superiorly on:
- 1) - The lingual aspect of the premolars and molars on the nondefect side.
 - 2) + The buccal aspect of the premolars and molars on the nondefect side.
 - 3) - The lingua aspect of the premolars and molars on the defect side.
 - 4) - The buccal aspect of the premolars and molars on the defect side.
- 11) Intermaxillary fixation used for:
- 1) - Severe loss of tissues and mandibular deviation.
 - 2) + Slight loss of tissues and mandibular deviation.
 - 3) - Great loss of tissues and mandibular deviation.
- 12) Bar attachments are indicated, when the abutment teeth supported overdentures are:
- 1) - Markedly nonparallel with insufficient interarch space.
 - 2) + Markedly nonparallel with sufficient interarch space
 - 3) - Bars are also indicated in a V-shaped ridge
- 13) After 24 Hour of immediate denture insertion:
- 1) - Don't relieve sore spots.
 - 2) - Use PIP.
 - 3) - Refine occlusion – possible remount.
 - 4) + Use indelible stick,
- 14) Contraindications of overdenture are (Except one):
- 1) + Patients presenting with congenital defects as cleft palate.
 - 2) - Oral hygiene of the patient is poor
 - 3) - Insufficient interarch distance to accept the denture and abutments.
 - 4) - Mobility of abutment teeth exceed grade II.
- 15) Immediate denture is contra-indicated to avoid:
- 1) - The problems of TMJ disturbance.
 - 2) - The problems of less retention of complete denture.
 - 3) + The danger of osteoradionecrosis of irradiated patients.
- 16) The Telescopic overdentures have better retention and stability due to. (Except one):
- 1) - Proprioception.
 - 2) - Improved stress distribution,
 - 3) - The periodontal ligament's ability to transform compressive forces into tensile forces.
 - 4) + There is also increase in the rate of residual ridge resorption.
- 17) In immediate denture all the posterior teeth are extracted with the exception of two opposing teeth having a good occlusion as their removal are postponed till:
- 1) - The making of final impression.
 - 2) + The recording of Jaw relationship.
 - 3) - The try-in of anterior teeth.
 - 4) - The extraction of anterior teeth.
- 18) Overdenture has some advantages as following (except one):
- 1) - Proprioception (sensation) input from periodontal receptor.
 - 2) + Alveolar ridge resorption increased.
 - 3) - Tooth mobility greatly reduced.
 - 4) - Stability of the prosthetic appliance.
- 19) Disadvantage of magnets attachments:





- 1) - Provide less lateral stresses on the abutments.
 - 2) - Simplified clinical technique.
 - 3) + Corrosion and loss of magnetism are significant complications associated with their usage.
- 20) For mandibular denture insertion of irritated patient, pay particular attention to the mylohyoid region for mucosal perforation:
- 1) - If there is denture base pressure, can lead to mucositis.
 - 2) - If there is denture base pressure, can lead to osteomucositis.
 - 3) + If there is denture base pressure, can lead to osteoradionecrosis.
- 21) Importance of Radiotherapy Prostheses (Except one):
- 1) - Reduces the side effects of the treatment.
 - 2) - Protect vital nearby tissues,
 - 3) + It decreases the accuracy of radiation source,
 - 4) - Increase the patient cooperation.
- 22) A device used to direct and re-locate the path of radiation to an oral tumor during a split course radiation is known as:
- 1) - Fluoride stent.
 - 2) - Shielding stent.
 - 3) - Positioning stent
 - 4) + Beam locator (beam director).
- 23) During final impression for irradiated patients, particular attention should be paid to the lingual extension of the mandibular denture because:
- 1) - Overextension could result in a mucosal necrosis.
 - 2) + Overextension could result in a mucosal perforation.
 - 3) - Overextension could result in a mucosal inflammation.
 - 4) - Overextension could result in a mucosal pigmentation.
- 24) An adequate and normal amount of palato pharyngeal tissues but these tissues are functionally impaired resulting in:
- 1) + Incompetent palatopharyngeal closure.
 - 2) - Competent palatopharyngeal closure.
 - 3) - Insufficient palatopharyngeal closure.
- 25) The success failure rate of osseointegrated implants in irradiated bone depends upon (Except one):
- 1) - The anatomic site selected.
 - 2) - The dose to the site.
 - 3) - The use of hyperbaric oxygen.
 - 4) + The technique of impression.
- 26) Speech problem is usually more complicated in patients having congenital defects, due to:
- 1) - Speech is a difficult process.
 - 2) - Speech is a complicated process.
 - 3) + Speech is a learned process.
 - 4) - Speech is a complex process.
- 27) In Class I. anteroposterior resection according to armany's classification:
- 1) - The defect is bilateral.
 - 2) - The defect crosses the midline.
 - 3) - The defect involves both sides of the maxilla.
 - 4) + The teeth are maintained on one side of the arch.
- 28) In Class II. resection according to armany's classification (Except one): is:
- 1) - The defect in this group is unilateral.
 - 2) + Resection in this group is performed along the midline.
 - 3) - Retaining the anterior teeth on the contralateral side.





- 4) - Sometimes all the anterior teeth to the canine are saved.
- 29) In Class III. central resection according to armany's classification not involve the teeth: The defect occurs in the central portion of the palate.
- 1) - The defect in this group is unilateral.
 - 2) - The defect in this group is bilateral.
 - 3) + The defect occurs in the central portion of the palate.
 - 4) - The defect crosses the midline.
- 30) Coordination between the plastic surgeon and prosthodontist in rehabilitation of maxillofacial patients can result in a defect that is:
- 1) - Best suited for orthodontic appliances.
 - 2) - Best suited for nightguard appliances.
 - 3) + Best suited for prosthetic appliances.
 - 4) - Best suited for expansion appliances.
- 31) In Class IV anteroposterior resection according to armany's classification (Except one):
- 1) - The defect is bilateral.
 - 2) - The defect crosses the midline.
 - 3) - The defect involves both sides of the maxilla.
 - 4) + The defect is unilateral.
- 32) Immediate Obturator for acquired palatal defect rehabilitation has several advantages (Except one):
- 1) - Maintain function (feeding, speech).
 - 2) - Promote healing.
 - 3) + Prevent continuous bone resorption.
 - 4) - Prevent contamination of the wound
- 33) Obturators used:
- 1) - To hold fragments in cases of fracture
 - 2) + To close a congenital or acquired opening in the palate.
 - 3) - For protection from radiation.
 - 4) - As radium carrier.
- 34) Several factors could affect cleft formation (Except one):
- 1) - Hereditary factors.
 - 2) - Dietary deficiency.
 - 3) - Radiation or x-ray.
 - 4) + Diabetic disease.
- 35) Definitive appliance may be constructed, 3-4 weeks after operation to help in restoring oro-nasal function.
- 1) - TRUE.
 - 2) + FALSE.
- 36) Fluoride stent function is to hold the radiation source securely in the same location during the entire period of treatment.
- 1) - TRUE.
 - 2) + FALSE.
- 37) Resection appliance as Intra-oral prosthesis used in cases of:
- 1) - Congenital or acquired opening in the palate.
 - 2) - Hemophilic patient by control bleeding.
 - 3) + Hemi mandibulectomy to correct of the closure of the mandible.
 - 4) - Incompetent palatopharyngeal closure.
- 38) The treatment of choice for palatal cleft closure for the child is prosthetic closure by obturator.
- 1) - TRUE.
 - 2) + FALSE.
- 39) The relaxed position of the soft palate is required during normal breathing, to Keep the oropharynx and the





- nasopharynx closed.
- 1) - TRUE.
 - 2) FALSE.
- 40) Feeding appliances are:
- 1) Required in early infancy to facilitate food intake prior to surgical closure.
 - 2) - In the form of metallic removable partial denture.
 - 3) - The palatal section carries the replacement teeth.
- 41) Palatal lift prostheses are usually required in:
- 1) - Insufficient palatopharyngeal closure.
 - 2) Incompetent palatopharyngeal closure.
 - 3) - Adequate palatopharyngeal closure.
- 42) Hyperbaric oxygen is effective treatment for:
- 1) - Pericoronitis.
 - 2) Osteoradionecrosis.
 - 3) - Angular cheilitis.
 - 4) - Mucosal necrosis.
- 43) Trismus Occurs 3-6 days after radiotherapy due to fibrosis.
- 1) - TRUE.
 - 2) FALSE.
- 44) Blocking out severe undercut of the master cast, of definitive obturator for acquired palatal defect, leaving small undercut area for obturator support.
- 1) - TRUE.
 - 2) FALSE.
- 45) If cleft involves the lip; it is advisable to repair it (one year after birth) to facilitate feeding and improve appearance.
- 1) - TRUE.
 - 2) FALSE.
- 46) In insufficient palatopharyngeal closure, palatal lift prostheses are usually required.
- 1) - TRUE.
 - 2) FALSE.
- 47) Closure of congenital cleft palate is done early to produce shorter and less mobile soft palate.
- 1) - TRUE.
 - 2) FALSE.
- 48) It separates the mandible from the maxilla, and it serve to flatten the buccal mucosa and simplify the dosimetric calculation
- 1) Shielding stent
 - 2) - Fluoride stent
 - 3) - Radium stent
- 49) For irradiated patients, never remove teeth involved in a tumor as this disseminate tumor cells.
- 1) -This procedure is done pre-irradiation
 - 2) - This procedure is done post-irradiation
 - 3) - This procedure may be done pre- or post-irradiation
- 50) In Loss of occlusal contact.as a result of loss of teeth in hemimandibulectomy with upper complete denture, the prosthetic used is:
- 1) - Mandibular guiding flange
 - 2) Maxillary twin occlusion.
 - 3) - Intermaxillary fixation.

