



قائمة الاسئلة

التعويضات السنية المتحركة 4 خامس طب اسنان

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- 1) Closure of congenital cleft palate is done early for the following reasons (Except one):
  - 1) - To produce velopharyngeal closure.
  - 2) - To allow undisturbed growth of maxilla.
  - 3) - To habilitate the patient for normal speech.
  - 4) + To produce shorter and less mobile soft palate.
- 2) The problem of speech is usually more complicated in patients having congenital defects compared to acquired defects. This is because
  - 1) - Speech is a difficult process.
  - 2) - Speech is a complicated process.
  - 3) + Speech is a learned process.
- 3) If cleft involves the lip; it is advisable to repair it as early as possible
  - 1) + (6 wks. after birth) to facilitate feeding and improve appearance.
  - 2) - (4 wks. after birth) to facilitate feeding and improve appearance.
- 4) Obturators are 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.
- 5) In Class I. anteroposterior resection according to armany's classification
  - 1) - The defect is bilateral.
  - 2) - The defect crosses the midline.

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- 3) - The defect involves both sides of the maxilla.
- 4) + The teeth are maintained on one side of the arch.
- 6) 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.
- 7) 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
- 8) Definitive appliance may be constructed:
  - 1) - 3-4 weeks after operation to help in restoring oro-nasal function.
  - 2) + 3 - 4 months after operation to help in restoring oro-nasal function.
  - 3) - 3 - 4 days after operation to help in restoring oro-nasal function.
- 9) In immediate denture all the posterior teeth are extracted with the exception of two opposing teeth having a good occlusion as their presence will help:
  - 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.
- 10) One of immediate denture disadvantages is



- 1) - Tongue will not spread out as result of tooth loss.
- 2) ☒ Try-in of anterior teeth is done in the day of denture insertion.
- 3) - Maintenance of a patient's appearance as there is no edentulous period.
- 4) - It is easier to duplicate (if desired) the natural tooth shape and position
- 11) Use 2-piece custom trays as final impression for making immediate denture:
  - 1) - If insignificant tissue undercuts is exist.
  - 2) ☒ If significant tissue undercuts is exist.
  - 3) - If no large tissue undercuts is exist.
  - 4) - If no tissue undercuts is exist.
- 12) Several factors could affect cleft formation (Except one):
  - 1) - Hereditary factors.
  - 2) - Dietary deficiency.
  - 3) - Radiation or x-ray.
  - 4) ☒ Diabetic disease.
- 13) 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.
- 14) Contraindications of overdenture are (Except one):
  - 1) ☒ Patients presenting with congenital defects as cleft palate.
  - 2) - Patients presenting with congenital defects as cleft lip.
  - 3) - Insufficient interarch distance to accept the denture and abutments.
  - 4) - Mobility of abutment teeth exceed grade II.
- 15) Several disadvantages of overdenture are (Except one):
  - 1) ☒ Convertibility to accept the alteration if the abutment must be e extracted.
  - 2) - Blocking out the undercut will break the peripheral seal.
  - 3) - Periodontal breakdown of the abutment teeth.
  - 4) - Caries susceptibility.
- 16) Bar attachments are indicated when the abutment teeth supported overdentures are markedly:
  - 1) - Parallel with insufficient interarch space.
  - 2) - Parallel with sufficient interarch space.
  - 3) - Nonparallel with insufficient interarch space.
  - 4) ☒ Nonparallel with sufficient interarch space.
- 17) In temporary obturator impression is taken with modified stock tray using zinc-oxide eugenol paste impression material.
  - 1) - True.
  - 2) ☒ False.
- 18) 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.
- 19) Telescopic overdenture is possible only when the teeth have an adequate bony support and a good periodontal prognosis because with this type. There is only
  - 1) - A medium reduction in the crown/root ratio.
  - 2) ☒ A minimum reduction in the crown/root ratio.
  - 3) - A maximum reduction in the crown/root ratio.
- 20) In Class IV anteroposterior resection according to armany's classification (Except one):
  - 1) - The defect is bilateral.



- 2) ☒ The defect is unilateral.
- 3) ☐ The defect crosses the midline.
- 21) Radiotherapy prosthesis are stents used in the treatment of oral cancers by radiation. This prosthesis has several objectives (Except one)
- 1) ☐ It reduces the side effects of the treatment.
- 2) ☐ It enables the radiotherapist to lower the field of radiation.
- 3) ☐ It protects the tissues that are not meant to receive radiation.
- 4) ☒ It decreases the accuracy of radiation source, and results in a more cooperative patient.
- 22) If patient's upper and lower arches subjected to radiation therapy, this radiation will affect on bone as osteoradionecrosis that is:
- 1) ☐ More in the maxilla than in mandible because dense bone is less vascular and absorbs more radiation.
- 2) ☐ More in the mandible than in maxilla because dense bone is more vascular and absorbs more radiation.
- 3) ☒ More in the mandible than in maxilla because dense bone is less vascular and absorbs more radiation.
- 4) ☐ More in the maxilla than in mandible because dense bone is less vascular and absorbs less radiation.
- 23) 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 appliance.
- 3) ☐ Positioning stent
- 4) ☒ Beam locator (beam director)
- 24) Zinc-oxide eugenol paste material as final impression for irradiated patients 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 also its sticking effect to the dry skin.
- 4) ☒ Its irritating and also its sticking effect to the dry mucosa
- 25) When making final impression of irradiated patients, particular attention should be paid to the lingual extension of the mandibular denture as:
- 1) ☐ Overextension could result in a mucosal necrosis.
- 2) ☐ Overextension could result in a mucosal inflammation.
- 3) ☒ Overextension could result in a mucosal perforation.
- 4) ☐ Overextension could result in a mucosal pigmentation.
- 26) 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.
- 27) The treatment of choice for palatal cleft closure for the child is prosthetic closure by obturator.
- 1) ☐ True.
- 2) ☒ FALSE.
- 28) Inadequate short length of the soft palate resulting from either congenital or developmental defects, results in:
- 1) ☐ Incompetent palatopharyngeal closure.
- 2) ☐ Competent palatopharyngeal closure.
- 3) ☒ Insufficient palatopharyngeal closure.
- 4) ☐ Sufficient palatopharyngeal closure.



- 29) Vertical dimension for irradiated edentulous patients is accomplished by:
- 1) - Increasing the vertical dimension of occlusion.
  - 2) ☒ Decreasing the vertical dimension of occlusion.
  - 3) - Decreasing the interocclusal space. (freeway space).
- 30) The relaxed position of the soft palate is required during normal breathing to
- 1) ☒ Keep the oropharynx and the nasopharynx opened.
  - 2) - Keep the oropharynx and the nasopharynx closed.
- 31) In Class III. central resection according to armany's classification:
- 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.
- 32) Babies with cleft lips cannot perform sucking movements due to:
- 1) - Lack of negative pressure in the nasal cavity.
  - 2) ☒ Lack of negative pressure in the oral cavity.
  - 3) - Lack of positive pressure in the nasal cavity
  - 4) - Lack of negative pressure in both the oral and nasal cavities.
- 33) When trismus is severe, an attempt can be made to increase the oral opening with:
- 1) ☒ A dynamic bite opener
  - 2) - Manual jaw-opening exercise
- 34) 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.
- 35) 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.
  - 4) - They should be properly retained by adequate clasping.
- 36) Palatal lift prostheses are usually required in:
- 1) - Insufficient palatopharyngeal closure.
  - 2) ☒ Incompetent palatopharyngeal closure.
  - 3) - Adequate palatopharyngeal closure.
  - 4) - Sufficient palatopharyngeal closure.
- 37) Hyperbaric oxygen is effective treatment for:
- 1) - Erythema and vascular dilatation
  - 2) ☒ Osteoradionecrosis.
  - 3) - Ulceration of lips and corners of the mouth (angular cheilitis).
  - 4) - Irritation of tongue sides.
- 38) In maxillary single denture construction, the supraeruption of the opposing natural teeth will produce unharmonious occlusal plane, and:
- 1) - Increase the vertical space for setting the opposing denture teeth.
  - 2) ☒ Decrease the vertical space for setting the opposing denture teeth.
- 39) 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.



- 40) Immediate denture Should be worn for first 24 hours without removal:
- 1) + If removed, reinsertion can be difficult if significant swelling occurs.
  - 2) - If removed, reinsertion can be easy if significant swelling occurs.