Sample test questions

Krok 2
Stomatology



- **1.** A 48-year-old man complains of itching gums. Objectively: the gums are firm; cold water causes short-time pain in the teeth. X-ray imaging shows osteosclerosis of the alveolar septum: close-meshed bone structure, the alveolar septum height and intactness of the cortical plates is retained. What is the most likely diagnosis?
- **A.** Initial periodontosis
- **B.** Atrophic gingivitis
- C. Initial periodontitis
- **D.** Periodontitis, stage I
- E. Periodontosis, stage I
- **2.** A 55-year-old man complains of heartburn and unpleasant sensations in his tongue. The patient has been suffering from gastritis with low acidity for approximately 5 years. What changes in the tongue are the most likely to be detected in this patient?
- A. Atrophied and smoothed out lingual papillae
- **B.** Hypertrophic lingual papillae
- **C.** Erosions on the lateral surfaces of the tongue
- **D.** Coated tongue
- E. Fissured tongue
- **3.** A 25-year-old patient complains of profuse gingival hemorrhages, pain in the oral cavity, weakness, fatigue, fever up to 38°C. These presentations appeared a week ago. Objectively: the patient is pale, adynamic. Examination of the oral mucosa reveals multiple hemorrhages, friable gums, necrotic areas on the tops of gingival papillae, as well as enlarged, soft, painless lymph nodes. The oral mucosal lesion can be a symptom of the following disease:
- A. Acute leukemia
- **B.** Chronic leukemia
- **C.** Vincent's stomatitis
- **D.** Hypovitaminosis C
- **E.** Intoxication with heavy metal salts
- **4.** During preventive examination a 40-yearold man presents with the following changes: marginal gingiva is enlarged, torus-shaped, cyanotic, slightly bleeding when touched with a dental probe; there is no pain. Staining the gums with Lugol's iodine solution results in light-brown coloring of mucosa. Make the diagnosis:
- **A.** Chronic catarrhal gingivitis
- **B.** Acute catarrhal gingivitis
- **C.** Exacerbation of chronic catarrhal gingivitis
- **D.** Chronic hypertrophic gingivitis
- **E.** Generalized periodontitis
- 5. Having recovered from acute respiratory disease, a patient has made an appointment with a dentist. The patient complains of pain in the gums, foul breath, inability to take food, general weakness. Objectively: the gums are hyperemic, swollen, covered with necrotic dirty-gray coating; the gums bleed when the coating is removed. Microbiological study of tissues revealed a great number of cocci, bacilli, fusobacteria, and spirochaete. Specify the drug for etiotropic treatment:

- A. Metronidazole
- B. Galascorbinum
- C. Potassium permanganate
- **D.** Tripsin
- E. Carotolinum (Betacarotene)
- **6.** A 35-year-old patient complains of itch, burning and edema of lips. These presentations occured a week ago. Objectively: there is reddening of the red border and skin, especially in the area of the mouth corners, there are also vesicles, scabs, small cracks against the background of erythematous affection of the red border. What is the most likely diagnosis?
- **A.** Acute eczematous cheilitis
- **B.** Multiform exudative erythema
- C. Acute herpetic cheilitis
- **D.** Allergic contact cheilitis
- **E.** Exudative form of exfoliative cheilitis
- **7.** A 30-year-old patient complains of a toothache caused by hot and cold stimuli. The pain irradiates to the ear and temple. Previously this tooth presented with spontaneous nocturnal toothache. Objectively: on the occlusal surface of the 37 tooth there is a deep carious cavity communicating at one point with the tooth cavity. Probing at the communication point, as well as cold stimulus, causes acute pain. The pain persists for a long time. Electric pulp test result is 5 microamperes. What is the most likely diagnosis?
- A. Exacerbation of chronic pulpitis
- **B.** Acute diffuse pulpitis
- **C.** Exacerbation of chronic periodontitis
- **D.** Chronic concrementous pulpitis
- E. Acute suppurative pulpitis
- **8.** A 52-year-old woman complains of periodical appearance of a gingival fistula in the area of the 15 tooth. The tooth had been treated 1,5 years ago for caries. Objectively: the 15 tooth is filled. In the root apex projection there is a fistula; purulent exudate discharges on pressure. Tooth percussion is painless. On X-ray: the root canal is not filled, there is a destruction focus with blurred margins near the root. Make the diagnosis:
- **A.** Chronic granulating periodontitis
- **B.** Exacerbation of chronic granulating periodontitis
- **C.** Chronic fibrous periodontitis
- **D.** Periapical cyst
- **E.** Chronic granulomatous periodontitis
- 9. A 25-year-old man complains of genelal malaise, high body temperature, acute gingival bleeding, and gingival enlargement. He has a history of nosebleeds. Objectively the patient presents with systemic lymphoid hyperplasia, pallor of skin and mucosa, II-III degree hyperplasia of the gingival mucosa, hemorrhages into the buccal mucosa, and ulcers covered with gray deposit. What examination method would be optimal for diagnosis-making in this case?
- **A.** Complete blood test panel
- **B.** Yasynsky test
- **C.** Bacterioscopy
- **D.** Immunoassay
- E. Blood glucose test
- **10.** A 19-year-old young man complains of

constant pain in tooth 22, which intensifies on biting with this tooth, sensation of "protruding" tooth, and upper lip edema. The patient has history of upper jaw trauma. Objectively tooth 22 is intact. Vertical percussion is acutely painful. The upper lip is swollen, mucogingival fold in the area of tooth 22 is red and painful on palpation. What examination method is necessary for diagnosis-making in this case?

A. X-ray

B. Dental pulp test

C. Rheodentography

D. Transillumination

E. Thermometry

- 11. A patient complains of carious cavity in tooth 11. The filling was lost one week ago. The tooth crown is dark, there is residual filling material at the bottom of the carious cavity. Vertical percussion is painless. X-ray shows an oval area of bone tissue resorption with clear margins, 0.4x0.3 cm in size. The root canal is filled by 2/3 of its length. What is the most likely diagnosis?
- **A.** Chronic granulomatous periodontitis

B. Chronic fibrous periodontitis

C. Chronic granulating periodontitis

D. Radicular cyst

E. Exacerbation of chronic periodontitis

- 12. A 28-year-old man is referred for oral cavity sanation. On examination there is a filling on the masticatory surface of tooth 17, percussion is painless. Mucosa in the root apex projection of 17 is cyanotic, vasoparesis symptom is positive. X-ray shows foci of bone tissue destruction with fuzzy margins in the area of root apices, root canals are not filled. What is the most likely diagnosis?
- **A.** Chronic granulating periodontitis

B. Chronic fibrous periodontitis

C. Chronic granulomatous periodontitis

D. Radicular cyst

E. Chronic fibrous pulpitis

- 13. A 30-year-old woman complains of mild burning sensation in her lower lip and its dryness. She peels skin scales off with her teeth. She has been presenting with this condition for 10 years. On examination the skin scales are gray and located on the lip from the Klein's line to the center of the vermillion border from angle to angle of the mouth. The scales are firmly attached in the center and are loose on the periphery. Their forcible removal does not result in erosions. What is the most likely diagnosis?
- **A.** Exfoliative cheilitis

B. Lupus erythematosus

C. Meteorological cheilitis

D. Allergic contact cheilitis

E. Eczematous cheilitis

14. A 32-year-old patient presents with body temperature of $38.9^{\circ}C$, general fatigue, impaired speech, inability to eat. This condition has been recurring for the last 4 years in autumn and spring. There are vesicles and erosions with grayish fibrinous coating on the hyperemic and swollen labial and buccal mucosa. Nikolsky's sign is negative. What is the most likely diagnosis?

- A. Erythema multiforme exudativum
- **B.** Pemphigus vulgaris

C. Acute herpetic stomatitis

D. Nonacantholytic pemphigus

E. Dermatitis herpetiformis (Duhring's disease)

- **15.** A 28-year-old woman complains of persisting pain in tooth 34, which intensifies on biting. Four days ago arsenic paste was left in the 34. The patient missed her appointment with the dentist. Objective examination detected occlusive dressing on the distal masticatory surface of tooth 34, percussion is acutely painful. What treatment tactics would be the most advisable in this case?
- **A.** Arsenic antidote is placed into the root canal under occlusive dressing
- **B.** Dentin dressing is removed, electrophoresis with antidote along the mucogingival fold is prescribed

C. The root canal is lavaged with antidote, the tooth remains uncovered

 ${f D}_{f \cdot}$ The root canal is lavaged with antidote and filled

E. -

- **16.** A 56-year-old man complains of enlarged lower lip, pain induced by hot, sour, salty, and bitter foods, and lips gluing together in the morning. The lower lip has been gradually enlarging and developing lumps his whole life. On examination: the lower lip is enlarged. The middle third of the Klein's zone presents with several small red dots with openings that discharge clear drops. The red border is dry and peeling, there are fissures and erosions. What is the most likely diagnosis?
- **A.** Cheilitis glandularis

B. Cheilitis exfoliativa

C. Cheilitis actinica

D. Allergic contact cheilitis

E. Atopic cheilitis

- 17. A 16-year-old young man complains of temperature increase up to $38.7^{\circ}C$, pain when eating and swallowing, foul acrid smell from his mouth. Lymph nodes, especially cervical ones, are enlarged, mobile, and painless. Objectively the patient presents with generalized hyperemia of the oral mucosa, multiple petechiae, necrotic spots, and profuse coating of the anterior pharynx. Blood test: increased ESR, marked leukocytosis, monocytosis, atypical mononuclear cells, thrombocytopenia. What is the most likely diagnosis?
- A. Infectious mononucleosis
- **B.** Vincent stomatitis (acute necrotizing ulcerative gingivitis)

C. Herpetic angina

D. Monoblastic leukemia

E. Acute herpetic stomatitis

18. A 57-year-old retired man complains of attacks of burning pain and rashes on the skin of his face and oral mucosa on the right. Anamnesis: a course of radiation therapy for treatment of gastric disease, past case of chickenpox. Objectively: along the third branch of the trigeminal nerve the skin of the face presents with

isolated erosions covered in fibrinous coating. There are multiple vesicles on the hyperemic and swollen oral mucosa. Right-sided lymphadenitis is observed. What is the most likely diagnosis?

- **A.** Herpes zoster
- B. Neuralgia
- C. Murrain
- **D.** Acute recurrent herpes
- **E.** Neuritis
- 19. A patient consulted a dentist about a cosmetic defect in the cervical region of the upper and lower canines. Various stimuli cause no pain. Objectively: there are V-shaped defects on the vestibular surface in the cervical area of the upper and lower canines. Their surface is smooth, glossy, hard. There is no reaction to probing and cold stimuli. What treatment should be administered?
- **A.** Filling of the defects
- **B.** Metal crowns
- **C.** Applications with 10% solution of calcium gluconate
- **D.** Application of fluorine lacquer
- E. Medical intervention is unnecessary
- **20.** A 35-year-old woman has complaints of cosmetic defects of the front upper teeth crowns. The defects have been aggravating for the last 10 years. The patient suffers from unpleasant sensations when brushing her teeth, and when chemical stimuli are applied. Objective examination revealed defects localized in the enamel of the front upper teeth vestibular surface. The defects are oval, saucer-shaped, and have clear margins. Response to probing and cold stimuli was positive. Make the diagnosis:
- **A.** Enamel erosion
- **B.** Enamel hypoplasia
- **C.** Cuneiform defect
- **D.** Chemical necrosis of the tooth
- **E.** Hyperesthesia of tooth hard tissues
- 21. A patient complains of dull ache in the 16 tooth, which occurs during eating cold food. Previously the tooth had been filled due to deep caries, the filling was lost 1 year ago. Objectively: a deep carious cavity that does not communicate with the tooth cavity is present; percussion is painless, probing is painful along the whole floor of the carious cavity. Electric pulp test 50 microamperes. Thermodiagnosis is painful. Make the diagnosis:
- A. Chronic fibrous pulpitis
- **B.** Chronic deep caries
- **C.** Chronic fibrous periodontitis
- **D.** Acute deep caries
- E. Chronic gangrenous pulpitis
- **22.** A 20-year-old man complains of sharp pain in the mouth, increase of body temeperature up to $38,5^{\circ}C$, headache and aching joints, general weakness. The disease onset was 3 days ago due to overexposure to cold. Objectively: the red border is covered with hemorrhagic scabs, oral mucosa has large erosions and ulcers merging with each other and covered with grayish-white coating against the background of diffuse hyperemia. Conjunctivitis is observed. The skin

of the forearms has erythematous spots 1,5 cm in diameter, with blisters in their center. What is the most likely diagnosis?

- A. Stevens-Johnson syndrome
- **B.** Erythema multiforme
- **C.** Drug-induced stomatitis
- **D.** Lyell's syndrome
- **E.** Behcet's syndrome
- 23. A 22-year-old woman complains of pain caused by hot food and bursting sensation in the tooth. Half a year ago she presented with brief bouts of pain in the night, which over time increased in duration. Objectively: there is a large carious cavity in the 24 tooth, which opens to the dental cavity, deep probing is painful. Electric pulp test is 80 microamperes. What is the most likely diagnosis?
- A. Chronic gangrenous pulpitis
- **B.** Chronic concrementous pulpitis
- **C.** Chronic hypertrophic pulpitis
- **D.** Acute suppurative pulpitis
- E. Chronic fibrous pulpitis
- **24.** A 40-year-old man had his root canal of the 34 tooth filled due to chronic fibrous periodontitis. Soon the treated place became painful. On X-ray the root canal of the 34 tooth is filled to the root apex. What tactics should the dentist choose to manage the pain?
- **A.** To prescribe physiotherapeutic procedures
- **B.** To rinse with antiseptic mouthwash
- C. To make insicion along the mucogingival fold
- **D.** To provide conduction anesthesia
- E. To provide infiltration anesthesia
- **25.** A 35-year-old patient has been diagnosed with chronic median caries of the 36 tooth. There is a Black's class II cavity affecting masticatory surface. What material should be chosen for the tooth filling?
- **A.** Light-cure microhybrid composite
- **B.** Glass ionomer cement
- **C.** Silicophosphate cement
- **D.** Light-cure fluid composite
- E. Light-cure microfilled composite
- **26.** A 49-year-old woman complains of cosmetic defect of the 11, 21, and 22 teeth, which developed over a year ago. Objectively: on the vestibular surface at the equator of the 11, 21, and 22 teeth there are shallow cup-shaped enamel defects that are dense on probing. Cold water induces no pain. Make the provisional diagnosis:
- **A.** Enamel erosion
- **B.** Cuneiform defect
- C. Superficial caries
- **D.** Hypoplasia
- **E.** Fluorosis
- 27. A 47-year-old patient complains of a burning sensation and pain in the mouth. Objectively: on the mucous membrane of cheeks along the line of teeth contact and in the corners of the mouth there are multiple polygonal bright red erosions 1,0-1,5 cm in diameter located on the hyperkeratinized plaque and opaque whitish mucosa. Cytological analysis revealed keratinizing epithelial cells. What is the most

likely diagnosis?

A. Leukoplakia, erosive form

B. Lichen ruber planus, erosive form

C. Erythema multiforme

D. Secondary syphilis

E. Lupus erythematosus, erosive form

- **28.** A 38-year-old woman complains of burning pain in her lips and angles of her mouth, their dryness. Anamnesis states that she has been suffering from diabetes mellitus for the last 8 years. Objectively: the vermillion border is dry, congestively hyperemic, covered in scales of varying size. In the angles of the mouth there are fissures covered in white coating, the skin is macerated. What ointment should be prescribed for topical treatment in the given case?
- A. Clotrimazol

B. Interferon

C. Prednisolone

D. Lanolin

E. Erythromycin

- **29.** A 35-year-old woman complains of lips enlargement. The first incident occurred one year ago, when she developed lip edema that abated quickly, but the lips remained slightly enlarged. Three days ago after overexposure to cold her lips enlarged again. Objectively: ptosis, upper and lower lips are markedly enlarged, more on the left, soft, elastic, and painless on palpation; no impressions on the lip surface are left after pressing it with a finger. The tongue is swollen, with tuberous surface and folds on its back. What is the most likely diagnosis?
- A. Melkersson-Rosenthal syndrome
- **B.** Miescher's granulomatous cheilitis

C. Quincke's edema

D. Achard's syndrome

E. Meige's trophedema

- **30.** A 45-year-old man complains of dryness and pain in the lower lip. On examination: the lower lip is swollen, dry, covered in small scales and fissures. In the Klein area (wet-dry line) there are dilated openings of salivatory glands observed as red dots producing clear substance. The lower lip mucosa is lumpy. What is the most likely diagnosis?
- **A.** Glandular cheilitis
- **B.** Actinic cheilitis
- C. Meteorological cheilitis
- **D.** Eczematous cheilitis
- E. Exfoliative cheilitis
- **31.** A 23-year-old man complains of gum bleeding when he brushes his teeth or eats solid food. Objectively: the gums of the front lower jaw are hyperemic, swollen and bleeding when palpated. Oral and gingival mucosa in other areas are not affected. The occlusion is deep. The teeth are firm, except for the 41 and 31 (degree 1 mobility). X-ray shows resorption of the alveolar septum in the area of the 41, 42, 32, and 31 teeth up to 1/3 of the root length. What is the most likely diagnosis?

- A. Localized periodontitis
- **B.** Generalized periodontitis, initial stage
- **C.** Generalized periodontitis, stage I
- **D.** Catarrhal gingivitis
- **E.** Parodontosis, stage I
- **32.** A 40-year-old man, a chemical industry worker, notes the sour sensation in his mouth, pain response to thermal and chemical stimuli. On examination: on the vestibular surface and cutting edge of the front teeth there are chalky enamel defects with uneven scalloped margins. Make the diagnosis:
- **A.** Acidic necrosis of enamel
- **B.** Superficial caries
- **C.** Enamel hypoplasia (erosive form)
- **D.** Fluorosis (erosive form)
- E. Median caries
- **33.** A 42-year-old woman complains of acute lip enlargement, itching, and bursting sensation. She ascribes her condition to introduction of a new lipstick. On examination the lips are significantly enlarged and turgid, on palpation they are firm, elastic, and painless. Regional lymph nodes are without changes. What is the most likely diagnosis?
- **A.** Allergic contact cheilitis
- **B.** Meteorological cheilitis
- C. Exfoliative cheilitis
- **D.** Glandular cheilitis
- **E.** Actinic cheilitis
- **34.** A 50-year-old patient, an employee of the print shop, complains of foul smell from his mouth and excessive salivation. Objectively against the background of hyperemic and slightly swollen gums there is a blue-black border along the gum margin of the lower jaw and upper front teeth. There is a large amount of dental deposit observed. Name the type of stomatitis in this patient:
- A. Lead
- **B.** Mercury
- C. Bismuth
- **D.** Catarrhal
- E. Necrotizing ulcerative
- **35.** A 25-year-old woman consulted a dentist about acute pain in her upper jaw on the left. The pain occurs during eating. Objectively: on the distal approximal surface of the 26 tooth there is a cavity filled with light soft dentin. Probing causes slight pain along the dentin-enamel junction, percussion is painless. Cold water causes quickly abating pain. What is the most likely diagnosis?
- A. Acute median caries
- **B.** Chronic median caries
- C. Acute deep caries
- **D.** Chronic fibrous pulpitis
- **E.** Chronic deep caries
- **36.** A 19-year-old young man complains of cosmetic defect of all his teeth, which developed immediately after the teeth eruption. Objectively on the vestibular and masticatory surfaces of all patient's teeth there are enamel defects, tooth crowns present with dark brown discoloration. Percussion and probing are painful. In this area

fluoride levels in water are 2.6 mg/L. Make the provisional diagnosis:

- A. Fluorosis
- **B.** Systemic hypoplasia
- **C.** Chronic initial caries
- **D.** Enamel erosion
- **E.** Chronic superficial caries
- **37.** A 27-year-old man complains of aching long-lasting pain in the 15 tooth during eating, especially cold food. Sometimes the pain occurs when the temperature changes. Objectively: on the distal surface of the 15 tooth there is a cavity filled with softened dentin. Probing is painful. Electroexcitability of the pulp is 35 microamperes. What is the most likely diagnosis?
- **A.** Chronic fibrous pulpitis
- **B.** Acute deep caries
- **C.** Chronic deep caries
- **D.** Hyperemia of the pulp
- E. Exacerbation of chronic pulpitis
- **38.** A 35-year-old man complains of sour sensation in his mouth and front teeth sensitivity to thermal and mechanical stimuli. Objective examination revealed visible changes in the enamel of 13, 12, 11, 21, 22, and 23. The enamel is dull, rough, missing on the cutting edge. Probing of the vestibular surface of these teeth is painful, response to thermal stimuli is positive. The patient's medical record states his occupation in industrial production of inorganic acids. What is the most likely diagnosis?
- **A.** Necrosis of dental hard tissues
- **B.** Fluorosis
- **C.** Enamel erosion
- **D.** Pathologic teeth grinding
- **E.** Enamel hypoplasia
- **39.** A 53-year-old patient complains of an ulcer on the lateral surface of the tongue. The ulcer appeared 6 months ago as the result of a trauma caused by sharp tip of the 37 tooth metal crown. A dentist replaced the crown with the one of better quality and prescribed keratoplastic drugs. Despite these measures the ulcer continues to grow. Lately there has been pain observed during talking, chewing, swallowing; sometimes the pain irradiates to the pharynx. Objectively on the lateral surface of the tongue there is a painful ulcer with uneven raised dense margins and lumpy floor with grayish necrotic coating. What is the most likely diagnosis?
- A. Cancer of the lateral surface of the tongue
- **B.** Trophic ulcer
- C. Traumatic ulcer
- **D.** Vincent's necrotizing ulcerative stomatitis
- E. Tuberculous ulcer
- **40.** A 35-year-old patient, a veterinarian, came to a dentist with complaints of chills, fatigue, fever up to $38^{\circ}C$, muscle pain, sensations of dryness, burning, and pain in the oral cavity, excessive salivation, vesicles in the interdigital folds, on the lips, oral and nasal mucosa. On examination of the oral cavity there were detected painful bright red erosions with polycyclic contours against the background of inflammation. The following was observed: scabs on the lips, enlarged tongue,

impaired speech, salivation up to 4 liters per day. Make the diagnosis:

- A. Murrain
- **B.** Acute herpetic stomatitis
- C. Chickenpox
- **D.** Measles
- **E.** Erythema multiforme
- **41.** A man complains of short-term pain attacks caused by cold stimuli in the tooth on his upper left jaw, which have been observed for the last 3 weeks. Objective examination of the 25 revealed a Black's I class carious cavity located within mantle dentin. The cavity has narrow opening, its walls and floor are covered with softened dentin. Probing is painful along the dentin-enamel border, percussion is painless, thermometry is painful, the pain quickly abates after removal of a stimulus. Electric pulp test is 6 microamperes. Make the diagnosis:
- A. Acute median caries
- **B.** Acute deep caries
- **C.** Chronic median caries
- **D.** Chronic fibrous pulpitis
- E. Chronic deep caries
- **42.** A 54-year-old man complains of tooth hard tissue defects on the upper and lower jaws. Objectively: in the precervical area of the upper and lower premolars within the external layer of dentin there are hard tissue defects with surfaces meeting under the angle. Surface of the defects is smooth, glossy, and dense. What measure should be taken to prevent further progression of the morbid process in the patient?
- **A.** To train him in efficient toothbrushing
- **B.** To perform functional examination of the thyroid
- C. To prescribe calcium preparations intake
- **D.** To limit sour foods in the diet
- E. To limit sweet foods in the diet
- **43.** A 28-year-old patient complains of pain and bleeding of gums in the frontal part of the upper jaw on the left. Two years ago, the 22 tooth was covered with a porcelain-fused-to-metal crown. Objectively: interdental papilla between the 21 and 22 tooth is hypertrophied, markedly hyperemic, overlaps the crown of the 22 by 1/3 of its height, bleeds when touched. Periodontal pocket between the 21 and 22 tooth is 4 mm deep. Artificial crown is located on the gingival margin. Radiography reveals resorption of the interalveolar septa between the 21 and 22 tooth by 1/3 of their height. Specify a priority action in the treatment of this patient:
- **A.** Removal of the artificial crown
- **B.** Gingivectomy
- C. Anti-inflammatory therapy
- **D.** Curettage of the periodontal pocket
- **E.** Sclerotherapy
- **44.** A woman complains of pain in her gums, unpleasant smell from her mouth, difficult eating, general weakness, low-grade fever. Objectively her gums are hyperemic, with areas of ulceration, covered in necrotic deposit. Microscopy revealed fusospirochetosis. Choose the medication for etiotropic treatment:

- A. Metronidazole
- **B.** Keratoline
- C. Galascorbin
- **D.** Chlorhexidine
- E. Chymotrypsin
- **45.** A man complains of gingival bleeding that has been persisting for the last 2 years. Objectively he presents with chronic diffuse catarrhal gingivitis, teeth mobility is of the I degree, periodontal pockets are 2-3 mm deep with small amount of serous exudate, occlusion is markedly traumatic. X-ray shows damaged cortical plate, enlarged periodontal fissure in the apical areas of the interalveolar septa, osteoporosis, and interalveolar septa resorption by 1/3 of their height. Make the diagnosis:
- **A.** Generalized periodontitis, stage I, chronic development
- **B.** Chronic catarrhal gingivitis
- C. Parodontosis, stage I
- **D.** Generalized periodontitis, stage I, exacerbated development
- E. Generalized periodontitis, early stage, chronic development
- **46.** An 18-year-old patient complains of a white spot on the vestibular surface of the 21 tooth. Objectively: the white spot is located near the cutting edge. The spot surface is glossy, its size remains unaltered on drying. Make the diagnosis:
- **A.** Local hypoplasia
- **B.** Fluorosis
- **C.** Initial caries
- **D.** Enamel necrosis
- **E.** Amelogenesis imperfecta
- **47.** A 23-year-old man complains of acute gingival bleeding and unpleasant smell from the mouth that appeared 5 days ago. Objectively gingival papillae and marginal gingiva are friable, bright red, swollen, painful, and bleed profusely on palpation. Gingival pockets are 3 mm deep. X-ray shows marked osteoporosis of the interalveolar septa, periodontal fissure in the apical areas of the interalveolar septa is enlarged. Cortical plate is intact. Make the diagnosis:
- **A.** Acute catarrhal gingivitis
- **B.** Acute leukemia
- C. Acute necrotizing ulcerative gingivitis
- **D.** Generalized periodontitis, stage II, exacerbated development
- E. Hypovitaminosis C
- **48.** A 20-year-old man complains of spontaneous pain in the 24 tooth, which arose suddenly and persists for about 15 minutes. Objectively: the distal surface of the 24 tooth exhibits a deep carious cavity with overhanging walls. The cavity is filled with light softened dentin and communicates with the tooth cavity. The cold stimulus causes acute, slowly abating pain. Percussion causes no pain response. Select the best method of treatment:

- **A.** Vital extirpation
- **B.** Vital amputation
- **C.** Biological method
- **D.** Devital amputation
- **E.** Devital extirpation
- **49.** A 25-year-old patient complains of pain when biting on the 15 tooth. The pain arose two days ago, has a constant aching nature and increased significantly over the last day. Objectively: the crown of the 15 tooth is gray, the medial contact surface exhibits a deep carious cavity communicating with the tooth cavity. Percussion causes acute pain, the gingival mucosa in the projection of the 25 tooth root apex is hyperemic. The regional lymph node is tender. Radiograph shows an ill-defined zone of periapical bone destruction. What is the most likely diagnosis?
- **A.** Exacerbation of chronic periodontitis
- **B.** Acute serous periodontitis
- **C.** Acute suppurative periodontitis
- D. Chronic granulating periodontitisE. Acute serous periodontitis, intoxication stage
- **50.** A 27-year-old patient has been referred by a prosthodontist for endodontic treatment of the 45 tooth. Objectively: the 45 tooth crown is destroyed; the lateral surface of the tongue and the buccal mucosa have patches of grayish macerated epithelium slightly protruding above the mucosa surface at the points of direct contact with the 45 tooth. The uvula and palatal bars are stagnant-red in colour; hard palate has papulae surrounded with red margin and covered in grayish epithelium. The submandibular, cervical, supraclavicular, and subclavicular lymph nodes are enlarged and painless. What is the provisional diagnosis?
- **A.** Secondary syphilis
- **B.** Chronic recurrent aphthous stomatitis
- **C.** Lupus erythematosus, patch stage
- **D.** Soft leukoplakia (leucoplakia mollis)
- **E.** Lichen ruber planus
- **51.** A patient complains of fever up to $38^{\circ}C$, headache, pain in the joints anf muscles, vesicles in the oral cavity, mainly in the frontal part. Eating is sharply painful. For the last several years the disease has been recurring during wet and windy weather. The patient often suffers from cases of URTI. Objectively: on the buccal, lingual, labial mucosa there are confluent erosions against the erythematous background, with gray-white coating. There are bloody scabs on the vermillion border and in the angles of the mouth. Make the diagnosis:
- **A.** Erythema multiforme exudativum
- **B.** Syphilis
- **C.** Acute aphthous stomatitis
- **D.** Acute necrotizing ulcerative stomatitis
- **E.** Chronic recurrent aphthous stomatitis
- **52.** A woman came to a dentist for consultation. She is 4 months pregnant. Objectively: marginal gingiva presents with dense gingival papillae, torus-shaped, oval, enlarged up to 1/3 of the tooth crowns. Make the provisional diagnosis:

- **A.** Hypertrophic gingivitis
- **B.** Catarrhal gingivitis
- C. Periodontitis
- D. Periodontosis
- E. Ulcerative gingivitis
- **53.** A 53-year-old man complains of increased teeth sensitivity to chemical stimuli. Objectively: the gums are pale pink, roots are bared by 1/3 of their length. Small amount of dental deposit is observed. The 15, 14, and 24 present with cuneiform defects. Probing of the bared cervices and defects is painful. What is the most likely diagnosis?
- A. Periodontosis, I degree
- B. Catarrhal gingivitis
- C. Periodontitis, II degree
- D. Periodontitis, I degree
- **E.** Ulcerative gingivitis
- **54.** A 24-year-old man complains of painful and bleeding gums. The condition onset was 3 days ago after the patient had a case of acute respiratory disease. Objectively the gingival mucosa is swollen, bright-red, bleeds on probing, painful on palpation; tips of the gingival papilla are rounded; soft dental deposit is observed. X-ray shows no changes in the bone. What is the most likely diagnosis?
- A. Catarrhal gingivitis
- **B.** Hypertrophic gingivitis
- **C.** Atrophic gingivitis
- **D.** Periodontitis
- **E.** Ulcerative gingivitis
- **55.** A 48-year-old man complains of gingival overgrowth ("gums cover the teeth"). The patient suffers from epilepsy and takes anticonvulsant agents. Objectively gingival papillae are of normal color, dense, with lumpy surface; they do not bleed on probing and cover the lower front teeth up to their incisal surfaces. What is the most likely diagnosis?
- $\boldsymbol{A}_{\boldsymbol{\cdot}}$ Hypertrophic gingivitis, fibrous form, degree III
- **B.** Hypertrophic gingivitis, edematous form, degree III
- **C.** Gingival fibromatosis
- **D.** Hypertrophic gingivitis, fibrous form, degree II **E.** Hypertrophic gingivitis, edematous form, degree II
- **56.** A 21-year-old man came to the dentist complaining of general weakness, muscle pain, body temperature up to $38.3^{\circ}C$, indigestion, excessive salivation, and rashes in the oral and nasal cavities, urethra, on the wings of the nose, and in the interdigital folds. These symptoms appeared after ingestion of milk during the patient's stay in the village. What is the most likely diagnosis?
- **A.** Murrain
- **B.** Herpetic stomatitis
- **C.** Herpes zoster
- **D.** Behcet's disease
- **E.** Infectious mononucleosis
- **57.** A 28-year-old man complains of painless sore in his mouth that persists despite the attempts at self-treatment. Objectively the regional lymph

nodes on the left are enlarged and painless. Mucosa of the left cheek presents with round ulcer, 1 cm in diameter, with raised margins and cartilage-like infiltration in its basis. The surface of the ulcer is colored meat red and painless on palpation. What is the most likely diagnosis?

- **A.** Primary syphilis
- B. Cancer
- **C.** Secondary syphilis
- **D.** Lupus vulgaris
- E. Decubitus ulcer
- **58.** A 22-year-old woman came to a dentist for preventive examination. During examination of the oral cavity the dentist detected a defect of hard tooth tissues in the cervical area of the 22 tooth within mantle dentin. The dentin is dense and pigmented. No reaction to percussion and probing is observed. Make the diagnosis:
- A. Chronic median caries
- B. Cuneiform defect
- **C.** Acute deep caries
- **D.** Acute median caries
- E. Necrosis of hard tooth tissues
- **59.** On examination of a 27-year-old patient the tip of the dental probe caught on the fissures of the 36, 37, and 38 teeth. Margins of the enamel defect are dark, the surface is coarse. Teeth transillumination with photopolymer lamp revealed the defect to be limited to the enamel. What is the most likely diagnosis?
- **A.** Chronic superficial caries
- **B.** Chronic median caries
- **C.** Acute superficial caries
- **D.** Chronic initial caries
- E. Acute initial caries
- **60.** Carious cavities of the 11 and 21 teeth were detected during the preventive examination of a 20-year-old patient. What material should be used to fill the detected cavities?
- **A.** Microhybrid composite
- **B.** Macrofilled composite
- C. Amalgam
- **D.** Phosphate cement
- E. Plastic
- **61.** A patient complains of periodical gingival hemorrhages during tooth brushing and increased teeth sensitivity to thermal and chemical stimuli, which persist for the last 6 years. On examination the gums are swollen and hyperemic. Periodontal pockets are 5 mm deep with serous purulent content, tooth cervices are bared, I degree tooth mobility is observed. On X-ray: irregular resorption of of alveolar septa up to their 1/2. What diagnosis corresponds with the given clinical presentation?
- **A.** Exacerbation of generalized periodontitis, II degree
- **B.** Papillon-Lefevre syndrome
- C. Periodontosis, I degree
- **D.** Exacerbation of generalized periodontitis, I degree
- **E.** Exacerbation of severe catarrhal gingivitis
- **62.** A 24-year-old woman came to a dentist to receive sanation. Objectively on the masticatory

surface of the 37 tooth there is a deep carious cavity connected with the dental cavity. The cavity probing is painless, no reaction to thermal stimuli is observed in the tooth, percussion is painless. EOD is 108 microamperes. X-ray shows traces of filling material in the rooth canal of the 37 tooth, periodontal fissure is enlarged and deformed. Make the diagnosis:

- **A.** Chronic fibrous periodontitis of the 37 tooth
- **B.** Chronic granulating periodontitis of the 37 tooth
- **C.** Chronic granulomatous periodontitis of the 37 tooth
- **D.** Chronic fibrous pulpitis of the 37 tooth
- **E.** Exacerbation of chronic granulomatous periodontitis of the 37 tooth
- **63.** A 25-year-old man complains of short-term pain in the tooth on the lower right jaw during eating sweet, hot, and cold food. Objectively: in the 36 tooth on the distal surface there is a carious cavity non-communicating with the dental cavity, dentin is softened. Probing of the cavity floor is painful, percussion is painless. Electric pulp test is 16 microamperes. Make the final diagnosis:
- **A.** Acute deep caries
- **B.** Acute median caries
- C. Pulpal hyperemia
- **D.** Chronic gangrenous pulpitis
- E. Chronic fibrous periodontitis
- **64.** A 30-year-old woman came to the dentist with complaints of uncomfortable sensation of pressure in her upper right tooth, which aggravates in response to hot stimulus, and foul smell from the mouth. Objectively: there is a deep carious cavity in the 17 tooth, which communicates with the tooth cavity. Deep probing causes severe pain, percussion of the 17 tooth is painful. X-ray: there is slight widening of the periodontal fissure near the root apex. Electric pulp test 70 microamperes. What final diagnosis can be made?
- **A.** Chronic gangrenous pulpitis
- **B.** Chronic fibrous pulpitis
- **C.** Acute purulent pulpitis
- **D.** Chronic fibrous periodontitis
- **E.** Exacerbation of chronic fibrous periodontitis
- **65.** Medical committee registers the patients, who for a long time lived in an area polluted with radiation. The patients are advised on the diet that will quickly purge the body from radionuclides. The portion of products rich in pectine should be increased in their diet. Name these products:
- **A.** Fruits and vegetables
- **B.** Meat products
- C. Pasta
- **D.** Dairy products
- E. Baked goods
- **66.** During carious cavity preparation in a 20-year-old man, the pulp-chamber floor was accidentally perforated and horn of the pulp was exposed. On the carious cavity floor there is a point-like puncture surrounded with white predentin. Pink pulp can be seen through the perforation, pulp probing is acutely painful. What

treatment should be given to the patient?

- A. Biological approach
- **B.** Vital amputation
- C. Vital extirpation
- D. Devital amputationE. Devital extirpation
- **67.** A 37-year-old woman came to the dentist with complaints of brief attacks of toothache caused by eating sweets. Objectively there is a shallow carious cavity within enamel. On probing cavity walls and bottom are coarse; there is no response to thermal stimuli. Make the diagnosis:
- A. Acute superficial caries
- **B.** Endemic fluorosis
- **C.** Enamel hypoplasia
- **D.** Acute median caries
- E. Chronic median caries
- **68.** A 24-year-old patient came to the dentist complaining of chalky lesions on the front teeth. Objectively teeth 13, 12, 11, 21, 22, and 23 present with chalky lesions separated by areas of healthy unchanged enamel. Lesion surface is coarse; there is no response to thermal stimuli. Childhood years of the patient were spent in the area with fluorine level of 1.8 mg/L in drinking water. Make the diagnosis:
- **A.** Endemic fluorosis
- B. Enamel hypoplasia
- C. Enamel hyperplasia
- **D.** Acute superficial caries
- **E.** Chronic superficial caries
- **69.** A 48-year-old patient has addressed a hospital with complaints of defects in the paragingival area and slight sensitivity to thermal stimuli. Objectively there are hard tissue defects that resemble a wedge with smooth polished walls on the precervical vestibular surface of the 23 and 24 teeth. Thermal test is slightly positive. What is the most likely diagnosis?
- **A.** Cuneiform defect
- **B.** Enamel necrosis
- **C.** Acute deep caries
- **D.** Enamel erosion
- **E.** Endemic fluorosis
- **70.** A woman complains of spontaneous attacks of acute pain, with practically no intermissions and irradiation into the temple; cold water slightly mitigates the pain. In tooth 26 examiantion revealed deep carious cavity noncommunicating with the dental cavity. Probing of the cavity bottom is acutely painful, the tooth is tender on vertical percussion. Make the provisional diagnosis regarding tooth 26:
- **A.** Acute suppurative pulpitis
- **B.** Acute diffuse pulpitis
- **C.** Pulpal hyperemia
- **D.** Chronic fibrous pulpitis
- **E.** Chronic hypertrophic pulpitis
- **71.** A 78-year-old man complains of a painful sore in his mouth that has been persisting for 2 months already. The patient is a smoker. Objectively on the buccal mucosa on the right there is a shallow ulcer up to 1.5 cm in size with lumpy floor and uneven margins. There are yellowish granules on

its periphery. Palpation is painful, the lesion is soft. Regional lymph nodes are enlarged, painful, and matted together. What is the provisional diagnosis?

- **A.** Tuberculous ulcer
- B. Cancerous ulcer
- C. Decubitus ulcer
- D. Trophic ulcer
- E. Hard chancre
- 72. A 63-year-old man complains of fever and multiple painful rashes in his oral cavity and on his face and torso. 3-4 days before the rashes appeared he had noticed a burning sensation followed by sharp shooting pain resembling that which occurs during lumbago. The patient takes cytotoxic drugs for leukemia treatment. On examination there are multiple aphthae located in a row on the vermillion border and labial, lingual, and buccal mucosa on the right. The aphthae have hyperemic borders, they are not fused together and are sharply painful on palpation. The right side of the face presents with erythematous spots, vesicles, and erosions. Make the provisional diagnosis:
- **A.** Herpes zoster
- **B.** Toxic allergic dermatostomatitis
- C. Erythema multiforme exudativum
- **D.** Secondary syphilis
- **E.** Chronic recurrent herpes
- **73.** A 34-year-old man presents with persisting dull pain in his tooth, which aggravates on biting. One week ago the tooth was treated for deep caries. Objectively on the masticatory surface of tooth 36 there is a filling, percussion is painful, there is a supracontact observed in the area of 36. X-ray shows unchanged periodontium. What mistake was made when tooth 36 was filled?
- A. High filling
- **B.** Filling without insulation layer
- **C.** Gingival attachment is disturbed
- **D.** Insulation layer exceeds borders of the dentinoenamel junction
- **E.** Filling without medicinal substance sealed inside
- **74.** A 35-year-old man complains of persisting pain in tooth 24, which intensifies on biting. Objectively on the distal masticatory surface of tooth 24 there is a deep carious cavity filled with food debris. Percussion of cavity bottom is painless, there is no pain response to thermal stimuli. Percussion of tooth 24 is acutely painful. X-ray shows no pathologic changes of periapical tissues in the area of root apices of 24. What is the most likely diagnosis?
- **A.** Acute serous periodontitis
- **B.** Acute suppurative periodontitis
- **C.** Acute suppurative pulpitis
- **D.** Acute diffuse pulpitis
- **E.** Exacerbation of chronic periodontitis
- **75.** A 28-year-old woman is diagnosed with chronic generalized periodontitis, II degree. The doctor prescribed her a mouthwash with chlorhexidine gluconate as a part of complex therapy. This drug belongs to the following group of antiseptics:

- A. Detergents
- **B.** Dyes
- C. Halogens
- **D.** Oxidants
- E. Acids and alkalis
- **76.** A 22-year-old man complains of tearing, throbbing, constant, intensifying pain in the tooth on the upper left jaw. The pain has been persisting for 4 days. Objectively tooth 26 has deep carious cavity non-communicating with the dental cavity. Probing is painless. Percussion is acutely painful. The tooth is mobile. Mucogingival fold in the area of tooth 26 is painful on palpation. Make the diagnosis:
- **A.** Acute suppurative periodontitis
- **B.** Acute serous periodontitis
- C. Acute suppurative pulpitis
- **D.** Exacerbation of chronic periodontitis
- **E.** Acute local pulpitis
- 77. A 33-year-old man, a metalworker, complains of pain and itching in the gums, gingival hemorrhages intensifying during tooth brushing. The onset of the disease was 1 year ago. Objectively: the gums in the area of upper and lower frontal teeth are hyperemic, swollen, and cyanotic. There are significant mineralized deposits on the teeth; the periodontal sockets are 3 mm deep and produce small amount of serous discharge. What is the most likely diagnosis?
- **A.** Chronic generalized periodontitis, I class
- **B.** Chronic localized periodontitis, I class
- **C.** Exacerbation of chronic generalized periodontitis, II class
- **D.** Acute localized periodontitis, II class
- **E.** Generalized periodontosis, I class
- **78.** A 28-year-old man presents with profuse caseous coating on the posterior third of the back of his tongue, soft palate, tonsils, and posterior wall of the pharynx. Submandibular, submental and deep cervical lymph nodes have been enlarged for 4 months. Two weeks ago the patient developed intermittent fever and general fatigue. Select the correct sequence of HIV diagnosing:
- **A.** Enzymoimmunoassay, immunoblotting (Western-Blot)
- **B.** CD4 cell count, enzymoimmunoassay
- **C.** Complete blood count, viral load
- **D.** Complete blood count, enzymoimmunoassay
- **E.** Viral cultivation, enzymoimmunoassay
- **79.** A 38-year-old man complains of sensation of a foreign body on his tongue and development of gag reflex during talking. The signs appeared after the prolonged taking of antibiotics. Objective examination detected thickened and pigmented filiform papillae enlarged to 2-3 cm in size. Histological analysis detected papillar hyperplasia and marked keratinization without alteration of the surrounding tissues. What is the most likely diagnosis?
- **A.** Black hairy tongue
- **B.** Median rhomboid glossitis
- **C.** Fissured tongue
- **D.** Glossitis areata exfoliativa
- **E.** Geographic tongue

- 1. A 60-year-old man complains of stabbing pain near the root of the tongue on the right, which develops during eating, especially sour food. Objectively: there is a swelling in the right submandibular area. On palpation the submandibular gland is dense and enlarged. Excretory duct orifice of the right submandibular gland is dilated and produces mucopurulent secretion. What is the most likely diagnosis?
- A. Sialolithiasis of the submandibular gland
- **B.** Calculous sialadenitis of the sublingual gland
- C. Acute suppurative lymphadenitis
- **D.** Acute sialodochitis
- E. Adenophlegmon of the right submandibular area
- **2.** A 67-year-old patient complains of recurrent erosion on the red border of the lower lip. Objectively: the erosion is oval in shape, 0,8x1,3 sm in size, covered in thin scabs that reveal glossy surface with punctate bleeding, when removed. There are atrophic areas of the red border detected. Infiltration elements are absent. The submandibular lymph nodes are not enlarged. What is the provisional diagnosis?
- **A.** Manganotti's abrasive precancerous cheilitis
- **B.** Leukoplakia, erosive ulcerative form
- **C.** Keratoacanthosis
- D. Bowen's disease
- E. Cheilitis glandularis
- **3.** A 22-year-old patient complains of a painful swelling in the right parotid gland. A week earlier the patient received a cheek abrasion that healed under the purulent crust. Over the past two days the patient had been observing progressing pain and fever up to 38, 6°C. Objectively: there is a soft tissue edema in the right parotid region, the skin is slightly strained, without discoloration. There is a dense painful infiltration 2,5x3,5 cm large, the skin over it exhibits limited mobility. The mouth can be fully opened, the mucous membrane around the orifice of the salivary duct is unchanged, saliva is transparent. What is the most likely diagnosis?
- **A.** Acute lymphadenitis
- **B.** Exacerbation of chronic parotitis
- C. Abscess of the parotid-masseteric region
- **D.** Acute non-epidemic parotitis
- E. Epidemic parotitis
- **4.** A 33-year-old woman has been admitted to the dentofacial department with complaints of pain and edema in the right submandibular region, body temperature rise up to $39, 5^{\circ}C$. Objectively: the patient has asymmetric face because of soft tissue edema of the right submandibular region, palpation reveals a dense infiltration, the skin over it is hyperemic, cannot make a fold. The 46 tooth has a deep carious cavity. What is the most likely diagnosis?
- A. Submandibular phlegmon on the right
- **B.** Acute submandibular sialadenitis
- **C.** Acute suppurative periostitis of the mandible **D.** Acute suppurative submandibular
- lymphadenitis **E.** Acute right-sided osteomyelitis of the mandi-

- **5.** A 56-year-old man complains of swelling and pain in his right parotid area. The swelling was noticed 5-6 months ago. Objectively right-sided paresis of the facial muscles can be determined. Palpation reveals there a modrately painful tuberous tumor fused with surrounding tissues. In the center of the tumor there is an area of softening. Submandibular and cervical lymph nodes on the right are enlarged and dense. The mouth can be opened without restriction. There is no saliva outflow from the opening of the right parotid gland. What provisional diagnosis can be made?
- A. Adenocarcinoma of the right parotid gland
- B. Chronic non-epidemic parotitis
- C. Chronic lymphadenitis of the right parotid area
- **D.** Mixed tumor of the right parotid gland
- E. Actinomycosis of the right parotid gland
- **6.** A 44-year-old patient consulted a dental surgeon about constant acute pain in the upper jaw region on the left that aggravates during teeth joining. The pain appeared 3 days ago. Objectively: the face is symmetric, mouth opening is not limited. The crown of the 26 tooth is half-decayed. Probing of the carious cavity is painless. Percussion of the 26 tooth provokes acute pain. Mucous membrane of the alveolar process is edematic, hyperemic at the level of the 26 tooth. The 26 tooth had been treated before. What is your provisional diagnosis?
- **A.** Exacerbation of chronic periodontitis of the 26 tooth
- **B.** Acute suppurative periodontitis of the 26 tooth
- C. Acute pulpitis of the 26 tooth
- **D.** Acute suppurative periostitis of the left upper jaw extending from the 26 tooth
- **E.** Periodontitis of the 26, 27, and 28 teeth
- **7.** A man was diagnosed with hard palate abscess. What approach should be chosen for abscess dissection?
- **A.** Triangular dissection of the hard palate area
- **B.** Linear dissection parallel to the hard palate raphe
- C. Linear dissection perpendicular to the hard palate raphe
- **D.** Pus aspiration with a syringe
- **E.** Abscess puncture
- **8.** A 42-year-old woman complains of acute pain in her lower jaw, teeth mobility, high fever. The condition persists for 2 days. On clinical examination a doctor diagnosed her with acute mandibular osteomyelitis. What tactics regarding the mobile teeth should the doctor choose?
- **A.** Extraction of the causative tooth only
- **B.** Extraction of all mobile teeth
- C. Conservative treatment of the causative tooth
- **D.** Conservative treatment of all mobile teeth
- E. Extraction of the causative tooth, trepanation and treatment of all mobile teeth
- **9.** A 35-year-old man complains of thickening of his maxillary alveolar process. Preliminary diagnosis of maxillary radicular cyst was made. What substance will be obtained as the result of the puncture of the alveolar process in the area of buccal thickening?

- A. Yellowish liquid
- B. Blood
- C. Pus
- **D.** Epithelium
- **E.** Turbid infiltration
- **10.** Six months ago a 40-year-old man had his tooth 26 extracted; afterwards his oral cavity and maxillary sinus became communicating and the patient developed the first signs of maxillary sinusitis. What surgical procedure should be performed in this case?
- **A.** Maxillary sinusotomy with simultaneous plastic surgery for repair of the fistula
- **B.** Caldwell-Luc surgery
- C. Fistula plication
- **D.** Fistula packing with Iodoform gauze
- **E.** Osteotomy of the alveolar process
- 11. A 46-year-old woman complains of bleeding gums, suppuration, teeth mobility. She has been presenting with these signs for 10 years. On examination her upper and lower gums are hyperemic, swollen, bleed on touch. In the area of 42, 41, 31, and 32 periodontal pockets are up to 8 mm deep, contain purulent discharge; these teeth demonstrate mobility of the II degree, other teeth present with mobility of the I degree. In the area of 42, 41, 31, and 32 X-ray shows interalveolar septa resorption by 1/2 of the root length and signs of osteoporosis. What is the most advisable method of surgical treatment in this case?
- A. Osteoplasty
- **B.** Curettage
- **C.** Gingivotomy
- **D.** Gingivectomy
- **E.** Flap surgery
- 12. A 49-year-old man was diagnosed with recurrence of lower lip cancer two years after he had undergone radiation therapy. Objectively in the area of his lower right lip there is a neoplasm 1x2 cm in size with an ulcer in its center. In the right submandibular area there are 2 round, enlarged, dense, painless lymph nodes. What approach to the treatment would be optimal in this case?
- A. Combined treatment
- **B.** Wedge resection of the lower lip
- **C.** Rectangular resection of the lower lip
- **D.** Trapezial resection of the lower lip
- E. Vanakh's operation
- 13. A 49-year-old man complains of progressing reduction of mouth opening, pain on the left when swallowing, severe deterioration of his general well-being, temperature increase up to 39.3°C. Destroyed tooth 38 presents with acute pain. Objectively the face is symmetrical, the submandibular lymph nodes on the left are enlarged and painful on palpation. Palpation under the left mandibular angle and in the the left retromandibular area provokes sharp pain. Mouth opening and movement of the mandible to the left are significantly reduced. The left pterygomandibular fold is hyperemic and infiltrated. What is the most likely diagnosis?

- A. Phlegmon of the pterygomandibular space
- **B.** Phlegmon of the parapharyngeal space
- **C.** Phlegmon of the retromandibular area
- **D.** Phlegmon of the submandibular space
- E. Abscess of the sublingual fossa
- **14.** The 15 tooth must be extracted. The tooth crown is retained. What instrument should be used in this case?
- **A.** Forceps with S-shaped handles
- **B.** Straight forceps
- C. Bayonet forceps
- **D.** Left-sided forceps with S-shaped handles
- E. Right-sided forceps with S-shaped handles
- **15.** A 32-year-old woman complains of tumorlike growth in the mucosa of her left cheek. Locally: buccal mucosa is of normal color. In the distal area there is a rounded elongated growth, soft and elastic, attached to a pedicle sized 0,5x1,5 cm. Make the provisional diagnosis:
- A. Papilloma
- **B.** Lipoma
- **C.** Hemangioma
- D. Pleomorphic adenoma
- E. Fibroma
- **16.** A 52-year-old patient complains of pain and swelling in the right parotid region. These manifestations have been present for about 2 years. Over the last month the swelling has enlarged, pain has intensified. Objectively: the face is asymmetric due to the dense infiltrate in the right parotid region. The poorly circumscribed, painful formation infiltrates the surrounding tissues. At the right side of neck in front and behind the sternocleidomastoid muscle there are enlarged, dense, mobile lymph nodes. The right naso-buccal groove is flattened, the corner of the mouth is downturned. The mouth opens freely. The are pronounced symptoms of the right facial nerve paresis. What disease can be suspected?
- A. Adenocarcinoma of the parotid salivary gland
- **B.** Chronic parotitis
- C. Actinomycosis of the parotid-masseteric region
- **D.** Chronic lymphadenitis
- **E.** Pleomorphic adenoma of the parotid gland
- **17.** A 57-year-old woman came to a dentist for extraction of the 34 tooth due to exacerbation of chronic periodontitis. What instrument would be optimal for tooth extraction in the given case?
- **A.** Beak-shaped non-crushing forceps
- **B.** Beak-shaped crushing forceps
- **C.** Beak-shaped curved forceps
- **D.** Straight elevator
- E. Curved elevators
- **18.** A 28-year-old man complains of pain in the infraorbital and parotid region on the left. On examination: hemorrhage occurs in the lower eyelid and conjunctiva of the left eye, there are signs of crepitation and step deformity of the eyesocket lower edge. The mouth opens by 1 cm. Make the diagnosis:

- **A.** Zygomatic bone fracture
- **B.** Malar arch fracture
- C. Left articular process fracture
- **D.** Traumatic arthritis of the temporo- mandibular joint
- **E.** Hematoma of the infraorbital region
- **19.** A 65-year-old woman complains of a neoplasm in the area of the nasolabial fold on the left, which appeared one month ago. Objectively: there is a gray neoplasm on the skin of the nasolabial fold on the left, markedly keratotic, 3,0x0,5x0,3 cm in size. Neoplastic base is painless, dense, and elastic. What is the most likely pathology that results in such clinical presentation?
- A. Cutaneous horn of the left nasolabial fold
- B. Common wart of the left nasolabial fold
- C. Senile keratosis of the left nasolabial fold
- D. Keratoacanthoma of the left nasolabial fold
- E. Lupus
- **20.** A 55-year-old patient consulted a dentist about a rounded tumor-like formation about 1 cm in diameter located within the red border of his lower lip. Objectively: the tumor-like formation protrudes about 5 mm above the red border, is dense and grayish-red. The surface of the formation is covered with thin scales that can hardly be removed. What is the most likely diagnosis?
- A. Verrucous precancer of the red border
- **B.** Manganotti's abrasive precancerous cheilitis
- **C.** Precancerous limited hyperkeratosis of the red border
- **D.** Bowen's disease
- E. Erythroplasia of Queyrat
- **21.** An injured patient complains of reduced opening of the mouth, nose bleeding, skin numbness in the infraorbital and lower eyelid region. Objectively: there is face deformation due to the depression of soft tissues in the left cheekbone region, step deformity in the middle part of the inferior margin of the left orbit and in the area of the zygomatic alveolar crest. What is the most likely diagnosis?
- **A.** Zygomatic bone fracture with displacement of the bone fragments
- **B.** Fracture of the right zygomatic bone without displacement of the bone fragments
- **C.** Le Fort I fracture of maxilla
- D. Le Fort II fracture of maxilla
- E. Fracture of the malar arch
- **22.** A 30-year-old woman came to a dentist with complaints of a slightly bleeding "sore" on her lower lip, which is located at its median and bisects the lip into two even parts. On palpation the lip is swollen and slightly painful. What diagnosis corresponds with the given clinical presentation?
- A. Chronic labial fissure
- **B.** Tappeiner's leukoplakia
- C. Erosive-ulcerative leukoplakia
- **D.** Lichen ruber planus, erosive-ulcerative form
- **E.** Meteorological cheilitis
- **23.** A 44-year-old woman complains of the face swelling in the right lower jaw area and teeth

mobility. Objectively: soft tissues are without changes, the regional lymph nodes cannot be palpated. The alveolar process and the body of the lower jaw near the 46, 47, and 48 teeth are thickened, painless when palpated, and lumpy. The teeth in the thickened area are mobile. Puncture consists of brown fluid without cholesterol crystals. What is the provisional diagnosis?

- A. Osteoclastoma
- **B.** Adamantinoma
- C. Osteoma
- **D.** Follicular cyst
- E. Odontoma
- **24.** A 30-year-old patient needs to have his 26 tooth extracted because of exacerbation of chronic periodontitis. Objectively: the crown of the 26 tooth is decayed by 1/3. What forceps can be used for this tooth extraction?
- $\boldsymbol{A.}$ S-shaped forceps with a projecting tip on the left beak
- **B.** S-shaped forceps with a projecting tip on the right beak
- **C.** Straight forceps
- **D.** Straight elevator
- **E.** S-shaped forceps without projecting tips
- **25.** A 50-year-old man was diagnosed with sialolithiasis with the salivary gland stone located deep within the salivary gland. Choose the optimal treatment tactics:
- A. Submandibular gland excision
- **B.** Radiation therapy
- C. Sclerotherapy
- **D.** Removal of the sialolith while retaining the gland
- **E.** Conservative pharmacotherapy
- **26.** The department of dentofacial surgery admitted a patient who needs repair of a post-traumatic nose wing defect up to 3,0 cm in diameter. The trauma occured six months ago. What kind of grafting is indicated in this clinical situation?
- A. Grafting with chondrocutaneous flap of the auricle
- **B.** Grafting with local tissues of nasolabial or cheek regions
- **C.** Grafting with pedicle flap of frontal and buccal regions
- **D.** Grafting with tubed pedicle flap (Filatov's flap)
- E. Free grafting with dermal flap
- **27.** A 30-year-old patient is diagnosed with acute suppurative odontogenic periostitis of the upper left jaw originating from tooth 23. The crown of 23 on the left is destroyed with caries by 1/3. Teeth 22 and 24 are intact. Spot-film X-ray shows widening of the periodontal fissure of 23. What treatment would be the most advisable in this case?

A. Periosteotomy and pharmacotherapy followed by treatment of the causative tooth

B. -

C. Extraction of the causative tooth, physiotherapy

D. Extraction of the causative tooth,

pharmacotherapy

E. Extraction of the causative tooth, periosteotomy

- **28.** A 30-year-old patient complains of pain and swelling in the area of the left parotid salivary gland, which occurred 7 days after he had undergone abdominal cavity surgery. Objectively: body temperature is $39^{\circ}C$, reduced mouth opening, dry mouth; when the gland is massaged, there is purulent exudate being secreted from its duct. The patient can be diagnosed with the following disease:
- **A.** Acute non-epidemic parotitis

B. Acute epidemic parotitis

C. Phlegmon of submasseteric space

D. Parenchymatous parotitis

E. Phlegmon of parotid-masticatory region

- **29.** A 45-year-old man presents with facial asymmetry due to a dense isolated infiltration in his right buccal area; the skin over the infiltration is cyanotic, thinned out; in the center of the infiltration there is a fistula. In the oral cavity the crown of 46 is destroyed by 2/3, along the mucogingival fold the band connecting the tooth with the fistula can be palpated. Make the diagnosis:
- **A.** Migrating facial granuloma
- **B.** Chronic mandibular osteomyelitis

C. Cheek furuncle

D. Odontogenic lymphadenitis

E. Actinomycosis

- **30.** A 35-year-old man has been hospitalized into a dentofacial unit with complaints of mobility of the 38, 37, and 36 teeth and a fistulous tract in the socket of the extracted 35 tooth. The condition has been persisting for 3 months. Insertion of a grooved probe into the fistulous tract palpated a bared coarse bone fragment that easily moved under pressure. X-ray of the lower jaw demonstrates a focus of bone tissue destruction, with a spot of dense bone tissue 0.5x0.3 cm in size. Make the diagnosis:
- **A.** Chronic osteomyelitis

B. Acute osteomyelitis

C. Exacerbation of chronic osteomyelitis

D. Chronic periostitis

E. Actinomycosis

31. After extreme overexposure to cold a 42-year-old patient complains of headache in the left frontal lobe and the left upper jaw. Objectively: the face is symmetrical; left nasal meatus breathing is obstructed, and serous-purulent discharge is being produced; palpation of the suborbital area and further along the mucogingival fold in the 24 and 25 teeth projection reveals slight pain. Percussion of these teeth is painless. The 24 tooth is filled. The alveolar process mucosa has no visible alterations. X-ray imaging shows decreased pneumatization of the left maxillary sinus. What is the provisional di-

agnosis?

- **A.** Exacerbation of chronic odontogenic maxillary sinusitis
- **B.** Acute periodontitis of the 24
- C. Exacerbation of chronic periodontitis of the 24

D. Acute rhinogenous maxillary sinusitis

- E. Acute albuminous periostitis of the left maxilla
- **32.** A patient with complaints of toothache in the left upper jaw has made an appointment with a dental clinic. He was diagnosed with chronic periodontitis of the 24 tooth. What kind of anesthesia is necessary for painless extraction of the 24 tooth?
- A. Infraorbital and palatinal anesthesia

B. Tuberal and palatinal anesthesia

C. Infraorbital and incisor anesthesia

D. Tuberal and incisor anesthesia

E. Surface and tuberal anesthesia

- **33.** A 35-year-old woman complains of toothache and thickened body of the mandible. Objectively: the lower left jaw is thickened, Dupuytren's symptom is observed on the vestibular surface of the mucogingival fold in the area of the 36 and 37 teeth. X-ray of the lower left jaw demonstrates the rounded focus of bone tissue destruction with clear margins. The roots of the 36 and 37 teeth are resorbed. Puncture yielded brown liquid. What is the most likely diagnosis?
- **A.** Giant cell tumor of the body of mandible
- **B.** Ameloblastoma of the body of mandible

C. Fibrous dysplasia of bone

D. Cancer of the body of mandible

E. Sarcoma of the body of mandible

- **34.** X-ray of the patient shows a focus of bone destruction 3x4 cm in size in the mandibular body. The focus is structured as numerous small cavities different in size and shape and separated by septa. Tumor puncture yielded brown liquid. What is the most likely diagnosis?
- A. Giant cell tumor of the mandible
- **B.** Radicular cyst of the mandible

C. Carcinoma of the mandible

D. Soft odontoma of the mandible

E. Mandibular ameloblastoma

- **35.** A patient complains of the alveolar process deformation on the left upper jaw. Objectively: the crown of the 25 tooth is destroyed with cariosity. X-ray image of the paranasal sinuses shows the left one to have veil-like shading with clear dome-shaped margin. X-ray image of the crown of the 25 tooth shows absence of the periodontal fissure at the the palatal root apex. What is the most likely diagnosis?
- **A.** Radicular cyst that invaded in the maxillary sinus
- **B.** Chronic rhinogenous maxillary sinusitis
- C. Chronic odontogenic maxillary sinusitis
- **D.** Maxillary sinus mucosal cyst
- **E.** Maxillary cancer
- **36.** A 25-year-old woman made an appointment with the dental surgeon for oral cavity sanation. Objectively the crown of tooth 37 is destroyed by 2/3. Gingival mucosa around tooth 37 is without

changes. What anesthesia should the dental surgeon give to the patient for the procedure of tooth extraction?

- A. Mandibular and buccal anesthesia
- **B.** Intraoral infraorbital nerve block
- C. Tuberal anesthesia
- **D.** Mandibular anesthesia
- E. Mental nerve block
- **37.** A 29-year-old man came to an oral surgery department to extract the 38 tooth. There are complaints of pain and reduced mouth opening. Objectively: body temperature is $38^{\circ}C$, general condition is satisfactory, slight facial asymmetry is observed due to soft tissue swelling under the gonial angle on the left. Inflammatory contracture of the III degree is observed. In the oral cavity there are edema and hyperemia of mucosa along the pterygomandibular fold on the left. The submandibular lymph nodes are enlarged and painful on palpation. What conduction anaesthesia should be applied prior to the extraction of the 38 tooth?
- A. Berchet-Dubov anaesthesia
- **B.** Mandibular, lingual
- C. Buccal, lingual
- **D.** Infiltration
- E. Tuberal
- **38.** A 52-year-old man was referred to an inpatient dentofacial department with complaints of pain in the submandibular area, aggravating during eating. Anamnesis states frequent exacerbations of inflammatory processes. Main and additional investigations resulted in provisional diagnosis of submandibular sialolithiasis. A concrement 1,5 cm in diameter is localized in the body of the gland. What tactics should a dental surgeon choose?
- **A.** Gland extirpation
- **B.** Saliva-producing diet
- C. Physiotherapeutic procedures
- **D.** Puncture biopsy
- **E.** Extract the concrement from the gland and place a blind suture
- **39.** A 34-year-old man complains of soft tissues edema in his lower left jaw and fistulae in the submandibular area. Teeth 36 and 37 are destroyed. Alveolar mucosa is swollen and hyperemic at the level of 36 and 37. X-ray detected sequestra in the mandibular body on the left. What treatment method should be chosen in this case?
- **A.** Extraction of teeth 36 and 37 and mandibular sequestrectomy
- **B.** Extraction of teeth 36 and 37
- **C.** Mandibular sequestrectomy
- **D.** Puncture of the inflamed area
- E. Antibacterial treatment
- **40.** A 42-year-old man was delivered to the hospital in the severe condition: inert, body temperature is $39.1^{\circ}C$, there is acutely painful infiltration of the mouth floor and submandibular area on the right. The skin over the infiltration is turgid and cyanotic. Palpation detects crepitus under the skin. What diagnosis can be made in this case?

- **A.** Ludwig's angina (suppurative-necrotic phlegmon of the mouth floor)
- **B.** Adenophlegmon of the mouth floor
- C. Malignant tumor of the mouth floor
- **D.** Actinomycosis of the mouth floor
- **E.** Odontogenic phlegmon of the mouth floor
- **41.** A patient diagnosed with rheumatoid arthritis came to a dental surgeon complaining of painful mouth opening characterized by pain on both sides of the jaw. The following is characteristic of rheumatoid arthritis of the temporomandibular joint:
- **A.** Pain is observed on both sides of the temporomandibular joint
- **B.** Pain is observed on one side of the temporomandibular joint
- C. Pain can be observed on one or both sides of the temporomandibular joint
- **D.** Clicking is observed in the joint on the right
- E. Clicking is observed in the joint on the left
- **42.** After a blow to the temporomandibular joint the patient developed facial hematoma, the joint is difficult to move, mandibular mobility is reduced. Attempts to open the mouth wide are painful. What examination should be performed to make the diagnosis?
- **A.** Bilateral X-ray of the temporomandibular joint with mouth open and closed
- **B.** Limit the joint mobility
- **C.** X-ray and consultation with the neurologist
- **D.** Rheoencephalography and consultation with the neurologist
- **E.** Panoramic dental X-ray
- **43.** A 38-year-old man after a domestic accident complains of pain and mobility of his upper teeth, problems with eating. Objectively: soft tissues edema. The 11 and 21 teeth are displaced towards the palate, mobile (II degree), painful on percussion. Mucosa surrounding the affected teeth is hyperemic and swollen. X-ray demonstrates widened periodontal fissure of the 11 and 21. Choose the treatment method:
- **A.** Setting of the teeth and their fixation with a flat occlusal splint
- **B.** Extraction of the 11 and 21 teeth
- **C.** Reimplantation of the 11 and 21 teeth
- **D.** Immobilization or mouthguard
- **E.** Removal of tooth pulp in the 11 and 21 teeth
- **44.** During or immediately after an injection, certain local complications can develop. What is **NOT** one of those complications?
- A. Mucosal necrosis
- B. Dermal ischemia
- C. Diplopia
- **D.** Functional paralysis or paresis of facial muscles
- **E.** Damage to a blood vessel by the needle
- **45.** What manipulation of those listed below is **NOT** a part of typical procedure of tooth extraction with forceps?

- **A.** Applying tip of forceps jaw to the edge of alveolar process
- **B.** Applying forceps jaw to the tooth
- C. Pushing forceps jaw to the cementoenamel junction
- **D.** Closure of forceps handles
- E. Tooth dislocation and extraction from the socket
- **46.** After sustained trauma a man developed nose bleeding, reduced mouth opening, sensation of paresthesia in the right infraorbital region and lower eyelid. Objectively the face is asymmetric due to concave right temporal region; step deformity symptom is observed in the middle of the lower right eye socket and in the area of zygomaticoalveolar crest. What is the most likely diagnosis?
- A. Displaced fracture of the temporal bone
- **B.** Le Fort II maxillary fracture
- **C.** Nondisplaced fracture of the temporal bone
- **D.** Le Fort I maxillary fracture
- E. Zygomatic arch fracture
- **47.** A 24-year-old woman made an appointment with the dental surgeon for extraction of tooth 38. What anesthesia should be given to the patient for the procedure of tooth extraction?
- A. Torusal
- **B.** Mandibular
- C. Tuberal
- D. Infiltration
- E. Plexus
- **48.** A patient complains of pain and sensation of heaviness in the left side of his face and mucous discharge from the nose. On examination: left cheek edema, destroyed 26 tooth. Tooth percussion is sharply painful. X-ray demonstrates shadowed left maxillary sinus. What disease corresponds with the given clinical presentation?
- **A.** Acute odontogenic maxillary sinusitis
- **B.** Acute rhinogenic maxillary sinusitis
- C. Chronic odontogenic maxillary sinusitis
- **D.** Cyst of the maxillary sinus
- **E.** Acute ethmoiditis
- **49.** During application of tuberal anesthesia the patient developed rapidly increasing tissue edema and reduced mouth opening. What resulted in such a condition?
- A. Vascular trauma
- **B.** Muscle trauma during anesthesia application
- **C.** Nerve trunk trauma
- **D.** Intolerance to the anesthetic
- E. Anaphylactic shock
- **50.** During application of infraorbital anaesthesia the patient developed a postinjection hematoma. What vessel had been damaged?
- A. Infraorbital artery
- **B.** Maxillary artery
- **C.** Pterygoid venous plexus
- **D.** Temporal artery
- **E.** Palatine artery
- 51. A patient came to a dental surgeon with

- complaint of periodical pains in the 22 tooth. On X-ray examination the patient was diagnosed with granulomatous periodontitis developed due to filling material penetrating the space behind the root apex. What further treatment tactics should be chosen?
- **A.** Resection of the root apex
- **B.** Extraction of the 22 tooth
- **C.** Prescription of anaesthetics
- **D.** Referral to an oncologist
- E. Recurrent endodontic treatment
- **52.** A woman came to the dental surgeon with complaints of teeth mobility. After objective examination and X-ray analysis she was diagnosed with generalized periodontitis of stages I and II. Which teeth of those affected by periodontitis should be extracted?
- **A.** With degrees 2-3 of tooth mobility
- **B.** Intact teeth
- C. Teeth with painful percussion
- **D.** With degree 1 of tooth mobility
- **E.** Carious teeth
- **53.** After the inflammatory process in the parotid area a woman developed frequent pain attacks resembling electric current in her face on the right. The attacks last for 15-20 minutes. The most likely diagnosis is:
- **A.** Trigeminal neuralgia
- **B.** Tympanic plexus neuralgia
- C. Trigeminal neuritis
- **D.** Exacerbation of chronic maxillary sinusitis
- **E.** Exacerbation of chronic osteomyelitis
- **54.** A 40-year-old man came to an admission room with an incised wound of the infraorbital region received 8 hours ago. On examination the wound underwent primary surgical treatment. In case of an incised wound its edges:
- A. Should not be excised
- **B.** Should be closed with secondary sutures
- **C.** Should be closed with primary delayed sutures
- **D.** Should be processed with antibiotic solution
- **E.** Should be cleaned and drained
- **55.** The patient with shallow vestibule of mouth and edentulous mandible underwent a surgery: a mucoperiosteal flap was relocated from the alveolar ridge to the body of the mandible and fixed with denture acting as a bandage. What surgical procedure was used for vestibular deepening?
- A. Rumpel
- **B.** Kazanjian
- C. Thiersch
- **D.** Trauner
- E. Rhermann
- **56.** A 19-year-old young man complains of a fistula on the neck anterior surface, which periodically reappears at the same place. Objectively: at the neck midline between the hyoid bone and thyroid cartilage there is a fistula; the skin of the affected area is scarred, drawnin, and macerated. In the surrounding tissues a dense band extending from the fistula opening to hyoid bone can be palpated. A doctor has made

a provisional diagnosis of thyroglossal fistula. Specify the additional method of investigation:

- **A.** Contrast radiography
- **B.** Probing
- C. Computer tomography
- **D.** Ultrasound
- E. -
- **57.** A 40-year-old patient requires surgical sanation of the oral cavity. Objectively: the 36 tooth is completely destroyed. Mouth can be fully opened. What anaesthesia would be optimal for extraction of the 36 tooth?
- A. Torusal
- B. Mandibular
- C. Mental
- **D.** Infiltration
- E. Berchet-Dubov
- **58.** A 44-year-old man came to extract destroyed tooth 24. Objectively his face is symmetrical, the crown of 24 is destroyed by 2/3, percussion is painless. Gingival mucosa surrounding the tooth is unchanged. X-ray shows enlarged periodontal fissure in the area of the root apex. What is the most likely diagnosis?
- **A.** Chronic fibrous periodontitis of 24
- **B.** Chronic granulating periodontitis of 24
- C. Chronic granulomatous periodontitis of 24
- **D.** Exacerbation of chronic periodontitis of 24
- E. Chronic gangrenous periodontitis of 24
- **59.** The maxillofacial surgery unit received a patient with complaints of inability to close his mouth. This condition occurred when the patient was biting an apple. Objectively there is a frightened expression on the patient's face, the mouth is open wide, the chin is displaced to the left, salivation is observed. Palpation through the external acoustic meatus detected no movements of the right articular head. What is the most likely diagnosis?
- **A.** Right temporomandibular joint dislocation
- **B.** Fracture of the mandibular process
- **C.** Acute temporomandibular arthritis
- **D.** Temporomandibular joint pain dysfunction syndrome
- **E.** Bilateral temporomandibular joint dislocation
- **60.** A 19-year-old girl addressed an oncologist with complaints of slowly growing tumor-like mass on the tip of her tongue. The mass was first noticed 5-6 years ago. The patient requested no medical help. Objectively: there is a pale pink round growth with wide pedicle on the tongue apex; the growth is painless, elastic; there are no changes of mucosa surrounding the pedicle. Submandibular lymph nodes cannot be palpated. What kind of tumor is it?
- A. Papilloma
- B. Atheroma
- C. Fibroma
- D. Lipoma
- E. Keratoma
- **61.** A 32-year-old patient addressed a dentist with complaints of inability to close his mouth. Objectively the mouth is half-open, the chin is

protruding forwards and is displaced to the left. Such condition occurred after the mouth was opened wide. What is the most likely diagnosis?

- **A.** Anterior right-sided mandibular dislocation
- **B.** Anterior left-sided mandibular dislocation
- C. Anterior bilateral mandibular dislocation
- **D.** Posterior right-sided mandibular dislocation
- E. Posterior left-sided mandibular dislocation
- **62.** A 37-year-old patient has symmetrical face; the mucosa in the area of the 12 tooth root apex projection is pale pink; palpation is painless; the tooth crown is destroyed by 1/3; percussion is painless. X-ray: the root canal of the 12 tooth is filled to the apex; granuloma 4 mm in diameter is located near the root apex. Choose the method of surgical treatment:
- A. Granuloma removal with root apex resection
- B. Root hemisection
- C. Coronary radicular tooth separation
- **D.** Root amputation
- **E.** Tooth extraction
- **63.** A 48-year-old man presents with verruciform, dense, gray-white growths on the buccal mucosa. The growths protrude above the neighbouring tissues and are surrounded by keratinized gray-white spots that cannot be scraped off. Make the provisional diagnosis:
- A. Verrucous leukoplakia
- **B.** Erosive leukoplakia
- **C.** Bowen's disease
- **D.** Erythroplasia of Queyrat
- **E.** Papillomatosis
- **64.** During preventive examination a patient was diagnosed with precancerous hyperkeratosis of the lower lip vermillion border. What treatment should be prescribed?
- **A.** Surgical removal of the focus within healthy tissues
- **B.** Surgical removal of the focus within healthy tissues + close-focus roentgenotherapy
- **C.** No treatment is necessary
- **D.** Surgical removal of the focus within healthy tissues + chemotherapy
- E. Palliative treatment
- **65.** A 23-year-old patient is hospitalized into a dentofacial unit with provisional diagnosis of the II degree thermal burns of the right buccal and parotid-masseter region. What scar tissue will develop in this case?
- A. Healing without a scar
- **B.** Atrophic scar
- C. Hypertrophic scar
- **D.** Hypotrophic scar
- E. Keloid scar
- **66.** A 22-year-old patient has suffered unilateral linear fracture in the area of the gonial angle. Immobilization was provided with full dental brace with loops and intermaxillary elastic expansion. Recovery was uncomplicated. The brace should be removed after:

- A. 3 weeks
- B. 2 weeks
- **C.** 1 week
- **D.** 10 days
- E. -
- **67.** A 27-year-old patient was provisionally diagnosed with acute suppurative odontogenic maxillary sinusitis. What radiology method would be the most informative in this case?
- A. Computed tomography
- B. X-ray
- C. Panoramic radiography
- **D.** Spot-film radiography
- E. -
- **68.** A 22-year-old man presents with swollen and hyperemic mucosa of the retromolar area; tooth 38 is covered with hood-shaped gingival flap that discharges pus on palpation; body temperature is 37.5°C. What urgent aid should be given to the patient in this case?
- A. Gingival flap incision and antibacterial treatment
- B. Gingival flap excision
- **C.** Extraction of tooth 38
- **D.** Antibiotic treatment
- E. Gingival flap incision
- **69.** A 34-year-old man complains of pain in the area of his right eye, headache, and body temperature rise up to 38,6°C. Two days ago the patient developed an infiltration in the lower eyelid of the right eye. Objectively the eyelids are markedly swollen, palpebral fissure is closed, conjunctiva is swollen. Exophthalmos is observed. The eyeball is immobile, vision is impaired. Make the diagnosis:
- A. Orbital phlegmon
- **B.** Eyelid phlegmon
- C. Purulent maxillary sinusitis
- **D.** Angular vein trombophlebitis
- E. Lower eyelid abscess
- **70.** A 43-year-old man came to the maxillofacial surgeon with complaints of aesthetic defect. Examination revealed excessive accumulation of adipose tissue in the patient's neck and upper torso, which resembles collar with unclear magins; neck mobility is reduced. Family history shows the same symptoms to be present in the patient's father. Make the provisional diagnosis:

- A. Madelung's deformity
- **B.** Lipoma
- C. Neurofibromatosis
- **D.** Fibroma
- E. Lymphangioma
- 71. A 73-year-old man is registered for regular check-ups in an oncological clinic after completion of the combined treatment for oral mucosa cancer stage II (radiation therapy and surgery). During one of the routine check-ups an area of exposed mandibular bone is detected. There are no inflammatory changes of surrounding mucosa. A fistula tract with soft granulation is detected. Mandibular X-ray shows a sequestrum without clear margin between healthy and necrotic bone. What is the most likely provisional diagnosis?
- A. Mandibular osteoradionecrosis
- **B.** Acute purulent mandibular osteomyelitis
- C. Posttraumatic mandibular osteomyelitis
- **D.** Relapse of oral mucosa cancer
- **E.** Chronic mandibular periostitis
- **72.** A 35-year-old patient complains of burns of the face and neck, swelling and burning pain in the affected area. On examination: edema of the face and neck, palpebral fissure is narrowed due to swelling, affected skin is hyperemic and covered with strained thin-walled blisters filled with clear content. Where blisters are broken, there are pink wounds, sharply painful to touch. Determine the degree of the burns:
- A. II
- **B.** I
- C. III A
- **D.** III B
- E. IV
- 73. A 19-year-old patient came to a dentofacial clinic with complaints of pain in the gonial angle on the right, impaired mouth opening and painful chewing. The signs had been persisting for 5 days, emerged spontaneously and had been aggravating gradually. Mandibular contracture is of the III degree. On examination of the oral cavity: hyperemia, edema of the retromolar space on the right, hood-shaped mucosa from under which pus is being discharged and 2 tooth tubercles can be detected. X-ray shows oblique medial tooth position. Make the diagnosis:
- **A.** Acute suppurative pericoronitis of the 48 tooth
- **B.** Acute suppurative periostitis from the 48 tooth
- **C.** Chronic local mandibular osteomyelitis
- **D.** Mandibular angle fracture
- **E.** Acute submandibular sialadenitis

- **1.** A 27-year-old man complains of teeth mobility in his upper and lower jaws. Objectively: dentition is intact. Central occlusion is determined. What examination methods should be applied?
- A. Analysis of diagnostic models of the jaws
- **B.** Gnathodynamometry
- C. Masticatiography
- D. X-ray
- E. Electromyography
- **2.** A 47-year-old man complains of mobility of the artificial crown on the 36 tooth, which was made 2 years ago. Objectively: the 36 tooth is covered with full metal swaged crown. Crown decementation and dentin demineralization are observed. What is the cause of such complication?
- **A.** The crown is loose at the tooth cervix
- **B.** The crown edge is embedded into the gingival pocket
- **C.** There are interdental contacts
- **D.** The crown contacts with antagonistic teeth
- E. Useful life of the crown is exceeded
- **3.** A removable full denture for the lower jaw is being made for a 75-year-old man. Objectively the alveolar process is slightly atrophied. Herbst tests are performed during fitting of an impression tray. When lips are stretched forwards the tray slips off. Where should the tray edge be shortened in this case?
- **A.** From canine to canine on the vestibular side
- **B.** From canine to canine on the lingual side
- C. From behind the mandibular tuberosity to the mylohyoid line
- **D.** Along the mylohyoid line
- E. In the premolar area on the lingual side
- **4.** A 19-year-old woman, an actress, complains of discoloration of her left maxillary central incisor. One year ago the pulp of this tooth was removed and the tooth was filled. Gradually the tooth assumed grayish color. Objectively the 11 is filled, discolored, firm, painless on percussion. Deep occlusion is observed. What part of the clinical presentation contraindicates installation of an all-porcelain crown?
- **A.** Deep occlusion
- **B.** Front teeth defects that cannot be corrected with fillings
- **C.** Enamel hypoplasia with tooth deformation and discoloration
- **D.** Tooth discoloration
- **E.** Devitalized teeth defects that cannot be corrected with dental inlays
- **5.** A 32-year-old woman needs a denture. On objective examination the decision was made in favor of porcelain-fused-to-metal crown. What material should be used in this case to obtain the impression?
- A. Stomaflex
- **B.** Repin
- **C.** Stomalgin
- **D.** Stens
- E. Orthocor
- **6.** A 18-year-old woman needs a denture. Objectively: the 21 tooth is dark gray in color, devitalized;

orthognathic occlusion is observed. The tooth is to be covered with plastic crown. What plastic should be used to make the crown?

- A. Sinma-M
- **B.** Phtorax
- C. Protacryl-M
- **D.** Bacryl
- E. Etacryl
- **7.** A 58-year-old patient has made an appointment to make a denture. Objectively: the 22 tooth is firm and intact. The alveolar crest is atrophied; the palate is flat. Removable denture is to be made. What approach regarding the 22 tooth should be chosen by a dentist?
- **A.** To make a telescopic crown
- **B.** To retain the tooth
- C. Removal of tooth pulp
- **D.** Tooth extraction
- E. To make a stump crown
- **8.** A 24-year-old woman has Richmond crown being made to restore the crown of the central maxillar incisor. The cap is completed. What is the next step of prosthesis-making?
- **A.** To fit the cap on the tooth stump and place the post in the root canal
- **B.** To solder the post with the cap
- **C.** To fit the cap and the post to the tooth root
- **D.** Making of combination dental crown
- E. Tooth fixation with cement
- **9.** A 53-year-old patient complains of pain and clicking in the left temporomandibular joint. Objectively: the face is symmetrical, palpation of the lateral pterygoid muscles is painful on the left side. Mouth opening is reduced. Tomography shows smooth bone outline of joint surfaces. Which disease of those listed below corresponds with this clinical presentation?
- **A.** Temporomandibular joint dysfunction
- **B.** Rheumatic arthritis
- C. Deforming arthrosis
- **D.** Acute posttraumatic arthritis
- **E.** Joint ankylosis
- **10.** A 47-year-old man complains of partial loss of his upper teeth. The patient's medical history states loss of teeth due to trauma sustained 3 months ago. 11 and 12 are lost. 13, 21, and 22 are destroyed by 2/3 and restored with fillings. Occlusion is orthognathic. What denture construction would be optimal for this patient, considering his occupation as a lecturer?
- **A.** Porcelain-fused-to-metal dental bridge
- **B.** Plastic dental bridge
- **C.** Clasp-retained (bugel) removable partial denture with attachments
- **D.** Removable partial laminar denture for the upper jaw
- **E.** Swaged-soldered metal dental bridge with faceted intermediate part
- **11.** A 32-year-old man has metallic inlay made for him. The denture is being made for tooth 36 with Black's class I carious cavity. What surfaces of the inlay should be filed down and polished before fixing the denture?

- A. Occlusal surface
- **B.** Lateral surfaces
- C. All surfaces
- **D.** Inlay bottom
- E. Lateral surfaces and inlay bottom
- **12.** A 47-year-old patient presents with rounded bone protrusions 0,7-0,8 cm in size on the inner surface of the edentulous mandible in the premolar area. The denture for this patient should have:
- A. Elastic liner
- **B.** Kemeny clasps
- **C.** Metal base
- **D.** Orifices for the exostoses
- E. Dentogingival clasps
- **13.** A 78-year-old patient is completely edentulous. He has been wearing dentures for 19 years. The patient complains of poor fixation of the upper denture. Objectively: the lower third of face is shortened, the alveolar processes of both jaws are markedly atrophied, the palate is flat. Mucous membrane in the denture-supporting area is atrophied. How often should the dentures be remodelled or restored?
- A. Every 3-4 years
- **B.** Every 6 months
- C. Once a year
- **D.** Every 7 years
- E. Every 10-12 years
- **14.** A 43-year-old woman complains of mobility and displacement of her upper front teeth. Objectively: dental formula is 17 16 15 14 13 12 11 | 21 22 23 24 25 26 27 47 46 45 44 43 42 41 | 31 32 33 34 35 36 37

Teeth 12 11 | 21 22 are slanted towards the vestibular side, diastema and tremata are observed, I-II degree teeth mobility is detected. Select the orthodontic appliance for correction of teeth misalignment as a part of complex treatment of periodontal disease:

- A. Palatal plate with vestibular arch
- **B.** Bynin appliance
- **C.** Schwartz appliance
- **D.** Katz crown
- **E.** Palatal plate with inclined plane
- **15.** A 45-year-old man complains of toothache and mobility of his upper front teeth. Objectively his dental formula is as follows:

his dental formula is as follows:

17 16 15 14 13 12 11 | 21 22 23 24 25 26 27

47 46 45 44 43 42 41 | 31 32 33 34 35 36 37

Dental cervices of 13 12 11 | 21 22 are exposed and demonstrate mobility of the III degree. Mobile teeth are to be extracted and immediate denture is to be made for the patient. How soon after the teeth extraction should such dentures be inserted?

- A. On the day of teeth extraction
- **B.** In 1-2 days
- **C.** In 3-4 days
- **D.** In 5-6 days
- **E.** In 6-7 days
- **16.** When a prosthodontist was preparing the patient's tooth, the patient had epileptic seizure that was subsequently terminated. What mistake had been made by the doctor?

- **A.** No inquire into the patient anamnesis
- **B.** No inquire into the antecedent anamnesis
- C. No anaesthesia
- D. Crude preparation
- **E.** Did not decline the appointment
- **17.** A 35-year-old man came to the prosthodontic clinic with complaints of teeth mobility on his lower jaw. What type of occlusion stabilization is recommended in this case?
- A. Arch
- B. Sagittal
- **C.** Frontal
- D. Parasagittal
- E. Frontosagittal
- **18.** A 57-year-old patient complains of tooth mobility and inability to eat. Objectively: the lower 35, 36, 37, 38, 44, 45, 46 and 48 teeth are missing; the 31, 32, 33, 34, 41, 42, 43, 47 teeth exhibit grade II mobility, their clinical crowns are low, tooth equator is not pronounced. What is the optimal denture construction in this case?
- **A.** Removable cast splint
- B. Removable partial denture
- C. Kurlyandský splint bar
- **D.** Bynin removable splint
- E. Removable splint with vestibulo-oral clasp
- **19.** A 38-year-old patient with chronic generalized periodontitis has been referred for orthopedic treatment. Objectively: dentitions are without gaps, the 12, 11, 21, and 22 teeth are pulpless and exhibit I grade mobility. The other teeth are firm. What is the most aesthetic dental splint for the anterior teeth?
- **A.** Mamlok's splint
- **B.** Ring splint
- **C.** Soldered combined crowns
- **D.** Cap splint
- E. Mouthguard
- **20.** The 40-year-old woman complains of inability to properly masticate due to the loss of the following lateral teeth: 18, 16, 15, 25, 26, 28, 38, 35, 36, 44-46, and 48. The rest of her teeth present with the I-II degree of mobility. Generalized periodontitis is observed. What denture construction would be optimal in this case?
- **A.** Removable dental splint
- **B.** Clasp-retained (bugel) removable partial denture
- C. Removable laminar denture
- **D.** Fixed dental bridge
- E. Metal-based denture
- **21.** A 55-year-old patient requires a denture. Objectively: Kennedy's I class dentition defect; the 16, 17, 18, 26, 27, and 28 teeth are missing. The patient presents with fixed occlusion. The 15 and 25 teeth have low crowns with poor anatomic contours, intact. Clasp-retained (bugel) removable partial denture is being made for the patient. What fixation system would be optimal in this case?

- **A.** Telescopic fixation
- **B.** Attachments
- **C.** Roach clasp (clammer)
- **D.** Aker-Roach combined clasp (clammer)
- **E.** Continuous clasp (clammer)
- 22. A patient needs a clasp-retained (bugel) removable partial denture. It is planned to study the jaw model by means of a parallelometer in order to determine the required depth of the undercuts on the abutment teeth. Specify the length of the measuring rods used for this purpose:
- **A.** 0,25 0,50 0,75
- **B.** 0,15 0,40 0,65
- **C.** 0,20 0,45 0,70
- **D.** 0,30 0,55 0,80
- **E.** 0,35 0,60 0,85
- 23. A 30-year-old man presents with fresh median mandibular fracture without visible displacement of the fragments. What will be the function of the dental apparatus to be prescribed in this case?
- **A.** Fixation
- B. Setting
- **C.** Directing
- **D.** Replacement
- **E.** Formation
- **24.** A 43-year-old woman complains of her lower teeth mobility. Objectively the teeth mobility is of the I-II degree. It is planned to make a full-cast removable occlusal splint for her. What material would be optimal for this splint?
- **A.** Cobalt nickel chromium alloy
- **B.** "EI-95" alloy
- **C.** Stainless steel
- **D.** "PD-250" alloy (silver palladium alloy) **E.** Gold alloy of 900 millesimal fineness
- **25.** A 40-year-old man presents with pathologic teeth grinding caused by their functional overload due to the loss of many antagonist teeth. With direct occlusion, vertical grinding of the front teeth resulted in protrusion of the patient's lower jaw forwards. Interalveolar space is diminished, the lower third of the face is shortened. What would be the most advisable treatment in this case?
- **A.** Prosthetics that increase interalveolar height
- **B.** Prothetic treatment
- **C.** Teeth shortening
- **D.** Prosthetic treatment
- **E.** Instrumental surgical treatment
- **26.** In a prostodontic clinic a partial laminar denture for the upper jaw is being made for a 53year-old patient. Objectively: dental formula is 14, 13, 12, 11, 21, 22, 23, 24, 27. The teeth are firm, clinical crowns are tall with pronounced equator. X-ray shows no periapical changes in the periodontium of the abutment teeth. What clasp fixation is optimal for this patient?
- **A.** Planar
- B. Sagittal
- C. Diagonal
- **D.** Transversal
- E. Point
- 27. A 20-year-old man complains of missing tooth

- on the upper right jaw, aesthetic defect. Objectively: the 12 tooth is absent, adjacent teeth are intact, firm, with distinct anatomical shape and tall crowns. Direct occlusion is observed. During the interview the patient was found out to have congenital heart disease. What denture construction would be optimal in this case?
- **A.** Adgesive dental bridge
- **B.** Plastic dental bridge
- C. Porcelain-fused-to-metal dental bridge with 14 and 13 abutment teeth
- **D.** Plastic-fused-to-metal dental bridge
- E. Swaged-soldered dental bridge
- **28.** A 48-year-old patient complains of the lower jaw teeth mobility. Van Thiel dental splint is to be made for prosthodontic treatment. What construction elements are supposed to fix it in place?
- **A.** Whole piece proximal grip clasps
- B. Full metal crowns
- C. Wire clasps
- **D.** Parapulpar posts
- **E.** Equator crowns
- **29.** A 55-year-old man suffered a blow to the frontal mandibular area. He is diagnosed with mandibular fracture. Prior to trauma he was wearing removable dentures (partial laminar denture for the lower law and full denture for the upper jaw). What can be used for transport immobilization of the fracture?
- **A.** Patient's dentures
- **B.** Weber splint
- **C.** Vankevych splint
- **D.** Zbarzh apparatus
- **E.** Vasiliev splint
- **30.** A cast clasp-retained (bugel) removable partial denture is being made for a 58-year-old patient. Impressions are made, centric jaw relation is determined, plaster casts are obtained. What is the next stage?
- **A.** Examination of the working model with a parallelometer
- **B.** Transfer of denture frame pattern to the working model
- **C.** Wax modelling of the denture frame
- **D.** Duplication of the working model
- **E.** Marking the border seal
- **31.** On objective examination a 59-year-old man with the edentulous mandible presents with bone protrusions and mobile areas of the alveolar crest. To ensure proper fixation of the denture and even load distribution the following functional impression should be made:
- **A.** Differentiated
- **B.** Complete anatomical
- C. Compression
- **D.** Decompression
- E. Combined
- **32.** A patient with post-resection upper jaw defect that invades the nasal cavity has come to a prosthodontic clinic. What denture is recommended in the given case?

- A. Replacement denture with obturating element
- **B.** Floating obturator
- C. Mouthguard
- **D.** Forming denture
- E. Replacement denture
- **33.** A 25-year-old man complains of incorrectly positioned maxillary left central incisor due to trauma sustained 2 months ago. Objectively tooth 21 is rotated around its axis into palatal position. What would be the most advisable treatment method for correction of this defect?
- A. Orthodontic treatment
- **B.** Surgical treatment
- C. Instrumental surgical treatment
- D.
- E. Splinting followed by prosthetic treatment
- **34.** A 62-year-old patient came to a dental clinic with complaints of facial swelling, pain in the lower left jaw, and numb lower lip. On clinical examination he was diagnosed with fracture of the body of mandible on the left, edentulous jaws, microstomia. Choose the optimal construction:
- A. Limberg's dental splint
- **B.** Weber's dental splint
- C. Guning-Port's dental splint
- **D.** Elbrecht's dental splint
- E. Vankevych dental splint
- **35.** A 48-year-old patient came to a dentist after the maxillectomy on one side conducted 3 days ago. Remaining teeth are firm. Treatment plan foresees making an Oxman's denture for the patient. What part of the denture should be produced first?
- A. Fixating
- **B.** Obturating
- C. Resection
- **D.** Forming
- **E.** Substituting
- **36.** A 46-year-old patient complains of mastication disorder caused by the lack of the 34, 35, and 36 teeth. The antecedent anamnesis is as follows: the teeth were extracted 3 months ago due to complication of cariosity. The patient anamnesis: the history of tonsillitis, rheumatoid arthritis and Botkin's disease. After the appointment with this patient the instruments should be sterilized in the following way:
- **A.** Specialized procedure
- **B.** Dry-heat sterilizer
- C. Processing with lysol
- **D.** Processing with 0,1% chloramine solution
- **E.** General procedure
- 37. A man complains of gingival pain in his upper left jaw and bleeding that occurs when he brushes his teeth or eats solid food. Objectively on the upper jaw he wears a swaged-soldered metal bridge with 14 and 16 as abutment teeth. The crown edge is pushed under the gingival margin by 0.3 mm. Intermediate part is closely fitted to the gums. The mucosa is hyperemic, swollen, interdental papillae are smoothed out; touching mucosa with a dental instrument provokes bleeding. What medical tactics should the dentist choose in the first place?

- A. Remove the dental bridge
- **B.** Refer the patient for cosultation with the dental therapist
- **C.** Refer the patient for X-ray
- D. Refer the patient for clinical blood test
- **E.** Make metal-fused-to-porcelain dental bridge
- **38.** When checking construction of the soldered dental bridge with the 35 and 38 abutment teeth the following was detected: pores in the place where abutment crowns and intermediate part are soldered together; masticatory cusps are sharply defined; there is early contact with antagonist teeth; the intermediate part makes tight contact with the alveolar process mucosa. How can those flaws be corrected?
- **A.** Dental bridge should be remade
- **B.** Intermediate part should be corrected
- **C.** Masticatory surface should be corrected, and soldered places polished
- **D.** Masticatory surface should be corrected, and the height of the flushing part is to be increased up to 2 mm
- E. Tooth-antagonists should be shaved off
- **39.** Due to lack of timely specialized treatment a 44-year-old man presents with incorrectly healed displaced mandibular fracture. Objectively the lower jaw narrows sharply, vestibular cusps of the lower teeth contact with oral cusps of the upper teeth. The patient declined surgical treatment. What treatment tactics should be chosen by the dentist in this case?
- **A.** Make a prosthesis with double dentition
- **B.** Make a non-removable dental bridge with movable joint
- **C.** Correct the malocclusion by filing down the patient's teeth
- **D.** Correct the malocclusion via instrumental surgical method
- E. Make a dentogingival laminar denture
- **40.** A 57-year-old man presents with habitual mandibular dislocation. To reduce mouth opening, Yadrova apparatus was made. How long should the treatment last in this case?
- **A.** 3 months
- **B.** 6 months
- **C.** 9 months
- D. 12 months
- E. 18 months
- **41.** An HIV-infected patients needs a dental prosthesis. The dentist plans to make dental bridges for this patient. How should the instruments be processed after the appointment?
- **A.** According to the special scheme
- **B.** According to the usual scheme
- **C.** In a hot air sterilizer
- **D.** With lysoformin
- **E.** With 3% chloramine solution
- **42.** A 30-year-old man complains of pain in his front lower teeth, which he attributes to a trauma to the mental region. Objectively: continuous dentition, orthognathic occlusion. X-ray shows a median mandibular fracture. What dental splint would be optimal?

- **A.** Flat occlusal splint
- **B.** Soldered splint on rings
- C. Cap splint
- **D.** Weber's splint
- E. Plastic mouthguard
- **43.** A 27-year-old woman complains of recurrent loss of a tooth filling in the lower right jaw. Objectively: in the 46 tooth on the masticatory approximal surface there is a defect of hard tooth tissues affecting 1/3 of the tooth crown, no tooth discoloration; positive, quickly abating reaction to cold stimulus is observed. What denture construction would be optimal in this case?
- **A.** Dental inlay
- **B.** Combined crown
- C. Porcelain-fused-to-metal crown
- **D.** Plastic crown
- E. Partial crown
- **44.** To make the external prosthesis for a 62-yearold man it is necessary to obtain a Hippocrates facial moulage of this patient. What impression material should be used?
- **A.** Plaster
- B. Dentafol
- C. Stens
- **D.** Stomaflex
- E. Repin
- **45.** A 60-year-old patient has been undergoing the procedure of checking the complete removable dentures construction and fixing teeth on wax bases. The following flaws have been detected: fissure between the teeth on the frontal area and cusp-to-cusp contact in the lateral area. What mistake had been made?
- A. Anterior occlusion had been determined instead of central one
- **B.** Posterior occlusion had been determined instead of central one
- C. Lateral occlusion had been determined instead of central one
- **D.** Models had been plastered in a wrong way in
- E. Swabs had been crushed during determination of central occlusion
- **46.** Dental splint is being designed in a prosthodontics clinic for a 39-year-old patient with generalized periodontitis, II degree. Gnathodynamometer is used to measure the periodontium load resistance. What anatomicofunctional data are obtained with this method?
- **A.** Masticatory pressure
- **B.** Masticatory force
- **C.** Periodontium pliancy
- **D.** Masticatory muscles tone
- **E.** Masticatory efficiency
- **47.** A 45-year-old man complains of impaired chewing due to pathologic lower jaw mobility. The patient was diagnosed with false joint in the area of absent 33 and 34 teeth. On X-ray: defect of the mandibular body is 0,8 cm in size. The teeth on the fragments on both sides of the defect are intact. What denture would be recommended in this case?

- **A.** Oxman's fixed dental bridge
- **B.** Tigerstedt's flat occlusal splint
- C. Weber's dental splint
 D. Entin's stiff head-chin strap
- E. Tigerstedt's wire anchor splint
- **48.** A 55-year-old man was delivered into the hospital with bilateral mandibular fracture within the dentition. Objectively teeth 34, 35, 36, 45, and 46 are missing. Lower incisors are mobile (I-II degree). Fragment displacement is insignificant. What splint should be made for this patient?
- **A.** Weber
- **B.** Vankevych
- C. Tigerstedt
- **D.** Flat occlusal splint
- E. Gunning-Port
- **49.** A 45-year-old patient is prescribed a dental bridge supported with implants. In the process of preparation to the prosthodontic treatment there were intraosseous screw two-stage implants placed in the area of the 34 and 36 teeth. How long is the period necessary for implant integration in this case?
- **A.** 3 months
- **B.** 2 weeks
- **C.** 6 months
- D. 10 months
- E. 1 year
- **50.** A 70-year-old man has edentulous maxilla. Objectively maxillary tuberosity and alveolar processes are completely atrophied; palatine vault is flat, its mucosal layer is moderately pliant. In this case the patient's atrophic edentulous maxilla can be classified as:
- A. Schroeder class III
- B. Keller class III
- C. Schroeder class II
- D. Keller class II
- **51.** A laminar denture for the lower jaw is being made for a 54-year-old patient. Base plate wax is used during the laboratory stage for wax templates. What group of accessory materials does such wax belong to?
- A. Modeling
- **B.** Abrasive
- **C.** Fixing
- **D.** Impression
- E. Forming
- **52.** The medical station of a regiment received a patient with signs of bilateral mandibular fracture. What is the main task of first aid in this case?
- **A.** To control shock, bleeding, and asphyxia and to provide transport immobilization
- **B.** To check and correct previously applied bandages
- C. To administer analgesics and cardiac medicati-
- **D.** To clean oral cavity from blood clots, tooth shards, and bone fragments
- E. To provide symptomatic therapy and care
- **53.** A 55-year-old man came to the prosthodontic clinic to have a denture made for him. Tooth 11 is missing in the patient. Two days ago he was

released from the in-patient unit after a case of myocardial infarction. What tactics should the dentist choose?

- **A.** Make a temporary removable denture
- **B.** Make a clasp-retained (bugel) removable partial denture
- C. Make a dental bridge with 12 and 21 as abutment teeth
- **D.** Temporarily refrain from making a denture
- **E.** Perform implantation
- **54.** A 45-year-old patient came to a prosthodontics clinic. During the objective examination the doctor checked the sagittal movements of the lower jaw. What muscles are responsible for sagittal movements of the lower jaw?
- **A.** Lateral pterygoid muscles
- **B.** Medial pterygoid muscles
- C. Mandibulohyoid muscle
- **D.** Digastric muscle
- E. Mentohyoid muscle
- **55.** A 43-year-old patient complains of mobility and significant neck exposure of the lower front teeth. Objectively: the gums in the area of the 44, 43, 42, 41, 31, 32, 33, and 34 teeth are pale and cyanotic, non-bleeding. The 42, 41, 31, and 32 teeth exhibit the I-II grade mobility. The overcrowding of the 42, 41, 31, and 32 teeth is present. The necks of the 42, 41, 31, and 32 teeth are exposed by 1/2 of the root length, the necks of the 43 and 33 teeth are exposed by 1/4. What kind of denture should be applied in this case?
- **A.** Cast removable splint
- **B.** Kurlyandsky's bar splint
- **C.** Cap splint
- **D.** Partial crown
- **E.** Half-ring splint
- 56. Removable partial dentures for upper and lower teeth are being made for a 45-year-old man. Complete anatomical impressions were made using "Ypeen" alginate material. What should be used for disinfection of obtained impressions?
- **A.** 2.5% glutaraldehyde with pH- 7.0 8.7
- **B.** 0.1% desoxone solution
- **C.** -
- **D.** Phenol solution in proportion 1:20
- **E.** 6% hydrogen peroxide solution
- **57.** A 27-year-old man presents with missing crown of 11. Objectively teeth 21 and 12 are intact; intraoral spot film X-ray shows the root of 11 to be filled to the apex, no changes in the periapical tissues, no pathologic mobility. What construction of the denture should be recommended for this patient?
- **A.** Metal stump inlay with overlaying porcelainfused-to-metal crown
- **B.** Stump inlay with overlaying swaged crown
- C. Stump inlay with overlaying plastic crown
- **D.** Stump inlay with overlaying full cast metal
- **E.** Remove the root of 11 and perform implantati-
- **58.** A 54-year-old patient complains of frequent crunching sound in the right temporomandibular joint, which developed one month ago. In the

morning the crunching is more frequent and decreases towards the evening. Objectively: the face is symmetrical, the skin over the joint is without changes, the mouth opens by 2.9 mm. What is the most likely diagnosis in this case?

- **A.** Arthrosis
- **B.** Acute arthritis
- C. Temporomandibular joint dislocation
- **D.** Chronic arthritis
- E. Temporomandibular joint pain dysfunction syndrome
- **59.** A 63-year-old man complains of pain in the area of maxillary mucogingival fold caused by using a removable laminar denture. Objectively: in the area of the mucogingival fold there is a trophic ulcer with swollen margins and hemorrhaging floor. Make the diagnosis:
- **A.** Denture-related stomatitis
- **B.** Toxic chemical stomatitis
- **C.** Toxic infectious stomatitis
- **D.** Allergic contact stomatitis
- **E.** Greenhouse effect
- 60. A 64-year-old man complains of pain and mobility of his front lower teeth. Objectively: the 43, 42, 41, and 31 teeth demonstrate the III degree mobility. These teeth are planned to be extracted and immediate-insertion denture is to be made. When should this denture be put in place?
- **A.** On the day of the teeth extraction
- **B.** In 2-4 days after the teeth extraction
- C. In 6-8 days after the teeth extraction
- **D.** In 3-6 days after the teeth extraction
- **E.** In 1-2 days after the teeth extraction
- **61.** A 36-year-old woman needs a dental prosthesis. Objectively there is a carious cavity on the mesial masticatory surface of tooth 46, interdental contact is disturbed. Dental inlay is to be made for this patient. According to Black's classification of dental caries this cavity is class:
- **A.** 2 **B.** 3
- **C.** 4 **D.** 5
- **62.** A 45-year-old man complains of pain and crepitation in the temporomandibular joint during the movements of the lower jaw. Objectively: the face is symmetrical, the mouth opens with slight displacement to the left. Dentition is intact. To clarify the diagnosis X-ray of the temporomandibular joint was performed. Where should the heads of the mandible be located normally during maximum mouth opening?
- **A.** At the top of the articular tubercle
- **B.** In the center of the glenoid fossa
- **C.** In front of the articular tubercle
- **D.** In the center of the articular tubercle
- **E.** Closer to the distal part of the glenoid fossa
- 63. A 45-year-old man complains of pain and crepitation in the temporomandibular joint during the movements of the lower jaw. Objectively: the face is symmetrical, the mouth opens with slight displacement to the left. Dentition is intact. On occlusiography there were detected centric

and eccentric supracontacts. What treatment methods should be applied in the first place?

- **A.** Selective teeth shaving
- **B.** Mouthguard for muscle relaxation
- C. Appliances that limit mouth opening
- **D.** Mouthguards that increase the height of central occlusion
- **E.** Lower jaw immobilization
- **64.** A 45-year-old patient complains of inability to properly masticate due to the loss of lateral teeth. The 17, 16, 15, 25, 26, 27, 37, 36, 35, 44, 45, and 46 teeth are missing. The retained teeth exhibit the I-II degree of mobility. The patient is diagnosed with generalized periodontitis. Kennedy class I dentition defects are observed. What construction would be optimal in the given case?
- **A.** Clasp-retained (bugel) removable partial denture with splinting elements
- **B.** Partial laminar denture
- C. Elbrecht's dental splint
- **D.** Mamlok's dental splint
- E. Cantilever dental bridges
- **65.** A 70-year-old patient addressed a hospital with complaints of poorly stabilized complete removable dentures of the upper and lower jaws. What method of artificial teeth arrangement is preferable in making of a new complete removable denture?
- A. According to individual occlusal curves
- **B.** According to disocclusal planes
- C. According to standard occlusal curves
- **D.** According to spherical occlusal curves
- E. According to prothetic occlusal planes
- **66.** A 45-year-old woman needs a denture. Objectively: the 17, 16, 15, 14, 12, 25, and 26 teeth are missing. Specify the Kennedy's class of dentition defects in the given case:
- A. II class, 2 subclass
- **B.** II class, 4 subclass
- C. III class, 1 subclass
- **D.** III class, 3 subclass
- E. II class, 3 subclass
- **67.** A 46-year-old man complains of constant losing of a filling in his lower right tooth. Objectively: in the 16 tooth on the approximal masticatory surface there is a defect of crown hard tissues at 1/3. The tooth has no discoloration, percussion is painless. What construction should be prescribed?
- A. Inlay
- B. Porcelain-fused-to-metal crown
- C. Semi-crown
- **D.** 3/4 crown
- **E.** Plastic crown
- **68.** A 37-year-old patient complains of an aesthetic defect. Objectively: the 13 tooth is destroyed by 2/3. The tooth is pulpless, the root canal is filled. How deep should the root canal be opened for pivot crown installation in this patient?
- **A.** 2/3 of the root canal
- **B.** 1/3 of the root canal
- C. 3/4 of the root canal
- **D.** 1/2 of the root canal
- **E.** Full length of the root canal

- **69.** A 68-year-old man has removable partial dentures made for him. At the stage of checking the denture construction, occlusal contact in the lateral areas is cusp-to-cusp and frontal area has sagittal fissure. What mistake was made by the doctor?
- **A.** Anterior occlusion is fixed
- B. Lateral occlusion is fixed
- C. Prothetic plane is designed incorrectly
- **D.** Height of centric occlusion is understated
- **E.** Height of centric occlusion is overstated
- **70.** A 46-year-old man, a teacher, complains of lower teeth mobility that impedes the process of biting. Objectively the dentition is uninterrupted, front teeth demonstrate the II degree of mobility. X-ray shows straight and filled root canals of 32, 31, 41, and 42. What appliance will stabilize front teeth while retaining their aesthetic appearance?
- **A.** Mamlok's dental splint
- **B.** Removable segmented splint for the front teeth
- C. Cap splint
- **D.** Splint with embrasure clasps
- **E.** Semicrown splint
- **71.** A clasp-retained (bugel) removable partial denture for the lower jaw is to be made for a 53-year-old patient. Objectively: the 38, 37, 35, 34, 45, 46, and 47 teeth are missing. The retained teeth are firm, with low clinical crowns. What fixation method of the denture would be optimal in this case?
- **A.** Telescopic system
- **B.** Supporting-retaining clasps (clammers)
- C. Bar system
- **D.** Attachments
- **E.** Ball joint attachments
- **72.** A 40-year-old patient complains of pain in the tragus area, clicking during mouth opening, stuffed ears. Objectively the face is symmetrical, mouth opening path is straight. Dentition defect can be estimated as the I class by Kennedy; the 18, 17, 16, 26, 27, 28 teeth are missing. In this case the load would be the most traumatizing for the following anatomical structure:
- A. Interarticular disk
- **B.** Articular capsule
- C. Articular head
- **D.** Distal slope of the articular tubercle
- **E.** Floor of the temporal bone socket
- **73.** A 50-year-old man complains of bared dental cervices on his upper and lower jaws. Objectively: the teeth and dentition are intact, clinical crowns are elongated, the teeth have no pathologic mobility, are worn off within the physiological norm. To remove supracontacts it is planned to perform selective teeth shaving. What additional investigation is necessary in the given case?
- A. Occlusiography
- B. X-ray
- **C.** Masticatiography
- **D.** Gnathodynamometry
- E. Mastication tests

- 1. A 18-year-old boy complains of bleeding and pain in her gums. The disease onset was 4 days ago. Objectively the skin is pale, body temperature is $38.5^{\circ}C$. Her submandibular lymph nodes on the left are enlarged, painful, non-fused with the surrounding tissues. The gingival papillae and gingival margin in the area of 33, 34, 35, 36, and 37 are hyperemic, ulcerated, and covered in necrotic deposit. Teeth present with soft dental plaque. Make the diagnosis:
- **A.** Necrotizing ulcerative gingivitis
- **B.** Acute catarrhal gingivitis
- **C.** Chronic hypertrophic gingivitis
- **D.** Chronic catarrhal gingivitis
- E. -
- **2.** Parents of a 6-month-old child complain of their child having a large amount of dental deposit in the oral cavity. Objectively the oral mucosa is hyperemic, covered in white easily removed deposit that resembles curdled milk. What is the causative agent of this disease?
- A. Candida fungi
- **B.** Herpes simplex virus
- **C.** Klebs-Loeffler bacillus
- D. Coxsackie virus
- E. Epstein-Barr virus
- **3.** A 12-year-old boy complains of painful and bleeding gums on his upper jaw. Objectively the gingival margin in the area of the 13, 12, 11, 21, 22, and 23 teeth is swollen, hyperemic, deformed due to gingival overgrowths. Gingival papillae cover the crowns by 1/3 of their height, bleed on touch. Upper front teeth are overcrowded. X-ray shows no pathological changes of the periodontium. What drugs should be administered for topical treatment in the first place?
- A. Nonsteroidal anti-inflammatory drugs
- **B.** Sclerosants
- **C.** Steroidal anti-inflammatory drugs
- **D.** Keratoplastic agents
- E. Cytostatic agents
- **4.** Parents of a 3-year-old child report that the child suffers from constant pain in the upper front teeth. Objectively: the coronal part of the 61 tooth is gray and decayed. Probing of the root canal orifice is painful and accompanied by bleeding. The tooth percussion provokes acute pain. Mucosa is hyperemic, edematic and painful. Palpation in the region of the 61 and 62 teeth reveals a fistula. What is the provisional diagnosis?
- **A.** Exacerbation of chronic periodontitis
- **B.** Acute suppurative periodontitis
- C. Acute diffuse pulpitis
- **D.** Chronic granulating periodontitis
- **E.** Exacerbation of chronic pulpitis
- **5.** A 7-year-old boy complains of increased body temperature, up to $38^{\circ}C$, headache, sore throat. Objectively: there are erosions on the slightly hyperemic mucosa of the soft palate, anterior palatal bars, and tonsils. The submandibular lymph nodes are slightly enlarged, painless. Name the causative agent of this disease:

- A. Coxsackie virus
- **B.** Herpes simplex virus
- **C.** Epstein-Barr virus
- **D.** Klebs-Loeffler bacillus **E.** Bordet-Gengou bacillus
- **6.** A 6-year-old boy complains of a cavity in the prevoiusly treated tooth. Objectively: in the 85 tooth there is a carious cavity within mantle dentin; the dentin is dense and pigmented; probing of the cavilty floor and walls, thermal stimuli, and percussion are painless. Sensitivity of the dentin-enamel junction is observed during the cavity preparation. Make the diagnosis:
- **A.** Chronic median caries
- **B.** Chronic deep caries
- C. Acute median caries
- **D.** Acute deep caries
- **E.** Chronic superficial caries
- **7.** A 12-year-old girl has complaint of a carious cavity in her tooth. Objectively: there is Black's class 1 carious cavity in the 36 tooth; it is localized in the parapulpar dentin; the mouth of the cavity is wide. The dentin is dense and pigmented. It is sensitive to cold stimulus, percussion is painless. What is the most likely diagnosis?
- **A.** Chronic deep caries
- **B.** Chronic median caries
- **C.** Acute deep caries
- **D.** Acute median caries
- E. -
- **8.** A 10-month-old child is fussy, refuses to eat. Disease onset was 2 days ago. The child is been treated by a pediatrician for pneumonia, receives antibiotics and sulfanilamides. Objectively: the oral mucosa is hyperemic, swollen; there is whitish coating on the mucosa of the cheeks, lips, soft and hard palate; coating removal can cause erosions. Submandibular lymph nodes are enlarged. What is the most likely diagnosis?
- A. Acute candidal stomatitis
- **B.** Acute herpetic stomatitis
- **C.** Geographic tongue
- **D.** Allergic contact stomatitis
- E. Chronic candidal stomatitis
- **9.** Parents of a 12-year-old child are concerned about the child having white spots on the frontal teeth of the upper jaw; the spots appeared half a year ago. Objectively: there are chalky spots detected in the cervical zone vestibular surfaces of the 13, 12, 11, 21, 22, and 23 teeth. The enamel in those spots is dull; probing revealed it to be pliant and coarse. The anamnesis states short-time pain caused by chemical stimuli. What is the provisional diagnosis?
- A. Acute initial caries
- B. Chronic initial caries
- C. Acute superficial caries
- **D.** Systemic hypoplasia of enamel
- E. Dental fluorosis
- **10.** A 14-year-old girl complains of bleeding gums and foul smell from her mouth. Objectively: gingival mucosa is hyperemic, pastose,

hemorrhaging. Schiller-Pisarev test is positive. Papillary marginal alveolar index is 70%. Fedorov-Volodkina Hygiene Index equals 3. X-ray of the frontal area of jaws demonstrates retained cortical plate. Make the diagnosis:

- **A.** Chronic generalized catarrhal gingivitis
- **B.** Chronic generalized periodontitis
- C. Acute generalized catarrhal gingivitis
- **D.** Chronic generalized hypertrophic gingivitis
- E. Exacerbation of chronic generalized periodontitis
- 11. During regular check-up a 6.5-year-old child presents with carious cavity on the distal proximal surface of 65 within mantle dentin. Cavity walls and bottom are pigmented, dense, painless on probing; there is no response to cold stimulus; percussion is painless. During tooth preparation there is tenderness at the level of dentinoenamel junction. What is the most likely diagnosis?
- A. Chronic median caries
- **B.** Acute median caries
- C. Chronic deep caries
- **D.** Chronic fibrous pulpitis
- **E.** Chronic granulating periodontitis
- **12.** A 4-year-old practically healthy child came for oral cavity sanation. Objectively on the masticatory surface of 75 there is a carious cavity within mantle dentin. The cavity is filled with softened dentin. Dentinoenamel junction is painful on probing. What material would be optimal for permanent filling?
- **A.** Glass ionomer cement
- **B.** Phosphate cement
- **C.** Silicophosphate cement
- **D.** Composite material
- E. Silicate cement
- 13. A 7.5-year-old practically healthy child complains of crown fracture and pain in the upper right incisor. Objectively 2/3 of crown of 11 is absent, the pulp is exposed and red; on probing it is acutely painful and bleeding; tooth percussion is painful. The trauma occurred 2 hours ago. What would be the optimal treatment method in this case?
- **A.** Vital amputation
- **B.** Devital amputation
- **C.** Vital extirpation
- **D.** Devital extirpation
- **E.** Biological approach
- **14.** Parents of a 2.5-year-old child complain of gradual destruction of the upper front teeth of their child for the last several months. Objectively there are carious cavities within mantle dentin on the contact and vestibular surfaces of 52, 51, 61, and 62. The cavities are filled with softened pigmented dentin that can be easily removed with dental excavator. Make the provisional diagnosis:

- A. Acute median caries
- **B.** Chronic deep caries
- C. Acute deep caries
- **D.** Chronic median caries
- **E.** Chronic superficial caries
- **15.** A 7-year-old boy underwent fissure sealing in teeth 36 and 46. Fissure sealing would be most effective:
- **A.** Immediately after eruption of the permanent tooth
- **B.** After permanent occlusion is formed
- **C.** If permanent teeth are affected with caries
- **D.** In 1-2 years after tooth eruption
- **E.** In 3-4 years after tooth eruption
- 16. A 6-year-old girl took paracetamol to treat a case of URTI two days ago, which resulted in the development of her present condition. The disease onset was acute with temperature increase up to $39.8^{\circ}C$. Objectively there are cockadeshaped maculopapular rashes on her face. The vermilion border is swollen, hyperemic, covered in massive brown crusts, and presents with bleeding cracks. Conjunctivitis is detected. Swollen and hyperemic oral mucosa presents with numerous erosions covered with fibrinous incrustations; the erosions are sharply painful on palpation. What is the most likely diagnosis?
- **A.** Stevens-Johnson syndrome
- **B.** Erythema multiforme exudativum
- **C.** Acute herpetic stomatitis
- **D.** Chronic recurrent aphthous stomatitis
- **E.** Pemphigus
- 17. A 6.5-year-old child has closed nonpigmented fissures in the first permanent molar, which have been revealed during preventive examination. Enamel transparency is retained, its probing reveals no coarseness. Choose the optimal method of treatment in this case:
- **A.** Non-invasive sealing
- **B.** Invasive sealing
- **C.** Preventive filling
- **D.** ART technique
- E. Regular medical check-ups
- **18.** A 10,5-year-old child complains of painful rash on his lips. Objectively: the red border of the lips is swollen, hyperemic, covered in fissures and numerous scabs of dried blood. The skin of the upper lip has small blisters containing serous substance, which merge with each other in some places. Maceration and weeping skin also can be observed, especially in the corners of the mouth. What is the most likely diagnosis?
- A. Exematous cheilitis
- **B.** Meteorological cheilitis
- **C.** Atopic cheilitis
- **D.** Actinic cheilitis
- **E.** Exfoliative cheilitis
- 19. A 14-year-old teenager complains of dry and chapped lips especially in autumn and winter. Objetively the vermillion border is dry, infiltrated, and covered in numerous scales. Skin of the lips is dense, pigmented, with pronounced pattern, peeling, and radial cracks. At the same

time the skin of the face is dry, lichenified, and excoriated. What is the provisional diagnosis?

- A. Atopic cheilitis
- **B.** Exfoliative cheilitis
- C. Actinic cheilitis
- **D.** Meteorological cheilitis
- E. Allergic contact cheilitis
- **20.** A 13-year-old child complains of periodical gingival bleeding during teeth brushing, which has been observed for half a year. Objectively the gingival mucosa in the frontal mandibular area presents with congestive hyperemia and edema. Decay-missing-filled (DMF) index equals 4. Oral cavity hygiene is unsatisfactory. In this case it is necessary to recommend the patient the toothpastes with:
- A. Herbal extracts
- **B.** Zinc citrate
- C. Calcium glycerophosphate
- **D.** Amine fluorides
- **E.** Salt additives
- **21.** A 15-year-old girl complains of toothache that persists for a day and increases on biting. Objectively: in the 36 tooth there is a deep carious cavity non-communicating with the dental cavity. No reaction to the thermal stimuli is observed, probing of the carious cavity floor is painless. Vertical percussion is markedly painful. Gingival mucosa in the area of the 36 tooth is unaltered. X-ray presents with no alterations. Make the diagnosis:
- **A.** Acute serous periodontitis
- **B.** Acute suppurative pulpitis
- **C.** Acute suppurative periodontitis
- **D.** Acute serous pulpitis
- **E.** Exacerbation of chronic periodontitis
- **22.** Parents of an 8-year-old child complain of rashes in the child's oral cavity. Lately the child has been inert, refused to eat. On the oral mucosa there are small round erosions with clear margins. There are vesicles with turbid content on the child's face and scalp. Make the provisional diagnosis:
- A. Chickenpox
- B. Measles
- C. Hypertensive-hydrocephalic syndrome
- **D.** Infectious mononucleosis
- E. Scarlet fever
- **23.** A 12-year-old girl complains of pain in her mouth that occurs during eating. According to her medical history these symptoms reemerge once or twice per year. Objectively on the mucogingival fold there are 3 aphthae 5-7 mm in size, they have yellowish coating and inflamed red border and are acutely painful on touch. Name the most likely diagnosis:
- **A.** Chronic recurrent aphthous stomatitis
- **B.** Acute herpetic stomatitis
- **C.** Chronic recurrent herpetic stomatitis
- **D.** Erythema multiforme exudativum
- E. Toxic-allergic drug-induced stomatitis
- **24.** A 5-year-old child complains of spontaneous

pain in an upper jaw tooth on the right that aggravates at night and during eating cold food. Objectively: the 65 tooth has a deep cavity communicating with the tooth cavity. Probing is painful, percussion is painless. Cold water causes long-term pain. What is your provisional diagnosis?

- A. Exacerbation of chronic pulpitis
- **B.** Acute periodontitis
- **C.** Exacerbation of chronic periodontitis
- **D.** Acute serous pulpitis
- E. Acute suppurative pulpitis
- **25.** A 10-year-old girl complains of sensations of dryness and pain in her lips, which develop in the summer. On examination: the red border has areas of congestive hyperemia and infiltration, scales and scabs, that, when removed, result in hemorrhaging erosions. The skin surrounding lips is unaltered. No rashes are detected on the oral mucosa. What is the most likely diagnosis?
- A. Actinic cheilitis, dry form
- B. Actinic cheilitis, exudative form
- C. Atopic cheilitis
- **D.** Allergic contact cheilitis
- **E.** Meteorological cheilitis
- **26.** An 8-year-old girl complains of tooth 21 discoloration and pain response to hot stimulus. Several months ago tooth 21 was treated for acute diffuse pulpitis by means of vital amputation. Objectively tooth 21 is filled, percussion is painless. X-ray shows the rooth to be formed by 2/3, cortical plate of the tooth socket remains intact in the area of root radix. What material should be used for root canal filling in this case?
- A. Calcium hydroxide paste
- **B.** Zinc phosphate cement
- C. Resorcinol-formalin paste
- **D.** Glass ionomer cement
- E. -
- 27. A 10-year-old child complains of persisting throbbing pain in tooth 36, which appeared one day ago. Hot stimulus aggravates the pain, while cold mitigates it slightly. Objectively on the masticatory and medial surfaces of tooth 36 there is a deep carious cavity noncommunicating with the dental cavity. Probing of the cavity bottom and percussion are painful. X-ray shows no pathologic changes of the periodontium. What treatment method shold be chosen in this case?
- **A.** Vital extirpation
- **B.** Devital extirpation
- **C.** Vital amputation
- **D.** Devital amputation
- **E.** Conservative treatment
- **28.** A 8,5-year-old child is mostly healthy. There is a complaint of pain in the upper left tooth, due to it having been physically damaged 3 hours ago. Objectively: 1/2 of the 21 tooth crown is destroyed, the pulp is significantly exposed, red, sharply painful and bleeding when probed. Percussion of the 21 tooth is sharply painful. Choose the optimal method of the 21 tooth treatment:

- A. Vital amputation
- **B.** Vital extirpation
- C. Devital amputation
- **D.** Devital extirpation
- E. Biological method
- 29. A 11-year-old child complains of pain in the lower right lateral tooth, which occurs when eating, especially hot food. On the masticatory surface of the 46 tooth there is a large carious cavity filled with softened light-brown dentin. The cavity is located within parapulpar dentin. In the projection of the medial buccal pulp horn the carious cavity communicates with the pulp chamber. Deep probing is painful. Electric pulp test 60 microamperes. Make the diagnosis:
- A. Chronic gangrenous pulpitis
- **B.** Chronic hypertrophic pulpitis
- **C.** Acute diffuse pulpitis
- **D.** Chronic fibrous pulpitis
- E. Acute focal pulpitis
- **30.** A 7-year-old practically healthy child was undergoing the carious cavity preparation of tooth 46 due to acute median caries. During this procedure the mesio-buccal pulp horn was accidentally exposed. What treatment would be optimal in this case?
- A. Biological approach
- **B.** Devital amputation
- **C.** Devital extirpation
- **D.** Vital amputation
- **E.** Vital extirpation
- **31.** A 9-year-old girl complains of persisting pain in tooth 11 that one month ago sustained a trauma resulting in broken crown. The tooth received no treatment. Objectively the 1/4 of the tooth crown of 11 is broken off, the remaining crown is grayish, the dental cavity is not exposed. Percussion is acutely painful. The mucogingival fold is hyperemic and acutely painful on palpation. Make the diagnosis:
- A. Acute traumatic periodontitis
- **B.** Acute diffuse suppurative pulpitis
- C. Acute suppurative periodontitis
- **D.** Exacerbation of chronic periodontitis
- **E.** Chronic granulating periodontitis
- **32.** A 10-year-old boy complains of painful sore in the mouth, which has been persisting and increasing in size for 1,5 months. Objectively: on the buccal mucosa there is a soft shallow ulcer 2 cm in diameter with uneven undermined edges. The floor of the ulcer is tuberous, covered in yellow-gray coating. The ulcer is surrounded with numerous yellowish tubercles. The regional lymph nodes are elastic, painful, and matted together. These symptoms are characteristic of the following disease:
- A. Tuberculosis
- **B.** Lichen ruber planus
- **C.** Necrotizing ulcerative stomatitis
- **D.** Cancer
- **E.** Syphilis
- 33. A 4-year-old child has developed acute

spontaneous pain in the tooth on the lower right jaw, which aggravates on biting. Objectively: in the 85 tooth there is a deep carious cavity noncommunicating with the dental cavity. Probing is sharply painful at all points of the cavity floor. Painful reaction to cold water stimulus and percussion is observed; mucosa surrounding the 85 is hyperemic. Submandibular lymphadenitis is detected. Make the provisional diagnosis:

- A. Acute pulpitis complicated with periodontitis
- **B.** Acute serous periostitis
- C. Acute serous periodontitis
- **D.** Acute suppurative pulpitis
- E. Exacerbation of chronic periodontitis
- **34.** A 14-year-old boy complains of rapid wearing-off of tooth crowns. Objectively: tooth crowns are worn-off by 1/3. Enamel easily chips off and is pale gray in color. Make the diagnosis:
- A. Stainton-Capdepont syndrome
- **B.** Dentinogenesis imperfecta
- C. Fluorosis
- **D.** Systemic hypoplasia
- **E.** Focal hypoplasia
- **35.** During the oral cavity sanation on the vestibular surface of the 21 and 12 teeth in the cervical area there were detected chalky spots. Enamel surface is dull and coarse, no reaction to thermal stimuli. Decayed-Missing-Filled Index (dmft/DMFT) is 6, Hygiene Index is 2. Mesial occlusion is observed. Within the first year of life the patient had been suffering from frequent cases of URTI and a case of chicken pox. What additional investigation methods would be useful for the diagnosis-making in this case?
- A. Vital staining
- **B.** Anamnesis data
- **C.** Electric pulp test
- **D.** X-ray
- E. Stomatoscopy
- **36.** Objective examination of a 10-year-old child revealed slight hyperemia, infiltration, and dryness of the whole surface of the vermillion border. Architectonics of the lips is disturbed. Dryness and contracted sensation are observed in the lips, especially during cold seasons. Make the provisional diagnosis:
- A. Meteorological cheilitis
- **B.** Atopic cheilitis
- **C.** Allergic contact cheilitis
- **D.** Exfoliative cheilitis
- E. Cheilitis of microbial origin
- **37.** A 14-year-old child complains of throbbing undulating pain in the lower left teeth, which aggravates due to hot stimuli. Objectively: on the masticatory surface of the 36 tooth there is a carious cavity within parapulpar dentin, which is non-communicating with the dental cavity. The cavity floor probing is painless, tooth percussion is painful. What treatment method would be optimal in the given case?

- A. Vital extirpation
- **B.** Devital extirpation
- C. Devital amputation
- **D.** Vital amputation
- E. Biological method
- **38.** A 2.5-year-old child has fever up to $38.5^{\circ}C$, low appetite, rashes in the oral cavity. The disease onset was 3 days ago. Objectively: the skin of the perioral area is covered in scarce vesicles with clear content. Within the oral cavity on the buccal and lingual mucosa there are sharply painful erosions, 2-3 mm in size, with white coating and hyperemic crown. The gums are swollen, hyperemic. The submandibular lymph nodes are enlarged, painful on palpation. Make the diagnosis:
- **A.** Acute herpetic stomatitis
- B. Stevens-Johnson syndrome
- C. Erythema multiforme exudativum
- **D.** Stomatitis with the background of infectious mononucleosis
- E. Stomatitis with the background of chickenpox
- **39.** A 10-year-old boy complains of acute pain attacks in the area of his upper left teeth. The toothache persisted for a night. Objective examination revealed a carious cavity on the masticatory surface of the 26 tooth within parapulpar dentin. Probing is sharply painful at all points of the cavity floor. Markedly positive reaction to cold water stimulus is observed. Select the most likely diagnosis:
- A. Acute diffuse pulpitis
- **B.** Acute serous periodontitis
- **C.** Acute suppurative pulpitis
- **D.** Acute suppurative periodontitis
- **E.** Acute local pulpitis
- **40.** A 15-year-old patient complains of carious cavity and short-term "lightning-fast" pain attacks in the 26 tooth. The pain attacks cease in 1-2 minutes after eating. Objectively: there is a deep carious cavity filled with softened dentin. The cavity floor is painful on probing. Make the diagnosis:
- **A.** Pulpal hyperemia
- **B.** Acute traumatic pulpitis
- **C.** Acute suppurative pulpitis
- **D.** Acute local pulpitis
- **E.** Acute diffuse pulpitis
- **41.** Mother of a 10-year-old girl complains of a cosmetic defect of the child's 22 tooth that erupted with damaged enamel. Anamnesis states premature extraction of the 62 tooth due to caries complication. There is a white-yellow spot with clear margins on the vestibular surface of the 22 tooth. Enamel retains glossiness, no

surface roughness can be detected on probing. Make the diagnosis:

- A. Local enamel hypoplasia
- **B.** Fluorosis
- C. Acute superficial caries
- **D.** Chronic superficial caries
- **E.** Systemic enamel hypoplasia
- **42.** A 16-year-old adolescent girl complains of pain caused by cold stimuli and food particles retained in her upper jaw tooth. Objectively: on the contact surface of the 24 tooth there is a carious cavity within parapulpar dentin. The cavity floor and walls are covered with light softened dentin. The carious cavity floor is sensitive to probing, percussion of the 24 is painless. Cold water stimulus is painful, the pain quickly abates after the stimulus is removed. Make the diagnosis:
- A. Acute deep caries
- **B.** Acute median caries
- **C.** Acute diffuse pulpitis
- **D.** Chronic fibrous pulpitis
- E. Chronic deep caries
- **43.** A 15-year-old girl complains of brief pain attacks in her teeth due to chemical stimuli. Objectively: on the contact surfaces of the 11, 21, and 22 teeth there are enamel areas matt white in color, with lost shine, covered in large amount of dental deposit. Enamel is softened and can be easily chipped off with excavator. Probing of lesions is painless. Percussion is painless. No reaction to cold stimuli. Make the diagnosis:
- **A.** Acute superficial caries
- **B.** Acute median caries
- **C.** Acute initial caries
- **D.** Chronic initial caries
- **E.** Chronic superficial caries
- **44.** A 5.5-year-old child is undergoing preventive examination. There are no complaints from the patient. Objectively: in the precervical area of buccal surface of the 75 tooth there is an enamel patch with loss of natural glossiness. The enamel surface is coarse, painless on probing. Tooth percussion is painless. Thermodiagnosis is negative. Damaged enamel stains with 2% water solution of methylene blue. Make the diagnosis:
- **A.** Acute initial caries
- **B.** Enamel hypoplasia
- C. Fluorosis
- **D.** Acute superficial caries
- **E.** Chronic initial caries

- **1.** A 10-year-old child is referred by the orthodontist for extraction of tooth 53. Objectively the crown of 53 is retained, the tooth is immobile. X-ray of tooth 53 shows root resorption by less than 1/3. Choose the best instrument for extraction of tooth 53:
- **A.** Straight crown forceps
- **B.** Straight elevator
- **C.** Root bayonet forceps
- **D.** Crown forceps with S-shaped handles
- **E.** Beak-shaped root forceps
- **2.** A 7-year-old boy is diagnosed with epidemic parotitis (mumps). Name the most likely complication of this disease:
- A. Orchitis
- **B.** Colitis
- C. Dermatitis
- **D.** Pneumonia
- **E.** Cholecystitis
- **3.** A 4-year-old boy has been diagnosed with acute purulent periosititis of the upper jaw originating from the 64 tooth. Choose the optimal treatment tactics:
- **A.** The 64 tooth extraction, periosteotomy, pharmacotherapy
- **B.** The 64 tooth extraction, anti-inflammatory pharmacotherapy
- **C.** Endodontological treatment of the 64 tooth, anti-inflammatory pharmacotherapy
- **D.** Endodontological treatment of the 64 tooth, periosteotomy
- **E.** Periosteotomy, anti-inflammatory pharmacotherapy
- 4. An adolescent complains of reduced and painful mouth opening, difficulties when eating, and swelling in the left mandibular angle that developed after tooth 37 was extracted 3 days ago. Objectively the face is asymmetric due to soft tissue swelling in the area of the left mandibular angle. Mouth opening is painful and reduced to 2.0 cm. Disturbed occlusion is observed. Palpation of the left mandibular angle is painful, the tissues are soft, bone crepitus is detected. "Indirect load to the chin" symptom is positive in the area of the left mandibular angle. The socket of the extracted tooth is packed with iodoform gauze. What is the most likely diagnosis?
- **A.** Left mandibular angle fracture
- **B.** Mandibular alveolar fracture
- C. Anterior mandibular fracture
- **D.** Mandibular periostitis on the left
- E. Odontogenic mandibular osteomyelitis
- **5.** Puncture sample taken from a 13-year-old child contains giant Reed-Sternberg cells. What diagnosis can be confirmed by the cell content of this puncture material?

- **A.** Lymphogranulomatosis
- **B.** Tuberculous lymphadenitis
- C. Lymphocytic leukemia
- **D.** Lymph node actinomycosis
- **E.** Infectious mononucleosis
- **6.** A 7-year-old child complains of pain and swelling in the left submandibular region. The swelling in this region developed 2 days ago. Objectively: the child is in a satisfactory condition, body temperature is of $37.3^{\circ}C$. Face is asymmetrical due to the soft tissue swelling in the left submandibular region. Palpation reveals a round formation 2x2 cm in size. The formation is mobile, painful, non-fused with the skin. The 74 tooth is discolored, percussion is painful. What is the provisional diagnosis?
- **A.** Acute serous odontogenic lymphadenitis of the left submandibular region
- **B.** Acute serous nonodontogenic lymphadenitis of the left submandibular region
- **C.** Acute suppurative odontogenic lymphadenitis of the left submandibular region
- **D.** Phlegmonous adenitis of the right submandibular region
- **E.** Lateral cervical cyst
- 7. A 13-year-old boy complains of general weakness, high body temperature up to 39°C, lack of appetite, constant pain in the body of the lower jaw. Objectively: observed is significant asymmetry of the face caused by soft tissues swelling in the left buccal and submandibular areas. Mouth opening is reduced. Intraoral examination revealed the following: the 34, 35, 36, and 37 teeth are mobile; teeth percussion is painful. The crown of the 36 tooth is completely destroyed. The mucosa of those teeth is hyperemic and painful when palpated. Muff-like enlargement of the lower jaw alveolar process is detected. What is the most likely diagnosis?
- **A.** Acute mandibular odontogenic osteomyelitis **B.** Acute mandibular hematogenous osteomyelitis
- **C.** Acute mandibular odontogenic suppurative periostitis
- **D.** Ewing's sarcoma
- E. Abscess of the right submandibular area
- **8.** A 3-year-old child received an injury of the upper teeth as a result of a fall. Objectively: crowns of the 51 and 61 teeth are embedded deep into the surrounding tissues with only their cutting edge visible, the gingival margin is hyperemic, edematic. What is the treatment tactics?
- **A.** Tooth extraction
- **B.** Monitoring
- **C.** Reposition
- **D.** Endodontic treatment
- **E.** Anti-inflammatory therapy
- **9.** An 8-year-old child has been clinically diagnosed with exacerbation of chronic periodontitis of the 84 tooth. The crown is decayed by 1/2. What is the optimal tactics of dental

treatment?

- A. Extraction
- **B.** Endodontic treatment
- C. Endodontic treatment and drug therapy
- D. Drug therapy
- **E.** Opening along the mucogingival fold, drug thrapy
- **10.** Parents of a 3-year-old child complain of food periodically getting into the child's nasal cavity during feeding. Objectively there is a fissure in the area of the soft palate. Make the diagnosis:
- A. Isolated partial nonunion of the soft palate
- **B.** Congenital hidden cleft palate
- C. Isolated nonunion of the hard and soft palate
- **D.** Cleft hard palate
- **E.** Combined cleft palate
- **11.** Due to trauma of the area of teeth 44 and 45, a 12-year-old boy suffers from the pathologic displacement of the mandibular alveolar process and rupture of the alveolar process mucosa. What additional examination is necessary to specify the diagnosis?
- **A.** X-ray of the mandible in frontal and lateral projections
- **B.** Škull X-ray in axillary projection
- C. X-ray of the mandible in frontal and Parma projection
- **D.** Computed tomography of the mandible **E.** -
- 12. A 12-year-old child presents with temperature $38^{\circ}C$, chills, nausea, vomiting, delirium, and weakness. On the middle third of the face there is hyperemia in a butterfly-shaped pattern. Regional lymph nodes are enlarged and mildly painful. In blood: leukocytes $12 \cdot 10^9$ /L, lymphocytes $8.0 \cdot 10^9$ /L, ESR- 26 mm/hour. What diagnosis should be made?
- **A.** Erysipelatous inflammation
- **B.** Facial vein thrombophlebitis
- **C.** Cutaneous actinomycosis
- **D.** Streptoderma, submandibular lymphadenopathy
- **É.** Acute non-odontogenic maxillary sinusitis
- 13. A 7-year-old boy came to a dental surgeon with complaints of painful swelling of his right cheek and high body temperature. Objectively the body temperature is $38,2^{\circ}C$, facial asymmetry caused by the right cheek edema, no skin discoloration, skin can be pinched in a fold, no mouth opening reduction. In the oral cavity the mucogingival fold in the area of the 84 and 85 teeth is smoothed out, the fold is hyperemic, fluctuation is observed. The 85 tooth is destroyed by cariosity, painless on percussion. Make the diagnosis:

- **A.** Acute odontogenic suppurative mandibular periostitis originating from the 85 tooth
- **B.** Acute odontogenic albuminous mandibular periostitis originating from the 85 tooth
- C. Acute odontogenic mandibular osteomyelitis originating from the 85 tooth
- **D.** Suppuration of the periapical cyst of the 85 tooth
- **E.** Odontogenic abscess of the buccal area originating from the 85 tooth
- **14.** A 15-year-old adolescent boy complains of pain in the lower right jaw, which increases during chewing, and impaired closure of the teeth. Anamnesis: 2 days ago a trauma was received. Based on objective examination results and X-ray data the patient was diagnosed with open fracture of the mandible between the 45 and 46 teeth. Choose the method of treatment:
- A. Removable braces
- **B.** Temporary immobilization
- **C.** Port's dental splint
- **D.** Rudko's appliance
- E. Ligature
- **15.** Parents complain of painfulness and mobility of the tooth of their 4-year-old child, which developed after the impact with a wooden object. Objectively: the face is asymmetrical due to swollen tissues of the upper lip. The 51 tooth is intact, with vestibular displacement and the II degree mobility, gums around the 51 tooth are hyperemic. What provisional diagnosis can be made?
- **A.** Incomplete dislocation of the 51 tooth
- **B.** Complete dislocation of the 51 tooth
- **C.** Contusion of the 51 tooth
- **D.** Acute albuminous periostitis
- **E.** Acute suppurative periostitis
- 16. A 7-year-old child is in a grave condition, teeth of the upper left jaw are painful, body temperature is $39,3^{o}C$. The child is pale, adynamic; the face is asymmetrical due to infiltration in the upper left jaw. The 64 tooth is filled, painful on percussion. The 63 and 65 teeth are intact, painful on percussion. The I degree of tooth mobility is observed; pus is being discharged from under the marginal gingiva of the 64 tooth. The alveolar process is deformed at its vestibular and palatine surfaces. Make the provisional diagnosis:
- **A.** Acute odontogenic osteomyelitis
- **B.** Acute albuminous periostitis
- **C.** Acute suppurative periostitis
- **D.** Ossification periostitis
- E. Ewing's sarcoma
- **17.** A child is diagnosed with congenital cleft in the soft palate and posterior part of the hard palate. What type of anesthesia should be given to the patient for uranostaphyloplasty?

- **A.** Intubation narcosis
- **B.** Intravenous narcosis
- C. Anesthesia mask
- **D.** Infiltration anesthesia
- E. Conduction anesthesia
- 18. A 6-year-old child complains of pain and edema in the upper right jaw, body temperature up to $37.9^{\circ}C$, and deterioration of general wellbeing. Symptom onset was 3 days ago. Objectively the face is asymmetric due to soft tissue edema of buccal and infraorbital regions on the right. The crown of 54 is destroyed by 1/2, percussion is painful; the tooth previously had been treated for complicated caries. On the palatine side of the affected tooth area there is a painful infiltration with fluctuation in its center; the tissues over the infiltration are hyperemic. Make the provisional diagnosis:
- **A.** Acute suppurative periostitis of the maxilla originating from tooth 54
- **B.** Acute serous periostitis of the maxilla originating from tooth 54
- C. Acute odontogenic osteomyelitis of the maxilla
- **D.** Exacerbation of chronic periodontitis of 54 **E.** Chronic odontogenic osteomyelitis of the maxilla
- **19.** An ambulance has delivered an 8-year-old child to an admission room. An oral surgeon has made the following diagnosis: odontogenic phlegmon of the right submandibular area. What surgical approach would be advicable for surgical treatment of this phlegmon?
- **A.** Dissection in the submandibular area, parallel to the mandible
- **B.** Dissection parallel to the torus mandibularis
- C. Dissection around the mandibular angle
- **D.** Dissection along the lower neck fold
- **E.** Dissection in the area of pterygomandibular fold
- **20.** Mother of an 8-month-old girl came to a clinic with complaints of the child's anxiety, fussiness, high fever up to $38,5^{\circ}C$, signs of alimentary canal irritation, vomiting and refusal to eat. On objective examination the child is pale, crying, presents with hyperemia, edema, gingival pain in the frontal area of the upper jaw, no erupted teeth can be detected. Make

the diagnosis:

- A. Hindered tooth eruption
- **B.** Acute herpetic stomatitis
- **C.** Food poisoning
- **D.** Hematogenous osteomyelitis of the maxilla
- **E.** Odontogenic osteomyelitis of the maxilla
- **21.** A 7-year-old girl hit her forehead one day ago. Several hours after the sustained trauma a swelling developed in the left superciliary area. General condition of the child is unaffected. Objectively: swelling of the forehead tissues spreading towards the left eyelids; the swelling is soft, fluctuation sign is present. Make the preliminary diagnosis:
- **A.** Hematoma of the left superciliary area
- **B.** Hemangioma of the right superciliary area
- C. Fracture of the temporal bone
- **D.** Fracture of the frontal bone
- E. Hematic abscess of the left superciliary area
- **22.** Parents of a 3-year-old child complain that the child has a neck growth that developed 3 months after the birth. Objectively: in the upper lateral neck area there is a semicircular neoplasm with limited mobility, soft elastic consistency, no skin alterations, painless on palpation. Puncture yielded pus-like clear yellow substance. Make the provisional diagnosis:
- **A.** Branchial cleft cyst
- **B.** Chronic lymphadenitis
- C. Lymphangioma
- **D.** Specific lymphadenitis
- E. Hemangioma
- **23.** Parents of a 6-year-old child complain of their child having a gradually enlarging neoplasm in the left parotid-masticatory region. Skin over the tumor is without discoloration. The tumor is painless, but when the head bends down the tumor increases in size and assumes bluish coloring. What disease can be suspected in the child?
- **A.** Hemangioma
- **B.** Fibroma
- **C.** Atheroma
- **D.** Lymphangioma
- E. Cyst of the parotid gland

- 1. A girl is 8 years old. She complains of impaired mastication. Objectively: on examination of the oral cavity the cutting edges of her lower incisors touch the palatine mucosa in the frontal area; the upper frontal teeth overlap with the lower ones by full height of their crowns. On the lower jaw the occlusal curve of the front teeth is markedly concave. Make the provisional diagnosis:
- A. Deep overbite
- **B.** Open bite
- **C.** False prognathism
- **D.** True prognathism
- E. Cross bite
- **2.** A boy is 10 years old. He complains of sloped chin and impaired mastication. Anamnesis states formula feeding. Objectively: corellation of the 6th teeth is of the Angle's II class. Sagittal fissure is 7 mm. Eschler-Bittner test is positive. What is the most likely diagnosis?
- A. Prognathism, distal mandibular displacement
- **B.** Prognathism, maxillary macrognathia
- **C.** Retrusion of the lower jaw frontal area
- D. Progenia, mandibular macrognathia
- **E.** Protrusion of the upper jaw frontal area
- **3.** After adenotonsillectomia it is necessary to break the mouth breathing habit in a 4-year-old child. The orthodontist recommends application of an oral vestibular shield (Kerbitz' vestibular plate). Vestibular shield facilitates training of the following muscle:
- **A.** Orbicular muscle
- **B.** Temporal muscle
- C. Masseter muscle
- **D.** Lateral pterygoid muscle
- **E.** Medial pterygoid muscle
- **4.** What denture constructions should be chosen in the cases of multiple adentia during the initial period of occlusion change?
- **A.** Removable partial denture
- B. Dental bridge
- C. Clasp-retained (bugel) removable partial denture
- **D.** No denture is necessary
- E. Removable complete denture
- **5.** How often should the dentures be replaced in children during the period of milk occlusion according to Ilyina-Markosian?
- **A.** Every 6-8 months
- **B.** Every 8-10 months
- C. Every 10-12 months
- **D.** Every 12-16 months
- **E.** Every 16 months
- **6.** A child is 8 years old. There are complaints of congested upper incisors. Objectively: the first molars closure is of Angle's I class, frontal overbite is orthognathic. The 12 and 22 teeth erupt palatinally with space deficiency of 2/3 of the tooth crown. The 11 and 21 teeth are 10 mm each in cross-section. The child has inherited father's facial type with prognathism and macrodontia of the central incisors. Choose the preventive treatment, considering this hereditary

pathology:

- **A.** Hotz serial extraction to reduce the dental arch
- **B.** Jaw expansion to provide the space for the 12 and 21 teeth
- **C.** Massage of the 12 and 21 teeth area to stimulate their eruption
- **D.** Extraction of the 12 and 21 teeth to reduce the dental arch
- **E.** Shave off the approximal surfaces of the 11 and 21 to provide the space for the 12 and 22 teeth
- **7.** A 5-year-old child has bad habit of sucking on his tongue. At the front area there is a small vertical fissure up to 2 mm in size. Neutral closure is observed in the lateral areas of the jaws. The child is diagnosed with open traumatic bite of the I degree. A vestibulo-buccal shield was prescribed for treatment. What is the function of the appliance in the given case?
- A. Treatment and prevention
- **B.** Prevention
- C. Retention
- D. Passive
- E. Treatment
- 8. Parents of an 8-year-old child have made and appointment with an orthodontist. There are complaints of their child having traumas of oral mucosa. Objectively: decreased height of the lower face, everted lower lip, deep labiomental furrow, milk occlusion. The upper incisors fully cover the lower ones; cutting surface of the lower incisors make contact with the anterior third of the palate. Mesiodistal ratio of the canines and the first permanent molars is normal. Grouping of the upper and lower front teeth is dissimilar. Make the diagnosis according to the Kalvelis classification:
- **A.** Deep traumatic overbite
- **B.** Deep incisor overbite
- C. Deep neutral occlusion
- **D.** Deep prognatic (roof-shaped) occlusion
- **9.** Preventive examination of a 5-year-old child revealed a habit of lower lip biting. What malocclusion may develop if the child keeps this habit?
- A. Anterior bite
- **B.** Prognathic bite
- **C.** Open bite
- **D.** Deep overbite
- E. Cross-bite
- 10. A 7-year-old child has protruding chin, the lower lip overlaps the upper one. There are diastema and tremata between the lower incisors, the lower incisors overlap the upper incisors by 2/3 of the crown height. First permanent molars demonstrate Angle's class III relation. Sagittal gap is 3 mm. The correct treatment tactics would be to:

- A. Use Bruckl's appliance
- **B.** Recommend a complex of myogymnastic exercises
- C. Use Angle's slider appliance
- **D.** Use Bynin's appliance
- E. Use Schwartz's appliance
- 11. During preventive examination a 5-yearold child was determined to have insufficient physiological attrition of the cusps of the deciduous canines. What treatment tactics should the doctor choose?
- **A.** To shave off the retained canine cusps
- **B.** Medical examination once a month until the incisors are replaced
- **C.** Medical examination every 6 months until the incisors are replaced
- **D.** Medical examination every 6 months until the canines are replaced
- **E.** No medical intervention is necessary
- **12.** During examination of a 5-year-old child the orthodontist revealed no wear of teeth, no tremata and diastemata, orthogenic occlusion. Which of the following symptoms detected in the 5-year old child is a sign of future teeth overcrowding?
- A. Absence of tremata and diastemata
- **B.** Absence of wear of teeth
- C. Orthogenic occlusion
- **D.** Orthognathic bite
- **E.** Absence of mesial step in the region of second temporary molars
- **13.** Teeth 71 and 81 erupted in a 6-year-old child, the lower jaw is retrogenic, the palate is flat with pronounced cross-folds. Determine the condition of the oral cavity:
- A. Physiologic
- **B.** Pathologic
- C. Abnormal
- **D.** Subcompensated
- E. Decompensated
- **14.** A 2.5-year-old child is registered for regular check-ups with the orthodontist. The I stage of physiogical occlusion development corresponds with eruption of the following group of temporary teeth:
- A. Temporary molars
- **B.** Temporary central incisors
- **C.** Temporary lateral incisors
- **D.** Temporary canines
- E. Front teeth

- **15.** An orthodontist has been addressed by parents of a 5-year-old child. The child has the 54 tooth extracted, all the other deciduous teeth are present. The doctor made a thin-wall crown for the 55 tooth with interdental wedge to the 53 tooth. What is the purpose of such treatment?
- **A.** Prevention of dentition malformation
- **B.** Aesthetic restoration
- C. Restoration of masticatory efficiency
- **D.** Acceleration of permanent tooth eruption
- **E.** Deceleration of permanent tooth eruption
- **16.** During Eschler-Bittner test the profile of a 12-year-old girl with posterior occlusion has shown some improvement. Specify the condition that resulted in the development of posterior occlusion in this patient:
- **A.** Mandibular underdevelopment
- **B.** Maxillary overdevelopment
- **C.** Mandibular underdevelopment and maxillary overdevelopment
- **D.** Mandibūlar overdevelopment
- **E.** Maxillary underdevelopment
- 17. Parents of an 8-year-old girl complain of their child having an aesthetic defect of her teeth. Objectively the patient's lower face is shortened. Her chin protrudes forwards and her upper lip is sunken. During teeth closure the deep underbite becomes apparent. Mesio-occlusion is observed in the lateral areas. Choose the apparatus optimal for the treatment:
- A. Frankel functional regulator 3
- **B.** Frankel functional regulator 2
- C. Osadchy apparatus
- **D.** Andresen-Haupl activator
- **E.** Frankel functional regulator 1
- **18.** Parents of a 7-year-old child addressed a hospital with complaints of their child having no permanent teeth in the front area of the mandible. Anamnesis states that the first deciduous teeth erupted at the age of 11 months. Objective clinical examination revealed the following: appearance is without changes; milk occlusion; there are physiological diastema and tremata; edge-to-edge incisor contact. What preliminary diagnosis can be made according to Kalvelis classification?
- **A.** Retarded eruption
- **B.** Supernumerary tooth
- C. Adentia
- D. Dystopia
- E. Hypoplasia

- **1.** A patient needs his 26 tooth extracted. After application of tuberal anaesthesia he developed general fatigue, nausea, and, later, severe itching and skin rashes. What complication occurred in the patient?
- A. Urticaria
- **B.** Anaphylactic shock
- C. Collapse
- **D.** Quincke's edema
- E. Unconsciousness
- **2.** Prior to dental treatment a 13-year-old patient had been administered anaesthesia. The patient complained of itching, tingling skin of the face, vertigo, nausea, labored respiration, spontaneous vision impairment. Objectively: pale face, swollen eyelids and red border, dilated pupils, thready pulse, and rapid labored respiration with crackles. Make the diagnosis:
- **A.** Anaphylactic shock
- **B.** Syncope
- C. Collapse
- **D.** Epileptic attack
- E. Quincke's edema
- **3.** A 42-year-old woman has made an appointment with a prosthodontic office to make a denture. Objectively: dental formula is as follows: 18....13 12 11 | 21 22 23....28

48 47 46 45 44 43 42 41 31 32 33 34 35 36 37

The patient has deep occlusion; clinical crowns are low; equator is not pronounced. The patient suffers from epileptic seizures. What kind of denture should be prescribed for this patient?

- **A.** Removable partial laminar metal-based denture
- **B.** Dental bridge
- **C.** Removable partial laminar plastic denture with retainers (clammers)
- **D.** Removable partial laminar denture with supporting-retaining clasps (clammers)
- **E.** Clasp-retained (bugel) removable partial denture
- **4.** A 56-year-old patient suffering from exacerbation of schizophrenia has been hospitalized in an oral in-patient department with a diagnosis of the displaced mandibular fracture in the area of teeth 34 and 35. What method of treatment should be prescribed?
- A. Osteosynthesis
- **B.** One arch smooth dental braces
- **C.** Full dental splint
- **D.** Weber splint
- **E.** Vankevych splint
- **5.** A 25-year-old HIV-infected patient came to a clinic of prosthetic dentistry to have a denture made for him. What aseptic and antiseptic precautions should be taken?
- **A.** According to the scheme
- **B.** The impressions should be desinfected under a quartz lamp
- **C.** The patient should be refused appointment
- **D.** No special precautions are required
- **E.** The orthopaedist should work in gloves and a mask

6. A 7-year-old child is diagnosed with chronic granulating periodontitis of the 55 tooth. Additionally accompanying diagnosis of rheumatic endocarditis is made. What treatment tactics should a dentist choose?

- A. Tooth extraction
- **B.** Endodontic treatment
- C. Endodontic treatment and physical therapy
- **D.** Case monitoring
- E. Endodontic treatment and case monitoring
- **7.** A 6-year-old boy with congenital heart disease (pulmonary artery stenosis) presents with suppurative periostitis of the maxilla. The child needs surgical treatment. What unit should he be referred to?
- A. The pediatric maxillofacial unit
- **B.** The out-patient unit, no precautions are necessary
- **C.** The out-patient unit after preliminary cardiological treatment
- **D.** The cardiology unit
- **E.** The out-patient or in-patient unit at the discretion of the child's parents
- **8.** A patient with ischemic heart disease has developed ventricular fibrillation. What is the first-priority therapeutic action?
- **A.** Electric defibrillation
- **B.** Lidocaine injection
- **C.** Adrenaline injection
- **D.** Potassium chloride injection
- **E.** Novocaine amide injection
- **9.** A patient needs the 36 tooth extracted. After administering anesthesia the doctor started applying the elevator. However, immediately after that the patient suddenly paled, complained of dizziness, ear noise, and blackout and slid down in the chair. What is the most likely diagnosis?
- **A.** Unconsciousness
- **B.** Anaphylactic shock
- C. Collapse
- **D.** Shock
- **E.** Hypoglycemic coma
- **10.** A 34-year-old man came to a dental clinic for extraction of the 26 tooth. After application of 1,7 ml of Ultracain (Articaine) solution for local anaesthesia the patient developed general fatigue and nausea. Objectively: the skin is pale, cold, cyanotic, covered in clammy sweat; BP is 60/40 mm Hg. What urgent condition did the patient develop?
- A. Collapse
- **B.** Anaphylactic shock
- **C.** Loss of consciousness
- **D.** Bronchial asthma
- E. Urticaria
- **11.** A 68-year-old patient addressed a surgical department of a dental clinic for extraction of the 45 tooth. During procedure the patient developed burning retrosternal pain attack irradiating to the left shoulder, scapula, hand. The skin is pale, BP is 140/100 mm Hg, heart rate is rapid. Skin hyperplasia can be observed in the Zakharin-Head's zones. What emergency condition did the

patient develop?

A. Angina pectoris attack

B. Heart failure

C. Bronchial asthma attack

D. Hypertensic crisis

E. -

- 12. A 7-year-old girl received conduction anesthesia with 2% articaine solution for extraction of tooth 16. She has no history of allergies. After receiving anesthesia the patient complained of weakness, she developed skin pallor, cyanosis, and nausea. Her blood pressure dropped significantly. The patient is conscious. What is the provisional diagnosis?
- **A.** Collapse

B. Anaphylactic shock

C. Allergic response to the anesthetic

D. Pain shock

E. Vertigo

- 13. A 65-year-old man during the tooth extraction suddenly felt unwell, he developed severe pain irradiating to the left scapula and numbness of the left hand. Objectively: the patient is pale, beads of perspiration appeared on his forehead, BP is 170/90 mm Hg, heart rate is 86/min., rhythmical. The dentist stopped the manipulations in the oral cavity. What drug should be administered in this case?
- A. Nitroglycerine
- **B.** Zelenin drops
- C. Valerian tincture
- **D.** Valocordin
- E. Analgin (Metamizole)
- **14.** A 45-year-old patient after administration of local anesthesia in preparation for oral surgery has suddenly felt unwell, developed increasing edema of laryngeal mucosa and respiration disorder. The dentist stopped the manipulations in the oral cavity. What type of asphyxia developed in the patient?
- A. Stenotic
- **B.** Dislocational
- C. Valvular
- **D.** Obturative
- E. Aspiration
- **15.** A 19-year-old young man, who was waiting for the appointed time at the dentist's, suddenly developed an attack: his face became purple, bloody foam flowed from his mouth (bitten tongue), pupils were dilated and unresponsive to light, the patient developed first tonic then clonic convulsions that stopped spontaneously, after that he calmed down and fell asleep quickly. What happened with the patient?
- **A.** Epileptic seizure
- **B.** Sympathoadrenal crisis
- **C.** Spasmophilia
- D. Morgagni-Adams-Stokes syndrome
- **E.** Pulmonary embolism

16. A victim of a traffic accident was delivered into the admission room. The patient is supine and unconscious. His skin is cyanotic, respiration is extremely labored, mucosa is pale, blood clots are accumulated in the oral cavity. The patient is diagnosed with displaced bilateral mandibular fracture. How should this patient be transported?

A. In the prone position on a soft stretcher

B. Positioned on the side on a rigid stretcher

- C. In the sitting position with the head thrown back
- **D.** In the sitting position with air tube inserted into the upper airways
- **E.** Positioned on the side on a soft stretcher
- 17. A victim of a traffic accident was delivered into the admission room. The patient is supine and unconscious. His skin is cyanotic, respiration is extremely labored, mucosa is pale, blood clots are accumulated in the oral cavity. The patient is diagnosed with displaced bilateral mandibular fracture. What measures should be taken to prevent complications in this case?
- **A.** Fixation of the lower jaw and tongue with standard Entin's head-chin strap
- **B.** Fixation of the tongue to the patient's collar
- C. Tracheostomy and artificial pulmonary ventilation
- **D.** Removal of foreign bodies from the oral cavity **E.** Excision of injured mucosal flaps
- **18.** A 5-year-old child developed a hemorrhage after pulp extirpation of 74 due to exacerbated chronic pulpitis. The child suffers from Von Willebrand disease. What actions should be taken by the dental surgeon to stop bleeding?
- **A.** To hospitalize the child to the hematological unit
- **B.** To hospitalize the child to the maxillofacial unit **C.** To place sutures on the mucosa
- **D.** To plug the cavity with epsilon-aminocaproic acid dressing
- **E.** To plug the cavity with hemostatic sponge
- 19. Parents of a 9-year-old child came to the dentist complaining that their child presents with enlarged cervical lymph nodes on the right. During examination palpation revealed the lymph nodes in the right submandibular, cervical, supraclavicular, and infraclavicular areas to be enlarged up to 2-2.5 cm in diameter, painless, non-matted together, and non-fused to the skin (resemble "potatoes in a sack"). The parents note rapid fatigability and night sweats in their child. What additional examinations should the child be referred for?
- **A.** Puncture biopsy of the lymph nodes
- **B.** Pirquet and Mantoux tests
- **C.** Wassermann test
- **D.** CT of the cervical spine
- **E.** Clinical blood and urine tests