

1. A 45-year-old female patient complains about pain caused by thermal stimuli and spontaneous pain in the 26 tooth. A week ago this tooth was treated for pulpitis. Objectively: the 26 tooth is filled, percussion is painful, thermal stimulus causes slowly intensifying long-lasting pain. X-ray picture shows that the palatine canal is filled by  $\frac{2}{3}$ , buccal canals contain no filling material. What is the most probable cause of this complication?

- a. Trauma of periodontium tissue
- b. Incomplete pulp extirpation**
- c. Infection
- d. Inadequate canal filling
- e. Inflammation in the periodontium

2. A 49 year old patient complains about pain in the oral cavity induced by eating. He suffers from CHD. Objective examination revealed dyspnea, limb edema. Oral cavity isn't sanitized. On the mucous membrane, on the right, there is an ulcer with irregular edges covered with greyish-white necrotic deposit with low-grade inflammation around it. There is also halitosis. What is the most probable diagnosis?

- a. Trophic ulcer**
- b. Tuberculous ulcer
- c. Ulcero-necrotic stomatitis
- d. Cancerous ulcer
- e. Traumatic ulcer

3. A 48-year-old patient complains about itching gums. Objectively: gums are dense, of normal colour; cold water causes short-term toothache. X-ray picture shows osteosclerosis of interalveolar septa (fine granular bone texture), height of interalveolar septa and integrity of compact substance on their tops is unchanged. Which diagnosis is the most likely?

- a. Initial periodontitis
- b. Atrophic gingivitis
- c. Initial parodontosis**
- d. I degree periodontitis
- e. I degree parodontosis

4. A 20 year old homeless and unemployed patient complains about body temperature rise up to  $39^{\circ}\text{C}$ , pain during eating and deglutition, nasal haemorrhages. He has been suffering from this for 10 days. Objectively: herpetic rash on the lips, irregular-shaped erosions covered with fibrinous deposit on the mucous membrane of oral cavity; filmy deposits on the tonsils. Liver is enlarged and sclerotic. Blood count: erythrocytes -  $4,5 \cdot 10^{12}/\text{l}$ ; hemoglobin - 120 g/l; ESR - 25 mm/h; leukocytes -  $10 \cdot 10^9/\text{l}$ ; eosinophils - 0; rod nuclear cells - 2; segmentonuclear leukocytes - 31, lymphocytes - 41; monocytes - 10; atypical mononuclears - 14%, plasmatic cells - 2. What is the most probable diagnosis?

- a. AIDS
- b. Acute leukosis
- c. Acute herpetic stomatitis
- d. Oropharyngeal diphtheria
- e. Infectious mononucleosis**

5. A 22 year old patient complained about colour change of the 11 tooth crown. The tooth was treated on account of chronic deep caries a year ago. Immediately after treatment the patient felt slight pain. She didn't consult a dentist. X-ray picture shows broadening of periodontal fissure in the area of root apex of the 11 tooth. Percussion is painless. What is the most probable diagnosis?

- a. Chronic deep caries
- b. Chronic granulomatous periodontitis
- c. Chronic fibrous pulpitis
- d. Chronic fibrous periodontitis**
- e. Chronic granulating periodontitis

6. After removal of dental deposit an 18-year-old patient underwent preventive examination. It

revealed painless chalky spots in the precervical area on the vestibular surface of the 22 and 41 teeth. Result of enamel resistance test is 7. What morphological changes are typical for this disease?

- a. Changes in the mantle dentine
- b. Superficial enamel demineralization
- c. Degenerative changes of odontoblasts
- d. Subsurface enamel demineralization**
- e. Damage of dentinoenamel junction

7. A 34-year-old male patient consults a dentist about an ulcer on the hard palate. It appeared about a month ago. He has treated it by rinsing with herbal water, but the ulcer is gradually "creeping". Objectively: there is a shallow erethistic ulcer with uneven and undermined edges of soft consistency within the mucous membrane of hard palate. Granulations of the ulcer floor are also present. Yellowish granules are visible on the ulcer periphery. What is the most likely diagnosis?

- a. Cancerous ulcer
- b. Trophic ulcer
- c. Tuberculous ulcer**
- d. Syphilitic ulcer
- e. Actinomycosis

8. A 45 year old patient applied to a dental clinic for oral cavity sanitation. Anamnesis data: mild case of diabetes. Objectively: mucous membrane of cheeks is unchanged, mainly in retromolar area there are symmetrically placed whitish papulae protruding over the mucous membrane and forming a lace-like pattern. On the upper jaw there are two soldered bridge dentures, the 47 tooth has an amalgam filling, the 46 tooth has a steel crown. What is the most probable diagnosis?

- a. Lichen ruber planus**
- b. Leukoplakia
- c. Lupus erythematosus
- d. Chronic atrophic candidosis
- e. Secondary syphilis

9. A 53-year-old patient was diagnosed with leucoplakia nicotinic Tappeiner. What pathohistological process predominates in histologic pattern of this disease?

- a. Hyperkeratosis**
- b. Dyskeratosis
- c. Papillomatosis
- d. Parakeratosis
- e. Acanthosis

10. A 16-year-old male patient complains about pain in the oral cavity, ulceration, body temperature up to 38°C, headache. Objectively: mucous membrane of the oral cavity is hyperemic and edematous. There are a lot of confluent erosions of polycyclic shape, covered with grey and white deposit, located on hard palate, gums, lips. What is your provisional diagnosis?

- a. Pemphigus vulgaris
- b. Erythema multiforme
- c. Acute herpetic stomatitis**
- d. Aphthous fever
- e. Allergic stomatitis

11. A 20-year-old patient complains about feeling spontaneous undurable localized pain in the 26 tooth for one day. Objectively: the 26 tooth has a deep Black's class I carious cavity. Dentine of its walls and floor is unpigmented, softened, carious cavity is not communicating with the tooth cavity. Probing causes acute pain focused at a single point, cold test induces long-lasting pain. What method of treatment is the most appropriate in this case?

- a. Devital extirpation
- b. Devital amputation
- c. Vital amputation
- d. Vital extirpation

#### e. Biological method

12. A 26 year old patient complains about a sense of tooth heaviness and pain caused by hot food stimuli, halitosis. Objectively: crown of the 46 tooth is grey, there is a deep carious cavity communicating with tooth cavity, superficial probing is painless, deep one is painful, percussion is painful, mucous membrane has no pathological changes. Make a provisional diagnosis:

a. Acute condition of chronic periodontitis

b. Chronic fibrous pulpitis

c. Chronic gangrenous pulpitis

d. Chronic concrementous pulpitis

e. Chronic granulating periodontitis

13. A 31-year-old patient consulted a dentist about teeth sanitation. Objectively: in the precervical region of the 13 and 23 teeth there are irregularly-shaped defects of hard tissues within deep layers of enamel. The floor of the defects is rough, their edges are chalky. What tactics should be chosen as to these defects?

a. Silvering of the defects

b. Preparation and filling

c. Remineralizing therapy

d. Filling with composite material without preparation

e. Grinding of the defects

14. A 51-year-old female patient complains about food sticking in a right inferior tooth. Objectively: distal masticatory surface of the 45 tooth has a deep carious cavity filled with dense pigmented dentin that doesn't communicate with the tooth cavity. The patient was diagnosed with chronic deep caries. What method of examination allowed the dentist to eliminate chronic periodontitis?

a. Probing

b. Percussion

c. Cold test

d. Electro-odontometry

e. Palpation of projection of root apex

15. A 37-year-old male patient complains about pain of the 46 tooth during food intake, especially hot food, offensive breath when he sucks his tooth. Objectively: the face is symmetrical, masticatory surface of the 48 tooth has a deep carious cavity communicating with the dental cavity. X-ray picture shows widening of periodontal fissure at the root apex of the 46 tooth. What is the most likely diagnosis?

a. Chronic gangrenous pulpitis

b. Exacerbation of chronic pulpitis

c. Chronic fibrous pulpitis

d. Chronic fibrous periodontitis

e. Exacerbation of chronic periodontitis

16. A 17-year-old girl complains about painfulness and gingival hemorrhage during tooth brushing and food intake. She has been suffering from it for 1,5 year. She consulted a dentist. There was no considerable effect from treatment. Objectively: gingival papillae are flabby and cyanotic in the region of frontal teeth on both jaws, they overlay teeth crowns by  $\frac{1}{3}$ - $\frac{1}{2}$  of their height, they bleed on touch. Therapeutic effect can be achieved by means of electrophoresis with:

a. Aloe

b. Tripsin

c. Sodium fluoride

d. Heparin

e. Vitamin B1

17. An 18-year-old patient complains about body temperature rise, weakness, pain induced by eating and deglutition. Objectively: mucous membrane of the oral cavity is erythematic with multiple petechia. Pharynx is hyperaemic. Regional lymph nodes are enlarged, mobile, painless. In blood: leukocytosis, monocytosis, atypical mononuclears, ESR is 30 mm/h. What is the leading factor of

disease development?

a. Viral infection

b. Autoimmune disorders

c. Delayed allergy

d. Immediate allergy

e. Bacterial infection

18. A 50-year-old patient complains about increased sensibility of the exposed tooth cervixes, displacement of teeth, gum itch, pain in the region of the 43, 42, 41, 31, 32, 33 teeth caused by chemical and thermal stimuli. Objectively: the gums are dense and anemic. X-ray picture shows atrophy of the alveolar bone reaching  $\frac{2}{3}$  of interalveolar septa height. What is the most likely diagnosis?

a. III degree parodontosis

b. Chronic generalized III degree parodontosis

c. Atrophic gingivitis

d. Chronic generalized II degree parodontosis

e. II degree parodontosis

19. A 23-year-old patient complains about a small ulcer on the red border of her lower lip that has been irresponsive to self-treatment for two weeks. Objectively: unchanged red border of lower lip has a circular ulcer of 2 mm in diameter with raised regular edges, its floor is of meat-like colour, dense, shiny, with "stearic film", with cartilaginous infiltration, painless on palpation. Regional lymph node is enlarged, of tight elastic consistency, painless, mobile. What is the most likely diagnosis?

a. Primary syphilis

b. Cancerous ulcer

c. Tuberculous ulcer

d. Lupus erythematosus

e. Decubital ulcer

20. A 29-year-old patient complains about acute attack-like pain in the region of his upper jaw on the left, as well as in the region of his left maxillary sinus, eye and temple. The pain is long-lasting (2-3 hours), it is getting worse at night. The patient has a history of recent acute respiratory disease. Objectively: the 26 tooth has a carious cavity, floor probing is painful, thermal stimuli cause long-lasting pain, percussion causes slight pain. What is the most likely diagnosis?

a. Acute focal pulpitis

b. Inflammation of maxillary sinus

c. Exacerbation of chronic periodontitis

d. Acute diffuse pulpitis

e. Acute apical periodontitis

21. A 20-year-old patient complains about a carious cavity in an upper right tooth. Objectively: the 16 tooth has a deep carious cavity communicating with the tooth cavity, probing at the opening point is painless, percussion of the 16 causes mild pain. There is a fistula on the gingiva in the region of root apex projection of the 16 tooth. What is the most probable diagnosis?

a. Chronic hypertrophic pulpitis

b. Chronic gangrenous pulpitis

c. Chronic fibrous periodontitis

d. Chronic granulomatous periodontitis

e. Chronic granulating periodontitis

22. A 16-year-old patient complains about a cosmetic defect in form of white spots in the region of the upper frontal teeth. The defect was revealed long ago and doesn't change with time. Objectively: white spots on the vestibular surfaces of the 11, 12, 21, 22 teeth close to the cutting edge and on the vestibular surfaces of the 16, 26, 36, 46 teeth close to the masticatory surface. On probing the spot surface was smooth, painless; cold stimulus produced no pain. The spots couldn't be stained with 2% solution of methylene blue. What is the most likely diagnosis?

a. Systemic enamel hypoplasia

- b. Acute initial caries
- c. Erosion of dental solid tissues
- d. Fluorosis in form of spots
- e. Local enamel hypoplasia

23. A 35-year-old patient complains about a cavity in a lower jaw tooth on the left, and the pain caused by sweet, sour and solid food. Examination of the 36 tooth revealed a deep carious cavity filled with light softened dentine. Probing of the carious cavity floor is painful, reaction to the cold stimulus is painful, undurable. What is the most likely diagnosis?

- a. Acute focal pulpitis
- b. Acute median caries
- c. Chronic deep caries

**d. Acute deep caries**

- e. Chronic fibrous pulpitis

24. A 31-year-old male patient complains of dryness and burning of tongue back that appeared for about a week ago and get worse when he eats irritating food. The patient has a history of recent pneumonia. He had been treated in the in-patient hospital for 2 weeks, the treatment program included antibiotics. Now he doesn't take any drugs. Objectively: mucous membrane of the oral cavity is hyperemic, dry, glossy. Tongue back and palate have greyish-white plaques that can be easily removed. Threads of saliva trail behind the spatula. What is the most likely diagnosis?

- a. Chronic atrophic candidiasis

**b. Acute pseudomembranous candidiasis**

- c. Acute atrophic candidiasis
- d. Chronic hyperplastic candidiasis
- e. Medicamentous stomatitis

25. A 35-year-old patient complains about itch, burning and edema of lips. He has been suffering from this for a week. Objectively: reddening of red border and skin, especially in the region of mouth corners, there are also vesicles, crusts, small cracks along with erythematous affection of red border. What is the most likely diagnosis?

- a. Acute herpetic cheilitis
- b. Multiform exudative erythema

**c. Acute eczematous cheilitis**

- d. Allergic contact cheilitis
- e. Exudative form of exfoliative cheilitis

26. A patient complains about intensive throbbing toothache in his lower jaw on the left. He can't show the aching tooth. It hurts all the time, the pain goes down sometimes, but it becomes stronger as affected by stimuli. Within the last hours the pain provoked by cold stimuli has somewhat reduced. Objectively: the 17 tooth has a carious cavity, probing causes no pain, the pulp chamber is closed. What method of treatment is indicated?

- a. Devital extirpation
- b. Biological method
- c. Vital amputation

**d. Vital extirpation**

- e. Devital amputation

27. A patient complains about pain in the 51 tooth that is getting worse during cutting. Anamnesis data: the patient underwent treatment on account of pulpitis of the 51 tooth, the tooth was treated with devitalizing paste, the patient didn't come to see a dentist for the second time. Objectively: carious cavity of the 51 tooth is closed by dentin layer. Percussion is painful. Mucous membrane in the root apex projection of the 51 tooth is hyperemic, edematous, palpably painful. Make a diagnosis:

- a. Acute purulent pulpitis

**b. Acute arsenous periodontitis**

- c. Pulpitis complicated by focal periodontitis
- d. Acute infectious periodontitis

e. Acute condition of chronic periodontitis

28. A 27-year-old patient complains about acute pain in the region of the 34 tooth that is getting worse when biting down on food. Roentgenographical survey revealed an ill-defined zone of bone tissue destruction in the periapical region of root of the 34 tooth. What is the most likely diagnosis?

- a. Exacerbation of chronic pulpitis
- b. Acute purulent pulpitis complicated by periodontitis
- c. Exacerbation of chronic granulating periodontitis**
- d. Exacerbation of chronic granulomatous periodontitis
- e. Acute serous periodontitis

29. A 55-year-old woman complains of ulcers on the mucous membrane of oral cavity, pain during eating and talking. She fell abruptly ill over a month ago. Objectively: unchanged mucous membrane of her gums, soft palate and palatine arches has big bright-red erosions on it. Intact mucous membrane peels easily off when slightly rubbed and this results in erosions and small haemorrhages. What is the leading diagnostic symptom in the differential disease diagnostics?

- a. Presence of phagocytes in the impression smears
- b. Tzanck cells in the impression smears**
- c. Presence of blisters in the oral cavity
- d. Positive Nikolskys symptom
- e. Presence of Wickhams striae

30. A 19-year-old girl complains about having crusts, lip tenderness, especially at lip joining. Objectively: there are yellow-brown crusts on the lip red border from Klein zone to its middle, after their removal bright red smooth surface without erosions appears. Mucous membrane in Klein zone is slightly hyperemic and edematous. What is the most likely diagnosis?

- a. Meteorological cheilitis
- b. Eczematous cheilitis
- c. Exudative form of cheilitis actinica
- d. Epidermolysis bullosa
- e. Exudative form of cheilitis exfoliativa**

31. A 16-year-old patient complained about discomfort in the area of her upper jaw teeth she has been feeling for 2 weeks. Examination of precervical area of the 11 and 12 teeth revealed whitish matt spots with indistinct outlines that absorb dyes intensively. What treatment of the 11 and 12 teeth should be administered?

- a. Silver impregnation
- b. Remineralizing therapy**
- c. Spot removal
- d. Preparation and filling
- e. Antiseptic treatment

32. A 64-year-old female patient was waiting for her turn at the dentist's. Suddenly she fell down, her respiration became hoarse, she got convulsive twitching in her upper and lower limbs, face and neck turned cyanotic, eye pupils became mydriatic, reaction of eye to light was absent. Arterial pressure and pulse couldn't be measured. Heart sounds couldn't be auscultated. Involuntary urination was noted. What condition is characterized by such symptoms?

- a. Coma
- b. Collapse
- c. Epilepsy
- d. Shock
- e. Clinical death**

33. A 48-year-old patient complained about having pain in the 45 tooth during cutting for a year. The 45 was treated before. Objectively: mucous membrane in the area of this tooth is hyperemic and slightly cyanotic. The 45 tooth is pink, the filling fell out. What examination method should be applied in order to choose treatment?

- a. Gum palpation**

b. Thermometry

c. Roentgenography

d. Probing

e. Electric odontodiagnostics

34. A 20-year-old patient complains about unaesthetic look of the 24 tooth from the moment of its eruption. Objectively: enamel of the 24 tooth is partly absent, the dentine is yellow. The 64 tooth was treated more than once when she was a child, but because of frequent exacerbations, edemas and gingival fistula the 64 tooth was extracted when she was 9 years old. What is the most likely diagnosis?

a. Systemic hypoplasia

b. Enamel aplasia

c. Initial caries

d. Fluorosis

e. Localised hypoplasia

35. A 50-year-old female patient complains about sensation of tightness of buccal mucosa and roughness of the lateral surface of tongue. The patient undergoes regular check-up at a dispensary department for compensated form of diabetes mellitus. Objectively: there are white and grey areas in form of lacy pattern on the buccal mucosa on the right and on the lateral surface of tongue. The surface of affected region cannot be scraped off. What is the most likely diagnosis?

a. Lichen ruber planus

b. Lupus erythematosus

c. Leukoplakia

d. Pseudomembranous candidiasis

e. Secondary syphilis

36. A 17 year old girl applied to a dental clinic and complained about hard tissue defects on her frontal and lateral teeth. Subjectively these defects don't cause any inconvenience. Crown defects appeared long ago. The patient was born and has been living in an area where fluorine concentration in the drinking water makes up 1,2 mg/l. Objectively: on the vestibular surfaces of incisors on both upper and lower jaws in the equator area there are hard tissue defects within deep layers of enamel. The defects are parallel to the cutting edge. The same defects were revealed in the area of tubera of the first molars, floor and walls of the defects are smooth. Enamel of the defect floor is light-brown. What is the most probable diagnosis?

a. Focal odontodysplasia

b. Local hypoplasia

c. Systemic hypoplasia

d. Endemic fluorosis

e. Erosion of hard tissues of tooth

37. An 18-year-old student complains of roughness and dryness of mucous membrane of the oral cavity. He always bites uncontrolledly off mucous membrane along the line of teeth joining. The patient suffers from chronic cholecystitis, he is smoker. Hygiene index is 2,3. Objectively: mucous membrane along the line of teeth joining is quaggy, edematic, whitish. What is the leading factor of this disease development?

a. Habitual biting of mucous membrane of the oral cavity

b. Somatic pathology

c. Smoking

d. Xerostomia

e. Unsatisfactory level of oral cavity hygiene

38. A 28-year-old patient suffers from a disease without prodromal manifestations that declares itself through oral mucosa lesion consisting of 1-2 roundish elements 5-8 mm large which are circumscribed by a hyperemic rim and covered with yellow-grey coating. The disease recurrence is observed quite regularly 3-4 times a year. These presentations are typical for the following disease:

a. Papular syphilis



**b. Chronic recurrent aphthous stomatitis**

- c. Chronic herpes recidivus
- d. Lichen ruber planus
- e. Erythema multiforme

39. A 57-year-old patient complains about dryness and burning of the lateral surface of her tongue. These sensations disappear during eating. She noted such sensations three months ago. She has a history of gastritis with reduced secretory function. Objectively: mucous membrane of tongue and oral cavity has no peculiarities. The back of tongue has thin white coating. Regional lymph nodes are unpalpable. Oral cavity is sanitized. What is the most likely diagnosis?

- a. Lingual nerve neuritis
- b. Desquamative glossitis
- c. Hunter-Moeller glossitis

**d. Glossodynia**

- e. Candidiasis

40. A 23-year-old patient complains about a carious cavity in the 15 tooth that he noted a year ago. Examination revealed that approximal surface had a deep carious cavity not communicating with the tooth cavity and filled with dense pigmented dentine. Probing, cold test, percussion cause no pain. Electroodontodiagnosis is 10 microampere. What is the most likely diagnosis?

- a. Chronic median caries
- b. Chronic granulomatous periodontitis
- c. Chronic fibrous periodontitis
- d. Chronic fibrous pulpitis

**e. Chronic deep caries**

41. A 36-year-old woman complains about experiencing lip dryness and desquamation for a month. Application of indifferent ointments is ineffective. Objectively: red border of lower lip is of rich red color, it is moderately infiltrated, covered with closely adhering greyish scales, it bleeds and hurts in the attempt to remove them. Opacification of epithelium in form of white stripes is present in the nidus periphery, there is also an area of depression in the centre. What is the most likely diagnosis?

- a. Cheilitis exfoliativa

**b. Lupus erythematosus**

- c. Lichen ruber planus
- d. Commissural cheilitis
- e. Leukoplakia

42. A 30-year-old patient complains about pain in the upper jaw tooth caused by sweet and cold food, that was first registered one month ago. Objectively: the 26 tooth has a carious cavity within mantle dentine. Dentine of its walls is softened. Probing along the enamel-dentine junction is painful. Percussion is painless. Thermodiagnosis causes pain, that quickly abates after elimination of stimulus. What is the most likely diagnosis?

- a. Acute initial caries
- b. Acute deep caries
- c. Chronic fibrous pulpitis

**d. Acute median caries**

- e. Pulp hyperaemia

43. A 47-year-old patient complains about a sensation of foreign body on his tongue, discomfort during talking, oral cavity dryness. Objectively: there are dark filiform papillae up to 5 mm long on the back of tongue. What is the most likely diagnosis?

**a. Glossophytia**

- b. Benign migratory glossitis
- c. Acute glossitis
- d. Fissured tongue
- e. Median rhomboid glossitis

44. A 33-year-old patient complains about pain, gingival haemorrhage, halitosis, body temperature



rise up to 37,8°C. Objectively: gums are apparently hyperaemic, edematic, bleed easily, parodontal pouches are 3-4 mm deep, and contain purulent exudate. Orthopantomogram shows diffuse osteoporosis of alveolar process, resorption of interdental septa down to  $\frac{1}{3}$  of their height. What is the most likely diagnosis?

- a. Chronic generalized II degree periodontitis
- b. Exacerbation of chronic catarrhal gingivitis
- c. Chronic generalized I degree periodontitis
- d. Exacerbation of chronic generalized II degree periodontitis
- e. Exacerbation of chronic generalized I degree periodontitis**

45. A 40 year old woman complains about slight painfulness of gums, high temperature sensitivity of teeth. Objectively: the gums are pale and compact, in the area of lower frontal teeth there is retraction with cervix dehiscence. X-ray picture shows steady decrease of interdental septa height down to  $\frac{1}{3}$  of root length. What disease are these symptoms typical for?

- a. Gingivitis
- b. Generalized periodontitis
- c. Parodontosis**
- d. Localized periodontitis
- e. Papillitis

46. A female patient complains about pain in the 11 tooth caused by sour and sweet food. Objectively: enamel changes in form of chalky appearance, a defect with light bottom within dentinoenamel junction on the vestibular surface in the precervical area of the 11 tooth. Probing was painless, percussion and cold stimulus caused no pain. What is the most likely diagnosis?

- a. Acute initial caries
- b. Enamel hypoplasia
- c. Fluorosis
- d. Acute superficial caries**
- e. Acute median caries

47. A 27-year-old woman has been treated for pulpitis by method of devital extirpation. Arsenic paste was left in the 15 tooth. The patient came to see a dentist for the second time only on the fourth day after her previous visit. She was diagnosed with toxic periodontitis. What is the most optimal agent for treatment of root canal in this case?

- a. Cresophene
- b. Eugenol
- c. Hydrocortisone emulsion
- d. Unithiol**
- e. Tripsin

48. A 37-year-old female patient complains about pain, gingival haemorrhage, halitosis, body temperature rise up to 37,2°C. Objectively: gums are apparently hyperaemic, edematic, bleed easily, parodontal pouches are 3-4 mm deep and contain purulent exudate. Orthopantomogram shows diffuse osteoporosis of alveolar process, resorption of interdental septa down to  $\frac{1}{3}$  of their height. What is the most likely diagnosis?

- a. Chronic generalized I degree periodontitis
- b. Exerbation of chronic catarrhal gingivitis
- c. Exacerbation of generalized I degree periodontitis**
- d. Chronic generalized II degree periodontitis
- e. Exacerbation of generalized II degree periodontitis

49. A 24-year-old woman complains about severe pain in the mouth, body temperature up to 38°C, indisposition. The same condition occurs periodically for several years after catching a cold. Objectively: the lips are covered with bloody crusts, there are opened bladders and erosions, covered with fibrinogenous deposit on mucous membrane of lips and cheeks that is apparently hyperemic and edematic. Hypersalivation is present. What is the most likely diagnosis?

- a. Dermatitis multiformis, Duhrings disease

b. Pemphigus vulgaris

c. Erythema multiforme

d. Nonacantholytic pemphigus

e. Chronic herpes recidivus

50. A patient complains about long-lasting pain attacks in the lower jaw teeth, on the left. The pain irradiates to the ear, occiput and is getting worse during eating cold and hot food. Objectively: there is a deep carious cavity on the approximal-medial surface of the 36 tooth. Floor probing is overall painful and induces a pain attack. What is the most probable diagnosis?

a. Chronic concrementous pulpitis

b. Acute deep caries

c. Acute local pulpitis

d. Acute purulent pulpitis

e. Acute diffuse pulpitis

51. A 30-year-old patient complains about a carious cavity. Objectively: the 16 tooth is discoloured and has a deep carious cavity communicating with the dental cavity. Probing, percussion cause no pain. Electroodontodiagnosis is 100 microampere. X-ray picture shows widening of periodontal fissure. What is the most likely diagnosis?

a. Chronic granulomatous periodontitis

b. Chronic granulating periodontitis

c. Chronic fibrous periodontitis

d. Chronic gangrenous pulpitis

e. Chronic deep caries

52. A 35 year old woman complains about periodical appearance of small ulcers in the oral cavity. She has been suffering from this for 5 years, recurrences happen 4-5 times a year. The ulcer healing lasts for 10 days. Objectively: on a mucous membrane of lower lip there is a roundish lesion element 0,5 cm large covered with white deposit and surrounded by hyperemia border, very painful when touched. What is the most probable diagnosis?

a. Chronic recurrent aphthous stomatitis

b. Secondary syphilis

c. Duhrings herpetiform dermatitis

d. Chronic recurrent herpes

e. Traumatic erosion

53. A 38 year old driver complains of acute pain in his mouth and sore throat, difficult ingestion, indisposition, temperature rise up to 38,6°C. These symptoms appeared after exposure to cold. He has been ill for a day, in the evening he has to go to work. Objectively: gums in the area of inferior frontal teeth as well as pharynx mucous membrane are hyperemic, edematic; gingival edge is necrotic, tonsils are enlarged. Results of bacterioscopy: fusospirochetal symbiosis. In blood: erythrocytes - 4,51012l; leukocytes - 7,2109l; ESR - 18 mm/h. What actions should a stomatologist take?

a. To prescribe a medication and allow to go to work

b. To refer him to an infectious disease specialist

c. To refer him to an otolaryngologist

d. To prescribe a medication and give a sick-list

e. To give him an order for hospitalization in oral department

54. A 65 year old patient complains of pain in the area of mucous membrane of hard palate on the left that is getting worse during eating with use of a complete removable denture. He has been suffering from this for 1,5 month. Objectively: left-sided hyperemia and edema of mucous membrane of hard palate; at the border of distal denture edge there is an ulcer with dense walls and fundus, surrounding tissues are infiltrated. The ulcer floor is tuberos, covered with fibrinous deposit; ulcer palpation is painful. What examination method is to be applied in the first place?

a. Cytology

b. Bacterioscopy

**c. Biopsy**

- d. Allergic contact plastic test
- e. Serological reactions

55. A 46 year old patient complains about pain and bleeding from the carious cavity of her 27 tooth during eating. Previously she had spontaneous pain. Examination of the 27 tooth revealed a deep carious cavity on the masticatory surface consisting of red tissue, probing induced pain and haemorrhage. What treatment method should be chosen?

- a. Biological method

**b. Vital extirpation**

- c. Devital amputation
- d. Devital extirpation
- e. Vital amputation

56. A 40 year old patient complains about a carious cavity in the 22 tooth. Objectively: a deep carious cavity on the medial surface of the 22 tooth, probing induces mild pain. What is the optimal material for filling of the 22 tooth?

- a. Silicophosphate cement

**b. Composite light-setting material**

- c. Glass-ionomer light-setting cement
- d. Silica-alumina cement
- e. Glass-ionomer chemical-setting cement

57. A 35-year-old patient complains about constant dull pain in the 25 tooth that is getting worse when biting down on food. Objectively: masticatory surface of the 25 tooth has a carious cavity communicating with the dental cavity. The purulent discharges from the canal followed the probing. What method of diagnostics should be applied to confirm the diagnosis?

- a. Electric pulp test
- b. Bacteriological examination
- c. Deep probing

**d. X-ray examination**

- e. Thermal test

58. A 32-year-old patient complains about mouth soreness, body temperature rise up to 38,5°C, indisposition. Such condition has been occurring periodically for several years after the patient had had a cold. Objectively: lips are covered with haemorrhagic crusts, hyperaemic mucous membrane of lips and cheeks has erosions covered with fibrinous films. Hypersalivation is present. What is the most likely diagnosis?

- a. Herpes recidivicus
- b. Pemphigus vulgaris

**c. Multiform exudative erythema**

- d. Herpetiform Duhrings dermatitis
- e. Stevens-Johnson syndrome

59. A 28 year old woman complains about acute pain on the left of her upper jaw during eating. 6 days ago the 28 tooth was extracted, after that the pain came. The patient considers that extraction of the 28 tooth caused "damaging" of the next tooth. Objectively: alveolus of the 28 tooth is at a stage of healing. On the distal surface of the 27 tooth there is a carious cavity in the precervical area that doesn't communicate with the tooth cavity. Cold stimulus causes short attack of pain. Dentin of walls and floor is light and softened. Probing of the floor is painful. What is the most probable diagnosis?

- a. Chronic deep caries
- b. Chronic fibrous pulpitis
- c. Acute local pulpitis
- d. Acute diffuse pulpitis

**e. Acute deep caries**

60. A 34-year-old male patient complains about acute spasmodic pain in the region of his upper jaw

on the left that is getting worse as affected by cold stimuli. Toothache irradiates to the ear and temple. He had acute toothache of the 37 tooth one year ago, but he didn't consult a dentist. Pain recurred three days ago. Objectively: the 37 tooth has a carious cavity communicating with the dental cavity. Probing of the opened carious cavity is extremely painful. X-ray picture shows widening of periodontal fissure at the root apex of the 37 tooth. What is the most likely diagnosis?

- a. Acute diffuse pulpitis
- b. Acute purulent pulpitis
- c. Exacerbation of chronic granulating periodontitis
- d. Exacerbation of chronic fibrous periodontitis

**e. Exacerbation of chronic pulpitis**

61. A patient complained about pain in his 45 tooth induced by cold, sour and sweet food stimuli. The pain abates when the stimulus action is stopped. Objectively: there is a carious cavity on the masticatory surface within mantle dentin consisting of food rests and softened dentin, overhanging enamel edges are chalky. What is the diagnosis?

**a. Acute median caries**

- b. Acute superficial caries
- c. Chronic deep caries
- d. Acute deep caries
- e. Chronic median caries

62. A 35-year-old patient was 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. Silicophosphate cement
- c. Light-cure microfilled composite
- d. Light-cure fluid composite
- e. Glass ionomer cement

63. A 50-year-old patient complains about a cosmetic defect of the upper frontal teeth. After meticulous examination the patient was diagnosed with wedge-shaped defect of the 11, 12, 13, 21, 22, 23 teeth. What material should be chosen for the tooth filling?

- a. Glass-ionomer cement
- b. Silicate cement

**c. Compomer restorative material**

- d. Chemical-cure composite
- e. Silicophosphate cement

64. A 33-year-old male patient complains about tongue pain that is getting worse during eating and talking. Objectively: there is a painful ulcer 0,6 cm large on the lateral surface of tongue. The floor is covered with grey deposit. The crown of the 47 tooth is destroyed. What is the most likely diagnosis?

- a. Tuberculous ulcer
- b. Cancerous ulcer
- c. Trophic ulcer
- d. Hard chancre

**e. Decubital ulcer**

65. A 27-year-old patient complains about pain of the 35 tooth caused by cold stimuli, that quickly abates after elimination of stimulus. Objective examination of the 35 tooth revealed a defect of hard tooth tissue within enamel. Defect edges are fragile and white. Electroodontodiagnosis is 5 microampere. What is the most likely diagnosis?

- a. Local enamel hypoplasia
- b. Enamel necrosis
- c. Enamel erosion

**d. Acute superficial caries**

- e. Acute initial caries

66. A 23-year-old patient complains about gingival haemorrhage during tooth brushing and eating

solid food. Objectively: gingiva of the frontal part of mandible is hyperaemic, edematic, it bleeds on palpation. Mucous membrane of the oral cavity as well as gingiva in other regions present no changes. The patient has deep overbite. Teeth are stable except for the 41 and 31 (I degree of mobility). X-ray picture shows resorption of interalveolar septa by  $\frac{1}{3}$  of root length in the region of the 42, 41, 32, 31 teeth. What is the most likely diagnosis?

- a. Initial generalized periodontitis
- b. Catarrhal gingivitis
- c. I degree parodontosis
- d. Localised periodontitis**
- e. Generalized I degree periodontitis

67. A 22-year-old patient complains about short-lasting spasmodic pain in the 26 tooth with long periods of pain absence. Objectively: the 26 tooth has a carious cavity in the masticatory surface, dental cavity is not opened. Probing causes pain in the pulp horn projection. Thermal stimuli cause sharp pain, percussion is painless. Regional lymph nodes are not palpable. What is the most likely diagnosis?

- a. Acute purulent pulpitis
- b. Exacerbation of chronic pulpitis
- c. Acute deep caries
- d. Acute diffuse pulpitis
- e. Acute circumscribed pulpitis**

68. A 27-year-old patient complains about gingival haemorrhage during tooth brushing. Objectively: gingival edge is hyperaemic, edematic, painful on touch. Periodontal pouches are absent. X-ray picture shows resorption of cortical plate, osteoporosis of interdental septa. What is the most likely diagnosis?

- a. Initial generalized periodontitis**
- b. Generalized I degree periodontitis
- c. Periodontitis
- d. Chronic catarrhal gingivitis
- e. Exacerbation of chronic catarrhal gingivitis

69. A 20 year old patient complains about gum itching, gingival haemorrhage during tooth brushing and eating, unusual look of gums. He has been observing these presentations for the last 1,5 year. It is known from the patients anamnesis that he has been taking diphenylamine anticonvulsants for 2 years. Objective examination revealed gingival hyperemia and edema. In the frontal part the gums cover vestibular surface of teeth by  $\frac{1}{2}$  of their height. Along the loose gingival edge growth of granulation tissue is present, probing causes gingival haemorrhage. No roentgenological changes were revealed. Make a diagnosis:

- a. Localized periodontitis
- b. Generalized periodontitis
- c. Chronic ulcerative gingivitis
- d. Chronic catarrhal gingivitis
- e. Chronic hypertrophic gingivitis**

70. A 20-year-old patient complains about pain and haemorrhages in the region of the 36 tooth occurring during eating solid food. Objectively: medial masticatory surface of the 36 tooth has a large carious cavity occupied by a carneous tumour-like formation, probing induces haemorrhage and pain in the region of connection of the carious cavity with the pulp chamber. Percussion is painless. Electroodontodiagnosis is 40 microampere. Roentgenological changes are absent. What is the most likely diagnosis?

- a. Chronic gangrenous pulpitis
- b. Chronic fibrous pulpitis
- c. Epulis
- d. Hypertrophic papillitis
- e. Chronic hypertrophic pulpitis**

71. A patient complains about spontaneous pain in the area of his 15 tooth he has been feeling for 2 days. Thermal stimuli make the pain worse, its attacks last up to 30 minutes. Objectively: there is a deep carious cavity in the 15 tooth consisting of light softened dentin, floor probing is painful in one point, reaction to the thermal stimuli is positive, percussion is painless. Make a diagnosis:

- a. Acute deep caries
- b. Acute condition of chronic pulpitis
- c. Acute diffuse pulpitis
- d. Pulp hyperemia

**e. Acute local pulpitis**

72. A 57-year-old patient complains about dental hypersensitivity to chemical stimuli, gum itch. Objectively: roots are exposed down to  $\frac{1}{3}$  of their length, gums are dense and pale rose. Wedge-shaped defects in the area of the 14, 13, 24, 25, 26, 34 teeth are within the dentine. Probing of dental cervixes and wedge-shaped defects is painful. What is the most likely diagnosis?

- a. Generalized periodontitis
- b. Atrophic gingivitis
- c. Localised periodontitis

**d. I degree parodontosis**

- e. II degree periodontitis

73. A 35-year-old patient complains about progressing throbbing pain in the 26 tooth. Objectively: the 26 tooth has a carious cavity filled with softened dentine, tooth cavity is closed, probing of the cavity floor is painless, percussion causes acute pain. There is I degree tooth mobility. Roentgenological changes are absent. What is the most likely diagnosis?

**a. Acute purulent periodontitis**

- b. Acute serous periodontitis
- c. Acute diffuse pulpitis
- d. Exacerbation of chronic periodontitis
- e. Acute purulent pulpitis

74. A patient complains of burning, itch and lower lip enlargement. He has been suffering from this for a long time. Objectively: the patients face is asymmetric due to the flattening of nasolabial fold. His lower lip is edematous, of normal colour, painless on palpation. The patient has plicated tongue. What is your provisional diagnosis?

- a. Lymphangioma
- b. Quinckes edema

**c. Melkersson-Rosenthal syndrome**

- d. Hemangioma
- e. Granulomatous Mieschers cheilitis

75. A 30-year-old patient consulted a dentist about a cosmetic defect and slight pain in the 44 tooth during tooth brushing. Objectively: there is a Black's class V carious cavity within mantle dentine. Probing of the cavity walls causes slight pain, thermal probe is positive. What filling material is to be chosen for restoration of this cavity?

**a. Metal ceramics**

**b. Compomer restorative material**

- c. Amalgam
- d. Chemical-cure composite
- e. Polycarboxylate cement

76. An 18-year-old patient complains of short-term pain in the 37 tooth caused by sweet and cold stimuli. Objectively: masticatory surface of the 37 tooth has a carious cavity within mantle dentine. The cavity is filled with softened dentine. Probing of the cavity walls induces pain in the region of dentinoenamel junction, electroodontodiagnosis is 6 microampere. What is the most likely diagnosis?

- a. Chronic fibrous pulpitis
- b. Pulp hyperaemia
- c. Acute superficial caries

d. Acute deep caries

e. Acute median caries

77. An 18 year old patient complains of gingival painfulness and haemorrhage, halitosis, temperature rise up to 38,6°C, general weakness, appetite loss. Objectively: mucous membrane of oral cavity is hyperemic and dry; tongue is covered with white fur, gingival papillae are edematic, their apices have areas of necrotic deposit that can be easily removed leaving bleeding surface beneath. Submaxillary lymph nodes are enlarged, palpatory painful. What is the causative agent of this disease?

a. Pale treponema

b. Streptostaphylococci

c. Fusospirochetal symbiosis

d. Virus of herpes simplex

e. Candida fungi

78. A 16-year-old patient complains about experiencing gingival enlargement, pain and haemorrhage throughout a year. Objectively: gingival papillae are enlarged and overlap tooth crowns by  $\frac{1}{2}$  of their height. Gums exhibit bright red granulations and are painful on palpation. There are considerable calculus deposits. X-ray picture shows no changes of alveolar process. What is the most likely diagnosis?

a. Ulcerous gingivitis

b. Localised periodontitis

c. Hypertrophic gingivitis

d. Generalized periodontitis

e. Catarrhal gingivitis

79. During restoration of a II class (according to Blacks classification) carious cavity of the 25 tooth a doctor applied methods of total mordanting and drying of hard tissues. After that he noticed that enamel surface became chalky and dentin became completely dry. How should he treat enamel and dentin surfaces for the further restoration by method of "wet-Bonding"?

a. Enamel and dentin should be treated with adhesive system

b. Enamel and dentin should be treated with mordanting gel once again

c. With dentin wetting agent

d. Enamel and dentin should be treated with hydrogen peroxide

e. Enamel and dentin should be treated with alcohol

80. A 42 year old patient complains about tooth mobility, change of tooth position, foul taste, pain during food mastication. Objectively: teeth of both upper and lower jaws are mobile (2-3 degree), there are also diastems and diaereses. Tooth roots are dehiscd by  $\frac{1}{2}$ . There are serous purulent discharges from periodontal pockets. Orthopantomogram shows bony tissue destruction down to  $\frac{2}{3}$  of root length. There are bone pockets. What is the most probable diagnosis?

a. Atrophic gingivitis

b. Chronic generalized periodontitis (II degree)

c. Papillon-Lefevre syndrome

d. Chronic catarrhal gingivitis

e. Chronic generalized periodontitis (III degree)

81. A 67-year-old patient was diagnosed with cemental caries of the 35 tooth. What filling material should be chosen?

a. Silidont

b. Silicin

c. Silver amalgam

d. Chemical-cure composite material

e. Glass-ionomer cement

82. A 50-year-old patient complains about difficult mastication, teeth mobility, offensive breath, gingival hemorrhage. Objectively: the gum is hyperemic and cyanotic, dental calculus is present. Parodontal pouches are 8 mm deep within upper jaw molars. The pouches of other teeth are 6 mm deep. X-ray picture shows resorption of bone tissue by  $\frac{2}{3}$ - $\frac{1}{2}$  of tooth roots. What is the most likely



diagnosis?

- a. Chronic generalized I degree periodontitis
- b. Chronic generalized II degree periodontitis
- c. Chronic generalized III degree periodontitis**
- d. Acute generalized III degree periodontitis
- e. Acute generalized II degree periodontitis

83. An 18 year old patient complains about gingival enlargement, haemorrhage and pain during eating. Objectively: gingival edema, hyperemia, enlargement is up to  $\frac{1}{3}$  of tooth crown length. Palpation causes intense haemorrhage and pain. What is the most probable diagnosis?

- a. Acute catarrhal gingivitis
- b. Hypertrophic gingivitis, fibrous form
- c. Hypertrophic gingivitis, edematous form**
- d. Chronic catarrhal gingivitis
- e. Acute condition of initial generalized periodontitis

84. An 18-year-old patient complains about gingival enlargement, pain and haemorrhage when eating solid food. Objectively: hyperaemia, gingival edema, hypertrophy of gingival edge up to  $\frac{1}{2}$  of crown height by the 12, 13, 14 teeth. Formalin test is painless. What is the most likely diagnosis?

- a. Hypertrophic gingivitis**
- b. Catarrhal gingivitis
- c. Exacerbation of generalized I degree periodontitis
- d. Ulcero-necrotic gingivitis
- e. Generalized II degree periodontitis, chronic course

85. A 20-year-old patient complains about a carious cavity in the 44 tooth. Objectively: the 44 tooth has a deep carious cavity in the masticatory surface, the dentine is dense and pigmented. Probing, percussion cause no pain. Electroodontodiagnosis is 12 microampere. What is the most likely diagnosis?

- a. Chronic deep caries**
- b. Chronic fibrous periodontitis
- c. Acute deep caries
- d. Chronic fibrous pulpitis
- e. Chronic median caries

86. A 25-year-old patient complains about a light brown spot in the upper foretooth. Objectively: the 23 tooth has a single light brown spot in the cervical region. Probing shows smooth surface. The tooth is nonresponsive to cold and probing. What is the most likely diagnosis?

- a. Fluorosis
- b. Acute initial caries
- c. Chronic superficial caries
- d. Chronic initial caries**
- e. Local enamel hypoplasia

87. A 45-year-old patient complains about a rapidly growing formation on his lower lip. Examination of the red border of lips revealed a greyish-red nodule with a hollow in the centre which is filled with corneous masses that can be easily removed. The nodule is painless, mobile. What is your provisional diagnosis?

- a. Keratoacanthoma**
- b. Nodulous verrucous precancer of red border
- c. Localized precancerous hyperkeratosis of red border
- d. Basal cell carcinoma
- e. Papilloma

88. A 60-year-old patient underwents sanitation of the oral cavity before an operation on account of cataract. After examination the patient was diagnosed with chronic median caries of the 22 tooth (Blacks class V). What filling material should NOT be used in this patient?

- a. Chemical-cure microhybrid material**

- b. Silicate cement
- c. Chemical-cure macrofilled composite
- d. Light-cure microhybrid material**
- e. Chemical-cure glass-ionomer cement

89. A young woman complained about having vesicles in oral cavity, painful ulcers, especially during talking and eating; muscle and joint pain, body temperature rise, indisposition, weakness. She fell suddenly ill 2 days ago. Objectively:  $t^{\circ}38,4^{\circ}\text{C}$ . Vermilion border is covered with bloody crusts that stick together and impede mouth opening. Mucous membrane of lips, cheeks, mouth floor, tongue, soft palate is hyperemic and edematous; there are single vesicles and large painful erosions covered with fibrinous deposit on it. Regional lymph nodes are enlarged and painful. There is hypersalivation. Nikolskys symptom is negative. What is the most probable diagnosis?

- a. Multiform exudative erythema**
- b. Secondary syphilis
- c. Non-acantholytic pemphigus
- d. Acute herpetic stomatitis
- e. Acantholytic pemphigus

90. A steeplejack with a long record of service consults a dentist about dryness, burning and insignificant lip edema. The same symptoms were noted one year ago in autumn. What is the most likely diagnosis?

- a. Cheilitis exfoliativa
- b. Meteorological cheilitis**
- c. Cheilitis glandularis
- d. Contact cheilitis
- e. Manganottis cheilitis

91. A 20 year old patient complains about gingival pain and haemorrhage she has been suffering from for a week. The pain is getting worse during eating, haemorrhage is usually induced by mechanical stimuli. Objectively: there are evident hyperemia and edema of gums in the area of inferior frontal teeth. Apices of gingival papillae are dome-shaped, enlarged. Gum palpation causes pain, slight haemorrhage. No roentgenological changes were revealed. What is the most probable diagnosis?

- a. Catarrhal gingivitis**
- b. Localized periodontitis
- c. Atrophic gingivitis
- d. Ulcerative gingivitis
- e. Hypertrophic gingivitis

92. A 42 year old patient applied to a dentist and complained about white caseous deposit on the dorsum of his tongue and burning sensation. It is known from the patients anamnesis that he underwent treatment in an in-patient hospital on account of pneumonia. What is the most probable diagnosis?

- a. Typical form of leukoplakia
- b. Scarlet fever
- c. Lupus erythematosus
- d. Acute pseudomembranous candidosis**
- e. Lichen ruber planus

93. A patient complained about frequent haemorrhages from the mucous membrane of oral and nasal cavities, he mentioned also that his father had the same problems. Objectively: there are multiple telangiectasias and angiomatous formations on face skin as well as on mucous membrane of nose, cheeks and lips. Blood count is normal. What is the most probable diagnosis?

- a. Werlhofs disease
- b. Cushings basophilism
- c. Addison-Biermer disease
- d. Rendu-Osler-Weber disease**
- e. Vaquez disease

94. Unused stomatological instruments were left on a sterile table at the end of the working day. What measures should be taken in order to provide sterility of these instruments?

- a. Presterilization treatment, sterilization
- b. Disinfection only
- c. Disinfection, sterilization
- d. Disinfection, presterilization treatment, sterilization
- e. Sterilization without preliminary processing**

95. A 42-year-old patient complains about gingival pain, progressing gingival haemorrhage, increasing tooth mobility, halitosis. Objectively: gums are evidently hyperaemic, extremely edematous, they bleed easily on palpation. Tooth roots are exposed, parodontal pouches are 4-6 mm deep, and contain purulent exudate, there is also supragingival and subgingival dental calculus. II-III grade tooth mobility is present. Orthopantomogram shows resorption of interdental septa down to  $\frac{1}{2}$  of their height. What is the most likely diagnosis?

- a. Chronic generalized II degree periodontitis
- b. Chronic generalized III degree periodontitis
- c. Exacerbation of generalized I degree periodontitis
- d. Exacerbation of generalized III degree periodontitis
- e. Exacerbation of generalized II degree periodontitis**

96. A 23 year old patient underwent treatment of pulpitis of her 16 tooth. During endodontic procedure an obstructed distal buccal canal was found. What medications can be applied for chemical dilatation of root canal?

- a. Essential oils
- b. Medications with antibacterial and anti-inflammatory effect
- c. Resorcin-formaline liquid
- d. 30% solution of silver nitrate
- e. 10-20% solutions of EDTA sodium salts**

97. A 28-year-old patient complains about constant localised pain that is getting worse when biting down on food. Objectively: the 46 tooth has a carious cavity communicating with the dental cavity. Probing of the carious cavity causes no pain, percussion is painful, X-ray picture shows no changes. What is the most likely diagnosis?

- a. Exacerbation of chronic pulpitis
- b. Acute diffuse pulpitis
- c. Exacerbation of chronic periodontitis
- d. Acute serous periodontitis**
- e. Acute purulent periodontitis

98. A 23-year-old patient complains about a carious cavity in the 16 tooth. Objectively: the 16 tooth has a deep carious cavity communicating with the dental cavity. Probing, percussion cause no pain. There is a fistula on the gingiva in the region of root apex projection of the 16 tooth. What is the most likely diagnosis?

- a. Chronic fibrous pulpitis
- b. Chronic granulomatous periodontitis
- c. Chronic gangrenous pulpitis
- d. Chronic fibrous periodontitis
- e. Chronic granulating periodontitis**

99. A patient applied to a dentist and complained about periodical pain in his upper jaw. Anamnesis data: the 12 tooth has been previously treated on account of pulpitis. Objectively: crown of the 12 tooth was restored by permanent filling material. X-ray picture of the upper jaw shows a focus of bony tissue destruction near the root apex of the 12 tooth up to 15 mm in diameter. Root canal is filled up to the top. What is the most optimal treatment method?

- a. Root apex resection of the 12 tooth**
- b. Removal of the 12 tooth
- c. Dissection along the mucogingival fold

- d. Replantation of the 12 tooth
- e. Conservative treatment

100. A dentist was called to a patient being treated in the cardiological department after myocardium infarction. The patient was diagnosed with acute condition of chronic fibrous pulpitis of the 36 tooth. What method of pulpitis treatment should be chosen taking into account grave condition of the patient?

- a. Devital extirpation
- b. Conservative method
- c. Vital extirpation
- d. Vital amputation
- e. Devital amputation**

101. Renovation of a dental office involves installation of luminous tube lamps. Specify the required illuminance level in lux:

- a. 400 lx
- b. 200 lx
- c. 100 lx
- d. 500 lx**
- e. 300 lx

102. Walls and floor of a dental room were painted with recommended light colours. What is the required coefficient of reflection from the walls, ceiling and floor?

- a. 35
- b. 25
- c. 20
- d. 60**
- e. 30

103. A 42-year-old builder complains about a condyloma on his lower lip. It appeared 1,5 month ago. It has been significantly growing throughout the last week. Objectively: the red border of the lower lip is cyanotic and infiltrated, it has some isolated closely adhering squamae. There is a well-defined hemispherical formation 8 mm in diameter and 4 mm high in the centre. The formation is of grey-and-blue-and-red colour, it has rough surface formed by thin, closely adhering and thick-based squamae. Regional lymph nodes are enlarged, mobile, dense and painless. What is the most likely diagnosis?

- a. Lower lip cancer**
- b. Pyogenic granuloma
- c. Viral wart
- d. Keratoacanthoma
- e. Verruciform precancer

104. A patient complains about pain in the oral cavity, burning and dryness. Examination revealed fiery-red dry mucous membrane. The tongue is crimson, dry, glossy, filiform papillae are atrophied. There is some deposit in tongue folds that is hard to be removed. The patient undergoes treatment for pneumonia, she takes antibiotics. What is the most likely diagnosis?

- a. Acute atrophic candidiasis**
- b. Pellagrous glossitis
- c. Benign migratory glossitis
- d. B2 hypovitaminosis
- e. Fastened erythema

105. A dentist applied to the regional sanitation center for a permission to open a private dental office with two universal dental sets. Planned area of the reception room is 26 м2. According to existing norms, the dental office with two universal dental sets must have the following area:

- a. 7 м2 for each set and 7 м2 in addition
- b. 20 м2 for each set and 12 м2 in addition
- c. 10 м2 for each set and 10 м2 in addition

d. 10 m2 for each set and 7 m2 in addition

e. 14 m2 for each set and 10 m2 in addition

106. A 20-year-old patient was diagnosed with chronic deep caries of the 12 tooth. Objectively: the 12 tooth has a deep carious cavity on the aproximal-distal surface. Distal crown angle of the 12 tooth is also affected with caries. Choose the material for correction of the indicated defect:

a. Polycarboxylate cement

b. Silica-alumina cement

c. Chemical-cure glass ionomer cement

d. Light-cure glass-ionomer cement

e. Light-cure composite material

107. Examination of a 23 year old patient revealed chronic candidosis of oral mucous membrane, generalized lymphadenopathy. Anamnesis data: the patient has been suffering from herpes for a year. Body temperature persistently rises up to 37,4-37,5°C, body weight has reduced by 8 kg over the last month. What disease can be indicated by this symptom group?

a. AIDS

b. Acute leukosis

c. Candidosis

d. Chronic leukosis

e. Infectious mononucleosis

108. A 35 year old patient complained about toothache on the left of his upper jaw that appears during eating, can be caused by thermal stimuli (especially by cold water) as well as by mechanical and chemical stimuli. The pain abates when the stimuli are eliminated. Objectively: there is a deep carious cavity with a narrow inlet within circumpulpar dentin. Probing of carious cavity floor is painful. Thermodiagnosis causes acute pain that abates immediately after stimulus elimination. Electric odontodiagnostics results - 15 microampere. Make a diagnosis:

a. Pulp hyperemia

b. Acute median caries

c. Chronic simple pulpitis

d. Acute deep caries

e. Acute partial pulpitis

109. A patient complains about paroxysmal upper jaw toothache on the left that is getting worse at night. Toothache intensifies also under stimulation and irradiates to the left eye and temple. Similar attacks were noted three months ago, the patient didnt undergo any treatment. Objectively: the 25 tooth has a deep carious cavity communicating with the tooth cavity. Probing causes acute pain at the point of communication, vertical percussion is slightly painful, horizontal one is painless. Mucous membrane in the projection of root apex of the 25 tooth is unchanged, its palpation is painless. Thermal probe causes acute pain, the pain attack is long-lasting. Electroodontodiagnosis is 60 microampere. X-ray picture shows slight widening of periodontal fissure at the root apex of the 25 tooth. What is the most probable diagnosis?

a. Acute purulent pulpitis

b. Acute generalized pulpitis

c. Exacerbation of chronic pulpitis

d. Acute purulent periodontitis

e. Exacerbation of chronic periodontitis

110. A 23-year-old patient complains about gingival haemorrhage during tooth brushing, intensive formation of dental plaque despite thorough dental care. Objectively: gingival papillae are slightly edematic, congestively hyperemic, bleed when touched. Hygiene index according to Fedorov and Volodkina is 3,5. What toothpaste would you recommend this patient as a part of complex therapy?

a. Toothpaste containing mineralizing components

b. Gel toothpaste with microelements

c. Toothpaste with antifungal agents

d. Salt-containing toothpaste

e. Fluorine-containing toothpaste

111. A dentist fills a Black class II carious cavity in the 36 tooth of a 35-year-old man by sandwich method in one office visit. What glass-ionomer cement should be chosen as basic liner in this case?

a. Hybrid

b. Classical

c. Reinforced

d. Condensable

e. Water-hardening

112. A pregnant 24-year-old woman complains about emergence of several new carious cavities, falling out of old fillings. Objective examination revealed: index of decayed, missing and filled teeth (DMF) = 16, Feodorov-Volodkina hygiene index is 3,3. Choose the optimal material for carious cavity filling in this case:

a. Silver amalgam

b. Light-cure composite

c. Silicophosphate cement

d. Glass ionomer cement

e. Chemical-cure composite

113. A 19 year old man complained about gingival haemorrhage and painfulness. Objectively: in the frontal part of his upper and lower jaws overcrowding of teeth is present; there are hyperemia, cyanosis and enlargement of gingival papillae up to  $\frac{1}{3}$  of crown height; massive formation of soft tooth deposit. What procedure should be included into the treatment program?

a. Darsonval currents

b. Microwave therapy

c. Fluctuating currents

d. Ultra-high frequency therapy

e. Diathermy

114. A 54-year-old male patient complains about progressing pain in the area of upper jaw on the left that first arose 3 days ago. Body temperature is up to 37,2°C. Objectively: gingival mucous membrane is edematic, hyperemic, it bleeds slightly. Parodontal pouches are 6-7 mm deep and contain a small amount of purulent exudate. A painful infiltrate is palpated in the region of the 26 tooth. The 26 tooth has III degree mobility, the rest of teeth have I-II degree mobility. X-ray picture shows resorption of interalveolar septa by  $\frac{2}{3}$  of root length. What is the most appropriate treatment method of the 26 tooth?

a. Extraction of the 26 tooth

b. Curettage of parodontal pouches

c. Lancing of abscess via parodontal pouch

d. Lancing of abscess via gum

e. Temporal splintage, conservative therapy

115. A group of specialists conducts an epidemiological survey of certain age groups of population aimed at evaluation of periodontal disease prevalence and treatment needs. These rates are studied by means of the following index:

a. PI (Russel index)

b. PMA (Parma)

c. OHI-S (Green-Vermillion index)

d. PDI (Ramfjord index)

e. CPITN (WHO index)

116. A 25-year-old patient complains about acute pain in the mouth, headache, articular pain, body temperature rise up to 38,6°C. Red border of lips is covered with haemorrhagic crusts, mucous membrane of the oral cavity has big erosions and ulcers coated with greyish incrustation. Hand skin exhibits erythematous spots 1-1,5 cm in diameter with a vesicle in the middle. What is the most likely diagnosis?

a. Medicamentous stomatitis

**b. Stevens-Johnson syndrome**

- c. Lyells syndrome
- d. Behcets syndrome
- e. Multiform exudative erythema

117. A 36-year-old female patient complains about an aesthetic defect of upper frontal teeth. In past history: she undergoes regular check-up in the endocrinological department on account of thyrotoxicosis. Enamel defects appeared several years ago and since that have been gradually expanding. Examination revealed that the 12, 11, 21, 22 teeth had transverse oval enamel defects on the vestibular surfaces. Probing and cold test is painless. Floor of the defects is smooth, glossy and hard. What is the most likely diagnosis?

- a. Wedge-shaped defects
- b. Acute superficial caries

**c. Erosion of hard tissies**

- d. Systemic hypoplasia
- e. Necrosis of hard tissues

118. A 23-year-old patient complains about root exposition, gingival hemorrhage during tooth brushing, gum itch. Objectively: there is supragingival and subgingival dental calculus. Gums are hyperaemic, edematic, pouches are 3,5 mm deep. X-ray picture shows resorption of interalveolar septa by  $\frac{1}{3}$ . What is the most likely diagnosis?

- a. Exacerbation of generalized II degree periodontitis
- b. II degree periodontitis
- c. Chronic generalized II degree periodontitis
- d. Exacerbation of generalized I degree periodontitis

**e. Chronic generalized I degree periodontitis**

119. A dentist treats a 22-year-old patient on account of acute deep caries of the 26 tooth. As lining material the dentist chose calcium salicylate cement "Life". What material should be chosen for insulation of the lining?

- a. Adhesive composite system
- b. Insulating varnish

**c. Glass ionomer cement**

- d. Zinc phosphate cement
- e. Zinc oxide eugenol cement

120. A 62-year-old patient complains of a painless formation on his tongue that appeared several months ago. Objectively: the patient has a lot of carious and completely decayed teeth, lateral surface of tongue exhibits a painless whitish formation 10x5 mm large with irregular surface in form of verrucae. Histological examination revealed thickening of corneal epithelial layer of intermittent keratinization type. What is the most likely diagnosis?

- a. Hyperplastic form of candidiasis
- b. Verrucous precancer

**c. Verrucous form of leukoplakia**

- d. Hyperkeratotic form of lichen ruber planus
- e. Keratoacanthoma

121. A 35-year-old man has a medium deep carious cavity in the 37 tooth (Blacks class II). For its filling a dentist chose technique of layer-by-layer restoration. What composite should be coating the floor and walls of the carious cavity in order to form superadaptive initial layer?

- a. Condensable
- b. Microhybrid
- c. Microfilled

**d. Flowable**

- e. Macrofilled

122. A patient had an epileptic attack during tooth preparation. What actions should the doctor take?

- a. To lay the patient in prone, head-down position, to fix his arms



b. To lay the patient down with laterad position of his head, to fix his tongue

c. To seat the patient on an armchair in upright position

d. No actions should be taken

e. To seat the patient with forward position of his head, to fix his hindhead

123. A patient being at a dentist presented suddenly with tachycardia, sweating, trembling, nausea, hunger. The patient is conscious. He suffers from diabetes mellitus. What aid should be rendered by the dentist?

a. The dentist should make intravenous injection of corticosteroids

b. The dentist should break the procedure off and give the patient sugar in any form

c. The dentist should give the patient nitroglycerine in form of spray or sublingually

d. The dentist should lay the patient down on a flat surface, lower cephalic pole, open the windows

e. The dentist should make intramuscular injection of adrenaline (0,5-1,0 mg)

124. A 44-year-old patient complains about the astringent sensation in the upper jaw incisors, which appeared 1,5 years ago. Objectively: the most convex part of the vestibular surfaces of the 12, 11, 21, 22 crowns has roundish defects with smooth, shiny, dense surface, that reach dentine in depth. The depth of defects is gradually decreasing from the centre to the periphery. What is the most likely diagnosis?

a. Systemic hypoplasia

b. Wedge-shaped defect

c. Enamel erosion

d. Chronic median caries

e. Destructive fluorosis

125. An 18-year-old patient complains about ulceration in the oral cavity, spontaneous bleeding of mucous membrane, pain during food intake and talking, nosebleeds. He has a history of: aggravation of general condition, weakness, body temperature rise up to 39°C, headache, joint pain. What method of diagnostics should be applied to confirm the diagnosis?

a. Immunogram

b. Blood sugar test

c. Clinical blood analysis

d. HIV test

e. Allergy test

126. A 25 year old patient applied to a clinic for the purpose of oral cavity sanitation. During preparation of the 45 tooth on account of chronic median caries the patient turned pale, there appeared cold clammy sweat on her forehead, nausea, ear noise. The patient lost consciousness. Objectively: pulse - 50 bpm, AP - 80/60 mm Hg, shallow breath, miotic pupils. Make a diagnosis of this state:

a. Stenocardia

b. Anaphylactic shock

c. Syncope

d. Collapse

e. Quinckes edema

127. A 23-year-old patient was delivered to a traumatology centre with a dirty cut wound of her right foot. A doctor performed initial surgical debridement and made an injection of antitetanus serum. Some time later the patient's condition got abruptly worse: she developed extreme weakness, dizziness, palpitation. Objectively: the skin is pale, the patient has cold sweat, frequent pulse of poor volume at a rate of 100 bpm, AP is 90/40 mm Hg. What is the cause of such aggravation?

a. Anaphylactic shock

b. Pain shock

c. Drug disease (seroreaction)

d. Infectious-toxic shock

e. Haemorrhagic shock

128. A man was found in a street in unconscious state and delivered to the sanitary inspection room.

At small intervals the man presents with recurrent attacks of tonic and clonic convulsions of the upper and lower limbs. Objectively: the patient is unconscious, his pupils are mydriatic, don't react to light. The tongue has teeth indentations. Involuntary urination was noted. Examination revealed no symptoms of focal cerebral lesion. AP is 140/90 mm Hg. The patient's head can be freely brought to the chest. Specify the most probable pathology:

- a. Acute meningoencephalitis
- b. Epilepsy, status epilepticus**
- c. Cerebral infarction
- d. Parenchymatous hemorrhage
- e. Tetanus

129. A patient was found unconscious in her flat heated with firewood. The stove pipe damper was closed, it smelt of smoke in the room. Objectively: the patient is unconscious, her skin and mucous membranes are of cherry red colour. Pupils exhibit no reaction to light, corneal and tendinous reflexes are absent, muscle tone is decreased. Ps is 96 bpm, of poor volume. Heart sounds are muffled, there are solitary extrasystoles, AP is 90/60 mm Hg. In the lower lungs solitary small bubbling rales are present, respiratory rate is 28/min. What is the most likely diagnosis?

- a. Acute chlorine intoxication
- b. Acute methane intoxication
- c. Acute benzol intoxication
- d. Acute intoxication with carbon oxide**
- e. Acute intoxication with sulfur dioxide gas

130. During transportation of a 60-year-old patient an emergency doctor noted aggravation of his general condition, pulselessness, mydriatic pupils, absence of respiratory movements. It will take 5 minutes to get to the admission ward. What actions should the doctor take in the first place?

- a. Start cardiopulmonary resuscitation**
- b. Make an intracardiac injection of adrenaline
- c. Make an intravenous injection of polyglucinum
- d. Facilitate oxygen inhalation
- e. Deliver the patient to the hospital as soon as possible

131. An 18-year-old woman has been suffering from diabetes mellitus for 5 years. She receives 36 units of insulin per day. During pneumonia her condition got abruptly worse: the patient presented with increased thirst, abdominal pain, nausea, vomiting and sleepiness. In the evening the patient refused to eat and didn't get her regular insulin dose; in the morning she lost consciousness. Objectively: the patient is unconscious, the skin is dry, turgor is decreased. The tongue is also dry. Respiration is deep and noisy, there is sharp smell of acetone from the mouth. Body temperature is 36,6°C, Ps is 100 bpm, small; AP is 90/50 mm Hg. Urine exhibits extremely positive reaction to acetone. Blood glucose is 33 millimole/l. What is your provisional diagnosis?

- a. Ketoacidotic coma**
- b. Lactacidemic coma
- c. Cerebral coma
- d. Hepatic coma
- e. Hyperosmolar coma

132. A 28-year-old man attended a glasshouse in a botanic garden. After he had smelt at an orchid he turned pale and lost consciousness. Objectively: heart rate is 115/min, arterial pressure is 50/0 mm Hg. What drug should be injected to the patient in the first place?

- a. Dimedrol
- b. Prednisolone**
- c. Strophanthine
- d. Cordiamin
- e. Mesaton

133. A 68-year-old patient has been taking diclofenac because of pain in the knee joints for about a year. In the evening after substantial meal the patient presented with liquid black stool, drastic

weakness, single vomiting after which the patient lost consciousness. Emergency team delivered him to the hospital. Objectively: the patient is conscious, with slightly deferred reaction, pale. Heart rate is 20 breaths/min, Ps is 102 bpm, AP is 110/70 mm Hg. Abdomen is soft, painful in the epigastrium. What is the most likely diagnosis?

- a. Thrombosis of mesenteric arteries
- b. Gastrointestinal haemorrhage**
- c. Myocardium infarction
- d. Food poisoning
- e. Apoplectic attack

134. A 45-year-old female patient complains about pain caused by thermal stimuli and spontaneous pain in the 26 tooth. A week ago this tooth was treated for pulpitis. Objectively: the 26 tooth is filled, percussion is painful, thermal stimulus causes slowly intensifying long-lasting pain. X-ray picture shows that the palatine canal is filled by 2/3, buccal canals contain no filling material. What is the most probable cause of this complication?

- a. Inadequate canal filling
- b. Inflammation in the periodontium
- c. Trauma of periodontium tissue
- d. Incomplete pulp extirpation**
- e. Infection

135. A 49 year old patient complains about pain in the oral cavity induced by eating. He suffers from CHD. Objective examination revealed dyspnea, limb edema. Oral cavity isn't sanitized. On the mucous membrane, on the right, there is an ulcer with irregular edges covered with greyish-white necrotic deposit with low-grade inflammation around it. There is also halitosis. What is the most probable diagnosis?

- a. Ulcero-necrotic stomatitis
- b. Trophic ulcer**
- c. Tuberculous ulcer
- d. Traumatic ulcer
- e. Cancerous ulcer

136. A 48-year-old patient complains about itching gums. Objectively: gums are dense, of normal colour; cold water causes short-term toothache. X-ray picture shows osteosclerosis of interalveolar septa (fine granular bone texture), height of interalveolar septa and integrity of compact substance on their tops is unchanged. Which diagnosis is the most likely?

- a. I degree parodontosis
- b. Initial parodontosis**
- c. Initial periodontitis
- d. Atrophic gingivitis
- e. I degree periodontitis

137. A 20 year old homeless and unemployed patient complains about body temperature rise up to 39°C, pain during eating and deglutition, nasal haemorrhages. He has been suffering from this for 10 days. Objectively: herpetic rash on the lips, irregular-shaped erosions covered with fibrinous deposit on the mucous membrane of oral cavity; filmy deposits on the tonsils. Liver is enlarged and sclerotic. Blood count: erythrocytes -  $4.5 \cdot 10^{12}/l$ ; hemoglobin - 120 g/l; ESR - 25 mm/h; leukocytes -  $10 \cdot 10^9/l$ ; eosinophils - 0; rod nuclear cells - 2; segmentonuclear leukocytes - 31, lymphocytes - 41; monocytes - 10; atypical mononuclears - 14%, plasmatic cells - 2. What is the most probable diagnosis?

- a. AIDS
- b. Acute leukosis
- c. Acute herpetic stomatitis
- d. Oropharyngeal diphtheria
- e. Infectious mononucleosis**

138. A 22 year old patient complained about colour change of the 11 tooth crown. The tooth was

treated on account of chronic deep caries a year ago. Immediately after treatment the patient felt slight pain. She didn't consult a dentist. X-ray picture shows broadening of periodontal fissure in the area of root apex of the 11 tooth. Percussion is painless. What is the most probable diagnosis?

- a. Chronic granulomatous periodontitis
- b. Chronic fibrous pulpitis
- c. Chronic deep caries
- d. Chronic granulating periodontitis
- e. Chronic fibrous periodontitis**

139. After removal of dental deposit an 18-year-old patient underwent preventive examination. It revealed painless chalky spots in the precervical area on the vestibular surface of the 22 and 41 teeth. Result of enamel resistance test is 7. What morphological changes are typical for this disease?

- a. Damage of dentinoenamel junction
- b. Changes in the mantle dentine
- c. Subsurface enamel demineralization**
- d. Superficial enamel demineralization
- e. Degenerative changes of odontoblasts

140. A 45 year old patient applied to a dental clinic for oral cavity sanitation. Anamnesis data: mild case of diabetes. Objectively: mucous membrane of cheeks is unchanged, mainly in retromolar area there are symmetrically placed whitish papulae protruding over the mucous membrane and forming a lace-like pattern. On the upper jaw there are two soldered bridge dentures, the 47 tooth has an amalgam filling, the 46 tooth has a steel crown. What is the most probable diagnosis?

- a. Leukoplakia
- b. Secondary syphilis
- c. Lichen ruber planus**
- d. Chronic atrophic candidosis
- e. Lupus erythematosus

141. A 53-year-old patient was diagnosed with leucoplakia nicotinic Tappeiner. What pathohistological process predominates in histologic pattern of this disease?

- a. Papillomatosis
- b. Hyperkeratosis**
- c. Dyskeratosis
- d. Acanthosis
- e. Parakeratosis

142. A 16-year-old male patient complains about pain in the oral cavity, ulceration, body temperature up to 38°C, headache. Objectively: mucous membrane of the oral cavity is hyperemic and edematous. There are a lot of confluent erosions of polycyclic shape, covered with grey and white deposit, located on hard palate, gums, lips. What is your provisional diagnosis?

- a. Erythema multiforme
- b. Aphthous fever
- c. Allergic stomatitis
- d. Acute herpetic stomatitis**
- e. Pemphigus vulgaris

143. A 20-year-old patient complains about feeling spontaneous undurable localized pain in the 26 tooth for one day. Objectively: the 26 tooth has a deep Black's class I carious cavity. Dentine of its walls and floor is unpigmented, softened, carious cavity is not communicating with the tooth cavity. Probing causes acute pain focused at a single point, cold test induces long-lasting pain. What method of treatment is the most appropriate in this case?

- a. Devital amputation
- b. Biological method**
- c. Vital extirpation
- d. Vital amputation
- e. Devital extirpation

144. A 22-year-old patient was undergoing treatment of the 25th tooth for deep acute caries. During preparation a dentist accidentally opened the horn of pulp. What method of treatment should be applied?

- a. Vital extirpation
- b. Devital extirpation
- c. Vital amputation of pulp
- d. Devital amputation

**e. Biologic method**

145. A 39-year-old patient complains of some soft ulcers and tubercles on the oral mucosa, gingival haemorrhage, pain and loosening of teeth. Objectively: mucous membrane of tongue and gums presents single ulcers with soft, swollen, slightly painful edges, covered with a yellow film. Regional lymph nodes are enlarged, soft, painless, not adherent to the surrounding tissues. What is your provisional diagnosis?

a. Suttons aphthae

**b. Lupus tuberculosis**

- c. Tertiary syphilis
- d. Lepra
- e. Scrofuloderma

146. Preventive examination of a 20-year-old student revealed chronic candidiasis of the oral mucosa, generalized lymphadenopathy. He has a 1-year history of herpes simplex. The body temperature often rises to 37,4-37,5°C, the patient has lost 8 kg of body weight over the last month. These symptoms may be indicative of the following disease:

- a. Infectious mononucleosis
- b. Chronic leukosis
- c. Lymphogranulomatosis

**d. AIDS**

e. Acute leukosis

147. A 26 year old patient complains about a sense of tooth heaviness and pain caused by hot food stimuli, halitosis. Objectively: crown of the 46 tooth is grey, there is a deep carious cavity communicating with tooth cavity, superficial probing is painless, deep one is painful, percussion is painful, mucous membrane has no pathological changes. Make a provisional diagnosis:

a. Chronic granulating periodontitis

**b. Chronic gangrenous pulpitis**

- c. Acute condition of chronic periodontitis
- d. Chronic fibrous pulpitis
- e. Chronic concrementous pulpitis

148. A 31-year-old patient consulted a dentist about teeth sanitation. Objectively: in the precervical region of the 13 and 23 teeth there are irregularly-shaped defects of hard tissues within deep layers of enamel. The floor of the defects is rough, their edges are chalky. What tactics should be chosen as to these defects?

- a. Grinding of the defects
- b. Silvering of the defects
- c. Filling with composite material without preparation
- d. Remineralizing therapy

**e. Preparation and filling**

149. A 51-year-old female patient complains about food sticking in a right inferior tooth. Objectively: distal masticatory surface of the 45 tooth has a deep carious cavity filled with dense pigmented dentin that doesn't communicate with the tooth cavity. The patient was diagnosed with chronic deep caries. What method of examination allowed the dentist to eliminate chronic periodontitis?

**a. Electro-odontometry**

- b. Palpation of projection of root apex
- c. Cold test

d. Percussion

e. Probing

150. A 38-year-old male patient complains of a carious cavity. He had experienced spontaneous dull pain in the tooth in question before. Objectively: the distal masticatory surface of the 37 tooth presents a deep cavity made of soft pigmented dentin. Percussion is painless. After removing the decay from the cavity, cold water has caused pain lasting for about a minute. X-ray picture shows the deformation of the periodontal gap in the region of the 37 root apices. What is the most likely diagnosis?

a. Exacerbation of chronic pulpitis

b. Chronic deep caries

c. Chronic fibrous periodontitis

d. Chronic fibrous pulpitis

e. Acute deep caries

151. A 37-year-old male patient complains about pain of the 46 tooth during food intake, especially hot food, offensive breath when he sucks his tooth. Objectively: the face is symmetrical, masticatory surface of the 48 tooth has a deep carious cavity communicating with the dental cavity. X-ray picture shows widening of periodontal fissure at the root apex of the 46 tooth. What is the most likely diagnosis?

a. Exacerbation of chronic pulpitis

b. Exacerbation of chronic periodontitis

c. Chronic gangrenous pulpitis

d. Chronic fibrous periodontitis

e. Chronic fibrous pulpitis

152. A 17-year-old girl complains about painfulness and gingival hemorrhage during tooth brushing and food intake. She has been suffering from it for 1,5 year. She consulted a dentist. There was no considerable effect from treatment. Objectively: gingival papillae are flabby and cyanotic in the region of frontal teeth on both jaws, they overlay teeth crowns by 1/3-1/2 of their height, they bleed on touch. Therapeutic effect can be achieved by means of electrophoresis with:

a. Heparin

b. Vitamin D1

c. Sodium fluoride

d. Tripsin

e. Aloe

153. A 32-year-old patient complains of experiencing dryness and burning of tongue back for a week. The burning intensifies during taking irritating foods. Some time ago he had pneumonia and was treated with antibiotics. Objectively: skin and oral mucosa are pale. The lingual mucosa is hyperemic and edematous, the folds at the back of tongue are covered with the crumbling gray-white plaque, desquamation of the lateral surface of tongue is also present. Saliva is thick and attaches to a spatula. Choose the most effective drug complex for the local treatment:

a. Decamin + hydrocortizone ointment

b. Hydrocortizone ointment + solcoseryl

c. Methylene blue + pimafucin

d. Furacilin + methylene blue

e. Furacilin + solcoseryl

154. An 18-year-old patient complains about body temperature rise, weakness, pain induced by eating and deglutition. Objectively: mucous membrane of the oral cavity is erythematic with multiple petechia. Pharynx is hyperaemic. Regional lymph nodes are enlarged, mobile, painless. In blood: leukocytosis, monocytosis, atypic mononuclears, ESR is 30 mm/h. What is the leading factor of disease development?

a. Bacterial infection

b. Immediate allergy

c. Delayed allergy

**d. Viral infection**

**e. Autoimmune disorders**

155. A 72-year-old patient complains of burning pain in the corners of mouth. Objectively: the folds of mouth corners have erosions, covered with white coating that can be easily removed, mucous membrane of mouth corners is macerated, of pearly colour. There is pathological tooth wear and decreased vertical dimension of occlusion. What is your provisional diagnosis?

- a. Atopic cheilitis
- b. Streptococcal angular cheilitis
- c. Syphilitic angular cheilitis

**d. Angular cheilitis candidiasis**

**e. Chronic recurrent labial fissure**

156. A 50-year-old patient complains about increased sensibility of the exposed tooth cervixes, displacement of teeth, gum itch, pain in the region of the 43, 42, 41, 31, 32, 33 teeth caused by chemical and thermal stimuli. Objectively: the gums are dense and anemic. X-ray picture shows atrophy of the alveolar bone reaching 2/3 of interalveolar septa height. What is the most likely diagnosis?

- a. II degree parodontosis
- b. Chronic generalized II degree parodontosis
- c. Atrophic gingivitis

**d. III degree parodontosis**

**e. Chronic generalized III degree parodontosis**

157. A 23-year-old patient complains of gingival haemorrhages, fatigue, indisposition. The symptoms have appeared quite recently. Objectively: the skin and oral mucosa are pale. Gums bleed when touched. There are petechiae on the mucous membrane of cheeks, lips and palate. What laboratory test will allow to make a diagnosis?

- a. Bleeding time test
- b. Immunogram
- c. Blood test for sugar
- d. Blood test for Vitamin C

**e. Complete blood count**

158. A 20-year-old patient complains of general weakness, fever, headache. These presentations appeared three days ago. Objectively: the regional lymph nodes are enlarged, painful on palpation, body temperature is 37,8°C, oral mucosa is hyperemic and edematous. Mucous mebrane of lips, palate, gums, cheeks presents single erosions of polycyclic irregular shape, covered with grayish-white film, painful. Which drugs should be administered for the local treatment of the early disease?

**a. Antiviral**

- b. Corticosteroid ointments
- c. Dyes
- d. Antiseptics
- e. Keratoplastic agents

159. A 20-year-old patient complains about a carious cavity in an upper right tooth. Objectively: the 16 tooth has a deep carious cavity communicating with the tooth cavity, probing at the opening point is painless, percussion of the 16 causes mild pain. There is a fistula on the gingiva in the region of root apex projection of the 16 tooth. What is the most probable diagnosis?

**a. Chronic granulating periodontitis**

- b. Chronic granulomatous periodontitis
- c. Chronic gangrenous pulpitis
- d. Chronic hypertrophic pulpitis
- e. Chronic fibrous periodontitis

160. A 16-year-old patient complains about a cosmetic defect in form of white spots in the region of the upper frontal teeth. The defect was revealed long ago and doesnt change with time. Objectively:



white spots on the vestibular surfaces of the 11, 12, 21, 22 teeth close to the cutting edge and on the vestibular surfaces of the 16, 26, 36, 46 teeth close to the masticatory surface. On probing the spot surface was smooth, painless; cold stimulus produced no pain. The spots couldn't be stained with 2% solution of methylene blue. What is the most likely diagnosis?

- a. Fluorosis in form of spots
- b. Erosion of dental solid tissues
- c. Local enamel hypoplasia
- d. Acute initial caries

**e. Systemic enamel hypoplasia**

161. Preventive examination of a 45-year-old patient revealed a carious cavity in the 23 tooth located within the mantle dentin. The cavity floor and walls are of dense, markedly pigmented dentin, probing and cold test provoke no pain, percussion of the 23 tooth is painless. Electroodontometry results - 6 mA. What is the most likely diagnosis?

- a. Acute deep caries
- b. Chronic periodontitis
- c. Acute median caries
- d. Chronic deep caries

**e. Chronic median caries**

162. A 35-year-old patient complains about a cavity in a lower jaw tooth on the left, and the pain caused by sweet, sour and solid food. Examination of the 36 tooth revealed a deep carious cavity filled with light softened dentine. Probing of the carious cavity floor is painful, reaction to the cold stimulus is painful, undurable. What is the most likely diagnosis?

- a. Acute median caries
- b. Chronic deep caries
- c. Acute focal pulpitis
- d. Chronic fibrous pulpitis

**e. Acute deep caries**

163. A 31-year-old male patient complains of dryness and burning of tongue back that appeared for about a week ago and get worse when he eats irritating food. The patient has a history of recent pneumonia. He had been treated in the in-patient hospital for 2 weeks, the treatment program included antibiotics. Now he doesn't take any drugs. Objectively: mucous membrane of the oral cavity is hyperemic, dry, glossy. Tongue back and palate have greyish-white plaques that can be easily removed. Threads of saliva trail behind the spatula. What is the most likely diagnosis?

- a. Acute atrophic candidiasis
- b. Chronic hyperplastic candidiasis

**c. Acute pseudomembranous candidiasis**

- d. Medicamentous stomatitis
- e. Chronic atrophic candidiasis

164. A 35-year-old patient complains about itch, burning and edema of lips. He has been suffering from this for a week. Objectively: reddening of red border and skin, especially in the region of mouth corners, there are also vesicles, crusts, small cracks along with erythematous affection of red border. What is the most likely diagnosis?

**a. Acute eczematous cheilitis**

- b. Acute herpetic cheilitis
- c. Exudative form of exfoliative cheilitis
- d. Allergic contact cheilitis
- e. Multiform exudative erythema

165. A patient complains about intensive throbbing toothache in his lower jaw on the left. He can't show the aching tooth. It hurts all the time, the pain goes down sometimes, but it becomes stronger as affected by stimuli. Within the last hours the pain provoked by cold stimuli has somewhat reduced. Objectively: the 17 tooth has a carious cavity, probing causes no pain, the pulp chamber is closed. What method of treatment is indicated?

- a. Vital amputation
- b. Vital extirpation**
- c. Devital amputation
- d. Devital extirpation
- e. Biological method

166. A patient complains about pain in the 51 tooth that is getting worse during cutting. Anamnesis data: the patient underwent treatment on account of pulpitis of the 51 tooth, the tooth was treated with devitalizing paste, the patient didn't come to see a dentist for the second time. Objectively: carious cavity of the 51 tooth is closed by dentin layer. Percussion is painful. Mucous membrane in the root apex projection of the 51 tooth is hyperemic, edematous, palpably painful. Make a diagnosis:

- a. Acute infectious periodontitis
- b. Acute condition of chronic periodontitis
- c. Acute purulent pulpitis
- d. Acute arsenous periodontitis**
- e. Pulpitis complicated by focal periodontitis

167. A 27-year-old patient complains about acute pain in the region of the 34 tooth that is getting worse when biting down on food. Roentgenographical survey revealed an ill-defined zone of bone tissue destruction in the periapical region of root of the 34 tooth. What is the most likely diagnosis?

- a. Exacerbation of chronic granulating periodontitis**
- b. Exacerbation of chronic pulpitis
- c. Acute serous periodontitis
- d. Exacerbation of chronic granulomatous periodontitis
- e. Acute purulent pulpitis complicated by periodontitis

168. A 55-year-old woman complains of ulcers on the mucous membrane of oral cavity, pain during eating and talking. She fell abruptly ill over a month ago. Objectively: unchanged mucous membrane of her gums, soft palate and palatine arches has big bright-red erosions on it. Intact mucous membrane peels easily off when slightly rubbed and this results in erosions and small haemorrhages. What is the leading diagnostic symptom in the differential disease diagnostics?

- a. Presence of Wickhams striae
- b. Presence of phagocytes in the impression smears
- c. Positive Nikolsky's symptom
- d. Presence of blisters in the oral cavity
- e. Tzanck cells in the impression smears**

169. A 19-year-old girl complains about having crusts, lip tenderness, especially at lip joining. Objectively: there are yellow-brown crusts on the lip red border from Klein zone to its middle, after their removal bright red smooth surface without erosions appears. Mucous membrane in Klein zone is slightly hyperemic and edematous. What is the most likely diagnosis?

- a. Epidermolysis bullosa
- b. Exudative form of cheilitis actinica
- c. Exudative form of cheilitis exfoliativa**
- d. Meteorological cheilitis
- e. Eczematous cheilitis

170. A 38-year-old patient complains of acute paroxysmal pain in the region of his left upper jaw, left eye and temple. The pain is lasting (2-3 hours), gets worse at night. Objectively: the 26 tooth has a deep carious cavity, floor probing causes painful response, thermal stimuli provoke long-lasting pain, percussion provokes minor pain. What is the most likely diagnosis?

- a. Acute purulent pulpitis
- b. Acute diffuse pulpitis**
- c. Acute limited pulpitis
- d. Pulpitis complicated by the periodontitis
- e. Exacerbation of the chronic pulpitis

171. A 46-year-old patient has been diagnosed with chronic concretious pulpitis of the 27 tooth.

X-ray picture shows that the concretum is located in the crown part of the tooth cavity and occupies 1/4 of its volume. Select an adequate method of treatment:

- a. Devital extirpation
- b. Biologic method
- c. Vital extirpation**
- d. Vital amputation
- e. Devital amputation

172. A 16 year old patient complained about discomfort in the area of her upper jaw teeth she has been feeling for 2 weeks. Examination of precervical area of the 11 and 12 teeth revealed whitish matt spots with indistinct outlines that absorb dyes intensively. What treatment of the 11 and 12 teeth should be administered?

- a. Spot removal
- b. Preparation and filling
- c. Remineralizing therapy**
- d. Antiseptic treatment
- e. Silver impregnation

173. A 48 year old patient complained about having pain in the 45 tooth during cutting for a year. The 45 was treated before. Objectively: mucous membrane in the area of this tooth is hyperemic and slightly cyanotic. The 45 tooth is pink, the filling fell out. What examination method should be applied in order to choose treatment?

- a. Thermometry
- b. Probing
- c. Electric odontodiagnostics
- d. Roentgenography**
- e. Gum palpation

174. A patient complains of general weakness, pain in the gums, halitosis. Objectively: the patient is pale, adynamic, body temperature is 38,5°C, submandibular lymph nodes are enlarged, painful on palpation. Interdental gingival papillae are inflamed, their tops are "detruncated", covered with gray-yellow necrotic incrustation. Radiography of alveolar process and blood count reveal no apparent changes. What is the most likely diagnosis?

- a. Generalized periodontitis
- b. Agranulocytosis
- c. Localized periodontitis
- d. Acute ulcerous gingivitis**
- e. Acute leukosis

175. A 20-year-old patient complains about unaesthetic look of the 24 tooth from the moment of its eruption. Objectively: enamel of the 24 tooth is partly absent, the dentine is yellow. The 64 tooth was treated more than once when she was a child, but because of frequent exacerbations, edemas and gingival fistula the 64 tooth was extracted when she was 9 years old. What is the most likely diagnosis?

- a. Fluorosis
- b. Initial caries
- c. Localised hypoplasia**
- d. Systemic hypoplasia
- e. Enamel aplasia

176. A 45-year-old patient complains of burning tongue, a metallic taste in mouth. Three months ago she got a dental bridge made of gold and supported by the 16, 14 teeth. Oral cavity examination reveals no objective changes. The 36, 37, 46 teeth are sealed with amalgam fillings. What is the most likely cause of this condition?

- a. Galvanic currents**
- b. Neurologic disorder
- c. Mechanic trauma

d. Chemical factors

e. Allergy

177. A 25-year-old patient complains of gingival haemorrhage and enlargement. Objectively: hypertrophy of gingival papillae by 1/3 of the crown height in the frontal region of mandible. Periodontal pockets are absent. What is the most likely diagnosis?

a. Catarrhal gingivitis

b. Localized periodontitis

c. Epulis

**d. Hypertrophic gingivitis**

e. Ulcerous gingivitis

178. A 17 year old girl applied to a dental clinic and complained about hard tissue defects on her frontal and lateral teeth. Subjectively these defects don't cause any inconvenience. Crown defects appeared long ago. The patient was born and has been living in an area where fluorine concentration in the drinking water makes up 1,2 mg/l. Objectively: on the vestibular surfaces of incisors on both upper and lower jaws in the equator area there are hard tissue defects within deep layers of enamel. The defects are parallel to the cutting edge. The same defects were revealed in the area of tubera of the first molars, floor and walls of the defects are smooth. Enamel of the defect floor is light-brown. What is the most probable diagnosis?

a. Erosion of hard tissues of tooth

**b. Systemic hypoplasia**

c. Focal odontodysplasia

d. Local hypoplasia

e. Endemic fluorosis

179. An 18-year-old student complains of roughness and dryness of mucous membrane of the oral cavity. He always bites uncontrolledly off mucous membrane along the line of teeth joining. The patient suffers from chronic cholecystitis, he is a smoker. Hygiene index is 2,3. Objectively: mucous membrane along the line of teeth joining is ragged, edematous, whitish. What is the leading factor of this disease development?

a. Unsatisfactory level of oral cavity hygiene

b. Xerostomia

c. Smoking

**d. Habitual biting of mucous membrane of the oral cavity**

e. Somatic pathology

180. A chemical plant worker consulted a dentist about an oral mucosa burn caused by caustic soda. Which of the following medications should be chosen for emergency care?

a. 50% ethyl alcohol

b. 3% sodium chloride solution

c. 2% citric acid solution

**d. 0,5% acetic acid solution**

e. 0,1% liquid ammonia

181. A 28-year-old patient suffers from a disease without prodromal manifestations that declares itself through oral mucosa lesion consisting of 1-2 roundish elements 5-8 mm large which are circumscribed by a hyperemic rim and covered with yellow-grey coating. The disease recurrence is observed quite regularly 3-4 times a year. These presentations are typical for the following disease:

a. Chronic herpes recidivus

b. Lichen ruber planus

**c. Chronic recurrent aphthous stomatitis**

d. Erythema multiforme

e. Papular syphilis

182. A 57-year-old patient complains about dryness and burning of the lateral surface of her tongue. These sensations disappear during eating. She noted such sensations three months ago. She has a history of gastritis with reduced secretory function. Objectively: mucous membrane of tongue and

oral cavity has no peculiarities. The back of tongue has thin white coating. Regional lymph nodes are unpalpable. Oral cavity is sanitized. What is the most likely diagnosis?

- a. Candidiasis
- b. Lingual nerve neuritis
- c. Glossodynia**
- d. Desquamative glossitis
- e. Hunter-Moeller glossitis

183. A 23-year-old patient complains about a carious cavity in the 15 tooth that he noted a year ago. Examination revealed that approximal surface had a deep carious cavity not communicating with the tooth cavity and filled with dense pigmented dentine. Probing, cold test, percussion cause no pain. Electroodontodiagnosis is 10 microampere. What is the most likely diagnosis?

- a. Chronic fibrous pulpitis
- b. Chronic fibrous periodontitis
- c. Chronic deep caries**
- d. Chronic median caries
- e. Chronic granulomatous periodontitis

184. A 36-year-old woman complains about experiencing lip dryness and desquamation for a month. Application of indifferent ointments is ineffective. Objectively: red border of lower lip is of rich red color, it is moderately infiltrated, covered with closely adhering greyish scales, it bleeds and hurts in the attempt to remove them. Opacification of epithelium in form of white stripes is present in the nidus periphery, there is also an area of depression in the centre. What is the most likely diagnosis?

- a. Leukoplakia
- b. Cheilitis exfoliativa
- c. Commissural cheilitis
- d. Lichen ruber planus
- e. Lupus erythematosus**

185. A 47-year-old patient complains about a sensation of foreign body on his tongue, discomfort during talking, oral cavity dryness. Objectively: there are dark filiform papillae up to 5 mm long on the back of tongue. What is the most likely diagnosis?

- a. Median rhomboid glossitis
- b. Fissured tongue
- c. Acute glossitis
- d. Glossophytia**
- e. Benign migratory glossitis

186. A 33-year-old patient complains about pain, gingival haemorrhage, halitosis, body temperature rise up to 37,8°C. Objectively: gums are apparently hyperaemic, edematic, bleed easily, parodontal pouches are 3-4 mm deep, and contain purulent exudate. Orthopantomogram shows diffuse osteoporosis of alveolar process, resorption of interdental septa down to 1/3 of their height. What is the most likely diagnosis?

- a. Exacerbation of chronic generalized I degree periodontitis**
- b. Exacerbation of chronic generalized II degree periodontitis
- c. Exacerbation of chronic catarrhal gingivitis
- d. Chronic generalized II degree periodontitis
- e. Chronic generalized I degree periodontitis

187. A 40 year old woman complains about slight painfulness of gums, high temperature sensitivity of teeth. Objectively: the gums are pale and compact, in the area of lower frontal teeth there is retraction with cervix dehiscence. X-ray picture shows steady decrease of interdental septa height down to 1/3 of root length. What disease are these symptoms typical for?

- a. Gingivitis
- b. Generalized periodontitis
- c. Parodontosis**
- d. Localized periodontitis

e. Papillitis

188. A 37-year-old female patient complains about pain, gingival haemorrhage, halitosis, body temperature rise up to 37,2°C. Objectively: gums are apparently hyperaemic, edematic, bleed easily, parodontal pouches are 3-4 mm deep and contain purulent exudate. Orthopantomogram shows diffuse osteoporosis of alveolar process, resorption of interdental septa down to 1/3 of their height. What is the most likely diagnosis?

- a. Chronic generalized II degree periodontitis
- b. Exacerbation of generalized II degree periodontitis
- c. Exacerbation of chronic catarrhal gingivitis
- d. Chronic generalized I degree periodontitis
- e. Exacerbation of generalized I degree periodontitis**

189. A 24-year-old woman complains about severe pain in the mouth, body temperature up to 38°C, indisposition. The same condition occurs periodically for several years after catching a cold. Objectively: the lips are covered with bloody crusts, there are opened bladders and erosions, covered with fibrinogenous deposit on mucous membrane of lips and cheeks that is apparently hyperemic and edematic. Hypersalivation is present. What is the most likely diagnosis?

- a. Nonacantholytic pemphigus
- b. Chronic herpes recidivus
- c. Pemphigus vulgaris
- d. Dermatitis multiformis, Duhrings disease
- e. Erythema multiforme**

190. A patient complains about long-lasting pain attacks in the lower jaw teeth, on the left. The pain irradiates to the ear, occiput and is getting worse during eating cold and hot food. Objectively: there is a deep carious cavity on the approximal-medial surface of the 36 tooth. Floor probing is overall painful and induces a pain attack. What is the most probable diagnosis?

- a. Acute diffuse pulpitis**
- b. Acute purulent pulpitis
- c. Acute deep caries
- d. Chronic concrementous pulpitis
- e. Acute local pulpitis

191. A 35 year old woman complains about periodical appearance of small ulcers in the oral cavity. She has been suffering from this for 5 years, recurrences happen 4-5 times a year. The ulcer healing lasts for 10 days. Objectively: on a mucous membrane of lower lip there is a roundish lesion element 0,5 cm large covered with white deposit and surrounded by hyperemia border, very painful when touched. What is the most probable diagnosis?

- a. Secondary syphilis
- b. Traumatic erosion
- c. Chronic recurrent aphthous stomatitis**
- d. Chronic recurrent herpes
- e. Duhrings herpetiform dermatitis

192. A 38 year old driver complains of acute pain in his mouth and sore throat, difficult ingestion, indisposition, temperature rise up to 38,6°C. These symptoms appeared after exposure to cold. He has been ill for a day, in the evening he has to go to work. Objectively: gums in the area of inferior frontal teeth as well as pharynx mucous membrane are hyperemic, edematic; gingival edge is necrotic, tonsils are enlarged. Results of bacterioscopy: fusospirochetal symbiosis. In blood: erythrocytes -  $4,5 \cdot 10^{12}/l$ ; leukocytes -  $7,2 \cdot 10^9/l$ ; ESR - 18 mm/h. What actions should a stomatologist take?

- a. To give him an order for hospitalization in oral department
- b. To prescribe a medication and allow to go to work
- c. To prescribe a medication and give a sick-list**
- d. To refer him to an infectious disease specialist
- e. To refer him to an otolaryngologist

193. A 65 year old patient complains of pain in the area of mucous membrane of hard palate on the left that is getting worse during eating with use of a complete removable denture. He has been suffering from this for 1,5 month. Objectively: left-sided hyperemia and edema of mucous membrane of hard palate; at the border of distal denture edge there is an ulcer with dense walls and fundus, surrounding tissues are infiltrated. The ulcer floor is tuberos, covered with fibrinous deposit; ulcer palpation is painful. What examination method is to be applied in the first place?

- a. Bacterioscopy
- b. Allergic contact plastic test
- c. Serological reactions
- d. Biopsy**
- e. Cytology

194. A 42-year-old patient was diagnosed with exacerbation of generalized grade II periodontitis accompanied by abscess formation. What method of general treatment should be administered in the first place?

- a. Vitamin therapy
- b. Stimulating therapy
- c. Detoxification therapy
- d. Antibiotic therapy**
- e. Hyposensitization therapy

195. A 46 year old patient complains about pain and bleeding from the carious cavity of her 27 tooth during eating. Previously she had spontaneous pain. Examination of the 27 tooth revealed a deep carious cavity on the masticatory surface consisting of red tissue, probing induced pain and haemorrhage. What treatment method should be chosen?

- a. Devital amputation
- b. Devital extirpation
- c. Vital extirpation**
- d. Vital amputation
- e. Biological method

196. A 43-year-old patient complains of increased tooth sensitivity to thermal and chemical stimuli, gum itch. Objectively: the roots of the teeth are exposed to 1/3 of their length, the gums are dense, pale pink. There is a small amount of dental plaque. In the region of the 15, 14, 24, 25, 44, 34 teeth there are wedge-shaped defects within the dentin. Probing of exposed cervices and wedge-shaped defects causes pain reaction. What is the most likely diagnosis?

- a. Localized periodontitis
- b. Parodontosis**
- c. Generalized periodontitis
- d. Atrophic gingivitis
- e. Gingival recession

197. A 35-year-old patient complains about constant dull pain in the 25 tooth that is getting worse when biting down on food. Objectively: masticatory surface of the 25 tooth has a carious cavity communicating with the dental cavity. The purulent discharges from the canal followed the probing. What method of diagnostics should be applied to confirm the diagnosis?

- a. X-ray examination**
- b. Thermal test
- c. Deep probing
- d. Bacteriological examination
- e. Electric pulp test

198. A 32-year-old patient complains about mouth soreness, body temperature rise up to 38,5°C, indisposition. Such condition has been occurring periodically for several years after the patient had had a cold. Objectively: lips are covered with haemorrhagic crusts, hyperaemic mucous membrane of lips and cheeks has erosions covered with fibrinous films. Hypersalivation is present. What is the most likely diagnosis?



- a. Herpetiform Duhrings dermatitis
- b. Stevens-Johnson syndrome
- c. Pemphigus vulgaris
- d. Herpes recidivicus

**e. Multiform exudative erythema**

199. A 28 year old woman complains about acute pain on the left of her upper jaw during eating. 6 days ago the 28 tooth was extracted, after that the pain came. The patient considers that extraction of the 28 tooth caused "damaging" of the next tooth. Objectively: alveolus of the 28 tooth is at a stage of healing. On the distal surface of the 27 tooth there is a carious cavity in the precervical area that doesn't communicate with the tooth cavity. Cold stimulus causes short attack of pain. Dentin of walls and floor is light and softened. Probing of the floor is painful. What is the most probable diagnosis?

- a. Acute local pulpitis
- b. Chronic deep caries
- c. Chronic fibrous pulpitis

**d. Acute deep caries**

- e. Acute diffuse pulpitis

200. A patient complained about pain in his 45 tooth induced by cold, sour and sweet food stimuli. The pain abates when the stimulus action is stopped. Objectively: there is a carious cavity on the masticatory surface within mantle dentin consisting of food rests and softened dentin, overhanging enamel edges are chalky. What is the diagnosis?

- a. Acute deep caries
- b. Chronic deep caries
- c. Chronic median caries
- d. Acute superficial caries

**e. Acute median caries**

201. A 25-year-old patient complains of intermittent pain during taking sweet and cold food in the 21 tooth. Objectively: there is a hard tissue defect within the enamel in the cervical region of the 21 tooth. The enamel edges are uneven and chalky. Probing the cavity bottom provokes no pain, there is short-term pain reaction to cold stimuli. What is the most likely diagnosis?

- a. Wedge-shaped defect
- b. Enamel hypoplasia
- c. Enamel erosion

**d. Superficial caries**

- e. Initial caries

202. Preventive examination of a 55-year-old man revealed a well-defined area of opaque mucosal epithelium of the left cheek that didn't protrude above the surrounding tissues and could not be removed on scraping. Crowns of the 34, 35, 36 teeth were strongly decayed and had sharp edges. What is the most likely diagnosis?

**a. Leukoplakia**

- b. Lupus erythematosus
- c. Soft leukoplakia
- d. Candidiasis
- e. Lichen ruber planus

203. A 50-year-old patient complains about a cosmetic defect of the upper frontal teeth. After meticulous examination the patient was diagnosed with wedge-shaped defect of the 11, 12, 13, 21, 22, 23 teeth. What material should be chosen for the tooth filling?

- a. Silicophosphate cement

**b. Compomer restorative material**

- c. Glass-ionomer cement
- d. Silicate cement
- e. Chemical-cure composite

204. A 30-year-old patient has a carious cavity in the 11 tooth within parapulpal dentin. The tooth corner and its cutting edge are affected. What filling material is best for restoration of the anatomic tooth form?

- a. Light-cure composite
- b. Light-cure glass-ionomer cement
- c. Chemical-cure powder-liquid composite
- d. Chemical-cure paste-paste composite
- e. Silicate cement

205. A 29-year-old patient complains of acute paroxysmal pain in the upper jaw on the left, that gets worse during having cold food and irradiates into the ear and temple. A year ago she experienced intense pain in the 27 the tooth but didnt consult a dentist. Three days ago there was the second attack of pain. Objectively: there is a deep carious cavity in the 27th tooth, interconnecting with the tooth cavity. Probing the open area causes acute pain. What is the most likely diagnosis?

- a. Acute limited pulpitis
- b. Exacerbation of chronic pulpitis
- c. Acute diffuse pulpitis
- d. Acute serous periodontitis
- e. Exacerbation of chronic periodontitis

206. A 27-year-old patient complains about pain of the 35 tooth caused by cold stimuli, that quickly abates after elimination of stimulus. Objective examination of the 35 tooth revealed a defect of hard tooth tissue within enamel. Defect edges are fragile and white. Electroodontodiagnosis is 5 microampere. What is the most likely diagnosis?

- a. Enamel necrosis
- b. Enamel erosion
- c. Local enamel hypoplasia
- d. Acute initial caries

e. Acute superficial caries

207. A 23-year-old patient complains of whitish spots on the masticatory teeth, drawing of mouth during taking acidic food. The spots appeared about 3 months ago. Objectively: the cervical region of the 46, 36, 27 teeth exhibits some chalk-like spots that can be easily stained with 2% methylene blue, probing reveals the surface roughness. What is the most likely diagnosis?

- a. Endemic fluorosis
- b. Chronic superficial caries
- c. Acute superficial caries
- d. Enamel hypoplasia

e. Acute initial caries

208. A 23-year-old patient complains about gingival haemorrhage during tooth brushing and eating solid food. Objectively: gingiva of the frontal part of mandible is hyperaemic, edematic, it bleeds on palpation. Mucous membrane of the oral cavity as well as gingiva in other regions present no changes. The patient has deep overbite. Teeth are stable except for the 41 and 31 (I degree of mobility). X-ray picture shows resorption of interalveolar septa by 1/3 of root length in the region of the 42, 41, 32, 31 teeth. What is the most likely diagnosis?

- a. I degree parodontosis
- b. Localised periodontitis
- c. Generalized I degree periodontitis
- d. Initial generalized periodontitis
- e. Catarrhal gingivitis

209. A 22-year-old patient complains about short-lasting spasmodic pain in the 26 tooth with long periods of pain absence. Objectively: the 26 tooth has a carious cavity in the masticatory surface, dental cavity is not opened. Probing causes pain in the pulp horn projection. Thermal stimuli cause sharp pain, percussion is painless. Regional lymph nodes are not palpable. What is the most likely diagnosis?

- a. Acute diffuse pulpitis
- b. Acute deep caries
- c. Acute circumscribed pulpitis**
- d. Acute purulent pulpitis
- e. Exacerbation of chronic pulpitis

210. A 27-year-old patient complains about gingival haemorrhage during tooth brushing. Objectively: gingival edge is hyperaemic, edematic, painful on touch. Periodontal pouches are absent. X-ray picture shows resorption of cortical plate, osteoporosis of interdental septa. What is the most likely diagnosis?

- a. Exacerbation of chronic catarrhal gingivitis
- b. Chronic catarrhal gingivitis
- c. Periodontitis
- d. Initial generalized periodontitis**
- e. Generalized I degree periodontitis

211. A 20 year old patient complains about gum itching, gingival haemorrhage during tooth brushing and eating, unusual look of gums. He has been observing these presentations for the last 1,5 year. It is known from the patients anamnesis that he has been taking diphenylamine anticonvulsants for 2 years. Objective examination revealed gingival hyperemia and edema. In the frontal part the gums cover vestibular surface of teeth by 1/2 of their height. Along the loose gingival edge growth of granulation tissue is present, probing causes gingival haemorrhage. No roentgenological changes were revealed. Make a diagnosis:

- a. Chronic ulcerative gingivitis
- b. Localized periodontitis
- c. Generalized periodontitis
- d. Chronic hypertrophic gingivitis**
- e. Chronic catarrhal gingivitis

212. A 20-year-old patient complains about pain and haemorrhages in the region of the 36 tooth occurring during eating solid food. Objectively: medial masticatory surface of the 36 tooth has a large carious cavity occupied by a carneous tumour-like formation, probing induces haemorrhage and pain in the region of connection of the carious cavity with the pulp chamber. Percussion is painless. Electroodontodiagnosis is 40 microampere. Roentgenological changes are absent. What is the most likely diagnosis?

- a. Chronic hypertrophic pulpitis**
- b. Hypertrophic papillitis
- c. Chronic fibrous pulpitis
- d. Chronic gangrenous pulpitis
- e. Epulis

213. A patient complains about spontaneous pain in the area of his 15 tooth he has been feeling for 2 days. Thermal stimuli make the pain worse, its attacks last up to 30 minutes. Objectively: there is a deep carious cavity in the 15 tooth consisting of light softened dentin, floor probing is painful in one point, reaction to the thermal stimuli is positive, percussion is painless. Make a diagnosis:

- a. Acute diffuse pulpitis
- b. Acute deep caries
- c. Acute condition of chronic pulpitis
- d. Acute local pulpitis**
- e. Pulp hyperemia

214. A 57-year-old patient complains about dental hypersensitivity to chemical stimuli, gum itch. Objectively: roots are exposed down to 1/3 of their length, gums are dense and pale rose. Wedge-shaped defects in the area of the 14, 13, 24, 25, 26, 34 teeth are within the dentine. Probing of dental cervixes and wedge-shaped defects is painfull. What is the most likely diagnosis?

- a. Generalized periodontitis
- b. Atrophic gingivitis

c. Localised periodontitis

d. I degree parodontosis

e. II degree periodontitis

215. A 35-year-old patient complains about progressing throbbing pain in the 26 tooth. Objectively: the 26 tooth has a carious cavity filled with softened dentine, tooth cavity is closed, probing of the cavity floor is painless, percussion causes acute pain. There is I degree tooth mobility. Roentgenological changes are absent. What is the most likely diagnosis?

a. Acute serous periodontitis

b. Acute purulent pulpitis

c. Acute purulent periodontitis

d. Exacerbation of chronic periodontitis

e. Acute diffuse pulpitis

216. A patient complains of burning, itch and lower lip enlargement. He has been suffering from this for a long time. Objectively: the patients face is asymmetric due to the flattening of nasolabial fold. His lower lip is edematic, of normal colour, painless on palpation. The patient has plicated tongue. What is your provisional diagnosis?

a. Granulomatous Mieschers cheilitis

b. Melkersson-Rosenthal syndrome

c. Lymphangioma

d. Quinckes edema

e. Hemangioma

217. A 43-year-old patient consulted a dentist about pain in the 36th tooth. X-ray examination revealed a breakage of an endodontic tool in the distal root. The root apex exhibits a well-defined area of bone tissue destruction ( $d = 5$  mm) with clear margins. What method of treatment is most appropriate in this case?

a. Dental hemisection

b. Conservative treatment

c. Root amputation

d. Tooth replantation

e. Root apex resection

218. A 30-year-old patient consulted a dentist about a cosmetic defect and slight pain in the 44 tooth during tooth brushing. Objectively: there is a Blacks class V carious cavity within mantle dentine. Probing of the cavity walls causes slight pain, thermal probe is positive. What filling material is to be chosen for restoration of this cavity?

a. Compomer restorative material

b. Amalgam

c. Metal ceramics

d. Polycarboxylate cement

e. Chemical-cure composite

219. A 37-year-old patient complains of gingival haemorrhage, offensive breath, tooth mobility, difficult mastication. Objectively: the gums are of cyanotic-red colour, periodontal pockets are 6 mm deep and contain serous exudate, there is II class tooth mobility, moderate amount of subgingival and supragingival tartar; hygiene index is 3 points, there is traumatic occlusion along the entire length of the dental arches. What is your provisional diagnosis?

a. Acute generalized II grade periodontitis

b. Chronic generalized grade II periodontitis

c. Hypertrophic gingivitis

d. Acute generalized grade I periodontitis

e. Histiocytosis-X

220. An 18-year-old patient complains of short-term pain in the 37 tooth caused by sweet and cold stimuli. Objectively: masticatory surface of the 37 tooth has a carious cavity within mantle dentine. The cavity is filled with softened dentine. Probing of the cavity walls induces pain in the region of

dentinoenamel junction, electroodontodiagnosis is 6 microampere. What is the most likely diagnosis?

- a. Pulp hyperaemia
- b. Acute median caries**
- c. Acute deep caries
- d. Acute superficial caries
- e. Chronic fibrous pulpitis

221. An 18 year old patient complains of gingival painfulness and haemorrhage, halitosis, temperature rise up to 38,6°C, general weakness, appetite loss. Objectively: mucous membrane of oral cavity is hyperemic and dry; tongue is covered with white fur, gingival papillae are edematic, their apices have areas of necrotic deposit that can be easily removed leaving bleeding surface beneath. Submaxillary lymph nodes are enlarged, palpatory painful. What is the causative agent of this disease?

- a. Streptostaphylococci
- b. Virus of herpes simplex
- c. Candida fungi
- d. Fusospirochetal symbiosis**
- e. Pale treponema

222. A 27-year-old patient complains of bleeding, pain and swelling of gums, tooth mobility, halitosis, general weakness. Objectively: submandibular lymph nodes are enlarged and painful, gums are hyperemic and cyanotic, they are also swollen and bleed at probing, periodontal pockets are 5-8 mm deep and contain sero-purulent exudate. There is massive dental deposit, gingival recession and tooth migration. X-ray picture shows diffuse osteoporosis and irregular, predominantly vertical, resorption of alveolar septa down to 2/3 of root length. What is the most likely diagnosis?

- a. Chronic generalized grade III periodontitis
- b. Exacerbation of generalized grade II periodontitis
- c. Grade III parodontosis
- d. Eosinophilic granuloma
- e. Exacerbation of generalized grade III periodontitis**

223. A 16-year-old patient complains about experiencing gingival enlargement, pain and haemorrhage throughout a year. Objectively: gingival papillae are enlarged and overlap tooth crowns by 1/2 of their height. Gums exhibit bright red granulations and are painful on palpation. There are considerable calculus deposits. X-ray picture shows no changes of alveolar process. What is the most likely diagnosis?

- a. Catarrhal gingivitis
- b. Hypertrophic gingivitis**
- c. Ulcerous gingivitis
- d. Localised periodontitis
- e. Generalized periodontitis

224. During restoration of a II class (according to Blacks classification) carious cavity of the 25 tooth a doctor applied methods of total mordanting and drying of hard tissues. After that he noticed that enamel surface became chalky and dentin became completely dry. How should he treat enamel and dentin surfaces for the further restoration by method of "wet-Bonding"?

- a. Enamel and dentin should be treated with alcohol
- b. With dentin wetting agent**
- c. Enamel and dentin should be treated with adhesive system
- d. Enamel and dentin should be treated with mordanting gel once again
- e. Enamel and dentin should be treated with hydrogen peroxide

225. A 42 year old patient complains about tooth mobility, change of tooth position, foul taste, pain during food mastication. Objectively: teeth of both upper and lower jaws are mobile (2-3 degree), there are also diastems and diaereses. Tooth roots are dehiscd by 1/2. There are serous purulent discharges from periodontal pockets. Orthopantomogram shows bony tissue destruction down to 2/3 of root length. There are bone pockets. What is the most probable diagnosis?

- a. Papillon-Lefevre syndrome
- b. Atrophic gingivitis
- c. Chronic generalized periodontitis (II degree)
- d. Chronic generalized periodontitis (III degree)**
- e. Chronic catarrhal gingivitis

226. A 37-year-old patient complains of gingival haemorrhage, pain, halitosis, body temperature rise up to 37,6°C. Objectively: the gums are markedly hyperemic, swollen, bleed on touch, periodontal pockets are 3 mm deep, contain sero-purulent exudate. Orthopantomogram shows diffuse osteoporosis of alveolar processes, resorption of the interdental septa down to 1/3 of their height. What is the most likely diagnosis?

- a. Generalized grade II periodontitis, exacerbation
- b. Generalized grade I periodontitis, chronic course
- c. Exacerbation of chronic catarrhal gingivitis
- d. Generalized grade II periodontitis, chronic course
- e. Generalized grade I periodontitis**

227. A 21-year-old patient complains of a drop-shaped bulge in the cervical region. Objectively: there is an enamel droplet of about 2 mm in diameter on the vestibular surface of the 33 tooth. What is the most likely diagnosis?

- a. Enamel hyperplasia**
- b. Fluorosis
- c. Marble-bone disease
- d. Supernumerary tooth
- e. Enamel hypoplasia

228. A 67-year-old patient was diagnosed with cemental caries of the 35 tooth. What filling material should be chosen?

- a. Silver amalgam
- b. Silidont
- c. Silicin
- d. Glass-ionomer cement**
- e. Chemical-cure composite material

229. A 50-year-old patient complains about difficult mastication, teeth mobility, offensive breath, gingival hemorrhage. Objectively: the gum is hyperemic and cyanotic, dental calculus is present. Parodontal pouches are 8 mm deep within upper jaw molars. The pouches of other teeth are 6 mm deep. X-ray picture shows resorption of bone tissue by 2/3-1/2 of tooth roots. What is the most likely diagnosis?

- a. Chronic generalized III degree periodontitis**
- b. Chronic generalized I degree periodontitis
- c. Acute generalized II degree periodontitis
- d. Acute generalized III degree periodontitis
- e. Chronic generalized II degree periodontitis

230. An 18 year old patient complains about gingival enlargement, haemorrhage and pain during eating. Objectively: gingival edema, hyperemia, enlargement is up to 1/3 of tooth crown length. Palpation causes intense haemorrhage and pain. What is the most probable diagnosis?

- a. Acute condition of initial generalized periodontitis
- b. Hypertrophic gingivitis, edematous form**
- c. Acute catarrhal gingivitis
- d. Hypertrophic gingivitis, fibrous form
- e. Chronic catarrhal gingivitis

231. An 18-year-old patient complains about gingival enlargement, pain and haemorrhage when eating solid food. Objectively: hyperaemia, gingival edema, hypertrophy of gingival edge up to 1/2 of crown height by the 12, 13, 14 teeth. Formalin test is painless. What is the most likely diagnosis?

- a. Generalized II degree periodontitis, chronic course**

- b. Ulcero-necrotic gingivitis
- c. Exacerbation of generalized I degree periodontitis
- d. Hypertrophic gingivitis**
- e. Catarrhal gingivitis

232. A 20-year-old patient complains about a carious cavity in the 44 tooth. Objectively: the 44 tooth has a deep carious cavity in the masticatory surface, the dentine is dense and pigmented. Probing, percussion cause no pain. Electroodontodiagnosis is 12 microampere. What is the most likely diagnosis?

- a. Chronic fibrous periodontitis
- b. Chronic median caries
- c. Chronic deep caries**
- d. Chronic fibrous pulpitis
- e. Acute deep caries

233. A 25-year-old patient complains about a light brown spot in the upper foretooth. Objectively: the 23 tooth has a single light brown spot in the cervical region. Probing shows smooth surface. The tooth is nonresponsive to cold and probing. What is the most likely diagnosis?

- a. Acute initial caries
- b. Chronic superficial caries
- c. Fluorosis
- d. Local enamel hypoplasia
- e. Chronic initial caries**

234. A 60-year-old patient undergoes sanitation of the oral cavity before an operation on account of cataract. After examination the patient was diagnosed with chronic median caries of the 22 tooth (Blacks class V). What filling material should NOT be used in this patient?

- a. Chemical-cure macrofilled composite
- b. Light-cure microhybrid material**
- c. Chemical-cure glass-ionomer cement
- d. Chemical-cure microhybrid material
- e. Silicate cement

235. A young woman complained about having vesicles in oral cavity, painful ulcers, especially during talking and eating; muscle and joint pain, body temperature rise, indisposition, weakness. She fell suddenly ill 2 days ago. Objectively:  $t^{\circ} - 38,4^{\circ}\text{C}$ . Vermilion border is covered with bloody crusts that stick together and impede mouth opening. Mucous membrane of lips, cheeks, mouth floor, tongue, soft palate is hyperemic and edematous; there are single vesicles and large painful erosions covered with fibrinous deposit on it. Regional lymph nodes are enlarged and painful. There is hypersalivation. Nikolsky's symptom is negative. What is the most probable diagnosis?

- a. Secondary syphilis
- b. Acantholytic pemphigus
- c. Multiform exudative erythema**
- d. Acute herpetic stomatitis
- e. Non-acantholytic pemphigus

236. A 20 year old patient complains about gingival pain and haemorrhage she has been suffering from for a week. The pain is getting worse during eating, haemorrhage is usually induced by mechanical stimuli. Objectively: there are evident hyperemia and edema of gums in the area of inferior frontal teeth. Apices of gingival papillae are dome-shaped, enlarged. Gum palpation causes pain, slight haemorrhage. No roentgenological changes were revealed. What is the most probable diagnosis?

- a. Atrophic gingivitis
- b. Catarrhal gingivitis**
- c. Localized periodontitis
- d. Hypertrophic gingivitis
- e. Ulcerative gingivitis



237. A 42 year old patient applied to a dentist and complained about white caseous deposit on the dorsum of his tongue and burning sensation. It is known from the patients anamnesis that he underwent treatment in an in-patient hospital on account of pneumonia. What is the most probable diagnosis?

- a. Lupus erythematosus
- b. Acute pseudomembranous candidosis**
- c. Lichen ruber planus
- d. Typical form of leukoplakia
- e. Scarlet fever

238. A patient complained about frequent haemorrhages from the mucous membrane of oral and nasal cavities, he mentioned also that his father had the same problems. Objectively: there are multiple telangiectasias and angiomatous formations on face skin as well as on mucous membrane of nose, cheeks and lips. Blood count is normal. What is the most probable diagnosis?

- a. Rendu-Osler-Weber disease**
- b. Vaquez disease
- c. Addison-Biermer disease
- d. Cushings basophilism
- e. Werlhofs disease

239. Unused stomatological instruments were left on a sterile table at the end of the working day. What measures should be taken in order to provide sterility of these instruments?

- a. Disinfection, sterilization
- b. Presterilization treatment, sterilization
- c. Disinfection only
- d. Sterilization without preliminary processing**
- e. Disinfection, presterilization treatment, sterilization

240. A 42-year-old patient complains about gingival pain, progressing gingival haemorrhage, increasing tooth mobility, halitosis. Objectively: gums are evidently hyperaemic, extremely edematic, they bleed easily on palpation. Tooth roots are exposed, parodontal pouches are 4-6 mm deep, and contain purulent exudate, there is also supragingival and subgingival dental calculus. II-III grade tooth mobility is present. Orthopantomogram shows resorption of interdental septa down to 1/2 of their height. What is the most likely diagnosis?

- a. Exacerbation of generalized III degree periodontitis
- b. Exacerbation of generalized I degree periodontitis
- c. Exacerbation of generalized II degree periodontitis**
- d. Chronic generalized II degree periodontitis
- e. Chronic generalized III degree periodontitis

241. A 23 year old patient underwent treatment of pulpitis of her 16 tooth. During endodontic procedure an obstructed distal buccal canal was found. What medications can be applied for chemical dilatation of root canal?

- a. Resorcin-formaline liquid
- b. Essential oils
- c. Medications with antibacterial and anti-inflammatory effect
- d. 10-20% solutions of EDTA sodium salts**
- e. 30% solution of silver nitrate

242. A 38-year-old patient complains of discomfort, occasional sensation of tearing in the 17 tooth, infrequent pain during eating hot food that lasts for 10-20 minutes. Objectively: the 17 tooth is filled with composite materials, the tooth is slightly darker than the other ones. What is the most likely diagnosis?

- a. Chronic fibrous pulpitis
- b. Chronic gangrenous pulpitis**
- c. Chronic concrementous pulpitis
- d. Chronic granulating pulpitis

e. Recurrent caries

243. A 28-year-old patient complains about constant localised pain that is getting worse when biting down on food. Objectively: the 46 tooth has a carious cavity communicating with the dental cavity. Probing of the carious cavity causes no pain, percussion is painful, X-ray picture shows no changes. What is the most likely diagnosis?

- a. Exacerbation of chronic periodontitis
- b. Acute serous periodontitis**
- c. Acute purulent periodontitis
- d. Exacerbation of chronic pulpitis
- e. Acute diffuse pulpitis

244. A patient applied to a dentist and complained about periodical pain in his upper jaw. Anamnesis data: the 12 tooth has been previously treated on account of pulpitis. Objectively: crown of the 12 tooth was restored by permanent filling material. X-ray picture of the upper jaw shows a focus of bony tissue destruction near the root apex of the 12 tooth up to 15 mm in diameter. Root canal is filled up to the top. What is the most optimal treatment method?

- a. Dissection along the mucogingival fold
- b. Root apex resection of the 12 tooth**
- c. Removal of the 12 tooth
- d. Conservative treatment
- e. Replantation of the 12 tooth

245. Renovation of a dental office involves installation of luminous tube lamps. Specify the required illuminance level in lux:

- a. 200 lx
- b. 100 lx
- c. 400 lx
- d. 300 lx
- e. 500 lx**

246. Walls and floor of a dental room were painted with recommended light colours. What is the required coefficient of reflection from the walls, ceiling and floor?

- a. 30
- b. 35
- c. 60**
- d. 25
- e. 20

247. A patient complains about pain in the oral cavity, burning and dryness. Examination revealed fiery-red dry mucous membrane. The tongue is crimson, dry, glossy, filiform papillae are atrophied. There is some deposit in tongue folds that is hard to be removed. The patient undergoes treatment for pneumonia, she takes antibiotics. What is the most likely diagnosis?

- a. Acute atrophic candidiasis**
- b. Pellagrous glossitis
- c. Benign migratory glossitis
- d. D2 hypovitaminosis
- e. Fastened erythema

248. A dentist applied to the regional sanitation center for a permission to open a private dental office with two universal dental sets. Planned area of the reception room is 26 m<sup>2</sup>. According to existing norms, the dental office with two universal dental sets must have the following area:

- a. 10 m<sup>2</sup> for each set and 7 m<sup>2</sup> in addition
- b. 10 m<sup>2</sup> for each set and 10 m<sup>2</sup> in addition
- c. 14 m<sup>2</sup> for each set and 10 m<sup>2</sup> in addition**
- d. 7 m<sup>2</sup> for each set and 7 m<sup>2</sup> in addition
- e. 20 m<sup>2</sup> for each set and 12 m<sup>2</sup> in addition

249. A 20-year-old patient was diagnosed with chronic deep caries of the 12 tooth. Objectively: the 12 tooth has a deep carious cavity on the aproximal-distal surface. Distal crown angle of the 12 tooth is also affected with caries. Choose the material for correction of the indicated defect:

- a. Chemical-cure glass ionomer cement
- b. Polycarboxylate cement
- c. Silica-alumina cement
- d. Light-cure composite material**
- e. Light-cure glass-ionomer cement

250. Examination of a 23 year old patient revealed chronic candidosis of oral mucous membrane, generalized lymphadenopathy. Anamnesis data: the patient has been suffering from herpes for a year. Body temperature persistently rises up to 37,4-37,5°C, body weight has reduced by 8 kg over the last month. What disease can be indicated by this symptom group?

- a. Infectious mononucleosis
- b. Chronic leukosis
- c. Candidosis
- d. AIDS**
- e. Acute leukosis

251. A dentist performing gum anesthetization before the closed curettage had mistakenly used the 10% solution of silver nitrate instead of 10% lidocaine solution. The gums immediately became white, swollen, painful. Which of these medications is to be used for emergency care?

- a. 50% of ethyl alcohol
- b. 3% solution of potassium iodide**
- c. 0,1% solution of liquid ammonia
- d. 0,5% solution of acetic acid
- e. 2% solution of citric acid

252. A 35 year old patient complained about toothache on the left of his upper jaw that appears during eating, can be caused by thermal stimuli (especially by cold water) as well as by mechanical and chemical stimuli. The pain abates when the stimuli are eliminated. Objectively: there is a deep carious cavity with a narrow inlet within circumpulpar dentin. Probing of carious cavity floor is painful. Thermodiagnosis causes acute pain that abates immediately after stimulus elimination. Electric odontodiagnostics results - 15 microampere. Make a diagnosis:

- a. Acute deep caries**
- b. Acute partial pulpitis
- c. Chronic simple pulpitis
- d. Acute median caries
- e. Pulp hyperemia

253. A patient complains about paroxysmal upper jaw toothache on the left that is getting worse at night. Toothache intensifies also under stimulation and irradiates to the left eye and temple. Similar attacks were noted three months ago, the patient didnt undergo any treatment. Objectively: the 25 tooth has a deep carious cavity communicating with the tooth cavity. Probing causes acute pain at the point of communication, vertical percussion is slightly painful, horizontal one is painless. Mucous membrane in the projection of root apex of the 25 tooth is unchanged, its palpation is painless. Thermal probe causes acute pain, the pain attack is long-lasting. Electroodontodiagnosis is 60 microampere. X-ray picture shows slight widening of periodontal fissure at the root apex of the 25 tooth. What is the most probable diagnosis?

- a. Exacerbation of chronic pulpitis**
- b. Acute purulent pulpitis
- c. Exacerbation of chronic periodontitis
- d. Acute purulent periodontitis
- e. Acute generalized pulpitis

254. A 23-year-old patient complains about gingival haemorrhage during tooth brushing, intensive formation of dental plaque despite thorough dental care. Objectively: gingival papillae are slightly

edematic, congestively hyperemic, bleed when touched. Hygiene index according to Fedorov and Volodkina is 3,5. What toothpaste would you recommend this patient as a part of complex therapy?

- a. Gel toothpaste with microelements
- b. Toothpaste with antifungal agents
- c. Toothpaste containing mineralizing components
- d. Fluorine-containing toothpaste
- e. Salt-containing toothpaste**

255. A dentist fills a Black class II carious cavity in the 36 tooth of a 35-year-old man by sandwich method in one office visit. What glass-ionomer cement should be chosen as basic liner in this case?

- a. Water-hardening
- b. Condensable
- c. Reinforced
- d. Hybrid**
- e. Classical

256. A pregnant 24-year-old woman complains about emergence of several new carious cavities, falling out of old fillings. Objective examination revealed: index of decayed, missing and filled teeth (DMF) = 16, Fedorov-Volodkina hygiene index is 3,3. Choose the optimal material for carious cavity filling in this case:

- a. Light-cure composite
- b. Silicophosphate cement
- c. Silver amalgam
- d. Chemical-cure composite
- e. Glass ionomer cement**

257. A 22-year-old patient undergoes treatment for acute deep caries of the 26th tooth. The pulp-capping material of choice is Ca(OH)<sub>2</sub>/salicylate cement "Life", the constant filling material is high-cure condensable composite "Solitaire-2". The pulp cap should be covered with:

- a. Insulating varnish
- b. Adhesive composite system
- c. Glass-ionomer cement**
- d. Phosphate cement
- e. Zinc-eugenol cement

258. A 19 year old man complained about gingival haemorrhage and painfulness. Objectively: in the frontal part of his upper and lower jaws overcrowding of teeth is present; there are hyperemia, cyanosis and enlargement of gingival papillae up to 1/3 of crown height; massive formation of soft tooth deposit. What procedure should be included into the treatment program?

- a. Fluctuating currents
- b. Darsonval currents**
- c. Microwave therapy
- d. Diathermy
- e. Ultra-high frequency therapy

259. A 54-year-old male patient complains about progressing pain in the area of upper jaw on the left that first arose 3 days ago. Body temperature is up to 37,2°C. Objectively: gingival mucous membrane is edematic, hyperemic, it bleeds slightly. Parodontal pouches are 6-7 mm deep and contain a small amount of purulent exudate. A painful infiltrate is palpated in the region of the 26 tooth. The 26 tooth has III degree mobility, the rest of teeth have I-II degree mobility. X-ray picture shows resorption of interalveolar septa by 2/3 of root length. What is the most appropriate treatment method of the 26 tooth?

- a. Curettage of parodontal pouches
- b. Temporal splintage, conservative therapy
- c. Extraction of the 26 tooth**
- d. Lancing of abscess via gum
- e. Lancing of abscess via parodontal pouch

260. A group of specialists conducts an epidemiological survey of certain age groups of population aimed at evaluation of periodontal disease prevalence and treatment needs. These rates are studied by means of the following index:

- a. OHI-S (Green-Vermillion index)
- b. PI (Russel index)
- c. PMA (Parma)
- d. CPITN (WHO index)**
- e. PDI (Ramfjord index)

261. A 25-year-old patient complains about acute pain in the mouth, headache, articular pain, body temperature rise up to 38,6°C. Red border of lips is covered with haemorrhagic crusts, mucous membrane of the oral cavity has big erosions and ulcers coated with greyish incrustation. Hand skin exhibits erythematous spots 1-1,5 cm in diameter with a vesicle in the middle. What is the most likely diagnosis?

- a. Multiform exudative erythema
- b. Medicamentous stomatitis
- c. Behcets syndrome
- d. Lyells syndrome
- e. Stevens-Johnson syndrome**

262. A 36-year-old female patient complains about an aesthetic defect of upper frontal teeth. In past history: she undergoes regular check-up in the endocrinological department on account of thyrotoxicosis. Enamel defects appeared several years ago and since that have been gradually expanding. Examination revealed that the 12, 11, 21, 22 teeth had transverse oval enamel defects on the vestibular surfaces. Probing and cold test is painless. Floor of the defects is smooth, glossy and hard. What is the most likely diagnosis?

- a. Systemic hypoplasia
- b. Necrosis of hard tissues
- c. Acute superficial caries
- d. Wedge-shaped defects
- e. Erosion of hard tissies**

263. A 23-year-old patient complains about root exposition, gingival hemorrhage during tooth brushing, gum itch. Objectively: there is supragingival and subgingival dental calculus. Gums are hyperaemic, edematic, pouches are 3,5 mm deep. X-ray picture shows resorption of interalveolar septa by 1/3. What is the most likely diagnosis?

- a. Chronic generalized I degree periodontitis**
- b. Exacerbation of generalized I degree periodontitis
- c. II degree periodontitis
- d. Exacerbation of generalized II degree periodontitis
- e. Chronic generalized II degree periodontitis

264. A dentist treats a 22-year-old patient on account of acute deep caries of the 26 tooth. As lining material the dentist chose calcium salicylate cement "Life". What material should be chosen for insulation of the lining?

- a. Zinc oxide eugenol cement
- b. Glass ionomer cement**
- c. Adhesive composite system
- d. Insulating varnish
- e. Zinc phosphate cement

265. A 62-year-old patient complains of a painless formation on his tongue that appeared several months ago. Objectively: the patient has a lot of carious and completely decayed teeth, lateral surface of tongue exhibits a painless whitish formation 10x5 mm large with irregular surface in form of verrucae. Histological examination revealed thickening of corneal epithelial layer of intermittent keratinization type. What is the most likely diagnosis?

- a. Verrucous precancer**

b. Hyperkeratotic form of lichen ruber planus

c. Keratoacanthoma

**d. Verrucous form of leukoplakia**

e. Hyperplastic form of candidiasis

266. A gravida (36 weeks) complains of gingival haemorrhages and excessive plaque despite a thorough hygienic care of oral cavity. Objectively: gingival papilla and marginal gingival edge are spongiose, bleeding when touched. Fedorov-Volodkinas hygiene index is 3,7 points. What kind of toothpaste should be recommended to this patient after the professional oral hygiene?

**a. Chlorhexidine-containing toothpaste**

b. Herbal toothpaste

c. Gel toothpaste

d. Fluorine-containing toothpaste

e. Toothpaste with mineralizing agents

267. A 35-year-old man has a medium deep carious cavity in the 37 tooth (Blacks class II). For its filling a dentist chose technique of layer-by-layer restoration. What composite should be coating the floor and walls of the carious cavity in order to form superadaptive initial layer?

**a. Flowable**

b. Macrofilled

c. Microfilled

d. Microhybrid

e. Condensable

268. A patient had an epileptic attack during tooth preparation. What actions should the doctor take?

a. To seat the patient on an armchair in upright position

b. No actions should be taken

**c. To lay the patient down with laterad position of his head, to fix his tongue**

d. To seat the patient with forward position of his head, to fix his hindhead

e. To lay the patient in prone, head-down position, to fix his arms

269. A patient being at a dentist presented suddenly with tachycardia, sweating, trembling, nausea, hunger. The patient is conscious. He suffers from diabetes mellitus. What aid should be rendered by the dentist?

a. The dentist should make intramuscular injection of adrenaline (0,5-1,0 mg)

b. The dentist should make intravenous injection of corticosteroids

c. The dentist should lay the patient down on a flat surface, lower cephalic pole, open the windows

d. The dentist should give the patient nitroglycerine in form of spray or sublingually

**e. The dentist should break the procedure off and give the patient sugar in any form**

270. On removing a dental plaque, a 19-year-old patient is found to have two white patches in the precervical region of the 11 and 21 teeth. After drying the patches increase in size. What is the most likely diagnosis?

a. Local hypoplasia

b. Fluorosis

**c. Initial caries**

d. Enamel necrosis

e. Amelogenesis imperfecta

271. A 27-year-old patient has been referred for endodontic treatment on the 45 tooth. Objectively: the tooth crown is decayed, the lateral surface of tongue and cheek mucosa being in direct contact with the 45 tooth are covered with grayish plaques of macerated epithelium that are somewhat raised above the surface of the mucous membrane. Uvula and palatine arches are of dark red colour, and the hard palate has papules with a red rim and covered with grayish epithelium. Submandibular, cervical, supraclavicular, subclavicular lymph nodes are enlarged, painless. What is your provisional diagnosis?

**a. Secondary syphilis**

b. Lupus erythematosus, plaque stage

- c. Lichen ruber planus
- d. White sponge nevus
- e. Chronic recurrent aphthous stomatitis

272. A 44-year-old patient complains about the astringent sensation in the upper jaw incisors, which appeared 1,5 years ago. Objectively: the most convex part of the vestibular surfaces of the 12, 11, 21, 22 crowns has roundish defects with smooth, shiny, dense surface, that reach dentine in depth. The depth of defects is gradually decreasing from the centre to the periphery. What is the most likely diagnosis?

- a. Wedge-shaped defect
- b. Chronic median caries
- c. Destructive fluorosis
- d. Enamel erosion**
- e. Systemic hypoplasia

273. A 42-year-old patient complains of a cavity in the 26 tooth. Objectively: the 26 tooth exhibits a deep carious cavity, dentine is dense, pigmented, there is pain reaction to a cold stimulus, percussion and probing are painless. What is your provisional diagnosis?

- a. Chronic median caries
- b. Acute median caries
- c. Acute deep caries
- d. Chronic fibrous pulpitis
- e. Chronic deep caries**

274. An 18-year-old patient complains about ulceration in the oral cavity, spontaneous bleeding of mucous membrane, pain during food intake and talking, nosebleeds. He has a history of: aggravation of general condition, weakness, body temperature rise up to 39°C, headache, joint pain. What method of diagnostics should be applied to confirm the diagnosis?

- a. Blood sugar test
- b. HIV test
- c. Allergy test
- d. Clinical blood analysis**
- e. Immunogram

275. A 25 year old patient applied to a clinic for the purpose of oral cavity sanitation. During preparation of the 45 tooth on account of chronic median caries the patient turned pale, there appeared cold clammy sweat on her forehead, nausea, ear noise. The patient lost consciousness. Objectively: pulse - 50 bpm, AP - 80/60 mm Hg, shallow breath, miotic pupils. Make a diagnosis of this state:

- a. Collapse
- b. Quinckes edema
- c. Anaphylactic shock
- d. Stenocardia
- e. Syncope**

276. Rising from a chair after a dental procedure, a 60-year-old patient felt retrosternal pain radiating to the left arm, nausea, weakness. Objectively: the patient is pale, his face is sweaty. AP is 90/60 mm Hg, pulse is arrhythmic, of poor volume, 100/min. Heart sounds are muffled, vesicular breathing is present. What is your provisional diagnosis?

- a. Myocardial infarction
- b. Stenocardia
- c. Pulmonary artery thrombosis
- d. An attack of coronary artery disease**
- e. Hypertensive crisis

277. A 23-year-old patient was delivered to a traumatology centre with a dirty cut wound of her right foot. A doctor performed initial surgical debridement and made an injection of antitetanus serum. Some time later the patient's condition got abruptly worse: she developed extreme weakness,



dizziness, palpitation. Objectively: the skin is pale, the patient has cold sweat, frequent pulse of poor volume at a rate of 100 bpm, AP is 90/40 mm Hg. What is the cause of such aggravation?

- a. Infectious-toxic shock
- b. Drug disease (seroreaction)
- c. Haemorrhagic shock
- d. Pain shock

**e. Anaphylactic shock**

278. A man was found in a street in unconscious state and delivered to the sanitary inspection room. At small intervals the man presents with recurrent attacks of tonic and clonic convulsions of the upper and lower limbs. Objectively: the patient is unconscious, his pupils are mydriatic, don't react to light. The tongue has teeth indentations. Involuntary urination was noted. Examination revealed no symptoms of focal cerebral lesion. AP is 140/90 mm Hg. The patient's head can be freely brought to the chest. Specify the most probable pathology:

- a. Parenchymatous hemorrhage
- b. Tetanus
- c. Acute meningoencephalitis

**d. Epilepsy, status epilepticus**

e. Cerebral infarction

279. A patient was found unconscious in her flat heated with firewood. The stove pipe damper was closed, it smelt of smoke in the room. Objectively: the patient is unconscious, her skin and mucous membranes are of cherry red colour. Pupils exhibit no reaction to light, corneal and tendinous reflexes are absent, muscle tone is decreased. Ps is 96 bpm, of poor volume. Heart sounds are muffled, there are solitary extrasystoles, AP is 90/60 mm Hg. In the lower lungs solitary small bubbling rales are present, respiratory rate is 28/min. What is the most likely diagnosis?

- a. Acute intoxication with sulfur dioxide gas
- b. Acute chlorine intoxication

**c. Acute intoxication with carbon oxide**

- d. Acute methane intoxication
- e. Acute benzol intoxication

280. During transportation of a 60-year-old patient an emergency doctor noted aggravation of his general condition, pulselessness, mydriatic pupils, absence of respiratory movements. It will take 5 minutes to get to the admission ward. What actions should the doctor take in the first place?

- a. Facilitate oxygen inhalation
- b. Make an intravenous injection of polyglucinum
- c. Deliver the patient to the hospital as soon as possible
- d. Make an intracardiac injection of adrenaline

**e. Start cardiopulmonary resuscitation**

281. An 18-year-old woman has been suffering from diabetes mellitus for 5 years. She receives 36 units of insulin per day. During pneumonia her condition got abruptly worse: the patient presented with increased thirst, abdominal pain, nausea, vomiting and sleepiness. In the evening the patient refused to eat and didn't get her regular insulin dose; in the morning she lost consciousness. Objectively: the patient is unconscious, the skin is dry, turgor is decreased. The tongue is also dry. Respiration is deep and noisy, there is sharp smell of acetone from the mouth. Body temperature is 36,6°C, Ps is 100 bpm, small; AP is 90/50 mm Hg. Urine exhibits extremely positive reaction to acetone. Blood glucose is 33 millimole/l. What is your provisional diagnosis?

- a. Hyperosmolar coma
- b. Hepatic coma
- c. Cerebral coma

**d. Ketoacidotic coma**

e. Lactacidemic coma

282. A 28-year-old man attended a glasshouse in a botanic garden. After he had smelt at an orchid he turned pale and lost consciousness. Objectively: heart rate is 115/min, arterial pressure is 50/0 mm

Hg. What drug should be injected to the patient in the first place?

- a. Strophanthine
- b. Cordiamin
- c. Prednisolone**
- d. Mesaton
- e. Dimedrol

283. A 68-year-old patient has been taking diclofenac because of pain in the knee joints for about a year. In the evening after substantial meal the patient presented with liquid black stool, drastic weakness, single vomiting after which the patient lost consciousness. Emergency team delivered him to the hospital. Objectively: the patient is conscious, with slightly deferred reaction, pale. Heart rate is 20 breaths/min, Ps is 102 bpm, AP is 110/70 mm Hg. Abdomen is soft, painful in the epigastrium. What is the most likely diagnosis?

- a. Myocardium infarction
- b. Food poisoning
- c. Gastrointestinal haemorrhage**
- d. Apoplectic attack
- e. Thrombosis of mesenterial arteries

284. A 45-year-old female patient complains about pain caused by thermal stimuli and spontaneous pain in the 26 tooth. A week ago this tooth was treated for pulpitis. Objectively: the 26 tooth is filled, percussion is painful, thermal stimulus causes slowly intensifying long-lasting pain. X-ray picture shows that the palatine canal is filled by  $\frac{1}{2}$ , buccal canals contain no filling material. What is the most probable cause of this complication?

- a. Infection
- b. Inadequate canal filling
- c. Incomplete pulp extirpation**
- d. Inflammation in the periodontium
- e. Trauma of periodontium tissue

285. A 49-year-old patient complains about pain in the oral cavity induced by eating. He suffers from CHD. Objective examination revealed dyspnea, limb edema. Oral cavity isn't sanitized. On the mucous membrane on the right, there is an ulcer with irregular edges covered with greyish-white necrotic deposit with low-grade inflammation around it. There is also halitosis. What is the most probable diagnosis?

- a. Trophic ulcer**
- b. Tuberculous ulcer
- c. Ulcero-necrotic stomatitis
- d. Cancerous ulcer
- e. Traumatic ulcer

286. A patient complains of spontaneous, paroxysmal, irradiating pain with short pain-free intervals. The pain arose 2 days ago and occurs only at night. Make a provisional diagnosis:

- a. Acute purulent pulpitis
- b. Acute diffuse pulpitis**
- c. Exacerbation of chronic periodontitis
- d. Acute deep caries
- e. Acute circumscribed pulpitis

287. A 20 year old homeless and unemployed patient complains about body temperature rise up to 39°C, pain during eating and deglutition, nasal haemorrhages. He has been suffering from this for 10 days. Objectively: herpetic rash on the lips, irregular-shaped erosions covered with fibrinous deposit on the mucous membrane of oral cavity; filmy deposits on the tonsils. Liver is enlarged and sclerotic. Blood count: erythrocytes -  $4,5 \times 10^{12}/l$ ; hemoglobin - 120 g/l; ESR - 25 mm/h; leukocytes -  $10 \times 10^9/l$ ; eosinophils - 0; rod nuclear cells - 2; segmentonuclear leukocytes - 31, lymphocytes - 41; monocytes - 10; atypical mononuclears - 14%, plasmatic cells - 2. What is the most probable diagnosis?

- a. Acute leukosis**

**b. Infectious mononucleosis**

- c. Oropharyngeal diphtheria
- d. Acute herpetic stomatitis
- e. AIDS

288. A 22 year old patient complained about colour change of the 11 tooth crown. The tooth was treated on account of chronic deep caries a year ago. Immediately after treatment the patient felt slight pain. She didn't consult a dentist. X-ray picture shows broadening of periodontal fissure in the area of root apex of the 11 tooth. Percussion is painless. What is the most probable diagnosis?

- a. Chronic granulating periodontitis
- b. Chronic deep caries

**c. Chronic fibrous periodontitis**

- d. Chronic granulomatous periodontitis
- e. Chronic fibrous pulpitis

289. A 47-year-old female patient complains of inability to eat hot and cold food, as well as of intense pain caused by sour, sweet and salty food. Objectively: there is a slight loss of enamel on the molars and incisors. Probing and cold test cause acute pain. What is the most likely diagnosis?

**a. Hyperesthesia of dental hard tissues**

- b. Enamel necrosis
- c. Pathological abrasion of dental hard tissues
- d. Enamel hypoplasia
- e. Enamel erosion

290. After removal of dental plaque an 18-year-old patient underwent preventive examination. It revealed painless chalky spots in the precervical region on the vestibular surface of the 22 and 41 teeth. Result of enamel resistance test is 7. What morphological changes are typical for this disease?

**a. Degenerative changes of odontoblasts**

**b. Subsurface enamel demineralization**

- c. Damage of dentinoenamel junction
- d. Changes in the mantle dentine
- e. Superficial enamel demineralization

291. A 34-year-old male patient consults a dentist about an ulcer on the hard palate. It appeared about a month ago. He has treated it by rinsing with herbal water, but the ulcer is gradually "creeping". Objectively: there is a shallow erythematous ulcer with uneven and undermined edges of soft consistency within the mucous membrane of hard palate. Granulations of the ulcer floor are also present. Yellowish granules are visible on the ulcer periphery. What is the most likely diagnosis?

- a. Syphilitic ulcer
- b. Actinomycosis
- c. Trophic ulcer
- d. Cancerous ulcer

**e. Tuberculous ulcer**

292. A 45 year old patient applied to a dental clinic for oral cavity sanitation. Anamnesis data: mild case of diabetes. Objectively: mucous membrane of cheeks is unchanged, mainly in retromolar area there are symmetrically placed whitish papulae protruding over the mucous membrane and forming a lace-like pattern. On the upper jaw there are two soldered bridge dentures, the 47 tooth has an amalgam filling, the 46 tooth has a steel crown. What is the most probable diagnosis?

**a. Lupus erythematosus**

**b. Lichen ruber planus**

- c. Leukoplakia
- d. Secondary syphilis
- e. Chronic atrophic candidosis

293. A 40-year-old patient complains of pain caused by cold and sweet food in the 11, 21 teeth, as well as of a cosmetic defect. Examination of the 11, 21 teeth revealed some oval, diagonally arranged enamel defects on the convex part of the vestibular surface of tooth crowns. The defects had smooth,

glossy, dense floor. The patient has a history of thyrotoxicosis. What is the most likely provisional diagnosis?

- a. Wedge-shaped defect
- b. Enamel necrosis
- c. Amelogenesis imperfecta
- d. Erosion of dental hard tissues**
- e. Surface caries

294. A 36-year-old patient complains of pain under the dental bridge. After its removal the patient has been found to have an ulcer 0,3x0,5 cm large on the alveolar process. The ulcer is slightly painful and soft, the surrounding mucosa is hyperaemic, submandibular lymph nodes are not enlarged. What is a provisional diagnosis?

- a. Decubital ulcer**
- b. Sutton aphtha
- c. Tuberculous ulcer
- d. Cancerous ulcer
- e. Trophic ulcer

295. A 22-year-old patient was undergoing treatment of the 25th tooth for deep acute caries. During preparation a dentist accidentally opened the horn of pulp. What method of treatment should be applied?

- a. Biologic method**
- b. Devital amputation
- c. Devital extirpation
- d. Vital extirpation
- e. Vital amputation of pulp

296. A 40-year-old patient complains of constant intense throbbing pain in the 23 tooth lasting for 3 days. This problem hasnt bothered him before. Vertical and horizontal percussion is positive, the tooth is mobile, mucous membrane around the 26 tooth is hyperemic and edematous. Palpation of the mucogingival fold in the root apex projection is painful. What is the most likely diagnosis?

- a. Acute purulent periodontitis of the 26 tooth**
- b. Acute localized periodontitis of the 26 tooth
- c. Acute serous periodontitis of the 26 tooth
- d. Acute serous pulpitis of the 26 tooth
- e. Acute purulent pulpitis of the 26 tooth

297. A 25-year-old patient complains of heavy gingival haemorrhages, 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 haemorrhages, 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. Vincent stomatitis
- c. Intoxication with heavy metal salts
- d. Hypovitaminosis C
- e. Chronic leukemia

298. Preventive examination of a 20-year-old student revealed chronic candidiasis of the oral mucosa, generalized lymphadenopathy. He has a 1-year history of herpes simplex. The body temperature often rises to 37,4-37,5°C, the patient has lost 8 kg of body weight over the last month. These symptoms may be indicative of the following disease:

- a. Chronic leukosis
- b. Lymphogranulomatosis
- c. Infectious mononucleosis
- d. Acute leukosis
- e. AIDS**

299. A 22-year-old student complains of gingival haemorrhage during tooth brushing. Objectively: hyperaemia and edema of marginal gingiva of the front teeth on both jaws, periodontal pockets are absent. X-ray reveals no pathological changes. What is the most likely diagnosis?

a. Chronic catarrhal gingivitis

b. Ulcerative gingivitis

c. Generalized periodontitis

d. Hypertrophic gingivitis

e. Localized periodontitis

300. A 31-year-old patient consulted a dentist about teeth sanitation. Objectively: in the precervical region of the 13 and 23 teeth there are irregularly-shaped defects of hard tissues within deep layers of enamel. The floor of the defects is rough, their edges are chalky. What tactics should be chosen as to these defects?

a. Filling with composite material without preparation

b. Grinding of the defects

c. Silvering of the defects

d. Preparation and filling

e. Remineralizing therapy

301. A 38-year-old male patient complains of a carious cavity. He had experienced spontaneous dull pain in the tooth in question before. Objectively: the distal masticatory surface of the 37 tooth presents a deep cavity made of soft pigmented dentin. Percussion is painless. After removing the decay from the cavity, cold water has caused pain lasting for about a minute. X-ray picture shows the deformation of the periodontal gap in the region of the 37 root apices. What is the most likely diagnosis?

a. Chronic deep caries

b. Chronic fibrous periodontitis

c. Exacerbation of chronic pulpitis

d. Acute deep caries

e. Chronic fibrous pulpitis

302. A 17-year-old girl complains about painfulness and gingival hemorrhage during tooth brushing and food intake. She has been suffering from it for 1,5 year. She consulted a dentist. There was no considerable effect from treatment. Objectively: gingival papillae are flabby and cyanotic in the region of frontal teeth on both jaws, they overlay teeth crowns by  $\frac{1}{3}$ - $\frac{1}{2}$  of their height, they bleed on touch. Therapeutic effect can be achieved by means of electrophoresis with:

a. Sodium fluoride

b. Heparin

c. Vitamin B1

d. Aloe

e. Tripsin

303. A 24-year-old male complains of pain, bad breath, body temperature rise up to 38°C. Objectively: the patient is pale, adynamic. Regional lymph nodes are enlarged and painful. Gums are edematous, hyperaemic, ulcerated, covered with necrotic plaque. There is an excessive buildup of calculus. What additional study should be done in the first place?

a. Microscopy of gingival plaque

b. Blood sugar test

c. Complete blood count

d. Test for HIV infection

e. X-ray of jaws

304. A 32-year-old patient complains of experiencing dryness and burning of tongue back for a week. The burning intensifies during taking irritating foods. Some time ago he had pneumonia and was treated with antibiotics. Objectively: skin and oral mucosa are pale. The lingual mucosa is hyperemic and edematous, the folds at the back of tongue are covered with the crumbling gray-white plaque, desquamation of the lateral surface of tongue is also present. Saliva is thick and attaches to a

spatula. Choose the most effective drug complex for the local treatment:

- a. Hydrocortizone ointment + solcoseryl
- b. Furacilin + methylene blue
- c. Furacilin + solcoseryl
- d. Methylene blue + pimafucin**
- e. Decamin + hydrocortizone ointment

305. An 18-year-old patient complains about body temperature rise, weakness, pain induced by eating and deglutition. Objectively: mucous membrane of the oral cavity is erythematic with multiple petechia. Pharynx is hyperaemic. Regional lymph nodes are enlarged, mobile, painless. In blood: leukocytosis, monocytosis, atypic mononuclear cells, ESR is 30 mm/h. What is the leading factor of disease development?

- a. Immediate allergy
- b. Delayed allergy
- c. Bacterial infection
- d. Autoimmune disorders
- e. Viral infection**

306. A 72-year-old patient complains of burning pain in the corners of mouth. Objectively: the folds of mouth corners have erosions, covered with white coating that can be easily removed, mucous membrane of mouth corners is macerated, of pearly colour. There is pathological tooth wear and decreased vertical dimension of occlusion. What is your provisional diagnosis?

- a. Syphilitic angular cheilitis
- b. Angular cheilitis candidiasis**
- c. Chronic recurrent labial fissure
- d. Atopic cheilitis
- e. Streptococcal angular cheilitis

307. Analysis of the contents of periodontal pockets revealed a significant contamination with Candida yeast fungi. Which of the following drugs should be used for instillations?

- a. Trichopol
- b. Diclofenac sodium
- c. Tinidazole
- d. Clotrimazole**
- e. Dioxydin

308. A 25-year-old patient consulted a doctor about massive gingival haemorrhages, dry mouth, mobility and shifting of teeth, purulent discharges from the gums, bad breath. According to the patient, these presentations turned up about 2 months ago. Before the diagnosis can be made, the following tests should be done in the first place:

- a. Blood sugar test**
- b. Allergological tests
- c. Serologic studies
- d. Acute-phase reactants tests
- e. Immunological studies

309. A 23-year-old patient complains about a small ulcer on the red border of her lower lip that has been irresponsive to self-treatment for two weeks. Objectively: unchanged red border of lower lip has a circular ulcer of 2 mm in diameter with raised regular edges, its floor is of meat-like colour, dense, shiny, with "stearic film", with cartilaginous infiltration, painless on palpation. Regional lymph node is enlarged, of tight elastic consistency, painless, mobile. What is the most likely diagnosis?

- a. Cancerous ulcer
- b. Decubital ulcer
- c. Primary syphilis**
- d. Lupus erythematosus
- e. Tuberculous ulcer

310. A 29-year-old patient complains about acute attack-like pain in the region of his upper jaw on the

left, as well as in the region of his left maxillary sinus, eye and temple. The pain is long-lasting (2-3 hours), it is getting worse at night. The patient has a history of recent acute respiratory disease. Objectively: the 26 tooth has a carious cavity, floor probing is painful, thermal stimuli cause long-lasting pain, percussion causes slight pain. What is the most likely diagnosis?

- a. Acute diffuse pulpitis
- b. Acute apical periodontitis
- c. Exacerbation of chronic periodontitis
- d. Inflammation of maxillary sinus
- e. Acute focal pulpitis

311. A 20-year-old patient complains about a carious cavity in an upper right tooth. Objectively: the 16 tooth has a deep carious cavity communicating with the tooth cavity, probing at the opening point is painless, percussion of the 16 causes mild pain. There is a fistula on the gingiva in the region of root apex projection of the 16 tooth. What is the most probable diagnosis?

- a. Chronic fibrous periodontitis
- b. Chronic hypertrophic pulpitis
- c. Chronic gangrenous pulpitis
- d. Chronic granulating periodontitis
- e. Chronic granulomatous periodontitis

312. A 16-year-old patient complains about a cosmetic defect in form of white spots in the region of the upper frontal teeth. The defect was revealed long ago and doesn't change with time. Objectively: white spots on the vestibular surfaces of the 11, 12, 21, 22 teeth close to the cutting edge and on the vestibular surfaces of the 16, 26, 36, 46 teeth close to the masticatory surface. On probing the spot surface was smooth, painless; cold stimulus produced no pain. The spots couldn't be stained with 2% solution of methylene blue. What is the most likely diagnosis?

- a. Erosion of dental solid tissues
- b. Systemic enamel hypoplasia
- c. Acute initial caries
- d. Local enamel hypoplasia
- e. Fluorosis in form of spots

313. Preventive examination of a 45-year-old patient revealed a carious cavity in the 23 tooth located within the mantle dentin. The cavity floor and walls are of dense, markedly pigmented dentin, probing and cold test provoke no pain, percussion of the 23 tooth is painless. Electroodontometry results - 6 mA. What is the most likely diagnosis?

- a. Acute median caries
- b. Acute deep caries
- c. Chronic periodontitis
- d. Chronic median caries
- e. Chronic deep caries

314. A 29-year-old female patient complains of peeling, dryness and burning of the lower lip. Objectively: on the vermillion border of lip there are multiple gray scales with tightly attached center and peeling off edges. The scales are found all across the mouth and from the wet-dry line to the middle of the lip. The skin is not affected. Scales removal doesn't lead to erosions. The patient has the lability of psycho-emotional sphere. What is the most likely diagnosis?

- a. Actinic cheilitis
- b. Exfoliative cheilitis, dry form
- c. Meteorological cheilitis
- d. Exfoliative cheilitis, exudative form
- e. Eczematous cheilitis

315. A 39-year-old patient complains of a cosmetic defect, hypersensitivity of the 12, 11, 22 teeth. Objectively: vestibular surface of these teeth has oval defects with smooth shiny walls. Probing causes no pain, there is a pain reaction to cold stimuli. The defects can be stained with 5% tincture of iodine. What is the most likely diagnosis?



**a. Enamel erosion**

- b. Wedge-shaped defect
- c. Fluorosis, erosive form
- d. Systemic hypoplasia
- e. Superficial caries

316. A 40-year-old patient complains of discoloration of the vermilion border of the lower lip that he noticed about 4 months ago. Objectively: in the center of the vermilion border of the lower lip there is an irregular homogeneous grayish-white area 1x1,5 cm large that doesn't rise above the vermilion border and has distinct outlines. Palpation of this area is painless, the surrounding tissues are not changed. The film cannot be removed when scraped. The 31, 32, 41, 42 teeth are missing. What is the most likely diagnosis?

- a. Lupus erythematosus
- b. Candidous cheilitis
- c. Premalignant circumscribed hyperkeratosis

**d. Leukoplakia**

- e. Lichen ruber planus

317. A 35-year-old patient complains about itch, burning and edema of lips. These presentations occurred a week ago. Objectively: there is reddening of vermilion border and skin, especially in the region of mouth corners, there are also vesicles, crusts, small cracks along with erythematous affection of vermilion border. What is the most likely diagnosis?

- a. Exudative form of exfoliative cheilitis

**b. Acute eczematous cheilitis**

- c. Acute herpetic cheilitis
- d. Multiform exudative erythema
- e. Allergic contact cheilitis

318. A 44-year-old male patient complains of fatigue and headache, limb numbness, dry mouth, burning and pain in the tongue. Objectively: skin and oral mucosa are pale. There are painful cracks in the corners of mouth. Dorsum of tongue is smooth, glossy, with bright red striae. Blood count: Hb - 70 g/l, RBCs -  $1,5 \times 10^{12}/l$ , colour index - 1,6, leukopenia, thrombocytopenia, lymphocytosis. What is the most likely diagnosis?

- a. Aplastic anemia

**b. Addison-Biermer anemia**

- c. Late chlorosis
- d. Chronic posthaemorrhagic anemia
- e. Iron deficiency anemia

319. A patient complains about intensive throbbing toothache in his lower jaw on the left. He can't show the aching tooth. It hurts all the time, the pain goes down sometimes, but it becomes stronger as affected by stimuli. Within the last hours the pain provoked by cold stimuli has somewhat reduced. Objectively: the 17 tooth has a carious cavity, probing causes no pain, the pulp chamber is closed. What method of treatment is indicated?

- a. Biological method
- b. Vital amputation
- c. Devital extirpation
- d. Devital amputation

**e. Vital extirpation**

320. A patient complains about pain in the 51 tooth that is getting worse during cutting. Anamnesis data: the patient underwent treatment on account of pulpitis of the 51 tooth, the tooth was treated with devitalizing paste, the patient didn't come to see a dentist for the second time. Objectively: carious cavity of the 51 tooth is closed by dentin layer. Percussion is painful. Mucous membrane in the root apex projection of the 51 tooth is hyperemic, edematous, palpatory painful. Make a diagnosis:

**a. Acute arsenous periodontitis**

- b. Pulpitis complicated by focal periodontitis

- c. Acute purulent pulpitis
- d. Acute condition of chronic periodontitis
- e. Acute infectious periodontitis

321. A 27-year-old patient complains about acute pain in the region of the 34 tooth that is getting worse when biting down on food. Roentgenographical survey revealed an ill-defined zone of bone tissue destruction in the periapical region of root of the 34 tooth. What is the most likely diagnosis?

- a. Exacerbation of chronic granulating periodontitis**
- b. Exacerbation of chronic pulpitis
- c. Acute serous periodontitis
- d. Exacerbation of chronic granulomatous periodontitis
- e. Acute purulent pulpitis complicated by periodontitis

322. A male patient complains of acute pain in the 26 tooth that is getting worse when biting down on food. 4 days ago arsenic paste was applied, but the patient did not keep the appointment with the dentist. Objectively: the dressing of the 26 tooth is kept. There is pain reaction to percussion. Ro-gram shows no changes in the periapical tissues. After mechanical and pharmacological treatment of the root canals the gauze pads are moist, not stained. What drug substance must be left in the root canals for the maximal clinical effect?

- a. Trypsin
- b. Unitiol**
- c. Chloramine
- d. Chlorhexidine
- e. Hydrogen peroxide

323. A 19-year-old girl complains about having crusts, lip tenderness, especially at lip joining. Objectively: there are yellow-brown crusts on the lip red border from Klein zone to its middle, after their removal bright red smooth surface without erosions appears. Mucous membrane in Klein zone is slightly hyperemic and edematic. What is the most likely diagnosis?

- a. Exudative form of cheilitis actinica
- b. Meteorological cheilitis
- c. Eczematous cheilitis
- d. Exudative form of cheilitis exfoliativa**
- e. Epidermolysis bullosa

324. A 35-year-old man complains of short-term pain caused by thermal stimuli in the 46 and 47 teeth. Objectively: masticatory surfaces of the 46, 47 teeth are intact, approximal surfaces could not be examined because of a very close arrangement of teeth. What methods of study can be used in this case if you suspect the presence of hidden cavities?

- a. Measuring electrical resistance
- b. Electro-odontometry
- c. Vital staining
- d. Fluorescent study
- e. X-ray**

325. A 52-year-old man undergoes treatment of the 36 tooth for chronic periodontitis. Radiography revealed convoluted medial root canals; an irregular-shaped focus of destruction of bone tissue 0,2x0,2 cm large in the region of the medial root apex. Which of the following drugs is optimal for intracanal electrophoresis?

- a. 10% solution of potassium iodide**
- b. 1% solution of novocaine
- c. 0,1% solution of trypsin
- d. 3% solution of copper sulphate
- e. 1% solution of decamethoxin

326. A 30-year-old patient complains of toothache caused by hot and cold stimuli. The pain irradiates to the ear and temple. Previously there was 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, cause acute pain. The pain persists for a long time. Electric pulp test result is 5 mA. What is the most likely diagnosis?

- a. Acute purulent pulpitis
- b. Exacerbation of chronic pulpitis**
- c. Exacerbation of chronic periodontitis
- d. Acute diffuse pulpitis
- e. Chronic concrementous pulpitis

327. A 46-year-old patient has been diagnosed with chronic concrementous pulpitis of the 27 tooth. X-ray picture shows that the concrement is located in the crown part of the tooth cavity and occupies  $\frac{1}{4}$  of its volume. Select an adequate method of treatment:

- a. Devital extirpation
- b. Biologic method
- c. Vital extirpation**
- d. Vital amputation
- e. Devital amputation

328. A 16 year old patient complained about discomfort in the area of her upper jaw teeth she has been feeling for 2 weeks. Examination of precervical area of the 11 and 12 teeth revealed whitish matt spots with indistinct outlines that absorb dyes intensively. What treatment of the 11 and 12 teeth should be administered?

- a. Preparation and filling
- b. Antiseptic treatment
- c. Silver impregnation
- d. Remineralizing therapy**
- e. Spot removal

329. A 18-year-old patient complains of acute spontaneous toothache irradiating to the right eye and temporal region. Objectively: there is a deep carious cavity in the 27 tooth within circumpulpar dentin. Dentin is light, softened. Probing of the cavity floor and cold test cause acute pain. What is the most likely diagnosis?

- a. Acute purulent periodontitis
- b. Acute serous periodontitis
- c. Acute purulent pulpitis
- d. Acute diffuse pulpitis**
- e. Exacerbation of chronic pulpitis

330. A 40-year-old patient complains of discomfort in the 24 tooth. He has a history of periodical swelling in the region of the affected tooth. Objectively: the 24 tooth cavity is wide open. Probing and percussion are painless. There is positive vasoparesis symptom. Radiograph shows bone destruction with indistinct outlines. What is the most likely diagnosis?

- a. Chronic gangrenous pulpitis
- b. Chronic fibrous periodontitis
- c. Chronic granulating periodontitis**
- d. Chronic granulomatous periodontitis
- e. Chronic fibrous pulpitis

331. A 64-year-old female patient was waiting for her turn at the dentist's. Suddenly she fell down, her respiration became hoarse, she got convulsive twitching in her upper and lower limbs, face and neck turned cyanotic, eye pupils became mydriatic, reaction of eye to light was absent. Arterial pressure and pulse couldn't be measured. Heart sounds couldn't be auscultated. Involuntary urination was noted. What condition is characterized by such symptoms?

- a. Epilepsy
- b. Coma
- c. Collapse
- d. Clinical death**
- e. Shock

332. A 48 year old patient complained about having pain in the 45 tooth during cutting for a year. The 45 was treated before. Objectively: mucous membrane in the area of this tooth is hyperemic and slightly cyanotic. The 45 tooth is pink, the filling fell out. What examination method should be applied in order to choose treatment?

- a. Probing
- b. Electric odontodiagnostics
- c. Thermometry
- d. Gum palpation

**e. Roentgenography**

333. A 28-year-old patient complains of a painless nonhealing mouth ulcer. Objectively: regional lymph nodes are enlarged, painless, of cartilaginous consistency. On the buccal mucosa there is a round ulcer 1 cm in diameter with regular raised edges and a dense elastic infiltrate at the base. The ulcer surface is of red colour, painless on palpation. What is the most likely diagnosis?

- a. Primary tuberculosis
- b. Cancer
- c. Secondary syphilis

**d. Primary syphilis**

- e. Secondary tuberculosis

334. A 32-year-old patient complains of acute spontaneous attacks of pain in the 14 tooth. The pain lasts for 10-20 minutes and occurs every 2-3 hours. Carious cavity in the 14 tooth is filled with softened dentin. Probing of the cavity floor is painful at one point. Cold stimulus causes pain. What is the most likely diagnosis?

- a. Acute deep caries
- b. Exacerbation of chronic pulpitis
- c. Acute diffuse pulpitis

**d. Acute localized pulpitis**

- e. Hyperemia of the pulp

335. A 42-year-old patient complains of a painful ulcer in the mouth that is getting bigger and does not heal over 1,5 months. Objectively: on the buccal mucosa there is a shallow soft ulcer 2 cm in diameter with irregular undermined edges. The ulcer floor is uneven and covered with yellow-gray coating. The ulcer is surrounded by many small yellowish tubercles. Regional lymph nodes are elastic, painful, matted together. Which disease is characterized by such symptoms?

- a. Syphilis
- b. Cancer
- c. Ulcerative necrotizing stomatitis

**d. Tuberculosis**

- e. Lichen planus

336. A 32-year-old patient complains of the long-term dull toothache caused by hot food. The toothache appeared a month ago. Objectively: the 26 tooth has changed in colour, on the masticatory surface there is a deep carious cavity communicating with the tooth cavity. Superficial probing of pulp is painless, deep probing is painful. Electro-odontodiagnostics results: 85  $\mu$ A. What is the most likely diagnosis?

- a. Chronic concrementous pulpitis

**b. Chronic gangrenous pulpitis**

- c. Chronic fibrous pulpitis
- d. Chronic hypertrophic pulpitis
- e. Chronic fibrous periodontitis

337. A 27-year-old patient complains of the long-term pain in the 22 tooth caused by cold and hot food, as well as of spontaneous pain lasting for 30 minutes and occurring 3-4 times per day, getting worse at night. Pain arose 3 days ago after preparation of the tooth for the acrylic crown. Objectively: the 22 tooth is intact, the thermal test causes acute long-lasting pain, percussion is painless. What is the optimal treatment tactics?

**a. Vital pulp extirpation**

- b. Biological treatment of pulpitis
- c. Vital pulp amputation
- d. Devital pulp extirpation
- e. Application of fluorine lacquer

338. A 24-year-old patient complains of aching pain in the 11 tooth that is getting worse during biting down on food. Two days ago the tooth was filled for pulpitis. Objectively: the 11 tooth is filled. The thermal test causes no pain, vertical percussion is slightly painful. X-ray picture of the 11 tooth shows that the endodontic filling is 1 mm above the root apex. Which of the following methods will be most effective for eliminating this complication?

a. Analgetics

**b. Fluctuorization**

- c. Relaxing incision
- d. Ultrahigh frequency therapy
- e. Submucous injection of 1% solution of hydrocortisone

339. A 20-year-old patient complains about unaesthetic look of the 24 tooth from the moment of its eruption. Objectively: enamel of the 24 tooth is partly absent, the dentine is yellow. The 64 tooth was treated more than once when she was a child, but because of frequent exacerbations, edemas and gingival fistula the 64 tooth was extracted when she was 9 years old. What is the most likely diagnosis?

a. Enamel aplasia

**b. Localised hypoplasia**

- c. Fluorosis
- d. Initial caries
- e. Systemic hypoplasia

340. A 45-year-old patient complains of burning tongue, a metallic taste in mouth. Three months ago she got a dental bridge made of gold and supported by the 16, 14 teeth. Oral cavity examination reveals no objective changes. The 36, 37, 46 teeth are sealed with amalgam fillings. What is the most likely cause of this condition?

- a. Allergy
- b. Chemical factors
- c. Mechanic trauma

**d. Galvanic currents**

- e. Neurologic disorder

341. A 50-year-old female patient complains about sensation of tightness of buccal mucosa and roughness of the lateral surface of tongue. The patient undergoes regular check-up at a dispensary department for compensated form of diabetes mellitus. Objectively: there are white and grey areas in form of lacy pattern on the buccal mucosa on the right and on the lateral surface of tongue. The surface of affected region cannot be scraped off. What is the most likely diagnosis?

- a. Pseudomembranous candidiasis
- b. Leukoplakia
- c. Secondary syphilis
- d. Lupus erythematosus

**e. Lichen ruber planus**

342. A 55-year-old patient complains of general weakness, spasmodic neuralgic pain in the right side of face, rash in the mouth and on the skin. Objectively: lip and chin skin is markedly hyperemic, there are numerous vesicles with clear exudate on the right. The right cheek mucosa is hyperemic, there is a string of erosions covered with fibrinous pellicle. What is the provisional diagnosis?

- a. Pemphigus vulgaris
- b. Acute herpetic stomatitis
- c. Herpes zoster**
- d. Allergic stomatitis

e. Aphthous fever

343. A 25-year-old patient complains of gingival haemorrhage and enlargement. Objectively: hypertrophy of gingival papillae by  $\frac{1}{3}$  of the crown height in the frontal region of mandible. Periodontal pockets are absent. What is the most likely diagnosis?

a. Hypertrophic gingivitis

b. Ulcerous gingivitis

c. Epulis

d. Localized periodontitis

e. Catarrhal gingivitis

344. A 19-year-old male patient consulted a dentist about gingival pain and bleeding when eating and brushing his teeth. Objectively: anterior maxillary and mandibular teeth are overcrowded, there is hyperemia, cyanosis and overgrowth of gingival papillae up to  $\frac{1}{3}$  of the crown height. The soft plaque is present. The gums bleed when touched with a tool. What is the most likely diagnosis?

a. Ulcerative gingivitis

b. Chronic hypertrophic gingivitis

c. Generalized periodontitis

d. Chronic catarrhal gingivitis

e. Localized periodontitis

345. A 23-year-old female patient complains of short-term pain caused by thermal stimuli in a lower jaw tooth on the right. Objectively: on the occlusal surface of the 46 tooth there is a deep cavity with softened light dentin on the floor and walls. Probing causes a slight pain across the cavity floor. Pulp electroexcitability is 10 mA. During the cavity preparation a drop of blood showed up on its floor. What paste should be applied to the cavity floor?

a. Corticosteroid

b. Paraformaldehyde

c. Resorcinol-formalin

d. Calcidont

e. Arsenous

346. A 17 year old girl applied to a dental clinic and complained about hard tissue defects on her frontal and lateral teeth. Subjectively these defects don't cause any inconvenience. Crown defects appeared long ago. The patient was born and has been living in an area where fluorine concentration in the drinking water makes up 1,2 mg/l. Objectively: on the vestibular surfaces of incisors on both upper and lower jaws in the equator area there are hard tissue defects within deep layers of enamel. The defects are parallel to the cutting edge. The same defects were revealed in the area of tubera of the first molars, floor and walls of the defects are smooth. Enamel of the defect floor is light-brown. What is the most probable diagnosis?

a. Systemic hypoplasia

b. Focal odontodysplasia

c. Erosion of hard tissues of tooth

d. Endemic fluorosis

e. Local hypoplasia

347. A patient working as a bricklayer complains of itching, burning, soreness of lips that show up only in the summer period. He has a 3-year history of this disease. Objectively: vermillion border of the lower lip is hyperemic, edematous, covered with blisters and painful erosions 2 mm in diameter, crusts, cracks. What is the most likely diagnosis?

a. Actinic cheilitis, exudative form

b. Meteorological cheilitis

c. Exfoliative cheilitis, exudative form

d. Eczematous cheilitis, exudative form

e. Contact allergic cheilitis

348. An 18-year-old student complains of roughness and dryness of mucous membrane of the oral cavity. He always bites uncontrolledly off mucous membrane along the line of teeth joining. The

patient suffers from chronic cholecystitis, he is smoker. Hygiene index is 2,3. Objectively: mucous membrane along the line of teeth joining is quaggy, edematic, whitish. What is the leading factor of this disease development?

- a. Somatic pathology
- b. Unsatisfactory level of oral cavity hygiene
- c. Habitual biting of mucous membrane of the oral cavity**
- d. Xerostomia
- e. Smoking

349. A chemical plant worker consulted a dentist about an oral mucosa burn caused by caustic soda. Which of the following medications should be chosen for emergency care?

- a. 0,1% liquid ammonia
- b. 50% ethyl alcohol
- c. 0,5% acetic acid solution**
- d. 3% sodium chloride solution
- e. 2% citric acid solution

350. 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, shiny, hard. The reaction to probing and cold stimuli is absent. What treatment should be administered?

- a. Filling of the defects**
- b. Applications with 10% solution of calcium gluconate
- c. Medical intervention is not necessary
- d. Application of fluorine lacquer
- e. Metal crowns

351. An 18-year-old man complains of the 14, 13, 12, 23, 24 teeth being sensitive to sweet and sour food. Examination revealed some isolated ill-defined chalky spots in the precervical region. What is the most informative method of study that allows to confirm the diagnosis?

- a. Vital staining**
- b. Probing
- c. Thermometry
- d. Electro-odontometry
- e. X-ray

352. A 23-year-old patient complains about a carious cavity in the 15 tooth that he noted a year ago. Examination revealed that approximal surface had a deep carious cavity not communicating with the tooth cavity and filled with dense pigmented dentine. Probing, cold test, percussion cause no pain. Electroodontodiagnosis is 10 microampere. What is the most likely diagnosis?

- a. Chronic granulomatous periodontitis
- b. Chronic deep caries**
- c. Chronic fibrous pulpitis
- d. Chronic fibrous periodontitis
- e. Chronic median caries

353. A 36-year-old woman complains about experiencing lip dryness and desquamation for a month. Application of indifferent ointments is ineffective. Objectively: red border of lower lip is of rich red color, it is moderately infiltrated, covered with closely adhering greyish scales, it bleeds and hurts in the attempt to remove them. Opacification of epithelium in form of white stripes is present in the nidus periphery, there is also an area of depression in the centre. What is the most likely diagnosis?

- a. Lupus erythematosus**
- b. Lichen ruber planus
- c. Cheilitis exfoliativa
- d. Leukoplakia
- e. Commissural cheilitis

354. A 30-year-old patient complains about pain in the upper jaw tooth caused by sweet and cold



food, that was first registered one month ago. Objectively: the 26 tooth has a carious cavity within mantle dentine. Dentine of its walls is softened. Probing along the enamel-dentine junction is painful. Percussion is painless. Thermodiagnosis causes pain, that quickly abates after elimination of stimulus. What is the most likely diagnosis?

- a. Chronic fibrous pulpitis
- b. Acute median caries**
- c. Pulp hyperaemia
- d. Acute initial caries
- e. Acute deep caries

355. A 47-year-old patient complains about a sensation of foreign body on his tongue, discomfort during talking, oral cavity dryness. Objectively: there are dark filiform papillae up to 5 mm long on the back of tongue. What is the most likely diagnosis?

- a. Fissured tongue
- b. Acute glossitis
- c. Median rhomboid glossitis
- d. Benign migratory glossitis
- e. Glossophytia**

356. A 33-year-old patient complains about pain, gingival haemorrhage, halitosis, body temperature rise up to 37,8°C. Objectively: gums are apparently hyperaemic, edematic, bleed easily, parodontal pouches are 3-4 mm deep, and contain purulent exudate. Orthopantomogram shows diffuse osteoporosis of alveolar process, resorption of interdental septa down to  $\frac{1}{3}$  of their height. What is the most likely diagnosis?

- a. Chronic generalized I degree periodontitis
- b. Chronic generalized II degree periodontitis
- c. Exacerbation of chronic catarrhal gingivitis
- d. Exacerbation of chronic generalized I degree periodontitis**
- e. Exacerbation of chronic generalized II degree periodontitis

357. A 40 year old woman complains about slight painfulness of gums, high temperature sensitivity of teeth. Objectively: the gums are pale and compact, in the area of lower frontal teeth there is retraction with cervix dehiscence. X-ray picture shows steady decrease of interdental septa height down to  $\frac{1}{3}$  of root length. What disease are these symptoms typical for?

- a. Generalized periodontitis
- b. Localized periodontitis
- c. Papillitis
- d. Parodontosis**
- e. Gingivitis

358. A 21-year-old patient complains of a constant progressing throbbing pain in the 27 tooth. Objectively: a large carious cavity is filled with softened dentin, the tooth cavity is closed. Probing of the cavity floor is painless, percussion causes acute pain, there is grade II tooth mobility. Palpation of the mucous membrane in the projection of the root apex of the 27 tooth causes pain. Radiological changes are absent. What is the most likely diagnosis?

- a. Acute serous periodontitis
- b. Acute purulent pulpitis
- c. Exacerbation of chronic periodontitis
- d. Acute diffuse pulpitis
- e. Acute purulent periodontitis**

359. A female patient complains about pain in the 11 tooth caused by sour and sweet food. Objectively: enamel changes in form of chalky appearance, a defect with light bottom within dentinoenamel junction on the vestibular surface in the precervical area of the 11 tooth. Probing was painless, percussion and cold stimulus caused no pain. What is the most likely diagnosis?

- a. Acute median caries
- b. Acute initial caries

**c. Acute superficial caries**

- d. Enamel hypoplasia
- e. Fluorosis

360. A 27-year-old woman has been treated for pulpitis by method of devital extirpation. Arsenic paste was left in the 15 tooth. The patient came to see a dentist for the second time only on the fourth day after her previous visit. She was diagnosed with toxic periodontitis. What is the most optimal agent for treatment of root canal in this case?

- a. Tripsin
- b. Cresophene

**c. Unithiol**

- d. Eugenol
- e. Hydrocortisone emulsion

361. A 37-year-old female patient complains about pain, gingival haemorrhage, halitosis, body temperature rise up to 37,2°C. Objectively: gums are apparently hyperaemic, edematic, bleed easily, parodontal pouches are 3-4 mm deep and contain purulent exudate. Orthopantomogram shows diffuse osteoporosis of alveolar process, resorption of interdental septa down to 1/3 of their height. What is the most likely diagnosis?

- a. Chronic generalized II degree periodontitis
- b. Exacerbation of generalized II degree periodontitis
- c. Exerbation of chronic catarrhal gingivitis
- d. Chronic generalized I degree periodontitis
- e. Exacerbation of generalized I degree periodontitis**

362. A 24-year-old woman complains about severe pain in the mouth, body temperature up to 38°C, indisposition. The same condition occurs periodically for several years after catching a cold. Objectively: the lips are covered with bloody crusts, there are opened bladders and erosions, covered with fibrinogenous deposit on mucous membrane of lips and cheeks that is apparently hyperemic and edematic. Hypersalivation is present. What is the most likely diagnosis?

- a. Pemphigus vulgaris
- b. Nonacantholytic pemphigus
- c. Chronic herpes recidivicus

**d. Erythema multiforme**

- e. Dermatitits multiformis, Duhrings disease

363. A patient complains about long-lasting pain attacks in the lower jaw teeth, on the left. The pain irradiates to the ear, occiput and is getting worse during eating cold and hot food. Objectively: there is a deep carious cavity on the approximal-medial surface of the 36 tooth. Floor probing is overall painful and induces a pain attack. What is the most probable diagnosis?

- a. Acute purulent pulpitis
- b. Acute local pulpitis

**c. Acute diffuse pulpitis**

- d. Chronic concrementous pulpitis
- e. Acute deep caries

364. A 30-year-old patient complains about a carious cavity. Objectively: the 16 tooth is discoloured and has a deep carious cavity communicating with the dental cavity. Probing, percussion cause no pain. Electroodontodiagnosis is 100 microampere. X-ray picture shows widening of periodontal fissure. What is the most likely diagnosis?

- a. Chronic deep caries
- b. Chronic fibrous periodontitis**
- c. Chronic granulomatous periodontitis
- d. Chronic granulating periodontitis
- e. Chronic gangrenous pulpitis

365. A 35 year old woman complains about periodical appearance of small ulcers in the oral cavity. She has been suffering from this for 5 years, recurrences happen 4-5 times a year. The ulcer healing

lasts for 10 days. Objectively: on a mucous membrane of lower lip there is a roundish lesion element 0,5 cm large covered with white deposit and surrounded by hyperemia border, very painful when touched. What is the most probable diagnosis?

- a. Chronic recurrent herpes
- b. Duhrings herpetiform dermatitis
- c. Traumatic erosion
- d. Secondary syphilis
- e. Chronic recurrent aphthous stomatitis**

366. A 38 year old driver complains of acute pain in his mouth and sore throat, difficult ingestion, indisposition, temperature rise up to 38,6°C. These symptoms appeared after exposure to cold. He has been ill for a day, in the evening he has to go to work. Objectively: gums in the area of inferior frontal teeth as well as pharynx mucous membrane are hyperemic, edematic; gingival edge is necrotic, tonsils are enlarged. Results of bacterioscopy: fusospirochetal symbiosis. In blood: erythrocytes -  $4,5 \times 10^{12}/l$ ; leukocytes -  $7,2 \times 10^9/l$ ; ESR - 18 mm/h. What actions should a stomatologist take?

- a. To prescribe a medication and allow to go to work
- b. To refer him to an infectious disease specialist
- c. To refer him to an otolaryngologist
- d. To prescribe a medication and give a sick-list**
- e. To give him an order for hospitalization in oral department

367. A 17-year-old man complains of a cosmetic defect in form of light spots on the teeth. In the area of his residence the fluoride concentration in drinking water is at the rate of 1 mg/l. Objectively: vestibular surface of the 11,12, 21, 22, and tubercles of the 16, 26, 36 and 46 teeth have chalky spots with shiny surface that have been present since the time of eruption. What is the most likely diagnosis?

- a. Endemic fluorosis
- b. Multiple caries
- c. Systemic hypoplasia**
- d. Enamel erosion
- e. Amelogenesis imperfecta

368. A 65 year old patient complains of pain in the area of mucous membrane of hard palate on the left that is getting worse during eating with use of a complete removable denture. He has been suffering from this for 1,5 month. Objectively: left-sided hyperemia and edema of mucous membrane of hard palate; at the border of distal denture edge there is an ulcer with dense walls and fundus, surrounding tissues are infiltrated. The ulcer floor is tuberos, covered with fibrinous deposit; ulcer palpation is painful. What examination method is to be applied in the first place?

- a. Allergic contact plastic test
- b. Serological reactions
- c. Bacterioscopy
- d. Cytology
- e. Biopsy**

369. A 46-year-old patient complains about pain and bleeding from the carious cavity of her 27 tooth during eating. Previously she had spontaneous pain. Examination of the 27 tooth revealed a deep carious cavity on the masticatory surface consisting of red tissue, probing induced pain and haemorrhage. What treatment method should be chosen?

- a. Devital amputation
- b. Devital extirpation
- c. Vital extirpation**
- d. Vital amputation
- e. Biological method

370. A 43-year-old patient complains of increased tooth sensitivity to thermal and chemical stimuli, gum itch. Objectively: the roots of the teeth are exposed to  $\frac{1}{3}$  of their length, the gums are dense,

pale pink. There is a small amount of dental plaque. In the region of the 15, 14, 24, 25, 44, 34 teeth there are wedge-shaped defects within the dentin. Probing of exposed cervices and wedge-shaped defects causes pain reaction. What is the most likely diagnosis?

- a. Localized periodontitis
- b. Parodontosis**
- c. Generalized periodontitis
- d. Atrophic gingivitis
- e. Gingival recession

371. A 40 year old patient complains about a carious cavity in the 22 tooth. Objectively: a deep carious cavity on the medial surface of the 22 tooth, probing induces mild pain. What is the optimal material for filling of the 22 tooth?

- a. Silica-alumina cement
- b. Glass-ionomer chemical-setting cement
- c. Silicophosphate cement
- d. Composite light-setting material**
- e. Glass-ionomer light-setting cement

372. A 25-year-old student complains of a carious cavity in the 22 tooth. The fillings fell out 2 months ago. The tooth had been treated before for pulpitis. Objectively: there is a deep carious cavity with the rests of filling on the medial surface of the 22 tooth. The crown of the 22 tooth is dirty pink. X-ray shows a root canal filled with the filling material by  $\frac{1}{2}$  of the root length; in the region of the root apex there is a well-defined focus of destruction of bone tissue 0,3x0,3 cm large. What is the most likely diagnosis?

- a. Residual pulpitis
- b. Chronic fibrous periodontitis
- c. Chronic granulating periodontitis
- d. Chronic granulomatous periodontitis**
- e. Radicular cyst

373. A 32-year-old patient complains of mouth soreness, body temperature rise up to 38,5°C, indisposition. Such condition has occurred periodically for several years after the patient had had a cold. Objectively: lips are covered with haemorrhagic crusts, hyperaemic mucous membrane of lips and cheeks has erosions covered with fibrinous films. Hypersalivation is present. What is the most likely diagnosis?

- a. Pemphigus vulgaris
- b. Herpetiform Duhrings dermatitis
- c. Stevens-Johnson syndrome
- d. Multiform exudative erythema**
- e. Herpes recidivicus

374. A 34-year-old male patient complains of acute spasmodic pain in the region of his upper jaw on the left that is getting worse as affected by cold stimuli. Toothache irradiates to the ear and temple. He had acute toothache of the 37 tooth one year ago, but he didn't consult a dentist. Pain recurred three days ago. Objectively: the 37 tooth has a carious cavity communicating with the dental cavity. Probing of the opened carious cavity is extremely painful. X-ray picture shows widening of periodontal fissure at the root apex of the 37 tooth. What is the most likely diagnosis?

- a. Acute purulent pulpitis
- b. Exacerbation of chronic pulpitis**
- c. Exacerbation of chronic fibrous periodontitis
- d. Exacerbation of chronic granulating periodontitis
- e. Acute diffuse pulpitis

375. A patient complains about pain in the 45 tooth induced by cold, sour and sweet food stimuli. The pain abates when the stimulus action is stopped. Objectively: there is a carious cavity on the masticatory surface within mantle dentin filled with food rests and softened dentin, overhanging enamel edges are chalky. What is the diagnosis?

- a. Chronic median caries
- b. Acute deep caries
- c. Chronic deep caries
- d. Acute median caries**
- e. Acute superficial caries

376. A 35-year-old patient has been diagnosed with chronic median caries of the 36 tooth. There is a Blacks class II cavity affecting masticatory surface. What material should be chosen for the tooth filling?

- a. Light-cure microhybride composite**
- b. Silicophosphate cement
- c. Light-cure microfilled composite
- d. Light-cure fluid composite
- e. Glass ionomer cement

377. Preventive examination of a 55-year-old man revealed a well-defined area of opaque mucosal epithelium of the left cheek that didnt protrude above the surrounding tissues and could not be removed on scraping. Crowns of the 34, 35, 36 teeth were strongly decayed and had sharp edges. What is the most likely diagnosis?

- a. Lupus erythematosus
- b. Lichen ruber planus
- c. Leukoplakia**
- d. Candidiasis
- e. Soft leukoplakia

378. A 50-year-old patient complains about a cosmetic defect of the upper frontal teeth. After meticulous examination the patient was diagnosed with wedge-shaped defect of the 11, 12, 13, 21, 22, 23 teeth. What material should be chosen for the tooth filling?

- a. Chemical-cure composite
- b. Silicophosphate cement
- c. Silicate cement
- d. Glass-ionomer cement
- e. Compomer restorative material**

379. A 30-year-old patient has a carious cavity in the 11 tooth within parapulpal dentin. The tooth corner and its cutting edge are affected. What filling material is best for restoration of the anatomic tooth form?

- a. Chemical-cure powder-liquid composite
- b. Light-cure composite**
- c. Light-cure glass-ionomer cement
- d. Silicate cement
- e. Chemical-cure paste-paste composite

380. A 29-year-old patient complains of acute paroxysmal pain in the upper jaw on the left, that gets worse during having cold food and irradiates into the ear and temple. A year ago she experienced intense pain in the 27 the tooth but didnt consult a dentist. Three days ago there was the second attack of pain. Objectively: there is a deep carious cavity in the 27th tooth, interconnecting with the tooth cavity. Probing the open area causes acute pain. What is the most likely diagnosis?

- a. Exacerbation of chronic periodontitis
- b. Acute limited pulpitis
- c. Acute serous periodontitis
- d. Acute diffuse pulpitis
- e. Exacerbation of chronic pulpitis**

381. A 33-year-old male patient complains about tongue pain that is getting worse during eating and talking. Objectively: there is a painful ulcer 0,6 cm large on the lateral surface of tongue. The floor is covered with grey deposit. The crown of the 47 tooth is destroyed. What is the most likely diagnosis?

- a. Trophic ulcer**

- b. Tuberculous ulcer
- c. Cancerous ulcer
- d. Decubital ulcer**
- e. Hard chancre

382. A 27-year-old patient complains about pain of the 35 tooth caused by cold stimuli, that quickly abates after elimination of stimulus. Objective examination of the 35 tooth revealed a defect of hard tooth tissue within enamel. Defect edges are fragile and white. Electroodontodiagnosis is 5 microampere. What is the most likely diagnosis?

- a. Acute initial caries
- b. Local enamel hypoplasia
- c. Acute superficial caries**
- d. Enamel necrosis
- e. Enamel erosion

383. A 20-year-old pregnant woman complains of gingival enlargement, bleeding and pain during eating and tooth brushing. Objectively: gingival papillae on the upper and lower jaw are hyperaemic, haemorrhagic, painful, cover the crowns of teeth by  $\frac{1}{2}$ . Scalloped contours of marginal gingiva are abnormal. What is the most likely diagnosis?

- a. Hypertrophic gingivitis, fibrous form
- b. Hypertrophic gingivitis, edematous form**
- c. Chronic catarrhal gingivitis
- d. Acute catarrhal gingivitis
- e. Generalized periodontitis

384. A 23-year-old patient complains of whitish spots on the masticatory teeth, drawing of mouth during taking acidic food. The spots appeared about 3 months ago. Objectively: the cervical region of the 46, 36, 27 teeth exhibits some chalk-like spots that can be easily stained with 2% methylene blue, probing reveals the surface roughness. What is the most likely diagnosis?

- a. Chronic superficial caries
- b. Acute initial caries**
- c. Enamel hypoplasia
- d. Acute superficial caries
- e. Endemic fluorosis

385. A 23-year-old patient complains about gingival haemorrhage during tooth brushing and eating solid food. Objectively: gingiva of the frontal part of mandible is hyperaemic, edematous, it bleeds on palpation. Mucous membrane of the oral cavity as well as gingiva in other regions present no changes. The patient has deep overbite. Teeth are stable except for the 41 and 31 (I degree of mobility). X-ray picture shows resorption of interalveolar septa by ? of root length in the region of the 42, 41, 32, 31 teeth. What is the most likely diagnosis?

- a. Generalized I degree periodontitis
- b. Initial generalized periodontitis
- c. Localised periodontitis**
- d. Catarrhal gingivitis
- e. I degree parodontosis

386. A 22-year-old patient complains about short-lasting spasmodic pain in the 26 tooth with long periods of pain absence. Objectively: the 26 tooth has a carious cavity in the masticatory surface, dental cavity is not opened. Probing causes pain in the pulp horn projection. Thermal stimuli cause sharp pain, percussion is painless. Regional lymph nodes are not palpable. What is the most likely diagnosis?

- a. Acute circumscribed pulpitis**
- b. Acute diffuse pulpitis
- c. Exacerbation of chronic pulpitis
- d. Acute purulent pulpitis
- e. Acute deep caries

387. A 27-year-old patient complains about gingival haemorrhage during tooth brushing. Objectively: gingival edge is hyperaemic, edematic, painful on touch. Periodontal pouches are absent. X-ray picture shows resorption of cortical plate, osteoporosis of interdental septa. What is the most likely diagnosis?

- a. Chronic catarrhal gingivitis
- b. Periodontitis
- c. Exacerbation of chronic catarrhal gingivitis
- d. Generalized I degree periodontitis
- e. Initial generalized periodontitis**

388. A 20 year old patient complains about gum itching, gingival haemorrhage during tooth brushing and eating, unusual look of gums. He has been observing these presentations for the last 1,5 year. It is known from the patients anamnesis that he has been taking diphenylamine anticonvulsants for 2 years. Objective examination revealed gingival hyperemia and edema. In the frontal part the gums cover vestibular surface of teeth by  $\frac{1}{2}$  of their height. Along the loose gingival edge growth of granulation tissue is present, probing causes gingival haemorrhage. No roentgenological changes were revealed. Make a diagnosis:

- a. Generalized periodontitis
- b. Chronic hypertrophic gingivitis**
- c. Chronic catarrhal gingivitis
- d. Chronic ulcerative gingivitis
- e. Localized periodontitis

389. A patient complains about spontaneous pain in the area of his 15 tooth he has been feeling for 2 days. Thermal stimuli make the pain worse, its attacks last up to 30 minutes. Objectively: there is a deep carious cavity in the 15 tooth consisting of light softened dentin, floor probing is painful in one point, reaction to the thermal stimuli is positive, percussion is painless. Make a diagnosis:

- a. Acute local pulpitis**
- b. Pulp hyperemia
- c. Acute condition of chronic pulpitis
- d. Acute deep caries
- e. Acute diffuse pulpitis

390. A 57-year-old patient complains about dental hypersensitivity to chemical stimuli, gum itch. Objectively: roots are exposed down to  $\frac{1}{3}$  of their length, gums are dense and pale rose. Wedge-shaped defects in the area of the 14, 13, 24, 25, 26, 34 teeth are within the dentine. Probing of dental cervixes and wedge-shaped defects is painful. What is the most likely diagnosis?

- a. II degree periodontitis
- b. Generalized periodontitis
- c. I degree parodontosis**
- d. Atrophic gingivitis
- e. Localised periodontitis

391. A 35-year-old patient complains of progressing throbbing pain in the 26 tooth. Objectively: the 26 tooth has a carious cavity filled with softened dentine, tooth cavity is closed, probing of the cavity floor is painless, percussion causes acute pain. There is I grade tooth mobility. Roentgenological changes are absent. What is the most likely diagnosis?

- a. Acute purulent pulpitis
- b. Exacerbation of chronic periodontitis
- c. Acute diffuse pulpitis
- d. Acute purulent periodontitis**
- e. Acute serous periodontitis

392. A patient complains of burning, itch and lower lip enlargement. He has been suffering from this for a long time. Objectively: the patients face is asymmetric due to the flattening of nasolabial fold. His lower lip is edematic, of normal colour, painless on palpation. The patient has plicated tongue. What is your provisional diagnosis?



**a. Melkersson-Rosenthal syndrome**

- b. Lymphangioma
- c. Granulomatous Mieschers cheilitis
- d. Hemangioma
- e. Quinckes edema

393. A 43-year-old patient consulted a dentist about pain in the 36th tooth. X-ray examination revealed a breakage of an endodontic tool in the distal root. The root apex exhibits a well-defined area of bone tissue destruction (d = 5 mm) with clear margins. What method of treatment is most appropriate in this case?

- a. Root apex resection
- b. Tooth replantation
- c. Root amputation

**d. Dental hemisection**

- e. Conservative treatment

394. A 37-year-old patient complains of gingival haemorrhage, offensive breath, tooth mobility, difficult mastication. Objectively: the gums are of cyanotic-red colour, periodontal pockets are 6 mm deep and contain serous exudate, there is II class tooth mobility, moderate amount of subgingival and supragingival tartar; hygiene index is 3 points, there is traumatic occlusion along the entire length of the dental arches. What is your provisional diagnosis?

- a. Hypertrophic gingivitis
- b. Acute generalized grade I periodontitis
- c. Chronic generalized grade II periodontitis**
- d. Histiocytosis-X
- e. Acute generalized II grade periodontitis

395. X-ray examination of the oral cavity revealed a pronounced damage of the compact bone, mild osteoporosis of apices of interalveolar septa and widened periodontal ligament space around the dental necks. What is the most likely diagnosis?

- a. Periodontosis, I stage
- b. Periodontosis, initial stage
- c. Chronic generalized periodontitis, I stage
- d. Chronic catarrhal gingivitis

**e. Chronic generalized periodontitis, initial stage**

396. An 18 year old patient complains of gingival painfulness and haemorrhage, halitosis, temperature rise up to 38,6°C, general weakness, appetite loss. Objectively: mucous membrane of oral cavity is hyperemic and dry; tongue is covered with white fur, gingival papillae are edematic, their apices have areas of necrotic deposit that can be easily removed leaving bleeding surface beneath. Submaxillary lymph nodes are enlarged, palpatory painful. What is the causative agent of this disease?

- a. Virus of herpes simplex
- b. Candida fungi
- c. Streptostaphylococci
- d. Pale treponema

**e. Fusospirochetal symbiosis**

397. A 52-year-old female patient complains of dry mouth, taste impairment, burning and pricking sensations in the tongue that disappear during eating but intensify at the end of the day. For the first time such problems arose 2 years ago after a psychic trauma. She has a history of anacid gastritis. Objectively: the general condition is satisfactory, the patient is restless, tearful. Oral mucosa is pale pink, dry; filiform papillae on the dorsum of tongue are reduced. Pharyngeal reflex is dramatically reduced. There is segmetar disturbance of facial skin sensation. What is the most likely diagnosis?

- a. Chronic atrophic candidous glossitis
- b. Desquamative glossitis
- c. Moller-Hunter glossitis

d. Ganglionitis of sublingual ganglions

**e. Glossodynia**

398. A 27-year-old patient complains of bleeding, pain and swelling of gums, tooth mobility, halitosis, general weakness. Objectively: submandibular lymph nodes are enlarged and painful, gums are hyperemic and cyanotic, they are also swollen and bleed at probing, periodontal pockets are 5-8 mm deep and contain sero-purulent exudate. There is massive dental deposit, gingival recession and tooth migration. X-ray picture shows diffuse osteoporosis and irregular, predominantly vertical, resorption of alveolar septa down to  $\frac{3}{4}$  of root length. What is the most likely diagnosis?

**a. Exacerbation of generalized grade III periodontitis**

b. Eosinophilic granuloma

c. Exacerbation of generalized grade II periodontitis

d. Chronic generalized grade III periodontitis

e. Grade III parodontosis

399. A 16-year-old patient complains about experiencing gingival enlargement, pain and haemorrhage throughout a year. Objectively: gingival papillae are enlarged and overlap tooth crowns by  $\frac{1}{2}$  of their height. Gums exhibit bright red granulations and are painful on palpation. There are considerable calculus deposits. X-ray picture shows no changes of alveolar process. What is the most likely diagnosis?

a. Generalized periodontitis

b. Catarrhal gingivitis

c. Localised periodontitis

d. Ulcerous gingivitis

**e. Hypertrophic gingivitis**

400. A 42 year old patient complains about tooth mobility, change of tooth position, foul taste, pain during food mastication. Objectively: teeth of both upper and lower jaws are mobile (2-3 degree), there are also diastems and diastemas. Tooth roots are dehiscenced by  $\frac{1}{2}$ . There are serous purulent discharges from periodontal pockets. Orthopantomogram shows bony tissue destruction down to  $\frac{3}{4}$  of root length. There are bone pockets. What is the most probable diagnosis?

**a. Chronic generalized periodontitis (III degree)**

b. Chronic catarrhal gingivitis

c. Chronic generalized periodontitis (II degree)

d. Atrophic gingivitis

e. Papillon-Lefevre syndrome

401. A 37-year-old patient complains of gingival haemorrhage, pain, halitosis, body temperature rise up to  $37,6^{\circ}\text{C}$ . Objectively: the gums are markedly hyperemic, swollen, bleed on touch, periodontal pockets are 3 mm deep, contain sero-purulent exudate. Orthopantomogram shows diffuse osteoporosis of alveolar processes, resorption of the interdental septa down to  $\frac{1}{3}$  of their height. What is the most likely diagnosis?

a. Generalized grade I periodontitis, chronic course

**b. Generalized grade I periodontitis**

c. Generalized grade II periodontitis, chronic course

d. Exacerbation of chronic catarrhal gingivitis

e. Generalized grade II periodontitis, exacerbation

402. A 21-year-old patient complains of a drop-shaped bulge in the cervical region. Objectively: there is an enamel droplet of about 2 mm in diameter on the vestibular surface of the 33 tooth. What is the most likely diagnosis?

a. Fluorosis

b. Enamel hypoplasia

**c. Enamel hyperplasia**

d. Supernumerary tooth

e. Marble-bone disease

403. A 50-year-old patient complains about difficult mastication, teeth mobility, offensive breath,

gingival hemorrhage. Objectively: the gum is hyperemic and cyanotic, dental calculus is present. Parodontal pouches are 8 mm deep within upper jaw molars. The pouches of other teeth are 6 mm deep. X-ray picture shows resorption of bone tissue by  $\frac{3}{4}$  of tooth roots. What is the most likely diagnosis?

- a. Acute generalized III degree periodontitis
- b. Acute generalized II degree periodontitis
- c. Chronic generalized II degree periodontitis
- d. Chronic generalized I degree periodontitis
- e. Chronic generalized III degree periodontitis**

404. A 27-year-old male patient complains of aching long-lasting pain in the 15 tooth during having meals, 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  $\mu$ A. What is the most likely diagnosis?

- a. Chronic deep caries
- b. Acute deep caries
- c. Chronic fibrous pulpitis**
- d. Hyperemia of the pulp
- e. Exacerbation of chronic pulpitis

405. A 20-year-old patient complains about a carious cavity in the 44 tooth. Objectively: the 44 tooth has a deep carious cavity in the masticatory surface, the dentine is dense and pigmented. Probing, percussion cause no pain. Electroodontodiagnosis is 12 microampere. What is the most likely diagnosis?

- a. Acute deep caries
- b. Chronic deep caries**
- c. Chronic fibrous periodontitis
- d. Chronic median caries
- e. Chronic fibrous pulpitis

406. A 25-year-old patient complains of a light brown spot in the upper front tooth. Objectively: the 23 tooth has a single light brown spot in the precervical region. Probing reveals smooth surface. The tooth is nonresponsive to cold and probing. What is the most likely diagnosis?

- a. Acute initial caries
- b. Chronic superficial caries
- c. Fluorosis
- d. Local enamel hypoplasia
- e. Chronic initial caries**

407. A 45-year-old patient complains of a rapidly growing formation on his lower lip. Examination of the red border of lips revealed a greyish-red nodule with a hollow in the centre which is filled with corneous masses that can be easily removed. The nodule is painless, mobile. What is your provisional diagnosis?

- a. Keratoacanthoma**
- b. Nodulous verrucous precancer of vermillion border
- c. Circumscribed precancerous hyperkeratosis of vermillion border
- d. Basal cell carcinoma
- e. Papilloma

408. A young woman complained about having vesicles in oral cavity, painful ulcers, especially during talking and eating; muscle and joint pain, body temperature rise, indisposition, weakness. She fell suddenly ill 2 days ago. Objectively: to- 38,4°C. Vermilion border is covered with bloody crusts that stick together and impede mouth opening. Mucous membrane of lips, cheeks, mouth floor, tongue, soft palate is hyperemic and edematic; there are single vesicles and large painful erosions covered with fibrinous deposit on it. Regional lymph nodes are enlarged and painful. There is hypersalivation. Nikolskys symptom is negative. What is the most probable diagnosis?

- a. Acantholytic pemphigus**

- b. Acute herpetic stomatitis
- c. Non-acantholytic pemphigus
- d. Multiform exudative erythema**
- e. Secondary syphilis

409. A steeplejack with a long record of service consults a dentist about dryness, burning and insignificant lip edema. The same symptoms were noted one year ago in autumn. What is the most likely diagnosis?

- a. Meteorological cheilitis**
- b. Cheilitis glandularis
- c. Cheilitis exfoliativa
- d. Manganottis cheilitis
- e. Contact cheilitis

410. A 20 year old patient complains about gingival pain and haemorrhage she has been suffering from for a week. The pain is getting worse during eating, haemorrhage is usually induced by mechanical stimuli. Objectively: there are evident hyperemia and edema of gums in the area of inferior frontal teeth. Apices of gingival papillae are dome-shaped, enlarged. Gum palpation causes pain, slight haemorrhage. No roentgenological changes were revealed. What is the most probable diagnosis?

- a. Localized periodontitis
- b. Hypertrophic gingivitis
- c. Catarrhal gingivitis**
- d. Ulcerative gingivitis
- e. Atrophic gingivitis

411. A patient complained about frequent haemorrhages from the mucous membrane of oral and nasal cavities, he mentioned also that his father had the same problems. Objectively: there are multiple telangiectasias and angiomatous formations on face skin as well as on mucous membrane of nose, cheeks and lips. Blood count is normal. What is the most probable diagnosis?

- a. Vaquez disease
- b. Werlhofs disease
- c. Rendu-Osler-Weber disease**
- d. Cushings basophilism
- e. Addison-Biermer disease

412. Unused stomatological instruments were left on a sterile table at the end of the working day. What measures should be taken in order to provide sterility of these instruments?

- a. Disinfection, presterilization treatment, sterilization
- b. Disinfection, sterilization
- c. Sterilization without preliminary processing**
- d. Presterilization treatment, sterilization
- e. Disinfection only

413. A 42-year-old patient complains about gingival pain, progressing gingival haemorrhage, increasing tooth mobility, halitosis. Objectively: gums are evidently hyperaemic, extremely edematic, they bleed easily on palpation. Tooth roots are exposed, parodontal pouches are 4-6 mm deep, and contain purulent exudate, there is also supragingival and subgingival dental calculus. II-III grade tooth mobility is present. Orthopantomogram shows resorption of interdental septa down to ½ of their height. What is the most likely diagnosis?

- a. Chronic generalized III degree periodontitis
- b. Exacerbation of generalized II degree periodontitis**
- c. Exacerbation of generalized III degree periodontitis
- d. Exacerbation of generalized I degree periodontitis
- e. Chronic generalized II degree periodontitis

414. A 23 year old patient underwent treatment of pulpitis of her 16 tooth. During endodontic procedure an obstructed distal buccal canal was found. What medications can be applied for chemical

dilatation of root canal?

a. Medications with antibacterial and anti-inflammatory effect

**b. 10-20% solutions of EDTA sodium salts**

c. 30% solution of silver nitrate

d. Resorcin-formaline liquid

e. Essential oils

415. Renovation of a dental office involves installation of luminous tube lamps. Specify the required illuminance level in lux:

a. 100 lx

**b. 500 lx**

c. 300 lx

d. 400 lx

e. 200 lx

416. A 42-year-old builder complains about a condyloma on his lower lip. It appeared 1,5 month ago. It has been significantly growing throughout the last week. Objectively: the red border of the lower lip is cyanotic and infiltrated, it has some isolated closely adhering squamae. There is a well-defined hemispherical formation 8 mm in diameter and 4 mm high in the centre. The formation is of grey-and-blue-and-red colour, it has rough surface formed by thin, closely adhering and thick-based squamae. Regional lymph nodes are enlarged, mobile, dense and painless. What is the most likely diagnosis?

a. Keratoacanthoma

b. Viral wart

c. Verruciform precancer

d. Pyogenic granuloma

**e. Lower lip cancer**

417. A patient complains about pain in the oral cavity, burning and dryness. Examination revealed fiery-red dry mucous membrane. The tongue is crimson, dry, glossy, filiform papillae are atrophied. There is some deposit in tongue folds that is hard to be removed. The patient undergoes treatment for pneumonia, she takes antibiotics. What is the most likely diagnosis?

a. B2 hypovitaminosis

b. Benign migratory glossitis

c. Fastened erythema

d. Pellagrous glossitis

**e. Acute atrophic candidiasis**

418. A dentist applied to the regional sanitation center for a permission to open a private dental office with two universal dental sets. Planned area of the reception room is 26 m<sup>2</sup>. According to existing norms, the dental office with two universal dental sets must have the following area:

a. 20 m<sup>2</sup> for each set and 12 m<sup>2</sup> in addition

**b. 14 m<sup>2</sup> for each set and 10 m<sup>2</sup> in addition**

c. 10 m<sup>2</sup> for each set and 7 m<sup>2</sup> in addition

d. 10 m<sup>2</sup> for each set and 10 m<sup>2</sup> in addition

e. 7 m<sup>2</sup> for each set and 7 m<sup>2</sup> in addition

419. A 20-year-old patient was diagnosed with chronic deep caries of the 12 tooth. Objectively: the 12 tooth has a deep carious cavity on the aproximal-distal surface. Distal crown angle of the 12 tooth is also affected with caries. Choose the material for correction of the indicated defect:

a. Light-cure glass-ionomer cement

b. Chemical-cure glass ionomer cement

**c. Light-cure composite material**

d. Polycarboxylate cement

e. Silica-alumina cement

420. A dentist performing gum anesthetization before the closed curettage had mistakenly used the 10% solution of silver nitrate instead of 10% lidocaine solution. The gums immediately became white,

swollen, painful. Which of these medications is to be used for emergency care?

- a. 0,5% solution of acetic acid
- b. 2% solution of citric acid
- c. 50% of ethyl alcohol
- d. 3% solution of potassium iodide**
- e. 0,1% solution of liquid ammonia

421. A patient complains about paroxysmal upper jaw toothache on the left that is getting worse at night. Toothache intensifies also under stimulation and irradiates to the left eye and temple. Similar attacks were noted three months ago, the patient didn't undergo any treatment. Objectively: the 25 tooth has a deep carious cavity communicating with the tooth cavity. Probing causes acute pain at the point of communication, vertical percussion is slightly painful, horizontal one is painless. Mucous membrane in the projection of root apex of the 25 tooth is unchanged, its palpation is painless. Thermal probe causes acute pain, the pain attack is long-lasting. Electroodontodiagnosis is 60 microampere. X-ray picture shows a slight widening of periodontal fissure at the root apex of the 25 tooth. What is the most likely diagnosis?

- a. Acute purulent pulpitis
- b. Acute generalized pulpitis
- c. Exacerbation of chronic pulpitis**
- d. Acute purulent periodontitis
- e. Exacerbation of chronic periodontitis

422. A 23-year-old patient complains about gingival haemorrhage during tooth brushing, intensive formation of dental plaque despite thorough dental care. Objectively: gingival papillae are slightly edematous, congestively hyperemic, bleed when touched. Hygiene index according to Fedorov and Volodkina is 3,5. What toothpaste would you recommend this patient as a part of complex therapy?

- a. Toothpaste with antifungal agents
- b. Salt-containing toothpaste**
- c. Fluorine-containing toothpaste
- d. Toothpaste containing mineralizing components
- e. Gel toothpaste with microelements

423. A pregnant 24-year-old woman complains about emergence of several new carious cavities, falling out of old fillings. Objective examination revealed: index of decayed, missing and filled teeth (DMF) = 16, Feodorov-Volodkina hygiene index is 3,3. Choose the optimal material for carious cavity filling in this case:

- a. Chemical-cure composite
- b. Silver amalgam
- c. Glass ionomer cement**
- d. Light-cure composite
- e. Silicophosphate cement

424. A 22-year-old patient undergoes treatment for acute deep caries of the 26th tooth. The pulp-capping material of choice is Ca(OH)<sub>2</sub>/salicylate cement "Life", the constant filling material is high-cure condensable composite "Solitaire-2". The pulp cap should be covered with:

- a. Glass-ionomer cement**
- b. Insulating varnish
- c. Zinc-eugenol cement
- d. Phosphate cement
- e. Adhesive composite system

425. A 54-year-old male patient complains about progressing pain in the area of upper jaw on the left that first arose 3 days ago. Body temperature is up to 37,2°C. Objectively: gingival mucous membrane is edematous, hyperemic, it bleeds slightly. Parodontal pouches are 6-7 mm deep and contain a small amount of purulent exudate. A painful infiltrate is palpated in the region of the 26 tooth. The 26 tooth has III degree mobility, the rest of teeth have I-II degree mobility. X-ray picture shows resorption of interalveolar septa by  $\frac{1}{32}$  of root length. What is the most appropriate

treatment method of the 26 tooth?

a. Lancing of abscess via parodontal pouch

**b. Extraction of the 26 tooth**

c. Curettage of parodontal pouches

d. Temporal splintage, conservative therapy

e. Lancing of abscess via gum

426. A 25-year-old patient complains about acute pain in the mouth, headache, articular pain, body temperature rise up to 38,6°C. Red border of lips is covered with haemorrhagic crusts, mucous membrane of the oral cavity has big erosions and ulcers coated with greyish incrustation. Hand skin exhibits erythematous spots 1-1,5 cm in diameter with a vesicle in the middle. What is the most likely diagnosis?

a. Lyells syndrome

b. Behcets syndrome

**c. Stevens-Johnson syndrome**

d. Multiform exudative erythema

e. Medicamentous stomatitis

427. A 36-year-old female patient complains about an aesthetic defect of upper frontal teeth. In past history: she undergoes regular check-up in the endocrinological department on account of thyrotoxicosis. Enamel defects appeared several years ago and since that have been gradually expanding. Examination revealed that the 12, 11, 21, 22 teeth had transverse oval enamel defects on the vestibular surfaces. Probing and cold test is painless. Floor of the defects is smooth, glossy and hard. What is the most likely diagnosis?

a. Necrosis of hard tissues

**b. Erosion of hard tissues**

c. Wedge-shaped defects

d. Acute superficial caries

e. Systemic hypoplasia

428. A 23-year-old patient complains of minor root exposure, gingival haemorrhage during tooth brushing, gum itch. Objectively: there is supragingival and subgingival dental calculus. Gums are hyperaemic, edematous, pockets are 3,5 mm deep. X-ray picture shows resorption of interalveolar septa by  $\frac{1}{3}$ . What is the most likely diagnosis?

a. Exacerbation of generalized I degree periodontitis

b. Chronic generalized II degree periodontitis

**c. Chronic generalized I degree periodontitis**

d. Exacerbation of generalized II degree periodontitis

e. II degree periodontitis

429. A 62-year-old patient complains of a painless formation on his tongue that appeared several months ago. Objectively: the patient has a lot of carious and completely decayed teeth, lateral surface of tongue exhibits a painless whitish formation 10x5 mm large with irregular surface in form of verrucae. Histological examination revealed thickening of corneal epithelial layer of intermittent keratinization type. What is the most likely diagnosis?

a. Keratoacanthoma

**b. Verrucous form of leukoplakia**

c. Hyperplastic form of candidiasis

d. Verrucous precancer

e. Hyperkeratotic form of lichen ruber planus

430. A gravida (36 weeks) complains of gingival haemorrhages and excessive plaque despite a thorough hygienic care of oral cavity. Objectively: gingival papilla and marginal gingival edge are spongiose, bleeding when touched. Fedorov-Volodkinas hygiene index is 3,7 points. What kind of toothpaste should be recommended to this patient after the professional oral hygiene?

a. Herbal toothpaste

b. Toothpaste with mineralizing agents



**c. Chlorhexidine-containing toothpaste**

- d. Fluorine-containing toothpaste
- e. Gel toothpaste

431. A 35-year-old man has a medium deep carious cavity in the 37 tooth (Blacks class II). For its filling a dentist chose technique of layer-by-layer restoration. What composite should be coating the floor and walls of the carious cavity in order to form superadaptive initial layer?

- a. Microhybrid
- b. Microfilled
- c. Condensable
- d. Macrofilled
- e. Flowable**

432. A patient being at a dentist presented suddenly with tachycardia, sweating, trembling, nausea, hunger. The patient is conscious. He suffers from diabetes mellitus. What aid should be rendered by the dentist?

- a. The dentist should give the patient nitroglycerine in form of spray or sublingually
- b. The dentist should lay the patient down on a flat surface, lower cephalic pole, open the windows
- c. The dentist should break the procedure off and give the patient sugar in any form**
- d. The dentist should make intramuscular injection of adrenaline (0,5-1,0 mg)
- e. The dentist should make intravenous injection of corticosteroids

433. On removing a dental plaque, a 19-year-old patient is found to have two white patches in the precervical region of the 11 and 21 teeth. After drying the patches increase in size. What is the most likely diagnosis?

- a. Enamel necrosis
- b. Amelogenesis imperfecta
- c. Fluorosis
- d. Local hypoplasia
- e. Initial caries**

434. A 27-year-old patient has been referred for endodontic treatment on the 45 tooth. Objectively: the tooth crown is decayed, the lateral surface of tongue and cheek mucosa being in direct contact with the 45 tooth are covered with grayish plaques of macerated epithelium that are somewhat raised above the surface of the mucous membrane. Uvula and palatine arches are of dark red colour, and the hard palate has papules with a red rim and covered with grayish epithelium. Submandibular, cervical, supraclavicular, subclavicular lymph nodes are enlarged, painless. What is your provisional diagnosis?

- a. Chronic recurrent aphthous stomatitis
- b. White sponge nevus
- c. Lichen ruber planus

**d. Secondary syphilis**

- e. Lupus erythematosus, plaque stage

435. A 44-year-old patient complains about the astringent sensation in the upper jaw incisors, which appeared 1,5 years ago. Objectively: the most convex part of the vestibular surfaces of the 12, 11, 21, 22 crowns has roundish defects with smooth, shiny, dense surface, that reach dentine in depth. The depth of defects is gradually decreasing from the centre to the periphery. What is the most likely diagnosis?

**a. Enamel erosion**

- b. Systemic hypoplasia
- c. Destructive fluorosis
- d. Chronic median caries
- e. Wedge-shaped defect

436. A 42-year-old patient complains of a cavity in the 26 tooth. Objectively: the 26 tooth exhibits a deep carious cavity, dentine is dense, pigmented, there is pain reaction to a cold stimulus, percussion and probing are painless. What is your provisional diagnosis?

- a. Chronic fibrous pulpitis
- b. Acute deep caries
- c. Chronic deep caries**
- d. Chronic median caries
- e. Acute median caries

437. Rising from a chair after a dental procedure, a 60-year-old patient felt retrosternal pain radiating to the left arm, nausea, weakness. Objectively: the patient is pale, his face is sweaty. AP is 90/60 mm Hg, pulse is arrhythmic, of poor volume, 100/min. Heart sounds are muffled, vesicular breathing is present. What is your provisional diagnosis?

- a. Pulmonary artery thrombosis
- b. An attack of coronary artery disease**
- c. Hypertensive crisis
- d. Myocardial infarction
- e. Stenocardia

438. A man was found in a street in unconscious state and delivered to the sanitary inspection room. At small intervals the man presents with recurrent attacks of tonic and clonic convulsions of the upper and lower limbs. Objectively: the patient is unconscious, his pupils are mydriatic, don't react to light. The tongue has teeth indentations. Involuntary urination was noted. Examination revealed no symptoms of focal cerebral lesion. AP is 140/90 mm Hg. The patient's head can be freely brought to the chest. Specify the most probable pathology:

- a. Cerebral infarction
- b. Parenchymatous hemorrhage
- c. Epilepsy, status epilepticus**
- d. Tetanus
- e. Acute meningoencephalitis

439. A patient was found unconscious in her flat heated with firewood. The stove pipe damper was closed, it smelt of smoke in the room. Objectively: the patient is unconscious, her skin and mucous membranes are of cherry red colour. Pupils exhibit no reaction to light, corneal and tendinous reflexes are absent, muscle tone is decreased. Ps is 96 bpm, of poor volume. Heart sounds are muffled, there are solitary extrasystoles, AP is 90/60 mm Hg. In the lower lungs solitary small bubbling rales are present, respiratory rate is 28/min. What is the most likely diagnosis?

- a. Acute intoxication with carbon oxide**
- b. Acute intoxication with sulfur dioxide gas
- c. Acute benzol intoxication
- d. Acute methane intoxication
- e. Acute chlorine intoxication

440. During transportation of a 60-year-old patient an emergency doctor noted aggravation of his general condition, pulselessness, mydriatic pupils, absence of respiratory movements. It will take 5 minutes to get to the admission ward. What actions should the doctor take in the first place?

- a. Deliver the patient to the hospital as soon as possible
- b. Facilitate oxygen inhalation
- c. Make an intravenous injection of polyglucinum
- d. Start cardiopulmonary resuscitation**
- e. Make an intracardiac injection of adrenaline

441. An 18-year-old woman has been suffering from diabetes mellitus for 5 years. She receives 36 units of insulin per day. During pneumonia her condition got abruptly worse: the patient presented with increased thirst, abdominal pain, nausea, vomiting and sleepiness. In the evening the patient refused to eat and didn't get her regular insulin dose; in the morning she lost consciousness. Objectively: the patient is unconscious, the skin is dry, turgor is decreased. The tongue is also dry. Respiration is deep and noisy, there is sharp smell of acetone from the mouth. Body temperature is 36,6°C, Ps is 100 bpm, small; AP is 90/50 mm Hg. Urine exhibits extremely positive reaction to acetone. Blood glucose is 33 millimole/l. What is your provisional diagnosis?

- a. Cerebral coma
- b. Ketoacidotic coma**
- c. Lactacidemic coma
- d. Hyperosmolar coma
- e. Hepatic coma

442. A 28-year-old man attended a glasshouse in a botanic garden. After he had smelt at an orchid he turned pale and lost consciousness. Objectively: heart rate is 115/min, arterial pressure is 50/0 mm Hg. What drug should be injected to the patient in the first place?

- a. Prednisolone**
- b. Strophanthine
- c. Dimedrol
- d. Mesaton
- e. Cordiamin

443. A 68-year-old patient has been taking diclofenac because of pain in the knee joints for about a year. In the evening after substantial meal the patient presented with liquid black stool, drastic weakness, single vomiting after which the patient lost consciousness. Emergency team delivered him to the hospital. Objectively: the patient is conscious, with slightly deferred reaction, pale. Heart rate is 20 breaths/min, Ps is 102 bpm, AP is 110/70 mm Hg. Abdomen is soft, painful in the epigastrium. What is the most likely diagnosis?

- a. Food poisoning
- b. Apoplectic attack
- c. Thrombosis of mesenterial arteries
- d. Gastrointestinal haemorrhage**
- e. Myocardium infarction

444. A 45-year-old female patient complains about pain caused by thermal stimuli and spontaneous pain in the 26 tooth. A week ago this tooth was treated for pulpitis. Objectively: the 26 tooth is filled, percussion is painful, thermal stimulus causes slowly intensifying long-lasting pain. X-ray picture shows that the palatine canal is filled by 2/3, buccal canals contain no filling material. What is the most probable cause of this complication?

- a. Trauma of periodontium tissue
- b. Incomplete pulp extirpation**
- c. Infection
- d. Inadequate canal filling
- e. Inflammation in the periodontium

445. A 49-year-old patient complains about pain in the oral cavity induced by eating. He suffers from CHD. Objective examination revealed dyspnea, limb edema. Oral cavity isn't sanitized. On the mucous membrane on the right, there is an ulcer with irregular edges covered with greyish-white necrotic deposit with low-grade inflammation around it. There is also halitosis. What is the most probable diagnosis?

- a. Ulcero-necrotic stomatitis
- b. Trophic ulcer**
- c. Tuberculous ulcer
- d. Traumatic ulcer
- e. Cancerous ulcer

446. A 48-year-old patient complains about itching gums. Objectively: gums are dense, of normal colour; cold water causes short-term toothache. X-ray picture shows osteosclerosis of interalveolar septa (fine granular bone texture), height of interalveolar septa and integrity of compact substance on their tops is unchanged. Which diagnosis is the most likely?

- a. I degree periodontitis
- b. I degree parodontosis
- c. Atrophic gingivitis
- d. Initial periodontitis

#### e. Initial parodontosis

447. A patient complains of spontaneous, paroxysmal, irradiating pain with short pain-free intervals. The pain arose 2 days ago and occurs only at night. Make a provisional diagnosis:

- a. Exacerbation of chronic periodontitis
- b. Acute deep caries

#### c. Acute diffuse pulpitis

- d. Acute circumscribed pulpitis
- e. Acute purulent pulpitis

448. A 20 year old homeless and unemployed patient complains about body temperature rise up to 39°C, pain during eating and deglutition, nasal haemorrhages. He has been suffering from this for 10 days. Objectively: herpetic rash on the lips, irregular-shaped erosions covered with fibrinous deposit on the mucous membrane of oral cavity; filmy deposits on the tonsils. Liver is enlarged and sclerotic. Blood count: erythrocytes -  $4,5 \times 10^{12}/l$ ; hemoglobin - 120 g/l; ESR - 25 mm/h; leukocytes -  $10 \times 10^9/l$ ; eosinophils - 0; rod nuclear cells - 2; segmentonuclear leukocytes - 31, lymphocytes - 41; monocytes - 10; atypical mononuclears - 14%, plasmatic cells - 2. What is the most probable diagnosis?

- a. Oropharyngeal diphtheria
- b. Acute herpetic stomatitis

#### c. Infectious mononucleosis

- d. AIDS
- e. Acute leukosis

449. A 47-year-old female patient complains of inability to eat hot and cold food, as well as of intense pain caused by sour, sweet and salty food. Objectively: there is a slight loss of enamel on the molars and incisors. Probing and cold test cause acute pain. What is the most likely diagnosis?

- a. Enamel erosion
- b. Enamel hypoplasia
- c. Pathological abrasion of dental hard tissues

#### d. Hyperesthesia of dental hard tissues

- e. Enamel necrosis

450. A 34-year-old male patient consults a dentist about an ulcer on the hard palate. It appeared about a month ago. He has treated it by rinsing with herbal water, but the ulcer is gradually "creeping". Objectively: there is a shallow erethistic ulcer with uneven and undermined edges of soft consistency within the mucous membrane of hard palate. Granulations of the ulcer floor are also present. Yellowish granules are visible on the ulcer periphery. What is the most likely diagnosis?

- a. Actinomycosis

#### b. Tuberculous ulcer

- c. Cancerous ulcer
- d. Trophic ulcer
- e. Syphilitic ulcer

451. A 45 year old patient applied to a dental clinic for oral cavity sanitation. Anamnesis data: mild case of diabetes. Objectively: mucous membrane of cheeks is unchanged, mainly in retromolar area there are symmetrically placed whitish papulae protruding over the mucous membrane and forming a lace-like pattern. On the upper jaw there are two soldered bridge dentures, the 47 tooth has an amalgam filling, the 46 tooth has a steel crown. What is the most probable diagnosis?

- a. Chronic atrophic candidosis
- b. Lupus erythematosus
- c. Secondary syphilis
- d. Leukoplakia

#### e. Lichen ruber planus

452. A 40-year-old patient complains of pain caused by cold and sweet food in the 11, 21 teeth, as well as of a cosmetic defect. Examination of the 11, 21 teeth revealed some oval, diagonally arranged enamel defects on the convex part of the vestibular surface of tooth crowns. The defects had smooth,

glossy, dense floor. The patient has a history of thyrotoxicosis. What is the most likely provisional diagnosis?

- a. Enamel necrosis
- b. Amelogenesis imperfecta
- c. Wedge-shaped defect
- d. Surface caries
- e. Erosion of dental hard tissues**

453. A 36-year-old patient complains of pain under the dental bridge. After its removal the patient has been found to have an ulcer 0,3x0,5 cm large on the alveolar process. The ulcer is slightly painful and soft, the surrounding mucosa is hyperaemic, submandibular lymph nodes are not enlarged. What is a provisional diagnosis?

- a. Cancerous ulcer
- b. Tuberculous ulcer
- c. Trophic ulcer
- d. Sutton aphtha
- e. Decubital ulcer**

454. A 16-year-old male patient complains about pain in the oral cavity, ulceration, body temperature up to 38°C, headache. Objectively: mucous membrane of the oral cavity is hyperemic and edematous. There are a lot of confluent erosions of polycyclic shape, covered with grey and white deposit, located on hard palate, gums, lips. What is your provisional diagnosis?

- a. Allergic stomatitis
- b. Acute herpetic stomatitis**
- c. Pemphigus vulgaris
- d. Erythema multiforme
- e. Aphthous fever

455. A 22-year-old patient was undergoing treatment of the 25th tooth for deep acute caries. During preparation a dentist accidentally opened the horn of pulp. What method of treatment should be applied?

- a. Vital amputation of pulp
- b. Vital extirpation
- c. Devital extirpation
- d. Biologic method**
- e. Devital amputation

456. A 39-year-old patient complains of some soft ulcers and tubercles on the oral mucosa, gingival haemorrhage, pain and loosening of teeth. Objectively: mucous membrane of tongue and gums presents single ulcers with soft, swollen, slightly painful edges, covered with a yellow film. Regional lymph nodes are enlarged, soft, painless, not adherent to the surrounding tissues. What is your provisional diagnosis?

- a. Scrofuloderma
- b. Suttons aphthae
- c. Lepra
- d. Tertiary syphilis
- e. Lupus tuberculosis**

457. A 40-year-old patient complains of constant intense throbbing pain in the 23 tooth lasting for 3 days. This problem hasn't bothered him before. Vertical and horizontal percussion is positive, the tooth is mobile, mucous membrane around the 26 tooth is hyperemic and edematous. Palpation of the mucogingival fold in the root apex projection is painful. What is the most likely diagnosis?

- a. Acute localized periodontitis of the 26 tooth
- b. Acute purulent pulpitis of the 26 tooth
- c. Acute purulent periodontitis of the 26 tooth**
- d. Acute serous pulpitis of the 26 tooth
- e. Acute serous periodontitis of the 26 tooth

458. Preventive examination of a 20-year-old student revealed chronic candidiasis of the oral mucosa, generalized lymphadenopathy. He has a 1-year history of herpes simplex. The body temperature often rises to 37,4-37,5°C, the patient has lost 8 kg of body weight over the last month. These symptoms may be indicative of the following disease:

- a. Lymphogranulomatosis
- b. AIDS**
- c. Acute leukosis
- d. Infectious mononucleosis
- e. Chronic leukosis

459. A 26 year old patient complains about a sense of tooth heaviness and pain caused by hot food stimuli, halitosis. Objectively: crown of the 46 tooth is grey, there is a deep carious cavity communicating with tooth cavity, superficial probing is painless, deep one is painful, percussion is painful, mucous membrane has no pathological changes. Make a provisional diagnosis:

- a. Chronic gangrenous pulpitis**
- b. Acute condition of chronic periodontitis
- c. Chronic granulating periodontitis
- d. Chronic concrementous pulpitis
- e. Chronic fibrous pulpitis

460. A 22-year-old student complains of gingival haemorrhage during tooth brushing. Objectively: hyperaemia and edema of marginal gingiva of the front teeth on both jaws, periodontal pockets are absent. X-ray reveals no pathological changes. What is the most likely diagnosis?

- a. Hypertrophic gingivitis
- b. Generalized periodontitis
- c. Localized periodontitis
- d. Ulcerative gingivitis
- e. Chronic catarrhal gingivitis**

461. A 31-year-old patient consulted a dentist about teeth sanitation. Objectively: in the precervical region of the 13 and 23 teeth there are irregularly-shaped defects of hard tissues within deep layers of enamel. The floor of the defects is rough, their edges are chalky. What tactics should be chosen as to these defects?

- a. Preparation and filling**
- b. Remineralizing therapy
- c. Silvering of the defects
- d. Grinding of the defects
- e. Filling with composite material without preparation

462. A 51-year-old female patient complains about food sticking in a right inferior tooth. Objectively: distal masticatory surface of the 45 tooth has a deep carious cavity filled with dense pigmented dentin that doesn't communicate with the tooth cavity. The patient was diagnosed with chronic deep caries. What method of examination allowed the dentist to eliminate chronic periodontitis?

- a. Cold test
- b. Electro-odontometry**
- c. Palpation of projection of root apex
- d. Probing
- e. Percussion

463. A 38-year-old male patient complains of a carious cavity. He had experienced spontaneous dull pain in the tooth in question before. Objectively: the distal masticatory surface of the 37 tooth presents a deep cavity made of soft pigmented dentin. Percussion is painless. After removing the decay from the cavity, cold water has caused pain lasting for about a minute. X-ray picture shows the deformation of the periodontal gap in the region of the 37 root apices. What is the most likely diagnosis?

- a. Acute deep caries
- b. Exacerbation of chronic pulpitis**

**c. Chronic fibrous pulpitis**

d. Chronic deep caries

e. Chronic fibrous periodontitis

464. A 37-year-old male patient complains about pain of the 46 tooth during food intake, especially hot food, offensive breath when he sucks his tooth. Objectively: the face is symmetrical, masticatory surface of the 48 tooth has a deep carious cavity communicating with the dental cavity. X-ray picture shows widening of periodontal fissure at the root apex of the 46 tooth. What is the most likely diagnosis?

a. Chronic fibrous pulpitis

**b. Chronic gangrenous pulpitis**

c. Exacerbation of chronic pulpitis

d. Exacerbation of chronic periodontitis

e. Chronic fibrous periodontitis

465. A 17-year-old girl complains about painfulness and gingival hemorrhage during tooth brushing and food intake. She has been suffering from it for 1,5 year. She consulted a dentist. There was no considerable effect from treatment. Objectively: gingival papillae are flabby and cyanotic in the region of frontal teeth on both jaws, they overlay teeth crowns by 1/3-1/2 of their height, they bleed on touch. Therapeutic effect can be achieved by means of electrophoresis with:

a. Sodium fluoride

**b. Heparin**

c. Vitamin B1

d. Aloe

e. Tripsin

466. A 24-year-old male complains of pain, bad breath, body temperature rise up to 38°C. Objectively: the patient is pale, adynamic. Regional lymph nodes are enlarged and painful. Gums are edematous, hyperaemic, ulcerated, covered with necrotic plaque. There is an excessive buildup of calculus. What additional study should be done in the first place?

a. Test for HIV infection

b. X-ray of jaws

c. Blood sugar test

d. Microscopy of gingival plaque

**e. Complete blood count**

467. A 32-year-old patient complains of experiencing dryness and burning of tongue back for a week. The burning intensifies during taking irritating foods. Some time ago he had pneumonia and was treated with antibiotics. Objectively: skin and oral mucosa are pale. The lingual mucosa is hyperemic and edematous, the folds at the back of tongue are covered with the crumbling gray-white plaque, desquamation of the lateral surface of tongue is also present. Saliva is thick and attaches to a spatula. Choose the most effective drug complex for the local treatment:

a. Furacilin + methylene blue

b. Furacilin + solcoseryl

c. Hydrocortizone ointment + solcoseryl

d. Decamin + hydrocortizone ointment

**e. Methylene blue + pimafulin**

468. An 18-year-old patient complains about body temperature rise, weakness, pain induced by eating and deglutition. Objectively: mucous membrane of the oral cavity is erythematic with multiple petechia. Pharynx is hyperaemic. Regional lymph nodes are enlarged, mobile, painless. In blood: leukocytosis, monocytosis, atypic mononuclear cells, ESR is 30 mm/h. What is the leading factor of disease development?

a. Bacterial infection

b. Immediate allergy

c. Delayed allergy

**d. Viral infection**



e. Autoimmune disorders

469. Analysis of the contents of periodontal pockets revealed a significant contamination with *Candida* yeast fungi. Which of the following drugs should be used for instillations?

a. Clotrimazole

b. Dioxydin

c. Tinidazole

d. Diclofenac sodium

e. Trichopol

470. A 50-year-old patient complains about increased sensibility of the exposed tooth cervixes, displacement of teeth, gum itch, pain in the region of the 43, 42, 41, 31, 32, 33 teeth caused by chemical and thermal stimuli. Objectively: the gums are dense and anemic. X-ray picture shows atrophy of the alveolar bone reaching two third of interalveolar septa height. What is the most likely diagnosis?

a. Atrophic gingivitis

b. III degree parodontosis

c. Chronic generalized III degree parodontosis

d. II degree parodontosis

e. Chronic generalized II degree parodontosis

471. A 25-year-old patient consulted a doctor about massive gingival haemorrhages, dry mouth, mobility and shifting of teeth, purulent discharges from the gums, bad breath. According to the patient, these presentations turned up about 2 months ago. Before the diagnosis can be made, the following tests should be done in the first place:

a. Immunological studies

b. Acute-phase reactants tests

c. Serologic studies

d. Blood sugar test

e. Allergological tests

472. A 23-year-old patient complains about a small ulcer on the red border of her lower lip that has been irresponsive to self-treatment for two weeks. Objectively: unchanged red border of lower lip has a circular ulcer of 2 mm in diameter with raised regular edges, its floor is of meat-like colour, dense, shiny, with "stearic film", with cartilaginous infiltration, painless on palpation. Regional lymph node is enlarged, of tight elastic consistency, painless, mobile. What is the most likely diagnosis?

a. Tuberculous ulcer

b. Primary syphilis

c. Cancerous ulcer

d. Decubital ulcer

e. Lupus erythematosus

473. A 20-year-old patient complains of general weakness, fever, headache. These presentations appeared three days ago. Objectively: the regional lymph nodes are enlarged, painful on palpation, body temperature is 37,8°C, oral mucosa is hyperemic and edematous. Mucous membrane of lips, palate, gums, cheeks presents single erosions of polycyclic irregular shape, covered with grayish-white film, painful. Which drugs should be administered for the local treatment of the early disease?

a. Keratoplastic agents

b. Antiseptics

c. Dyes

d. Antiviral

e. Corticosteroid ointments

474. A 29-year-old patient complains about acute attack-like pain in the region of his upper jaw on the left, as well as in the region of his left maxillary sinus, eye and temple. The pain is long-lasting (2-3 hours), it is getting worse at night. The patient has a history of recent acute respiratory disease. Objectively: the 26 tooth has a carious cavity, floor probing is painful, thermal stimuli cause

long-lasting pain, percussion causes slight pain. What is the most likely diagnosis?

- a. Inflammation of maxillary sinus
- b. Exacerbation of chronic periodontitis
- c. Acute focal pulpitis
- d. Acute apical periodontitis
- e. Acute diffuse pulpitis**

475. A 35-year-old patient complains about a cavity in a lower jaw tooth on the left, and the pain caused by sweet, sour and solid food. Examination of the 36 tooth revealed a deep carious cavity filled with light softened dentine. Probing of the carious cavity floor is painful, reaction to the cold stimulus is painful, undurable. What is the most likely diagnosis?

- a. Acute deep caries**
- b. Chronic fibrous pulpitis
- c. Chronic deep caries
- d. Acute median caries
- e. Acute focal pulpitis

476. A 29-year-old female patient complains of peeling, dryness and burning of the lower lip. Objectively: on the vermilion border of lip there are multiple gray scales with tightly attached center and peeling off edges. The scales are found all across the mouth and from the wet-dry line to the middle of the lip. The skin is not affected. Scales removal doesn't lead to erosions. The patient has the lability of psycho-emotional sphere. What is the most likely diagnosis?

- a. Exfoliative cheilitis, dry form**
- b. Meteorological cheilitis
- c. Actinic cheilitis
- d. Eczematous cheilitis
- e. Exfoliative cheilitis, exudative form

477. A 39-year-old patient complains of a cosmetic defect, hypersensitivity of the 12, 11, 22 teeth. Objectively: vestibular surface of these teeth has oval defects with smooth shiny walls. Probing causes no pain, there is a pain reaction to cold stimuli. The defects can be stained with 5% tincture of iodine. What is the most likely diagnosis?

- a. Systemic hypoplasia
- b. Fluorosis, erosive form
- c. Superficial caries
- d. Wedge-shaped defect
- e. Enamel erosion**

478. A 35-year-old patient complains about itch, burning and edema of lips. These presentations occurred a week ago. Objectively: there is reddening of vermilion border and skin, especially in the region of mouth corners, there are also vesicles, crusts, small cracks along with erythematous affection of vermilion border. What is the most likely diagnosis?

- a. Allergic contact cheilitis
- b. Exudative form of exfoliative cheilitis
- c. Multiform exudative erythema
- d. Acute herpetic cheilitis
- e. Acute eczematous cheilitis**

479. A 44-year-old male patient complains of fatigue and headache, limb numbness, dry mouth, burning and pain in the tongue. Objectively: skin and oral mucosa are pale. There are painful cracks in the corners of mouth. Dorsum of tongue is smooth, glossy, with bright red striae. Blood count: Hb - 70 g/l, RBCs -  $1,5 \times 10^{12}/l$ , colour index - 1,6, leukopenia, thrombocytopenia, lymphocytosis. What is the most likely diagnosis?

- a. Late chlorosis
- b. Chronic posthaemorrhagic anemia
- c. Addison-Biermer anemia**
- d. Iron deficiency anemia

e. Aplastic anemia

480. A 27-year-old patient complains about acute pain in the region of the 34 tooth that is getting worse when biting down on food. Roentgenographical survey revealed an ill-defined zone of bone tissue destruction in the periapical region of root of the 34 tooth. What is the most likely diagnosis?

a. Exacerbation of chronic granulating periodontitis

b. Exacerbation of chronic pulpitis

c. Acute serous periodontitis

d. Exacerbation of chronic granulomatous periodontitis

e. Acute purulent pulpitis complicated by periodontitis

481. A male patient complains of acute pain in the 26 tooth that is getting worse when biting down on food. 4 days ago arsenic paste was applied, but the patient did not keep the appointment with the dentist. Objectively: the dressing of the 26 tooth is kept. There is pain reaction to percussion. Ro-gram shows no changes in the periapical tissues. After mechanical and pharmacological treatment of the root canals the gauze pads are moist, not stained. What drug substance must be left in the root canals for the maximal clinical effect?

a. Hydrogen peroxide

b. Trypsin

c. Chlorhexidine

d. Chloramine

e. Unithiol

482. A 55 year old woman complains of ulcers on the mucous membrane of oral cavity, pain during eating and talking. She fell abruptly ill over a month ago. Objectively: unchanged mucous membrane of her gums, soft palate and palatine arches has big bright-red erosions on it. Intact mucous membrane peels easily off when slightly rubbed and this results in erosions and small haemorrhages. What is the leading diagnostic symptom in the differential disease diagnostics?

a. Presence of blisters in the oral cavity

b. Positive Nikolskys symptom

c. Tzanck cells in the impression smears

d. Presence of Wickhams striae

e. Presence of phagocytes in the impression smears

483. A 19-year-old girl complains about having crusts, lip tenderness, especially at lip joining. Objectively: there are yellow-brown crusts on the lip red border from Klein zone to its middle, after their removal bright red smooth surface without erosions appears. Mucous membrane in Klein zone is slightly hyperemic and edematic. What is the most likely diagnosis?

a. Exudative form of cheilitis exfoliativa

b. Epidermolysis bullosa

c. Eczematous cheilitis

d. Meteorological cheilitis

e. Exudative form of cheilitis actinica

484. A 35-year-old man complains of short-term pain caused by thermal stimuli in the 46 and 47 teeth. Objectively: masticatory surfaces of the 46, 47 teeth are intact, approximal surfaces could not be examined because of a very close arrangement of teeth. What methods of study can be used in this case if you suspect the presence of hidden cavities?

a. Electro-odontometry

b. X-ray

c. Fluorescent study

d. Vital staining

e. Measuring electrical resistance

485. A 52-year-old man undergoes treatment of the 36 tooth for chronic periodontitis. Radiography revealed convoluted medial root canals; an irregular-shaped focus of destruction of bone tissue 0,2x0,2 cm large in the region of the medial root apex. Which of the following drugs is optimal for intracanal electrophoresis?

- a. 1% solution of novocaine
- b. 1% solution of decamethoxin
- c. 10% solution of potassium iodide**
- d. 3% solution of copper sulphate
- e. 0,1% solution of trypsin

486. A 38-year-old patient complains of acute paroxysmal pain in the region of his left upper jaw, left eye and temple. The pain is lasting (2-3 hours), gets worse at night. Objectively: the 26 tooth has a deep carious cavity, floor probing causes painful response, thermal stimuli provoke long-lasting pain, percussion provokes minor pain. What is the most likely diagnosis?

- a. Acute limited pulpitis
- b. Pulpitis complicated by the periodontitis
- c. Acute diffuse pulpitis**
- d. Exacerbation of the chronic pulpitis
- e. Acute purulent pulpitis

487. A 30-year-old patient complains of toothache caused by hot and cold stimuli. The pain irradiates to the ear and temple. Previously there was 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, cause acute pain. The pain persists for a long time. Electric pulp test result is 5 mA. What is the most likely diagnosis?

- a. Exacerbation of chronic pulpitis**
- b. Exacerbation of chronic periodontitis
- c. Acute purulent pulpitis
- d. Chronic concrementous pulpitis
- e. Acute diffuse pulpitis

488. A 46-year-old patient has been diagnosed with chronic concrementous pulpitis of the 27 tooth. X-ray picture shows that the concrement is located in the crown part of the tooth cavity and occupies 1/4 of its volume. Select an adequate method of treatment:

- a. Devital amputation
- b. Vital extirpation**
- c. Devital extirpation
- d. Biologic method
- e. Vital amputation

489. A 18-year-old patient complains of acute spontaneous toothache irradiating to the right eye and temporal region. Objectively: there is a deep carious cavity in the 27 tooth within circumpulpar dentin. Dentin is light, softened. Probing of the cavity floor and cold test cause acute pain. What is the most likely diagnosis?

- a. Acute diffuse pulpitis**
- b. Exacerbation of chronic pulpitis
- c. Acute purulent pulpitis
- d. Acute serous periodontitis
- e. Acute purulent periodontitis

490. A 40-year-old patient complains of discomfort in the 24 tooth. He has a history of periodical swelling in the region of the affected tooth. Objectively: the 24 tooth cavity is wide open. Probing and percussion are painless. There is positive vasoparesis symptom. Radiograph shows bone destruction with indistinct outlines. What is the most likely diagnosis?

- a. Chronic granulomatous periodontitis
- b. Chronic fibrous pulpitis
- c. Chronic fibrous periodontitis
- d. Chronic gangrenous pulpitis
- e. Chronic granulating periodontitis**

491. A 28-year-old patient complains of a painless nonhealing mouth ulcer. Objectively: regional lymph nodes are enlarged, painless, of cartilaginous consistency. On the buccal mucosa there is a

round ulcer 1 cm in diameter with regular raised edges and a dense elastic infiltrate at the base. The ulcer surface is of red colour, painless on palpation. What is the most likely diagnosis?

- a. Secondary tuberculosis
- b. Primary tuberculosis
- c. Primary syphilis**
- d. Cancer
- e. Secondary syphilis

492. A 42-year-old patient complains of a painful ulcer in the mouth that is getting bigger and does not heal over 1,5 months. Objectively: on the buccal mucosa there is a shallow soft ulcer 2 cm in diameter with irregular undermined edges. The ulcer floor is uneven and covered with yellow-gray coating. The ulcer is surrounded by many small yellowish tubercles. Regional lymph nodes are elastic, painful, matted together. Which disease is characterized by such symptoms?

- a. Tuberculosis**
- b. Lichen planus
- c. Ulcerative necrotizing stomatitis
- d. Cancer
- e. Syphilis

493. A patient complains of general weakness, pain in the gums, halitosis. Objectively: the patient is pale, adynamic, body temperature is 38 degrees, submandibular lymph nodes are enlarged, painful on palpation. Interdental gingival papillae are inflamed, their tops are detruncated, covered with gray-yellow necrotic incrustation. Radiography of alveolar process and blood count reveal no apparent changes. What is the most likely diagnosis?

- a. Localized periodontitis
- b. Acute ulcerous gingivitis**
- c. Acute leukosis
- d. Generalized periodontitis
- e. Agranulocytosis

494. A 32-year-old patient complains of the long-term dull toothache caused by hot food. The toothache appeared a month ago. Objectively: the 26 tooth has changed in colour, on the masticatory surface there is a deep carious cavity communicating with the tooth cavity. Superficial probing of pulp is painless, deep probing is painful. Electro-odontodiagnostics results: 85  $\mu$ A. What is the most likely diagnosis?

- a. Chronic fibrous pulpitis
- b. Chronic hypertrophic pulpitis
- c. Chronic gangrenous pulpitis**
- d. Chronic fibrous periodontitis
- e. Chronic concrementous pulpitis

495. A 24-year-old patient complains of aching pain in the 11 tooth that is getting worse during biting down on food. Two days ago the tooth was filled for pulpitis. Objectively: the 11 tooth is filled. The thermal test causes no pain, vertical percussion is slightly painful. X-ray picture of the 11 tooth shows that the endodontic filling is 1 mm above the root apex. Which of the following methods will be most effective for eliminating this complication?

- a. Relaxing incision
- b. Ultrahigh frequency therapy
- c. Fluctuorization**
- d. Submucous injection of 1% solution of hydrocortisone
- e. Analgetics

496. A 45-year-old patient complains of burning tongue, a metallic taste in mouth. Three months ago she got a dental bridge made of gold and supported by the 16, 14 teeth. Oral cavity examination reveals no objective changes. The 36, 37, 46 teeth are sealed with amalgam fillings. What is the most likely cause of this condition?

- a. Chemical factors**

- b. Mechanic trauma
- c. Allergy
- d. Neurologic disorder
- e. Galvanic currents**

497. A 50-year-old female patient complains about sensation of tightness of buccal mucosa and roughness of the lateral surface of tongue. The patient undergoes regular check-up at a dispensary department for compensated form of diabetes mellitus. Objectively: there are white and grey areas in form of lacy pattern on the buccal mucosa on the right and on the lateral surface of tongue. The surface of affected region cannot be scraped off. What is the most likely diagnosis?

- a. Lupus erythematosus
- b. Secondary syphilis

**c. Lichen ruber planus**

- d. Pseudomembranous candidiasis
- e. Leukoplakia

498. A 55-year-old patient complains of general weakness, spasmodic neuralgic pain in the right side of face, rash in the mouth and on the skin. Objectively: lip and chin skin is markedly hyperemic, there are numerous vesicles with clear exudate on the right. The right cheek mucosa is hyperemic, there is a string of erosions covered with fibrinous pellicle. What is the provisional diagnosis?

- a. Aphthous fever

**b. Herpes zoster**

- c. Pemphigus vulgaris
- d. Acute herpetic stomatitis
- e. Allergic stomatitis

499. A 25-year-old patient complains of gingival haemorrhage and enlargement. Objectively: hypertrophy of gingival papillae by 1/3 of the crown height in the frontal region of mandible. Periodontal pockets are absent. What is the most likely diagnosis?

- a. Epulis

**b. Hypertrophic gingivitis**

- c. Ulcerous gingivitis
- d. Catarrhal gingivitis
- e. Localized periodontitis

500. A 19-year-old male patient consulted a dentist about gingival pain and bleeding when eating and brushing his teeth. Objectively: anterior maxillary and mandibular teeth are overcrowded, there is hyperemia, cyanosis and overgrowth of gingival papillae up to 1/3 of the crown height. The soft plaque is present. The gums bleed when touched with a tool. What is the most likely diagnosis?

- a. Localized periodontitis
- b. Ulcerative gingivitis
- c. Chronic catarrhal gingivitis
- d. Generalized periodontitis

**e. Chronic hypertrophic gingivitis**

501. A 23-year-old female patient complains of short-term pain caused by thermal stimuli in a lower jaw tooth on the right. Objectively: on the occlusal surface of the 46 tooth there is a deep cavity with softened light dentin on the floor and walls. Probing causes a slight pain across the cavity floor. Pulp electroexcitability is 10 mA. During the cavity preparation a drop of blood showed up on its floor. What paste should be applied to the cavity floor?

- a. Resorcinol-formalin

**b. Calcidont**

- c. Arsenous
- d. Corticosteroid
- e. Paraformaldehyde

502. A 17 year old girl applied to a dental clinic and complained about hard tissue defects on her frontal and lateral teeth. Subjectively these defects don't cause any inconvenience. Crown defects

appeared long ago. The patient was born and has been living in an area where fluorine concentration in the drinking water makes up 1,2 mg/l. Objectively: on the vestibular surfaces of incisors on both upper and lower jaws in the equator area there are hard tissue defects within deep layers of enamel. The defects are parallel to the cutting edge. The same defects were revealed in the area of tubera of the first molars, floor and walls of the defects are smooth. Enamel of the defect floor is light-brown. What is the most probable diagnosis?

- a. Endemic fluorosis
- b. Erosion of hard tissues of tooth
- c. Local hypoplasia
- d. Focal odontodysplasia

**e. Systemic hypoplasia**

503. A patient working as a bricklayer complains of itching, burning, soreness of lips that show up only in the summer period. He has a 3-year history of this disease. Objectively: vermilion border of the lower lip is hyperemic, edematic, covered with blisters and painful erosions 2 mm in diameter, crusts, cracks. What is the most likely diagnosis?

a. Exfoliative cheilitis, exudative form

**b. Actinic cheilitis, exudative form**

- c. Meteorological cheilitis
- d. Contact allergic cheilitis
- e. Eczematous cheilitis, exudative form

504. An 18-year-old student complains of roughness and dryness of mucous membrane of the oral cavity. He always bites uncontrolledly off mucous membrane along the line of teeth joining. The patient suffers from chronic cholecystitis, he is smoker. Hygiene index is 2,3. Objectively: mucous membrane along the line of teeth joining is quaggy, edematic, whitish. What is the leading factor of this disease development?

a. Smoking

**b. Habitual biting of mucous membrane of the oral cavity**

- c. Somatic pathology
- d. Unsatisfactory level of oral cavity hygiene
- e. Xerostomia

505. A chemical plant worker consulted a dentist about an oral mucosa burn caused by caustic soda. Which of the following medications should be chosen for emergency care?

a. 2% citric acid solution

**b. 0,5% acetic acid solution**

- c. 0,1% liquid ammonia
- d. 50% ethyl alcohol
- e. 3% sodium chloride solution

506. A 28-year-old patient suffers from a disease without prodromal manifestations that declares itself through oral mucosa lesion consisting of 1-2 roundish elements 5-8 mm large which are circumscribed by a hyperemic rim and covered with yellow-grey coating. The disease recurrence is observed quite regularly 3-4 times a year. These presentations are typical for the following disease:

**a. Chronic recurrent aphthous stomatitis**

- b. Chronic herpes recidivus
- c. Papular syphilis
- d. Erythema multiforme
- e. Lichen ruber planus

507. 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, shiny, hard. The reaction to probing and cold stimuli is absent. What treatment should be administered?

a. Medical intervention is not necessary

**b. Filling of the defects**



- c. Applications with 10% solution of calcium gluconate
- d. Metal crowns
- e. Application of fluorine lacquer

508. A 57-year-old patient complains about dryness and burning of the lateral surface of her tongue. These sensations disappear during eating. She noted such sensations three months ago. She has a history of gastritis with reduced secretory function. Objectively: mucous membrane of tongue and oral cavity has no peculiarities. The back of tongue has thin white coating. Regional lymph nodes are unpalpable. Oral cavity is sanitized. What is the most likely diagnosis?

- a. Desquamative glossitis
- b. Hunter-Moeller glossitis
- c. Lingual nerve neuritis
- d. Candidiasis

**e. Glossodynia**

509. An 18-year-old man complains of the 14, 13, 12, 23, 24 teeth being sensitive to sweet and sour food. Examination revealed some isolated ill-defined chalky spots in the precervical region. What is the most informative method of study that allows to confirm the diagnosis?

- a. Probing
- b. X-ray

**c. Vital staining**

- d. Electro-odontometry
- e. Thermometry

510. A 47-year-old patient complains about a sensation of foreign body on his tongue, discomfort during talking, oral cavity dryness. Objectively: there are dark filiform papillae up to 5 mm long on the back of tongue. What is the most likely diagnosis?

- a. Benign migratory glossitis
- b. Median rhomboid glossitis

**c. Glossophytia**

- d. Fissured tongue
- e. Acute glossitis

511. A 33-year-old patient complains about pain, gingival haemorrhage, halitosis, body temperature rise up to 37,8°C. Objectively: gums are apparently hyperaemic, edematic, bleed easily, parodontal pouches are 3-4 mm deep, and contain purulent exudate. Orthopantomogram shows diffuse osteoporosis of alveolar process, resorption of interdental septa down to 1/3 of their height. What is the most likely diagnosis?

- a. Chronic generalized I degree periodontitis
- b. Chronic generalized II degree periodontitis
- c. Exacerbation of chronic catarrhal gingivitis

**d. Exacerbation of chronic generalized I degree periodontitis**

- e. Exacerbation of chronic generalized II degree periodontitis

512. A 40 year old woman complains about slight painfulness of gums, high temperature sensitivity of teeth. Objectively: the gums are pale and compact, in the area of lower frontal teeth there is retraction with cervix dehiscence. X-ray picture shows steady decrease of interdental septa height down to 1/3 of root length. What disease are these symptoms typical for?

- a. Localized periodontitis
- b. Papillitis
- c. Generalized periodontitis
- d. Gingivitis

**e. Parodontosis**

513. A 21-year-old patient complains of a constant progressing throbbing pain in the 27 tooth. Objectively: a large carious cavity is filled with softened dentin, the tooth cavity is closed. Probing of the cavity floor is painless, percussion causes acute pain, there is grade II tooth mobility. Palpation of the mucous membrane in the projection of the root apex of the 27 tooth causes pain. Radiological

changes are absent. What is the most likely diagnosis?

- a. Acute purulent periodontitis
- b. Acute diffuse pulpitis
- c. Acute purulent pulpitis
- d. Acute serous periodontitis
- e. Exacerbation of chronic periodontitis

514. A 37-year-old female patient complains about pain, gingival haemorrhage, halitosis, body temperature rise up to 37,2°C. Objectively: gums are apparently hyperaemic, edematic, bleed easily, parodontal pouches are 3-4 mm deep and contain purulent exudate. Orthopantomogram shows diffuse osteoporosis of alveolar process, resorption of interdental septa down to 1/3 of their height. What is the most likely diagnosis?

- a. Exacerbation of generalized I degree periodontitis
- b. Chronic generalized I degree periodontitis
- c. Exacerbation of generalized II degree periodontitis
- d. Chronic generalized II degree periodontitis
- e. Exacerbation of chronic catarrhal gingivitis

515. A 24-year-old woman complains about severe pain in the mouth, body temperature up to 38°C, indisposition. The same condition occurs periodically for several years after catching a cold. Objectively: the lips are covered with bloody crusts, there are opened bladders and erosions, covered with fibrinogenous deposit on mucous membrane of lips and cheeks that is apparently hyperemic and edematic. Hypersalivation is present. What is the most likely diagnosis?

- a. Chronic herpes recidivus
- b. Erythema multiforme
- c. Dermatitis multiformis, Duhrings disease
- d. Pemphigus vulgaris
- e. Nonacantholytic pemphigus

516. A 38 year old driver complains of acute pain in his mouth and sore throat, difficult ingestion, indisposition, temperature rise up to 38,6°C. These symptoms appeared after exposure to cold. He has been ill for a day, in the evening he has to go to work. Objectively: gums in the area of inferior frontal teeth as well as pharynx mucous membrane are hyperemic, edematic; gingival edge is necrotic, tonsils are enlarged. Results of bacterioscopy: fusospirochetal symbiosis. In blood: erythrocytes -  $4,5 \times 10^{12}/l$ ; leukocytes -  $7,2 \times 10^9/l$ ; ESR - 18 mm/h. What actions should a stomatologist take?

- a. To prescribe a medication and give a sick-list
- b. To give him an order for hospitalization in oral department
- c. To refer him to an otolaryngologist
- d. To refer him to an infectious disease specialist
- e. To prescribe a medication and allow to go to work

517. A 17-year-old man complains of a cosmetic defect in form of light spots on the teeth. In the area of his residence the fluoride concentration in drinking water is at the rate of 1 mg/l. Objectively: vestibular surface of the 11,12, 21, 22, and tubercles of the 16, 26, 36 and 46 teeth have chalky spots with shiny surface that have been present since the time of eruption. What is the most likely diagnosis?

- a. Enamel erosion
- b. Amelogenesis imperfecta
- c. Multiple caries
- d. Endemic fluorosis
- e. Systemic hypoplasia

518. A 42-year-old patient was diagnosed with exacerbation of generalized grade II periodontitis accompanied by abscess formation. What method of general treatment should be administered in the first place?

- a. Antibiotic therapy

- b. Hyposensitization therapy
- c. Detoxification therapy
- d. Stimulating therapy
- e. Vitamin therapy

519. A 43-year-old patient complains of increased tooth sensitivity to thermal and chemical stimuli, gum itch. Objectively: the roots of the teeth are exposed to 1/3 of their length, the gums are dense, pale pink. There is a small amount of dental plaque. In the region of the 15, 14, 24, 25, 44, 34 teeth there are wedge-shaped defects within the dentin. Probing of exposed cervices and wedge-shaped defects causes pain reaction. What is the most likely diagnosis?

- a. Atrophic gingivitis
- b. Gingival recession
- c. Localized periodontitis
- d. Parodontosis**
- e. Generalized periodontitis

520. A 25-year-old student complains of a carious cavity in the 22 tooth. The fillings fell out 2 months ago. The tooth had been treated before for pulpitis. Objectively: there is a deep carious cavity with the rests of filling on the medial surface of the 22 tooth. The crown of the 22 tooth is dirty pink. X-ray shows a root canal filled with the filling material by half of the root length; in the region of the root apex there is a well-defined focus of destruction of bone tissue 0,3\*0,3 cm large. What is the most likely diagnosis?

- a. Residual pulpitis
- b. Chronic fibrous periodontitis
- c. Chronic granulating periodontitis
- d. Chronic granulomatous periodontitis**
- e. Radicular cyst

521. A 35-year-old patient complains about constant dull pain in the 25 tooth that is getting worse when biting down on food. Objectively: masticatory surface of the 25 tooth has a carious cavity communicating with the dental cavity. The purulent discharges from the canal followed the probing. What method of diagnostics should be applied to confirm the diagnosis?

- a. Bacteriological examination
- b. Deep probing
- c. Electric pulp test
- d. Thermal test
- e. X-ray examination**

522. A 28 year old woman complains about acute pain on the left of her upper jaw during eating. 6 days ago the 28 tooth was extracted, after that the pain came. The patient considers that extraction of the 28 tooth caused "damaging" of the next tooth. Objectively: alveolus of the 28 tooth is at a stage of healing. On the distal surface of the 27 tooth there is a carious cavity in the precervical area that doesn't communicate with the tooth cavity. Cold stimulus causes short attack of pain. Dentin of walls and floor is light and softened. Probing of the floor is painful. What is the most probable diagnosis?

- a. Acute deep caries**
- b. Acute diffuse pulpitis
- c. Chronic fibrous pulpitis
- d. Chronic deep caries
- e. Acute local pulpitis

523. A 34-year-old male patient complains of acute spasmodic pain in the region of his upper jaw on the left that is getting worse as affected by cold stimuli. Toothache irradiates to the ear and temple. He had acute toothache of the 37 tooth one year ago, but he didn't consult a dentist. Pain recurred three days ago. Objectively: the 37 tooth has a carious cavity communicating with the dental cavity. Probing of the opened carious cavity is extremely painful. X-ray picture shows widening of periodontal fissure at the root apex of the 37 tooth. What is the most likely diagnosis?

- a. Exacerbation of chronic granulating periodontitis
- b. Acute diffuse pulpitis
- c. Acute purulent pulpitis
- d. Exacerbation of chronic pulpitis**
- e. Exacerbation of chronic fibrous periodontitis

524. A patient complains about pain in the 45 tooth induced by cold, sour and sweet food stimuli. The pain abates when the stimulus action is stopped. Objectively: there is a carious cavity on the masticatory surface within mantle dentin filled with food rests and softened dentin, overhanging enamel edges are chalky. What is the diagnosis?

- a. Acute deep caries
- b. Chronic deep caries
- c. Chronic median caries
- d. Acute superficial caries
- e. Acute median caries**

525. A 25-year-old patient complains of intermittent pain during taking sweet and cold food in the 21 tooth. Objectively: there is a hard tissue defect within the enamel in the cervical region of the 21 tooth. The enamel edges are uneven and chalky. Probing the cavity bottom provokes no pain, there is short-term pain reaction to cold stimuli. What is the most likely diagnosis?

- a. Enamel erosion
- b. Superficial caries**
- c. Initial caries
- d. Wedge-shaped defect
- e. Enamel hypoplasia

526. Preventive examination of a 55-year-old man revealed a well-defined area of opaque mucosal epithelium of the left cheek that didn't protrude above the surrounding tissues and could not be removed on scraping. Crowns of the 34, 35, 36 teeth were strongly decayed and had sharp edges. What is the most likely diagnosis?

- a. Candidiasis
- b. Soft leukoplakia
- c. Lichen ruber planus
- d. Lupus erythematosus
- e. Leukoplakia**

527. A 30-year-old patient has a carious cavity in the 11 tooth within parapulpal dentin. The tooth corner and its cutting edge are affected. What filling material is best for restoration of the anatomic tooth form?

- a. Light-cure glass-ionomer cement
- b. Silicate cement
- c. Light-cure composite**
- d. Chemical-cure paste-paste composite
- e. Chemical-cure powder-liquid composite

528. A 29-year-old patient complains of acute paroxysmal pain in the upper jaw on the left, that gets worse during having cold food and irradiates into the ear and temple. A year ago she experienced intense pain in the 27 tooth but didn't consult a dentist. Three days ago there was the second attack of pain. Objectively: there is a deep carious cavity in the 27th tooth, interconnecting with the tooth cavity. Probing the open area causes acute pain. What is the most likely diagnosis?

- a. Exacerbation of chronic pulpitis**
- b. Acute diffuse pulpitis
- c. Acute limited pulpitis
- d. Exacerbation of chronic periodontitis
- e. Acute serous periodontitis

529. A 33-year-old male patient complains about tongue pain that is getting worse during eating and talking. Objectively: there is a painful ulcer 0,6 cm large on the lateral surface of tongue. The floor is

covered with grey deposit. The crown of the 47 tooth is destroyed. What is the most likely diagnosis?

- a. Decubital ulcer
- b. Hard chancre
- c. Cancerous ulcer
- d. Tuberculous ulcer
- e. Trophic ulcer

530. A 20-year-old pregnant woman complains of gingival enlargement, bleeding and pain during eating and tooth brushing. Objectively: gingival papillae on the upper and lower jaw are hyperaemic, haemorrhagic, painful, cover the crowns of teeth by 1/2. Scalloped contours of marginal gingiva are abnormal. What is the most likely diagnosis?

- a. Hypertrophic gingivitis, fibrous form
- b. Hypertrophic gingivitis, edematous form
- c. Chronic catarrhal gingivitis
- d. Acute catarrhal gingivitis
- e. Generalized periodontitis

531. A 23-year-old patient complains about gingival haemorrhage during tooth brushing and eating solid food. Objectively: gingiva of the frontal part of mandible is hyperaemic, edematous, it bleeds on palpation. Mucous membrane of the oral cavity as well as gingiva in other regions present no changes. The patient has deep overbite. Teeth are stable except for the 41 and 31 (I degree of mobility). X-ray picture shows resorption of interalveolar septa by one third of root length in the region of the 42, 41, 32, 31 teeth. What is the most likely diagnosis?

- a. Catarrhal gingivitis
- b. I degree parodontosis
- c. Initial generalized periodontitis
- d. Generalized I degree periodontitis
- e. Localised periodontitis

532. A 20 year old patient complains about gum itching, gingival haemorrhage during tooth brushing and eating, unusual look of gums. He has been observing these presentations for the last 1,5 year. It is known from the patient's anamnesis that he has been taking diphenylamine anticonvulsants for 2 years. Objective examination revealed gingival hyperemia and edema. In the frontal part the gums cover vestibular surface of teeth by 1/2 of their height. Along the loose gingival edge growth of granulation tissue is present, probing causes gingival haemorrhage. No roentgenological changes were revealed. Make a diagnosis:

- a. Chronic catarrhal gingivitis
- b. Chronic ulcerative gingivitis
- c. Chronic hypertrophic gingivitis
- d. Localized periodontitis
- e. Generalized periodontitis

533. A 57-year-old patient complains about dental hypersensitivity to chemical stimuli, gum itch. Objectively: roots are exposed down to 1/3 of their length, gums are dense and pale rose. Wedge-shaped defects in the area of the 14, 13, 24, 25, 26, 34 teeth are within the dentine. Probing of dental cervixes and wedge-shaped defects is painful. What is the most likely diagnosis?

- a. Atrophic gingivitis
- b. Localised periodontitis
- c. Generalized periodontitis
- d. II degree periodontitis
- e. I degree parodontosis

534. An 18-year-old patient complains of short-term pain in the 37 tooth caused by sweet and cold stimuli. Objectively: masticatory surface of the 37 tooth has a carious cavity within mantle dentine. The cavity is filled with softened dentine. Probing of the cavity walls induces pain in the region of dentinoenamel junction, electroodontodiagnosis is 6 microampere. What is the most likely diagnosis?

- a. Acute superficial caries

b. Chronic fibrous pulpitis

c. Pulp hyperaemia

**d. Acute median caries**

e. Acute deep caries

535. An 18 year old patient complains of gingival painfulness and haemorrhage, halitosis, temperature rise up to 38,6°C, general weakness, appetite loss. Objectively: mucous membrane of oral cavity is hyperemic and dry; tongue is covered with white fur, gingival papillae are edematic, their apices have areas of necrotic deposit that can be easily removed leaving bleeding surface beneath. Submaxillary lymph nodes are enlarged, palpatory painful. What is the causative agent of this disease?

a. Candida fungi

**b. Fusospirochetal symbiosis**

c. Pale treponema

d. Streptostaphylococci

e. Virus of herpes simplex

536. A 52-year-old female patient complains of dry mouth, taste impairment, burning and pricking sensations in the tongue that disappear during eating but intensify at the end of the day. For the first time such problems arose 2 years ago after a psychic trauma. She has a history of anacid gastritis. Objectively: the general condition is satisfactory, the patient is restless, tearful. Oral mucosa is pale pink, dry; filiform papillae on the dorsum of tongue are reduced. Pharyngeal reflex is dramatically reduced. There is segmental disturbance of facial skin sensation. What is the most likely diagnosis?

a. Desquamative glossitis

**b. Glossodynia**

c. Ganglionitis of sublingual ganglions

d. Moller-Hunter glossitis

e. Chronic atrophic candidous glossitis

537. A 27-year-old patient complains of bleeding, pain and swelling of gums, tooth mobility, halitosis, general weakness. Objectively: submandibular lymph nodes are enlarged and painful, gums are hyperemic and cyanotic, they are also swollen and bleed at probing, periodontal pockets are 5-8 mm deep and contain sero-purulent exudate. There is massive dental deposit, gingival recession and tooth migration. X-ray picture shows diffuse osteoporosis and irregular, predominantly vertical, resorption of alveolar septa down to 2/3 of root length. What is the most likely diagnosis?

a. Eosinophilic granuloma

b. Grade III parodontosis

**c. Exacerbation of generalized grade III periodontitis**

d. Chronic generalized grade III periodontitis

e. Exacerbation of generalized grade II periodontitis

538. A 16-year-old patient complains about experiencing gingival enlargement, pain and haemorrhage throughout a year. Objectively: gingival papillae are enlarged and overlap tooth crowns by 1/2 of their height. Gums exhibit bright red granulations and are painful on palpation. There are considerable calculus deposits. X-ray picture shows no changes of alveolar process. What is the most likely diagnosis?

a. Generalized periodontitis

b. Catarrhal gingivitis

c. Localised periodontitis

d. Ulcerous gingivitis

**e. Hypertrophic gingivitis**

539. During restoration of a II class (according to Blacks classification) carious cavity of the 25 tooth a doctor applied methods of total mordanting and drying of hard tissues. After that he noticed that enamel surface became chalky and dentin became completely dry. How should he treat enamel and dentin surfaces for the further restoration by method of "wet-Bonding"?

**a. With dentin wetting agent**

- b. Enamel and dentin should be treated with adhesive system
- c. Enamel and dentin should be treated with alcohol
- d. Enamel and dentin should be treated with hydrogen peroxide
- e. Enamel and dentin should be treated with mordanting gel once again

540. A 42 year old patient complains about tooth mobility, change of tooth position, foul taste, pain during food mastication. Objectively: teeth of both upper and lower jaws are mobile (2-3 degree), there are also diastems and diaereses. Tooth roots are dehiscd by 1/2. There are serous purulent discharges from periodontal pockets. Orthopantomogram shows bony tissue destruction down to 2/3 of root length. There are bone pockets. What is the most probable diagnosis?

- a. Chronic generalized periodontitis (III degree)
- b. Chronic catarrhal gingivitis
- c. Chronic generalized periodontitis (II degree)
- d. Atrophic gingivitis
- e. Papillon-Lefevre syndrome

541. A 37-year-old patient complains of gingival haemorrhage, pain, halitosis, body temperature rise up to 37,6°C. Objectively: the gums are markedly hyperemic, swollen, bleed on touch, periodontal pockets are 3 mm deep, contain sero-purulent exudate. Orthopantomogram shows diffuse osteoporosis of alveolar processes, resorption of the interdental septa down to 1/3 of their height. What is the most likely diagnosis?

- a. Generalized grade II periodontitis, chronic course
- b. Exacerbation of chronic catarrhal gingivitis
- c. Generalized grade I periodontitis
- d. Generalized grade II periodontitis, exacerbation
- e. Generalized grade I periodontitis, chronic course

542. A 21-year-old patient complains of a drop-shaped bulge in the cervical region. Objectively: there is an enamel droplet of about 2 mm in diameter on the vestibular surface of the 33 tooth. What is the most likely diagnosis?

- a. Enamel hypoplasia
- b. Supernumerary tooth
- c. Marble-bone disease
- d. Enamel hyperplasia
- e. Fluorosis

543. A 50-year-old patient complains about difficult mastication, teeth mobility, offensive breath, gingival hemorrhage. Objectively: the gum is hyperemic and cyanotic, dental calculus is present. Parodontal pouches are 8 mm deep within upper jaw molars. The pouches of other teeth are 6 mm deep. X-ray picture shows resorption of bone tissue by 2/3-1/2 of tooth roots. What is the most likely diagnosis?

- a. Acute generalized II degree periodontitis
- b. Chronic generalized III degree periodontitis
- c. Chronic generalized I degree periodontitis
- d. Chronic generalized II degree periodontitis
- e. Acute generalized III degree periodontitis

544. An 18-year-old patient complains about gingival enlargement, pain and haemorrhage when eating solid food. Objectively: hyperaemia, gingival edema, hypertrophy of gingival edge up to 1/2 of crown height by the 12, 13, 14 teeth. Formalin test is painless. What is the most likely diagnosis?

- a. Ulcero-necrotic gingivitis
- b. Exacerbation of generalized I degree periodontitis
- c. Generalized II degree periodontitis, chronic course
- d. Catarrhal gingivitis
- e. Hypertrophic gingivitis

545. A 27-year-old male patient complains of aching long-lasting pain in the 15 tooth during having meals, 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 mA. What is the most likely diagnosis?

- a. Exacerbation of chronic pulpitis
- b. Chronic fibrous pulpitis**
- c. Chronic deep caries
- d. Acute deep caries
- e. Hyperemia of the pulp

546. A 25-year-old patient complains of a light brown spot in the upper front tooth. Objectively: the 23 tooth has a single light brown spot in the precervical region. Probing reveals smooth surface. The tooth is nonresponsive to cold and probing. What is the most likely diagnosis?

- a. Chronic initial caries**
- b. Local enamel hypoplasia
- c. Chronic superficial caries
- d. Acute initial caries
- e. Fluorosis

547. A 45-year-old patient complains of a rapidly growing formation on his lower lip. Examination of the red border of lips revealed a greyish-red nodule with a hollow in the centre which is filled with corneous masses that can be easily removed. The nodule is painless, mobile. What is your provisional diagnosis?

- a. Basal cell carcinoma
- b. Circumscribed precancerous hyperkeratosis of vermillion border
- c. Papilloma
- d. Nodulous verrucous precancer of vermillion border

**e. Keratoacanthoma**

548. A 60-year-old patient undergoes sanitation of the oral cavity before an operation on account of cataract. After examination the patient was diagnosed with chronic median caries of the 22 tooth (Blacks class V). What filling material should NOT be used in this patient?

- a. Chemical-cure glass-ionomer cement
- b. Chemical-cure microhybrid material
- c. Light-cure microhybrid material**
- d. Silicate cement
- e. Chemical-cure macrofilled composite

549. A young woman complained about having vesicles in oral cavity, painful ulcers, especially during talking and eating; muscle and joint pain, body temperature rise, indisposition, weakness. She fell suddenly ill 2 days ago. Objectively:  $t_{\text{re}} = 38,4^{\circ}\text{C}$ . Vermilion border is covered with bloody crusts that stick together and impede mouth opening. Mucous membrane of lips, cheeks, mouth floor, tongue, soft palate is hyperemic and edematous; there are single vesicles and large painful erosions covered with fibrinous deposit on it. Regional lymph nodes are enlarged and painful. There is hypersalivation. Nikolsky's symptom is negative. What is the most probable diagnosis?

- a. Acute herpetic stomatitis
- b. Non-acantholytic pemphigus
- c. Acantholytic pemphigus
- d. Secondary syphilis

**e. Multiform exudative erythema**

550. A stepladder with a long record of service consults a dentist about dryness, burning and insignificant lip edema. The same symptoms were noted one year ago in autumn. What is the most likely diagnosis?

- a. Manganotti's cheilitis
- b. Cheilitis exfoliativa
- c. Contact cheilitis
- d. Cheilitis glandularis
- e. Meteorological cheilitis**

551. A 42 year old patient applied to a dentist and complained about white caseous deposit on the dorsum of his tongue and burning sensation. It is known from the patients anamnesis that he underwent treatment in an in-patient hospital on account of pneumonia. What is the most probable diagnosis?

- a. Acute pseudomembranous candidosis
- b. Lichen ruber planus
- c. Lupus erythematosus
- d. Scarlet fever
- e. Typical form of leukoplakia

552. A patient complained about frequent haemorrhages from the mucous membrane of oral and nasal cavities, he mentioned also that his father had the same problems. Objectively: there are multiple telangiectasias and angiomatous formations on face skin as well as on mucous membrane of nose, cheeks and lips. Blood count is normal. What is the most probable diagnosis?

- a. Addison-Biermer disease
- b. Rendu-Osler-Weber disease
- c. Vaquez disease
- d. Werlhofs disease
- e. Cushings basophilism

553. A 42-year-old patient complains about gingival pain, progressing gingival haemorrhage, increasing tooth mobility, halitosis. Objectively: gums are evidently hyperaemic, extremely edematic, they bleed easily on palpation. Tooth roots are exposed, parodontal pouches are 4-6 mm deep, and contain purulent exudate, there is also supragingival and subgingival dental calculus. II-III grade tooth mobility is present. Orthopantomogram shows resorption of interdental septa down to 1/2 of their height. What is the most likely diagnosis?

- a. Exacerbation of generalized II degree periodontitis
- b. Exacerbation of generalized III degree periodontitis
- c. Chronic generalized III degree periodontitis
- d. Chronic generalized II degree periodontitis
- e. Exacerbation of generalized I degree periodontitis

554. A 38-year-old patient complains of discomfort, occasional sensation of tearing in the 17 tooth, infrequent pain during eating hot food that lasts for 10-20 minutes. Objectively: the 17 tooth is filled with composite materials, the tooth is slightly darker than the other ones. What is the most likely diagnosis?

- a. Chronic gangrenous pulpitis
- b. Chronic concrementous pulpitis
- c. Chronic fibrous pulpitis
- d. Recurrent caries
- e. Chronic granulating pulpitis

555. A 28-year-old patient complains about constant localised pain that is getting worse when biting down on food. Objectively: the 46 tooth has a carious cavity communicating with the dental cavity. Probing of the carious cavity causes no pain, percussion is painful, X-ray picture shows no changes. What is the most likely diagnosis?

- a. Acute diffuse pulpitis
- b. Exacerbation of chronic periodontitis
- c. Exacerbation of chronic pulpitis
- d. Acute purulent periodontitis
- e. Acute serous periodontitis

556. A 23-year-old patient complains about a carious cavity in the 16 tooth. Objectively: the 16 tooth has a deep carious cavity communicating with the dental cavity. Probing, percussion cause no pain. There is a fistula on the gingiva in the region of root apex projection of the 16 tooth. What is the most likely diagnosis?

- a. Chronic granulating periodontitis

- b. Chronic fibrous periodontitis
- c. Chronic granulomatous periodontitis
- d. Chronic fibrous pulpitis
- e. Chronic gangrenous pulpitis

557. A dentist was called to a patient being treated in the cardiological department after myocardium infarction. The patient was diagnosed with acute condition of chronic fibrous pulpitis of the 36 tooth. What method of pulpitis treatment should be chosen taking into account grave condition of the patient?

- a. Conservative method
- b. Devital amputation**
- c. Vital amputation
- d. Vital extirpation
- e. Devital extirpation

558. A 42-year-old builder complains about a condyloma on his lower lip. It appeared 1,5 month ago. It has been significantly growing throughout the last week. Objectively: the red border of the lower lip is cyanotic and infiltrated, it has some isolated closely adhering squamae. There is a well-defined hemispherical formation 8 mm in diameter and 4 mm high in the centre. The formation is of grey-and-blue-and-red colour, it has rough surface formed by thin, closely adhering and thick-based squamae. Regional lymph nodes are enlarged, mobile, dense and painless. What is the most likely diagnosis?

- a. Viral wart
- b. Lower lip cancer**
- c. Pyogenic granuloma
- d. Verruciform precancer
- e. Keratoacanthoma

559. A 20-year-old patient was diagnosed with chronic deep caries of the 12 tooth. Objectively: the 12 tooth has a deep carious cavity on the aproximal-distal surface. Distal crown angle of the 12 tooth is also affected with caries. Choose the material for correction of the indicated defect:

- a. Silica-alumina cement
- b. Light-cure composite material**
- c. Light-cure glass-ionomer cement
- d. Chemical-cure glass ionomer cement
- e. Polycarboxylate cement

560. A patient complains about paroxysmal upper jaw toothache on the left that is getting worse at night. Toothache intensifies also under stimulation and irradiates to the left eye and temple. Similar attacks were noted three months ago, the patient did not undergo any treatment. Objectively: the 25 tooth has a deep carious cavity communicating with the tooth cavity. Probing causes acute pain at the point of communication, vertical percussion is slightly painful, horizontal one is painless. Mucous membrane in the projection of root apex of the 25 tooth is unchanged, its palpation is painless. Thermal probe causes acute pain, the pain attack is long-lasting. Electroodontodiagnosis is 60 microampere. X-ray picture shows a slight widening of periodontal fissure at the root apex of the 25 tooth. What is the most likely diagnosis?

- a. Exacerbation of chronic pulpitis**
- b. Acute purulent pulpitis
- c. Exacerbation of chronic periodontitis
- d. Acute purulent periodontitis
- e. Acute generalized pulpitis

561. A dentist fills a Black class II carious cavity in the 36 tooth of a 35-year-old man by sandwich method in one office visit. What glass-ionomer cement should be chosen as basic liner in this case?

- a. Reinforced
- b. Hybrid**
- c. Classical

- d. Water-hardening
- e. Condensable

562. A pregnant 24-year-old woman complains about emergence of several new carious cavities, falling out of old fillings. Objective examination revealed: index of decayed, missing and filled teeth (DMF) is 16, Feodorov-Volodkina hygiene index is 3,3. Choose the optimal material for carious cavity filling in this case:

- a. Silicophosphate cement
- b. Glass ionomer cement**
- c. Chemical-cure composite
- d. Silver amalgam
- e. Light-cure composite

563. A 19 year old man complained about gingival haemorrhage and painfulness. Objectively: in the frontal part of his upper and lower jaws overcrowding of teeth is present; there are hyperemia, cyanosis and enlargement of gingival papillae up to one third of crown height; massive formation of soft tooth deposit. What procedure should be included into the treatment program?

- a. Fluctuating currents
- b. Darsonval currents**
- c. Microwave therapy
- d. Diathermy
- e. Ultra-high frequency therapy

564. A 54-year-old male patient complains about progressing pain in the area of upper jaw on the left that first arose 3 days ago. Body temperature is up to 37,2°C. Objectively: gingival mucous membrane is edematic, hyperemic, it bleeds slightly. Parodontal pouches are 6-7 mm deep and contain a small amount of purulent exudate. A painful infiltrate is palpated in the region of the 26 tooth. The 26 tooth has III degree mobility, the rest of teeth have I-II degree mobility. X-ray picture shows resorption of interalveolar septa by 2/3 of root length. What is the most appropriate treatment method of the 26 tooth?

- a. Lancing of abscess via parodontal pouch
- b. Extraction of the 26 tooth**
- c. Curettage of parodontal pouches
- d. Temporal splintage, conservative therapy
- e. Lancing of abscess via gum

565. A 36-year-old female patient complains about an aesthetic defect of upper frontal teeth. In past history: she undergoes regular check-up in the endocrinological department on account of thyrotoxicosis. Enamel defects appeared several years ago and since that have been gradually expanding. Examination revealed that the 12, 11, 21, 22 teeth had transverse oval enamel defects on the vestibular surfaces. Probing and cold test is painless. Floor of the defects is smooth, glossy and hard. What is the most likely diagnosis?

- a. Acute superficial caries
- b. Systemic hypoplasia
- c. Necrosis of hard tissues
- d. Erosion of hard tissues**
- e. Wedge-shaped defects

566. A 23-year-old patient complains of minor root exposure, gingival haemorrhage during tooth brushing, gum itch. Objectively: there is supragingival and subgingival dental calculus. Gums are hyperaemic, edematic, pockets are 3,5 mm deep. X-ray picture shows resorption of interalveolar septa by 1/3. What is the most likely diagnosis?

- a. Chronic generalized I degree periodontitis**
- b. Exacerbation of generalized I degree periodontitis
- c. II degree periodontitis
- d. Exacerbation of generalized II degree periodontitis
- e. Chronic generalized II degree periodontitis

567. A dentist treats a 22-year-old patient on account of acute deep caries of the 26 tooth. As lining material the dentist chose calcium salicylate cement "Life". What material should be chosen for insulation of the lining?

- a. Insulating varnish
- b. Zinc phosphate cement
- c. Zinc oxide eugenol cement
- d. Glass ionomer cement**
- e. Adhesive composite system

568. A 62-year-old patient complains of a painless formation on his tongue that appeared several months ago. Objectively: the patient has a lot of carious and completely decayed teeth, lateral surface of tongue exhibits a painless whitish formation 10\*5 mm large with irregular surface in form of verrucae. Histological examination revealed thickening of corneal epithelial layer of intermittent keratinization type. What is the most likely diagnosis?

- a. Verrucous form of leukoplakia**
- b. Hyperplastic form of candidiasis
- c. Keratoacanthoma
- d. Hyperkeratotic form of lichen ruber planus
- e. Verrucous precancer

569. A gravida (36 weeks) complains of gingival haemorrhages and excessive plaque despite a thorough hygienic care of oral cavity. Objectively: gingival papilla and marginal gingival edge are spongiose, bleeding when touched. Fedorov-Volodkinas hygiene index is 3,7 points. What kind of toothpaste should be recommended to this patient after the professional oral hygiene?

- a. Fluorine-containing toothpaste
- b. Gel toothpaste
- c. Toothpaste with mineralizing agents
- d. Herbal toothpaste
- e. Chlorhexidine-containing toothpaste**

570. A patient had an epileptic attack during tooth preparation. What actions should the doctor take?

- a. No actions should be taken
- b. To seat the patient with forward position of his head, to fix his hindhead
- c. To lay the patient in prone, head-down position, to fix his arms
- d. To lay the patient down with laterad position of his head, to fix his tongue**
- e. To seat the patient on an armchair in upright position

571. A patient being at a dentist presented suddenly with tachycardia, sweating, trembling, nausea, hunger. The patient is conscious. He suffers from diabetes mellitus. What aid should be rendered by the dentist?

- a. The dentist should lay the patient down on a flat surface, lower cephalic pole, open the windows
- b. The dentist should make intramuscular injection of adrenaline (0,5-1,0 mg)
- c. The dentist should make intravenous injection of corticosteroids
- d. The dentist should break the procedure off and give the patient sugar in any form**
- e. The dentist should give the patient nitroglycerine in form of spray or sublingually

572. On removing a dental plaque, a 19-year-old patient is found to have two white patches in the precervical region of the 11 and 21 teeth. After drying the patches increase in size. What is the most likely diagnosis?

- a. Initial caries**
- b. Local hypoplasia
- c. Amelogenesis imperfecta
- d. Enamel necrosis
- e. Fluorosis

573. A 27-year-old patient has been referred for endodontic treatment on the 45 tooth. Objectively: the tooth crown is decayed, the lateral surface of tongue and cheek mucosa being in direct contact with the 45 tooth are covered with grayish plaques of macerated epithelium that are somewhat raised

above the surface of the mucous membrane. Uvula and palatine arches are of dark red colour, and the hard palate has papules with a red rim and covered with grayish epithelium. Submandibular, cervical, supraclavicular, subclavicular lymph nodes are enlarged, painless. What is your provisional diagnosis?

- a. White sponge nevus
- b. Lichen ruber planus
- c. Chronic recurrent aphthous stomatitis
- d. Lupus erythematosus, plaque stage

**e. Secondary syphilis**

574. A 44-year-old patient complains about the astringent sensation in the upper jaw incisor, which appeared 1,5 years ago. Objectively: the most convex part of the vestibular surfaces of the 12, 11, 21, 22 crowns has roundish defects with smooth, shiny, dense surface, that reach dentine in depth. The depth of defects is gradually decreasing from the centre to the periphery. What is the most likely diagnosis?

- a. Chronic median caries
- b. Destructive fluorosis
- c. Wedge-shaped defect
- d. Systemic hypoplasia

**e. Enamel erosion**

575. A 25 year old patient applied to a clinic for the purpose of oral cavity sanitation. During preparation of the 45 tooth on account of chronic median caries the patient turned pale, there appeared cold clammy sweat on her forehead, nausea, ear noise. The patient lost consciousness. Objectively: pulse - 50 bpm, AP - 80/60 mm Hg, shallow breath, miotic pupils. Make a diagnosis of this state:

- a. Anaphylactic shock
- b. Collapse
- c. Quinckes edema

**d. Syncope**

e. Stenocardia

576. A 23-year-old patient was delivered to a traumatology centre with a dirty cut wound of her right foot. A doctor performed initial surgical debridement and made an injection of antitetanus serum. Some time later the patient's condition got abruptly worse: she developed extreme weakness, dizziness, palpitation. Objectively: the skin is pale, the patient has cold sweat, frequent pulse of poor volume at a rate of 100 bpm, AP is 90/40 mm Hg. What is the cause of such aggravation?

- a. Haemorrhagic shock
- b. Infectious-toxic shock
- c. Drug disease (seroreaction)

**d. Anaphylactic shock**

e. Pain shock

577. A man was found in a street in unconscious state and delivered to the sanitary inspection room. At small intervals the man presents with recurrent attacks of tonic and clonic convulsions of the upper and lower limbs. Objectively: the patient is unconscious, his pupils are mydriatic, don't react to light. The tongue has teeth indentations. Involuntary urination was noted. Examination revealed no symptoms of focal cerebral lesion. AP is 140/90 mm Hg. The patient's head can be freely brought to the chest. Specify the most probable pathology:

- a. Tetanus
- b. Acute meningoencephalitis
- c. Parenchymatous hemorrhage
- d. Cerebral infraction

**e. Epilepsy, status epilepticus**

578. A patient was found unconscious in her flat heated with firewood. The stove pipe damper was closed, it smelt of smoke in the room. Objectively: the patient is unconscious, her skin and mucous

membranes are of cherry red colour. Pupils exhibit no reaction to light, corneal and tendinous reflexes are absent, muscle tone is decreased. Ps is 96 bpm, of poor volume. Heart sounds are muffled, there are solitary extrasystoles, AP is 90/60 mm Hg. In the lower lungs solitary small bubbling rales are present, respiratory rate is 28/min. What is the most likely diagnosis?

- a. Acute methane intoxication
- b. Acute benzol intoxication
- c. Acute chlorine intoxication
- d. Acute intoxication with sulfur dioxide gas
- e. Acute intoxication with carbon oxide

579. An 18-year-old woman has been suffering from diabetes mellitus for 5 years. She receives 36 units of insulin per day. During pneumonia her condition got abruptly worse: the patient presented with increased thirst, abdominal pain, nausea, vomiting and sleepiness. In the evening the patient refused to eat and did not get her regular insulin dose; in the morning she lost consciousness. Objectively: the patient is unconscious, the skin is dry, turgor is decreased. The tongue is also dry. Respiration is deep and noisy, there is sharp smell of acetone from the mouth. Body temperature is 36,6 degrees, Ps is 100, small; AP is 90/50 mm Hg. Urine exhibits extremely positive reaction to acetone. Blood glucose is 33 millimole/l. What is your provisional diagnosis?

- a. Hepatic coma
- b. Cerebral coma
- c. Hyperosmolar coma
- d. Lactacidemic coma
- e. Ketoacidotic coma