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"North Ossetian State Medical Academy"
Ministry of Health of the Russian Federation

Department of Dentistry №3

APPROVED

Minutes No. 4 of the meeting of the Central
coordination educational and methodical
council dated 03/22/22

VALUATION FUND

in the discipline "Dentistry: Endodontics"

the main professional educational program of higher education - specialist's programs in the
specialty 31.05.03 Dentistry,
approved on March 30, 2022

for students of 3, 4 courses

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Head of the Department of Dentistry No. 3

MD



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STRUCTURE OF FOS

1. Title page
2. Structure of the FOS
3. Passport of evaluation tools
4. A set of evaluation tools:
 - list of questions on practical skills
 - situational tasks
 - benchmarks of test tasks
 - questions to offset
 - tickets to offset

Passport of the Fund of Evaluation Funds by discipline

Dentistry: Endodontics

No. p/n	Name of the controlled section (topic) of the specialty / module	Code of the formed competence (stage)	Name of the evaluation tool
1	2	3	4
Type of control	Exam		
1.	The main methods of examination of teeth, dentition, periodontal and oral mucosa. Additional research methods. Functional and laboratory research methods. Drawing up a treatment plan.	UC-1, UC-6, GPC-1, GPC-2, GPC-5, GPC-6, GP -13, PC-1, PC-2, PC-4, PC-5	C, TT, ST
2.	Hereditary and congenital malformations of hard dental tissues: imperfect amelo- and dentinogenesis, hypoplasia, fluorosis. Etiopathogenesis, clinic, differential diagnosis, treatment, prevention	UC-1, UC-6, GPC-1, GPC-2, GPC-5, GPC-6, GP -13, PC-1, PC-2, PC-4, PC-5	C, TT, ST
3.	Pulpitis, periodontitis - etopathogenesis, classification, differential diagnosis. Modern methods of endodontic treatment. Criteria for the quality of endodontic treatment. Re-endodontic treatment. Mistakes and complications in endodontics. Restoration of teeth after endodontic treatment. Principles of odontopreparation, restoration of hard tooth tissues with modern materials.	UC-1, UC-6, GPC-1, GPC-2, GPC-5, GPC-6, GP -13, PC-1, PC-2, PC-4, PC-5	C, TT, ST

Note: C - colloquium, TT - test tasks, ST - situational tasks

Evaluation Toolkit

List of questions on practical skills

1. Cofferdam installation.
2. Reading radiographs.
3. Root canal irrigation protocol.
4. Examination of the oral cavity. Assessment of the state of the oral mucosa. Evaluation of the type of bite, the condition of the frenulums and mucous cords.
5. Treatment of furcation perforations of molars.
6. Carrying out a vital method of treatment of pulpitis.
7. Root canal filling using the lateral condensation technique.
8. Instrumental treatment of root canals using the Step Back method.
9. Re-treatment of root canals. The use of ultrasound.
10. The method of filling root canals with ThermaFil system.
11. The method of filling root canals with the BeeFill system
12. Treatment of periodontitis complicated by intracanal perforation of the tooth.
13. Types and method of carrying out various methods of anesthesia in the treatment of pulp and periodontium.
14. Complete the patient's medical history.
15. Carrying out vital and devital methods of treatment of pulpitis.
16. Restoration of teeth on a pin after endodontic treatment.
17. Root canal filling with gutta-percha pins using lateral and vertical condensation techniques.
18. Diagnosis and treatment of chronic periodontitis in the acute stage.
19. Treatment of chronic granulomatous periodontitis
20. Root canal treatment with the Reciproc system.
21. Cofferdam. Methods and tools for imposition.
22. Re-treatment of root canals. The use of ultrasound.
23. Treatment of chronic forms of apical periodontitis.
24. Premedication in dentistry.
25. Anatomical features and tactics of mechanical treatment of S - shaped root canals.
26. Modern methods of instrumental processing of root canals.
27. Root canal obturation methods.
28. Chronic pulpitis in the acute stage. Clinic, differential diagnosis, treatment.
29. Chronic periodontitis in the acute stage. Clinic, differential diagnosis, treatment.
30. Root canal filling with gutta-percha pins using lateral and vertical condensation techniques.
31. Acute apical periodontitis. Etiology, pathogenesis, clinic, diagnostics, treatment.
32. Dental materials for temporary obturation of root canals.
33. Standardization of endodontic instruments according to ISO.
34. Restoration technique using the silicone key technique.
35. Methods for the formation of root canals.
36. Electroodontodiagnostics. Methodology
37. Perforation closure technique using Proroot MTA.

Questions for the exam

1. Anatomical and topographic features of various groups of teeth.
2. Anatomical and topographic features of the structure of cavities and canals of various groups of teeth.
3. Histology and physiology of the dental pulp.
4. Changes in the dental pulp in caries, metabolic diseases, hypovitaminosis.
5. Dentikli: histology, formation mechanism, clinical manifestations.
6. Etiology and classification of diseases of the pulp.
7. Methods of examination of a patient with diseases of the pulp and periapical tissues in the clinic of therapeutic dentistry.
8. Acute focal pulpitis: pathology, clinic, differential diagnosis, choice of method treatment.
9. Acute diffuse pulpitis: pathology, clinic, differential diagnosis, choice of treatment method.
10. Chronic fibrous pulpitis: pathology, clinic, differential diagnosis, choice of treatment method.
11. Chronic gangrenous pulpitis: pathology, clinic, differential diagnosis, choice of treatment method.
12. Chronic hypertrophic pulpitis: pathology, clinic, differential diagnosis, choice of treatment method.
13. Exacerbation of chronic fibrous pulpitis: clinic, differential diagnosis, choice of treatment method.
14. Exacerbation of chronic gangrenous pulpitis: clinic, differential diagnosis, choice of treatment method.
15. Methods of anesthesia during treatment diseases pulp.
16. Methods of treatment of pulpitis: classification, indications.
17. Biological method of treatment of pulpitis: indications, contraindications, method, recipes.
18. Methodology and criteria for evaluating the effectiveness of the vital amputation method of treating pulpitis.
19. Method of vital pulp extirpation: indications, contraindications, technique, recipes.
20. Method of devital extirpation pulp: indications, methods, recipes.
21. Method of devital pulp amputation: indications, contraindications, technique, recipes.
22. Methods and means of medical root canal treatment.
23. Endodontic instruments: classification, indications for use.
24. Methods for determining the working length of the root canals of teeth.
25. Methods of instrumental treatment of root canals of teeth.
26. Modern methods of instrumental treatment of root canals in complicated dental caries.
27. filling seroot canals of teeth: purpose, methods.
28. Materials for filling root canals of teeth: classification, properties, indications for use.
29. Impregnation techniques for filling root canals of teeth: indications, methods, recipes.
30. Mistakes and complications in the diagnosis of pulpitis methods of their prevention and elimination.
31. Mistakes and complications in the treatment of pulpitis, methods their prevention and elimination.
32. Anatomical and physiological features of periodontium.
33. Pathoanatomy of various forms of periodontitis.
34. Etiology of periodontitis.
35. Classification of diseases of periapical tissues.
36. Acute apical periodontitis: etiology, clinic, differential diagnosis.
37. Treatment of acute apical periodontitis.
38. Chronic fibrous periodontitis: etiology, clinic, differential diagnosis.
39. Chronic granulating periodontitis: etiology, clinic, differential diagnosis.

40. Chronic granulomatous periodontitis: etiology, clinic, differential diagnosis.
41. Exacerbation of chronic periodontitis: etiology, clinic, differential diagnosis.
42. Indications and contraindications for the treatment of periodontitis.
43. Treatment of chronic forms of periodontitis in teeth with well passableroot canals.
44. Treatment of chronic forms of periodontitis in teeth with difficult root canals.
45. Treatment of periodontitis in one visit: indications, methods of application.
46. Transchannel electrophoresis of root canals: indications, technique.
47. Materials for irrigation and disinfection of root canals of teeth.
48. Materials for temporary filling of root canals of teeth.
49. Materials for permanent filling of root canals of teeth.
50. Root canal filling techniques.
51. Mistakes and complications in the diagnosis of periodontitis the reasons for their occurrence.
52. Mistakes and complications in the treatment of periodontitis, methods for their prevention and elimination.
53. Ways to prevent and eliminate errors and complications in endodontics. Re-endodontic treatment.
54. Tooth perforation: clinic, diagnosis, treatment.
55. Physiotherapy of complications after root canal filling.
56. Endodontic preparation of teeth during surgical treatment of pulp and periodontal diseases.
57. Dental focus of infection. Focal-caused diseases. Clinical manifestations, diagnosis and methods of examination of patients.
58. Restoration of teeth after endodontic treatment. The use of pin structures.
59. Indications and contraindications for the use of antibiotic therapy in the treatment of patients with periodontitis.
60. Treatment of patients with diseases of the pulp and periodontium, related to risk groups.

Situational tasks

Task number 1.

Patient L., 34 years old, complains of pain from cold and hot in the region of the lateral teeth of the upper and lower jaw on the right during the week. The pains have intensified in the last 2 days, and today because of them I did not sleep at night. Which tooth hurts, can not determine. Cold water relieves pain. Rarely went to the dentist; treated only teeth 3.6 and 4.6 for caries. It is observed at the endocrinologist in connection with insufficiency of the thyroid gland - hypothyroidism. There are no aesthetic defects. The mucous membrane of the oral cavity is not changed. The bite is orthognathic. Examination did not determine the causative tooth. The cold test revealed a pronounced positive reaction of the lower right lateral teeth. On the chewing surface 4.6 amalgam filling. Percussion of the tooth is slightly positive. Bite - deep incisal overlap. There is a small amount of supra- and subgingival dental deposits. At 1.5, 2.2, 2.4, 2.5, 3.7, 4.6 periodontal pockets 5 mm deep. 1.7, 1.6, 2.1, 3.6, 4.7 pockets 3 mm deep. Tooth 4.8 erupted halfway, only the medial cusps are visible. An intraoral x-ray of the right molars and a panoramic x-ray of all teeth were taken. IGPR according to Fedorov-Volodkina - 3 points.

1. Preliminary diagnosis.
2. Make a plan for examining the patient with related specialists.

3. Final diagnosis.
4. Make a plan for surgical treatment.
5. General treatment plan

Task number 2.

A 50-year-old patient applied to a dental clinic for the purpose of sanitation of the oral cavity and prosthetics.

On examination: in tooth 15, a carious cavity is determined on the distal surface. Probing is painless.

Missing teeth: 36, 37, 38, 46, 47, 48.

X-ray image of tooth 15 shows the expansion of the periodontal gap in the region of the apex.

1. Carry out the necessary examination.
2. Make a diagnosis.
3. Give general treatment.
4. Give topical treatment.
5. Make a plan for sanitation of the oral cavity.

Task number 3.

Patient O., aged 42, complains of dryness, tightness of the buccal mucosa, burning sensation when taking sour, spicy food.

From the anamnesis: she has been suffering for a long time, but she did not go to the doctor, because. improved periodically. After stressful situations, he suffers from insomnia, the disease of the oral cavity worsens. Bad habits are denied. 17, 16, 15, 46, 47 previously treated for complicated caries.

The general condition is satisfactory, increased anxiety. The skin is clean. On the red border of the lips, a ligature of small unevenly elevated keratinized areas is noted. On the mucous membrane of the lips, cheeks, alveolar processes, whitish, slightly elevated areas merged in the form of bizarre patterns are noted, which are not removed when scraped. On the back of the tongue, there are areas of keratinization of a rounded shape with a diameter of up to 5 mm. There are sharp edges in 26, 37, 51 rough composite fillings 17, 16, 15, 46, 47 that do not restore the shape of the tooth.

1. Carry out the necessary examination.
2. Make a diagnosis.
3. Give general treatment.
4. Give topical treatment.
5. Make a plan for sanitation of the oral cavity.

Task number 5

Patient B., 36 years old, a businessman, came to the dental clinic with complaints of pain that appeared more than a year ago in the area of tooth 4.3 when chewing hard food and brushing his teeth. Wants to have a prosthesis using an implant as a support for the prosthesis. No complaints from the internal organs. He considers himself practically healthy. He likes sour food, often uses carbonated drinks: kvass, Coca-Cola. After chewing apples, berries, there is a feeling of soreness. Objectively: during external examination, there is a slight decrease in the height of the lower part of the face. When talking and smiling, worn lower teeth and defects in the upper dentition are visible. 1. Diagnosis Included defect of the dentition (tooth loss 3.6) Grade 2 according to Gavrilov 2. The need for additional research methods Clinical blood test for sugar and platelets and HIV 3. Preparation for prosthetics Insertion of an implant in the area 3.6 4. Design of the prosthesis Artificial crown on implants 5. Step-by-step solution to this problem Defect replacement 3.6. Taking impressions, checking the crown. Fixing the crown with cement 6. Recommendations to the patient Individual correction of oral hygiene 4. Panoramic radiography: Oral description: position of teeth, missing teeth, endodontic and periodontal status 5. Prescription: Rp: Sol. Ultracaini DS - 1.7 in carpulis N 10. DS For injection anesthesia in dentistry. Evaluation and review of the examination committee 1. Therapy 2. Surgery 3. Orthopedics Reason for the negative assessment: 1. Therapy 2. Surgery 3. Orthopedics 19 The mucous membrane of the oral cavity is not changed. Orthognathic bite (deep incisal overlap). upper jaw teeth, restored with composite stumps reinforced with intracanal pins, previously served as a support for metal-ceramic bridges, which were removed a few days ago. 1.5 and 2.3 have I degree mobility. 1.7 is stable, tilted and displaced medially, significantly narrowing the defect in the area of the missing 1.6, the angle of inclination is about 20°.

1. Preliminary diagnosis.
2. Make a plan for examining the patient with related specialists.
3. Final diagnosis.
4. Make a plan for surgical treatment.
5. General treatment plan

Samples of test tasks

on_discipline_ "Dentistry: Endodontics" **for_students of 3, 4 courses**

by specialty_31.05.03. Dentistry _____

1. The composition of the pulpo-dentinal complex includes:

1. Odontoblasts, predentin, dentin.
2. Odontoblasts, predentin, dentin, vessels, nerves.
3. Odontoblasts, predentin, dentin, vessels, nerves, cell-poor layer, cell-rich layer.
4. Odontoblasts, predentin, dentin, vessels, nerves, cell-poor layer, cell-rich layer, central layer.

2. The concept of endodontist includes:

1. Pulp-dentine complex.
2. Pulpo-periapical complex.
3. Pulp.
4. All listed.

3. The approximate distance from the anatomical apex to the physiological foramen is:

1. 2-4 mm;
2. 0.5-1 mm
3. 5-6 mm

4. Two channels starting from the pulp chamber and merging into one near the apex are of the type:

1. I;
2. II;
3. III;
4. IV.

5. Endodontics is a section of dentistry that studies:

1. technique for the preparation of carious cavities;
2. internal structure of the tooth cavity and manipulations in it;
3. technique of filling carious cavities;
4. manipulations on periodontal tissues

6. The physiological apex of the root canal is called:

1. anatomical opening;
2. the extreme point of the root on the x-ray;
3. narrowing of the root canal in the area of the dentin-cement connection.

7. In the crown part of the tooth cavity, there are:

1. vault;
2. walls;
3. mouth;
4. bottom;

5. all of the above.

1. The cavity of the tooth is divided into:

1. crown;
2. root canal;
3. carious cavity;
4. periodontal gap.
5. root.

9. Bundles of fibers running in a horizontal direction and connecting adjacent teeth:

- 1) transseptal
- 2) loose gum fibers
- 3) circular fibers
- 4) alveolar comb fibers
- 5) oblique fibers

10. Periodontal fibers covering the neck of the tooth:

- 1) transseptal
- 2) loose gum fibers
- 3) circular fibers
- 4) alveolar comb fibers
- 5) oblique fibers

11. In a permanent bite, normal teeth are:

1. 16-20;
2. 20-24;
3. 24-28;
4. 28-32;
5. 32-36.

12. Teeth of permanent occlusion are divided into the following groups:

1. molars, incisors, fangs;
2. incisors, premolars, canines;
3. premolars, molars, incisors;
4. incisors, canines, molars;
5. incisors, canines, premolars, molars.

13. The occlusal surface of the mandibular premolars has the form:

1. oval;
2. rectangular;
3. diamond-shaped;
4. triangular;
5. chisel-shaped.

14. Deviation of the root of the teeth of the frontal group in the direction:

1. lateral;
2. distal;
3. medial;
4. sagittal;
5. frontal.

15. According to the WHO formula, the lower central incisor on the left is written:

- 1.1.1;
- 2.2.1;
- 3.3.1;
- 4.4.1

16. According to the WHO formula, the upper canine on the left is written:

- 1.1.3;
- 2.2.3;
- 3.3.3;
4. 4.3.

17. Number and name of root canals in the first upper molars:

1. 2 - buccal, palatine;
2. 3 - palatine, anterior buccal, posterior buccal;
3. 3 - posterior, anterior lingual; anterior buccal;
4. 3 - palatine, anterior lingual; anterior buccal;
5. 4. - palatine, anterior buccal, posterior buccal, posterior.

18. The first molars of the upper jaw have the shape of a crown in the form of:

1. rectangle with 5 tubercles;
2. rectangle with 4 tubercles;
3. rhombus with 5 tubercles;
4. rhombus with 4 tubercles;
5. rhombus with 3 tubercles.

19. The following is considered an incorrect form of a prepared root canal:

1. conical;
2. conical with a ledge;
3. cylindrical.

20. "Masterfile" is:

1. the first file to reach the top;
2. the last file reaching the apex and forming the apical stop;
3. the last (largest diameter) file that processed the channel.

21. Treatment of thin and highly curved root canals is carried out:

1. K-reamer;
2. Gates-Gliden, Largo;
3. K-flexreamer, K-flexfile;

4. Rasp;
5. Channel filler.

22. The taper of traditional endodontic instruments for widening channels according to ISO is:

1. 2%
2. 1.5%
3. 3%
4. 0.5%
5. four%

23. Determine the correspondence between the name and geometric coding of the endodontic instrument:

- | | |
|--------------|--------------------|
| 1. triangle; | A. H-file; |
| 2. square; | B. pulp extractor; |
| 3. circle. | B. Root needle; |
| | G. K-rimer; |
| | D. profile; |
| | E. K-file. |

24. The size of the endodontic instrument corresponds to:

1. taper percentage;
2. length of the working part of the tool;
3. tool tip diameter multiplied by 100.

25. Purpose of endodontic instrument:

- | | |
|---|--------------------|
| 1. diagnostic; | A. Largo; |
| 2. to remove soft tissues; | B. Root needle; |
| 3. to expand the mouth of the channels; | V. K-rimer; |
| 4. for the passage of channels; | G. Gates-Gliden; |
| 5. to expand channels. | D. pulp extractor; |
| | E. K-file. |

26. Rotational movement can be performed with the following endodontic instruments:

1. pulp extractor, rasp, reamer;
2. rasp, H-file;
3. For example, a K-file.
- 4.

27. The limiter on the endodontic instrument is necessary for:

1. selection of the necessary tool;
2. determining the degree of patency of the root canal;
3. fixing the depth of immersion of the instrument in the root canal.
- 4.

28. Endodontic tools for filling root canals:

1. pulp extractor;
2. K-reamer;
3. K-file;
4. H-file;
5. channel filler;
6. fronter.

29. You can determine the length of the root canal using

- 1) root anda needle inserted into the root canal until the patient feels a slight prick
- 2) root needle inserted into the root canal and radiographs
- 3) apex locator

30. According to ISO, endodontic instruments are produced with a working length equal to

- 1) 10 mm
- 2) 21 mm
- 3) 45 mm
- 4) 25 mm
- 5) 31 mm
- 6) 33 mm
- 7) 28 mm

31. The effectiveness of 5% sodium r-rahypochloride is enhanced by:

1. breeding;
2. application with ultrasound;
3. heating;
4. cooling;
5. jet application;
6. combined use with 3% hydrogen peroxide solution.

32. Drug treatment of the root canal of proteolytic enzymes is carried out in order to:

1. act on the focus of inflammation in the periapical region;
2. influence pathogenic flora in microchannels;
3. dissolve pulp decay.

33. For antiseptic treatment of the root canal, the following is used:

1. maleic acid;
2. distilled water;
3. 37% phosphoric acid;
4. 3% sodium hypochlorite;
5. Nitric acid.

34. When washing the root canal from the syringe, the endodontic needle advances:

1. at the mouth;
2. 1/3 of its length;
3. in the middle third of the length;
4. to the apical foramen;
5. for the apical foramen.

35. For drug treatment of the root canal is used sodium hypochlorite in percentage concentration:

1. 10-20%;
2. 0.5-5.25%;
3. 30-40%;
- four. 6.5-7.25%.

36. Rinse the root canal with sodium hypochlorite should:

1. at least 1-5 minutes;
2. at least 5-10 minutes;
3. at least 10-20 min.

048. The pulp is a loose connective tissue composed of

- 1) from ground substance, vessels and nerves
- 2) from cellular, fibrous elements, the main substance of vessels and nerves
- 3) from vessels, nerves, cellular and fibrous elements

049. The anatomical apex of the root is separated from the physiological

- 1) by 0-1mm
- 2) ha 1-2 mm
- 3) by 2-3 mm

050. Cell layers are distinguished in the pulp

- 1) peripheral (odontoblastic)
- 2) subsurface (subodontoblastic)
- 3) outer
- 4) interior
- 5) central

051. The peripheral layer of the pulp contains cells

- 1) odontoblasts
- 2) stellate pulpocytes
- 3) fibroblasts
- 4) histiocytes
- 5) plasma cells
- 6) lymphocytes and monocytes

052. The subodontoblastic layer of the pulp contains cells

- 1) odontoblasts
- 2) stellate pulpocytes
- 3) fibroblasts
- 4) histiocytes
- 5) plasma cells
- 6) lymphocytes and monocytes

053.The central layer of the pulp contains cells

- 1) odontoblasts
- 2) stellate pulpocytes
- 3) fibroblasts
- 4) histiocytes
- 5) plasma cells
- 6) lymphocytes and monocytes

054.Capillary plexuses are located in the dental pulp

- 1) odontoblastic
- 2) peripheral
- 3) central
- 4) subodontoblastic

055.Pulp aging is characterized

- 1) reduction in the size of the cavity of the tooth
- 2) an increase in the size of the cavity of the tooth
- 3) decrease in cell activity
- 4) fibrosis
- 5) increase in cell activity
- 6) net degeneration

056.In acute pulpitis, microflora is detected

- 1) streptococcal
- 2) staphylococcal
- 3) mixed

057.In chronic forms of pulpitis, microflora is detected

- 1) streptococcal
- 2) staphylococcal
- 3) mixed

058.The most common route of pulpal infection

- 1) by arterioles (hematogenous infection)
- 2) through dentinal tubules
- 3) through one of the apical foramina in the presence of a periodontal pocket

059.Acute pulpitis

- 1) fibrous
- 2) focal
- 3) diffuse
- 4) gangrenous
- 5) hypertrophic

060.Chronic pulpitis

- 1) fibrous
- 2) focal
- 3) diffuse
- 4) gangrenous
- 5) hypertrophic

061. Severe pain syndrome in acute pulpitis is due to

- 1) increase in hydrostatic pressure in the cavity of the tooth
- 2) stimulation of nerve endings by products of anaerobic glycolysis
- 3) an increase in bradykinin
- 4) decrease in hydrostatic pressure in the cavity of the tooth
- 5) a decrease in the amount of vasoactive substances

062. The pulsating nature of pain in acute pulpitis is due to

- 1) increase in hydrostatic pressure in the cavity of the tooth
- 2) discordance of receptor endings by products of anaerobic glycolysis
- 3) intermittent shunting of blood flow by arteriovenular anastomoses

063. Spontaneous paroxysmal pain at night with a long pain-free period occur with pulpitis

- 1) acute focal
- 2) acute diffuse
- 3) chronic fibrous
- 4) chronic gangrenous
- 5) chronic hypertrophic

064. Spontaneous strong paroxysmal, radiating along the branches of the trigeminal nerve, pain at night with a short pain-free period occurs with pulpitis

- 1) acute focal
- 2) acute diffuse
- 3) chronic fibrous
- 4) chronic gangrenous
- 5) chronic hypertrophic

065. Paroxysmal pain from various types of stimuli, persisting after elimination of the latter, disturb patients with pulpitis

- 1) acute focal
- 2) acute diffuse
- 3) chronic fibrous
- 4) chronic hypertrophic
- 5) chronic gangrenous

066. Aching pains from various kinds of irritants, mainly from hot, not stopping after removal of the action, from changes in air temperature occur with pulpitis

- 1) acute focal
- 2) acute diffuse
- 3) chronic fibrous
- 4) chronic gangrenous
- 5) chronic hypertrophic

067. Pain of an aching nature from various irritants, bleeding when eating occurs with pulpitis

- 1) acute focal
- 2) acute diffuse
- 3) chronic fibrous
- 4) chronic hypertrophic
- 5) chronic gangrenous

068.Exacerbation of chronic pulpitis is characterized by

- 1) spontaneous paroxysmal pain at night with a long pain-free period
- 2) spontaneous strong paroxysmal, radiating along the branches of the trigeminal nerve, pain at night with a short pain-free period
- 3) paroxysmal pain from all kinds of irritants, persisting after elimination
- 4) aching pains from various irritants, mainly from hot, effects persisting after elimination, pain from changes in temperature
- 5) aching pain from various irritants, bleeding while eating
- 6) paroxysmal pain in the tooth of a spontaneous nature, prolonged pain from external stimuli, pain when biting on a tooth with similar complaints in the past

069.Probing the bottom of the carious cavity Diagnosis

- | | |
|--|----------------------------------|
| 1) painful, tooth cavity opened at one point | a) chronic fibrous pulpitis |
| 2) almost painless, the cavity of the tooth is opened wide enough | b) chronic hypertrophic pulpitis |
| 3) almost painless, the cavity of the tooth is opened wide, bleeding appears | in)chronic gangrenous pulpitis |
| | G) acute diffuse pulpitis |
| | e) acute focal pulpitis |

070.Differential diagnosis of acute diffuse pulpitis is carried out

- 1) with exacerbation of chronic pulpitis
- 2) with medium caries
- 3) with acute and exacerbated chronic periodontitis
- 4) with deep caries
- 5) with sinusitis
- 6) with trigeminal neuralgia

071.Differential diagnosis of chronic gangrenous pulpitis carry out

- 1) with deep caries
- 2) with chronic fibrous pulpitis
- 3) with chronic fibrous periodontitis
- 4) with trigeminal neuralgia

072.Changes in the periodontium (expansion of the periodontal gap) most often observed

- 1) with chronic fibrous pulpitis
- 2) with chronic gangrenous pulpitis
- 3) with chronic hypertrophic pulpitis

073. Pulpitis treatment methods Diagnosis

- | | | |
|----------------|---|----------------------|
| BUT) | non-pulp-preserving one) | acute focal pulpitis |
| B) preserving | 2) acute diffuse pulpitis | |
| pulp viability | 3) chronic fibrous pulpitis | |
| | four) chronic gangrenous | |
| | pulpitis | |
| | 5) chronic hypertrophic | |
| | pulpitis | |
| | 6) exacerbation of chronic pulpitis | |
| | 7) accidental opening of a tooth cavity | |

074. Method for maintaining viable pulp in root canals called

- 1) devital amputation
- 2) devital extirpation
- 3) vital extirpation
- 4) vital amputation

075. Biological method is possible

- 1) in case of accidental opening of the tooth cavity in the treatment of caries in a 27 year old patient
- 2) with acute focal pulpitis of a multi-rooted tooth in a 47-year-old patient
- 3) with acute focal pulpitis in a 16-year-old patient
- 4) with chronic fibrous pulpitis of a multi-rooted tooth with a carious cavity in the cervical region
- 5) in case of accidental opening of the tooth cavity in the treatment of caries in a 23-year-old patient with insulin-dependent diabetes

076. Periodontal formation ends

- 1) about a month after the end of the development of the tooth root
- 2) about six months after the end of the development of the tooth root
- 3) about a year after the end of the development of the tooth root

077. The cause of acute periodontal injury may be

- 1) rough endodontic root canal treatment
- 2) inflated filling
- 3) excessive single load

078. The cause of chronic periodontal injury may be

- 1) rough endodontic root canal treatment
- 2) incorrectly (highly) applied filling and other occlusive disorders
- 3) excessive single load
- 4) bad habits (thread biting, etc.)

079. To determine the form of chronic periodontitis the survey plan includes a method

- 1) EDI
- 2) rheoparodontography
- 3) radiography
- 4) reopletismography

Match

080. Patient's complaints

Disease

- | | | |
|---|---|--------------------|
| 1) aching pain that gets worse when biting on a tooth | a) chronic fibrous pulpitis | |
| 2) constant severe pain "feeling inyrosheed tooth" | b) acute periodontitis in the stage of intoxication | |
| 3) no pain in the area causative tooth, change | in) acute periodontitis in the stage of exudation | |
| e) displacement of the site of inflammation, | G) chronic gangrenous pulpitis | face configuration |
| | periostitis, submucosal abscess | |

081. X-ray picture.

Expansion of the periodontal gap in the region of the root apex

- 1) acute periodontitis
- 2) cystogranuloma
- 3) chronic fibrous periodontitis
- 4) chronic granulomatous periodontitis
- 5) chronic granulating periodontitis
- 6) radicular cyst

082. X-ray picture.

Fuzziness, blurring, "veiled" picture periapical region

- 1) acute periodontitis
- 2) cystogranuloma
- 3) chronic fibrous periodontitis
- 4) chronic granulomatous periodontitis
- 5) chronic granulating periodontitis
- 6) radicular cyst

083. X-ray picture.

The focus of destruction of bone tissue in the region of the apex with clear borders up to 5 mm

- 1) cystogranuloma
- 2) chronic fibrous periodontitis
- 3) chronic granulomatous periodontitis
- 4) chronic granulating periodontitis
- 5) radicular cyst

084. X-ray picture.

The center of destruction of bone tissue in the region of the root apex with clear boundaries from 5 to 8 mm

- 1) cystogranuloma
- 2) chronic fibrous periodontitis
- 3) chronic granulomatous periodontitis
- 4) chronic granulating periodontitis
- 5) radicular cyst

085.X-ray picture.

The center of destruction of bone tissue in the region of the root apex with fuzzy borders

- 1) cystogranuloma
- 2) chronic fibrous periodontitis
- 3) chronic granulating periodontitis
- 4) chronic granulomatous periodontitis
- 5) radicular cyst

086.X-ray picture.

The center of destruction of bone tissue in the region of the root apex with clear boundaries more than 8 mm

- 1) cystogranuloma
- 2) chronic fibrous periodontitis
- 3) chronic granulomatous periodontitis
- 4) chronic granulating periodontitis
- 5) radicular cyst

087.Youcourse of exudate in acute or exacerbation of chronic periodontitis most favorable through

- 1) periodontium with the formation of a periodontal pocket
- 2) root canal
- 3) system of haversian canals with the formation of a submucosal abscess or periostitis

Specify the correct sequence

088.Instrumental and drug treatment of root canals endodontic instruments are carried out in sequence

- 1) removal of necrotic tissues and predentin with a drill, rasp, K-file
- 2) formation of the apical ledge and giving the canal conical shape
- 3) phased, under the cover of antiseptics, evacuation of putrid masses from the root canal

089.Relative contraindications for conservative treatment of periodontitis are

- 1) breakage of the core instrument in the canal
- 2) tooth mobility III degree
- 3) perforation of the root or cavity of the tooth
- 4) radicular cysts more than 2 cm
- 5) teeth previously treated, but which are the source progressive process

090.Conservative-surgical methods of treatment of periodontitis

- 1) devital amputation
- 2) resection of the root apex
- 3) vital extirpation
- 4) corono-radicular separation
- 5) root amputation and hemisection

091. Treatment of periodontitis may be unsuccessful in cases other than

- 1) the canal is completely sealed
- 2) the channel is sealed with excessive removal filling material for the top
- 3) the canal is not completely sealed
- 4) periapical lesion communicates with periodontal pocket
- 5) the tooth is under increased functional load

092. Arsenic periodontal intoxication is stopped

- 1) pulp extirpation and canal filling at the same visit
- 2) pulp amputation with tampon with an anesthetic under a temporary bandage
- 3) removal of the pulp, drug treatment of the canal, investing in the root canal of turunda with iodine preparations or unithiol

Specify the correct sequence

093. Reactive zones of radicular granuloma

- 1) contamination zone
- 2) irritation zone
- 3) necrosis zone
- 4) stimulation zone

094. An absolute indication for the treatment of chronic periodontitis in one visit is

- 1) chronic granulomatous periodontitis of a single root tooth
- 2) acute periodontitis of a multi-rooted tooth
- 3) chronic granulating periodontitis of a single root tooth in the presence of a fistula
- 4) chronic fibrous periodontitis

095. The most effective method of treating periodontitis in the teeth with difficult root canals

- 1) resorcinol-formalin method
- 2) copper-calcium hydroxide depotophoresis method
- 3) physiotherapeutic methods (transcanal electrophoresis with iodine preparations, etc.)

096. Minimum time for bone tissue restoration periapical area with successful treatment destructive periodontitis

- 1) 6-9 months
- 2) 12-18 months
- 3) 12-24 months

097.Non-carious lesions that occur before teething

- 1) hypoplasia
- 2) hyperplasia
- 3) tooth pigmentation and plaque
- 4) endemic dental fluorosis
- 5) erasing hard tissue
- 6) discoloration of teeth
- 7) wedge-shaped defect
- 8) tooth erosion
- 9) necrosis of dental hard tissues
- 10) tooth trauma
- 11) hereditary disorders of dental development
- 12) hyperesthesia

098.Non-carious lesions of the teeth that occur after their eruption

- 1) hypoplasia
- 2) hyperplasia
- 3) tooth pigmentation and plaque
- 4) endemic dental fluorosis
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- 10) tooth trauma
- 11) hereditary disorders of dental development
- 12) hyperesthesia

099.Systematic damage to the teeth is always characteristic

- 1) for fluorosis
- 2) for hypoplasia
- 3) for caries

100.Predisposing factors of development

systemic hypoplasia of milk teeth

- 1) reduction of fluorine content in water
- 2) eating large amounts of carbohydrates in the first year of life
- 3) toxicosis, chronic and systemic diseases during pregnancy