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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
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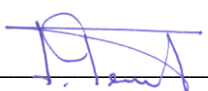
VALUATION FUND

in the discipline "Dentistry: Cariesology and diseases of hard dental tissues"
the main professional educational program of higher education - specialist's programs in the
specialty 31.05.03 Dentistry,
approved on March 30, 2022

for 2nd and 3rd year students
Faculty of Dentistry

Reviewed and approved at the meeting of the department
dated March 21, 2022 (Minutes No. 8)

Head of the Department of Dentistry No. 3

MD  Remizova A.A.

Vladikavkaz, 2022

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: Cariesology and diseases of the hard tissues of the teeth"

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.	Organization and equipment of the dental office	UC-1, UC-6, GPC-1, GPC -2, GPC -5, GPC -6, GPC -13, PC-1, PC-2, PC-4, PC-5	C, TT, ST
2.	Examination of a dental patient in the treatment of caries and non-carious lesions of hard dental tissues.	UC-1, UC-6, GPC-1, GPC -2, GPC -5, GPC -6, GPC -13, PC-1, PC-2, PC-4, PC-5	C, TT, ST
3.	Etiology, pathogenesis of dental caries. Epidemiology of dental caries. Clinic, diagnosis, differential diagnosis of dental caries. Treatment methods for dental caries.	UC-1, UC-6, GPC-1, GPC -2, GPC -5, GPC -6, GPC -13, PC-1, PC-2, PC-4, PC-5	C, TT, ST
4.	Non-carious lesions of the teeth. Teeth whitening.	UC-1, UC-6, GPC-1, GPC -2, GPC -5, GPC -6, GPC -13, PC-1, PC-2, PC-4, PC-5	C, TT, ST
5.	Complications and errors in the diagnosis and treatment of diseases of hard dental tissues.	UC-1, UC-6, GPC-1, GPC -2, GPC -5, GPC -6, GPC -13, PC-1, PC-2, PC-4, PC-5	C, TT, ST
6.	Diagnosis and treatment planning of caries and diseases of hard dental tissues.	UC-1, UC-6, GPC-1, GPC -2, GPC -5, GPC -6, GPC -13, PC-1, PC-2, PC-4, PC-5	C, TT, ST
7.	Therapeutic concept of dental restoration in case of caries and other diseases of hard dental tissues.	UC-1, UC-6, GPC-1, GPC -2, GPC -5, GPC -6, GPC -13, PC-1, PC-2, PC-4, PC-5	C, TT, ST

8.	Prevention of complications and errors in the diagnosis and treatment of caries and other diseases of hard dental tissues.	UC-1, UC-6, GPC-1, GPC -2, GPC -5, GPC -6, GPC -13, PC-1, PC-2, PC-4, PC-5	C, TT, ST
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Note: C - colloquium, TT - test tasks, ST - situational tasks

List of questions on practical skills

1. Rules for preparing the workplace for the reception of a dental patient.
2. Compliance with safety precautions when working on a dental unit.
3. The use of instruments for examination and therapeutic sanitation of the oral cavity.
4. Funds isolation from saliva, methods of their application.
5. Rules for disinfection and sterilization of dental instruments and equipment.
6. Quality control of disinfection and sterilization measures and the operation of sterilization equipment.
7. Carrying out the main methods of examination of a dental patient.
8. Preparation of carious cavities of class I according to Black, sealing "sandwich technique".
9. Preparation of carious cavities of class II according to Black.
10. Preparation of carious cavities of class III according to Black.
11. Preparation of carious cavities of class IV according to Black.
12. Preparation of carious cavities V, VI class according to Black.
13. Ma technique for restoring a contact point when filling cavities of II, III, IV classes.
14. Examination of the patient, special and functional research methods in dentistry.
15. Determination of the tactics of managing a dental patient, identifying dental aspects in the practice of a dentist-therapist.
16. Identification of etiological factors in the development of pathology of hard tissues of the tooth.
17. Drawing up a treatment plan for patients with diseases of the hard tissues of the teeth
18. Carrying out diagnostics of diseases of hard tissues of teeth, pulp, periodontal, periodontal and oral mucosa using dental computed tomography, dentinometry, laser Doppler flowmetry.
19. Restoration algorithm using nanocomposite materials.
20. Restoration algorithm using packable composite materials, ormokers.
21. Rules for working with glass ionomer cements.
22. Adhesive preparation of the carious cavity before restoration.
23. Tooth isolation: relative and absolute.
24. Matrix systems: purpose, methods of application.
25. Gingival retraction: mechanical, chemical, chemomechanical.
26. Rules for the polymerization of composites using polymerization shrinkage compensation methods.

27. Finishing restoration.
28. Postoperative sensitivity: causes, methods of prevention.
29. Algorithm for making veneers: indications, manufacturing by direct method.
30. The use of a silicone key during restoration.
31. The manufacture of a bridge prosthesis by a dentist (Maryland bridge). Teeth whitening.
32. Pink aesthetics (the use of materials that mimic the color of the gums).

Questions for the exam

1. Organization of the workplace of a dentist.
2. Methods and modes of disinfection of medical devices.
3. Pre-sterilization treatment. Stages of pre-sterilization cleaning. Quality control of pre-sterilization cleaning.
4. Basic methods of sterilization of dental instruments and dressings.
5. The purpose and scheme of examination of a dental patient with pathology of hard dental tissues.
6. The main methods of examination of a patient with pathology of hard dental tissues.
7. Additional methods for examining a patient with pathology of hard dental tissues, their purpose.
8. Medical record of a dental patient, rules for filling it out. sections of the medical record.
9. The concept and main sections of medical deontology.
10. Classification of dental deposits.
11. Pellicle, composition, removal methods.
12. Soft plaque, composition, methods of removal.
13. Dental plaque, composition, methods of removal.
14. Mineralized dental deposits, types, composition, methods of removal.
15. Method for determining the Fedorov-Volodkina index.
16. Method for determining the Green-Vermilion index.
17. Methodology for determining the index of effectiveness of oral hygiene (PHP).
18. Ways of professional hygiene: mechanical, hardware (ultrasonic, Air-flow).
19. Classification of non-carious lesions of the teeth.
20. Hypoplasia of hard dental tissues: etiology, pathogenesis, pathological anatomy.
21. Classification of hypoplasia. Clinical manifestations of systemic hypoplasia.
22. Classification of hypoplasia. Clinical manifestations of local hypoplasia.
23. Differential diagnosis of hypoplasia.
24. Methods for the prevention and treatment of hypoplasia.
25. Fluorosis: etiology, pathogenesis, pathological anatomy.
26. Epidemiology of fluorosis.
27. Classification of fluorosis. Clinical manifestations of individual forms of fluorosis.
28. Differential diagnosis of fluorosis.
29. Methods for the prevention and treatment of fluorosis.
30. Dental hyperesthesia: etiology, pathogenesis.
31. Classification of hyperesthesia. Clinic of individual forms and stages.
32. Methods of treatment and prevention of hyperesthesia of the teeth.
33. Enamel necrosis: etiology, clinic, diagnosis and treatment.
34. Enamel erosion: etiology, clinic, diagnosis and treatment.
35. Wedge-shaped defect: theories of origin, pathogenesis, pathological anatomy.
36. Clinic, diagnosis, treatment, prevention of wedge-shaped defect.
37. Causes and clinic of increased tooth wear.
38. Methods of treatment and prevention of increased tooth wear.
39. Differential diagnosis of non-carious lesions of hard tissues of teeth that occur after their

eruption.

40. Classification of traumatic injuries of teeth.
41. Clinic of damage to enamel and dentin in case of trauma to the teeth.
42. Clinic of dental pulp injury.
43. Clinical fracture of the tooth root.
44. Treatment of trauma to enamel and dentin.
45. Indications for extraction of a tooth with a root fracture.
46. Methods of treatment of damage to the root of the tooth.
47. Prevention of tooth injuries.
48. Imperfect amelogenesis. Etiology. Pathogenesis. Clinic. Diagnostics, differential diagnostics. Treatment
52. Imperfect dentinogenesis. Etiology. Pathogenesis. Clinic. Diagnostics, differential diagnostics. Treatment
53. Clinic of imperfect dentinogenesis, diagnostics, differential diagnostics.
54. Imperfect osteogenesis. Etiology, pathogenesis.
55. Imperfect osteogenesis. Clinic. Diagnostics, differential diagnostics.
56. Treatment of patients with hereditary lesions of hard dental tissues.
57. Caries. Definition. Etiology. classification of caries.
58. Mechanistic concepts of the origin of caries. Advantages and disadvantages of concepts.
58. Biological concepts of the origin of caries. Advantages and disadvantages of concepts.
59. Working concept of the origin of caries (A.I. Rybakov). Advantages and disadvantages of the concept.
60. The modern concept of the origin of caries (E.V. Borovsky). Advantages and disadvantages of the concept.
61. Classification schemes of dental caries. Advantages and disadvantages of existing classifications of caries.
62. Method of examination of patients with dental caries.
63. Indicators of the prevalence and intensity of caries.
64. Basic methods of examination of patients with dental caries.
65. Additional methods of examination of patients with dental caries (thermometric study, vital staining). Indications and methodology.
66. Additional methods of examination of patients with dental caries (fluorescent study, transillumination). Indications and methodology.
67. Additional methods for examining patients with dental caries (determination of the electrical conductivity of hard tooth tissues, electroodontometry). Indications and methodology.
68. Additional methods of examination of patients with dental caries (X-ray, laser fluorescence (Diagnodent). Indications and methods.
69. Indicators used to predict dental caries.
70. Differential diagnosis of caries.
71. Enamel caries (in the stain stage). Pathological anatomy of caries in the stain stage.
72. Clinic of caries in the stain stage (acute and chronic course).
73. Methods for diagnosing caries in the stain stage.
74. Differential diagnosis of caries in the stain stage.
75. Methods of treatment of initial caries: remineralizing therapy, infiltration method (ICON). Indications. Contraindications.
77. Remineralizing therapy for caries. Indications, rationale for conducting. Methods.
78. Remineralizing preparations for caries: foams, varnishes, mousse, gel, solution. Compound. indications for their use. Methods.
79. Ways of conducting remineralizing therapy: applications, electrophoresis, rinsing.
80. Method of deep fluorination. Indications. Methodology.
81. Prevention of caries in the stain stage.
82. Definition of superficial caries. Pathological anatomy of superficial caries.

84. Diagnostic methods and differential diagnosis of superficial caries.
85. Anesthesia methods used in the treatment of caries.
85. Methods of treatment of superficial caries.
86. Stages of preparation for superficial caries.
87. Stages of filling with superficial caries.
88. Prevention of the development of superficial caries.
89. Definition of average caries. Pathological anatomy of medium caries.
90. Clinic of acute and chronic secondary caries.
91. Methods of diagnosis and differential diagnosis of secondary caries.
92. Definition of deep caries. Pathological anatomy of deep caries.
93. Clinic of acute and chronic deep caries.
94. Diagnosis and differential diagnosis of deep caries.
95. Stages of preparation of carious cavities.
96. Treatment of secondary caries (acute and chronic course).
97. Features of surgical treatment of deep caries (acute and chronic course).
98. Medical pads. Classification. Their purpose, mechanism of action.
99. The imposition of medical pads. Indications and methods.
100. Features of filling carious cavities with deep caries.
101. Determination of cement caries. Cement caries clinic.
102. Methods of diagnosis and differential diagnosis of cement caries.
103. Treatment of cement caries. Stages of preparation and filling in the treatment of cement caries.
104. Complications in the treatment of dental caries.
105. Prevention of cement caries development.
106. Classification of dental cements. Brief description of properties.
107. Dental cements. Indications for use, modern representatives of cements of various groups.
108. Classification of composite materials. Physiochemical properties.
109. Composite materials. Indications for use, modern representatives, filling technique.
110. Amalgams. Physiochemical properties. Indications for use, filling technique.
111. Causes of discoloration of teeth.
112. Surface and internal staining of teeth, causes. Elimination of surface and internal staining of teeth.
113. Tetracycline staining, classification of degrees of staining. Features of the treatment of tetracycline staining of teeth depending on the degree of staining.
114. Discoloration associated with a violation of mineralization during the development of the tooth.
115. Age-related changes in tooth color.
116. Staining of hard tissues in dental caries and as a result of its treatment of caries and its complications.
117. Methods for eliminating staining of hard tissues of teeth, due to the treatment of caries and its complications.
118. Indications for teeth whitening. Contraindications for teeth whitening. Side effects of whitening.
119. Types of bleaching, positive and negative sides.
120. Home bleaching, bleaching systems, methods.
121. Professional bleaching, bleaching systems, methods. Mistakes and complications.
122. Stages of aesthetic restoration.
123. Classification of cavities according to Black, index of destruction of the occlusal surface of the tooth (IROPZ), use in treatment planning.
124. Methods of isolation of the working field when working with restoration materials.
125. Antiseptic treatment of the formed cavity before restoration, pulp isolation technique when working with various restorative materials

126. Classification of GIC by generations, by types, properties, indications for use.
127. Methodology of work with JIC, the concept of ART-technique.
128. Compomers, properties, indications for use, positive and negative properties.
129. Adhesive systems, generations. The mechanism of enamel and dentine adhesion. Methodology for the use of adhesive systems of various generations.
130. Features of preparation and filling of cavities of I, II, III, IV, V, VI classes.
131. Matrix systems, setting features, choice depending on the clinical situation. Wedges, types.
132. Finishing the restoration. Systems for grinding and polishing restorations. Method for creating a microrelief.
133. Advantages and disadvantages of direct method restorations in comparison with inlays. 134. Retention devices-pins and posts. Indications for use.
135. Laser technology for the treatment of caries
136. Anatomical structure of the tooth. Enamel histology.
137. Anatomical structure of the tooth. Histology of dentin.
138. Saliva and oral fluid, composition, functions.

Situational tasks

Task #1

Patient R., 34 years old, went to the dentist with complaints of pain in the 15th tooth when eating solid food, the pain appeared a month ago.

Objectively: there is a deep carious cavity on the masticatory surface of 15, painful probing along the bottom of the cavity, the reaction to cold is painful, short-term.

1. Make a diagnosis.
2. What is the class of carious cavity according to Black?
3. What additional methods of examination can confirm the diagnosis?
4. Perform differential diagnostics.
5. What method of anesthesia will be required?

Task #2

Patient D., 16 years old, came to the clinic of therapeutic dentistry for the purpose of sanitation. When viewed on the vestibular surface 21 in the cervical region, a chalk-like spot measuring 0.3 cm by 0.4 cm was found. When probing, the surface of the spot is smooth. According to the patient, it became known that the spot appeared 3 months ago.

1. Make a preliminary diagnosis.
2. Name additional examination methods.
3. Perform differential diagnostics.
4. Prescribe a treatment.
5. Give recommendations on oral hygiene.

Task #3

Patient L. applied for sanitation. Makes no complaints. Objectively: on the vestibular surface 11 in the cervical area there is a chalk-like spot with fuzzy borders up to 0.3 cm in diameter, the surface of the spot is smooth, there is no reaction to thermal stimuli.

1. Make a preliminary diagnosis.
2. Name additional examination methods.
3. Perform differential diagnostics.
4. Make a treatment plan.
5. Give recommendations on oral hygiene.

Task #4

Patient A., 30 years old, turned to a dentist with complaints of fast-passing pain from sweets in the 25th tooth, the pain appeared a month ago.

Objectively: there is a carious cavity within the enamel on the chewing surface 25, probing is painless, the reaction to cold is painless.

1. Make a diagnosis.
2. What is the class of carious cavity according to Black?
3. Name additional examination methods.
4. Perform differential diagnostics.
5. What filling materials should be used?

Task number 5

Patient K., aged 23, complained of short-term pain from temperature stimuli in the 16th tooth. When viewed on the crown, there are no visible carious cavities; when the tooth is irrigated with cold water, short-term pain is noted.

On the intraoral radiograph on the proximal-distal surface, there is a violation of the structure of the hard tissues of the tooth in the middle layers of the dentin.

1. Make a diagnosis.
2. What is the class of carious cavity according to Black?
3. What are the features of the preparation of such carious cavities?
4. What filling materials should be used for treatment?
5. Why is it necessary to restore the contact point when filling?

Task number 6

Patient R., aged 26, complained of short-term pain in the 13th tooth when eating cold food. 13 tooth was treated a year ago for uncomplicated caries. Pain appeared 2 months ago after a filling fell out.

Objectively: there is a carious cavity of medium depth on the contact-medial surface of the 13th tooth. The cutting edge is saved. Probing is painful along the enamel-dentine border, percussion is painless.

1. Make a diagnosis.
2. What is the class of carious cavity according to Black?
3. Name the research methods necessary to clarify the diagnosis.

4. What filling materials should be used for treatment?
5. What are the features of filling such cavities?

Task #7

Patient K., 24 years old, came to the clinic of therapeutic dentistry with complaints of short-term pain in the 37th tooth when eating. Pain appeared 2 months ago. On objective examination at an approximate

the distal surface of the 37th tooth has a deep carious cavity. Probing is painful along the bottom and walls of the carious cavity, percussion is painless.

1. Make a diagnosis.
2. What is the class of carious cavity according to Black?
3. Name the additional examination methods that need to be carried out to clarify the diagnosis.
4. Perform differential diagnostics.
5. Name the stages of treatment.

Task #8

Patient M., 30 years old, came to the clinic of therapeutic dentistry with complaints of short-term pain in the 24th tooth when eating. The pain appeared after a filling fell out a month ago.

Objectively: there is a deep carious cavity on the approximal-medial surface of the 24th tooth.

Probing is painful along the bottom and walls of the cavity, the reaction to cold is painful, short-term, percussion is painless.

1. Make a diagnosis.
2. What is the class of carious cavity according to Black?
3. Name additional research methods that need to be carried out to clarify the diagnosis.
4. Perform differential diagnostics.
5. Name the stages of treatment.

Task #9

Patient K., 25 years old, came to the clinic of therapeutic dentistry with complaints of short-term pain in the 17th tooth when eating. Five days ago, the 17th tooth was treated for medium caries, the filling was made of the material "Evicrol", the lining was made of phosphate cement "Unifas".

Objectively: there is a filling on the chewing surface of the 17th tooth. Percussion 17 is painless.

1. What are the reasons for the patient's complaints?

2. List the medical errors that could lead to this clinical situation.
3. What additional methods of examination should be carried out?
4. What is the class of carious cavity according to Black?
5. Doctor's tactics in this situation.

Task #10

Patient A., 45 years old, came to the clinic of therapeutic dentistry with complaints about the loss of a filling from the 12th tooth, pain from cold, sweet in the 12th tooth.

From the records in the medical record, it became known that the 12th tooth was treated six months ago for medium caries, the filling was carried out with the material "Evikrol".

Objectively: there is a carious cavity of medium depth on the contact-lateral surface of the 12th tooth. Probing is painful along the enamel-dentine border, the reaction to cold is painful, short-term. Percussion is painless.

1. Make a diagnosis.
2. What is the class of carious cavity according to Black?
3. Name the possible reasons for the filling to fall out.
4. What additional methods of examination should be carried out?
5. What kind of filling material is more expedient for filling the carious cavity?

Task #11

Patient A., 45 years old, came to the clinic of therapeutic dentistry with complaints about the loss of a filling from the 11th tooth.

Objectively: on the lateral surface of the 11th tooth there is a deep carious cavity with destruction of the cutting edge of the crown. Probing is painful along the enamel-dentin border and the bottom of the cavity, the reaction to cold is painful, short-term, percussion is painless.

1. Make a diagnosis.
2. What is the class of carious cavity according to Black?
3. Perform differential diagnostics.
4. What kind of anesthesia should be carried out?
5. What material is more appropriate to restore this defect?

Task #12

Patient O., 38 years old, came to the clinic of therapeutic dentistry with complaints of short-term pain in the 25th tooth when eating. The pain appeared after a filling fell out 2 months ago.

Objectively: there is a deep carious cavity on the vestibular surface in the cervical region of the 25th tooth. Probing is painful along the bottom and walls of the carious cavity, the reaction to cold is painful, percussion is painless.

1. Make a diagnosis.
2. What is the class of carious cavity according to Black?
3. Name the methods of examination that need to be carried out to clarify the diagnosis.
4. Perform differential diagnostics.
5. Name the stages of treatment.

Task #13

Patient A., aged 42, went to the clinic of therapeutic dentistry for the purpose of sanitation. Objectively: on the oral surfaces of the 33rd, 32nd, 31st, 41st, 42nd, 43rd teeth there is tartar covering 1/3 of the crown.

1. What tools can be used to remove tartar?
2. What protective equipment should the doctor use during the scaling procedure?
3. Give advice to the patient on oral hygiene.
4. How does the tartar removal procedure end?
5. What should the doctor pay attention to after tartar removal?

Task #14

Patient B., 35 years old, applied to the clinic of therapeutic dentistry for the purpose of sanitation.

On examination: the palatal surfaces of the teeth of the upper jaw and the lingual surfaces of the teeth of the lower jaw are covered with a dark brown plaque up to 1/2 of the crown of the tooth.

1. What is the dental deposit?
2. What instruments can be used to remove this dental deposit?
3. What protective equipment should the doctor use during the plaque removal procedure?
4. Give recommendations on oral hygiene.

5. What can a smoker's plaque hide?

Non-carious lesions of hard tissues of the tooth

Task number 15

A 17-year-old patient came to the clinic of therapeutic dentistry with complaints of light brown spots on the incisors of the upper and lower jaws. When probing, the surface of the spots is smooth, the enamel is shiny.

From the anamnesis it is known that from 3 to 7 years the patient lived in an area with a fluorine content in water of 2.5 mg/l.

1. Make a diagnosis.
2. Perform differential diagnostics.
3. Prescribe a treatment.
4. Name the preventive measures for this pathology.
5. What caused the development of the disease?

Task number 16

When examining the patient's oral cavity, the doctor drew attention to chalky spots on the tubercles of the 25th tooth, the boundaries of the spots are fuzzy, the surface is smooth.

From the anamnesis: the spots appeared immediately after the eruption of 25, they do not cause discomfort, they did not change in size.

1. Name the most likely diagnosis.
2. Carry out differential diagnostics.
3. Name the most likely cause of such changes in the hard tissues of the tooth.
4. What additional methods of examination can be carried out?
5. Prescribe a treatment.

Task number 17

A 25-year-old patient applied for oral cavity sanitation. When viewed on the vestibular surface, closer to the cutting edge, pinpoint depressions were found in the enamel of 11, 21 teeth, the bottom of the depressions was pigmented.

From the anamnesis: depressions appeared immediately after eruption, pigmented later, do not cause any discomfort. Lives in an area with a temperate climate and the concentration of fluorine in drinking water is 1 mg / l.

1. Make a diagnosis.

2. Perform differential diagnostics.
3. What could be the cause of this disease?
4. Prescribe a treatment.
5. What filling materials should be used?

Task number 18

A 46-year-old patient addressed the clinic of therapeutic dentistry with complaints of pain in the 12th tooth when biting. The pains appeared after the patient tried to crack a walnut.

Objectively: the 12th tooth is mobile in the vestibular-oral direction, percussion is painful, EOD=15 μ A.

1. Make a diagnosis.
2. What additional methods of examination should be carried out to clarify the diagnosis?
3. Doctor's tactics.
4. When should a tooth be depulped?
5. Prescribe a general treatment.

Task number 19

An 18-year-old patient complained of pain in the 11th tooth that arose immediately after an injury. On examination: the crown of the 11th tooth was broken off by 1/2 of its length, the tooth cavity was opened, the pulp bleeds, and is sharply painful on probing.

1. Make a diagnosis.
2. Name additional diagnostic methods.
3. Make a treatment plan.
4. Name the filling materials for restoration of a crown defect.
5. Name the methods of restoration.

Task number 20

A 35-year-old patient came to the clinic of therapeutic dentistry with complaints of a chipped corner of the crown of the 22nd tooth, which occurred while eating solid food.

Objectively: the medial angle of the crown 22 is broken in the dentine, probing is painful along the enamel-dentine border, percussion is painless.

1. Make a diagnosis.

2. Name the methods of examination to clarify the diagnosis.
3. What method of treatment is indicated in this case.
4. Name the filling materials for restoration of a crown defect.
5. What recommendations should be given to the patient after the restoration of the tooth crown?

Task number 21

A 46-year-old patient applied to the clinic of therapeutic dentistry for the purpose of sanitation. When viewed on the vestibular surface in the cervical region of the 23rd tooth, a defect in the form of a wedge was found. When probing, the walls of the defect are smooth and painless.

1. Make a diagnosis.
2. Perform differential diagnostics.
3. Name the causes of this disease.
4. Are there effective measures to prevent this pathology?
5. Prescribe a treatment.

Task number 22

A 43-year-old patient complained of pain in the front teeth of the upper jaw from sour, cold, the presence of defects in these teeth.

Anamnesis: defects appeared 5 years ago, pain from cold appeared 3 months ago. Suffering from thyrotoxicosis.

On examination: on the vestibular surface of the equatorial region 12,11,21,22, concave oval enamel defects, up to 0.3 cm in size with a smooth, dense bottom.

1. Make a diagnosis.
2. Perform differential diagnostics.
3. Name the stages of this disease.
4. Specify the causes.
5. Prescribe a treatment.

Task number 23

A 38-year-old patient complained of pain from temperature and chemical irritants in the anterior teeth of the upper and lower jaws. Works at the chemical industry. On examination 12,11,21,22,32,31,41,42 the height of the crowns was reduced by 1/3, pigmented dense dentin was exposed along the cutting edge, probing was painless.

1. Make a diagnosis.
2. Perform differential diagnostics.
3. Explain the etiology of this disease.
4. Prescribe a treatment.
5. Specify the methods of prevention of this disease.

Task number 24

A 31-year-old patient complained of a sharp pain from cold air, a feeling of soreness in the teeth of the upper and lower jaws. Examination revealed the exposure of the necks of the teeth without violating the integrity of hard tissues. A light touch on the teeth also causes soreness.

1. Make a diagnosis.
2. What general treatment can be prescribed?
3. What physiotherapy procedures are necessary for this pathology?
4. What preparations can be used for local treatment?
5. Why is it not advisable to carry out local treatment with a 30% aqueous solution of silver nitrate?

Task number 25

A 23-year-old patient complained of pain in the 21st tooth immediately after the injury.

Objectively: the crown of the 21st tooth is preserved, changed in color, sharp pain on percussion. On the X-ray image of the 21st tooth in the middle of the root, there is a line of enlightenment running in the transverse direction.

1. Make a diagnosis.
2. Perform differential diagnostics.
3. Make a treatment plan.
4. Name the filling materials for restoration of a crown defect.
5. Name the methods of tooth color correction.

Task number 26

An 18-year-old patient came to the clinic of therapeutic dentistry with complaints of soreness of the front teeth, "shortening" of 12, which arose immediately after the injury.

Objectively: the 12th tooth is displaced into sockets towards the jaw body. The crown of the 12th tooth is preserved, not changed in color, sharp pain on percussion. On the X-ray picture of the 12th tooth, the periodontal gap in the region of the root apex is not traced.

1. Make a diagnosis.
2. Perform differential diagnostics.
3. Indicate the WHO classification of tooth fractures.
4. Make a treatment plan.
5. Reasons for which it is advisable to conduct depulstation with this diagnosis.

Samples of test tasks

on_discipline Dentistry: Cariesology and diseases of hard dental tissues for students of 2.3 courses

by specialty_31.05.03. Dentistry

01. Classification of carious cavities according to Black includes

- 1) 4 classes
- 2) 5 classes
- 3) 6 classes

02. Carious cavities on the chewing surface of the molars, premolars, blind pits are classified according to Black

- 1) I
- 2) II
- 3) III
- 4) IV
- 5) V
- 6) VI

03. Cervical cavities are classified according to Black

- 1) I
- 2) II
- 3) III
- 4) IV
- 5) V
- 6) VI

04. Carious cavities on the contact surfaces of incisors and canines with damage to the cutting edge are classified according to Black

- 1) I
- 2) II
- 3) III
- 4) IV
- 5) V
- 6) VI

05. Carious cavities on the contact surfaces of the molars and premolars are classified according to Black

- 1) I
- 2) II
- 3) III
- 4) IV
- 5) V
- 6) VI

06. Carious cavities on the contact surfaces of incisors and canines no damage to the cutting edge belong to the class according to Black

- 1) I
- 2) II
- 3) III
- 4) IV
- 5) V
- 6) VI

07. Carious cavities on the cutting edge of the frontal and tops of the tubercles lateral teeth

- 1) I
- 2) II
- 3) III
- 4) IV
- 5) V
- 6) VI

08. The immune zones of the tooth are located

- 1) on vestibular surfaces and fissures
- 2) on the fissures and tubercles
- 3) on tubercles and vestibular surfaces

09. Carious cavity preparation includes

- 1) anesthesia, necrectomy, finishing, expansion of the carious cavity
- 2) expansion of the carious cavity, necrectomy, finishing, drug treatment
- 3) opening of the carious cavity, necrectomy the formation of a carious cavity, enamel edge finishing

10. Elements of the carious cavity

- 1) bottom
- 2) wall
- 3) corner
- 4) edge
- 5) dentine
- 6) enamel
- 7) cement
- 8) pulp

11. Dried surface of a carious white spot

- 1) loses its shine
- 2) changes color
- 3) remains unchanged

12. Methods for diagnosing caries in the stain stage are based

- 1) on enamel stability
- 2) on the reduction of enamel permeability
- 3) to increase the permeability of enamel
- 4) on changes in the optical properties of enamel

13. Differential diagnosis of caries in the stain stage is carried out

- 1) with hypoplasia
- 2) with superficial caries
- 3) with erosion
- 4) with fluorosis

14. Differential diagnosis of superficial caries is carried out

- 1) with hypoplasia
- 2) with erosion of hard tissues
- 3) with medium caries
- four) wedge-shaped defect
- 5) with fluorosis

15. Differential diagnosis of secondary caries is carried out

- 1) with caries in the stain stage
- 2) wedge-shaped defect
- 3) with chronic fibrous periodontitis
- 4) with chronic fibrous pulpitis
- 5) with deep caries

16. With an average caries in a light microscope, zones are distinguished

- 1) decay and demineralization
- 2) enamel destruction
- 3) subsurface demineralization
- 4) transparent and intact dentine
- 5) replacement dentin and changes in the pulp.

17. The asymptomatic course of medium caries is explained

- one) pulp necrosis
- 2) destruction of the enamel-dentin junction
- 3) formation of replacement dentin

18. Differential diagnosis of deep caries is carried out

- 1) with abrasion
- 2) with chronic fibrous pulpitis
- 3) with medium caries
- 4) with acute focal pulpitis
- 5) with chronic fibrous periodontitis

19. Patients with caries complain of pain

- 1) spontaneous
- 2) persisting after removal of the stimulus
- 3) only in the presence of an irritant

twenty. Therapeutic pads with long lasting odontotropic and antiseptic action, contain

- 1) corticosteroids
- 2) antibiotics
- 3) nonsteroidal anti-inflammatory drugs
- 4) calcium hydroxide

21. Examination of a dental patient is carried out

- 1) in the admissions department of the hospital
- 2) in the dressing room of the city polyclinic
- 3) at the dental clinic

22. Examination of a dental patient begins

- 1) with oral examination
- 2) from an external examination of the patient
- 3) With palpation of lymph nodes
- 4) from x-ray examination

23. The main method of examination of a dental patient

- 1) radiological
- 2) clinical
- 3) cytological
- 4) laboratory

24. Examination of a dental patient is carried out

- 1) general practitioner
- 2) radiologist
- 3) dentist

25. The rudiment of the tooth before mineralization is projected on the radiograph

- 1) in the form of a blackout area with clear contours
- 2) in the form of a blackout area with fuzzy contours
- 3) not visible on x-ray

26. The intensity of caries lesions is determined by the index

- 1) CPITN
- 2) CPU
- 3) GI
- 4) PMA

27. To identify carious spots by staining is used

- 1) Schiller-Pisarev reagent
- 2) potassium iodide solution
- 3) 2% methylene blue solution

28. The criterion for the final preparation of the carious cavity is

- 1) the presence of softened and pigmented dentin on the bottom and walls of the carious cavity
- 2) the presence of light and dense dentin on the bottom and walls of the carious cavity, stained with a caries detector
- 3) the presence of light and dense dentin on the bottom and walls of the carious cavity without staining with a caries detector

29. The bottom of the carious cavity is considered to be the surface

- 1) vertical
- 2) facing the pulp
- 3) horizontal

thirty. The removal of the smear layer is carried out

- 1) acids
- 2) alkalis
- 3) water
- 4) drying

31. Caries detectors color

- 1) inner layer of carious dentin
- 2) outer layer of carious dentin

32. Etching of enamel and dentin is carried out

- 1) to enhance the bactericidal properties of composites
- 2) to strengthen the marginal fit
- 3) to remove the smear layer

33. Temporary filling materials should

- 1) provide a hermetic closure of the cavity of the tooth
- 2) be resistant to abrasion
- 3) match the appearance of natural teeth
- 4) easy to enter and exit the cavity

34. Materials for insulating gaskets should

- 1) resist the force of pressure
- 2) increase the permeability of dentin
- 3) prevent the movement of fluid in the dentinal tubules and seal them tightly
- 4) be a thermal and chemical insulator
- 5) collapse under the influence of gum and dentine fluid

35. Materials for medical pads should

- 1) provide anti-inflammatory, antimicrobial, odontotropic action
- 2) provide a firm seal to the underlying dentin, connection with the tissues of the tooth, cushioning and permanent filling materials
- 3) irritate the dental pulp
- 4) collapse under the influence of gum and dentine fluid

36. Classification of permanent filling materials

Group	Representatives
BUT)	cements one) silver amalgam
B) plastics	2) copper amalgam
AT)	metal 3) zinc phosphate cement
	four) silica phosphate cement
	5) silicate cement
	6) polycarboxylate cement
	7) filled plastics
	eight) unfilled plastics
	9) glass ionomer cement

37. Composite filling material

	Particle size
1) macrofilled	a) 0.4-0.8 μm
2) microfilled	b) 10-45 μm
3) minifilled	in) 0.05-50 μm
4) hybrid	G) 1-10 μm

38. The basis of modern composite materials is

- 1) methacrylic acid methyl ester
- 2) low molecular weight liquid epoxy resin
- 3) bisphenol glycidyl methacrylate (Bis-GMA)

39. Zones of carious spots

- 1) breakdown and demineralization
- 2) transparent and intact dentine
- 3) lesion body
- 4) replacement dentin and changes in the pulp
- 5) dark zone
- 6) transparent zone

40. Preservation of the outer layer of enamel due to

- 1) a decrease in calcium
- 2) decrease in fluorine content
- 3) structural feature of the outer layer of enamel
- 4) process remineralization

41. Classification of caries, common in the territory of the Russian Federation

- 1) enamel caries
- 2) dentine caries
- 3) caries in the stain stage
- 4) caries cement
- 5) superficial caries
- 6) medium caries
- 7) suspended caries
- 8) deep caries

42. Caries resistance is

- 1) acid resistance
- 2) alkali resistance
- 3) resistance to action cariogenic factors

43. To determine the prevalence and intensity of caries need to know

- 1) CPITN
- 2) IJ
- 3) RMA
- 4) CPU
- 5) UIG

44. Change chemical composition of enamel in case of caries in the stain stage accompanied

- 1) decline the microhardness of the outer layer of enamel is greater, than subsurface
- 2) decline the microhardness of the outer layer of enamel is less, than subsurface
- 3) the same decrease microhardness outer and subsurface layers

45. the greatest have a cariogenic effect

- one) lactobacilli
- 2) fusobacteria
- 3) Str. mutans
- four) Str. sungvis
- 5) Str. salivaris

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- one) breakdown and demineralization
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47. Preservation of the outer layer of enamel due to

- one) a decrease in calcium
- 2) decrease in fluorine content
- 3) structural feature of the outer layer of enamel
- four) process of remineralization

48. Methods for diagnosing caries in the stain stage

- one) staining and EDI
- 2) EDI and radiography
- 3) radiography and thermodiagnosics
- four) thermodiagnosics and transillumination method
- 5) transillumination method and staining

49. Dried surface of a carious white spot

- one) loses its shine
- 2) changes color
- 3) remains unchanged

fifty. Methods for diagnosing caries in the stain stage are based

- one) on enamel stability
- 2) on the reduction of enamel permeability
- 3) to increase the permeability of enamel
- four) on changes in the optical properties of enamel

51. Differential diagnosis of caries in the stain stage is carried out

- one) with hypoplasia
- 2) with superficial caries
- 3) with erosion
- four) with fluorosis

52. Differential diagnosis of superficial caries is carried out

- one) with hypoplasia
- 2) with erosion of hard tissues
- 3) with medium caries
- four) wedge-shaped defect
- 5) with fluorosis

- 53. Differential diagnosis of secondary caries is carried out**
one) with caries in the stain stage
2) wedge-shaped defect
3) with chronic fibrous periodontitis
four) with chronic fibrous pulpitis
5) with deep caries
- 54. With an average caries in a light microscope, zones are distinguished**
one) decay and demineralization
2) enamel destruction
3) subsurface demineralization
four) transparent and intact dentine
5) replacement dentin and changes in the pulp.
- 55. The asymptomatic course of medium caries is explained**
one) pulp necrosis
2) destruction of the enamel-dentin junction
3) formation of replacement dentin
- 56. Differential diagnosis of deep caries is carried out**
one) with abrasion
2) with chronic fibrous pulpitis
3) with medium caries
four) with acute focal pulpitis
5) with chronic fibrous periodontitis
- 57. Patients with caries complain of pain**
one) spontaneous
2) persisting after removal of the stimulus
3) only in the presence of an irritant
- 58. Therapeutic pads with long lasting odontotropic and antiseptic action, contain**
one) corticosteroids
2) antibiotics
3) nonsteroidal anti-inflammatory drugs
four) calcium hydroxide
- 59. The filling material that protects the dentin must**
one) prevent the movement of fluid in the dentinal tubules and seal them tightly
2) free passage of dentinal fluid
3) be a thermal and chemical insulator
four) increase the permeability of dentin
- 60. Etching of enamel and dentin is carried out**
one) to enhance the bactericidal properties of composites
2) to strengthen the marginal fit
3) to eliminate the smear layer
- 61. Differential diagnosis of caries in the stain stage is carried out**
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2) with superficial caries
3) with erosion
four) with fluorosis

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 - 2) with erosion of hard tissues
 - 3) with medium caries
 - four) wedge-shaped defect
 - 5) with fluorosis
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- 66. Differential diagnosis of deep caries is carried out**
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 - 2) with chronic fibrous pulpitis
 - 3) with medium caries
 - four) with acute focal pulpitis
 - 5) with chronic fibrous periodontitis
- 67. Patients with caries complain of pain**
- one) spontaneous
 - 2) persisting after removal of the stimulus
 - 3) only in the presence of an irritant
- 68. Spots with fluorosis are localized**
- one) along the cutting edge
 - 2) over the entire surface of the tooth crown
 - 3) in the area of the neck of the tooth
- 69. "Moiré" enamel is characteristic**
- one) for erosion
 - 2) for caries in the stain stage
 - 3) for systemic hypoplasia
 - four) for the imperfect amelogenesis
 - 5) for fluorosis

70. The moiré pattern of enamel with fluorosis is due to

- one) decrease interprism spaces,
zone hypomineralization
- 2) increase interprism spaces,
zone hypermineralization
- 3) increase interprism spaces,
zone hypo- and hypermineralization

71. According to the nature of inheritance, monogenic diseases can be divided for the following groups

- one) dominant
- 2) autosomal dominant
- 3) recessive
- four) autosomal recessive
- 5) floor-linked

72. Erosions of hard tissues are localized

- one) only on the chewing surfaces of the teeth
- 2) only on vestibular surfaces
- 3) on all surfaces

73. Clinical stages of erosion (according to Yu.M. Maksimovsky)

- one) initial
- 2) active
- 3) deep
- four) stabilized
- 5) average

74. Erosion is characterized by demineralization

- one) superficial
- 2) subsurface
- 3) partial subsurface

75. Intensive loss of hard tissues in one tooth, group of teeth or in all teeth

- one) hypoplasia
- 2) hypoplastic inferior amelogenesis
- 3) pathological erosion

76. Third degree of tooth wear (according to Bracco) corresponds

- one) abrasion of the crown to the neck of the tooth
- 2) erosion of enamel of cutting edges and tubercles
- 3) complete erosion of tubercles with exposure of dentin up to 1/3 of the height of the crown
- four) decrease in crown height with the disappearance of the middle third of the crown

77. The most characteristic symptom of acid necrosis

- one) a feeling of "stupor"
- 2) "tooth sticking"
- 3) no symptoms

78. Administration of tetracycline antibiotics can lead to the development of "tetracycline" teeth children aged

- one) from 1 month up to 6 years
- 2) from 1 year to 6 years
- 3) from 6 months up to 6 years
- four) from 6 months up to 12 years

80. Eliminatediscoloration resulting from the use tetracycline in childhood, you can use the method

- one) microabrasion
- 2) internal bleaching
- 3) external bleaching method

81. Eliminatediscoloration resulting from endodontic intervention, it is possible by the method

- one) microabrasion
- 2) internal bleaching
- 3) external whitening

82. Non-carious lesions that occur before teething

- one) hypoplasia
- 2) hyperplasia
- 3) tooth pigmentation and plaque
- four) endemic dental fluorosis
- 5) erasing hard tissue
- 6) discoloration of teeth
- 7) wedge-shaped defect
- eight) tooth erosion
- 9) necrosis of dental hard tissues
- ten) tooth trauma
- eleven) hereditary disorders of dental development
- 12) hyperesthesia

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

- one) hypoplasia
- 2) hyperplasia
- 3) tooth pigmentation and plaque
- four) endemic dental fluorosis
- 5) erasing hard tissue
- 6) discoloration of teeth
- 7) wedge-shaped defect
- eight) tooth erosion
- 9) necrosis of dental hard tissues
- ten) tooth trauma
- eleven) hereditary disorders of dental development
- 12) hyperesthesia

84. Systematic damage to the teeth is always characteristic

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

85. Predisposing factors of development

systemic hypoplasia of milk teeth

- one) 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

86. Clinical forms of systemic hypoplasia

- one) color change
- 2) absence of groups of teeth
- 3) lack of enamel
- four) lack of dentine
- 5) underdevelopment of teeth

87. Differential diagnosis of systemic hypoplasia is carried out

- one) with caries in the stain stage
- 2) with superficial caries
- 3) with fluorosis
- four) with abrasion
- 5) with erosion

88. Maximum permissible content of fluorine in drinking water

- one) 0.5 mg/l
- 2) 1.0 mg/l
- 3) 1.5 mg/l

89. Forms of fluorosis without tissue loss

- one) dashed
- 2) spotted
- 3) chalky
- four) erosive
- 5) destructive

90. Forms of fluorosis occurring with tissue loss

- one) dashed
- 2) spotted
- 3) chalky
- four) erosive
- 5) destructive

91. Spots with fluorosis are localized

- one) along the cutting edge
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98. Intensive loss of hard tissues in one tooth, group of teeth or in all teeth

- one) hypoplasia
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- 3) pathological erasure

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- one) abrasion of the crown to the neck of the tooth
- 2) erasure of enamel of cutting edges and tubercles
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- four) decrease in crown height with the disappearance of the middle third of the crown

100. The most characteristic symptom of acid necrosis

- one) a feeling of "stupefaction"
- 2) "tooth sticking"
- 3) no symptoms

101. Administration of tetracycline antibiotics can lead to the development of "tetracycline" teeth in children aged

- one) from 1 month up to 6 years
- 2) from 1 year to 6 years
- 3) from 6 months up to 6 years
- four) from 6 months up to 12 years

Match

102. Damage to the hard tissues of the teeth

- one) during the period of development a) imperfect amelogenesis
- 2) after eruption and dentinogenesis
- b) syndrome Stenton-Capdepon
- in) hypoplasia
- G) fluorosis
- e) wedge-shaped defect
- e) hard tissue erosion
- and) hyperesthesia of the teeth

103. Teeth Hutchinson, Pfluger and Fournier are a variety

- one) local hypoplasia
- 2) systemic hypoplasia
- 3) endemic fluorosis

104. At the teeth Hutchinson, Pfluger and Fournier underdevelopment is noted

- one) enamel
- 2) dentine
- 3) enamel and dentin

105. The cause of systemic hypoplasia of permanent teeth is

- one) maternal illness during pregnancy
- 2) diseases of the child after birth
- 3) genetic factors
- four) low fluoride content in drinking water

06. The cause of local enamel hypoplasia is

- one) child's illness after birth
- 2) milk tooth periodontitis
- 3) low fluoride content in drinking water
- four) traumatic injury to the tooth germ

107. Tetracycline drugs try not to prescribe in children aged

- one) from 6 months up to 1 year
- 2) from 1 year to 6 years
- 3) from 6 months up to 12 years

108. Dental fluorosis is referred to as

- one) to local
- 2) to systemic
- 3) to genetic

109. Pathological changes in fluorosis occur as a result of dysfunction

- one) ameloblasts
- 2) odontoblasts
- 3) osteoblasts

110. For the differential diagnosis of fluorosis additionally carry out

- one) EDI of the tooth
- 2) vital staining
- 3) x-ray examination

111. The spotted form of fluorosis is differentiated

- one) with enamel erosion
- 2) with enamel hypoplasia
- 3) with caries in the stain stage
- four) with imperfect amelogenesis
- 5) wedge-shaped defect

112. It is advisable to carry out bleaching with fluorosis in the forms

- one) dashed
- 2) spotted
- 3) erosive
- four) destructive
- 5) chalk-speckled

113. Prevention of fluorosis includes

- one) replacement water source
- 2) seafood reception
- 3) leaving an endemic area
- four) oral hygiene control
- 5) sealing teeth

114. Prevention of fluorosis is carried out at the age

- one) up to 5-6 years
- 2) up to 6-8 years
- 3) up to 8-10 years

115. The oval shape of the lesion of hard tissues of the teeth is characteristic

- one) for enamel erosion
- 2) for wedge-shaped defect
- 3) for marble disease

116. Defects in pathological tooth wear located on the surface

- one) vestibular and cutting
- 2) cutting and chewing
- 3) chewing and lingual

117.Prevention of enamel erosion includes

- one) restriction in the diet of citrus fruits
- 2) use of fluoride tablets
- 3) use of fluoride toothpastes
- four) restriction of carbohydrate intake
- 5) using a soft toothbrush

118.Erosion of hard tissues of the teeth can affect

- one) only enamel
- 2) only dentine
- 3) enamel and dentin

**119.Eliminatediscoloration resulting from the use
tetracycline in childhood, you can use the method**

- one) microabrasion
- 2) internal bleaching
- 3) external bleaching method

120. CHEMICALLY CURING MACRO-FILLED COMPOSITE MATERIALS INCLUDED:

- a) Composite
- b) Simulate
- c) a) and b) are correct
- d) Fuji IX

**121. THE MAIN FORM OF PRODUCTION OF MODERN COMPOSITE MATERIALS OF
CHEMICAL CURING:**

- a) pasta
- b) powder-liquid
- c) paste-powder
- d) paste-liquid

122. FINISHING LIGHT POLYMERIZATION IS CARRIED OUT:

- a) at the end of the polishing of the filling
- b) after fixing the last portion of the light-curing composite filling material
- c) after polymerization of the last portion of the composite
- d) after applying the polishing paste

**123. THE EFFICIENCY AND CORRECTNESS OF RESTORATION POLISHING IS
DETERMINED:**

- a) the presence of a mirror gloss of the dried surface of the restoration, which is indistinguishable in terms of gloss from natural tooth enamel
- b) subjective feelings of the patient
- c) the presence of dullness of the dried surface
- d) match the shade of the restoration and tooth tissues in the wet state

**124. SPECIFY THE CATALYST ACTIVATED CHEMICAL POLYMERIZATION IN
CHEMICAL CURING COMPOSITES:**

- a) camphorquinone
- b) benzoyl peroxide and amine
- c) urea peroxide
- d) camphor

125. WHEN SELECTING THE COLOR OF THE FILLING MATERIAL, YOU SHOULD CONSIDER:

- a) the depth and localization of the existing defect in the hard tissues of the tooth
- b) the location of the restored tooth in the dental arch
- c) constitutional, gender, age characteristics
- d) everything is correct

126. MICRORETENTION OF THE FILLING MATERIAL IS

- a) fixation of the filling due to the convergence of the walls of the carious cavity
- b) fixation of the filling material in the retention points
- c) penetration of the adhesive and filling material into the microspaces of the etched enamel
- d) fixing the seal due to anchors, pins, posts

127. FLUID LIGHT-CURING COMPOSITES ARE:

- a) Revolution
- b) Tetric
- c) Dyract
- d) Fuji IX

128. SPECIFY THE REASONS FOR PHOTOCOMPOSITE SEAL DESERATION:

- a) improper formation of a carious cavity
- b) the ingress of saliva or blood on the treated surface of the tooth
- c) no bond
- d) single-stage polymerization of large volumes of photocomposite
- d) everything is correct

129. ACTION OF DENTINE ADHESIVE ON DENTIN

- a) increases the flow of dental cerebrospinal fluid
- b) fills the dentinal tubules
- c) stops the flow of dental cerebrospinal fluid
- d) wets and disinfects
- e) true c) and d)

130. LIST THE MOST COMMON ERRORS WHEN USING COMPOSITE MATERIALS:

- a) the use of microfilled composites for the restoration of surfaces of 1.2 classes, the cutting edges of the anterior teeth
- b) ignoring the rules for directing the rays of a polymerization lamp
- c) contact with the glued surface of the oral or gingival fluid
- d) true b, c
- d) everything is correct

131. DENTINE SURFACE IS TREATED WITH DENTINE ADHESIVE FOR THE PURPOSE:

- a) improving the bonding of dentin and composite
- b) increasing the mechanical strength of thinned dentin
- c) reducing the sensitivity of dentin to irritants
- d) all of the above are true

132. WHEN USING 5th GENERATION ADHESIVE SYSTEMS, THE FOLLOWING IS CARRIED OUT:

- a) only etching of dentin
- b) total etching

- c) enamel etching only
- d) tissue etching is not carried out

133. COMPOSITE MATERIALS WITH A PARTICLE SIZE OF INORGANIC FILLER MORE THAN 1 μm ARE:

- a) macro-filled
- b) hybrid
- c) microfilled
- d) mini-filled

134. FLOWABLE COMPOSITES ARE USED FOR

- a) fissure sealing
- b) filling cavities of the 2nd class
- c) filling cavities of the 5th class
- d) all of the above are true

135. INDICATIONS FOR THE USE OF COMPOMERS:

- a) carious cavities of 3 and 5 classes
- b) small carious cavities of 1 and 2 classes
- c) non-carious lesions of hard dental tissues
- d) all of the above are true

136. TO INCREASE ENAMEL CARIES RESISTANCE, IV AND V GENERATION ADHESIVE SYSTEMS CONTAIN:

- a) fluorine compounds
- b) calcium compounds
- c) potassium compounds
- d) all of the above are true

137. UNACCEPTABLE COMBINATIONS OF FILLING MATERIALS

- a) eugenol-containing materials - light-cured composite material
- b) zinc phosphate cement - chemically cured composite material
- c) glass-ionomer cement - light-curing composite material
- d) polymer medical pad - light-cured composite material

138. THE MECHANISM OF THE COMPOSITE CURE IS BASED ON THE PROCESS

- a) crystallization
- b) polymerization
- c) dissolution
- d) all of the above are true

139. ETCHING OF HARD TISSUES OF THE TOOTH IS CARRIED OUT WITH THE PURPOSE:

1. remineralization
2. caries diagnostics
3. improve adhesion
4. anesthesia
5. sclerosis
- 6.

140. APPLICATION OF A CHEMICALLY CURING COMPOSITE IS RECOMMENDED TO BE CARRIED OUT:

- a) in layers

- b) one or two portions, carefully pressing the material to the bottom and walls of the cavity, with some excess material
- c) in small portions with careful condensation of each portion
- d) application technique does not matter

141. HARDENING TIME OF CHEMICAL CURING COMPOSITE:

- a) 10 minutes
- b) 3-5 minutes
- c) 1-2 minutes
- d) 8-10 minutes

142. CHEMICALLY CURING COMPOSITES ARE:

- a) Talan
- b) Charisma PPF
- c) Consize
- d) Degufil
- d) everything is correct

143. SPECIFY THE CATALYST ACTIVATED CHEMICAL POLYMERIZATION IN CHEMICAL CURING COMPOSITES:

- a) camphorquinone
- b) benzoyl peroxide and amine
- c) urea peroxide
- d) camphor

144. MICRORETENTION OF THE FILLING MATERIAL IS

- a) fixation of the filling due to the convergence of the walls of the carious cavity
- b) fixation of the filling material in the retention points
- c) penetration of the adhesive and filling material into the microspaces of the etched enamel
- d) fixing the seal due to anchors, pins, posts

145. INTRODUCED LAYERS OF LIGHT-CURING CPM SHOULD NOT EXCEED A THICKNESS MORE THAN:

- a) 1mm
- b) 2-Zmm
- c) 0.5 mm
- d) 5 mm

146. LIST CONTRAINDICATIONS TO THE USE OF PHOTOCOMPOSITES:

- a) exudative inflammation of the marginal gums, bleeding
- b) subgingival spread of caries
- c) poor oral hygiene
- d) everything is correct

147. ACTION OF DENTINE ADHESIVE ON DENTIN

- a) increases the flow of dental cerebrospinal fluid
- b) fills the dentinal tubules
- c) stops the flow of dental cerebrospinal fluid
- d) wets and disinfects
- e) true c) and d)

148. DENTINE SURFACE IS TREATED WITH DENTINE ADHESIVE FOR THE PURPOSE:

- a) improving the bonding of dentin and composite
- b) increasing the mechanical strength of thinned dentin
- c) reducing the sensitivity of dentin to irritants
- d) all of the above are true

149. APPLICATION OF 4, 5 GENERATIONS ADHESIVE SYSTEM PROMOTES EDUCATION:

- a) hybrid zone
- b) smeared layer
- c) oxygen-inhibited layer
- d) all of the above are true

150. WHEN USING THE 5th GENERATION ADHESIVE SYSTEM, THE ROLE OF A PRIMER IS PERFORMED BY:

- a) the first portion of the adhesive system liquid
- b) the second portion of the adhesive system liquid
- c) 5th generation adhesive system does not contain a primer
- d) pickling system

151. THE RESULT OF VOLUME SHRINKAGE OF A PHOTOCOMPOSITE

- a) discoloration of the tissues of the tooth
- b) inflammation of the gingival margin
- c) fractures of the walls of the tooth
- d) hypersensitivity of tooth tissues

152. Etching of enamel is carried out before applying a filling from:

- 1. JIC
- 2. composite
- 3. polycarboxylate cement
- 4. silver amalgam
- 5. silicophosphate

153. Halogen light lamps are used for:

- 1. surgical field disinfection
- 2. drying of the mouth
- 3. enamel remineralization
- 4. cabinet disinfection
- 5. composite polymerization

154. When filling carious cavities using the “closed sandwich” method, a gasket:

- 1. covered with composite
- 2. not covered by composite
- 3. not used
- 4. superimposed on the edges of the cavity
- 5. applied to walls and edges

155. Macro-filled composite materials have positive properties:

- 1. strength, radiopacity
- 2. strength, poor polishability
- 3. low color fastness

4. accumulation of plaque on the surface
5. toxicity

156. Bonding systems include:

1. orthophosphoric acid
2. primer and adhesive
3. hydrochloric acid
4. hydrofluoric acid
5. polyacrylic acid

157. Shrinkage of the chemical curing composite occurs towards:

1. oral
2. vestibular
3. light source
4. tooth cavity
5. uniform in volume

158. THE GROUP OF MATERIALS FOR THERAPEUTIC PADS INCLUDES:

- a) Calmecin
- b) life
- c) calcipulpe
- d) all of the above are true

159. AS A MEDICAL PAD USE:

1. artificial dentin
2. pastes based on calcium hydroxide
3. dentin paste
4. resorcinol-formalin paste
5. phosphate cement

160. GASKET MATERIALS BASED ON CALCIUM HYDROXIDE HAVE POSITIVE PROPERTIES:

1. hardness, strength
2. odontotropic action
3. aesthetic qualities
4. solubility
5. shrinkage

161. THE METHOD OF PREVENTIVE EXPANSION OF THE CARIOUS CAVITY SUGGESTED:

- a) I.G. Lukomsky
- b) Black
- c) E.V. Borovsky
- d) Fisher

162. REQUIREMENTS FOR THERAPEUTIC PAD MATERIALS

- a) long curing time
- b) short mixing time
- c) have an odontotropic effect
- d) have an anesthetic effect

163. Composite to avoid the development of abfraction defects in the carious cavities of the cervical region of the teeth:

- a) low viscosity composite (flowable composite)
- b) chemical curing composite
- c) chemically cured macro-filled composite
- d) all of the above are true

164. In microfilled composites, filler particles have a size (μm)

- 1. 1-100
- 2. fifty
- 3. more than 1
- 4. one
- 5. less than 1

165. Fluid composites are introduced into the cavity:

- 1. trowel
- 2. plugger
- 3. syringe
- 4. syringe and spatula
- 5. amalgamator

166. Shrinkage of a light-cured composite occurs to the side:

- 1. light source
- 2. tooth cavity
- 3. vestibular
- 4. oral
- 5. occlusal

167. For the adhesion of a composite material during the restoration of cavities, the following is used:

- 1. phosphate cement
- 2. bonding system
- 3. 37% phosphoric acid
- 4. calcium hydroxide paste
- 5. artificial dentin

168. For finishing fillings made of composite materials in class II cavities, the following are used:

- 1. steel ball burs
- 2. carbide ball burs
- 3. carbide cylindrical burs
- 4. fine diamond heads and strips
- 5. carborundum stones

169. UNACCEPTABLE COMBINATIONS OF FILLING MATERIALS

- a) eugenol-containing materials - light-cured composite material
- b) zinc phosphate cement - chemically cured composite material
- c) glass-ionomer cement - light-curing composite material
- d) polymer medical pad - light-cured composite material

170. THE MECHANISM OF COMPOSITE CURE IS BASED ON THE PROCESS

- a) crystallization
- b) polymerization
- c) dissolution
- d) all of the above are true

171. LIST THE ADVANTAGES OF PHOTOCOMPOSITE FILLING MATERIALS:

- a) matching the color and transparency of the enamel and dentin of the tooth
- b) color fastness
- c) enough time to model the restoration
- d) everything is correct

172. INDICATIONS FOR THE USE OF COMPOMERS:

- a) carious cavities of 3 and 5 classes
- b) small carious cavities of 1 and 2 classes
- c) non-carious lesions of hard dental tissues
- d) all of the above are true

173. LAYER OF DENTIN, THE SURFACE OF COLLAGEN FIBERS WHICH COVERED WITH RESIN, IS CALLED:

- a) hybrid
- b) lubricated
- c) chalky
- d) shiny

174. COMPOSITE MATERIAL OF INCREASED FLUIDITY FOR CREATING AN ADAPTIVE LAYER IS INTRODUCED INTO A CAVITY THICKNESS:

- a) 4-5 mm
- b) 0.5-1 mm
- c) 1-1.5 mm
- d) flowable composites are not used to create an adaptive layer

175. MATERIALS FOR CAVITY FILLING CLASS I ARE:

- a) compomers
- b) JIC
- c) ormokers
- d) hybrid composite filling materials
- d) everything is correct

176. WHEN RECOVERING MOLAR LOWER JAWS, IT IS NECESSARY TO REMEMBER:

- a) marginal enamel ridges are restored powerful and rounded
- b) buccal tubercles are restored smoother and more powerful, lingual - pointed
- c) weakened tubercles and thinned walls are covered with restorative material
- d) everything is correct

177. IMPROPER BEVERING AND SMOOTHING OF ENAMEL CAN CAUSE:

- a) to deterioration of adhesion
- b) to violation of the marginal fit
- c) worsening aesthetics
- d) all of the above are true

178. THE USE OF THERAPEUTIC AND INSULATING PAD WHEN USING MODERN ADHESIVES IS RECOGNIZED:

- a) necessary
- b) redundant
- c) preferably only if there is a danger of opening the tooth cavity
- d) it is necessary when the cavity of the tooth is opened
- e) all are true except a)

179. PRIMER IS A SUBSTANCE:

- a) with high wetting ability, facilitating the penetration into the pores and deepening of the dentin and enamel of the filling material
- b) providing adhesion of the composite and dentin (base lining)
- c) dissolves the mineral structures of enamel
- d) all of the above are true

180. COMPOSITE MATERIALS WITH A PARTICLE SIZE OF INORGANIC FILLER MORE THAN 1 μm ARE:

- a) macro-filled
- b) hybrid
- c) microfilled
- d) mini-filled

181. TOO THICK ADHESIVE PROMOTES:

- a) better adhesion of the filling material to the hard tissues of the tooth
- b) the formation of a line of weakness of the restoration
- c) the formation of a hybrid zone
- d) the formation of a smeared layer

182. INTRODUCING A CHEMICALLY CURING COMPOSITE IS RECOMMENDED TO BE CARRIED OUT:

- a) in layers
- b) one or two portions, carefully pressing the material to the bottom and walls of the cavity, with some excess material
- c) in small portions with careful condensation of each portion
- d) application technique does not matter

183. SPECIFY THE FINAL STAGE OF THE FINAL PROCESSING OF THE RESTORATION:

- a) contouring of the restoration
- b) finishing the restoration
- c) polishing with pastes
- d) processing with carborundum stone

184. MAIN FORM OF RELEASE OF MODERN COMPOSITE MATERIALS OF CHEMICAL CURING:

- a) pasta
- b) powder-liquid
- c) paste-powder
- d) paste-liquid

185. MICRORETENTION OF THE FILLING MATERIAL IS

- a) fixation of the filling due to the convergence of the walls of the carious cavity

- b) fixation of the filling material in the retention points
- c) penetration of the adhesive and filling material into the microspaces of the etched enamel
- d) fixing the seal due to anchors, pins, posts

186. FLUID LIGHT-CURING COMPOSITES ARE:

- a) Revolution
- b) Tetric
- c) Dyract
- d) Fuji IX

187. ACTION OF DENTINE ADHESIVE ON DENTIN

- a) increases the flow of dental cerebrospinal fluid
- b) fills the dentinal tubules
- c) stops the flow of dental cerebrospinal fluid
- d) wets and disinfects
- e) true c) and d)

188. A BRILLIANT, "MOIST", EASILY REMOVABLE LAYER ON THE SURFACE OF THE COMPOSITE IS CALLED:

- a) smear layer
- b) layer inhibited by oxygen
- c) hybrid layer
- d) insulating layer

189. LIST THE MOST COMMON ERRORS WHEN USING COMPOSITE MATERIALS:

- a) the use of microfilled composites for the restoration of surfaces of 1.2 classes, the cutting edges of the anterior teeth
- b) ignoring the rules for directing the rays of a polymerization lamp
- c) contact with the glued surface of the oral or gingival fluid
- d) true b, c
- d) everything is correct

190. 5th GENERATION ADHESIVE SYSTEMS CONTAIN PRIMER AND ADHESIVE:

- a) in the form of two liquids
- b) do not contain a primer
- c) in "one" vial
- d) do not contain adhesive

191. TOTAL ETCHING IS RECOMMENDED FOR SUBSEQUENT USE OF ADHESIVE SYSTEMS:

- a) 3 generations
- b) 4-5 generations
- c) 1st generation
- d) 2 generations

192. INSULATING VARNISHES ARE THIN-LAYER GASKETS INTENDED TO PROTECT THE TOOTH PULP FROM THE TOXIC EFFECT OF FILLING MATERIALS, OTHERWISE THEY ARE CALLED:

- a) primers
- b) silanes
- c) compomers
- d) sealants

e) liners

193. LIST THE ADVANTAGES OF PHOTOCOMPOSITE FILLING MATERIALS:

- a) matching the color and transparency of the enamel and dentin of the tooth
- b) color fastness
- c) enough time to model the restoration
- d) everything is correct

194. INDICATIONS FOR THE USE OF COMPOMERS:

- a) carious cavities of 3 and 5 classes
- b) small carious cavities of 1 and 2 classes
- c) non-carious lesions of hard dental tissues
- d) all of the above are true

195. When filling carious cavities using the “open sandwich” method, a gasket:

- 1. covered with composite
- 2. not covered by composite
- 3. superimposed on the bottom and walls
- 4. superimposed on the edges of the cavity
- 5. applied to walls and edges

196. Shrinkage of a light-cured composite occurs to the side:

- 1. light source
- 2. tooth cavity
- 3. vestibular
- 4. oral
- 5. occlusal

197. THERAPEUTIC PADDING IS APPLIED:

- a) pointwise in the projection area of the pulp horn
- b) on the bottom and walls of the carious cavity, repeating the contours of the cavity
- c) on the bottom of the cavity to the enamel-dentin border
- d) on the walls of the carious cavity

198. MEDICAL PADS:

- a) calcicur
- b) calcipulp
- c) septocalcin
- d) all of the above are true

199. FOR TREATMENT OF A CARIOUS CAVITY IT IS NOT RECOMMENDED TO USE:

- a) dioxidine
- b) alcohol
- c) sodium hypochlorite
- d) hydrogen peroxide

200. TO IDENTIFY A SITE OF ENAMEL DEMINERALIZATION ALLOWS:

- a) dye test
- b) electroodontodiagnostics
- c) temperature diagnostics
- d) all of the above are true