

№ СТ0М-21

**Federal State Budgetary Educational Institution higher education NORTH
OSSETIAN STATE MEDICAL ACADEMY Ministry of Health of the Russian Federation**

Department of Dentistry No. 2

APPROVED

at the meeting of the Central coordination
educational and methodological council
dated 05/23/2023, protocol No. 5

ASSESSMENT MATERIALS

**for the discipline “MFS: diseases of the head and neck, maxillofacial and
gnathic surgery”**

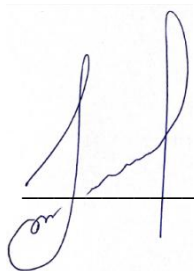
the main professional educational program of higher education -
specialty programs in the specialty 31.05.03 Dentistry,
approved on May 24, 2023

For students specialty 31.05.03 Dentistry

Reviewed and approved at a department meeting

dated May 18, 2023, protocol No. 1

Head of the department
Doctor of Medical Sciences



G.V. Toboev

Vladikavkaz, 2023

STRUCTURE OF ASSESSMENT MATERIALS

1. Title page
2. Structure of assessment materials
3. Reviews of assessment materials
4. Passport of assessment materials

5. *Set of assessment materials:*

- questions for the module
- exam questions
- bank of situational tasks
- standards of test tasks
- exam tickets

FEDERAL STATE BUDGETARY EDUCATIONAL INSTITUTION OF HIGHER
EDUCATION "NORTH OSSETIAN STATE MEDICAL ACADEMY" OF THE
MINISTRY OF HEALTH OF THE RUSSIAN FEDERATION

REVIEW

of assessment materials on the discipline “MFS: diseases of the head and neck,
maxillofacial and gnathic surgery”

for 5th year students in specialty 31.05.03 Dentistry

Assessment materials were compiled at the Department of Dentistry No. 2 on the basis of the work program of the academic discipline approved on May 24, 2023 and comply with the requirements of the Federal State Educational Standard for Higher Education in the specialty 31.05.03 Dentistry, approved by the Ministry of Education and Science of the Russian Federation on August 19, 2020, No. 984.

Assessment materials include a bank of test tasks, which includes the following elements: test tasks, variants of test tasks, answer templates. All tasks correspond to the work program of the discipline “MFS: diseases of the head and neck, maxillofacial and gnathic surgery” and cover all its sections. The difficulty of the tasks varies. The number of tasks for each section of the discipline is sufficient for testing knowledge and eliminates repeated repetition of the same question in different versions. The bank contains answers to all test items and tasks. The number of exam tickets is sufficient to conduct the exam and eliminates the repeated use of the same ticket during the exam in the same academic group on the same day. Examination tickets are made on uniform forms in a standard form, on paper of the same color and quality. The exam ticket includes two questions. The wording of the questions coincides with the wording of the list of questions submitted for the exam. The content of the questions on one ticket relates to various sections of the program, allowing you to more fully cover the material of the academic discipline. The difficulty of the questions in the exam papers is evenly distributed.

There are no comments on the peer-reviewed assessment materials.

In general, assessment materials in the discipline “MFS: diseases of the head and neck, maxillofacial and gnathic surgery” contribute to a qualitative assessment of the students’ level of proficiency in general cultural and professional competencies. Peer-reviewed assessment materials can be recommended for use for intermediate certification at the Faculty of Dentistry for 5th year students.

Reviewer:

Head of the Department of Dentistry No. 1

FSBEI HE NOGMA of the Ministry of Health of Russia,

MD, Associate Professor

 M. G. Dzgoeva

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REVIEW

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The assessment materials were compiled at the Department of Dentistry No. 2 on the basis of the work program of the discipline approved on May 24, 2023 and comply with the requirements of the Federal State Educational Standard for Higher Education in the specialty 31.05.03 Dentistry, approved by the Ministry of Education and Science of the Russian Federation on 08/19/2020, No. 984.

Assessment materials include: questions for the module, questions for the test, standards of test tasks, situational tasks. Test task standards include the following elements: test tasks, test task options, answer templates. All tasks correspond to the work program of the discipline “MFS: diseases of the head and neck, maxillofacial and gnathic surgery”, the competencies formed during its study and cover all its sections. The difficulty of the tasks varies. The number of tasks for each section of the discipline is sufficient for testing knowledge and eliminates repeated repetition of the same question in different versions. The standards contain answers to all test tasks. The number of exam tickets is sufficient to conduct the exam and eliminates the repeated use of the same ticket during the exam within one day. Examination tickets/test tickets are made on uniform forms according to a standard form, on paper of the same color and quality. The exam/test ticket includes two questions. The wording of the questions coincides with the wording of the list of questions submitted for the exam/test. The content of the questions on one ticket relates to various sections of the work program of the discipline, allowing you to more fully cover the material of the discipline.

There are no comments on the peer-reviewed assessment materials.

In general, assessment materials in the discipline “MFS: diseases of the head and neck, maxillofacial and gnathic surgery” contribute to a qualitative assessment of students’ level of proficiency in general and professional competencies. Peer-reviewed assessment materials in the discipline “MFS: diseases of the head and neck, maxillofacial and gnathic surgery” can be recommended for use for ongoing monitoring of progress and intermediate certification at the Faculty of Dentistry for 5th year students.

Reviewer:

Manager LLC “Julia Smile”

 Y. V. Maskurova

Passport of the fund of assessment materials in the discipline “MFS: diseases of the head and neck, maxillofacial and gnathic surgery”

№	Name of the controlled section (topic) of the discipline/module	Code of the competence (stage) being formed	Name of the assessment tool
1	2	3	4
Type of control	Exam		
1.	Classification of non-gunshot facial injuries. Statistics. Methods of examination of patients with facial trauma. Non-gunshot injuries of the soft tissues of the face. Clinic, diagnosis, treatment. Features of primary surgical treatment of facial soft tissue wounds	OPK-6 OPK-11	ML, S, DZ, PZ, T, KR, Pr
2.	Dislocations of teeth. Fractures of teeth. Fracture of the alveolar process. Dislocation of the lower jaw. Classification, clinic, diagnosis, treatment	PC-8 PC-9	ML, S, DZ, PZ, T, KR, Pr
3.	Non-gunshot fractures of the lower and upper jaws. Classification, clinic, diagnostics	PC-8	ML, LT, S, DZ, PZ, T, CR, Pr
4.	Treatment of jaw fractures. Conservative and surgical methods of immobilization. Indications for application. Nutrition and nursing. Medical and physical methods of treatment of victims	PC-8 PC-9	ML, LT, S, DZ, PZ, T, KR, Pr, MG, SI
5.	Fractures of the zygomatic bone,	PC-8	ML, S, DZ, PZ, T, KR, Pr

	zygomatic arch, bones of the nose. Clinic, diagnosis, treatment		
6.	Complications of non-gunshot jaw fractures: traumatic osteomyelitis, delayed consolidation, false joint, malunion of fragments. Etiology, clinic, diagnostics, general principles of treatment	PC-8 PC-9	ML, S, DZ, PZ, T, KR, Pr
7.	Thermal damage to the maxillofacial area (burns, frostbite, electric shock and high frequency radiation). Clinical picture and treatment	PC-8	ML, S, DZ, PZ, T, KR, Pr
8.	Combined and combined injuries of the face. Features of the clinical course. Combined traumatic brain injury. radiation damage	PC-6	ML, S, DZ, PZ, T, KR, Pr
9.	Wound ballistics and tissue damage zones. Anatomical and physiological features of the face and gunshot wound. Gunshot wounds of the soft tissues of the face. General patterns of wound process	PC-8	ML, S, DZ, PZ, T, Pr
10.	Features of gunshot wounds of the lower and upper jaws	PC-8 PC-9	ML, S, DZ, PZ, T, KR, Pr
11.	The volume and procedure for providing assistance to the wounded at the	PC-8 PC-9	ML, DZ, PZ, T, KR, Pr

	stages medical evacuation. General provisions on the medical examination of military personnel		
12.	Abscesses and phlegmons of the face ischei. Classification. Etiology. Pathogenesis. Clinical picture. Diagnostics. General principles treatment	PC-8 PC-9	ML, S, DZ, PZ, T, KR, Pr
13.	Abscesses and phlegmons, adjacent to the top and lower jaws. Phlegmon floor of the mouth. Putrid necrotic phlegmon of the face and neck	PC-8 PC-9	ML, DZ, PZ, T
14.	Complications of odontogenic inflammatory processes of the face ischei.	OPK-6 OPK-11	ML, S, DZ, PZ, T
15.	Diseases damage to the nerves of the maxillofacial area	OPK-6 OPK-11	ML, S, DZ, PZ, T, KR, Pr
16.	Inflammatory and dystrophic diseases temporomandibular joint	OPK-6 OPK-11	ML, S, DZ, PZ, T, KR, Pr
17.	Contracture of the lower jaw	OPK-6 OPK-11	ML, LT, S, DZ, PZ, T, KR, Pr
18.	Ankylosis of the temporomandibular joint	OPK-6 OPK-11	ML, LT, S, DZ, PZ, T, KR, Pr
19.	Facial reconstructive surgery	OPK-6 OPK-11	ML, S, DZ, PZ, T, KR, Pr
20.	Plastic surgery with local tissues	OPK-6 OPK-11	ML, S, DZ, PZ, T, KR, Pr
21.	Plastic with scraps of fabrics from remote	PC-8 PC-9	ML, S, DZ, PZ, T, KR, Pr

	areas		
22.	Plastics using free tissue transfer	PC-8 PC-9	ML, S, DZ, PZ, T, KR, Pr
23.	Application of complex fabrics complexes	PC-8 PC-9	ML, S, DZ, PZ, T, Pr
24.	The use of implants in maxillofacial surgery	PC-8 PC-9	ML, S, DZ, PZ, T, KR, Pr
25.	Bone grafting of the jaws	PC-8 PC-9	ML, DZ, PZ, T, KR, Pr
26.	Gnathic surgery	OPK-6	ML, S, DZ, PZ, T, KR, Pr
27.	Aesthetic surgery	OPK-11	ML, DZ, PZ, T
28.	Congenital pathology craniofacial area	OPK-6	ML, S, DZ, PZ, T

Set of assessment materials

Questions for the module lesson No. 1

1. Etiology of abscesses and phlegmon of the cellular spaces adjacent to the upper jaw.
2. Classification of abscesses and phlegmons of cellular spaces in the upper jaw.
3. Abscesses and phlegmons of the superficial cellular spaces adjacent to the upper jaw: clinical picture, diagnostic methods, principles of surgical treatment.
4. Abscesses and phlegmons of deep cellular spaces adjacent to the upper jaw: clinical picture, diagnostic methods, principles of surgical treatment.
5. Principles of drug therapy for acute purulent inflammatory processes. Prevention of general and local complications with phlegmon of the cellular spaces in the upper jaw.
6. Etiology and pathogenesis of abscesses and phlegmon adjacent to the lower jaw.
7. General and local signs of phlegmon adjacent to the lower jaw (mental region, submandibular triangle, buccal region, submasseterial space, pterygomaxillary space, peripharyngeal space).
8. Principles and methods of examining patients with phlegmon in the lower jaw.
9. Surgical methods for treating phlegmon of the lower jaw.
10. Principles of drug therapy for phlegmon adjacent to the lower jaw, prevention of general and local complications.
11. Etiology and pathogenesis of abscess and phlegmon of the tongue, floor of the mouth, putrefactive-necrotic phlegmon of the floor of the mouth (Gensul-Ludwig tonsillitis).
12. Abscesses and phlegmons of the tongue: clinical picture, diagnostic methods, principles of treatment and prevention.
13. Phlegmon of the floor of the mouth: clinical picture, diagnostic methods, principles of treatment and prevention.
14. Putrid-necrotic phlegmon of the floor of the mouth (Zhensul-Ludwig tonsillitis): clinical picture, diagnostic methods, principles of treatment and prevention.
15. Complications of abscess and phlegmon of the tongue, phlegmon of the floor of the mouth, putrefactive-necrotic phlegmon of the floor of the mouth, principles of treatment and prevention.
16. Clinic, diagnosis and treatment of non-gunshot injuries to the soft tissues of the face.
17. Fractures of the lower and upper jaws. Conservative and surgical methods of immobilization.
18. Clinic, diagnosis and treatment of fractures of the zygomatic bone, nasal bones.
19. Thermal damage to the maxillofacial area, clinical picture and treatment.
20. Dislocation of the lower jaw. Habitual dislocation of the lower jaw.

Questions for the module lesson No. 2

1. Etiology, pathogenesis of inflammatory-dystrophic diseases of the temporomandibular joint.
2. Classification, clinical manifestations, diagnostic methods and principles of treatment of arthritis of the temporomandibular joint.
3. Classification, clinical manifestations, diagnostic methods and principles of treatment of arthrosis of the temporomandibular joint.
4. Classification, clinical manifestations, diagnostic methods and principles of treatment of arthritis-arthrosis of the temporomandibular joint.
5. Contracture of the lower jaw.
6. Ankylosis of the temporomandibular joint.
7. Facial reconstructive surgery. Plastic surgery with local tissues. Plastic with scraps of tissues from remote areas.
8. Bone grafting of the jaws. Gnathic surgery.
9. Implants in maxillofacial surgery.
10. Congenital defects of the maxillofacial region. Aesthetic surgery.

Questions for the exam

1. Classification of fractures of the upper jaw according to Le Fort.
2. Chemical burns of the face. Clinical picture, treatment.
3. The volume and procedure for providing assistance to the wounded in the maxillofacial area at the stages of medical evacuation.
4. Thrombosis of the cavernous sinus of the brain. Etiology, pathogenesis, clinical picture.
5. Dislocations of the lower jaw. Classification, clinic, diagnosis, treatment.
6. Abscess and phlegmon of the infratemporal and pterygopalatine fossae. Clinic, diagnosis and treatment.
7. Thermal burns of the face. Classification, emergency care.
8. Complications of jaw fractures. Traumatic osteomyelitis.
9. Choosing a method for surgical opening of phlegmons of the maxillofacial area.
10. Localization of mandibular fractures in “typical places”, their types.
11. Mediastinitis. Etiology and pathogenesis.
12. Putrid-necrotic phlegmon of the face and neck. Clinic, diagnosis and treatment.
13. The doctor's tactics in relation to the tooth located in the fracture gap.

14. Orbital abscess. Clinic, diagnosis, treatment.
15. Abscess and phlegmon of the peripharyngeal space. Clinic and treatment.
16. Primary surgical treatment of facial wounds.
17. Odontogenic sepsis. Etiology, pathogenesis.
18. Clinical signs of a mandibular fracture. Mechanisms of displacement of fragments.
19. Phlebitis and thrombophlebitis of the face. Etiology and pathogenesis.
20. Complications of jaw fractures. False joint. Treatment and prevention.
21. Flemon of the day of the oral cavity. Clinic, treatment.
22. Combined and combined injuries to the face. Clinical course.
23. Abscesses and phlegmon of the infraorbital and zygomatic areas. Clinic, diagnosis, treatment.
24. Clinical signs of a fracture of the zygomatic bone and arch.
25. Thrombosis of the cavernous sinus of the brain. Etiology, pathogenesis, clinical picture.
26. Features of the clinical course of odontogenic mediastenitis.
27. Dislocations and fractures of teeth. Clinic, diagnosis, treatment.
28. Features of the management of patients with fractures of the facial skeleton in the postoperative period.
29. Fracture of the alveolar process of the upper jaw and the alveolar part of the lower jaw. Clinic, diagnosis, treatment.
30. Abscess of the root and body of the tongue. Clinic, diagnosis and treatment.
31. Surgical methods for fixing jaw fragments. Indications and contraindications.
32. Abscess and phlegmon of the pterygomandibular space. Clinic, diagnosis and treatment.
33. The volume and procedure for providing assistance to the wounded in the maxillofacial area at the stage of medical evacuation.
34. Pain relief during surgical interventions for abscesses and phlegmons of the face and neck.
35. Combined non-gunshot injury of the maxillofacial area. Traumatic brain injury. Features of providing specialized care to patients with combined trauma.
36. Abscess and phlegmon of the parotid-masticatory and retromaxillary areas. Clinic, diagnosis and treatment.
37. Electrical burns of the face. Clinic, emergency care.

38. General clinical characteristics of abscesses and phlegmon of the perimaxillary tissues and adjacent areas.
39. Classification of extraoral devices used for jaw fractures, their functionality.
40. Abscesses and phlegmons of the temporal region. Clinic, diagnosis and treatment.
41. Gunshot wounds of soft tissues of the face. General patterns of the wound process.
42. Features of gunshot wounds of the maxillofacial area.
43. Abscess of the root and body of the tongue. Clinic, diagnosis and treatment.
44. Complications of jaw fractures, traumatic sinusitis. Treatment, prevention.
45. The role of physiotherapy in the treatment of purulent-inflammatory diseases of the maxillofacial area.
46. Methods of osteosynthesis: bone suture, Kirschner wire, bone plates and others.
47. Abscess and phlegmon of the face and neck. Classification.
48. Wound ballistics and tissue damage zones.
49. Abscess and phlegmon of the face and neck. Etiologists and pathogenesis.
50. Phlebitis and thrombophlebitis of the face. Clinic, diagnosis and treatment.

Situational tasks

Task 1.

Patient E., 35 years old. I am worried about periodic aching pain in the tragus area on the right, radiating to the cheek and temple. Significant increase in pain under chewing load. Moderate restriction in mouth opening (noticed by chance when yawning). From the anamnesis: at the age of 15, injury - hit her chin while skating. The painful phenomena passed within 2 weeks, and she did not seek medical help.

Objectively: palpation in the area of the temporomandibular joint (TMJ) on the right is painful, when opening the mouth there is an S-shaped movement of the chin with a maximum deviation to the right. Load tests are negative. The bite is not affected.

On the X-ray according to Schuller: minimal osteosclerotic changes at the apex of the articular process lower jaw on the right, narrowing of the joint space on the right.

Questions:

1. Presumable diagnosis?
2. Examination plan?
3. Treatment plan?

Task 2.

Patient Z., 36 years old. From the anamnesis: injured in an accident 40 minutes ago, hit his face on the front panel (was not wearing a seat belt). Delivered to the emergency department of a regional hospital with complaints of a severe headache pain, facial pain, single vomiting, double vision, orbital pain when trying to close teeth, malocclusion.

Objectively: condition moderate severity, clear consciousness, vesicular breathing, RR - 16/min. The pulse is rhythmic, heart rate - 90/min, blood pressure - 145/90 mmHg. Total swelling face, severe subcutaneous emphysema of the parietotemporal areas, facial tissues and upper neck, massive hematoma of the eyelids on both sides, pathological, open bite. The upper jaw is movable under load in the vertical and anteroposterior directions.

X-ray of the skull in frontal and lateral projections + X-ray of the zygomatic bones, nasal bones: multiple comminuted fracture of the nasal bones, notes there is veiling of the shadows of the zygomatic bones due to massive swelling of the soft tissues of the face and emphysema.

Questions:

1. Diagnosis?
2. The mechanism of development of subcutaneous emphysema?
3. Survey plan.
4. Treatment plan?

Task 3.

Patient D., 29 years old. From the anamnesis: he was injured while participating in a boxing competition. I am concerned about pain in the left half of the face, double vision eyes, numbness of the wing of the nose and upper lip on the left. Objectively: condition satisfactory. The configuration of the face is changed due to the pronounced swelling in the zygomatic, periorbital and buccal areas on the left. A hematoma of the eyelids of the left eye is determined. Reduced tactile sensitivity of the skin in the zone of innervation of the 2nd branch of the trigeminal nerve on the left, palpation of the zygomatic the area on the left is sharply painful; A step-like deformation of the lower edge of the orbit of the left eye is determined, the bite is not disturbed.

An x-ray of the zygomatic bones reveals a fracture line in the area of the lower orbital margins, subtotal darkening of the maxillary sinus on the left. Anterior rhinoscopy: swelling of the mucous membrane of the lateral wall of the nose on the left, native blood in the left middle meatus.

Questions:

1. Presumable diagnosis?
2. Examination plan?
3. Treatment plan?

Standards of test tasks

1. The main cause of mandibular dislocation is

- a) arthritis of the temporomandibular joint
- b) inferior macrognathia
- c) decreased bite height
- d) deep incisal overlap
- e) reduction in the height of the articular tubercle

2. The leading symptom for dislocation of the lower jaw

- a) lacrimation
- b) decreased bite height
- c) inability to close teeth
- d) limitation of mobility of the lower jaw

3. The first stage of treatment for dislocation of the lower jaw is

- a) in immobilization
- b) in resection of the articular tubercle
- c) in suturing the articular capsule
- d) in resection of the condylar processes of the lower jaw
- e) in the introduction of the articular head into the articular cavity

4. Reduction of dislocation of the lower jaw using the Hippocratic method carried out in the patient's position

- a) lying down
- b) sitting
- c) standing

5. Doctor's thumbs when resetting a dislocated lower jaw sets

- a) on the angles of the lower jaw
- b) on the front group of teeth
- c) on the molars on the right and left or alveolar processes

6. Cause of acute traumatic arthritis the temporomandibular joint is

- a) actinomycosis
- b) acute injury
- c) parotid hyperhidrosis
- d) chronic injury of the temporomandibular joint as a result of changes in occlusion

7. Cause of acute nonspecific arthritis the temporomandibular joint is

- a) actinomycosis
- b) rheumatic attack
- c) parotid hyperhidrosis
- d) chronic injury of the temporomandibular joint as a result of changes in occlusion

8. Cause of acute nonspecific arthritis the temporomandibular joint is

- a) actinomycosis
- b) parotid hyperhidrosis
- c) spread of infection from surrounding tissues
- d) chronic injury of the temporomandibular joint as a result of changes in occlusion

9. The leading symptom of temporomandibular joint ankylosis is

- a) tinnitus
- b) swallowing disorder
- c) multiple caries
- d) pronounced pain symptom
- e) sharp limitation of mobility of the lower jaw

10. The main cause of development of ankylosis of the temporomandibular joint is

- a) arthritis
- b) tumor
- c) mastoiditis
- d) parotid hyperhidrosis
- e) cellulite of the parotid-masticatory area

11. The main method of treating patients with bone ankyloses temporomandibular joint

- a) physiotherapy
- b) surgical
- c) conservative
- d) orthopedic
- e) orthodontic

12. The leading symptom of contractures of the lower jaw is

- a) superior macrognathia
- b) decreased bite height
- c) shortening of the branches of the lower jaw
- d) limitation of mobility of the lower jaw
- e) limitation of mobility of the lower jaw with preservation movements in the temporomandibular joint

13. Symptom of loading in fractures of the upper jaw determined by pressure

- a) on the cheek bones from bottom to top
- b) on the chin with teeth closed from bottom to top
- c) on the chin with the mouth half open from bottom to top
- d) on the hook of the pterygoid process from bottom to top

14. Inflammatory complications of jaw fractures

- a) periostitis
- b) furunculosis
- c) erysipelas
- d) suppuration of a bone wound

15. A characteristic symptom of a unilateral fracture condylar process of the mandible

- a) open bite
- b) bleeding from the nose
- c) rupture of the mucous membrane of the alveolar process

- d) change in the bite of molars on the side of the fracture
- e) change in the bite of molars from the opposite sides of the fracture

16. A characteristic symptom of a bilateral fracture condylar process of the mandible

- a) open bite
- b) bleeding from the nose
- c) rupture of the mucous membrane of the alveolar process
- d) change in the bite of molars on the side of the fracture
- e) change in the bite of molars from the opposite sides of the fracture

17. With a bilateral fracture of the lower jaw in the canine area fragment displacement occurs

- a) downwards and backwards
- b) up
- c) medially
- d) laterally

18. Gunshot wounds to the face are different from wounds in other areas

- a) the course of the wound process
- b) rapid development of complications
- c) timing of wound epithelization
- d) discrepancy between the wounded person's appearance and his viability

19. Early primary surgical treatment of facial wounds carried out from the moment of injury during

- a) first hour
- b) 8-12 hours
- c) 24 hours
- d) 48 hours
- e) 72 hours

20. Delayed primary surgical treatment of facial wounds carried out from the moment of injury during
- a) first hour
 - b) 8-12 hours
 - c) 24-48 hours
 - d) 3 days
 - e) 8 days
21. Late primary surgical treatment of facial wounds is carried out after
- a) 8-12 hours
 - b) 24 hours
 - c) 48 hours
 - d) 8 days
22. Secondary surgical treatment of wounds of the maxillofacial area carry out
- a) during epithelization of the wound
 - b) with the rejection of necrotic tissues and the appearance granulations
 - c) with slow rejection of necrotic tissues, long-term course of the wound process
23. Difficulty swallowing occurs with phlegmon
- a) temporal
 - b) zygomatic
 - c) buccal area
 - d) floor of the mouth
 - e) parotid-masticatory
24. Severe difficulty opening the mouth appears with phlegmon
- a) temporal
 - b) zygomatic
 - c) submandibular
 - d) infraorbital

e) buccal area

25. An early complication of orbital phlegmon may be

- a) xerostomia
- b) eversion of the eyelids
- c) loss of vision
- d) paresis of the facial nerve

26. Odontogenic phlegmon differs from adenophlegmon

- a) complications
- b) the presence of an inflammatory reaction of the lymph nodes
- c) the rate of increase in symptoms of intoxication
- d) severity of local clinical manifestations
- e) one of the walls of the purulent focus is the jaw bone

27. A serious complication of phlegmon of the infraorbital region may be

- a) mumps
- b) mediastinitis
- c) phlebitis of the angular vein
- d) paresis of the facial nerve
- e) soft tissue hematoma

28. A serious complication of orbital phlegmon can be

- a) mumps
- b) mediastinitis
- c) paresis of the facial nerve
- d) soft tissue hematoma
- e) thrombosis of the cerebral sinuses

29. A serious complication of phlegmon of the lower parts of the face is

- a) mumps

- b) mediastinitis
- c) paresis of the facial nerve
- d) soft tissue hematoma
- e) thrombosis of the cerebral sinuses

30. The causative agents for phlegmon of the floor of the mouth are most often

- a) chlamydia
- b) staphylococci
- c) radiant mushrooms
- d) pale spirochetes
- e) tuberculous mycobacteria

31. The cause of the development of phlegmon in the floor of the mouth is inflammatory process in the area

- a) upper lip
- b) lower jaw teeth
- c) teeth of the upper jaw
- d) lymph nodes of the buccal area
- e) lymph nodes of the parotid region

32. A typical clinical sign of phlegmon of the floor of the mouth is

- a) trismus
- b) swelling of the pterygomandibular fold
- c) swelling and hyperemia of the buccal areas
- d) hyperemia of the skin in the lower lip area
- e) infiltration of soft tissues in the submandibular and submental areas

33. On the day of treatment for phlegmon of the floor of the mouth, it is necessary

- a) open the purulent focus
- b) start acupuncture
- c) make a novocaine blockade

- d) prescribe physiotherapeutic treatment
- e) administer respiratory analeptics intramuscularly

34. The main functional disorder in phlegmon of the floor of the mouth is

- a) ptosis
- b) hyposalivation
- c) difficulty swallowing
- d) paresis of the lingual nerve
- e) paresis of the third branch of n.facialis

35. The cause of the development of phlegmon in the submental area is an inflammatory process in the area

- a) upper lip
- b) teeth of the upper jaw
- c) lower 4321 teeth
- d) lymph nodes of the buccal area
- e) lymph nodes of the parotid region

36. The reason for the development of an abscess of the maxillo-lingual groove is an inflammatory process in the area

- a) upper lip
- b) lower molars
- c) teeth of the upper jaw
- d) lymph nodes of the buccal area
- e) lymph nodes of the parotid region

37. Typical clinical sign of phlegmon the pterygomandibular space is

- a) diplopia
- b) swelling and hyperemia of the buccal areas
- c) infiltrate of the maxillo-lingual groove
- d) hyperemia of the skin of the parotid-masticatory area

e) swelling and hyperemia of the pterygomandibular fold

38. Typical clinical sign phlegmon of the parotid-masticatory area is

- a) swelling of the upper eyelid
- b) swelling of the pterygomandibular fold
- c) swelling and hyperemia of the buccal area
- d) hyperemia of the skin in the lower lip area
- e) infiltration and hyperemia of the parotid-masticatory area

39. A typical clinical sign of phlegmon in the infratemporal region is

- a) hourglass symptom
- b) swelling of the labio-buccal fold and submental area
- c) swelling and hyperemia of the buccal area
- d) hyperemia of the skin in the lower lip area
- e) infiltrate of soft tissues in the submandibular region

40. A typical clinical sign of abscess and phlegmon of the tongue is

- a) facial asymmetry
- b) difficulty opening the mouth
- c) swelling of the pterygomandibular fold
- d) bulging of the hyoid ridges
- e) swelling and hyperemia of the buccal areas