No. Stom-21

Federal State Budgetary Educational Institution
higher education
"North Ossetian State Medical Academy"
Ministry of Health of the Russian Federation

Department of Dentistry №3

APPROVED

Minutes No. 5 of the meeting of the Central
coordination educational and methodical
council dated 05/23/23

ASSISSMENT MATERIALS

in the discipline "Dentistry: Periodontology"
the main professional educational program of higher education - specialist's programs in the specialty 31.05.03 Dentistry,
approved on May 24, 2023

for 1st year students
Faculty of Dentistry

Reviewed and approved at the meeting of the department
dated May 19, 2023 (Minutes No. 10)

Head of the Department of Dentistry No. 3

MD _____ Remizova A.A.

Vladikavkaz, 2023

STRUCTURE OF ASSISSMENT MATERIALS

1. Title page

2. Structure of the assissment materials

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 assissment materials by discipline

Dentistry: Periodontology

No. p/n	Name of the controlled section (topic) of the specialty / module	Code of the formed competence (stage)	Name of the evaluation tool
one	2	3	four
Type of control	**Exam**		
1.	Anatomical and physiological features of the structure of periodontal tissues. The concept of the periodontal complex, features of the functioning and biomechanics of the periodontium. Pathogenetic aspects of the development of periodontal pathology. Links of pathogenesis.	UK-1, UK-6, OPK-1, OPK-5, OPK-6, OPK-9, OPK-13, PK-1, PK-2, PK-4.	S, TK, SZ, UZ
2.	Examination of a patient with periodontal pathology. Basic and additional methods of examination. Classifications of periodontal diseases (ICD-10, etc.) Terminology.	UK-1, UK-6, OPK-1, OPK-5, OPK-6, OPK-9, OPK-13, PK-1, PK-2, PK-4.	S, TK, SZ, UZ
3.	Gingivitis (K05.0, K05.1, A69.10). Etiology. Pathogenesis. Clinic. Differential diagnosis. Thickened follicle (papilla hypertrophy), gingival hypertrophy (K06.1).	UK-1, UK-6, OPK-1, OPK-5, OPK-6, OPK-9, OPK-13, PK-1, PK-2, PK-4.	S, TK, SZ, UZ
4.	Periodontitis (K05.2, K05.3). Etiology. Pathogenesis. Clinic. Differential Diagnosis	UK-1, UK-6, OPK-1, OPK-5, OPK-6, OPK-9, OPK-13, PK-1, PK-2, PK-4.	S, TK, SZ, UZ

5.	Periodontal disease (K05.6) Gingival recession (K06.0).	UK-1, UK-6, OPK-1, OPK-5, OPK-6, OPK-9, OPK-13, PK-1, PK-2, PK-4.	S, TK, SZ, UZ
6.	Other periodontal diseases (K05.5) (Concomitant somatic pathologies; HIV infection)	UK-1, UK-6, OPK-1, OPK-5, OPK-6, OPK-9, OPK-13, PK-1, PK-2, PK-4.	S, TK, SZ, UZ
7.	Drawing up a treatment plan for patients with periodontal pathology Periodontal instruments. Work rules. Sterilization and storage conditions. The main methods of conservative treatment of periodontal diseases (scaling, laser curettage, photodynamic therapy)	UK-1, UK-6, OPK-1, OPK-5, OPK-6, OPK-9, OPK-13, PK-1, PK-2, PK-4.	S, TK, SZ, UZ
8.	Basic periodontal treatment. Professional oral hygiene. Temporary splinting of teeth in periodontal diseases. Selective grinding of teeth.	UK-1, UK-6, OPK-1, OPK-5, OPK-6, OPK-9, OPK-13, PK-1, PK-2, PK-4.	S, TK, SZ, UZ
9.	Surgical treatment of periodontal diseases	UK-1, UK-6, OPK-1, OPK-5, OPK-6, OPK-9, OPK-13, PK-1, PK-2, PK-4.	S, TK, SZ, UZ

Evaluation Toolkit

List of questions on practical skills

1) conduct dental examinations by students of each other;
2) register dental status in the outpatient card;
3) determine the state of hard tissues of teeth using indexes;
4) determine the condition of periodontal tissues using periodontal indices
5) register dental status in the outpatient card;
6) detect dental deposits.
7) Carrying out remineralizing therapy: coating teeth with fluorine varnish, rinsing, applications.
8) determination of hygiene indices
9) Basic brushing training
10) Individual selection of basic and additional hygiene products
11) mastering various methods of brushing teeth;
12) conducting controlled oral hygiene.
13) to develop recommendations on oral hygiene, taking into account age characteristics.
14) to carry out the selection of oral care products in the presence of orthodontic structures;
15) to develop recommendations for oral hygiene in orthodontic treatment.
16) to carry out the selection of oral care products in the presence of various orthopedic structures;
17) to develop recommendations on oral hygiene in the presence of various orthopedic structures
18) conductingprofessional oral hygiene by instrumental methods.
19) professional oral hygiene with hand tools
20) development of recommendations for nutrition correction
21) determination of the dispensary group of a periodontal patient
22) develop a preventive action plan
23) Rules for filling in the history of a periodontal patient.
24) List the methods of examination of a patient with periodontal disease.
25) The main methods of examination of patients with periodontal diseases (clinical): complaints, anamnesis, external examination, examination of the oral cavity.
26) Additional methods of examination of patients with periodontal diseases: X-ray, laboratory, functional
27) The X-ray picture of the periodontium is normal.
28) The method of probing the pocket, determining the mobility of the teeth, the Fedorov-Volodkina, Green-Vermillion hygiene index, RMA, PI, CPITN, Schiller-Pisarev's test, formalin, benzidine, the method of identifying supracontacts.
29) Laboratory methods for examining patients with periodontal diseases: cytological, Yasinovsky's test, hemogram, microbiological, biochemical, immunological, examination of gingival fluid
30) Functional methods of examination of patients with periodontal diseases: echoosteometry, stomatoscopy, capillaroscopy.
31) What parameters are used to assess the condition of the oral cavity?
32) Determination of the Fedorov-Volodkina hygiene index.
33) Determination of the Green-Vermillion index.

Questions for the exam

1 Classification of periodontal diseases
2 Etiology of periodontal disease
3 Systemic predisposing factors for the development of periodontal disease
4 Periodontal diseases caused by plaque: pathogenesis
5 Diagnosis of periodontal disease, prognosis and treatment planning
6 The role of occlusion in maintaining periodontal health and the development of periodontal diseases
7 Plaque prevention and elimination
8 Method for removing deposits and smoothing the surface of the tooth root
9 The structure of the periodontium
10 Functions of the periodontium
11 Blood supply and innervation of the periodontium
12 Formation of biofilm and dental plaque on the surface of teeth and roots
13 Natural factors contributing to plaque retention
14 Iatrogenic factors contributing to plaque retention
15 Classification of oral microorganisms
16 Periodontopathogenic bacteria, virulence factors
17 Bacteria-markers of periodontitis
18 The concept of nonspecific and specific immunity
19 Risk of developing periodontitis, microorganism susceptibility
20 Genetic risk factors (genetic diseases, defects, variations) development of periodontitis
21 Loss of attachment epithelium and extent of bone resorption
22 Pathogenesis and clinical manifestations: from gingivitis to periodontitis
23 Cyclic course of periodontitis
24 Periodontal disease and systemic health
25 Papillary Bleeding Index (PBI)
26 Indices of periodontitis
27 Periodontal Treatment Need Index (CPITN)
28 Forms of periodontal disease associated with dental plaque
29 Classification of periodontal diseases
30 Gingivitis, classification, diagnosis, dif. diagnostics
31 Mild gingivitis
32 Gingivitis of moderate severity
33 Severe gingivitis
34 Treatment of gingivitis
35 Ulcerative necrotic gingivitis, diagnosis, dif. diagnostics
36 Ulcerative necrotizing gingivitis, treatment
37 Gingivitis due to hormonal influence
38 Severe gingivitis of pregnancy (epulis gravidarum)
39 Pregnancy Gingivitis and Phenytoin
40 Periodontitis
41 Severity of periodontitis
42 Dentogingival pockets and attachment loss
43 Intraosseous pockets. Types of alveolar defects
44 Furcation lesion
45 Chronic periodontitis of mild and moderate severity

46 Chronic periodontitis severe
47 Progressive periodontitis - concept
48 Prepubertal periodontitis (PrP), a type of aggressive periodontitis
49 Diseases of the oral mucosa involving the gums and periodontium
50 Gingival overgrowth due to multiple medications
drugs
51 Benign tumors: epulis, fibromotosis, lipoma
52 Periodontitis associated with systemic diseases
53 Papillon-Lefevre syndrome
54 Gingival recession. Diagnosis, types of treatment
55 The concept of localized recession and generalized gingival recession
56 Clinical conditions similar to gingival recession
57 Diagnosis of gum recession
58 Classification of gingival recession (Miller)
59 Consequences of gingival recession: hypersensitivity of the necks of the teeth,
wedge-shaped defects, class V carious cavities and their differential
Rational diagnosis with enamel erosion
60 Questioning and collecting anamnesis, diagnosis, prognosis with periodontal diseases
61 Questioning and examining a patient with periodontal disease
62 Pocket depth and clinical attachment loss
63 Periodontal Probes
64 Probing pockets and interpreting measurement results
65 Furcation lesion (vertical and horizontal)
66 Tooth mobility and functional analysis
67 X-ray examination of patients with periodontal diseases
68 Basic and additional methods of examination of patients with periodontal diseases
69 Definitions of prevention and prevention of periodontal disease
70 Prevention of gingivitis and periodontitis, treatment
71 Comprehensive treatment of inflammatory periodontal diseases
72 Difficulties in periodontal treatment, prognosis
73 Goals and results of periodontal treatment
74 Possibilities of healing and regeneration of periodontal tissues
75 Drawing up a treatment plan and its sequence in periodontal diseases
76 Individual treatment planning for patients with periodontal disease
77 Scalers
78 Hand instruments for subgingival calculus removal
79 Polishing pastes and their use in periodontology
80 Elimination of iatrogenic irritants
81 Removal of natural retention points: correction of crowding
teeth
82 Is it necessary to supplement root treatment with curettage?
83 Indications for closed curettage and instruments used
84 Hand tools for cleaning and polishing the root
85 Electric scaler
86 Hand instruments (curettes) for problem areas
87 Processing with Gracey curettes – technique and systems approach

88 Limitations of closed curettage
89 Open curettage: instrumental (mechanical) treatment…
90 Anti-infectives and antibiotics in periodontology
91 Criteria for deciding whether to prescribe antibiotics
92 Bacterial susceptibility and resistance to antibiotics
93 Systemic and topical antimicrobial treatment
94 Application antimicrobials with controlled
release
95 Drugs that modulate the body's immune response 96 Goals and objectives of surgical treatment for periodontitis diseases
97 Factors influencing treatment choice
98 Factors affecting treatment outcome
99 Methods of surgical treatment and indications for them
100 Principles, advantages and disadvantages of various treatments
101 Preoperative and postoperative management
102 Open treatment (flap operations)
103 Flap formation and incision types
104 Surgical instruments in periodontology
105 Long-term results of various periodontal treatments
106 Regenerative methods of treatment for periodontal diseases
107 Bone regeneration without transplantation of any materials
108 Materials for filling bone pockets (grafts and
implants)
109 Instruments for obtaining autologous bone tissue and its application
110 Implantation (transplantation) of autogenous bone tissue
111 Materials for filling bone defects
112 Combined surgical operation with alloplastic implantation
static material
112 Guided tissue regeneration, membrane (barrier) selection
113 Resection methods for the treatment of periodontal pockets and
bone operations
114 Combined surgical methods
115 Gingivectomy and gingivoplasty
116 Instruments for gingivectomy and gingivoplasty…
117 Periodontal dressings and tissue adhesives
118 Gingivoplasty with diphenine gum growth
119 Root furcation lesions and their treatment
120 Classification of root furcation lesions
121 Treatment options for furcation lesions
122 Dissection and excision of the frenulum
123 Transplantation of a free gingival flap covered with epithelium
124 Graft harvesting instruments…
125 Thickness and shape of the free gingival flap
126 Halting the recession with a free flap transplant
127 Transplantation of the FOD to end the recession
128 Leg flap repair

129 Two-stage operation - free flap plasty followed by displacement
130 Closure of recession zones with a connective tissue flap
131 Methods for obtaining connective tissue grafts
132 Closing recession zones by guided tissue regeneration
133 Closure of a recession with an absorbable membrane
134 Closing a recession with an absorbable membrane
135 Possibilities of closing large areas of gingival recession
136 Coronal displacement of the flap with rotation of the gingival papillae
137 Solving aesthetic problems with mucogingival surgery and subsequent prosthetics
138 Complications in the absence of maintenance therapy in periodontal diseases
139 Undesirable effects of treatment in periodontal diseases
140 Splinting and stabilization of teeth
141 Temporary splinting
142 Permanent adhesive splinting
143 Periodontal treatment in the elderly
144 The influence of age-related changes on treatment planning
145 Classification of periodontal diseases, modern aspects

Situational tasks

Clinical situation #1

Patient L., 29 years old, turned to the dentist with complaints of bleeding gums when brushing his teeth, an unpleasant odor from the oral cavity. He considers himself ill for more than 10 years, when he began to pay attention to the appearance of blood during brushing his teeth. Conducted examinations at the dentist every 6 months, dental treatment for caries. On

external examination: the skin without visible changes. When examining the oral cavity: hygiene is unsatisfactory, the mucous membrane of the lips, cheeks is pale pink in color, sufficiently moistened, without visible pathological changes. In the area of teeth 13 12 11 21 22 23 3.5 mm pockets.

Tasks:

1. Name the group of periodontal diseases to which this pathology may belong.
1. Name the cause of pathological changes in the gums in this patient.
2. Determine the PMA index in the area of teeth 13 12 11 21 22 23.
3. Make a preliminary diagnosis. Name the method of examination necessary to clarify the diagnosis.
4. Make a treatment plan.

Clinical situation #2

Patient P., 43 years old, went to the dentist with complaints about the mobility of the incisors of the upper jaw, the appearance of a gap between the teeth, the appearance of blood during brushing and swelling of the gums, which occurred three times during the last year. Dentist visits regularly 2 times a year: dental treatment, removal of tartar. External examination: skin without visible pathology. Examination of the oral cavity: the mucous membrane of the lips, cheeks is pale pink in color, sufficiently moistened, without visible pathological changes. The gingival papillae and marginal gingiva are swollen, hyperemic, and bleed on probing. Periodontal pockets in the area
13 12 11 21 22 23 are equal to 4-5 mm. Pathological mobility 12 11 21 22 corresponds to I degree.

Tasks:

1. Describe the radiograph of the maxillary central incisors.
2. Determine the periodontal index (PI).
3. Conduct a differential diagnosis and formulate a preliminary diagnosis of the disease.
4. Make a plan for additional testing.
5. Determine a treatment plan.

Clinical situation No. 3

A 27-year-old patient R. turned to the dentist with complaints of tooth mobility, missing teeth 11, 21, 31, bleeding gums, pus, pain, bad breath from the mouth, frequent swelling of the gums, accompanied by pain and fever up to 37 .9 degrees. She has a history of diabetes, fasting peripheral blood glucose of 7.5 mmol/L. External examination: skin without visible changes, regional lymph nodes are not palpable. Examination of the oral cavity: the mucous membrane of the lips, cheeks without visible pathological changes. The gums in the area of

existing teeth are stagnantly hyperemic, there is purulent discharge from periodontal pockets. Periodontal pockets 6-9 mm. Pathological tooth mobilityI-II degree.

Tasks:

1. Name the group of periodontal diseases to which this pathology may belong.
2. Name the data of the anamnesis that need to be clarified to clarify the diagnosis.
3. Name the methods of examination necessary to clarify the diagnosis. Make a preliminary diagnosis.
4. Plan a treatment plan.
5. Justify the long-term prognosis of the disease.

Clinical situation No. 4

A 22-year-old patient complains of bleeding and soreness of the gums when brushing her teeth and when eating hard food. The gum bleeds from the age of 16, was treated with herbal rinses, after giving birth 2 years ago, bleeding became constant, pain appeared when eating hard food. General diseases: childhood infections, frequent acute respiratory viral infections, other diseases, according to the conclusion of the therapist, were not identified.

On examination: the appearance is without features, the submandibular lymph nodes are slightly enlarged and painful. Teeth 12-23 and 35-45 are crowded, 31-41 - diastema, short frenulum of the lower lip and small vestibule of the oral cavity. Swelling, deformation of the gingival papillae, hypertrophied gum covers the crown of the tooth to its middle in the area of teeth 12-23, 35-45. Oral hygiene is unsatisfactory, there are many supragingival dental deposits. Carious cavities on the proximal surfaces of teeth 35, 32, 44. Mixed bite. On the orthopantomogram, a compact plate of the tops of the interalveolar septa is preserved.

Tasks:

1. Name the group of periodontal diseases to which this pathology may belong.
2. Name the methods of examination necessary to clarify the diagnosis. Make a preliminary diagnosis.
3. Plan a treatment plan.

Clinical situation No. 5

A 17-year-old patient complains of bleeding and soreness of the gums when brushing her teeth. The gum has been bleeding since the age of 14. Treatment at the dentist with local applicationsointments were irregular. Recently, bleeding has intensified, he is afraid to brush his teeth.

Common diseases: whooping cough, chronic tonsillitis.

Student of the 1st year of the technical institute.

On examination: appearance without features, submandibular lymph nodes are not enlarged, painless on palpation. mucous membranethe mouth is pale pink, moderately moist. Teeth 18, 16.13, 23, 27, 28, 38, 35, 43,47,48 - outside the arc. The teeth are sanitized, the fillings on the proximal surfaces of the teeth 15, 24, 26, 34, 46 fill the interdental spaces.

Hyperemia with a cyanotic tint, swelling, hypertrophy of the gingival papillae and bleedingThere is a lot of soft and dense plaque when probing the gingival margin. Bite: mixed.

Tasks:

1. Name the group of periodontal diseases to which this pathology may belong.
2. Name the methods of examination necessary to clarify the diagnosis. Make a preliminary diagnosis.
3. Plan a treatment plan.

Clinical situation No. 6

Patient S., aged 58, came to the clinic with complaints of an aesthetic gum defect in the area of the existing metal-ceramic crowns.

History: hypertension, uterine fibroids

It was prosthetized 9 years ago, a gum defect formed after 2 years.

Inspection:the appearance corresponds to the anatomical and physiological age characteristics, the submandibular lymph nodes are not enlarged and painless.

Examination of the oral cavity: the mucous membrane of the lips, cheeks without visible pathological changes. There is a one-piece cast bridge with a ceramic veneer supported by 21, 23. The gums in the area of these teeth are cyanotic, on the vestibular side, the roots of the teeth are exposed by 4 mm.

Periodontal pockets in the area 41 42 43 31 32 33 are equal to 9 mm, pathological mobility corresponds to the III degree. On the lingual surface of the teeth - mineralized dental deposits. On the radiograph, bone resorption is more than 3/4

Teeth 15, 46 are absent.

Tasks:

1. Make a diagnosis
2. Name the cause of pathology
3. Make a treatment plan

Situational task No. 1

one.A student from Kenya, during a preventive examination, found blue-brown formations on the alveolar gums of the upper and lower jaws. Elements of affection do not rise; palpation is painless. Which this is an element of defeat, what is it due to?

A 55-year-old patient complains of a painful formation on the soft palate that appeared 2 days ago. Changes in the oral cavity were preceded by poor health, headache, and increased blood pressure. On the mucous membrane of the soft palate, there is erosion of rounded outlines with fragments of the epithelium along the edges. What primary morphological element preceded the appearance of erosion, and what is the mechanism of its occurrence?

Samples of test tasks

on_discipline_ "Dentistry: periodontology" for_students

by specialty_31.05.03. Dentistry _____

Option number 1.

one. Name the first point of the treatment plan for all periodontal diseases:
1) removal of dental deposits;
2) general medical treatment;
3) sanitation of teeth;
4) correction of oral hygiene;
5) control of oral hygiene.

2.Dental treatment is carried out at the stage:
one)surgical intervention;
2) basic therapy;
3) prosthetics;
4) selective grinding;
5) rehabilitation.

3. Specify the types of pathological processes in the periodontium:
1) inflammation, dystrophy and glycogenolysis;
2) dystrophy, inflammation and ovulation;
3) inflammation, destruction and blast transformation;
4) dystrophy, inflammation and functional injury;
5) inflammation, glycogenolysis and functional underload.

4. Specify the types of pathological processes in the periodontium:
1) inflammation, dystrophy and glycogenolysis;
2) dystrophy, inflammation and ovulation;
3) inflammation, destruction and blast transformation;
4) dystrophy, inflammation and functional injury;
5) inflammation, glycogenolysis and functional underload.

5. Sanitation of the oral cavity is carried out:
1) at the stage of basic therapy;
2) during the period of surgical treatment;
3) before the start of treatment with a periodontist;
4) after completion of surgical treatment;
5) during the period of dynamic observation.

6. A stage epicrisis at the stage of basic therapy is necessary:
1) to determine the plan for sanitation of the oral cavity and the appointment of anti-inflammatory therapy;
2) evaluation of the effectiveness of basic therapy and correction of the treatment plan;
3) accounting for dispensary groups and evaluating the effectiveness of dispensary work;
4) drawing up a plan for orthopedic treatment and determining the time for the manufacture of immediate prostheses;
5) obtaining the informed consent of the patient and conducting basic therapy.
7. During control examinations at the stage of dynamic observation, the doctor pays special attention to:
1) the age of the patient;
2) duration of the disease;
3) individual oral hygiene;
4) results of additional studies; •
5) the general condition of the patient.

eight.**When appointing a control visit during the period of dynamic observation, the doctor is guided by:**
1) the age of the patient;
2) duration of the disease;
3) individual oral hygiene;
4) conducting additional research;
5) the severity of the disease.

9. Prevention of the development of inflammatory periodontal diseases- this is:
1) taking vitamins;
2) fissure sealing;
3) coating of teeth with fluorine varnish;
4) rational oral hygiene;
5) local application of immunomodulators

10. To detect plaque, use the method:
1) staining;
2) palpation;
3) electroodontodiagnostics;
4) microbiological;
5) biochemical.

eleven. Plaque accumulates faster on the vestibular surfaces of the teeth:
1) upper incisors;
2) lower incisors;
3) upper molars;
4) lower molars;
5) the same in all parts of the oral cavity.

12. Periodontogenic flora has mainly:

1) aerobic type of respiration, toxic and adhesive properties;
2) aerobic type of respiration, high adhesive and toxic properties;
3) anaerobic type of respiration, low adhesive and toxic properties;
4) aerobic type of respiration, low adhesive and high toxic properties;
5) anaerobic type of respiration, high adhesive and toxic properties.

13. Actinobacillus belongs to microorganisms:
1) causative agents of fudospirachetosis;
2) pathogens of candidiasis;
3) cariogenic;
4) periodontopathogenic;
5) periodontoprotective.

fourteen. Endotoxins from periodontal Gram-negative bacteria cause:
1) demineralization of tooth enamel;
2) toxic alteration of the periodontium;
3) activation of the complement system;
4) blockade of nerve synapses;
5) stimulation of the function of the parathyroid glands.

15. Symptom of gingival hypertrophy is detected by sequential application:
1) basic and additional research methods;
2) vertical probing and vital staining of the gums;
3) visual assessment of the size of the visible part of the tooth crown and vertical probing;
4) visual assessment of the visible part of the tooth crown and horizontal probing;
5) vertical probing and radiography.

16. The symptom of a periodontal pocket corresponds to the immersion of a graduated probe to a depth:
one)1 mm;
2) up to (less than)2 mm;
3)2 mmand more;
4) less3 mm;
5)3 mmand more

17. To determine the severity of periodontitis, it is necessary to identify:
1) tooth mobility;
2) gum recession;
3) loss of periodontal attachment;
4) the concentration of glucose in the blood;
5) take an x-ray.

eighteen. The presence of a periodontal pocket is judged by:
1) by immersion of the probe to a depth of less than3 mm;
2) by exposing the surface of the tooth root;
3) by immersion of the probe to a depth3 mmand more;

4) palpation;
5) percussion.

19. Periodontium is a complex of tissues consisting of:
1) from the gums, alveolar ridge, periodontium and cementum of the tooth root;
2) gums, bone tissue of the alveoli, periodontium and cementum of the tooth root;
3) gums, bone tissue of the alveoli, Sharpey's fibers and cementum of the tooth root;
4) gums, circular ligament of the tooth, alveolar ridge, periodontal and cementum of the tooth root;
5) gums, circular ligament of the tooth, alveolar ridge, periodontium and cellular cementum of the tooth root.

twenty. Part of the gum immediately surrounding the tooth in the area from the gingival margin to the gingival groove:
1) circular;
2) free;
3) interdental;
4) attached;
5) keratinized.
21. The normal ratio of the gums corresponds to the state in which the size:
1) the attached gum is equal to the size of the free gum;
2) the attached gingiva is larger than the size of the free gingiva;
3) the free gum is larger than the size of the attached gum;
4) the attached gingiva is smaller than the size of the free gingiva;
5) the attached gingiva is greater than or equal to the size of the free gingiva.

22. On the radiograph with severe periodontitis, the decrease in the interalveolar septum in relation to the length of the root:
1) missing;
2) by 1/3;
3) by 1/2;
4) by 2/3;
5) 3rd, 4th are correct.

23. Symptom of bleeding in periodontitis in remission:
1) negative;
2) positive;
3) is detected by palpation;
4) is detected during reoparodontography;
5) positive in capillary biomicroscopy.

24. CPI IS AN INDEX
1) WHO Communal Periodontal Index
2) the need for treatment of periodontal diseases
3) the effectiveness of oral hygiene
4) the intensity of dental caries

5) Simplified Oral Hygiene Index

25. THE KEY AGE GROUP FOR ASSESSING THE STATE OF PARODONTAL TISSUES IN A POPULATION ACCORDING TO WHO CRITERIA IS AGE (YEARS)
eleven
2) 15
3) 6
4) 12
5) 35-44
6) 65 and older

26. WHEN DETERMINING THE HYGIENIC STATE OF THE MOUTH CAVITY WITH THE HELP OF THE FEDOROV-VOLODKINA INDEX, THEY ARE Stained
1) vestibular surfaces of 6 upper frontal teeth
2) lingual surfaces of the first permanent molars
3) vestibular surfaces of 6 lower frontal teeth
4) vestibular surfaces of the first permanent molars
5) vestibular surfaces of the upper and lower incisors

27. WHEN DETERMINING THE HYGIENIC INDEX OF PHP, THE TEETH IS EXAMINED
1) 1.6,1.1,2.6,3.6,3.1,4.6
2) 4.3,4.2,4.1,3.1,3.2,3.3
3) 1.6,1.2,2.4,3.6,3.2,4.4
4) 1.6,2.6,3.6,4 6
5) 3.6,4.6

28. WHEN DETERMINING THE GREEN-VERMILLION HYGIENIC INDEX, THE TEETH IS EXAMINED
1) 4.3,4.2,4.1,3.1,3.2,3.3
2) 1.6,1.2,2.4,3.6,3.2,4.4
3) 1.6,2.6,3.6,4.6
4) 1.6,1.1,2.6,3.6,3.1,4.6
5) 3.6,4.6

29. THE FEDOROV-VOLODKINA INDEX IS USED TO DETERMINE THE HYGIENIC STATE OF THE ORAL CAVITY
1) teenagers
2) preschool children
3) schoolchildren
4) adults
5) patients with braces

30. PREVENTION OF INFLAMMATORY DISEASES OF THE PARODONTAL PROMOTES
1) professional hygiene

2) taking fluoride-containing drugs
3) remineralizing therapy
4) reduce carbohydrate intake
5) taking vitamins

31. DETERMINING THE DEPTH OF PERIODONTAL POCKETS USE THE INSTRUMENT
1) bayonet probe
2) crescent scaler
3) curette
4) ironing board
5) periodontal probe

32. WITH THE HELP OF THE RMA INDEX DETERMINE
1) the presence of tartar
2) bleeding gums
2) the degree of inflammation of the gums
4) the presence of plaque
5) the intensity of dental caries

33. FOR DIAGNOSTICS OF THE STATE OF PARODONTAL TISSUES USE
1) Green-Vermillion index
2) PHP index
3) vital enamel staining
4) CPITN index
5) teeth percussion

34. CPITN INDEX IN ADULT PATIENTS REGISTERS THE FOLLOWING SIGNS
1) gum bleeding, tartar, periodontal pocket
2) dental plaque, tartar
3) bleeding gums, tartar
4) tartar, periodontal pocket
5) dental plaque, tartar, periodontal pocket

35. WITH AN INTACT PERIODONT, THE GINGIVAL sulcus CONTAINS
1) gum fluid
2) exudate
3) microbial associations
4) granulation tissue
5) fibrin clots

36. DETERMINATION OF THE HYGIENIC INDEX PHP
1) Code definition for each tooth

2) Calculation of the pH index by the formula
3) Index value interpretation
4) Staining of surfaces of index teeth

37. Laboratory methods for diagnosing inflammatory periodontal diseases:
1) orthopantomography;
2) cytological method;
3) index assessment of the state of periodontal tissues;
4) Schiller-Pisarev test.

38. Microbiological methods for diagnosing inflammatory diseases periodontal:
1) cytological method;
2) radiography;
3) study of gingival fluid;
4) radioisotope research;
5) biopsy.

39. INTENSITY OF PARODONTAL TISSUES DAMAGE IN ONE PATIENT IS DETERMINED AS
1) the sum of sextants with signs of damage
2) the ratio of the number of affected sextants to the number of healthy sextants
3) the ratio of the number of healthy sextants to the number of affected sextants
4) the ratio of the number of affected sextants to the number of healthy sextants, expressed as a percentage

40.FORMALIN TEST IS POSITIVE WHEN
1) catarrhal gingivitis
2) hypertrophic gingivitis
3) periodontitis
4) papillitis

41. WHEN THE PMA INDEX IS CALCULATED, THE GINGI IS PAINTED
1) methylene blue
2) Schiller-Pisarev solution
3) iodinol
4) erythrosin

42. PERIODONT IS A COMPLEX OF ORGANS INCLUDING
1) tooth, gum, periodontium
2) tooth, gum, periodontal, alveolar bone
3) tooth, gum, periodontal, alveolar bone, root cementum
4) gum, periodontium, alveolar bone

43. AN EARLY CLINICAL SIGN OF INFLAMMATION IN THE GUMS IS
1) deformation of the gingival papillae
2) pocket up to 3mm
3) bleeding during probing
4) pain when brushing teeth

44. SIGNS OF A HEALTHY GUM ARE
1) pallor of the gums, tissue density, recession (retraction) of the gums
2) pink color, sharpness of the tops of the interdental papillae, no bleeding

3) pink color of the gingival margin, no bleeding, deformation of the gingival margin
4) pink color, sharpness of the tops of the interdental papillae, bleeding during individual oral hygiene

45. PATIENTS WITH INFLAMMATORY PERIODONTAL DISEASES ARE RECOMMENDED TO USE A TOOTHBRUSH
1) soft
2) medium hardness
3) hard
4) very soft

46. AT EASY DEGREE OF PERIODONTITIS POCKETS
1) up to 6 mm deep
2) up to 3 mm deep
3) false gums
4) up to 1 cm deep

47. CHANGES IN THE BONE TISSUE OF INTERDENTAL PARTITIONS ON RADIOGRAMS ARE DETECTED WHEN
1) generalized gingivitis
2) local periodontitis
3) local and generalized gingivitis
4) atrophic gingivitis

48. WHEN REGISTRATION OF CPITN INDEX CODE 3 IS COMPLIED
1) healthy periodontium
2) bleeding gums
3) periodontal pocket 4-5 mm deep
4) periodontal pocket with a depth of more than 6 mm

49. WHEN DETERMINING THE CPITN INDEX, THE SIGN OF CALCULUS COMPLIES WITH THE CODE
eleven
2) 2
3) 3
4) 4

50. INFLAMMATION OF THE GINGIVAL PAPILLA ACCORDING TO THE PMA INDEX CORRECTS WITH THE CODE
ten
2) 1
3) 2
4) 3

51. INSTRUMENTS ARE USED TO DETERMINE THE DEPTH OF PERIODONTAL POCKETS
1) dental probes
2) periodontal probes
3) crescent scalers
4) curettes

52. THE PRESENCE OF A PERIODONTAL POCKET IS A CHARACTERISTIC SIGN

1) catarrhal gingivitis
2) ulcerative necrotic gingivitis
3) periodontitis
4) periodontal disease

53. SOLUTION IS USED TO CARRY OUT FORMALIN TEST
1) 0.5%
2) 3%
3) 10%
4) 40%

54. Specify the types of pathological processes in the periodontium:
1) inflammation, dystrophy and glycogenolysis;
2) dystrophy, inflammation and ovulation;
3) inflammation, destruction and blast transformation;
4) dystrophy, inflammation and functional injury;
5) inflammation, glycogenolysis and functional underload.

55. Part of the gum immediately surrounding the tooth in the area from the gingival margin to the gingival groove:
1) circular;
2) free;
3) interdental;
4) attached;
5) keratinized.

56. GINGIVAL PAPILLA IN THE AREA OF SINGLE-ROOT TEETH ARE SHAPED
1) trapezoidal
2) parabolic
3) triangular
4) triangular and trapezoidal

57. COVERING MUCOSA OF THE ORAL CAVITY LINES
1) back and sides of the tongue
2) the vestibular surface of the gums in the frontal section
3) transitional fold and floor of the mouth
4) lateral surfaces of the tongue and the floor of the mouth

58. PAPILLA IN THE MOLAR REGION HAVE A SHAPE
1) trapezoidal
2) parabolic
3) triangular
4) triangular and trapezoidal

59. THE KEY AGE GROUP FOR ASSESSING THE STATE OF PARODONTAL TISSUES IN A POPULATION ACCORDING TO WHO CRITERIA IS AGE (YEARS)
eleven
2) 15

3) 6
4) 12
5) 35-44
6) 65 and older

60. WHEN DETERMINING THE HYGIENIC INDEX OF GREEN-VERMILLION, THE TEETH IS EXAMINED
1) 4.3,4.2,4.1,3.1,3.2,3.3
2) 1.6,1.2,2.4,3.6,3.2,4.4
3) 1.6,2.6,3.6,4.6
4) 1.6,1.1,2.6,3.6,3.1,4.6
5) 3.6,4.6

61.The development of local chronic gingivitis contributes to:
1) eating solid food;
2) diseases of the endocrine system;
3) low fluoride content in drinking water;
4) the absence of a contact point between the teeth;
5) taking medications.

62. WITH GENERALIZED PERIODONTITIS POCKETS ARE DETECTED
2) in several teeth in the area of separation of the dentition
3) on the side of traumatic occlusion
3) one tooth
4) all teeth

63. Patients with periodontal disease are advised to use a toothbrush:
1) soft;
2) medium hardness;
3) hard;
4) very hard;
5) all of the above are correct.

64. Periodontogenic flora has mainly:
1) aerobic type of respiration, toxic and adhesive properties;
2) aerobic type of respiration, high adhesive and toxic properties;
3) anaerobic type of respiration, low adhesive and toxic properties;
4) aerobic type of respiration, low adhesive and high toxic properties;
5) anaerobic type of respiration, high adhesive and toxic properties.

65. Actinobacillus belongs to microorganisms:
1) causative agents of fudospirachetosis;
2) pathogens of candidiasis;
3) cariogenic;
4) periodontopathogenic;
5) periodontoprotective.

66. Endotoxins from periodontal Gram-negative bacteria cause:
1) demineralization of tooth enamel;
2) toxic alteration of the periodontium;
3) activation of the complement system;
4) blockade of nerve synapses;
5) stimulation of the function of the parathyroid glands.

67. Mild periodontitis is differentiated:
1) from catarrhal gingivitis;
2) hypertrophic gingivitis;
3) severe periodontitis;
4) periodontal disease;
5) fibromatosis

668. Symptom of a periodontal pocket corresponds to the immersion of a graduated probe to a depth:
one)1 mm;
2) up to (less than)2 mm;
3)2 mmand more;
4) less3 mm;
5)3 mmand more

69. The presence of a "false pocket" is characteristic:
1) for periodontitis;
2) periodontal disease;
3) catarrhal gingivitis;
4) ulcerative necrotic gingivitis;
5) hypertrophic gingivitis.

70. Generalized hypertrophic gingivitis of the fibrous form is differentiated:
1) with periodontal disease;
2) fibromatosis;
3) acute leukemia
4) chronic periodontitis;
5) periodontitis in remission.

71. Localized hypertrophic gingivitis is differentiated:
1) from gum fibromatosis;
2) gingival hyperplasia in leukemia;
3) drug-induced gingival hyperplasia;
4) traumatic gingival hyperplasia;
5) fibrous epulis.

72. LOSS OF PERIODONTAL ATTACHMENT REACHES
1) 1/4 root length

2) 1/2 root length
3) 3/4 root length
4) tops of the tooth root
5) root dentin

73. In the treatment of periodontal disease, it is advisable to prescribe the following types of gum massage:
1) finger;
2) finger, hydromassage;
3) finger, hydromassage, vacuum massage;
4) finger, hydromassage, vacuum massage, vibration massage;
5) all answers are correct.

74. To determine the severity of periodontitis, it is necessary to identify:
1) tooth mobility;
2) gum recession;
3) loss of periodontal attachment;
4) the concentration of glucose in the blood;
5) take an x-ray.

75. The presence of a periodontal pocket is judged by:
1) by immersion of the probe to a depth of less than3 mm;
2) by exposing the surface of the tooth root;
3) by immersion of the probe to a depth3 mmand more;
4) palpation;
5) percussion.

76. Gingivitisis a disease:
1) inflammatory;
2) inflammatory-dystrophic;
3) dystrophic;
4) tumor;
5) metabolism.

77. Ulcerative necrotic gingivitis develops against the background of:
1) catarrhal gingivitis;
2) hypertrophic gingivitis;
3) periodontal disease;
4) periodontitis;
5) healthy (intact) periodontium.

78. Loss of periodontal attachment corresponds to:
1) the depth of the periodontal pocket;
2) the size of the exposed surface of the root;
3) the sum of the depth of the periodontal pocket and the size of the exposed root surface;

4) the arithmetic difference between the exposed root surface and the depth of the periodontal pocket;
5) pathological tooth mobility.

79. The exposure of the root surface is characteristic:
1) for catarrhal gingivitis;
2) hypertrophic gingivitis;
3) ulcerative necrotic gingivitis;
4) enamel erosion;
5) periodontal disease.

80. IN SEVERE PERIODONTITIS, THE LOSS OF PARODONTAL ATTACHMENT REACHES
1) 1/2 root length
2) 1/4 root length
3) pulp chamber
4) root dentin
5) 3/4 root length

81. Exposure of the surface of the tooth root appears on the surface of the teeth:
1) only on the vestibular;
2) only on oral;
3) on the vestibular or oval;
4) on chewing;
5) on the contact.

882. With an anomaly of the attachment of the frenulum and an insufficient size of the zone of the attached gum, the marginal recession of periodontal tissues:
1) reduce;
2) increase;
3) do not change;
4) correct;
5) make it difficult.

83. Orthodontic or orthopedic treatment for periodontal disease is carried out:
1) before surgery for the plastic of the frenulum and vestibule of the oral cavity;
2) after plastic surgery of the frenulum and vestibule of the oral cavity;
3) before X-ray examination;
4) after X-ray examination;
5) before the index assessment of the state of the periodontium.

84. Condition in which loss of periodontal attachment is accompanied by exposure of the root of the tooth:
1) chronic periodontitis;
2) hypertrophic gingivitis;
3) marginal periodontal recession;

4) vertical defect of the alveolar bone;
5) furcation defect of the alveolar bone.

85. Class of periodontal marginal recession according to Miller, in which the closure of the root surface is not very successful:
one)one;
2)2;
3)3;
four)four;
5)5.

86. IN SEVERE DEGREE OF PERIODONTITIS ON THE RADIOGRAPH IT IS DETERMINED
1) resorption of more than 1/2 of the root length
2) decrease in the height of the interdental septa by 1/4-1/3 of the root length
3) decrease in the height of the interdental septa by 1/2 of the root length
4) no changes in bone tissue throughout
5) bone resorption up to 1/3 of the length of the tooth root

87. Marginal recession of periodontal tissues is:
1) symptom;
2) syndrome;
3) disease;
4) the stage of the course of the disease;
5) characteristics of the prevalence of the disease.

88. AT II DEGREE OF PATHOLOGICAL MOBILITY THE TOOTH IS DISPLACED IN THE DIRECTION
1) vestibulo-oral and mesiodistal
2) vertical
3) vestibular
4) mesiodistal
5) mesiodistal and vertical

89. Periodontium is a complex of tissues consisting of:
1) from the gums, alveolar ridge, periodontium and cementum of the tooth root;
2) gums, bone tissue of the alveoli, periodontium and cementum of the tooth root;
3) gums, bone tissue of the alveoli, Sharpey's fibers and cementum of the tooth root;
4) gums, circular ligament of the tooth, alveolar ridge, periodontal and cementum of the tooth root;
5) gums, circular ligament of the tooth, alveolar ridge, periodontium and cellular cementum of the tooth root.

90. Mandatory clinical sign of chronic catarrhal gingivitis;
1) soft plaque and dental plaque;
2) subgingival tartar;

3) periodontal pockets up to5 mm;
4) exposure of roots;
5) necrosis of the gingival papilla.

91. Early clinical sign of catarrhal gingivitis:
1) deformation of the gingival papillae;
2) periodontal pocket up to3 mm;
3) bleeding during probing;
4) blanching of the gums;
5) necrosis of the gingival papilla.

92. Locally for the treatment of catarrhal gingivitis apply:
1) injections;
2) applications;
3) installations;
4) inhalation;
5) the introduction of the drug into the periodontal pocket.

93. With catarrhal gingivitis apply:
1) steroidal anti-inflammatory drugs;
2) non-steroidal anti-inflammatory drugs;
3) antibiotics;
4) enzymes;
5) osteotropic materials.

94. Ulcerative necrotic gingivitis has the nature:
1) allergic;
2) viral;
3) bacterial;
4) autoimmune;
5) traumatic.

95. Clinical sign of hypertrophic gingivitis of fibrous form:
1) bleeding gums when brushing teeth;
2) proliferation of uncolored gums;
3) severe hyperemia and swelling of the gingival papillae;
4) pain when chewing;
5) areas of necrosis of the marginal gums.

96**.**Ulcerative necrotizing gingivitis is named after the author:
1) according to Grynszpan;
2) Rosenthal;
3) Vincent;
4) Stevens-Johnson;
5) Mikulich.

97. Part of the gum immediately surrounding the tooth in the area from the gingival margin to the gingival groove:
1) circular;
2) free;
3) interdental;
4) attached;
5) keratinized

98. IN AN EASY DEGREE OF PERIODONTITIS ON THE RADIOGRAPH IT IS DETERMINED
1) decrease in the height of the interdental septa by 1/4 -1/3 of the root length
2) decrease in the height of the interdental septa by 1/2 of the root length
3) resorption of more than 1/2 of the root length
4) bone resorption up to 1/3 of the length of the tooth root
5) no changes in bone tissue throughout

99. Additional examination methods for ulcerative necrotic gingivitis of Vincent:
1) general clinical blood test;
2) blood test for glucose content;
3) blood test for HIV infection;
4) bacterioscopic research method;
5) 1, 3, 4 are correct.

100. Pathological processes in the affected area with ulcerative necrotic gingivitis of Vincent:
one)necrosis;
2) acantholysis;
3) inflammatory infiltrate;
4) vacuolar degeneration;
5) 1st, 3rd are correct.

101. Specify the types of pathological processes in the periodontium:
1) inflammation, dystrophy and glycogenolysis;
2) dystrophy, inflammation and ovulation;
3) inflammation, destruction and blast transformation;
4) dystrophy, inflammation and functional injury;
5) inflammation, glycogenolysis and functional underload.

102.The leading role in the development of inflammation of periodontal tissues belongs to:
1) degenerative processes;
2) waste products of oral microorganisms;
3) functional insufficiency;
4) regressive changes;
5) proliferative processes.

103.Systemic antioxidant therapy is justified in the period:

1) remissions;
2) exacerbations;
3) acute course;
4) chronic course;
5) in each period of the disease.

104.The development of local chronic gingivitis contributes to:
1) eating solid food;
2) diseases of the endocrine system;
3) low fluoride content in drinking water;
4) the absence of a contact point between the teeth;
5) taking medications.

105. Prevention of the development of inflammatory periodontal diseases is:
1) taking vitamins;
2) fissure sealing;
3) coating of teeth with fluorine varnish;
4) rational oral hygiene;
5) local application of immunomodulators.

106. Comprehensive treatment of a patient with periodontal pathology includes:
1) professional hygiene, medical and surgical treatment;
2) basic therapy, surgical treatment, maintenance therapy and dynamic monitoring;
3) correction of oral hygiene, removal of dental deposits, maintenance therapy and dynamic monitoring;
4) instrumental removal of dental deposits, treatment of caries and non-carious lesions, supportive therapy and dynamic monitoring;
5) treatment of hard dental tissues, medical and surgical treatment, dynamic monitoring.

107. At the stage of maintenance therapy and dynamic observation, the period between control visits to a patient with mild periodontitis:
1) bmes;
2) 8 months;
3) 3 months;
4) 12 months;
5) 1months

108. During control examinations at the stage of dynamic observation, the doctor pays special attention to:
1) the age of the patient;
2) duration of the disease;
3) individual oral hygiene;
4) results of additional studies; •
5) the general condition of the patient.

109. When appointing a control visit during the period of dynamic observation, the doctor is guided by:
1) the age of the patient;
2) duration of the disease;
3) individual oral hygiene;
4) conducting additional research;
5) the severity of the disease.

110. For temporary splinting apply:
1) bridge prostheses;
2) removable plate dentures;
3) multi-link clasp prostheses;
4) adhesive reinforced tires;
5) Mamlock's tire.

111. Selective grinding of the occlusal surfaces of the teeth eliminates:
1) pathological tooth mobility;
2) premature occlusal contacts;
3) overhanging edges of fillings and artificial crowns;
4) planar contacts on proximal surfaces;
5) relief surface of seals.
112. Selective grinding is performed by:
1) until the cessation of inflammation in the gums;
2) elimination of the Popov-Godon phenomenon;
3) disappearance of pathological tooth mobility;
4) uniform contact between antagonist teeth;
5) lack of contact between antagonist teeth.

113. Sanitation of the oral cavity is carried out:
1) at the stage of basic therapy;
2) during the period of surgical treatment;
3) before the start of treatment with a periodontist;
4) after completion of surgical treatment;
5) during the period of dynamic observation.

114. Local drug anti-inflammatory treatment is carried out:
1) before the removal of dental deposits;
2) after removal of dental deposits;
3) regardless of the removal of dental deposits;
4) after achieving a good level of hygiene;
5) after completion of the stage of surgical treatment.

115. Antioxidants and vitamins provide:
1) balance of production of pro-inflammatory and anti-inflammatory cytokines;
2) inhibition of free radicals and stabilization of cell membranes;
3) a decrease in the synthesis of cyclic nucleotides in the epithelium and bone tissue;

4) increase in the level of circulating immune complexes in the blood and inhibition of their elimination;
5) violation of the synthesis of bacterial DNA and division of bacteria.

116.A staged epicrisis at the stage of basic therapy is necessary:
1) to determine the plan for sanitation of the oral cavity and the appointment of anti-inflammatory therapy;
2) evaluation of the effectiveness of basic therapy and correction of the treatment plan;
3) accounting for dispensary groups and evaluating the effectiveness of dispensary work;
4) drawing up a plan for orthopedic treatment and determining the time for the manufacture of immediate prostheses;
5) obtaining the informed consent of the patient and conducting basic therapy.

117. Local antiseptics are used:
1) to inhibit the activity of cyclooxygenase;
2) increasing the permeability of the vascular wall;
3) reducing the aggressive action of microorganisms;
4) stimulation of the bactericidal activity of polymorphonuclear leukocytes;
5) decrease in the concentration of prostaglandin E.

118. Antibacterial drugs and antibiotics are applied topically:
1) to enhance the generation of reactive oxygen and nitrogen species, leading to the death of cell membranes of microorganisms;
2) increasing the level of circulating immune complexes in the blood;
3) bactericidal and bacteriostatic effects on periodontal pathogens;
4) inhibition of prostaglandin synthesis and stabilization of cell membranes;
5) inhibition of cyclooxygenase activity.

119. Prostaglandins are the product of:
1) vital activity of periodontopathogens;
2) antibacterial activity of macrophages;
3) actions of non-steroidal anti-inflammatory drugs;
4) derivatives of arachidonic acid during the degradation of cell membranes;
5) the action of antibacterial agents.

120. Leading mechanism of action of non-steroidal anti-inflammatory drugs- this is:
1) violation of the synthesis of bacterial DNA, growth and division of bacteria;
2) inhibition of the activity of cyclooxygenase, kinin system and lipid peroxidation;
3) ensuring enzymatic neutralization of free forms of oxygen and products of their activity;
4) strengthening the processes of generation of reactive oxygen species and the destruction of cell membranes of microorganisms;
5) strengthening the action of antibacterial drugs.