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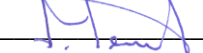
**ASSISSMENT MATERIALS**

in the discipline "Gerontostomatology and diseases of the oral mucosa"  
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  
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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 Fund of assessment materials

\_\_\_ "Gerontostomatology and diseases of the oral mucosa"

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
<b>Type of control</b>	<b>offset</b>		
<b>1.</b>	Features examination of a patient with diseases of the oral mucosa. differential diagnosis. final diagnosis. Drawing up a comprehensive treatment plan.	UK-1, UK-6, OPK-1, OPK-5, OPK-6, OPK-9, OPK-13, PK-1, PK-2, PK-4	S, TK, SZ, UZ
<b>2.</b>	Traumatic lesions of the oral mucosa. Leukoplakia.	UK-1, UK-6, OPK-1, OPK-5, OPK-6, OPK-9, OPK-13, PK-1, PK-2, PK-4	S, TK, SZ, UZ
<b>3.</b>	Infectious diseases of the oral mucosa. Manifestations of a viral, bacterial, fungal infection in the cavity	UK-1, UK-6, OPK-1, OPK-5, OPK-6, OPK-9, OPK-13, PK-1, PK-2, PK-4	S, TK, SZ, UZ
<b>4.</b>	Allergic diseases of the oral mucosa.	UK-1, UK-6, OPK-1, OPK-5, OPK-6, OPK-9, OPK-13, PK-1, PK-2, PK-4	S, TK, SZ, UZ
<b>5.</b>	Changes in the oral mucosa in dermatoses.	UK-1, UK-6, OPK-1, OPK-5, OPK-6, OPK-9, OPK-13, PK-1, PK-2, PK-4	S, TK, SZ, UZ
<b>6.</b>	Language diseases. Lip 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
<b>7.</b>	Precancerous diseases of the red border of the lips and oral mucosa.	UK-1, UK-6, OPK-1, OPK-5, OPK-6, OPK-9, OPK-13, PK-1, PK-2, PK-4	S, TK, SZ, UZ
<b>8.</b>	Changes in the oral mucosa in some systemic diseases and metabolic disorders.	UK-1, UK-6, OPK-1, OPK-5, OPK-6, OPK-9, OPK-13, PK-1, PK-2, PK-4	S, TK, SZ, UZ
<b>9.</b>	The state of the oral cavity in the elderly. Features of the treatment of elderly and senile people.	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. Algorithm for examining patients with diseases of the oral mucosa. Cytological examination of the oral mucosa (method of sampling and preparation for the study).
2. Treatment plan for acid lesions of the oral mucosa.
3. Treatment plan for various clinical forms of leukoplakia.
4. Draw up a scheme of the approximate action of treating a patient with ulcerative necrotic gingivostomatitis.
5. Draw up a scheme of indicative action in the treatment of patients with recurrent stomatitis during the remission of the disease.
6. Tactics of the dentist in case of anaphylactic shock in a patient in a dental office of various profiles.
7. Measures to provide emergency medical care to a patient with Quincke's edema of the face and neck.
8. Basic principles of treatment of patients with glossalgia syndrome.
9. Tactics of a dentist in the rehabilitation of patients with acute and chronic forms of leukemia. Additional methods of examination of a patient with a precancerous disease: intravital coloring.
10. Collection of material for cytology.
11. Collection of material for histology.
12. Antiseptic treatment of erosive and ulcerative lesions of oral mucosa
13. The introduction of drugs into the mucous membrane by injection

### **Questions for offset**

1. The main methods of examination of patients with diseases of the oral mucosa.
2. Additional methods of examination of a patient with pathology of oral mucosa.
3. Classification of diseases of the oral mucosa according to MMSI and ICD-10.
4. Scheme of nonspecific treatment of diseases of the oral mucosa.
5. Age-related changes in organs and tissues of the oral cavity.
6. Methods of examination of the elderly and senile people.
7. Features of the course of caries and non-carious lesions of the teeth, diseases of the pulp and periodontal disease in the elderly.
8. Distinctive features of periodontal and oral mucosa diseases in the elderly population
9. Treatment of dental diseases in elderly and senile patients.
10. The purpose and objectives of a comprehensive program of medical and preventive care for the population of older age groups.
11. Acute mechanical injury. Etiology, pathogenesis, clinic, diagnostics, differential diagnostics, treatment, prevention.
12. Chronic mechanical injury.
13. chemical injury.
14. Physical injury.
15. Radiation sickness, manifestations in the oral cavity. Differential diagnosis, treatment.
16. Leukoplakia. Classification, etiology, pathogenesis, clinic, diagnosis, differential diagnosis, treatment, prevention.
17. Acute herpetic stomatitis. Etiology, pathogenesis, clinic, diagnostics, differential diagnostics, treatment, prevention.

18. Chronic recurrent herpes. Etiology, pathogenesis, clinic, diagnostics, differential diagnostics, treatment, prevention.
19. Shingles. Etiology, pathogenesis, clinic, diagnostics, differential diagnostics, treatment, prevention.
20. HIV infection, manifestations in the oral cavity. Etiology, pathogenesis, classification, clinic, diagnosis, differential diagnosis, treatment, prevention.
21. Ulcerative necrotic stomatitis Vincent. Etiology, pathogenesis, clinic, diagnostics, differential diagnostics, treatment, prevention.
22. Candidiasis. Etiology, pathogenesis, clinic, diagnostics, differential diagnostics, treatment, prevention.
23. Etiology and pathogenesis of anaphylactic shock. Clinic, treatment.
24. Etiology and pathogenesis of angioedema angioedema
25. Clinic, diagnostics, differential diagnostics, treatment of Quincke's angioedema.
26. Clinic, diagnostics, differential diagnostics of catarrhal and erosive medicinal stomatitis.
27. Clinic, diagnostics, differential diagnostics of contact allergic stomatitis.
28. Treatment, prognosis and prevention of allergic conditions and their local manifestations in the oral cavity.
29. Multiform exudative erythema. Clinic, diagnosis, differential diagnosis, treatment and prevention of erythema multiforme exudative
30. Chronic recurrent aphthous stomatitis. Etiopathogenesis, clinic, diagnostics, differential diagnostics, treatment, prevention.
31. Lichen planus. Etiopathogenesis, clinic, diagnostics, differential diagnostics, treatment, prevention.
32. Pemphigus. Etiopathogenesis, clinic, diagnostics, differential diagnostics, treatment, prevention.
33. Exfoliative cheilitis. Etiology, pathogenesis, clinic, diagnostics, diff. diagnostics, treatment, prevention.
34. Glandular cheilitis. Etiology, pathogenesis, clinic, diagnostics, diff. diagnostics, treatment, prevention.
35. Chronic recurrent fissure of the lip. Etiology, pathogenesis, clinic, diagnostics, diff. diagnostics, treatment, prevention
36. Atopic cheilitis. Etiology, pathogenesis, clinic, diagnostics, diff. diagnostics, treatment, prevention
37. Eczematous cheilitis. Etiology, pathogenesis, clinic, diagnostics, diff. diagnostics, treatment, prevention
38. Macrocheilitis. Etiology, pathogenesis, clinic, diagnostics, diff. diagnostics, treatment, prevention
39. Desquamative glossitis. Etiology, pathogenesis, clinic, diagnostics, diff. diagnostics, treatment, prevention
40. Rhomboid glossitis. Etiology, pathogenesis, clinic, diagnostics, diff. diagnostics, treatment, prevention
41. Folded tongue. Etiology, pathogenesis, clinic, diagnostics, diff. diagnostics, treatment, prevention
42. Black hairy tongue. Etiology, pathogenesis, clinic, diagnostics, diff. diagnostics, treatment, prevention
43. Glossalgia. Etiology, pathogenesis, clinic, diagnostics, diff. diagnostics, treatment, prevention
44. Classification of precancers of the oral mucosa and the red border of the lips.
45. Symptoms of malignancy of precancerous diseases
46. Bowen's disease. Etiology, pathogenesis, clinic, diagnostics, diff. diagnostics, treatment, prevention

47. Abrasive precancerous cheilitis of Manganotti. Etiology, pathogenesis, clinic, diagnostics, diff. diagnostics, treatment, prevention
48. Clinic, manifestations in the oral cavity, differential diagnosis of acute leukemia. Tactics of a dentist when receiving a patient with acute leukemia.
49. Chronic leukemia. Clinic, manifestations in the oral cavity, differential diagnosis, symptomatic treatment.
50. Etiology, pathogenesis, clinic, manifestations in the oral cavity, differential diagnosis of iron deficiency anemia.
51. Agranulocytosis. Clinic, diagnostics, differential diagnostics, symptomatic treatment.
52. Polycythemia. Clinic, diagnostics, differential diagnostics, symptomatic treatment.
53. Manifestations in the oral cavity of diseases of the digestive system. symptomatic treatment.
54. Manifestations in the oral cavity of avitaminosis. symptomatic treatment.
55. Manifestations in the oral cavity of diseases of the cardiovascular system. Local treatment of trophic ulcers.
56. Manifestations in the oral cavity of diabetes mellitus.
57. Manifestations in the oral cavity of diseases of the thyroid gland, adrenal glands.
58. Local treatment of oral lesions in various diseases of the cardiovascular system, endocrine diseases, collagenoses.

### **Situational tasks**

#### **Traumatic lesions.**

A 68-year-old patient came to the clinic with complaints of constant pain in the posterior alveolar ridge on the left. The pain intensifies during eating and talking, it bothers for a month. The patient associates the appearance of pain with the recent manufacture of a complete removable denture for the lower jaw. History of hypertension of the second degree. Complete secondary edentulous. In the retromolar region on the left, there is a defect within the mucous membrane, sharply painful on palpation, with jagged edges and a bottom covered with necrotic plaque. Submandibular lymph nodes are enlarged, painful, mobile. Establish a diagnosis, make a treatment plan.

A 46-year-old patient complains of paroxysmal pain at night in tooth 27. Diagnosis: acute focal pulpitis. Arsenic paste applied. The next day there was pain in the area of teeth 27, 26 and pain when biting on these teeth. On examination, tooth 26 is intact. On tooth 27 there is a temporary filling in the cavity of the second class according to Black. The gums in the area of teeth 26, 27 are hyperemic, edematous, sharply painful on palpation. The gingival papilla between these teeth is necrotic. Percussion of teeth 27 and 26 is painful.

Establish a diagnosis, make a treatment plan.

A 50-year-old patient complains of discomfort and soreness of the mucous membrane of the hard palate, which are aggravated by eating and brushing teeth. The pain worries the second day. The patient associates the appearance of pain with careless ingestion of hot food the day before. History of chronic gastritis. The mucous membrane of the hard palate is hyperemic, edematous, with areas of maceration of the epithelium. On the hard palate there is erosion of irregular shape, covered with fibrinous plaque, painful on palpation. Submandibular lymph nodes are enlarged, painfully mobile. There is a lot of soft plaque and tartar on the teeth.

Establish a diagnosis, make a treatment plan.

A 36-year-old patient went to the dentist for a preventive examination. Consists on dispensary registration at the gastroenterologist concerning a peptic ulcer. Smoked since the age of 16. Regional lymph nodes are not enlarged, painless on palpation. Secondary partial adentia, mobility of the anterior teeth of the lower jaw of the second degree. On the mucous membrane of the right cheek in the area of the corner of the mouth, there is an area of enamel turbidity measuring 2 by 1.5 cm with clear contours. The focus does not rise above the surrounding mucous membrane.

Establish a diagnosis, make a treatment plan.

A 45-year-old patient complains of an unusual appearance of the oral mucosa. History of chronic gastritis, chronic colitis. In the sublingual region, a limited white formation rises above the level of the mucous membrane. The lesion on palpation is dense, painless. Regional lymph nodes are not enlarged, painless on palpation. Establish a diagnosis, make a plan for examination and treatment.

### **Viral diseases.**

A 19-year-old patient complains of severe pain during eating, talking, profuse salivation, pain in the submandibular region, multiple rashes in the oral cavity, fever up to 38 degrees, malaise, and headache. Considers himself sick for 4 days. The rash appeared on the day of visiting the doctor. Previously, diseases of the oral mucosa were not noted.

On examination: the submandibular lymph nodes are enlarged, painful. The red border of the lips is dry, covered with single scales.

The mucous membrane of the oral cavity is brightly hyperemic and edematous. On the back of the tongue, alveolar gums, hard palate, point erosions are determined, covered with fibrinous plaque, sharply painful on palpation. The gums are hyperemic, edematous. Carious cavities in teeth 17,16,37,36. Oral hygiene is poor.

A laboratory study of cytological preparations revealed polymorphonuclear neutrophils at the stage of necrobiosis and giant multinucleated cells. In an immunofluorescent blood test, Ig M.

Conduct a differential diagnosis, establish a diagnosis, make a treatment plan.

A 32-year-old patient complains of blisters on the red border of the upper and lower lips, a painful sore on the palate. Considers himself sick for 3 days. The onset of the disease is associated with hypothermia and a slight increase in temperature a week ago. Similar rashes appear in the same areas 1-3 times a year.

On examination: the lips are dry, swollen. On the border with the skin against the background of hyperemia, groups of densely located bubbles are determined. Elements of the lesion are painful on palpation. Submandibular lymph nodes are enlarged, painful. On the mucous membrane on the border of the hard and soft palate, to the left of the center, there is erosion of irregular outlines with a polycyclic contour, surrounded by a rim of hyperemia, sharp, slight dental deposits.

Laboratory studies of the contents of the bubbles and the imprint from the erosion in the sky revealed giant multinucleated cells. In the immunofluorescence analysis of blood, IgM.

Conduct a differential diagnosis, establish a diagnosis, make a treatment plan.

A 32-year-old patient came to the clinic with complaints of a burning sensation of the mucous

membrane of the tongue, cheeks, pharynx, esophagus, discomfort when swallowing.

Recently, he has lost a lot of weight, he has diarrhea, short-term feverish conditions, severe sweating at night. It was revealed that the patient uses drugs and has a non-traditional sexual orientation.

Anterior and posterior lymph nodes are enlarged. In the oral cavity on the mucous membrane of the tongue. Cheeks. The palate and pharynx are streaked with a whitish-gray color. The plaque is soft, easily removed with a spatula. The mucous membrane under the plaque is hyperemic, edematous.

Microscopic examination of the plaque revealed the fungus *Candida*. Antifungal treatment did not lead to the complete elimination of the process.

Establish a preliminary diagnosis. Which of the additional methods of examination should be carried out to clarify the diagnosis?

A 23-year-old patient went to the dentist with complaints of pain and bleeding of the gums of the upper and lower jaws. The pain is constant, aggravated by eating and brushing your teeth. The disease began acutely with a feverish state 2 weeks ago

The submandibular lymph nodes are enlarged and painful on palpation. The phenomena of generalized ulcerative-necrotic gingivitis are noted. The marginal gum is edematous, hyperemic, covered with a dirty gray coating. The plaque is easily removed, and a sharply painful ulcerated and heavily bleeding surface is exposed. In the area of the anterior group of teeth of the upper jaw and in the area of the molars of both jaws, the gingival papillae and part of the attached gingiva are completely necrotic, with the cervical third of the roots of the teeth exposed.

The patient takes drugs, prefers to administer them intravenously.

Establish a preliminary diagnosis. Which of the additional methods of examination should be carried out to clarify the diagnosis?

### **bacterial infections.**

A 41-year-old patient was admitted to the hospital with a high temperature and symptoms of intoxication. I felt sick 6 days ago when I felt pain in the mouth when eating. On the 2nd day of illness, she noted swelling of the left cheek. On the 4th day, the condition deteriorated sharply, chills appeared, the body temperature rose to 40 degrees, there was a sore throat, on the 5th day there was swelling of the neck, sanious discharge from the eye.

Edema of the left cheek, eyelid of the left eye and upper lip. The skin over the edema is hyperemic. On the red border of the lips and the skin above it, small scattered areas of fibrinous plaque with a diameter of 3-5 mm are determined. On the inner surface of the upper lip there is a fibrinous film with clear edges. The mucous membrane of the oral cavity is hyperemic, edematous. Peripheral lymph nodes are enlarged, painful on palpation.

Establish a preliminary diagnosis. What additional research needs to be done? What diseases should be differentiated from?

A 21-year-old patient went to the dentist with complaints of malaise, fever up to 37-38 degrees, pain in the mouth when eating, which appeared 4 days ago. He did not go to the doctor, he took aspirin and ampicillin on his own. The rash on the body, which appeared after 3 days, was considered an allergic reaction to medications, and he began taking suprastin.

On the skin of the face there are rarely scattered elements of the lesion in the form of vesicles and crusts. The patient noticed similar elements all over the body. In the oral cavity on the mucous membrane of the lips, gums, soft and hard palate, painful erosions and vesicles are determined, surrounded by a focus of hyperemia and edema. Peripheral lymph nodes are



enlarged.

Establish a preliminary diagnosis. What is the etiology of the disease? What diseases should be differentiated?

A 48-year-old patient went to the dentist with complaints of dryness and burning in the mouth, white coating on the tongue. Sick for 2 weeks. She has a history of long-term treatment of bronchial asthma with drugs containing glucocorticosteroids.

When viewed on the back of the tongue, soft palate, cheeks, there is a plentiful coating of white color, resembling a curdled mass; after its removal, a smooth hyperemic surface of the mucous membrane is exposed; papillae of the tongue are flattened. Treatment was not carried out.

Establish a preliminary diagnosis, draw up a plan for examination and treatment.

A 72-year-old patient complains of periodic appearance of crusts in the corners of her mouth for 2 months.

History of hypertension; wears removable plate dentures on the upper and lower jaws for 5 years.

The height of the lower third of the face is reduced. In pronounced skin folds in the corners of the mouth on the right and left, weakly weeping erosions surrounded by thin gray scales. The red border of the lips is dry.

The mucous membrane of the prosthetic bed on the upper jaw is hyperemic, dry, slightly painful. There is no flight. The hygienic condition of removable dentures is unsatisfactory. For treatment, decoctions of chamomile and sage were used, without effect.

Conduct a differential diagnosis, outline a plan for examination and treatment.

An 18-year-old patient complains of pain and swelling of the left cheek, difficulty opening the mouth.

Left-sided asymmetry of the face as a result of swelling of the soft tissues of the cheek, the mouth opens by 2 cm. Two medial tubercles have erupted near tooth 38, there is an overhanging hood with an eroded edge covered with necrotic plaque. On the mucous membrane of the cheek in the area of teeth 38, 37 there is a sharply painful erosion, covered with necrotic plaque.

Diagnosis: tooth pericoronitis<sup>38</sup>.

Specify the diagnosis. Do you agree with the prescribed treatment? Make a plan for examination and treatment. What will be your tactics?

A 23-year-old patient complained of severe pain in the oral cavity, bad breath, increased salivation. Notes poor health, weakness, headache, high body temperature (38.5 degrees), lack of appetite, sleep. Considers himself sick for 3 days.

On examination: the skin is pale, the regional lymph nodes on the right are enlarged, mobile, painful. Abundant soft plaque on the teeth in the oral cavity. The gums are edematous, hyperemic. After removal of soft plaque, a necrotic border is noted along the edge of the interdental papillae in the region of the anterior group of teeth of the lower jaw.

Make a diagnosis, name the causes of the disease, make a plan for examination and treatment.

A 66-year-old patient went to the dentist with complaints of an "ulcer" in the tongue, which made it difficult to chew food. For 10 years, he has noted recurrent ulcers in the oral cavity. He did not seek medical help.

The height of the lower part of the face is reduced, the retraction of the back of the nose is a saddle nose. Submandibular lymph nodes are slightly enlarged, painless, mobile. The red border of the lips without visible changes. Complete edentulous. The mucous membrane of the oral cavity is pale pink, moderately moistened. On the back of the tongue there is a rounded crater-shaped ulcer with dense protruding edges, painful on palpation. There are cicatricial changes in the area of the soft palate, the uvula is absent.

Establish a preliminary diagnosis, conduct a differential diagnosis, draw up a plan for examination and treatment.

A 58-year-old patient came to the clinic for depulping of intact teeth 11, 21, 23 for orthopedic treatment.

History of allergy to antibiotics, hypertension of the second stage, gastric ulcer, intestinal dysbacteriosis.

After 3-4 min. After infiltration anesthesia with a solution of lidocaine (1% solution of 2 ml), collapse developed, the rhythm of breathing was disturbed, the patient lost consciousness.

Establish a diagnosis, make a treatment plan.

A 29-year-old patient came with complaints of swelling of the upper lip, discomfort, and aesthetic deficiency.

The onset of the disease is acute. The edema developed within a few hours. She took antibiotics for a cold.

The upper lip is enlarged, painless on palpation. Regional lymph nodes were within normal limits. The mucous membrane of the oral cavity is pale pink in color, without visible pathological elements.

Establish a diagnosis, make a treatment plan.

A 45-year-old patient complained of burning, hemorrhages, mouth ulcers, pain when eating.

Prior to these complaints, he was taking erythromycin for a cold. Similar phenomena were observed when taking lincomycin. Submandibular lymph nodes are enlarged, painful on palpation. The mucous membrane of the oral cavity is hyperemic, edematous, with multiple erosions. The gums are hyperemic, edematous, bleeding, covered with a grayish coating, which is difficult to remove when scraping.

In tooth 46, caries, hard dental deposits in a significant amount; sharp edges of teeth.

Establish a diagnosis, make a treatment plan.

A 25-year-old patient complained of a sharp pain in the oral cavity when eating, increased salivation, high temperature (39.5 degrees). Notes general weakness, headache.

History of chronic sinusitis. The skin is pale; bluish-pink rashes with a hemorrhagic crust in the center on the back surface of the hands. The red border of the lips is edematous, hyperemic, covered with tightly fixed bloody crusts. Mental, submandibular lymph nodes are enlarged. Painful, mobile. On the mucous membrane of the lips, cheeks, erythematous spots, large

confluent erosions, covered with fibrinous plaque.

Establish a preliminary diagnosis, draw up a plan for examination and treatment.

A 22-year-old patient came to the clinic with complaints of general weakness, high temperature, burning of the oral mucosa, aggravated by eating, talking. The onset of the disease is acute, after hypothermia.

She has a history of chronic tonsillitis. The skin is pale, on the skin of the forearms, legs, erythematous spots with a bloody crust in the center. The red border of the lips is edematous, covered with bloody crusts. Mental, submandibular lymph nodes are enlarged. Painful, mobile. On a sharply hyperemic, edematous mucous membrane of the lips, cheeks. The floor of the mouth multiple sharply painful erosion with smooth edges, covered with fibrinous plaque.

Establish a diagnosis, make a treatment plan.

A 37-year-old patient complained of pain and burning sensation in the oral mucosa, aggravated by eating. The appearance of painful ulcers, which disappear on their own after 7-10 days. Exacerbations happen 2-3 times a year (in autumn, spring for 4 years). He turned to the dentist, rinsing with antiseptic solutions, applications of an oily solution of vitamin A were prescribed.

History of chronic enterocolitis.

The submandibular lymph nodes are slightly enlarged. Painful on palpation. The hygienic condition of the oral cavity is unsatisfactory. Sharp edges of crowns of teeth 16, 25, 31, 32.

On the tip of the tongue and mucous membrane of the lower lip, there is an oval-shaped erosion with a corolla of hyperemia. Painful on palpation.

Establish a diagnosis, prescribe treatment.

A 34-year-old patient complained of the appearance of painful ulcers on the oral mucosa in autumn and winter, which healed on their own within 10-12 days.

She has a history of allergy to house dust, a disease of the gastrointestinal tract (dysbacteriosis). Regional lymph nodes are slightly enlarged, painful on palpation. The gums are edematous, cyanotic, bleed when touched, periodontal pockets are 4-5 mm deep. Sharp edges of mandibular molars. On the lateral surface of the tongue on the right and along the transitional fold on the left, there are rounded erosions with a corolla of hyperemia, covered with a whitish-gray coating. Carry out differential diagnostics, establish the diagnosis. Prescribe treatment.

### **Changes in oral mucosa in diseases of the cardiovascular system.**

A 62-year-old patient complained of a sharp pain in her mouth, difficulty in eating, brushing her teeth, ulcers in the oral cavity. Sick for about 2 months, when ulcers appeared on the tongue. After some time, similar changes appeared at the bottom of the oral cavity (under the tongue), the buccal mucosa. She was treated in a dental clinic - rinsing with a solution of potassium permanganate, applications of sea buckthorn oil. An oil solution of vitamin A. No improvement was noted, the pain persisted. The ulcers did not heal.

A history of coronary heart disease, hypertension, is observed by the therapist. Over the past year, the condition has deteriorated sharply, shortness of breath, weakness, swelling of the legs,

arterial pressure in the range of 180/90 - 200/100 mm appeared. rt. Art.

On examination, cyanosis of the lips. In the oral cavity, there are abundant deposits of soft dental plaque and calculus, carious cavities, defects in the dentition, hyperemia with a cyanotic tinge of the free and attached gums, the depth of the pockets is 3-6 mm.

On the dorsal surface of the tongue in the center is a shallow ulcer measuring 1 by 1.5 cm, covered with a grayish-white coating. The ulcer is sharply painful, the color of the surrounding mucous membrane is not changed.

Establish a preliminary diagnosis. Determine the order of examination and treatment.

### **Changes in oral mucosa in diseases of the gastrointestinal tract.**

A 52-year-old patient consulted a dentist complaining of the appearance of painful "ulcers" in the mouth.

History of childhood infections. For 10 years he has been suffering from stomach ulcers. Periodically observed by a therapist, treatment is carried out irregularly. Smokes for many years, consumes alcoholic beverages moderately. About 2 years ago, during an exacerbation of gastric ulcer, he felt pain in the tongue when smoking, eating hot and spicy food, found "ulcers" on the tongue, and was treated with rinsing with a solution of potassium permanganate.

When viewed externally without visible changes. Submandibular lymph nodes are not palpable. The mucous membrane is poorly moistened. On the dorsal surface of the tongue in the middle third, against the background of dense plaque, there is a focus of desquamation in the form of a red spot measuring 5.5 by 0.7 cm with uneven contours. The oral cavity is not sanitized, dental deposits, carious cavities in teeth 16, 37, 25.26.

There are no prostheses, free and attached gums are hyperemic, edematous, pockets are 4-5 mm.

Establish a preliminary diagnosis. Outline a plan for further examination and treatment of the patient.

### **Blood diseases.**

A 35-year-old patient complained of pain in the oral cavity when eating irritating food. Considers himself ill for about 2 years. When did these symptoms first appear?

History of Achilles gastritis for 5 years. A year ago, chronic pancreatitis joined. By profession a computer programmer. She has been working in this specialty for 12 years, she spends 8-10 hours a day at the computer.

Paleness of the skin, dry red border of the lips, seizures. The tongue is brightly hyperemic. Hyperemia heterogeneous (spots). The papillae of the tongue are significantly atrophied. Red spots and stripes on the mucous membrane of the cheeks.

The hygienic condition of the oral cavity is unsatisfactory, abundant deposits of soft plaque and tartar (the patient spares the mucous membrane and brushes his teeth poorly). The phenomena of catarrhal gingivitis, in the teeth of 36.46 carious cavities.

Set the diagnosis. Conduct a differential diagnosis, outline a treatment plan.

### **Diseases of the nervous system.**

A 58-year-old patient complains of burning, awkwardness, heaviness in the tongue, which

worsens after a long conversation and by the end of the day. For the first time, burning sensations in the tongue appeared after stress about 3 years ago. Over time, the discomfort in the tongue increased, a burning sensation appeared in the palate. During eating, all the mentioned phenomena disappear.

History of gastrointestinal pathology, asthenic syndrome.

In communication with the doctor, the patient is anxious, suspicious, fixed on her feelings; statements testify to carcinophobia.

Tense facial expression. The height of the lower part of the face is reduced. Nasolabial folds are pronounced. Regional lymph nodes are not palpable. The red border of the lips is dry. The mucous membrane of the oral cavity is pale, insufficiently moistened. The papillae of the tongue are moderately atrophied, hyperemic at the tip and on the lateral surface on the right, carious cavities in teeth 12, 24, 27, 47. Teeth 16, 26, 36, 46 are absent. Pathological wear of hard tissues of teeth, sharp edges. The hygienic condition of the oral cavity is unsatisfactory, tartar on teeth 31, 32, 33, 41, 42, 43. The phenomena of chronic generalized catarrhal gingivitis.

In the clinic at the place of residence, treatment was carried out: tincture of valerian inside, 30 drops 3 times a day, mouth baths with novocaine, lubrication of the tongue with sea buckthorn oil. No effect noted.

Establish a diagnosis, outline a treatment plan.

### **Lichen planus.**

A 52-year-old patient complains of burning of the mucous membrane of the mouth. The onset of the disease is associated with stress. In the polyclinic, oral treatment was prescribed with a solution of borax in glycerin; there is no effect. The disease gets worse from time to time.

History of hyperacid gastritis, arterial hypertension.

Regional lymph nodes are mobile, somewhat enlarged, painless. The red border of the lips has a mother-of-pearl shade. There are dental deposits, periodontal pockets in the area of all teeth with a depth of 3-4 mm, sharp edges of chewing teeth. Numerous keratinized dots on the back of the tongue. On the mucous membrane of the cheeks in the middle and posterior sections, there are areas of altered white epithelium in the form of a grid, laces that are not removed when scraped. Along the transitional fold in the area of tooth 45 there is a painful erosion covered with fibrinous plaque. The patient has been smoking for 15 years.

Establish a diagnosis, make a treatment plan.

A 38-year-old patient complains of soreness of the buccal mucosa on the right and tongue when taking irritating and hard food. Pain often occurs with nervous tension, overwork. Unpleasant sensations in the cheek area on the right arose 2 years ago against the background of stress, they disappeared with rinsing with antiseptics and treatment with keratoplastic agents. On the mucous membrane of the cheek on the left in the retromolar region, there is an area of increased keratinization in the form of papules, forming an openwork pattern. On the mucous membrane of the right cheek in the posterior section, a bright red area is determined, painful on palpation, along the periphery of which there are single and grouped papules in a pattern. Papules are not removed when scraping, on the lateral surfaces of the tongue on a hyperemic background there are erosions covered with fibrinous plaque, 2 cm in diameter.

Establish a diagnosis, make a treatment plan.

### **Pemphigus.**

A 45-year-old patient went to the dentist with complaints of pain under the tongue and in the corners of the mouth. Unpleasant sensations appeared 2 weeks ago. The pain is aggravated by talking and eating. Increased salivation. In the last 3 days, painful cracks appeared in the corners of the mouth. She was treated on her own - she treated the affected areas with sea buckthorn oil.

There was no improvement. The general state is not changed.  
She has a history of vegetovascular dystonia, chronic gastritis.  
Regional lymph nodes are not palpable. On the mucous membrane of the bottom of the oral cavity against an unchanged background, there is a painful erosion of an irregular Foma, 1.5 by 2 cm in size, stagnant red. Nikolsky's symptom is positive.  
Establish a diagnosis, make a treatment plan.

## **LUPUS ERYTHEMATOSUS.**

A 37-year-old patient came to the clinic with complaints of burning and pain of the buccal mucosa on the right, especially during meals, as well as reddening of the skin of the face. The appearance of complaints connects with prolonged exposure to the sun.  
On the skin of the forehead, nose and cheeks, erythema in the form of a butterfly, hyperkeratosis. On the buccal mucosa on the right, along the line of teeth closure, there are slightly protruding foci of congestive hyperemia with hyperkeratosis in the form of clouding of the epithelium, in the area of tooth 16 there is a slight painful erosion. The oral cavity is not sanitized.  
Establish a diagnosis, make a treatment plan.

## **Language diseases.**

A 34-year-old patient came to the clinic with complaints of burning sensation in the tongue when taking spicy food. History of chronic colitis.  
Appearance without features. Regional lymph nodes are not palpable.  
The mucous membrane of the mouth is pale pink, moderately moist. On the back of the tongue in the anterior and middle sections there are red spots surrounded by a whitish rim. At the second appointment after 5 days, the red spots moved to the lateral surfaces of the tongue, and the back of the tongue acquired a normal appearance.  
Establish treatment, conduct differential diagnosis.

A 45-year-old patient came to the clinic with complaints of an unusual type of tongue. Smoked for 25 years. Abuses alcohol. She has a history of chronic hypoacid gastritis.  
Appearance without features. The mucous membrane of the mouth is hyperemic, with a cyanotic tinge. The gum in the area of all groups of teeth is edematous, cyanotic, bleeds on probing. Oral hygiene is poor. On the back of the tongue in the middle line in its middle and back parts there is an oval-shaped villous focus of dark brown color.  
Establish a diagnosis, give recommendations for treatment.

## **Lip diseases.**

A 38-year-old patient came to the clinic with complaints of pain in the upper lip, making it difficult to eat, wide opening of the mouth. The disease appeared 10 years ago. He was treated independently, using various ointments. In the summer, the lip healed, but with the onset of the cold period, relapses occurred annually.  
Regional lymph nodes are not palpable, the red border of the lips is dry, rough. On the red border of the upper lip, to the right of the midline, there is a transverse linear tissue defect 15 mm long, covered with a bloody crust. Around the defect, clouding of the red border and keratinization. An

inflammatory infiltrate is determined at the base of the defect. On palpation, the formation of a soft elastic consistency, moderately painful.

Oral hygiene is poor, there are dental plaque and smoker's plaque. Carious cavities in teeth 12 and 24.

Bad habits: smoking, licking and biting lips.

Establish a diagnosis, conduct a differential diagnosis, outline a treatment plan.

A 25-year-old patient came with complaints of dry lips, pain in the lower lip, making it difficult to open the mouth wide. Changes on the lip appeared a long time ago, according to her, "as long as she remembers herself." Her mother and grandmother had similar changes on the lips. The disease recurs in the cold season, in the summer all phenomena disappear. Notes increased nervous excitability. Bad habits: smoking, licking and biting lips.

Regional lymph nodes are not palpable, the red border of the lips is dry, multiple scales do not pass to the skin.

On the midline of the lower lip there is a linear tissue defect covered with a bloody crust. There is slight swelling and pain on palpation.

The oral cavity is not sanitized, the hygienic condition is unsatisfactory.

Establish a diagnosis, conduct a differential diagnosis, outline a treatment plan.

Atopic cheilitis.

A 16-year-old patient complained of an aesthetic defect, itching in the lips and surrounding skin, and dryness. Wide opening of the mouth is difficult due to soreness. According to the mother, the seizures appeared at the age of 7. Used various ointments. Seeking temporary improvement. At the age of 14, the condition of the corners of the mouth and lips deteriorated significantly. It was treated by a dermatologist, there was no pronounced effect.

Regional lymph nodes are not palpable, extensive skin erythema around the red border of the lips, the red border of the lips is dry, small scales. The skin within a radius of 3 cm around the commissures is lichenified and pigmented. Cracks in the corners of the mouth. Oral hygiene is unsatisfactory, there are supragingival dental deposits.

A history of allergy to citrus fruits and certain types of side food.

Establish a diagnosis, outline a treatment plan.

A 15-year-old patient complained of limited mouth opening due to sore lips when talking and eating. They are concerned about itching, a feeling of tightness in the corners of the mouth, an aesthetic flaw.

The disease appeared at the age of 10. It was treated by a dermatologist, there was no pronounced effect. The disease progressed with age.

She has a history of allergies to chocolate and citrus fruits. The mother has had seizures for many years.

Regional lymph nodes are not palpable. On the red border of the upper and lower lips and in the corners of the mouth there are small cracks passing to the skin. Erythema, dryness and scales are noted on the skin of the entire perioral region. Oral hygiene is unsatisfactory, there are supragingival dental deposits, plaque, carious lesions in teeth 36, 46.

Bad habits: licks lips, combs the corners of the mouth.

Establish a diagnosis, outline a treatment plan.

A 27-year-old patient was referred for a consultation from a polyclinic at the place of work. The doctor during the examination drew attention to the unusual appearance of the mucous membrane of the lower lip.

There are no complaints. I always felt some unevenness of the mucous membrane of the lower lip. Practically healthy.

Regional lymph nodes are not palpable. The red border of the lips without pathology. On the mucous membrane of the lower lip there are multiple small follicles. The color of the mucous membrane is not changed, palpation is painless, small rounded formations are determined in the thickness of the lip. The mucous membrane of the upper lip without pathology. Oral hygiene is unsatisfactory, there are supragingival dental deposits.

Establish a diagnosis, outline a treatment plan.

A 14-year-old patient complained of dry lips, tightness, sometimes burning sensation, and an aesthetic defect. Changes on the lips, according to the mother, appeared at the age of 6. The older sister has the same lip pathology. In summer, all phenomena disappear, and in the cold season, a relapse occurs. The mother notes increased nervous excitability in both children and in herself.

The patient often licks his lips, breaks off and bites the scales.

Regional lymph nodes are not palpable. The red border of the lips, especially the lower one, is dry, there are numerous hard-to-remove scales. These changes do not transfer to the skin of the perioral region and the corners of the mouth.

The oral cavity is not sanitized, its hygiene is unsatisfactory.

Establish a diagnosis, conduct a differential diagnosis, outline a treatment plan.

A 47-year-old female patient, from out of town, complained of enlargement of the lower lip, which hindered facial expressions. Speech meal. For an aesthetic flaw.

The disease appeared 9 years ago. Treated at the place of residence. There are no extracts from the medical history. The lower lip after treatment decreased somewhat, but a slight increase persisted. A month ago, the patient had a viral infection. In the course of the disease, the lower lip sharply increased again.

Regional lymph nodes are not palpable, the lower lip is sharply enlarged, everted. The red border of the lower lip is dry, flaky. On palpation, the lower lip is painless, dense elastic consistency. The oral cavity is sanitized, the hygiene is unsatisfactory. The tongue is folded, with foci of desquamation of the epithelium.

Establish a diagnosis, conduct a differential diagnosis, outline a treatment plan.

A 65-year-old patient has a mildly painful "ulcer" on the lower lip, which heals periodically, then reappears for no apparent reason. The disease continues for 8 years. The recommended treatment with various ointments was ineffective.

Concomitant diseases: atherosclerosis, smokes for 35 years.

On examination: regional lymph nodes are not palpable. The patient uses complete removable lamellar dentures. On the red border of the lower lip on the right, an oval-shaped erosion measuring 0.5 by 1 cm was found, which has a polished red surface, without plaque. There is no compaction at the base of the erosion.



Establish a diagnosis, conduct a differential diagnosis.

A 58-year-old patient applied to a dental clinic with complaints of an aesthetic defect of the lower lip. According to the patient, 3 months ago, a small painless "wart" appeared on the lower lip, which gradually increases.

She has a history of chronic gastritis, chronic recurrent herpes, has been smoking since the age of 18.

On examination: on the mucous membrane of the red border of the lower lip, to the right of the center, there is a limited hemispherical nodule 0.8 by 0.9 cm in size, protruding 0.5 cm above the surrounding tissues. Its surface is covered with tight-fitting horny scales that are not removed when scraped. The color of the focus is slightly cyanotic, the base is not compacted on palpation, painless.

Establish a diagnosis, outline a treatment plan.

### **Samples of test tasks**

**on\_discipline\_ "Gerontostomatology and diseases of the oral mucosa" in the specialty \_31.05.03. Dentistry**

ONE. In vesicovascular syndrome, the bladder is located:

- 1) inside the epithelium
- 2) under the epithelium.
- 3) under the basement membrane
- 4) under connective tissue.

2.The edematous state of the oral mucosa is determined by:

- 1) on palpation.
- 2) by imprints of teeth on the mucous membrane of the cheeks and the lateral surfaces of the tongue.
- 3) McClure-Aldrich blister test.
- 4) when probing

3.Hemorrhagic blisters on the oral mucosa are formed when:

- 1) cardiovascular insufficiency
- 2) rheumatic heart disease
- 3) with hypertension
- 4) Werlhof's disease.

FOUR.With cyanosis of the oral mucosa against the background of cardiovascular insufficiency, local treatment:

- 1) shown
- 2) not shown
- 3) consultation with a cardiologist
- 4) endocrinologist consultation

5.Treatment of a patient with trophic ulcers with decompensation of cardiovascular insufficiency is carried out in conjunction with:

- 1) cardiologist
- 2) endocrinologist
- 3) neuropathologist
- 4) therapist

6.Complaints made by a patient with diabetes mellitus:

- 1) dry mouth
- 2) pain when eating
- 3) burning sensation
- 4) neuralgic and neuritic pains
- 5) all answers are correct

7.External examination of a patient suffering from Itsenko-Cushing's disease:

- 1) regional lymph nodes are enlarged
- 2) dense consistency
- 3) sharply painful
- 4) soldered to each other and to surrounding tissues
- 5) without changes

EIGHT.With what nosological forms is differential diagnosis of the pathology of the oral mucosa in diabetes mellitus not carried out:

- 1) with Mikulich's disease
- 2) sialadenitis
- 3) Sjögren's syndrome

- 4) disorders of the nervous system
- 5) Addison's disease

9.Complaints not presented by a patient with Addison's disease:

- 1) for pain
- 2) bluish spots on the skin and oral mucosa
- 3) weight loss complaints
- 4) dyspeptic phenomena
- 5) loss of appetite

TEN.What is determined when examining the oral mucosa in a patient with Addison's disease:

- 1) erosion
- 2) mucosa is edematous
- 3) blisters with hemorrhagic contents
- 4) inflammatory diseases of periodontal tissues
- 5) small spots or streaks of bluish or grayish black color

ELEVEN.What is the differential diagnosis for Addison's disease?

- 1) sialadenitis
- 2) Mikulich's disease
- 3) glossitis
- 4) beriberi
- 5) deposition of salts of heavy metals

12.Complaints not presented by a patient with gingivitis of pregnancy

- 1) bleeding gums
- 2) change in the shape of the gums
- 3) discomfort
- 4) bad breath
- 5) erosions, ulcers, dry mouth

13.What is not determined during an external examination of a patient with hypovitaminosis B2:

- 1) dryness, peeling, redness of the red border of the lips
- 2) vertical and commissural fissures
- 3) peeling of the skin, seborrheic crusts on the wings of the nose
- 4) lacrimation, vascular keratitis, iritis
- 5) lymph nodes are enlarged, painful

FOURTEEN.What is not determined when examining the oral mucosa in a patient with acute leukemia:

- 1) bluish or grayish-black spots or streaks on the mucous membrane
- 2) ulcerative necrotic gingivostomatitis
- 3) severe bleeding gums
- 4) hyperplasia;
- 5) small-point hemorrhages on the mucous membrane of the cheeks along the line of closing of the teeth

FIFTEEN.A bright red, painful tongue with atrophy of the papillae is called glossitis:

- 1) desquamative
- 2) "geographic"
- 3) Meller-Gunter
- 4) diamond-shaped

- 5) folded tongue

16. Cause of glossitis meller-gunter:

- 1) influenza virus;
- 2) vitamin B12 deficiency;
- 3) decrease in the height of the lower part of the face;
- 4) diabetes;
- 5) Werlhof disease:

17. The Castle factor is not produced when:

- 1) diabetes
- 2) Addison-Birmer anemia
- 3) beriberi C
- 4) flu virus
- 5) Werlhof's disease

EIGHTEEN. With Addison-Birmer anemia, the color index:

- 1) above 1
- 2) below 1
- 3) fine
- 4) zero
- 5) is 3

19. In the cytological material from erosion in lichen planus,

- 1) a picture of nonspecific inflammation
- 2) acantholytic cells
- 3) fusospirochetosis
- 4) a picture of specific inflammation
- 5) streptococci and fusobacteria

20. Latin name of the primary element in lichen planus

- one) node
- 2) ulcer
- 3) papula
- four) macula

21. Pathological changes in the epithelium in lichen planus

- one) acanthosis
- 2) parakeratosis
- 3) spongiosis
- four) hyperkeratosis
- 5) acantholysis
- 6) ballooning degeneration

22. The appearance of the lesion in lichen planus is affected

- one) hyposalivation
- 2) hypersalivation
- 3) mucosal relief
- four) mucosal turgor

23. The course of lichen planus
- one) acute
  - 2) chronic
  - 3) chronic with exacerbations
24. The typical form of lichen planus is differentiated
- one) with flat leukoplakia
  - 2) with secondary syphilis
  - 3) with pemphigus
  - four) with hyperplastic candidiasis
  - 5) with chronic recurrent herpes
  - 6) with acute mechanical injury
  - 7) with medical stomatitis
25. In the manufacture of fixed prostheses for patients with lichen planus of the oral mucosa, it is advisable to use
- one) stainless steel
  - 2) titanium nitride coated steel
  - 3) noble metal alloys
  - four). Metal-free design
26. A vesicle with pemphigus vulgaris is formed
- one) intraepithelial
  - 2) subepithelial
27. Diagnostic cells in pemphigus vulgaris
- one) acantholytic
  - 2) atypical
  - 3) Langhans cells
  - four) giant multi-core
28. Treatment leads to remission of pemphigus vulgaris
- one) antibiotics
  - 2) corticosteroids
  - 3) anabolics
  - four) tranquilizers
29. Tactics of a dentist in relation to a patient with vulgar pemphigus (during remission)
- one) sanitation of the oral cavity
  - 2) oral hygiene correction
  - 3) maintenance dose adjustment of corticosteroids
30. Combined damage to the mucous membrane of the eyes and nose is typical for:
- 1) pemphigus
  - 2) hives
  - 3) lichen planus
  - 4) lupus erythematosus
  - 5) leukoplakia
31. Scraping from the surface of erosion in pemphigus reveals:
- 1) giant multinucleated cells
  - 2) acantholytic Tzank cells

- 3) atypical cells, naked nuclei
- 4) Pirogov-Langhans cells
- 5) a picture of nonspecific inflammation with a predominance of polyblasts

32. Differential diagnosis of pemphigus vulgaris is carried out:

- 1) pemphigoid
- 2) drug allergy
- 3) erythema multiforme exudative
- 4) dermatitis herpetiformis duehring
- 5) All answers are correct

33. For the general treatment of pemphigus vulgaris, the following is prescribed:

- 1) antihistamines, multivitamins, glucocorticosteroids
- 2) glucocorticosteroids, antibiotics, sedatives, painkillers
- 3) multivitamins, anabolics, glucocorticosteroids, cytostatics, saluretics
- 4) cytostatics, anticoagulants, saluretics, multivitamins
- 5) saluretics, sedatives, cytostatics, multivitamins, painkillers

34. Exacerbation of gastric ulcer contributes to:

- 1) tobacco smoking
- 2) stressful situations
- 3) eating disorder
- 4) sports

35. Coated tongue occurs when:

- 1) chronic colitis
- 2) chronic gastritis
- 3) stomach ulcer
- 4) atrophy of the filiform papillae

36. With a raid on the tongue, differential diagnosis is carried out with:

- 1) candidiasis
- 2) leukoplakia
- 3) catarrhal glossitis
- 4) lichen planus

37. Plaque on the tongue with chronic gastritis is removed:

- 1) easily
- 2) difficult
- 3) before treatment
- 4) after treatment

38. If you complain of a metallic taste in your mouth, you should:

- 1) study of gastric secretion
- 2) clinical blood test
- 3) determination of the value of microtons
- 4) scraping from the tongue

39. Provitamin B12 deficiency anemia hemogram reveals:

- 1) decrease in the number of red blood cells
- 2) decrease in the number of leukocytes
- 3) increase in hemoglobin

- 4) increased glucose levels
- 5) appearance of megalocytes

40. For Addison-Birmer anemia, vitamin B12 is prescribed:

- 1) inside
- 2) parenterally
- 3) intramuscularly
- 4) intravenously
- 5) do not appoint

41. Vitamin B12 synergist is:

- 1) folic acid;
- 2) vitamin C
- 3) vitamin PP
- 4) vitamin E
- 5) vitamin D

42. When diabetic is diagnosed, it is necessary to examine the blood for:

- 1) white blood cell count
- 2) red blood cell count
- 3) glucose level
- 4) bleeding time
- 5) ESR

43. A patient with Cushing's disease is shown a consultation:

- 1) otorhinolaryngologist
- 2) surgeon
- 3) dental neurologist
- 4) ophthalmologist
- 5) endocrinologist

44. What is the differential diagnosis for Addison's disease?

- 1) sialadenitis
- 2) Mikulich's disease
- 3) glossitis
- 4) beriberi
- 5) congenital pigmentation

45. What past and concomitant diseases take place in patients with hypovitaminosis B2:

- 1) infectious diseases
- 2) gastritis with reduced acid-forming function
- 3) diabetes
- 4) cardiovascular disease
- 5) chronic blood loss in women

46. Morphological element in pemphigus:

- 1) bubble
- 2) blister
- 3) pustule
- 4) papule
- 5) bubble

47. The following method is used to diagnose pemphigus:

- 1) immunological
- 2) histological
- 3) cytological
- 4) biochemical
- 5) clinical

48. In greenspin's syndrome, there is a combination of erosive-ulcerative form of lichen planus with

- 1) anemia
- 2) diabetes
- 3) neurodermatitis
- 4) hypertension
- 5) macrocheilitis

49. Papule is education

- one) abdominal
- 2) asexual

fifty Lichen planus is referred to

- one) to keratoses
- 2) to allergic conditions
- 3) to infectious diseases

51 The course of lichen planus

- one) acute
- 2) chronic
- 3) chronic with exacerbations

52 The erosive-ulcerative form of lichen planus is differentiated

- one) with flat leukoplakia
- 2) with chronic recurrent aphthous stomatitis
- 3) with erosive leukoplakia
- four) with pemphigus
- 5) with erythema multiforme exudative
- 6) with ulcerative necrotic stomatitis (sluggish)
- 7) with traumatic ulcer with signs of hyperkeratosis around
- eight) with atrophic candidiasis



53. For local treatment of patients with erosive and ulcerative form lichen planus is prescribed
- one) hirudotherapy
  - 2) UHF therapy
  - 3) laser therapy
54. For local treatment of patients with erosive and ulcerative form lichen planus is prescribed
- one) hirudotherapy
  - 2) UHF therapy
  - 3) laser therapy
55. When examining and treating patients with lichen planus need to be vigilant
- one) immunological
  - 2) venereal
  - 3) oncological
  - four) hematological
56. Erosion in pemphigus vulgaris to epithelialization
- one) inclined
  - 2) not inclined
57. Symptom Nikolsky with pemphigus vulgaris
- one) positive
  - 2) negative
58. When vulgar pemphigus is affected
- one) only mucous membrane
  - 2) only skin
  - 3) mucous membrane and skin
59. Ointments are used for local treatment of pemphigus:
- 1) antifungal, epithelizing
  - 2) corticosteroid, antifungal
  - 3) antifungal, corticosteroid
  - 4) corticosteroid, epithelial
  - 5) ointments are not used
60. Combined damage to the mucous membrane of the eyes and nose is typical for:
- 1) pemphigus
  - 2) hives
  - 3) lichen planus
  - 4) lupus erythematosus
  - 5) leukoplakia
61. Scraping from the surface of erosion in pemphigus reveals:
- 1) giant multinucleated cells
  - 2) acantholytic Tzank cells
  - 3) atypical cells, naked nuclei
  - 4) Pirogov-Langhans cells
  - 5) a picture of nonspecific inflammation with a predominance of polyblasts

62. Differential diagnosis of pemphigus vulgaris is carried out:

- 1) pemphigoid
- 2) drug allergy
- 3) erythema multiforme exudative
- 4) dermatitis herpetiformis duehring
- 5) all answers are correct

63. For general treatment of pemphigus vulgaris, the following is prescribed:

- 1) antihistamines, multivitamins, glucocorticosteroids
- 2) glucocorticosteroids, antibiotics, sedatives, painkillers
- 3) multivitamins, anabolics, glucocorticosteroids, cytostatics, saluretics
- 4) cytostatics, anticoagulants, saluretics, multivitamins
- 5) saluretics, sedatives, cytostatics, multivitamins, painkillers

64. Cause of glossitis meller-gunter:

- 1)flu virus
- 2)vitamin B12 deficiency
- 3)vitamin B1 deficiency
- 4)decrease in the height of the lower part of the face

65. What color is the plaque on the tongue with stomach cancer, gastric bleeding:

- 1)white
- 2)yellowish brown
- 3)brown
- 4)grey

66. Additional research methods for diseases of the gastrointestinal tract:

- 1)skin histamine test
- 2)blood test for prothrombin
- 3)blood sugar test
- 4)clinical blood test

67. Burning, pain with hyperemia of the mucous membrane with a lack of B vitamins:

- 1) AT 12
- 2) IN 1
- 3) IN 2
- 4) RR

68. With desquamation of the epithelium of the tongue, the following are affected:

- 1) grooved papillae
- 2) foliate papillae
- 3) filiform papillae
- 4) fungiform papillae

69. Hemorrhagic blisters on the oral mucosa are formed when:

- 1) Werlhof's disease
- 2) herpetic stomatitis
- 3) hypertension.
- 4) rheumatic heart disease
- 5) cardiovascular insufficiency.

70. Plaque on the tongue in chronic gastritis is removed:
- 1) easy
  - 2) hard
  - 3) before treatment
  - 4) after treatment
  - 5) not removed at all
71. If you complain of a metallic taste in your mouth, you should:
- 1) scraping from the tongue.
  - 2) clinical blood test
  - 3) determination of magnified microtons.
  - 4) study of gastric secretion.
  - 5) saliva sampling for microbiological examination.
72. In what disease is a bright red painful tongue with atrophy of the papillae observed?
- 1) leukoplakia
  - 2) desquamative gloss
  - 3) Meller-Gunter disease
  - 4) gastric ulcer.
  - 5) chronic recurrent aphthous stomatitis
73. Edema of the oral mucosa is observed in:
- 1) enterocolitis.
  - 2) gastric ulcer.
  - 3) vesicovascular syndrome.
  - 4) catarrhal stomatitis
  - 5) psycho-emotional disorders
74. Treatment of a patient with trophic ulcers in case of decompensation of cardiovascular insufficiency is carried out together with:
- 1) cardiologist
  - 2) therapist
  - 3) endocrinologist
  - 4) neuropathologist
  - 5) psychotherapist
75. Secondary morphological element in pemphigus:
- 1) ulcer
  - 2) flake
  - 3) vegetation
  - 4) scar
  - 5) erosion
76. A positive symptom of Nikolsky is determined when:
- 1) pemphigoid
  - 2) pemphigus
  - 3) erythema multiforme exudative
  - 4) lichen planus
  - 5) lupus erythematosus

77. When examining and treating patients with lichen planus with hyperkeratotic and erosive-manifest forms, it is necessary to be vigilant
- 1) oncological
  - 2) venereal
  - 3) hematological
  - 4) immunological
  - 5) traumatological
78. One of the secondary elements of the lesion in lichen planus is
- one) aphtha
  - 2) erosion
  - 3) crack
  - four) crust
79. Latin name for the primary element in lichen planus
- one) node
  - 2) ulcer
  - 3) papula
  - four) macula
80. The course of lichen planus
- one) acute
  - 2) chronic
  - 3) chronic with exacerbations
81. In the cytological material from erosion in lichen planus,
- one) fusospirochetosis
  - 2) acantholytic cells
  - 3) picture of non-specific inflammation
82. Doctor's tactics in the presence of a focus of hyperkeratosis, elevated above the surrounding tissues
- one) observation
  - 2) conservative treatment
  - 3) excision
83. Dispensary observation of patients with lichen planus
- one) shown
  - 2) not shown
84. When examining and treating patients with lichen planus need to be vigilant
- one) immunological
  - 2) venereal
  - 3) oncological
  - four) hematological
85. Additional examination method required for the diagnosis of pemphigus vulgaris
- one) bacterioscopic
  - 2) cytological
  - 3) histological
  - four) study in Wood's rays

86. Pemphigus vulgaris is differentiated
- one) with herpes simplex
  - 2) with erythema multiforme exudative
  - 3) with leukoplakia
  - four) with lichen planus, erosive form
  - 5) with bullous pemphigoid
  - 6) with atrophic candidiasis
87. Tactics of a dentist in relation to a patient with a vulgar vesicle (acute period)
- one) sanitation of the oral cavity
  - 2) administration of corticosteroid hormones
  - 3) referral to a dermatologist