## Final Examination - D-273 Introduction to Periodontology - spring 2006

Instructions: Please fill in <u>your name</u> and the <u>last 4 digits of your student number</u> on the computer sheet, where you will also fill in your answers. Select the single best answer for each question. Both this examination copy and the computer answer sheet must be turned in. You have until 11:30 am to complete the examination. No questions during the examination to supervising proctors will be answered. Questions #1-33 are worth three points each, and Question #34 is worth one point.

- 1. Which one of the following is a periodontal condition usually associated with rapid onset and pain?
  - → A. Necrotizing Ulcerative Gingivitis
  - B. Generalized Gingivitis
  - C. Generalized Chronic Periodontitis
  - D. Localized Aggressive Periodontitis
- 2. Which one of the following acute conditions would most likely be associated with pulpal disease?
  - A. Periodontal abscess
  - B. Gingival abscess
  - C. Apthous stomatitis
  - →D. none of the above
- 3. Which one of the following statement regarding a gingival abscess is accurate?
  - A. There is a localized deep probing depth
  - B. It is usually associated with a non-vital tooth
  - →C. Its etiology is usually a foreign body embedded in the gingiva
  - D. The lesion is associated with discrete ulceration
- 4. Which one of the following would be part of the treatment approach for Acute Necrotizing Ulcerative Gingivitis?
  - → A. Mechanical debridement
  - B. Prescribing an antihistamine
  - C. Raising blood insulin levels
  - D. All of the above
- 5. Treatment of which one of the following acute diseases often includes reduction of the occlusal surface of an opposing tooth?
  - → A. Pericornitis
  - B. Necrotizing Ulcerative Periodontitis
  - C. Chronic Periodontal abscess
  - D. Gingival abscess
- 6. Which one of the following treatments would be contraindicated in the treatment of recurrent Herpes Simplex?
  - A. ice
  - B. sun screen
  - →C. topical coticosteroids
  - D. topical antiviral
- 7. Which one of the following is would not be a histopathologic characteristic of Chronic Periodontitis?
  - A. bone loss
  - B. apical location of the epithelial attachment
  - C. loss of collagen fibers
  - →D. bleeding upon probing (\inith)

8. Which one of the following would be a clinical feature of Chronic Periodontitis but not gingivitis?
A. increased probing depth
→B. bone loss
C. gingival enlargement
D. gingival inflammation
9. Severe chronic periodontitis would be characterized by which one of the following?
A. 1-2 mm attachment loss (1)
B. 3-4 mm attachment loss \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
→C. 5 mm or more of attachment loss
D. none of the above
10. Which one of the following statements regarding Chronic Periodontitis is false?
<ul> <li>A. All individuals are not equally susceptible</li> <li>→B. All periodontal sites with untreated gingivitis develop into chronic periodontitis</li> </ul>
C. Susceptibility to future periodontitis breakdown is independent of age
D. all of the above
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11. Which one of the following periodontal risk factors is modifiable (i.e., can be changed through intervention)?
A. Diabetes
B. Stress
C. Osteopenia  →D. All of the above
7D. All of the above
12. Chronic Periodontitis has been identified as a potential risk factor for which one of the following diseases?
A. cardiovascular disease
B. preterm low birth weight delivery
C. diabetic control
→D. all of the above
13. Malignant gingival lesions:
A. can appear to be enlargements and/or ulcerative lesions of the gingiva.
B. can often be mistaken for common benign lesions.
C. are diagnosed with a biopsy.
→D. all of the above
14. Giant cell lesions (granulomas) on the gingiva:
→A. can be mistaken for pyogenic granulomas on the gingiva. B. do not involve alveolar bone.
C. tend to recur <u>and</u> metastasize after surgical removal.
D. all of the above
15. Gingival enlargement is successfully eliminated with conventional non-surgical tooth scaling and plaque control when treating which of the following?
A. pyogenic granuloma
B. drug-induced hyperplasia
→ C. severe gingivitis
D. all of the above

- 16. Pyogenic granulomas may present with:
  - A. bleeding
  - B. involvement of the buccal-lingual tissue, as well as interproximal gingival tissues.
  - C. capillary hyperplasia
  - →D. all of the above
- 17. Allergic reactions involving the gingival tissues:
  - →A. can be visually present as ulcerations or gingival edema
  - B. are treated with systemic antibiotics
  - C. are treated with non-steroidal anti-inflammatory agents
  - D. usually last 10-14 days
- 18. Herpes zoster infections:
  - A. may be treated with nifedipine. \(\(\lambda\_{\lambda}\lambda\_{\lambda}\)
  - →B. can lead to permanent painful nerve damage.
  - C. do not need to be treated with any anti-viral medications
  - D. all of the above
- 19. Primary occlusal trauma differs from secondary occlusal trauma in that:
  - A. loss of periodontal connective tissue attachment occurs only with primary occlusal trauma.
  - B. loss of periodontal connective tissue attachment occurs only with secondary occlusal trauma:
  - →C. alveolar bone resorption and increased tooth mobility occur on teeth with a normal periodontium with primary occlusal trauma.
  - D. alveolar bone resorption and increased tooth mobility occur on teeth with a normal periodontium with secondary occlusal trauma.
- 20. Which of the following features of occlusal trauma may be seen on dental radiographs?
  - A fremitus
  - →B. widened periodontal ligament spaces
  - C. premature occlusal contacts
  - D. all of the above
- 21. According to Glickman's theories on occlusal trauma, the "zone of co-destruction" is:
  - →A. comprised of alveolar bone, cementum, periodontal ligament, and interdental dentoalveolar collagen fibers.
  - B. not affected by occlusal forces.
  - C. is exclusively associated with subgingival dental plaques in histologic studies.
  - D. is affected by inflammation originating only from the "zone of irritation".
- 22. Increased tooth mobility as a consequence of occlusal trauma results in:
  - A. smaller periodontal probing depth measurements than are found on non-motile teeth with periodontal health and no occlusal trauma.
  - B. significantly increased gains in clinical periodontal attachment if left untreated over time.
  - →C. a longer coronal-apical supraalveolar connective tissue area seen histologically on affected teeth.
  - D. significantly increased collagen and less vascular structures seen histologically in subcrestal connective tissues on affected teeth.
- 23. Excessive occlusal forces do not initiate gingivitis or periodontitis. Trauma from occlusion by itself does not induce periodontal attachment loss.
  - A. The first statement is true, and the second statement is false.
  - B. The first statement is false, and the second statement is true.
  - →C. Both statements are true.
  - D. Both statement are false.

- 24. In the treatment of chronic periodontitis patients, it has been shown in 2-year post-treatment clinical studies that occlusal adjustment used as a supplement to periodontal root debridement with and without surgery results in:
  - A. significantly greater periodontal probing depth reductions as compared to patients not treated with occlusal adjustment.
  - →B. significantly greater gains in clinical periodontal attachment as compared to patients not treated with occlusal

adjustment.

- C. significantly smaller periodontal probing depth reductions as compared to patients not treated with occlusal adjustment.
- D. significantly smaller gains in clinical periodontal attachment as compared to patients not treated with occlusal adjustment.
- 25. Periodontal sites that exhibit an inflammatory-rich and collagen-poor histologic status in areas subjacent to the junctional epithelium most likely are:
  - A. periodontally healthy if dental plaque has been present for more than 5 days.
  - B. an initial gingivitis lesion if dental plaque has been present for more than 5 days.
  - →C. clinically bleeding on probing.
  - D. affected by primary occlusal trauma.
- 26. Acute gingival bleeding may be associated with:
  - A. hepatitis
  - B. excessive doses of non-steroidal anti-inflammatory agents.
  - →C. leukemia
  - D. all of the above
- 27. Excessive environmental exposure to bismuth, arsenic and/or mercury may clinically cause:
  - →A. a black line following the contour of the gingiva.
  - B. a violet linear pigmentation of the gingival marginal tissues.
  - C. a bluish-red linear pigmentation of gingival marginal tissues. لعيا
  - D. ulceration of gingival tissues, with pseudomembrane formation.
- 28. Therapeutic goals in the treatment of plaque-induced gingivitis include:
  - A. elimination of periodontal pockets
  - →B. elimination of plaque-retentive factors
  - C. gain of lost periodontal attachment
  - D. all of the above
- 29. Domination of plasma cells and B-lymphocytes in gingival tissue inflammatory infiltrates occurs in:
  - A. initial lesions.
  - B. early lesions.
  - →C. established lesions
  - D. trauma from occlusion lesions.
- 30. In comparison to periodontal health, gingivitis lesions harbor:
  - →A. more spirochetes and motile rods in the associated dental plaque.
  - B. less gram-negative anaerobic rods in the associated dental plaque.
  - C. more Actinomyces species in the associated dental plaque.
  - D. all of the above

- 31. In generalized aggressive periodontitis, which of the following apply?
  - A. The condition is random in nature, and does not concentrate within specific families.
  - B. A direct positive correlation exists between the increasing levels of gingival inflammation and increasing severity of the periodontal tissue destruction.
  - C. Abundant amounts of dental plaque are present on the teeth.
  - →D. none of the above
- 32. In localized aggressive periodontitis, which teeth are most profoundly affected?
  - A. second molars and first premolars
  - →B. first molars and incisors
  - C. canines and incisors
  - D. none of the above
- 33. Which form of aggressive periodontitis has its age of onset in persons under the age of 12 years?
  - A. localized
  - B. generalized
  - →C. prepubertal
  - D. rapidly progressive
- 34. In aggressive periodontitis patients, removal of the pathogenic plaque infection by treatment will reverse neutrophil defects and restore the patient's host immune response to one which is normal.
  - A. The statement is true.
  - →B. The statement is false.