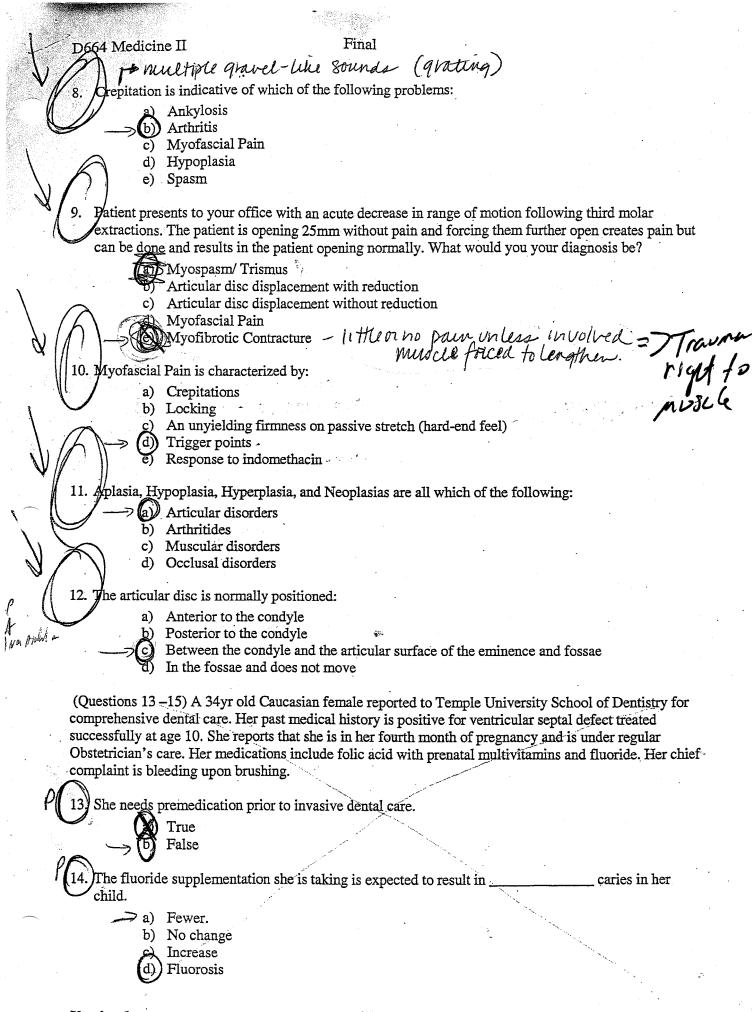
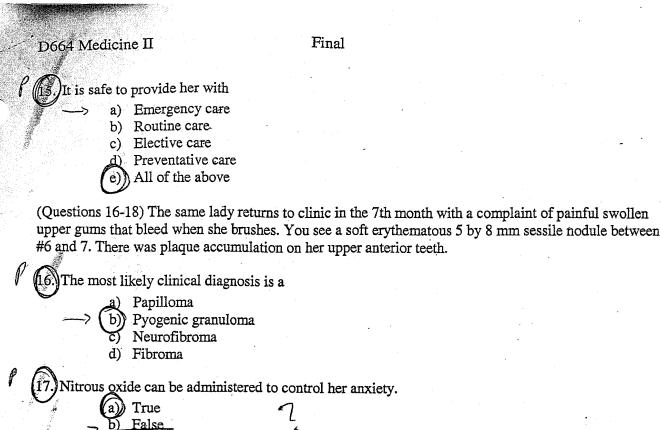
D664 Medici	ne II Fi	inal		d. loss	$\Omega$
Name	Can Can	SOUKI	h Student Numbe	CIEK	<u> </u>
✓ How frequency	ently should a patient who needs	antibiotic prophyla	axis be seen for dent	al procedures?	
	Alternate days	1 1 2			
	One to two weeks	· ·		**************************************	
> c)	Frequency does not matter				
9/ Premature	loss of deciduous teeth with early	zeruntion of perms	ment teeth is associa	ited with	
	Hypothyroidism	cruption or porma	mont tooth is associa	William Control of the Control of th	
	Hyperthyroidism /	•	•		
Na 170	Addison's disease				4
	Hyperparathyroidism				•
				XXII	
describes t	with a 5mm vertical overlap prese his patient's opening:	36 + 5 ≥	4 win	w nat best $w = 40-6$	Oun.
	Patient is within the lower range	-	<b>g.</b>		
c)	Abnormally low/restricted open Patient is hypermobile (opens b	_	re)		•
	Patient has restricted opening p	,	•	ne joint.	
17 / / \41	Transport for the second of th		_		•
/4. Patient B r	eports to you that her jaw has bee	n popping and get	ting sticky on the rig	tht side, and this	3
	ne woke up and has a limited abil			llowing would y	ou .
	ind upon examining her mandibu			116	
	Patient's mandible would deflect Patient's mandible would devia	te to the right -	anappears wh	enopen	***
	Patient's mandible would deflect	ct to the left.	becomes great	ter when i	sper
	Patient's mandible would devia				
12 11 2		ar a			*-
A = H	ar disc displacement with reduction	on of the temporon	andibular joint crea	tes what clinica	шу:
	Locking		<b>9</b> ,		
b)	Open dislocation Pain {always}			•	•
	Clicking	<b>₹</b>			
	Inability to open				
	•			)	
1 //	ho have a clicking TMJ without p	pain:			
(a)	Do not exist				
<b>)</b>	Exist and need to be treated	100			
	Exist and do not require treatments. Should be referred for surgery	ent - 4070 y p	opn.		
(a)	Are called "closed-locked" pati	ente			
	•			1	Λ
7. What is be	clieved to be happening in a close	d-lock scenario: -	- Dasc Droplace	ment w/o	keduction
( a)	The patient has opened and the	condyles have mo	ved beyond the artic	cular eminence	ふしい
(b)	The articular disc is displaced p	posteriorly and doe	s not allow the patie	ent to close fully	ī
c)	The articular disc is displaced,	interiorly and is re-			
7	click and then full opening	rediction	11 1 1		
	The articular disc is disintegrat	ing due to arthritis	arthirms	. 3 4_ £ .11 · · ·	1_4_3
(e)	The articular disc is anteriorly down the articular eminence ar	•	•	ed to fully trans	iate



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18.) For pain control following surgical excision use

Aspirin Acetaminophen (Tylenol)

Acetaminophen and codeine (Tylenol #3 with codeine)

Aspirin and oxycodone HCL (Percodan)

(Questions 19-21) Ms Davis, a nurse at Temple Hospital, reports to admissions clinic for comprehensive care. Her past medical history is non-contributory and she does not smoke or drink. She has no known drug allergies. You performed an oral exam and took alginate impressions for study models. She calls later in the morning complaining of red itchy blotches on the skin around her mouth and a swollen lower lip. When you question her, she reports no difficulty in breathing or tightening of her throat.

Final

The hypersensitivity reaction is most likely Type I Type II Type III d) Type IV

Appropriate initial treatment for this level of allergic reaction is 50 mg of diphenhydramine (Benadryl) p.o. qid

0.5 ml of 1:1000 epinephrine IM

100 mg of prednisone orally

21.) Possible allergens are

Alginate Latex

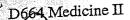
Both

Neither

D664 Medici	ne n
in A	
22. The media	ting antibody in a Type I reaction is
a)	IgG = +3
لطر	IgG 2+3 typ 4 Teells
(c)	IgE
d	IgD
Response t	ime for Type IV reaction
	30 minutes
(c)	3-8 hours 24-48 hours when your in the
d d	Does not matter
24. For which	of the following conditions does the AHA recommend antibiotic prophylaxis for the
prevention	of endocarditis?
	1. Prosthetic heart valves
	2. Mitral valve prolapse with regurgitation
	3. Pace makers
	4. Atherosclerotic plaques
10.4	5. Pregnancy
different a)	1, 2
b)	1, 2, 3
	1, 2, 4
d)	2, 3, 5
— e)	All of the above
25 Jinternation	al normalized ratio (INR) is one of the laboratory tests used to evaluate
	Liver metabolism
→ (b)	Coagulation status
	Cardiac efficiency
a)	Insulin levels
. e)	Degree of atrophy
26 In order to	perform extractions in a metions with about 1 and 1 an
least 50,00	perform extractions in a patient with chronic leukemia, their counts should be at
Martin	Red blood cell
b)	White blood cell
	Monocyte
	Platelet Etheral Last
<b>V</b> //// , (e)	Fibroblast
27. Parients wi	th migraina:
The state of the s	
	Experience stereotypical attacks of sharp pain lasting seconds triggered by light touch
<b>3</b> )	Find comfort in exercising during an attack - ETTH
_ 🕺	Are almost always heavy smokers and have a history of alcohol consumption - Curches
	None of the above - Thirdway
28 Vaccines	re currently available for homesisis A and homesis D. I. and for homesis C.
	re currently available for hepatitis A and hepatitis B, but not for hepatitis C.
(a)	True

Version 1

Tension-type headache



40. Mrs. B presents to your office for a new patient evaluation. When you inserted the mirror and retracted the cheek, Mrs. B suddenly writhes in pain, clutching her right face and grimacing. You wipe the sweat from your brow, and within 10 seconds she reassures you everything is all right, "that just happens sometimes". Which of the following conditions does Mrs. B present with?

a) Atypical Facial Pain

Glossopharyngeal Neuralgia
Trigeminal Neuralgia

Cluster Headaches

41. Ust the following disorders from shortest attack duration to the longest:

1. Migraine 7-72 h

2. Trigeminal Neuralgia

5. SUNCT & 250 cm

1, 5, 2, 3, 4

b) 5, 2, 3, 4, 1

c) 2, 5, 3, 4, 1

d) 2, 5, 4, 1, 3

e) 2, 5, 4, 3, 1

42. Patients having temporal arteritis need to be diagnosed and treated in a timely fashion-how are they diagnosed and what could happen if not treated:

a) Diagnosed from patient history; may lose vision.

b) Diagnosed from sedimentation rate; may have ischemia of temporalis muscle.

c) Diagnosed from history and biopsy; may have ischemia of the temporalis muscle.

Diagnosed from history and biopsy; may lose vision.

43. Mrs. F presents in your chair with a recurring, throbbing toothache in #8. She reports this tooth is so painful that she is nauseated. She has had the tooth evaluated several times. Finally, an endodontist treated the tooth with a root canal and that helped for a period of time, but now the pain has returned. You examine the tooth and all seems normal and the radiograph shows a well-filled root canal. Percussion increases the pain ever so slightly. She is sitting in the chair wearing sunglasses and demanding treatment. You suspect Mrs. F is having:

a) Cluster Headache
Migraine Headache
Atypical Facial Pain
d) Trigeminal Neuralgia

44. A patient presents with very short severe electrical attacks of pain, which are located in or around their ear. The patient is in such pain it is almost impossible to discern where the pain is located or what might be triggering the pain. All of the following would included on your differential diagnosis except for:

Trigeminal Neuralgia

c) Glossopharyngeal Neuralgia

d) Nervus Intermedius (Geniculate Neuralgia)

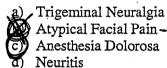
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- 45. Patient presents after falling on the right side of his face 2 years ago. No fractures were detected at the time of the accident. The patient reports that the impact was directly on the infraorbital rim on the right side. Shortly after the incident the patient reported having less sensation in the V2 distribution on the right side which resolved and has a deep burning sensation under the right eye ever since. Which of the following best fits as a diagnosis for this individual?
  - a) Anesthesia Dolorosa
  - b) Trigeminal neuralgia
  - c) Myofascial Pain

Traumatic Neuroma -

e) Atypical Odontalgia

46. Patient with trigeminal neuralgia sees an oral surgeon who performs a radiofrequency lysis of the left mandibular nerve. After the procedure the trigeminal neuralgia pain has stopped; however, now the patient has a continuous burning pain with electrical shocks in the V3 distribution and reports feeling as if the area were numb at the same time. Patient has had this same pain for the past 2 years after the surgery was completed. What would you list as your diagnosis for this patient at this time?



- e) Burning Mouth Syndrome
- 47. Avoid excessive use of barbiturates & narcotics in
  - a) Primary thrombocytopenia
  - b) Sickle cell anemia
  - c) Anemia
  - d) Hemophilia
- 48. Avoid use of aspirin in
  - 1. G-6-PD deficiency
  - 2. Sickle cell anemia
  - 3. Anemia
  - 4. Hemophilia
  - 5. Neutropenia
  - a) 1 only
  - b) 2, 3, 4, 5
  - c) 1,4
  - d) 1, 2, 4
  - e) All of the above
- 49. Before beginning a procedure on a diabetic patient you should check that
  - a) He has taken all his medications as scheduled except insulin.
  - b) He has been "NPO" (nothing by mouth) for 12 hours
  - c) He has increased his fluid intake by drinking 4 glasses of water to avoid dehydration.
  - d) He has taken his insulin and eaten his regular meals.

- 50. Mrs. Smith, your Type 1 diabetic patient is complaining that she feels weak and dizzy and has become irritable. You should
  - a) Continue your planned treatment. Mrs. Smith is always complaining about something.
  - b) Ask Mrs. Smith to take her insulin, as her symptoms are due to hyperglycemia.
  - c) Give her some orange juice, as her symptoms are due to hypoglycemia
  - d) Dismiss Mrs. Smith immediately and send a consult to her physician.
  - e) Call 911 after administering 0.5 ml 1.1000 epinephrine.
- Your patient is in the second trimester of pregnancy and reports that last week her physician told her that she heard a heart murmur, but an echocardiogram found no valvular pathology. She also reports allergy to penicillin (hives and "tightening" of throat).
  - a) Give 2gms amoxicillin 1 hour prior to invasive dental care
  - b) Give 600mgs clindamycin 1 hour prior to invasive dental care
  - Listen to the murmur yourself and decide whether or not to give antibiotic prophylaxis d) No prophylaxis is required.
- Which of the following drugs are safe for use during breast-feeding
  - 1. Penicillin
  - 2. Erythromycin
  - 3. Tetracycline
  - 4. Aspirin
  - 5. Benzodiazepine
  - $\sim$  a) 1, 2, 3, 4
    - b) 1, 2, 4, 5
    - ء 1, 2, 5
    - 1,2,3
      - e) 3.4.5
- 53) Supine hypotensive syndrome most often occurs in
  - a) The first trimester
  - b) The second trimester
  - c) The third trimester
  - d) All the trimesters
  - 54. A man with IBD presents with a smooth, depapillated tongue and complains of pain and burning. A complete blood count (CBC) finds macrocytic anemia. This may be due to
    - a) Iron deficiency due to malabsorption
    - b) Vitamin B complex deficiencies due to malabsorption
    - c) Use of one "baby" aspirin daily as a blood thinner
    - d) Using a soft toothbrush to clean his tongue
  - 55. Prolonged bleeding may be a problem in patients with cirrhosis of the liver because of decreased production of the Vitamin K related clotting factors.
    - a) True
    - b) False

**Version 1** 9 4/17/02

A 54-year-old woman presents to your office as a new patient for routine dental care. She has mild rheumatoid arthritis, mild osteoporosis, open-angle glaucoma and was recently diagnosed with mild Sjögren's syndrome. Her medications are generic ibuprofen, calcium, Prempro, multivitamins with Vitamin D, saline eye drops and another new eye drop for her glaucoma (she can't remember the name). She complains of dry eyes, a constant dry mouth and difficulty eating dry foods such as crackers without sipping water. Her dental exam finds multiple, small carious lesions on the roots of her teeth and on the worn occlusal surfaces of her lower anterior teeth. Her hygiene efforts appear to be good: there is little plaque and she brushes and flosses twice a day. To help with her dry mouth and to control her caries, which of the following should be recommended for her?

- Increase her hygiene efforts from brushing and flossing twice a day to brushing and flossing after every meal and using a neutral sodium fluoride rinse twice a day
- 2. Chew sugarless gum or suck on sugarless mints

Sip water throughout the day

4. Use 5 mg of Salagen (pilocarpine HCL) tid

2, 3, 4

1, 2, 3

All of the above

2.) Mucositis during radiation therapy for head and neck cancers typically

 a) Starts at about 2000 cGy, is confined to tissue within the radiation fields, lessens after 4000 cGy and is healed by the end of treatment

b) Starts at about 2000 cGy in the tissue within the radiation fields, spreads throughout the mouth and does not resolve until about 1 month post radiation

Starts at about 2000 cGy, is confined to tissue within the radiation fields, and does not resolve until about 1 month post radiation

Complications that may occur during radiation therapy for head and neck cancer are:

- Mucositis
- b) Loss or change in taste
- c) Reactivation of latent herpes simplex infection
- Oral candidiasis
- All of the above
- A 44-year-old man presents for dental care and you notice rampant caries and during your oral exam, the mouth mirror sticks to his buccal mucosa. He complains of a dry mouth. His medications are methadone, sertraline (Zoloft), vitamins, acetaminophen, and amitriptyline (Elavil) at bedtime. You suspect that his high caries rate may be due in part to
  - 1. Salivary hypofunction from use of vitamins and acetaminophen
  - 2. Salivary hypofunction from use of sertraline and methadone
  - 3. Salivary hypofunction from use of acetaminophen and amitriptyline
  - 4. General disinterest in oral hygiene
  - 1, 3, 4
  - 2, 3, 4
  - 1, 2, 3
  - All of the above

- A 67-year-old man with a fifty-pack year history of cigarette smoking (he quit 1 year ago) and a past history of heavy alcohol use presents for a pre-radiation therapy dental screening. He was recently diagnosed with cancer and is due to start radiation therapy in four days. He has a complete upper denture and 7 lower teeth (#22-27 and #32). Numbers 22 through 27 are in good repair without decay or mobility, but have 1-3 mm of recession and occlusal wear with exposed dentin on both roots and occlusal surfaces. Number 32 is severely decayed. He brushes once a week when he thinks of it. You call the radiation oncologist and learn that he has a Stage I squamous cell carcinoma (1.5 cm, no regional lymph nodes, no metastases) of his right throat/base of tongue and will receive 6000 to 7000 cGy of radiation to the right neck, right parotid and posterior right mandible. The left parotid and anterior mandible will be spared. Which of the following best describes the patient's situation and an appropriate treatment plan?
  - a) He is at low risk of osteonecrosis and at low risk of severe post-radiation salivary hypofunction. Therefore, despite his poor hygiene can probably maintain his mandibular teeth and in any event, will not need extractions prior to radiation therapy.

b) He is at high risk of osteonecrosis of the mandible and of severe post-radiation salivary hypofunction. With his poor hygiene, he must have all of his teeth extracted with primary closure at least 10 days before radiation therapy begins.

c) He is at high risk of osteonecrosis of his entire right mandible and teeth #25, 26, 27 and #32 must be extracted with primary closure at least 10 days before radiation therapy begins. However, he is at low risk of severe post-radiation salivary hypofunction and despite his poor hygiene can probably maintain his left mandibular teeth.

He is at high risk of osteonecrosis in the area of #32, which must be extracted with primary closure at least 10 days before radiation therapy begins. However, he is at low risk of severe post-radiation salivary hypofunction and despite his poor hygiene can probably maintain his anterior mandibular teeth. \*\*IMP particle will compensate.\*\* He is at high risk of osteonecrosis in the area of #32 and at high risk of severe post-radiation salivary hypofunction. With his poor hygiene, he is likely to eventually need extraction of all of his teeth, but only #32 must be extracted with primary closure at least 10 days before radiation therapy begins.

A 5-year-old epileptic patient who is currently controlled with carbamazepine (Tegretol) (he used to take phenytoin [Dilantin]) presents on a Monday complaining of a toothache in his lower left jaw that has kept him from sleeping well for 2 days. You notice that he has gingival hyperplasia, poor oral hygiene, and a severely decayed and abscessed #19 with buccal swelling that needs to be extracted. He reports an allergic reaction to penicillin (hives) and upset stomach from codeine. Which of the following is true?

- a) The stress and lack of sleep because of his toothache could make him less likely to have a seizure so there should be no problem with extracting his tooth in the small, crowded operatory in the back where all the spare equipment is stashed.
- (b) His gingival hyperplasia is likely the result of his use of phenytoin and poor hygiene.

  c) Post extraction, propoxyphene (Darvon) and erythromycin would be good choices for treatment of pain and infection.
- d) The best restoration for his missing #19 is a removable plastic denture rather than a fixed gold bridge.

**END OF TEST**