



Name _____

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JUNIOR FALL 1999
ORAL SURGERY FINAL EXAM

1. Adrenergic receptor classified as Beta - 2 are located in the smooth muscle of the respiratory tract. Stimulation of these Beta-2 receptors would produce which of the following:
 - A. Broncho Constriction
 - B. A-V shunting of blood within the pulmonary vasculature
 - C. Bronchodilation
 - D. Coarse bronchial breath sounds
 - E. None of the above
2. The hypotension which develops during the course of angina pectoris is referred to as cardiogenic shock.

T or F
3. Nitroglycerin is effective in relieving the chest pain from angina pectoris because:
 - A. It is a potent vasodilator
 - B. It is a potent vasoconstrictor
 - C. It causes the heart to beat more forcefully
 - D. It increases blood flow to the brain
 - E. None of the above
4. The drug of choice for providing pain relief to a patient experiencing a myocardial infarction is?
 - A. Ammonia capsule
 - B. Demerol
 - C. Lidocaine HCl
 - D. Morphine Sulfate
 - E. None of the above

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5. As you are injecting the local anesthetic for extraction of a tooth, you realize that your patient is about to have a syncopal episode. The most important first step is?
- A. Inject the remainder of the local anesthetic as rapidly as possible
 - B. Position the patient by placing him/her into trendelenberg position
 - C. Keep the patient's head elevated
 - D. Wait 30 seconds to be sure that the person loses consciousness
6. Three basic principles of seizure management include all of the following except.
- A. Patient protection
 - B. Airway management
 - C. Termination of the seizure
 - D. Placement of an IV line.
7. A patient develops chest pain during the course of dental treatment. You have given one nitroglycerin tablet (0.4 mg) sublingually but this did not relieve the chest pain. How long can you wait before giving the second nitroglycerin tablet?
- A. 45-60 seconds
 - B. 3-5 minutes
 - C. 10-12 minutes
 - D. 30 minutes
 - E. At least one hour
8. Orthostatic (postural) hypotension is commonly seen in patients taking certain types of medications to control medical problems. All of the following are medications which can cause orthostatic hypotension except.
- A. Non-diuretic antihypotensive medications
 - B. NSAIDs such as ibuprofen
 - C. Diuretic antihypertensive
 - D. Beta-blockers
9. During the course of a syncopal episode which occurred as you injected the local anesthetic, your first treatment should be to place the patient into a sitting position so that you can obtain vital signs and manage the airway.

T or F

10. The usual cause of death in patients having an anaphylactic reaction is laryngeal obstruction caused by vocal cord edema.

T or F

11. Local anesthetics are removed from the body by ?

- A. Pseudocholinesterase
- B. Renal metabolism and hepatic excretion
- C. Redistribution to the adipose tissue
- D. Hepatic metabolism and renal excretion
- E. None of the above

12. The drug of choice for terminating seizures is ?

- A. Benzodiazepines such as Valium or Versed
- B. Dilantin
- C. Valproic acid
- D. Beta-blockers
- E. All of the above can terminate a seizure.

13. In order to minimize the occurrence of hypoglycemia during dental treatment, it is important to minimize oral intake after the patient uses their insulin.

T or F

14. The drug of choice for treatment of syncope, if the patient is hypoventilating, is?

- A. Amyl nitrate
- B. Benadryl
- C. Glucagon
- D. Aminophylline
- E. Ammonia

15. Open lock is when the disk is displaced posteriorly.
- A. True
 - B. False
16. Intrameatal popping on palpation is consistent with.
- A. Otitis externa
 - B. TMJ dysfunction
 - C. Masseter spasm
 - D. Dislocation
 - E. All of the above
17. There are really _____ classifications of TMJ pathology.
- A. 1
 - B. 2
 - C. 3
 - D. Infinite
 - E. No
18. Which radiographic technique best visualizes fluid (joint effusion) in the TMJ?
- A. CT Scan
 - B. MRI
 - C. Panorex
 - D. Spot Tomograms
 - E. Lateral Cephalogram
19. Which zone of the meniscus is primarily responsible for producing innervation of the TMJ meniscus?
- A. Intermediate Zone
 - B. Medullary Zone
 - C. Posterior band
 - D. Anterior band
 - E. All of the above

20. A MORA appliance is used to help:

1. Unload the joint
2. Help treat myofascial spasm
3. Close the bite
4. Anteriorly reposition the mandible
5. All of the above

- a. 1,3
- b. 2,3
- c. 1,4
- d. 5
- e. 1,2,3,

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21. Anterior displacement of the disc with no recapture could cause:

1. Closed lock
2. Perforation of the disc
3. The disc never reducing
4. The disc occasionally reducing

- a. 1,3
- b. 1,2,4
- c. 1,2,3
- d. 1,4
- e. 1,2

22. All of the following can be a sign of a mandible fracture except.

- A. Mandibular pain
- B. Lip numbness
- C. Malocclusion
- D. Intra oral bleeding
- E. Visual Changes

23. In treating a patient with a displaced mandible fracture, placement of arch bars and IMF wiring should be accomplished only after an open reduction and bone plate is completed.

- A. True
- B. False

24. When making a traditional incision on the neck to perform an open reduction of a mandible fracture, which structure is important to protect from damage.
- A. Zygomatic branch of VII nerve
 - B. Temporal branch of VII nerve
 - C. Marginal mandibular branch of VII nerve
 - D. Buccal branch of the VII nerve
25. The most useful radiologic study to evaluate a possible condylar or subcondylar fracture is.
- A. Panorex
 - B. Occlusal view
 - C. Reverse towns view
 - D. Waters view
 - E. Lateral oblique view
26. When reading an MRI of the head and neck areas, high signal areas are all of the following except.
- A. Adipose
 - B. Fluid filled sinus
 - C. Bone Marrow
 - D. Cortical bone
27. The most common type of mandible fracture is
- A. Angle fracture
 - B. Subcondylar fracture
 - C. Symphysis fracture
 - D. Coronoid fracture
28. Greenstick fractures are seen most commonly in.
- A. Young children
 - B. Young Adults
 - C. Middle age men (3 rd decade)
 - D. Elderly
29. The most helpful diagnostic tool in determining if a patient has a mandible fracture is the history and physical exam.
- A. True
 - B. False

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30. A 52 year old woman requests removal of a painful mandibular second molar. She tells you that she has not rested for two days and nights because of the pain. Her medical history is unremarkable, except that she takes 20 mg of Prednisone daily for erythema multiforme. How do you treat this patient?
- A. Have patient discontinue the Prednisone for two days prior to extraction
 - ☒ B. Give steroid supplementation and remove the tooth with local anesthesia and sedation.
 - C. Instruct the patient to take 3 grams of amoxicillin one hour prior to extraction
 - D. No special treatment is necessary prior to extraction.
 - E. Do not have patient take prednisone for 24 hours prior to procedure.
31. What is the most common site of a pericoronal infection?
- A. Around newly erupted primary teeth
 - B. Around periodontally involved mandibular incisors
 - ☒ C. Around mandibular third molars
 - D. Around the site of a recent extraction
32. Which of the following cranial nerves provides motor innervation that allows for movement of the mandible?
- ☒ A. Trigeminal
 - B. Olfactory
 - C. Facial
 - D. Vagus
33. Which of the following arteries does not accompany the corresponding nerve throughout its course?
- ☒ A. Lingual
 - B. Infraorbital
 - C. Inferior alveolar
 - D. Posterior superior alveolar
34. Which artery or one of its tributaries listed below supplies both the maxillary and mandibular teeth?
- A. Vertebral
 - ☒ B. Maxillary
 - C. Occipital
 - D. Subclavian

35. The maxillary first molar is innervated by what three nerves?

- ☒ A. Anterior sup. alveolar
- ☒ B. Middle sup. alveolar
- ☒ C. Posterior sup. alveolar
- D. Palatal aponeurosis
- E. Palatine
- F. Inferior alveolar

- 1. a b c
- 2. b c d
- 3. b c e
- 4. c d e
- 5. d e f

36. A posterior superior alveolar nerve block on the left side will partially or fully provide anesthesia for what teeth?

- ☒ A. #14, #15, #16
- B. #12, #13, #14, #15, #16
- C. #15, #16
- D. #11, #12, #13
- E. #12, #13, #14

37. While extracting a mandibular third molar, you notice that the distal root is missing. The root tip is most likely in what anatomical area?

- A. Infratemporal fossa
- B. Mandibular canal
- ☒ C. Submandibular space
- D. Pterygopalatine fossa

38. Which of the following teeth could be removed without pain after administration of an inferior alveolar and lingual nerve block?

- A. All anterior teeth on the side of injection
- ☒ B. Canine and first premolar on the side of injection
- C. All teeth in that quadrant on the side of injection
- D. Both premolars and first molar on the side of injection
- E. Second pre-molar and first molar

39. A black and blue area that develops as blood seeps submucosally after surgical manipulation is considered to be and found to occur most often in what area?

- ☒ A. Postoperative ecchymosis
- B. An ulcer
- C. A postoperative nodule
- D. A postoperative papilloma
- ☒ E. Mandibular anterior
- F. Maxillary tuberosity
- G. Maxillary canine
- H. Mandibular molar

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- ☒ 1. a, e
- 2. a, g
- 3. b, f
- 4. c, e
- 5. d, e
- 6. d, h

40. TMJ plication surgery is:

- 1. Helpful in saving the disc
- 2. Used for anteriorly displaced discs
- 3. Useful for medially displaced discs
- 4. ~~Helpful in repairing perforations of the disc~~

- a. 1,2
- b. 1,2,3
- c. all of the above
- d. 1,2,4

41. A major disadvantage of the posterior auricular approach to the TMJ is possible stenosis of the external auditory canal.

- ☒ A. True
- B. False

42. The following cranial nerve is of concern for injury in TMJ surgery:

- 1. V
- 2. VI
- ☒ 3. VII
- 4. X

43. If meniscectomy is performed, which of the following is true:

1. The patient will get better
2. The patient will deviate to the opposite side of the meniscectomy performed.
3. The patient will deviate to the side of the meniscectomy.
4. The patient will open without deviation.

44. Which one of the following clinical signs of the TMJ is the most serious indicator Of potential pathology within the joint?

1. Popping
2. Clicking
3. Crepitus and grating
4. No noise

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45. Arthroscopic surgery can afford the surgeon all of the following:

1. Ability to diagnose the TMJ condition
2. Able to remove adhesions in a joint
3. Examination of the superior joint space.
4. Able to remove large plica formation.

- a. All of the above
- b. 1,2,4
- c. 3,4
- d. 2,3,4

46. Plica is a term for discal perforation.

- A. True
- B. False

47. During an ACLS seminar, your seminar leader suddenly collapses after you accidentally shock him with defibrillator. Vital signs: no pulse, unresponsive, no respiration.

Your first action after assessing ABC's should be:

- A. Intubate patient
- B. Perform CPR until the ambulance arrives
- C. Perform EKG evaluation
- D. Perform CPR while attaching a defibrillator

48. The following rhythm identified by a monitor is:

- A. Bradycardia
- B. Ventricular tachycardia
- C. Ventricular fibrillation
- D. Asystole

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49. Placement of defibrillator pads for rhythm evaluation should be:

- A. Right of sternum below clavicle, left midaxillary line
- B. Right epigastric area, right umbilical plane
- C. Midsternum position, left posterior position
- D. Right sternum, midthoracic

50. The first therapeutic option with the above rhythm is:

- A. Defibrillate once then intubate
- ⓑ. Defibrillate up to three times
- C. Resume CPR
- D. Lidocaine

51. Medications to treat the above rhythm are best initially administered by:

- A. Peripheral IV
- B. Central IV
- C. Subcutaneously
- D. Intramuscular

52. In the event of no IV access, specific medications may be adequately administered by:

- A. Direct cardiac administration
- B. Through the endotracheal tube
- C. Nasal spray
- D. Subcutaneously

53. The first drug of choice in treatment of the identified rhythm is:
- A. .5-1cc epinephrine 1/10,000
 - B. .5-1cc epinephrine 1/1000
 - C. Astrophine .5mg
 - D. Lidocaine 1/100,000
54. After further defibrillation the following rhythm is obtained with a diagnosis of:
- A. Ventricular tachycardia
 - B. Asystole
 - C. Ventricular fibrillation
 - D. Symptomatic bradycardia
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55. Further administration of the following drug may be helpful in converting the above pulseless rhythm:
- A. Atropine .5mg
 - B. Lidocaine 1mg/kg
 - C. Lidocaine 5mg/kg
 - D. Atropine 1mg
56. Following administration of the above medication, the next therapeutic treatment is:
- A. Administer atropine
 - B. Defibrillate at 200 Joules
 - C. Defibrillate at 360 J
 - D. Administer epinephrine
57. A patient on coumadin requires extractions before treatment you must obtain.
- A. Platelet count
 - B. PTT
 - C. INR
 - D. Coumadin level

58. The patient with sever liver disease is at risk for

1. Low platelet count
 2. Elevated PT
 3. Elevated PTT
 4. Elevated INR
 5. Decreased AMICAR
- a. 1,2
 - b. 2,4
 - c. 1,2,3,4
 - d. All of the above

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59. Patients with prosthetic heart valves

- A. Are usually anticoagulated
- B. Do not require antibiotic premedication for invasive dental procedures
- C. Have ejection fractions of less than 10%
- D. Are usually in atrial fibrillation

→ 60. Diabetics on oral hypoglycemics are much more likely to develop end organ .
damage than ^{those} on insulin.

- A. True
- ☒ B. False

61. Peritoneal dialysis patients require antibiotic prophylaxis premedication before extractions.

- A. True
- B. False

X

N A M E _____

→ An eighteen -year-old patient requires extraction of an asymptomatic #16. His past medical history is significant for a traumatic above-the knee amputation 12 months ago for which he wears a removable prosthetic knee and leg. Write an appropriate preoperative prescription.

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- II. A 220 pound woman with no medically compromising conditions, requiring 28 dental extractions, has received 5 1/2 carpules of 2% xylocaine with 1:100,000 epinephrine. What percentage of the maximum allowable dose for that anesthetic has she received? (Show all work for credit)

N A M E _____

- III. Write a prescription for postoperative pain for a recovering intravenous drug abuser.

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- IV. Write a prescription for a patient, allergic to penicillin with insulin dependent diabetes who has a prosthetic aortic valve and requires extraction of #30.