

Mid-Term Examination - D573 Periodontal Therapy and Treatment Planning I, fall, 2008

Instructions: Select the single best answer for each question and enter response onto the computer bubble sheet, onto which you also enter your name and the last four digits of your student number. You must turn in both this examination copy and your computer answer sheet. You have 60 minutes to complete the examination. No questions will be answered by proctors during the examination.

1. When is implant site preparation necessary?
 - A. Insufficient vertical height
 - B. Insufficient horizontal width
 - C. Both A and B
 - D. None of the above

2. The minimal standard of care in dentistry is ridge augmentation for all extracted teeth. Generally, a bone grafting material is used for the extraction socket.
 - A. The first statement is true, the second statement is false
 - B. The first statement is false, the second statement is true.
 - C. Both statements are true
 - D. Both statements are false

3. What is the sequence of preference for bone grafting materials either for extraction sockets or implant site preparation surgery?
 - A. Autograft, Allograft, Xenograft, Alloplast
 - B. Allograft, Autograft, Xenograft, Alloplast
 - C. Alloplast, Xenograft, Allograft, Autograft
 - D. None of the above

4. Some of the primary uses of guided tissue regeneration include which of the following?
 - A. Periodontal defects
 - B. Extraction sockets
 - C. Implant site preparation surgery
 - D. All of the above

5. The lateral window sinus lift surgery is primarily used for?
 - A. increasing vertical height for dental implants
 - B. increasing horizontal width for dental implants
 - C. increasing trapezoidal dimension
 - D. None of the above

6. Which is an advantage of a sharp scaler/curette?

- A. improved patient comfort
- B. decreased tactile sensitivity
- C. reduced tissue response
- D. All are advantages

7. Which instrument would you use for subgingival calculus removal from the distal surfaces of posterior teeth?

- A. gracey 13/14
- B. gracey 1/2
- C. gracey 11/12
- D. all of the above

8. When an instrument is sharp, the cutting edge will reflect light.

- A. true
- B. false

9. When sharpening a sickle scaler, the stone should always round the toe in a downward stroke.

- A. true
- B. false

10. Manufacturers recommend replacement of an instrument when the blade has been reduced by:

- A. 10%.
- B. 30%.
- C. 50%
- D. 75%.

11. According to the required reading from the Carranza textbook, which of the following does not involve removal of plaque and calculus from tooth surfaces?

- A. curettage
- B. scaling
- C. root planning
- D. air polishing

12. The difference between the Universal curette and the Gracey curette is:

- A. the Universal has one cutting edge.
- B. the Gracey curette has a pointed toe.
- C. the Gracey curette has two cutting edges.
- D. the Gracey curette has one cutting edge.

13. When using an Arkansas stone the lubricant should be:

- A. water.
- B. dry only.
- C. oil.
- D. alcohol.

14. What type of prosthetic classification is a removable prosthesis such as an overdenture supported completely by implants?

- A. FP-1
- B. FP-2
- C. FP-3
- D. RP-4

15. Fine trabecular bone with large intraosseous spaces is classified as:

- A. D1 bone.
- B. D2 bone.
- C. D3 bone.
- D. D4 bone.

16. On average, panoramic radiographs magnify the size of actual objects, such as a dental implant, by:

- A. 5%.
- B. 25%.
- C. 50%.
- D. 66%

17. Which radiographic technique would give you the best dimensional view of the location of the mandibular canal?

- A. CT scan
- B. Panoramic
- C. Periapical
- D. Occlusal

18. To avoid occlusal overload of implants, which strategy should not be applied?

- A. Use of longer implants
- B. Restore anterior guidance
- C. Use cantilevers in a linear configuration
- D. Place implants perpendicular to the occlusal plane

19. According to the Carranza textbook, the initial biologic processes and bone remodeling needed to complete the first remodeling cycle of bone around an implant require an estimated:
- A. 24 hours in humans.
 - B. 14 days in humans.
 - C. 4 months.
 - D. 1 year.
20. The minimum amount of interocclusal space required for the restorative "stack" on an external hex-type implant is
- A. 0.5 mm.
 - B. 2 mm.
 - C. 3.9mm.
 - D. 7 mm.
21. The minimal mesial–distal space required for a standard diameter implant (e.g., 4.1 mm) is:
- A. 6 mm.
 - B. 7 mm.
 - C. 5.5 mm.
 - D. 4.9 mm.
22. When performing a lateral window sinus lift surgery, the initial buccal flap incision:
- A. is full thickness
 - B. is a gingivectomy
 - C. is followed by blunt dissection to locate the Schneiderian membrane
 - D. is partial thickness
23. Risk factors for drug-induced gingival overgrowth include all except which of the following?
- A. age - the younger the patient, the more overgrowth will be noted.
 - B. gender - females 10 times more than males
 - C. concomitant medications
 - D. pre-existing periodontal disease
24. In patients with low plasma and RBC folate, what can be utilized that may reduce inflammation by binding to plaque-derived endotoxins in phenytoin-induced gingival overgrowths?
- A. 1 mg/ml topical folic acid mouth rinse
 - B. 500 mg Vitamin C supplements
 - C. topical corticosteroids
 - D. none of the above

25. Features of calcium channel blocker-induced gingival overgrowth include all except which of the following?
- A. gingival changes usually appear 2-3 months after initiation of therapy
 - B. it decreases with drug withdrawal
 - C. it is most pronounced on the lingual aspects of molars
 - D. is most commonly seen with nifedipine
26. What is the average prevalence of drug-induced overgrowth in dentate persons taking phenytoin that experience gingival changes?
- A. 10%
 - B. 50%
 - C. almost 100%
 - D. less than 2%
27. Which antibiotic has been shown to alter oral tissue pigmentation even in adults?
- A. tetracycline
 - B. azithromycin
 - C. minocycline
 - D. clindamycin
28. Elevated levels of progesterone and estrogen cause an increase in growth of which of the following?
- A. *Prevotella intermedia*
 - B. *Eubacterium nodatum*
 - C. *Aggregatibacter actinomycetemcomitans*
 - D. *Porphyromonas gingivalis*
29. Which of the following drugs increase the risk of periodontal breakdown?
- A. anti-hypertensive drugs
 - B. anti-depressant drugs
 - C. sex hormones
 - D. all of the above
30. Patients with bone marrow depression show all except which of the following?
- A. bluish pigmentation of the bone and gingival
 - B. swollen gingival
 - C. increased risk of opportunistic infections, such as candidiasis and herpes
 - D. oral ulceration
31. Regarding the "pregnancy tumor", which of the following is incorrect?
- A. it is a true neoplasm
 - B. it is an inflammatory response to bacterial plaque
 - C. it usually appears during the third month of pregnancy
 - D. its incidence is 1.8-5%

32. Which of the following does not cause drug-induced gingival enlargement?

- A. phenytoin
- B. cyclosporin
- C. nifedipine
- D. metronidazole

33. In a patient undergoing organ transplant surgery, which of the following HLA (human lymphocyte antigen) phenotypes is more susceptible to immunosuppressant drug-induced gingival enlargement?

- A. HLA-DR2
- B. HLA-EE2
- C. HLA 450
- D. none of the above

34. Cyclosporin-induced gingival overgrowths share similar clinical and histopathological features with gingival overgrowths caused by phenytoin or calcium channel blockers, except that there is an increased area of connective tissue matrix with cyclosporin-induced gingival overgrowths.

- A. The statement is true
- B. The statement is false

35. Your periodontal patient exhibits a fasting plasma glucose level of 80 mg/dl on two separate occasions. In light of this, you should:

- A. obtain a medical consultation for diabetic management.
- B. proceed with the needed periodontal therapy without concern about diabetes.
- C. avoid 1/100,000 epinephrine in local anesthetics.
- D. prescribe a long-acting insulin medication.

36. When using a fasting plasma glucose analysis to diagnose diabetes mellitus:

- A. a value of ≥ 126 mg/dl on at least two separate days is needed to diagnose presence of the disease.
- B. a value of ≥ 68 mg/dl on at least two separate days plus clinical symptoms is needed to diagnose presence of the disease.
- C. a value of ≤ 200 mg/dl on at least two separate days plus clinical symptoms is needed to diagnose presence of the disease.
- D. a value of $\geq 7\%$ on at least two separate days plus clinical symptoms is needed to diagnose presence of the disease.

37. "Poor" glycemic control in a diabetic patient is indicated by a:

A. HbA1c value of ≥ 200 mg/dl

B. HbA1c value of $< 6\%$

→ C. HbA1c value of $> 10\%$

→ D. none of the above

Both answers C and D were accepted for question #37

38. Which of the following are signs or symptoms of hypoglycemia to be looked for when providing periodontal therapy on diabetic patients?

A. excessive sweating

B. tremors

C. rapid heart beat

→ D. all of the above

39. Advanced glycation end products (AGEs) in diabetic patients may contribute to periodontal pathology by:

A. increasing gingival crevicular fluid glucose levels.

→ B. upregulate monocyte/macrophage proinflammatory cytokine secretion.

C. altering homeostasis in gingival epithelial tissue formation.

D. all of the above

40. Poor glycemic control increased the risk of periodontitis in diabetic subjects.

Persistent periodontal infection, particularly with subgingival *Porphyromonas gingivalis*, may compromise glycemic control in diabetic periodontitis subjects.

→ A. Both statements are true

B. The first statement is true, but the second statement is false

C. The first statement is false, but the second statement is true

D. Both statements are false