

Third Examination - D373 Principles of Periodontology I, fall, 2003

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 social security number. You have 90 minutes to complete the examination. You must turn in both this examination copy and your answer sheet.

1. Which of the following provides non-sustained drug delivery into periodontal pockets?
 - A. 50 mg/ml tetracycline solution
 - B. subgingival irrigants not possessing substantivity
 - C. controlled-release products
 - D. subgingival irrigants possessing substantivity
2. Which of the following provides on average significantly better gains in clinical periodontal attachment level on untreated periodontitis lesions when subgingivally placed as an adjunct to conventional mechanical periodontal therapy as compared to conventional mechanical periodontal therapy alone?
 - A. stannous fluoride gel
 - B. chlorhexidine solution
 - C. povidone-iodine solution
 - D. Actisite periodontal fibers
3. Systemically administered doxycycline:
 - A. exhibits poor gastric absorption in approximately 50% of chronic (adult) periodontitis patients.
 - B. provides on average significantly better clinical periodontal attachment level gains when given as an adjunct to conventional mechanical periodontal therapy.
 - C. is the antibiotic of choice against periodontal *Streptococcus constellatus* strains.
 - D. is indicated after completion of whole-mouth scaling and root planing for treatment of gingivitis.
4. Which of the following systemic antibiotic regimens is best indicated as an adjunct to conventional mechanical periodontal therapy when *Actinobacillus actinomycetemcomitans* is present at high levels in the subgingival microbiota?
 - A. clindamycin
 - B. PerioChip
 - C. metronidazole plus amoxicillin
 - D. Augmentin
5. Which of the following systemic antibiotics is best indicated as an adjunct to conventional mechanical periodontal therapy when enteric rods or pseudomonads are present at high levels in the subgingival microbiota?
 - A. azithromycin
 - B. ciprofloxacin
 - C. metronidazole
 - D. minocycline

6. Systemic periodontal antibiotic therapy is best administered:
- A. after the completion of whole-mouth mechanical root debridement.
 - B. prior to completion of whole-mouth mechanical root debridement.
 - C. to patients with gingivitis or stable chronic periodontitis after root scaling.
 - D. before patient home plaque control is started.
7. Which of the following is not an advantage of systemic periodontal antibiotic therapy?
- A. Readily administered via oral cavity
 - B. Has the potential to reach periodontal pathogens in all subgingival sites throughout the dentition.
 - C. Delivers a lower subgingival drug dose than local antibiotic pocket administration.
 - D. Has the potential to eradicate periodontal pathogens growing on the patient's buccal mucosa, dorsum of tongue, and tonsillar area.
8. Arestin has which of the following as its active agent?
- A. metronidazole
 - B. minocycline
 - C. chlorhexidine
 - D. doxycycline
9. Which of the following must be removed at a follow-up patient appointment following its initial subgingival placement into a periodontal pocket?
- A. Actisite
 - B. Atridox
 - C. PerioChip
 - D. Arestin
10. In the treatment of necrotizing ulcerative gingivitis:
- A. systemic ciprofloxacin antibiotic therapy should be given.
 - B. removal of plaque and calculus should be delayed until acute symptoms subside.
 - C. the patient should be re-treated every 1-2 days until acute symptoms subside.
 - D. topical and/or systemic acyclovir should be considered to control viral infection.
11. Systemic antibiotic therapy should not be considered in the treatment of:
- A. pericoronitis
 - B. acute herpetic gingivostomatitis
 - C. necrotizing ulcerative gingivitis
 - D. periodontal abscess
12. Which of the following will predictably resolve on its own without any professional therapy?
- A. pericoronitis
 - B. acute herpetic gingivostomatitis
 - C. necrotizing ulcerative gingivitis
 - D. periodontal abscess

13. In the treatment of pericoronitis where occlusal contact impinges onto the operculum:
- A. alcohol mouthrinses should be avoided.
 - B. extraction of the tooth should be immediately performed.
 - C. an occlusal adjustment can be performed on the occlusal table under the operculum.
 - D. an occlusal adjustment can be performed on the opposing tooth.
14. Which of the following is not correct?
- A. A past history of chronic periodontal disease is usually found in patients with a periodontal abscess.
 - B. A majority of teeth with periodontal abscesses are lost within a 24-month time period after the onset of acute symptoms.
 - C. Ludwig's angina can develop secondary to pericoronitis.
 - D. Liquid consumption is essential in treatment of acute herpetic gingivostomatitis.
15. Pain awakening a patient from a sound sleep is associated with which of the following?
- A. endodontic abscess
 - B. periodontal abscess
 - C. gingival abscess
 - D. localized aggressive periodontitis
16. Diffuse gingival swelling, a single deep periodontal probing depth, and sharp pain relieved by cold, is most likely associated with a tooth affected by which of the following?
- A. endodontic abscess
 - B. periodontal abscess
 - C. gingival abscess
 - D. localized aggressive periodontitis
17. A painful, purulent inflammatory area with fluctuant swelling limited to superficial gingival tissues and associated with an impacted popcorn hull, is most likely which of the following?
- A. endodontic abscess
 - B. periodontal abscess
 - C. gingival abscess
 - D. localized aggressive periodontitis
18. Which of the following is correct pertaining to mechanical scaling and root planing?
- A. The deeper the probing depth of a periodontal site, the less likely will the treating clinician be able to successfully remove all subgingival plaque and calculus with non-surgical scaling and root planing.
 - B. The efficacy of non-surgical scaling and root planing in removing plaque and calculus is similar on both single-rooted teeth and molar teeth with furcation involvements.
 - C. Removal of plaque and calculus from deep probing depths is equally poor between both experienced vs. inexperienced treating clinicians.
 - D. The power stroke in scaling and root planing with a curette is made in an apical direction.

14. Dental calculus formation which may occur throughout the dentition and is increased by gingival inflammation is:

- A. usually white in color.
- B. supragingival.
- C. subgingival
- D. none of the above

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15. Clinical periodontal attachment loss 5 mm or greater is associated with:

- A. advanced loss of periodontal support
- B. slight loss of periodontal support
- C. moderate loss of periodontal support
- D. severe gingivitis

16. The gold standard for measuring the extent and severity of periodontitis is:

- A. periodontal probing pocket depth.
- B. the distance from the mucogingival junction to the most apical extent of the junctional epithelium.
- C. the distance from the CEJ to the bottom of the periodontal pocket.
- D. the distance from the free gingival margin to the bottom of the periodontal pocket.

17. Poor patient plaque control is indicated by:

- A. a Plaque Index score of 0
- B. a Plaque Index score of 1
- C. $\geq 20\%$ dental plaque-positive tooth surfaces in a patient's mouth
- D. all of the above

18. An extended #11/12 explorer is used primarily for:

- A. detection of dental caries in fissures
- B. measurement of clinical periodontal attachment level
- C. identification of the CEJ for periodontal probing depth assessments.
- D. subgingival dental calculus detection.

19. When clinical periodontal attachment loss occurs in a patient:

- A. the probing depth always is found to increase in the patient.
- B. tooth mobility will similarly increase in magnitude.
- C. a loss of crestal lamina dura will predictably take place on a radiograph of the site.
- D. none of the above

20. The repeated finding of a lack of bleeding on probing at a periodontal site post-treatment:

- A. is associated with an almost negligible risk of progressive periodontal attachment loss.
- B. has no prognostic significance.
- C. is commonly found even if the Plaque Index score is 3 or greater.
- D. none of the above

21. A tooth with movement of the tooth crown of more than 1 mm in a horizontal direction has:

- A. Class 0 tooth mobility
- B. Class 1 tooth mobility
- C. Class 2 tooth mobility
- D. Class 3 tooth mobility