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Pediatric Dentistry 466

You have just administered 2% lidocaine w/ 1:1000 epinephrine and are getting ready to do a MO on tooth A. Your stomach hurts and you think it is diarrhea. You desperately need a toilet. Do you:

- A) Drink cherry flavored Pepto-Bismol followed by ½ quart of Castor Oil
- B) Ask Michael Jackson to supervise the 4 year old boy while they watch Woody Wood Pecker
- C) Try to disguise the pain even though you can barely hold the handpiece
- D) Place Michael Jackson on a papoose board while you go to the restroom to discharge
 - 1) Compared to mandibular permanent molars, the anatomy of primary molars is characterizes by
 - A) The pulpal floor *****
 - B) The proximal enamel
 - C) Dark color
 - D) Large crown size
 - 2) Primary molar occlusal relationships are described by
 - A) Overbite
 - B) Overjet
 - C) Vertical dimension
 - D) Terminal Plate *****
 - E) Primate Spacing
 - 3) Natal teeth are
 - 1) present at birth
 - 2) Erupt within the first 30 days after birth
 - 3) Should always be removed
 - 4) Should only be removed for specific reasons
 - A) lonly
 - B) 2 & 3
 - C) 3 & 4
 - D) 1 & 4 *****
 - E) 2 & 4
 - 4) A medication that is recommended for treatment of severe cases of herpes labiallis is
 - A) Benadryl

B) Acetominophen C) Motrin D) Denavir *******
5) Billy is a 5 yr old who presents to your office with a dental abscess and associated facial swelling. Which is the correct dosage range of penicillin for Billy?
A) 25- 50 mg/kg/day B) 20- 40 mg/kg/day C) 8-25 mg/kg/day D) 10-15 mg/kg/day
6. Lidocaine 2% provides pulpal anesthesia for primary molar for:
A. 10 minutes B. 30 minutes C. 85 minutes ***** D. 4 hours
7. For a patient who must have antibiotic prescription before dental procedure and is allergic to penicillin, the drug of choice is:
A) Clindamycin *** B) Amoxicillin C) Tylenol with Codeine
8. The analgesic of choice for a child after an extraction is: A) Aspirin B. C. Tylenol**** D. E.
9.The maximum dose of lidocaine _% with 1:1000 epinephrine to be administered to a childlocal anesthesia for the extraction of a mandibular primary first molar is: A. B. 4,4 mg/kg***

10. Professionally applied _% fo A. One minute B. Two minutes C. Four minutes**** D. Eight minutes	am topical fluoride should be applied for
11. According to Caries Risk Ass with multiple areas of decalcifica A. High*** B. Low C. Moderate	essment Tool, the level of caries risk associated tion is:
	Pinkam pg. 209
12. A five year old child living in should be given a suppler A. 0 mg B. 0.25 mg ** C. 0.50 mg D. 1.0 mg	a community that contains 0.3-0.6 ppm fluoride ment of fluoride
 Acid etching accomplishes wh Enhances the receptivity of the to Removes surface debris Encourages a low contact angle Encourages a high contact angle Removes approximately 10 micro 	ooth for sealant
A. 1 and 3 B. 1 and 4 C. 1, 2 and 4 D. 1, 2 and 5 E. 1, 2, 3, and 5***	
 14. A fluoride supplement for a 3 what form? A. Drops** B. Mouth rinse C. Tablets D. Any of the above 	year old child is most effectively administered in
15) Flouride varnish:	
	d than most other forms of professional fluoride *** the use with adolescents primary teeth

D) Should not be applied more frequently than once yearly
16) At what age does ideal infant oral health begin?
 A) 3 months B) 6 months C) 12 months D) with prenatal oral health counseling for the mother ******
17) Rounding the pupal axial line angle in a class II preparation in a primary molar:
 Allows greater bulk of restorative material Decreases stress concentration in the restoration Prevents recurrent cavities Weakens the final restoration
A) 1 & 2 ******* B) 3 & 4 C) 1,2 & 3 D) 2, 3 & 4
18) In preparing a tooth for a procedure which will use bonding, which of the following can be used for cleaning the tooth?
 Flour of pumice Course pumice Prophy paste
A) 1 only B) 2 only C) 3 only D) 1 and 3 only ****** E) 1, 2, & 3
19) When preparing an occlusal or DO preparation on a mandibular first primary molar, the ridge should not be cut unless it is cariously involved:
 A) Satellite B) Distal C) Oblique D) Transverse ****** E) None of the above
20) Caries progresses
A) Most rapidly at the dentin pulpal interface

B) Most rapidly at the dentinC) Most rapidly on the surfaceD) None of the above	
	ne most important preventative and therapeutic
measure in periodontal therapy	y to prevent gingivitis in adolescents 13-15 years old?
A) Professional scaling and r	root planning
	ith a water pick and clorahexadine
C) Have their moms brush th	
D) Patient administered plaq	ue control *****
22) For the primary molar stair	nless steel crowns, which of the following are true?
1) Occlusal reduction should	d be 2.5 mm
Inter proximal reduction s	should be 1.5-2.0 mm
	e which helps close the gingival margins
4) Contouring is the procedu	are that closes the gingival margin
A) 1 & 2	
B) 1 & 3 *****	
C) 2 & 4	
D) 1,2,3 & 4	
23) Which of the following are	true regarding preventative resin restoration?
1) They can be restored with	n composite
They can be restored with	resin- modified glass ionomer
3) They include use of sealer	nt material
A) 1 & 2	
B) 1 & 3	
C) 2 & 3	
D) 1, 2 & 3 ***	
24) Which of the following is no	ot characteristic of resin- modified glass- ionomer?
A) Coefficient of thermal ex	pansion is very different from tooth structure ******
B) Biocompatibility	
C) Binds to enamel and dent	in
D) Releases fluoride into sur	rounding tooth structure
25) When placing a resin-modi	fied glass ionomer restoration, the restorative
material must be placed in incr	
A) 2 mm	

B) 3 1 C) 4 1	
D) 140	one of the above. The material can be placed in bulk
•	arch has shown that a class II resin- modified glass ionomer restoration has tial to release fluoride into the:
2) No	ooth which has been restored eighboring tooth adjacent in the box of the restoration oposing/ antagonist tooth
,	
restoration	a posterior composite of resin —modified glass ionomer is placed as a on, sealant should be placed over the final restoration and any portion of epared grooves, pits or fissures.
A) TI B) FA	RUE ***** ALSE
28) In a c	lass II preparation in a primary molar, the width of the isthmus is ideally
A) 1/	3 of the buccal lingual distance
•	of the buccal lingual distance
•	3 of the intercuspal distance ********* the intercuspal distance
	dth of a # 558 bur
-	proper hand instrument used to finish the gingival seat of a class II ion in a primary molar is a
A) Gi	ngival margain trimmer
•	nangle Chisel
•	astic Instrument
•	
D) Ha E) Sp 30) Breal	

A) Above B) At C) Below ******		
D) None of the above		
31) The proper length of time	to etch a primary or permanent tooth is	?
A) 10 seconds B) 15 seconds *** C) 30 seconds D) 60 seconds		
32) Which of the following m	atrix retainers do we recommend for children?	
 A) Toffelmire B) S-band C) Mylar strip D) T- band ****** E) Molar band 		
33) Which of the following sta	atements regarding sealants is true?	
 A) They are highly utilized B) Once a sealant is placed C) They are placed only or D) They bond chemically t E) None of the above is true 	l, follow up is not needed n posterior teeth o enamel	
34) When filing back to back	amalgam restorations in primary molars:	
A) Fill the mesial box firstB) Fill the distal box firstC) Fill both boxes simultarD) None of the above	hen fill then fill the mesial box	
35) When using the rubber d	am in children:	
 Always isolate an entire Isolate the minimal num Isolate using a "slit dam 	nber of teeth needed	
A) 1 only		

C)	1 and 2 1 and 3
D)	2 and 3 ******
	hich of the following should be performed to create a good anatomical contact ass II primary molar restoration?
2)	Contour the matrix band with a ball burnisher Contour the matrix band with a contouring pliers Wedge the matrix closed, at the gingival seat Triple wedge at the matrix to ensure a tight contact
B) C)	1 and 3 1 and 4 2 and 3 ****** 2 and 4
-	idies have shown that the success rate of the formocresol pulpotomy lure to be as high as:
B) C)	95 % *** 60 % 45 % 15 %
	hich of the following medications or treatments has NOT been suggested as an ative to the formocresol pulpotomy?
B) C) D)	Glutaraldehyde Ferric sulfate Mineral trioxide aggregate (MTA) Electrosurgery Barium Sulfate ********

39) One year ago you performed a pulpotomy and stainless steel crown on tooth # B for a 6 year old child. At the recall visit, the patient tells you the tooth feels fine, but you notice a small "pimple" on the buccal gingival of tooth # B. Which of the following is true?

- A) Since the patient is asymptomatic, no further treatment is needed immediately. If pain develops, then the tooth should be extracted.
- B) The tooth has abscessed. Antibiotics should be prescribed and then the tooth should be reevaluated in 6 months.

C) You should take a radiograph of # B, then extract or plan to extract #B. ***** D) The tooth should have the pulpotomy redone.	***
40) After removing the coronal pulp from the maxillary primary second molar wideling a formocresol pulpotomy you find that bisecting through the pulp chamber difficult to control. The reason may be due to:	
 Radicular pulp hyperemia Incomplete removal of chamber ?? Radicular pulp ?? 	
A) 1 only B) 1 and 3 C) 1 and 2 ****** D) 2 and 3	
41) Which of the following signs or symptoms may be found with a failed pulpotomy?	
 A) Pain B) Swelling C) External root resorption D) Pathologic mobility E) All of the above*** 	
42) Which of the most successful treatment for a vital second primary molar with large carious pulp exposure?	ıa
A) Indirect pulp treatment B) Pulpotomy with formocresol ****** C) Pulpotomy with calcium hydroxide D) Pulpcap with calcium hydroxide	
43) Electric pulp? is a reliable method of evaluating the condition of primary tee pulps.	th
A) TRUE B) FALSE ******	
44) What distinguishes periodontitis from gingivitis?	
A) probing pocket depth	

- B) Bleeding on probing
- C) Clinical attachment loss *******
- D) Presence of suppuration

45) According to most studies regarding stippling, which of the following are true?

- A) Appears at about age 3 years in 38% of children *******
- B) Presence of stippling is a sign of health
- C) Absence of stippling means disease
- D) Stippling is best viewed by viewed by wetting the tissues

46) Which of the following medications often results in overgrowth of the gingival tissues?

- A) Penicillin, Calcium channel blockers, pheytole
- B) Calcium channel blockers, phenytone, cyclosporine *******
- C) Cyclosporine, penicillin and Cephalosporin's
- D) Ampicillan, tetracycline and, cannabis

47. The aveolar bone in the pediatric patient has all of the following **EXCEPT**:

- A) A prominent lamina dura radigraphically
- B) Flatter alveolar crests associated with the primary teeth.
- C) Larger marrow spaces
- D) Thicker, more numerous trabeculae *****

48. Epidemiological studies show which of the following?

- A) Gingivitis of varying severity is nearly universal in children and adolescents
- B) Occurs in 50% of the population by age 4-5
- C) Occurs nearly 100% by puberty
- D) All of the above ******

49. Systemic findings of ANUG include all of the following **EXCEPT**

- A) Anorexia
- B) Malaise
- C) Fever as high as 103 degrees during the acute phase
- D) Extreme thirst *****

50) Odontogenic infection from primary teeth in children:

- A) Can spread rapidly due to wide bone marrow spaces
- B) May cause sequalae to permanent incisors
- C) Can be serious enough to cause cavernous sinus thrombosis, airway obstruction and brain abscess.
- D) Are usually not serious and are manageable with pulp therapy and or extraction.
- E) All the above *****

51) An extraction forceps that should <u>not</u> be used in pediatric dentistry is the:

- A) Lower universal (# 151)
- B) Upper universal (#150)
- C) Ash
- D) Magil
- E) Cowhorn ***

52) If a root fracture occurs during the removal of a primary tooth, the root tip:

- A) Should always be removed
- B) Is not a source of infection
- C) Should be sutured into the extraction socket
- D) Will usually not impede the eruption of the succedaneous tooth ***
- 53) If extraction of a primary incisor is indicated due to root fracture, it is vitally important to remove all root fragments to prevent damage in the succeeding permanent incisor.
- A) True
- B) False ******

54) An ankyloid primary tooth:

- A) Should be removed before the secondary tooth grows a root
- B) Physically submerges into the gingival
- C) Is fused to bone and other teeth and structures grow up around them *******
- D) None of the above

55) When extracting a primary molar, the safest clinical technique is which of the following?

- A) Rapid buccal-lingual rocking/ movement of the teeth
- B) Straight occlussal force is applied to "pull" the tooth out of the socket
- C) Slow buccal-lingual rocking movement of the tooth *******

D) Alternating between slow and rapid buccal- lingual rocking movement of the teeth

56) The most common reason for a young dental patient to exhibit acute anxiety during the first dental appointment is

- A) Loss of self- esteem
- B) Fear of new surroundings
- C) Fear of the unknown ******
- D) Fear of bodily harm

57) For dental appointments the majority of children older than 36 months are:

- A) Well behaved ******
- B) Usually not compliant even if handled correctly
- C) Best managed with sedation
- D) Best managed with restrain
- E) None of the above

58) If the parent accompanies the child older than three years of age in the operatory:

- A) The parent should not be aware of the treatment to be provided during the appointment.
- B) He or she should be prepared to leave if the child misbehaves ***
- C) Separation from the parent should always be required
- D) The child must be younger than 2 years

59) Which of the following behavioral guidance techniques are now commonly used in pediatric dentistry?

- 1) Tell-show -do
- 2) Voice control
- 3) Hand over mouth
- A) 1 only
- B) 2 only
- C) 1&2 only *****
- D) 1,2,3
- E) None of the above

60) What radiographs are indicated for new patients with primary dentitions and no open contacts?

- 1) BWXR
- 2) Panorex
- 3) Periapical
- A) 1 only ******
- B) 2 only
- C) 3 only
- D) 1&2
- E) 1,2, and 3