

Final Examination - D573 Periodontal Therapy and Treatment Planning I, fall, 2004

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 must turn in both this examination copy and your computer answer sheet. You have 60 minutes to complete the examination.

1. PMN's play a pivotal role in host response against bacteria. When PMN's are compromised in any way, risk for Aggressive Periodontitis may be significantly increased.
 - A. The first statement is true and the second is false
 - B. The first statement is false and the second is true
 - C. Both statements are false
 - D. Both statements are true

2. When the dental plaque flora has properties which serve to benefit the host, this is an example of a:
 - A. physical barrier
 - B. biochemical barrier
 - C. microbial barrier
 - D. cellular barrier

3. Barrier functions of the immune response are designed to prevent infectious agents from gaining access to deeper tissues. Which of the following types of barriers would inflammatory exudates be considered?
 - A. Physical
 - B. Biochemical
 - C. Both a and b
 - D. None of the above

4. Numerous different environments within the oral cavity dictate the microbial barrier function of the immune response. These environmental factors include:
 - A. Oxygen and/or anaerobic conditions
 - B. pH
 - C. Nutrient factors
 - D. All of the above

5. PMN leukocytes and macrophages routinely migrate into the periodontal pocket or gingival crevice. Since these cells are actually outside of the tissues, PMNs can be classified as a barrier function.
 - A. The first statement is true and the second is false
 - B. The first statement is false and the second is true
 - C. Both statements are false
 - D. Both statements are true

6. Neutrophil function includes many steps in successful control of microorganisms. The migration of PMNs through vascular walls is referred to as:
 - A. margination
 - B. diapedesis
 - C. chemotaxis
 - D. None of the above

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7. Neutrophil physiological functions can operate under both aerobic (e.g. shallow pockets) or anaerobic (deep pockets) environmental conditions. The secretion of lysosomal enzymes is largely responsible for operations of the neutrophil in deep (anaerobic) periodontal pockets.

- A. The first statement is true and the second is false
- B. The first statement is false and the second is true
- C. Both statements are false
- D. Both statements are true

8. Antibody specific against microorganisms can _____ neutrophil function.

- A. enhance
- B. depress
- C. neutralize
- D. None of the above

9. The second type of non-specific host defense mechanism activated when pathogenic bacteria or their injurious products penetrates immune barriers is:

- A. chronic inflammation.
- B. acute inflammation.
- C. fibrotic encapsulation.
- D. epithelization.

10. Which of the following is not a type of mucogingival problem?

- A. inadequate attached gingiva
- B. severe periodontal attachment loss
- C. pockets at or past the mucogingival junction
- D. frenum pull

11. According to the study by Wennstrom (1987), what is the minimum width of attached gingiva which is necessary to maintain periodontal health in the absence of any gingival inflammation?

- A. 1 mm
- B. 2 mm
- C. no specific minimum width is necessary
- D. none of the above

12. Development of gingival recession is most related to which of the following?

- A. The buccal-lingual width of attached gingiva
- B. The apico-coronal dimension of attached gingiva
- C. gingival stippling
- D. The col

13. According to human clinical trials conducted by Dorfman, Kennedy et al. (1980, 1982), treatment of mucogingival defects with a free gingival grafts:

- A. demonstrated less additional periodontal attachment loss when adequate oral hygiene was maintained as compared to unoperated contralateral control sites.
- B. demonstrated significantly more additional periodontal attachment loss when adequate oral hygiene was maintained as compared to unoperated contralateral control sites.
- C. demonstrated no further periodontal attachment loss when adequate oral hygiene was maintained, which was the same outcome seen at unoperated contralateral control sites.
- D. documented the critical need to perform free gingival grafting when good oral hygiene is present.

14. Which of the following is not a type of mucogingival surgical procedure?

- A. coronally positioned flaps
- B. apically positioned flaps with osseous resection
- C. pedicle graft
- D. horizontal sliding flaps

15. Revascularization of a free gingival graft occurs initially by:

- A. suturing blood vessels together at the time of surgery
- B. capillary margination
- C. plasmotic circulation
- D. all of the above

16. The clinical presence of gingival recession together with some interproximal tissue loss is classified as a:

- A. Miller Class I recession defect
- B. Miller Class II recession defect
- C. Miller Class III recession defect
- D. Miller Class IV recession defect

17. The clinical presence of gingival recession past the mucogingival junction on a tooth where there is no interproximal tissue loss is classified as a:

- A. Miller Class I recession defect
- B. Miller Class II recession defect
- C. Miller Class III recession defect
- D. Miller Class IV recession defect

18. The clinical presence of gingival recession that does not go past the mucogingival junction on a tooth where there is no interproximal tissue loss is classified as a:

- A. Miller Class I recession defect
- B. Miller Class II recession defect
- C. Miller Class III recession defect
- D. Miller Class IV recession defect

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19. An infection that causes chronic irritation and eventually hyperplasia on attached gingiva, and is associated with full dentures or removal partial denture bases, is:

- A. necrotizing ulcerative gingivitis
- B. secondary herpetic gingivostomatitis
- C. chronic atrophic candidiasis
- D. chondrosarcoma

20. Which of the following does not occur on attached gingiva?

- A. periadenitis mucosa necrotica recurrens
- B. aphthous stomatitis
- C. keratosis
- D. lichen planus

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21. A bulla on attached gingiva would visually appear as a:

- A. large fluid-filled mucocutaneous elevation
- B. non-fluid-filled swelling
- C. serum-filled papule or plaque
- D. denuded area above basal layer epithelium

22. Which of the following can be mistaken as a vesiculobullous or erosive disease in the oral cavity?

- A. squamous cell carcinoma
- B. osteogenic sarcoma
- C. metastatic cancer from a non-oral body site
- D. all of the above

23. Secondary herpes usually attacks:

- A. the tongue.
- B. attached gingiva
- C. both the tongue and attached gingiva
- D. none of the above

24. Viral diseases affecting gingiva in the oral cavity characteristically induce:

- A. vesicles.
- B. macules.
- C. patches.
- D. papules.

25. Your patient presents with a painful secondary herpes infection localized to the gingiva surrounding tooth #3. Which of the following treatment approach is most appropriate?

- A. systemic metronidazole 500 mg twice a day for 3 days
- B. Periostat 50 mg twice a day for 5 days
- C. 5% acyclovir ointment applied with a cotton-tip applicator 6 times daily
- D. all of the above

26. Lichen planus is an example of:

- A. a fungal infection.
- B. an autoimmune disease.
- C. a bacterial infection.
- D. a delayed hypersensitivity reaction.

27. Which of the following are most often associated with drug-induced lichenoid reactions which may affect the gingiva?

- A. antimalarial drugs
- B. antihypertensive medications
- C. nonsteroidal anti-inflammatory agents
- D. all of the above

28. Lichen planus in the oral cavity most often involves the palatal mucosa. Drug-induced lichenoid reactions are more common in persons with rheumatoid arthritis, Crohn's disease, hepatitis C and thyroiditis.

- A. The first statement is true and the second is false
- B. The first statement is false and the second is true
- C. Both statements are false
- D. Both statements are true

29. Erosive forms of lichen planus on gingival tissue induce a:

- A. tickling sensation
- B. persistent burning sensation
- C. pigmented macule
- D. all of the above

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30. Wickham's striae on gingiva and oral mucosa appears as:

- A. a nonkeratinized patch.
- B. a denudation below the basal layer of epithelium.
- C. a whitish, hyperkeratinized, net-like coating.
- D. none of the above

31. How is plaque induced gingivitis most quickly ruled out when atrophic and ulcerative oral lichen planus lesions appear on the gingiva?

- A. Look for normal tissue color at the gingival margins of teeth.
- B. Perform a wide-margin, resective biopsy.
- C. Apply 3% hydrogen peroxide onto gingival tissues and look for bubble formation.
- D. none of the above

32. On your patient in the clinic, you are able to easily rub epithelium off of the gingiva and other oral sites (positive Nikolsy sign). Which of the following conditions do you suspect as most likely present?

- A. keratosis
- B. acute pseudomembranous candidiasis
- C. pemphigoid
- D. gingival histoplasmosis

33. Gingival recession caused by a patient's repeated fingernail scratching is an example of:

- A. an accidental injury
- B. a factitious traumatic lesion
- C. an iatrogenic condition
- D. a vesiculobullous lesion

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