

1- Child aged 7 with 1 mm pulp exposure of upper central, which is the preferred treatment option?

- a) Cvek pulpotomy
- b) Direct pulp capping
- c) Indirect pulp capping
- d) Complete pulpotomy

8- A child consumed 5mg/kg fluoride what is the appropriate emergent management :

- A. Give salty drink
- B. Give sugar drink
- C. Give milk

9- Six-year-old child with fluoridated water of 0.6 ppm , what is the fluoride supplement dose given

- A. 0.25 mg
- B. 0.5 mg
- C. 1 mg

11- 9 years old boy come to your clinic with cl 1 occlusion and normal overjet, grossly carious upper left 6 which is not suitable for restoration. The upper left 7 is very near to eruption. Upper right 6,

lower right 6 and lower left 6 are sound and fissure sealed. The oral hygiene is good. What is the most appropriate extraction pattern for this patient?

- A-Extract all four 1st permanent molars
- B-Extract upper left 6 and lower left 6
- C-Extract upper left 6 and lower right 6
- D-Extract upper right 6 and upper left 6
- E-Extract upper left 6 only

14- 25 year old male attends for the first time complaining of sensitivity of a number of teeth. On examination, the occlusal surfaces of all the teeth are worn with obvious wear facets on the canines and premolars. Posterior amalgam restorations are present. What would be the first stage management?

- A- Take impressions for study models
- B- Prescribe fluoride mouth rinse
- C- Replace the amalgam restorations
- D- Dietary analysis
- E- Placement of resin sealant to sensitive teeth

15- A child of 5 years attends with pain from a grossly decayed lower right D which has a discharging sinus. He is a hemophiliac. Which of the following is the most appropriate treatment to relief his pain?

- A-Antibiotics
- B-Extraction
- C-Fluoride application
- D-Non-vital pulpotomy
- E-Vital pulpotomy

16- There has been much debate regarding the effectiveness of fluoride in water for preventing tooth decay. A systematic review of the evidence drew conclusions as to the reductions in decay which can be expected. Fluoridation of public water supplies:

- A-Reduces tooth decay by 10%.
- B-Reduces tooth decay by 20%.
- C- Reduces tooth decay by 30%.
- D-Reduces tooth decay by 40%.
- E-Reduces tooth decay by 50%

18- Last deciduous tooth to be replaced by permanent one:

- a. maxillary canine
- b. maxillary second molar
- c. mandibular canine

19- Elongation of pulp chamber seen in:

- a. gemination
- b. turner teeth
- c. taurodontism
- d. dilaceration

20- A child with missing central incisor who has had a previous history of trauma with an avulsed primary incisor. The cause is:

- a. Scar tissue
- b. Supernumerary teeth
- c. Tubercle
- d. Frenum

21- Patient with xerostomia, will benefit much more from

- A. Scaling and polishing
- B. Fluoride rinse

42- Which of the following statements about the Leeway space is correct?

- a) It is always greater in the upper arch than in the lower arch
- b) It is usually equal in the upper and lower arches
- c) It relates to the total space taken up by the combined mesiodistal widths of the deciduous canine, first and second premolar teeth
- d) It relates to the difference between the combined mesiodistal widths of the

permanent canine, first and second premolar teeth that is greater than that of their deciduous precursors

e) It relates to the difference between the combined mesiodistal widths of the permanent canine, first and second premolar teeth that is less than that of their deciduous precursors

43- An 8-year-old child attends with a painless lower right 1st permanent molar which requires extraction. The patient has a Class I occlusion with no crowding. Other than the alignment of MD angulation of 7 and the presence of 8 on panorama, what feature will determine the ideal time to extract the tooth to maximize space closure?

- a) Clinically, the lower 2nd molar is fully erupted
- b) Clinically, the lower right 2nd premolar is fully erupted
- c) Radiographically, none of the root of the lower right 2nd molar has formed
- d) Radiographically, the bifurcation of the lower right 2nd molar has formed
- e) Radiographically, the roots of lower right 2nd molar are fully formed

44- Early loss of which upper teeth is the most likely cause of impacted upper second premolar teeth?

- a) Both first and second deciduous molars
- b) First permanent molars
- c) Second deciduous molars
- d) First deciduous molars
- e) Both first and second permanent molars

49- What teeth should a 9-year-old child have a given quadrant?

- a) 12CDE6
- b) 1BCDE6
- c) 12CDE
- d) ABCDE6
- e) 1234E6

52- Which of the following statements about fluoride is correct?

- a) All children under the age of 5 years should use toothpaste with a fluoride concentration of 500 ppm
- b) Fluoride supplements are recommended for all children
- c) It exerts its anti-cariogenic effects mainly pre eruptively
- d) It is more effective in preventing pit and fissure caries than in preventing caries in smooth surfaces
- e) The certainly lethal dosage is 32—64 mg/kg

54- Which one of the following is the most common cause of dental pain and loss of teeth, especially in the younger population?

- a) Fracture of a crown/cusp
- b) Thermal or chemical irritation
- c) Dental caries
- d) Traumatic pulpal exposure
- e) Cracked tooth syndrome

56- Which one of the following inter-dental aids is most effective at removing interdental plaque?

- a) Dental floss
- b) Electrical toothbrushes
- c) Inter—dental brushes
- d) Triangular toothpicks
- e) Dental tape

57- 18 months of age, what is fluoride supplement for child living in 0.25 ppm fluoridated water?

- a) 0.25mg
- b) 0.5 mg
- c) 1 mg

59- Duraphat in high caries risk group children is applied every

- a) 2 months
- b) 3 months
- c) 6 months
- d) 8 months
- e) One-yearly

60- 3-year-old with fluoride concentration of 0.3 ppm fluoridated water, what is the fluoride supplement dose given

- a) 0.25 mg
- b) 0.5mg
- c) 1mg

61- The concentration of Fluoride in the topical NaF

- a) 2%
- b) 5%
- c) 8%
- d) 10%

63- Mother of a 3 years old child came to your clinic asking for advice on what do to after brushing her child's teeth , you would tell her:

- a) Spit out after brushing and rinse
- b) Spit out after brushing and don't rinse
- c) Spit out and wait for 10 minutes then rinse
- d) Spit out and wait 30 minutes then rinse

66- Child pt who has severely broken down of all four permanent molars, they have poor prognosis so you have decided to remove them. What would you check to determine the right time for extraction?

- A) root formation of lower 2nd molar reach bifurcation
- B) root formation of lower 2nd molar one third complete
- C) root formation of upper 2nd molar reach bifurcation
- D) root formation of upper 2nd molar remain one third
- E) root formation of lower 2nd molar remain one third

69- A 3 years old girl comes with the mother, she has good hygiene and no caries, living in area with fluoridated water, mother is asking about toothpaste and your recommendation is:

- A) do not swallow toothpaste
- B) use fluoride free toothpaste
- C) rinse with a water after brushing
- D) do not rinse after brushing, just spit all out and go to the bed

71- 6-year-old child living in non fluoridated water, what is the fluoride supplement dose

- A. 0.25 mg
- B. 0.5 mg
- C. 1 mg

72- 6year-old child with fluoridated water of 0.6ppm , what is the fluoride supplement dose given

- A. 0.25 mg
- B. 0.5 mg
- C. 1 mg

73- Reason for failure of eruption of lower permanent molar

- A Canine palatally placed
- B Crowding in premolar area
- C Failure of eruption of central incisor
- D. Absence of showing lateral incisor

78- The most common type of supernumerary is:

- a) Tuberculate tooth
- b) Conical tooth
- c) Supplemental tooth
- d) Odontoma

79- Which of the following is the right sequence of primary teeth eruption?

- a) ABCDE
- b) ABDCE
- c) ABDEC
- d) ABEDC

81- The most important dietary habit for caries development is

- A. Amount of sugar intake
- B. Frequency of sugar intake
- C. Form of sugar intake

82- Most common reason for crowding

- A. early loss of deciduous teeth
- B. Delayed eruption of lower first molar
- C. primary failure of eruption

83- Treatment for small carious cavity in cooperative child:

- A. Pulp capping
- B. Pulpotomy
- C. Pulpectomy
- D. Simple restoration

84- Treatment for pinpoint exposure in symptomless tooth?

- A. Pulp capping
- B. Pulpotomy
- C. Pulpectomy

85- Which primary teeth are least affected with the nursing bottle syndrome?

- A. Maxillary molars
- B. Maxillary and mandibular canines
- C. Mandibular incisors
- D. Maxillary incisors
- E. Mandibular molars

86- Which of the following anomalies occurs during the initiation and proliferation stages of tooth development

- A. Amelogenesis imperfecta
- B. Dentinogenesis imperfecta
- C. Enamel hypoplasia
- D. Oligodontia
- E. Ankylosis

87- Which is the right sequence of the histological stages of tooth development

- A. Initiation, proliferation, histodifferentiation, morphodifferentiation, mineralization
- B. Proliferation, initiation, histodifferentiation, morphodifferentiation, mineralization
- C. Proliferation, morphodifferentiation, histodifferentiation, mineralization
- D. Initiation, proliferation, morphodifferentiation, histodifferentiation, mineralization

88- A healthy 6 year old child presents with carious maxillary second primary molar with a necrotic pulp. Which treatment would be preferred

- A. Extraction
- B. Indirect pulp treatment
- C. Pulpotomy
- D. Pulpectomy
- E. Antibiotic coverage

90-Child with rampant caries taking medicine with high quantity of sugar; the best way to help preventing caries is

- A. Change sugar to sorbitol sweetener
- B. Report the patient is having expectorant
- C. Give him the syrup during sleep time
- D. Give him inverted sugar

91- A 9 years old child presents to you with a blow in his upper front teeth. The upper right central incisor is tender to percussion, shows slight mobility, slight increase in pulp response and bleeding from gingival crevice:

- A. Apply a passive flexible splint for 2 weeks
- B. Apply a passive flexible splint for 4 weeks
- C. Pulp extirpation and MTA dressing
- D. Monitor for a year
- E. Dismiss with no worry

92- A 12 years old child presents with extrusion in her upper left central incisor. You made a periapical x-ray and found a 3mm increase in apical periodontal membrane space and widened lamina dura. The best immediate action is:

- A. Monitor pulp state for 3 months
- B. Monitor pulp state for 6 months
- C. Reposition and splint for 2 weeks
- D. Open access cavity and do pulp extirpation
- E. Reposition and splint for 4 weeks

93- A child aged 12 years old presented to you 3 days after trauma to his upper central incisor. The tooth is found to be palatally displaced by 4mm and keeping his bite out of occlusion. The child is given anesthesia and prepared for a surgical reposition of the tooth and splint by 16inch stainless steel wire. What is the single most appropriate next step if you have the child calmness and cooperation?

- A. Extirpate the pulp and use calcium hydroxide paste
- B. Extirpate the pulp and fill terminally with gutta percha
- C. Extirpate the coronal pulp only
- D. Extirpate the pulp and leave it with open access till the next visit

94- In the previous Q, how long is recommended for the use of the splint?

- A. 2 weeks
- B. 4 weeks
- C. 1 week
- D. 3 weeks

95- A child aged 9 years old presented with an intruded upper right central incisor 8mm inside with only 2mm remaining supragingival. You perform a periapical x-ray and find the apex 4mm wide. What is your management first option?

- A. Reposition surgically and splint for 1 month
- B. Reposition orthodontically with a gold chain on 0.16 arch wire
- C. Reposition orthodontically with a gold chain on a double arch wire
- D. Allow for spontaneous re-eruption for the next 4 weeks
- E. Allow for spontaneous re-eruption for the next 8 weeks

96- A child aged 13 years old presented with an intruded central incisor 2mm inside.

- A. Allow for re-eruption for 4 weeks
- B. Allow for re-eruption for 8 weeks
- C. Reposition surgically and splint
- D. Reposition orthodontically and splint

97- A child aged 13 presented with an intruded central incisor 5mm inside.

- A. Allow for re-eruption for 4 weeks
- B. Allow for re-eruption for 8 weeks
- C. Pulp extirpation and Ca(OH)₂
- D. Reposition orthodontically and splint

98- A child aged 13 presented with an intruded incisor of 8mm inside.

- A. Allow for re-eruption for 4 weeks
- B. Allow for re-eruption for 8 weeks
- C. Reposition surgically and splint
- D. Reposition orthodontically and splint

99- On the follow up of a child who has had a luxated central incisor 2 weeks ago and had a fixed passive splint, you made a periapical x-ray after splint removal and found signs of starting internal inflammatory root resorption approximately in the middle of the root. What would you do?

- A. Remove the coronal pulp and use MTA
- B. Remove the entire pulp and use Ca(OH)₂
- C. Do cvek pulpotomy
- D. Do RCT and gutta percha in one single visit

100- Your practice has been phone called by a scared kinder garden teacher asking what to do with a 3 years old toddler who fell on the ground and knocked out her tooth. The child is crying, bleeding a little bit and the tooth is entirely out of the socket. What would you tell her to do?

- A. Reassure her and tell her to pass by the practice tomorrow
- B. Reassure her and tell her to bring the child and come immediately with the tooth
- C. Tell her to put the tooth rapidly in a glass of milk and come to the practice asap
- D. Instruct her on the phone to immediately replant the tooth back in the socket, make the child bite on a gauze and come to the clinic.
- E. Tell her to throw the tooth in the trash and don't worry

- The same previous Q, but the child is aged 7. What would you do?
 - A. Reassure her and tell her to pass by the practice tomorrow
 - B. Reassure her and tell her to bring the child and come immediately with the tooth
 - C. Tell her to put the tooth rapidly in a glass of milk and come to the practice asap
 - D. Instruct her on the phone to immediately replant the tooth back in the socket, make the child bite on a gauze and come to the clinic.
 - E. Tell her to throw the tooth in the trash and don't worry

- What is the right order of the following preservative medium liquids in terms of higher level of PDL tissue vitality preservation?
 - A. Milk – Saline – Saliva – Water
 - B. Milk – Saliva – Saline – Water
 - C. Saliva – Milk – Saline – Water
 - D. Saline – Saliva – Milk – Water

- A complicated crown fracture in a 12 years old boy should be managed by:
 - A. Total pulp removal and dressing
 - B. Total pulp removal and gutta percha
 - C. Partial pulp removal to the level of fracture and MTA
 - D. Partial pulp removal and Ca(OH)₂

- Which of the following is not a clinical sign of alveolar bone fracture?
 - A. Bone crepitus
 - B. Segment mobility
 - C. Occlusal interference
 - D. Loss of vitality
 - E. Internal root resorption

- Which type of root fracture has the worst prognosis and hence the longest splint period?
 - A. Cervical root fracture
 - B. Middle root fracture
 - C. Apical root fracture

- The period of splint for the type of fracture you chose in the previous Q is:

- A. 2 weeks
- B. 4 weeks
- C. 2 months
- D. 4 months

- A child aged 4 years old presented with a central incisor a little bit out of its socket. You make an x-ray and confirm extrusion injury of 2mm. What is your next step?

- A. Leave for spontaneous reposition
- B. Surgical reposition and splint
- C. Orthodontic reposition and splint
- D. Extraction

- All intruded primary teeth are allowed for re-eruption for up to one year regardless the amount or degree of intrusion?

- A. Yes
- B. No

- On a 4-weeks follow up visit of a traumatized central incisor in a 12 years old boy with a mid-root fracture, you made sure of stabilization success and removed the splint. The next step is:

- A. Total pulp extirpation and Ca(OH)₂ dressing
- B. Total RCT and gutta percha filling
- C. Partial pulp removal to the level of fracture and normal gutta percha
- D. Partial pulp removal to the level of fracture and MTA plug

- What is the most common complication of all luxation injuries especially avulsion cases?

- A. Pulp necrosis
- B. Root resorption
- C. Failure of splint fixation
- D. Ankylosis

Retained lower primary incisor causes the permanent incisor to

- a) Erupt buccally
- b) Erupt lingually
- c) ankylose

10 year old boy has a small white discoloration on his maxillary central incisor. The lesion is most probably,

- A. Hypocalcification due to trauma of the primary predecessor
- B. Hypoplasia due to acute systemic infection when 6-12 months old
- C. Defect during the histo-differentiation stage of development
- D. Defect during the morho-differentiation stage of development

12 year old boy is brought in by his mother who is concerned about the appearance of his central and lateral maxillary incisors. She says they look like they might be decayed. They are a new family to the practice having recently moved to the area from Birmingham. On examination you notice a generalized whitening of the incisors which seems to worse at the incisal edges. After you have dried the teeth you notice that the whiteness appears to be linear running from mesial to distal. There is a similar pattern on the lower incisors. What is the most likely explanation for the presentation of the boy's incisors?

- A. Tetracycline staining
- B. Early caries (white spots)
- C. Fluorosis
- D. Demarcated Enamel Opacities
- E. Previous treatment with composites

The traditional obturating material of choice for primary teeth following complete pulpectomy is

- A. Zn phosphate cement and formcresol combination paste
- B. Quick setting hydroxide cement
- C. Zinc oxide and eugenol cement
- D. Gutta-percha
- E. Polycarboxylate cement

The difference between deciduous and permanent teeth are

- A. Deciduous teeth have a higher pulp horns and larger pulp chambers
- B. Deciduous teeth have flatter contact areas
- C. Deciduous teeth have thinner enamel surface
- D. All of the above

Preschool child has an intruded upper incisor; what would your treatment be

- A. X-ray
- B. Put it back in place and splint
- C. Control bleeding and check after a month
- D. Make the patient comfortable without disturbing the tooth.

Where does the bone resorption show in a necrosis pulp of deciduous molar

- A. At the root apex
- B. At the bifurcation
- C. On the buccal side of the tooth
- D. On the lingual side of the tooth

The best space maintainer is

- A. Lingual holding arch
- B. Pulpotomised primary tooth
- C. Band and loop maintainer

-. To extract upper deciduous molar, the movement should be

- A. Buccal first to move tooth
- B. Palatal first to move tooth
- C. Distal first to move tooth
- D. Rotation movement
- E. Fraction of the tooth

In primary teeth, failure of $\text{Ca}(\text{OH})_2$ pulpotomy is MOST likely to produce**

- A. External resorption
- B. Internal resorption
- C. Necrosis of the pulp
- D. Ankylosis

. At the end of four years, the x rays reveal calcification of

- A. All deciduous and first permanent molars
- B. All permanent except of 3rd molars
- C. All deciduous
- D. All permanent

. Full mouth x ray survey at birth reveals

- A. Ten teeth are present
- B. Twenty teeth are present
- C. Twenty four teeth are present
- D. Twelve teeth are present

- . The objective of pulpotomy is to
- A. Preserve vitality of coronal pulp
 - B. Preserve vitality of entire pulp
 - D. Regenerate a degenerated and necrotic pulp
 - E. None of the above

- . Which of the following varieties should be made in the proximal occlusal cavity preparation in deciduous teeth compared to permanent ones
- A. The occlusal isthmus should be proportionally wider
 - B. The occlusal lingual walls need not to be extended to self cleansing areas
 - C. It is not necessary to include fissures in the occlusal outline
 - D. The lingual angle should be sharper
 - E. The axio-pulpal line angle should not be beveled

- . MOST common consequence arising from premature extraction of deciduous molars is
- A. Loss of arch length
 - B. Loss of speech sound
 - C. Loss of facial contour
 - D. Loss of vertical height
 - E. Loss of free way space