1 - The inferior alveolar nerve is branch of:
   1. \textbf{Mandibular nerve – not ..........}
   2. Posterior mandibular alveolar nerve.
   3. Anterior mandibular alveolar nerve

2 - A child with caries in the incisors we call this caries:
   1. Rampant caries.
   2. \textbf{Nursing caries.}
   3. Children caries

3 – The least effective method to kill the HIV is through:
   1. NaOcl.
   2. Autoclave.
   3. Chimoclave.
   4. \textbf{Ultraviolet chamber. ( Ultraviolet light )}

4 - Weeping canal we use:
   1. Gutta percha.
   2. \textbf{CaOh.}
   3. Formocresol.

5 – Child 6 years old came to u with thumb suck already caused dental problem what u will do:
   1. Nothing.
   3. \textbf{Early habit breaking appliance.}

6 – What is the forceps used to \textbf{grasp Epulis Fissuratum} during surgical procedure?
   1. \textbf{Allis forceps.}
   2. Addison.
   3. Curved hemostat

7 - Twins came to your clinic during routine examination; you found great change behavior between both of them this due to:
   1. Gender.
   2. \textbf{Environment.}
   3. Maturation.
   4. None.

8 - Rubber dam is important because it:
   1. \textbf{Improves safety.}
   2. Looks scientific.
   3. Improves suction.
9 – Child with vesicle on the hard palate with history of malaise for 3 days what is the possible diagnosis:

1. **Herpes simplex infection.** (Primary Herpetic Gingivostomatitis)
2. Erythematous multiform

10 – Preparation of gold crown with excepts of gingival recession the most proper to extent the preparation:

- 1mm under the gingival margin.
- Make it on the fifth.
- Make it on the third.
- **At the gingival.**

Placement of crown margins should be at the gingival crest or limited to a depth of 0.5mm intracrevicular placement

11 – Amount of daily wear of amalgam ingested in the body:

1. **1 - 3 μgs /day of mercury.**
2. 10 – 15 μgs /day of mercury.
3. 25 μgs /day of mercury.

13 - After patient came to your clinic and gave you the symptoms and history and complains, what’s your next step in treatment?

1. **Clinical examination.**
2. Start Endo.
3. Restore the teeth.

**History taking** -> **Examination** -> **Investigations**

14 – Patient with pain on 15 and this tooth undergo with RCT but he still has pain on percussion, what u suspect?

1. primary Apical Periodontitis.
2. **Secondary apical Periodontitis.**
3. Over instrumentation.
4. Over medicate.

15 – Child 8 years old Patient with separation, he is un able to name color or his name, this stage likely to be:

1. **3 years old.**
2. 4 years old.
3. 10 years old.
16 – You extract tooth with large amalgam restoration, how to manage the extracted tooth:
   1. Autoclave and deep buried.
   2. Sharp container.
   3. Ordinary waste container
   4. …...Container Designed not to be burned.

17 – 65 Years old black man wants to have very white teeth in his new denture what should the dentist do:
   1. Put the white teeth.
   2. Show the patient the suitable color first then show him the white one.
   3. Convince him by showing him other patient’s photos.
   4. Tell him firmly that his teeth color is good.

18 – Cracked tooth syndrome is best diagnosed by?
   1. Radiograph.
   2. Subjective symptoms and horizontal percussion.
   3. Palpation and vertical percussion.
   4. Pulp testing.

19 - Hunter Schreger bands are white and dark lines that appear in:
   1. Enamel when view in horizontal ground.
   2. Enamel when view in longitudinal ground. ( section )
   3. Dentin when view in horizontal ground.
   4. Dentin when view in longitudinal ground.

20 - pt. presented after insertion of complete denture complaining of dysphasia and ulcers what is the cause of dysphasia?
   1. Over extended.
   2. Over post dammed.
   3. Under extended.
   4. Under post dammed.

21 – Young with swelling in the mandible (# 6 – 7 -8) area, 3rd molar clinically missed, in X ray examination we found Radiolucent is cover the pericoronal part of the 3rd molar DIAGNOSIS:

   1. Dentigerous cyst.
   2. Central.

22 - Adult 20 years male with soft tissue & dental trauma reveals severe pain in soft tissues with loss of epithelial layers and anterior upper centrals are intruded the diagnosis is:
   1. Abrasion with luxation.
   2. Erosion with sub luxation.
   3. Laceration with luxation. = traumatic ulceration with luxation
   4. Laceration with sub luxation.
23 - Patient complains from swelling in submandibular, swelling increase when patient eating and swallowing only what type of x ray use to diagnosis:
   1. Occlusal x-ray.
   2. Panoramic x-ray.
   3. Sialography.

   Sialolithiasis MEANS salivary stone

24 - Parotid DUCT is opposite to: = (also known as Stensen's duct)
   1. Maxillary premolar.
   2. Maxillary 1st molar.
   3. Maxillary 2nd molar.
   4. Mandibular 1st molar.

25 - Stock trays compared to Customtrays for a removable partial denture impression:
   1. Customtrays less effective than stock trays.
   2. Custom trays can record an alginate impression as well as elastomeric impression.
   3. Customtrays provide even thickness of impression material.
   4. All of the above.

26 - Proxy brush with which type of furcation:
   1. I.
   2. II.
   3. III.
   4. IV.

27 - Patient is diagnosed for ceramo metal full veneer. You plan to use epoxy resin, what's the best impression material to be used:
   1. Poly ether.
   2. Poly sulfide.
   3. Agar agar.
   4. Irreversible hydrocolloid.

28 - Teeth with RCT and you want to use post, which post is the least cause root fracture:
   1. Ready made post.
   2. Casted post.
   3. Fiber post.
   4. Prefabricated post.

29 - Child have tooth which have no mobility but have luxation, best treatment:
   1. Acrylic splint.
   2. Flexible fixation.
   3. Rigid fixation.

30 - For root canal treated tooth u DISIDE to put post & amalgam this depend on:
   1. Remaining coronal structure.
   2. Root divergence.
   4. Others.
31 - To a great extent, the forces occurring through a removable partial denture can be widely distributed and minimized by the following methods: (lower RPD)?
   1. Proper location of the occlusal rests.
   2. Selection of lingual bar major connector.
   3. Developing balanced occlusion.
   4. All of the above.

32 - The ETCHANT of most dentine bonding systems applied for:
   1. 15 seconds.
   2. 30 seconds.
   3. 40 seconds.
   4. 60 seconds.

33 - Labial reduction for porcelain metal restoration must be:
   1. One plane for aesthetic.
   2. Tow plane by follow the morphology.
   3. 0.8 All.
   4. Parallel to axial wall of the teeth.

34 - Single rooted anterior teeth has endodontic treatment is best treated by: (if a substantial amount of coronal structure is missing?)
   1. Casted post and core.
   2. Preformed post and composite.
   3. Performpost and amalgam.
   4. Composite post and core.

35 - The PH of Ca (OH) is equal to:
   1. 5.5.
   2. 7.5.
   3. 12.5.
   4. 19.5.

36 - Hypercementosis:
   1. Occur in Paget disease.
   2. Difficult to extract.
   4. all of the above

37 - After scaling and root planning, healing occur by:
   1. Connective tissue attachment.
   2. Long junctional epithelium = (created)
   3. New bone and connective tissue formation.
   4. New attached periodontal ligament fibers.

38 - 6 years old child have 74 and 84 extracted, and the first permanent molar was erupted, best space maintainer is: ( فقدان ثنائي الجانب للإرخاء السفلي المؤقتة الأولى )
   1. Lingual arch.
   2. Bilateral band and loop.
   4. No need for space maintainer.
39 - Endomethazine is a root canal sealer that:
   1- Dissolved in fluid so it weakens the root canal filling. = Apical leackage
   2- Very toxic, contain formaldehyde.
   3- Contain corticosteroids.
   **4- All the above.**

40 - Sealer is used in RCT to:
   1- **Fill in voids.** = b/w canal walls and gutta points
   2- Increase strength of RC filling.
   3- Disinfect the canal.

41 – Patient with deep caries in the lower molar, no symptoms and there is radiopaque lesion at the apex of the distal root of the tooth, what is your diagnosis:
   1. Condensing osteitis.
   2. Cemental dysplasia.
   3. Periapical granuloma.

42 - The periodontal tissues comprise which of the following tissues:
   1. Gingiva and the PDL.
   2. Gingiva, PDL, and alveolar bone.
   **3. Gingival, PDL, alveolar bone and cementum.**

43 - Periodontal involved root surface must be root planned to:
   1. Remove the attached plaque and calculus.
   2. Remove necrotic cementum.
   3. Change the root surface so it becomes biocompatible. F = this consider perio surgery
   **4. A and B are correct.**

45 - What is the best instrument used for removing unsupported enamel at the gingival wall of class II:
   1. chisel
   2. hatchet
   **3. gingival margin trimmer**

46 – Gingival retraction is done:
   1. To temporarily expose the finish margin of the preparation.
   2. To accurately record the finish margin and a portion of uncut tooth surface to the margin in the final impression.
   3. Even in the presence of gingival inflammation.
   4. By various methods but the most common one is the retraction cord.
   
   · 1 + 2.
   · 2 +3.
   · **1 +2 + 4.**
47 – The following is a non-absorbable suture:
1. Plain catgut.
2. Chromic catgut.
3. **Silk.**
4. All the above.

**Absorbable suture:**
original catgut
synthetics **polyglycolic acid (Biovek), polylactic acid, polydioxanone, and caprolactone.**

**Non-absorbable sutures:**
special silk
synthetics **polypropylene, polyester or nylon. Stainless steel wires**

48 - Child patient presented with swelling in the bucal and palatal maxillary anterior area tow days ago, the pathology of the lesion there is a giant cell, what is the diagnosis:
1. **Giant cell granuloma.**
2. Hemaginoma.
3. …. 
4. Pyogenic granuloma ….

49 – What is the best restoration to the anterior teeth with RCT and conservative opening access?
1. Retained post metal ceramic.
2. Retained post Jacket crown.
3. **Composite.**

50 – The best time to treat the pregnancy is:
1. Fist month.
2. Second month.
3. **Forth to sixth.**
4. Seventh month.

51 – Child with anodontia and loss of body hair, the diagnosis is:
1. Down's syndrome.
2. **Ectodermal dysplasia.** = (Hereditary ectodermal dysplasia)
3. Fructose …..
4. Diabetic ….

52 – Cavity etching before applying GIC is:
1. **Polyacrylic acid 10 seconds.**
2. Polyacrylic acid 60 seconds.
3. Phosphoric acid 10 seconds.
4. Phosphoric acid 60 seconds.
   = 10% polyacrylic acid is placed in the preparation for approximately 20 seconds.
53 – Electro surgery (voltage frequency) range:
   1. **1.5 – 7.5 million cycle per seconds.**
   2. 7.5 – 10 million cycle per seconds.
   3. 10 – 25 million cycle per seconds.
   4. 30 million cycle per seconds.

54 – surgery for ridges aim to: = preprosthetic surgery?
   1. Vertical dimension.
   2. Speech.
   3. **Modify ridge for stability - ……**

55 – Microorganism cause the initial caries: (Microorganism particularly associated with the initiation of the carious process)
   1. **Streptococcus mutans.**
   2. Streptococcus salivary.
   3. Lacto…

56 – Patient on warfarin treatment and you want to do surgery, when you can do:
   1. When PTT is 1 – 1.5 INR on the same day.
   2. When PTT is 2 – 2.5 INR on the same day.
   3. When PT is 1 – 1.5 INR on the same day.
   4. **When PT is 2 – 2.5 INR on the same day.** (PT/INR = international normalized ratio)

57 – Patient with pain on the upper right area, and the patient can not tell the tooth causes the pain, what is the **least** reliable way to do test pulp:
   1. Cold test.
   2. Hot test.
   3. **Electric test.**
   4. Stimulation the dentine.

58 – You want to make amalgam restoration with pin; the pin should go in the dentine:
   1. 1mm.
   2. **2-3 mm.**
   3. 5mm.
   4. Should be in the enamel.

59 – Facial Skeleton formed from:
   1. **neural crest cells**
   2. Para….

61 – Streptococci detected by (biochemical tests):
   1. **Catalase test.** = It is (catalase-negative)
   2. Carbohydrate Fermentation Test
   3. Gram stain

62 – Apicoectomy what is the right statement (about indication):
   1. **Incisor with an adequate RCT and 9mm lesion.**
   2. Lateral incisor with good condensing RCT but swelling and pain 14 days after the treatment, the tooth asymptomatic before the obturation.
   3. First upper premolar with lesion on the bucal root…..
63 – We can use to create palatal posterior seal:
1. Le Cron carver
2. Kingly scalper.
3. …
4. …

64 – Patient presented to you with immediate denture done 5 – 10 months ago, complaining pain and over tissue in the mandibular, what is the diagnosis:
1. Epulis Fissuratum.
2. Hyper sensitivity…
1 - The access opening for the mandibular second molar is:
1. Triangle and the base toward the mesial.
2. Triangle and the base toward the buccal.
3. Ovale and the base toward the mesial.

2 - We can use under the composite restoration:
1. Varnish.
2. Zinc oxide and eugenol.
3. Ca (OH).
   - 1+2.
   - 2+3.
   - 3+4.
   - 2+4.

Also: RMGIs-flowable composites- compomers-polycarboxylate used under composite
Contraindications for composite include varnish and zinc oxide-eugenol

3 - Bitewing exam is used to diagnose EXCEPT:
1. Proximal caries.
2. Secondary caries.
3. Plaque and Gingival status.
4. Periapical abscess.
4 - Autoclaving technique is depending on:
   1. Dry heat.
   2. **Steam heat** (under pressure)
   3. Chemicals.

6 - Tooth with crown fraction under the gingival and we want to use it, the treatment is:
   1. Amalgam post core under the gingival.
   2. **Extrusion orthodontic**.
   3. Restoration under the gingival.

7 - A child with caries in the incisors we call this caries:
   1. Rampant caries.
   2. **Nursing caries**.
   3. Children caries.

8 - Persons who are working in glass factories they have the disease:
   1. **Silicosis**. Caused by inhalation of crystalline silica
   2. Asepsis.

9 - Laser used in endodontic is: (Root canal preparation?)
   2. **Nd (YAG)**.
   3. Led.

10 - A patient 14 years with avulses incisor 10 (#21) we can use a splint for:
    1. 1 – 2 week.
    2. 2 – 3 week.
    3. 3 – 4 week.
    4. 4 – 5 week.

11 - When removing lower second molar:
    1. Occlusal plane **perpendicular** to floor
    2. **Buccolingual direction to dilate socket**
    3. Mesial then lingual.

12 - Atropine:
    1. **Dries secretion such saliva**.
    2. Depresses the pulse rate.
    3. Cause central nervous system depression.
    = **atropine** dries up salivary and bronchial secretions
    = **atropine** increases **pulse rate** without increasing cardiac output
    = **atropine** in clinical doses does not depress the **central nervous system**

13 – Trauma to upper central, the decision is to extract the tooth, and the patient is young and wants to replace the tooth immediately after extraction. Best Type of pontic to be designed?
    1. **Ovate**.
    2. Egg shaped.
    3. Hygienic.
    4. Ridge lap.
14 - X-ray periapical for immature tooth is:
   1. Generally conclusive.
   2. Simply inconclusive.
   3. Should be compared with (contralateral and adjacent tooth.)

15 - The use of low speed hand piece in removal of soft caries in children is better than high speed because:
   1. Less vibration.
   2. Less pulp exposure.
   3. Better than high speed.

16 - Osteogenesis during endodontic surgery aimed to prevent:
   1. Fibroblast growth.
   2. Growth factor.
   3. Formation of blood.

17 - The working surfaces in operation theatre should be disinfected especially for HIV, by using:
   A. Savlon
   B. Gamma radiation
   C. Hypochlorite solution
   D. UV light

18 – The least effective method to kill the HIV is through:
   5. NaOCl. Sodium hypochlorite solution
   6. Autoclave.
   7. Chimoclave.
   8. Ultraviolet chamber.

19 - For discharged instrument (blades, needle tips, wedges, etc) put in:
   1. Discharged paper box.
   2. Designed sharp instrument special container.
   3. Disinfectant solution then

   = They are placed in special puncture-resistant containers

20 - Treatment plan for patient both maxillary and mandibular immediate denture. You will:
   1. Fabricate max immediate DT first.
   2. Fabricate mand immediate DT first.
   3. Max and mand be fabricated at the same time

   = If both upper and lower immediate dentures are being prepared, it is recommended that both be fabricated at the same time.

21 – Pt presented to u having root recession he has pain when putting probe gently on the root what is the diagnosis:
   1. Dentin hypersensitivity
   2. Reversible pulpitis.
   3. Irreversible pulpitis.
22 – Pain of short duration with hot and cold most probably due to:
   1. Irreversible pulpitis.
   2. Pulp necrosis.
   3. **Dentin hypersensitivity**
   4. Chronic pulpitis

**Q =** Which of the following is/are dentin desensitizing agent?
   A. Potassium salts
   B. 33% sodium fluoride solution
   C. Strontium salts
   **D. All of the above**

23 – Pt presented to u with trauma of the central incisor with open apex tooth clinical examination revealed cut of blood supply to the tooth what is the next step:
   1. Extraction.
   2. Endo.
   3. **Observe over time.** = revascularization is possible.

24 – Child came to u with gray discoloration of the deciduous incisor also on radiographic exam. There is dilation of follicle of the permanent successor what will u do:
   1. Extract the deciduous tooth.
   2. **Endodontic treatment for infected tooth.** Obturation by CaOH
   3. Observe over time.

25 - Weeping canal we use:
   1. Gutta percha.
   2. **Calcim Hydroxide Ca(OH).** (for disinfection of the canal)

26 - Pt presented to u 1 month after amalgam restoration with pain may be due to:
   1. Gamma 1.
   2. Gamma 2.
   3. **Zinc containing alloy.** (delayed expansion)
   4. Improper hg ratio.

27 – Child 6 years old came to u with thumb suck already caused dental problem what u will do:
   1. Nothing.
   2. Refer to psychologist.
   3. **Habit breaking appliance.**

28 – Conditioning of resected root end by:
   1. Citric acid.
   2. **EDTA.**
   3. Phosphoric acid.

29 – In GV black formula : The measurement of the angle of the Blade to the long axis of the handle is : *(In black three number formula)*
   1. First number. (blade width)
   2. Second number.(blade length)
   3. **Third number.** (blade angle)
30 - When extracting all max teeth the correct order is:
   1. 87654321.
   2. 87542163. may be: 8>7>5>4>6>2>1>3
   3. 12345678.

Q Stomodeum and foregut separated by:

1/oropharyngeal (buccopharyngeal) membrane
2/ectodermal cleft

31 – Drug used to decrease saliva during impression taking is:
   1. Anticholinergic agent.
   2. Cholinergic.
   3. Antidiabetic.
   4. Anticorticosteroid.

32 – The tooth most commonly removed surgically:
   1. Canine.
   2. Lower third molar.
   3. upper third molar

34 – All regard to dentist has needle brick of HBV pt. except:
   1. Allow wound to bleed don't scrub.
   2. Wash with water then put plaster.
   3. Consult immunological unit.
   4. pressure on the wound to stop bleeding

WASH WITH WATER
DO NOT scrub the affected area
DO NOT suck the area
DO encourage bleeding of accidental puncture wounds by gentle squeezing above wound to increase venous back pressure.

MCQ Review for Saudi Licensing Exam (SLE) by (majdi966@yahoo.com)
35 - squamous cell carcinoma is a malignant from:
   1. Skin.
   3. Gland tissue.
   4. Mucous epithelial membrane. (oral epithelium)

36 - Father for child 12 year Pt asked you about, the age for the amalgam restoration of his child, you tell him:
   1. 2 years.
   2. 9 years.
   3. 2 decade.
   4. All life.

37 – Pt has unilateral fracture of left the conoyle, the mandible will:
   1. Deviate to the left side. = To the side of fracture
   2. Deviate to the right side.
   3. no deviate

38 – 4 year child come to restore his lower first molar with destruction in 3 to 4 surfaces , the best restoration:
   1. Preformed crown. = preformed stainless-steel crown
   2. Full porcelain crown.
   3. Full metal crown.
   4. extraction

40 – Selection of shade depends on all of the following EXCEPT:
   1. Take shade before extraction.
   2. Look at yellow board before selecting shade.
   3. Selection of shade depends by order on: value chrome, hue.
   4. not more than 5 seconds taken to select shade

41 – Tooth discoloration from amalgam filling prevented by:
   1. Cavity varnish.
   2. Proper triturating.

42 - patient have a complete denture come to your clinic he complain of gagging he wear the denture for 5 years he feel the gagging in the first few days and it disappear what is the cause:
   1. Extend of the upper denture.
   2. The patient has sensitivity to gagging.

43 - Arrange the steps:
   1 ca (oH) -> 2 bases -> 3 varnish -> 4 amalgam.

44 – Rigid palatal strap major connector the material of construction is:
   1. Co-Cr. (Cobalt Chromium)
   2. Gold it.
   3. Wrought wire.

45 – Gingival condition occurs in young adult has poor oral hygiene was weakened:
   · ANUG. = Acute necrotizing ulcerative gingivitis
46 - The compression relaxation cycle of external cardiac compression should be repeated:
1. Twice per second.
2. 60 times per minute.
3. 76 mes per minute.
4. 100 mes per minute.

= 60 compression / relaxation cycles per minute

47 – Prophylactic antibiotic needed in:
1. Local Anesthesia not intraligamentary.
2. Suture removal.
3. Routine tooth brushing.
4. Orthodontic band.

= Prophylaxis recommended: Dental procedures with bleeding:
- extractions
- cleaning
- periodontal procedures
- dental implant placement
- endodontic surgery (root canal)
- initial placement of orthodontic bands
- intraligamentary local anesthesia

48 – Progression of initial caries to cavitations takes 18 month this based on:
1. Streptococci mutans initiates caries.
2. Lactobacilli progress caries.

= The time for progression from incipient caries to clinical caries (cavitation) on smooth surfaces is estimated to be 18 months, plus or minus 6 months
= It has also been reported that Streptococcus mutans is related to the initiation of dental caries and Lactobacillus acidophilus is responsible for the progression of caries.

49 – Caries progression in children more rapid than adult due to:
1. Difference in PH.
2. Generalized dentine sclerosis by age.  = (physiological dentin sclerosis)
3. Increasing in organic content of tubular dentine by age.

50 – Schick intradermal test used in: determination of susceptibility to:
1. Tuberculosis.
2. Typhoid.
3. Diphtheria.
1 - Twins came to your clinic during routine examination; you found great change behavior between both of them this due to:
   1. Hereditary.
   2. Environment.
   3. Maturation.

2 - Instrument used to handle the needle is:
   1. Curved hemostat.
   2. Adson forceps.
   3. Allies forceps.

3 – Child 3 years old came to clinic after fallen on his chin, you found that the primary incisor intruded the follicle for the permanent incisor what you will do:
   1. Surgical removal of the follicle.
   2. Leave it.

4 - Porcelain, highly esthetic, anterior maxilla area, we choose:
   1. Decor.
   2. In Ceram.
   3. Impress.

5 – The highest strength in porcelain:
   - *ZR (zirconia) reinforced inceram*

6 – Main disadvantage of chlorhexidine mouthwash:
   1. Staining of the teeth.
   2. Burning sensation.
   3. Altered taste.

7 – After bleaching a tooth, we want to restore the tooth with composite resin, we don’t want to compromise the bonding, and we wait for:
   1. 24 hours.
   2. A week.
   3. Choose a different material.

8 - Rubber dam is important because it:
   1. Improves safety.
   2. Looks scientific.
   3. Improves suction.

9 – 7 year old boy came to the clinic in the right maxillary central incisor with large pulp exposure:
   1. Pulpectomy with Ca (OH) 2.
   2. Direct pulp capping.
   3. Leave it.
10 - What kind of periodontal probe is used in the furcation area?
   1. WHO.
   2. Nabers probe. Nabers furcation probe
   3. UNC 15.
   4. Michigan

11 – Pt taken heparins he should do surgery after:
   1. 1 hr.
   2. 2 hr.
   3. 4 hr.
   4. 6 hr.
   = The anticoagulant effects of heparin last for four to six hours after a single dose

12 - Streptococcus mutants cause caries &this disease is:
   1. Epidemic.
   2. Endemic.
   3. isolated

13 - To determine the occlusal plane which LANDMARK:
   1. Frankfort plan.
   2. Ala tragus line or (camper’s line)

14 – Silane coupling agent:
   1. Used with porcelain to enhance wettability of bonding.
   2. Used with tooth and porcelain.
   = Silane coupling agent enhance the wettability of composite resins to porcelain

15 - The power toothbrush invented in:
   1. 1929.
   2. 1939.
   3. 1929.
   4. 1959.

16 - What kind of suture used under the immediate denture:
   1. Horizontal matter suture.
   2. Vertical matter suture.
   3. Interrupted suture.
   4. continuous locked suture

17 - 30 years old pt came to the clinic with brownish discoloration of all his teeth (intrinsic discoloration) & yellowish in U/V light the most likely cause is:
   1. Fluorosis.
   2. Tetracycline Discoloration
   3. Amelogenesis imperfect.
   4. Dentogenesis imperfecta
= **Tetracyclin Discoloration**: can be demonstrated in teeth and bones in ultraviolet light, showing up as fluorescent yellow bands.

18 – Pt came to the clinic complaining from soreness in the tongue sore throat the diagnosis is:

1. **Burning mouth syndrome**, (Neural)
2. Geographical tongue.
3. Fissure tongue.

19 - Old pt came to replace all old amalgam filling he had severe occlusal attrition the best replacement is:

1. Composite.
2. Amalgam.
3. Cast metal restoration.
4. **Full crowns**

20 – Teenager boy with occlusal wear the best treatment is:

1. Remove the occlusal.
2. **Teeth capping**, = mouthguard ? soft splint
3. Restoration.

21 - Which of most likely cause of periodontal cyst: (latral – periapical)

1. **Cell rest of Malassez**, (epithelial cell rests of Malassez)
2. Cell rest of serss.

= The epithelial lining is derived from the epithelial rests of Malassez

22 - The percentage of simple caries located in the outer wall of the dentin (proximal sides of the tooth) which left with out cavitations is around:

1. 10 %.
2. 30 %.
3. **60 %**.
4. 90 %.

= About 60% of lesions seen as radiolucencies in the outer half of enamel are usually noncavitated and remineralizable

23 –What is the usual time for isolating Chickenpox pt. from the around people:

1. One week.
2. **Until the vesicles become crusted**.

= Chickenpox: Strict isolation until all vesicles crust over

24 – Nitrous oxide affects:

1. Vit A.
2. Vit B6.
3. **Vit B12**.
4. Vit C.

= Exposure to nitrous oxide: affects vitamin B12 metabolism and bone marrow
25 – Water irrigators are used for:
   1. Plaque removes.
   2. Remove debris between teeth.

27 – 5 years old pt had extraction of the lower primary molar & he had fracture of the apex of the tooth what is the best treatment:
   1. Aggressive remove.
   2. Visualization & remove.
   3. Visualization & leave.

= Use of elevators can cause damage to the underlying permanent tooth.

28 - the most common professional use of fluoride in pedo are:

   1. Acidulated phosphate fluoride (APF) 1.23%
   2. sodium fluoride (NaF),
   3. stannous fluoride

29 – Mucoceles the best treatment is:

   1. Excision. (Surgical excision)
   2. Leave it.
   3. Marsupilization.

= Mucocele (Mucus extravasation phenomenon) is a common lesion of the oral mucosa that results from the rupture of salivary gland duct and spillage of mucin into the surrounding soft tissues. The lower lip is the most common site.

30 – Preparation of gold crown with excepts of gingival rescission the most proper to extent the preparation:

   · 1mm under the gingival margin. Not correct
   · Make it on the fifth.
   · Make it on the third.
   · At the gingival. Correct answer

= at the gingival crest or limited to a depth of 0.5mm intracrevicular placement

31- Amount of daily wear of amalgam ingested in the body:

   1. 1 - 3 μg/day of mercury.
   2. 10 – 15 mg/day of mercury.
   3. 25 mg/day of mercury.

Numerous studies have shown that amalgam release sufficient vapor to cause between 1 and 3 micro gram of mercury absorption per day, depending on the number of amalgams present

32 - Minimal facial reduction when preparing for veneers:

   1. 0.3 mm.
   2. 0.3-0.5 mm.
   3. 1-1.5 mm.
= depth of approximately 0.5 to 0.75 mm midfacially, diminishing to a depth of 0.3 to 0.5 mm along the gingival margin

33 – Pt came after 24 month of tooth replantation which had ankylosis with no root resorption it most likely to develop root resorption in:

1. **Reduce greatly.**
2. Increase.
3. After 2 years.
4. After 4 years

34 – the most affect tooth in nurse bottle feeding:

1. Lower molars.
2. Upper molars.
3. **Maxillary incisors.**

35 – patient in the clinic had Bronchial asthma on the dental chair you will give him epinephrine subcutaneously:

1. **1/1000.**
2. 1/10000.
3. 1/100000.

36 – Most effective method to prevent dental caries:

1. **Water fluoridation.**
2. Fluoridated tooth past.

37 - Testing a tooth with porcelain fused to metal with:

1. Cold test.
2. Cold and hot.
3. **Cold with rubber dam.** (the rubber dam and ice water test)

38 – Die ditching means:

1. **Carving apical to finish line.**
2. Carving coronal to finish line.
3. Mark finish line with pen.

39 – Root canal irrigant used to kill E. faecalis

1. NaoH.
2. **MTAD.**
3. Saline.

= MTAD is a mixture of tetracycline isomer (doxycycline), an acid (citric acid), and a detergent (Tween 80). MTAD is found to be as effective as 5.25 percent NaOCl and significantly more effective than EDTA. Furthermore, MTAD is significantly more effective in killing E. faecalis than NaOCl when the solutions are diluted.
40 - Hand instrument which we used to make internal angles retentive grooves and preparation of cavity walls in the cavity is:
   1. Angle former.
   2. Chisel.
   3. File.
   4. enamel hatched

41 - The vertical fracture of the tooth detected by:
   1. Periodontal pocket. (narrow)
   2. Radiographically.
   3. vertical percussion

42 – The most superior Cold test for pulp:
   1. Ethyl chloride. (cotton pellet saturated with it)
   2. Ice block. (co2 ice stick – frozen co2 – dry ice – co2 snow)
   3. Cold spray. (Refrigerant spray) contain tetrafluoroethane, = most popular method

43 – Impression material cause bad taste to patient:
   1. polysulphide (unpleasant test)
   2. Polyether.
   3. Additional silicon.
   4. Alginate.

44 - Dry socket (alveolar osteitis) appears (symptoms) after extraction:
   1. 24 hours.
   2. 2 – 3 days.
   3. 1 week.

45 – Patient with simple herpes (Herpes Semplex), treated by Acyclovir. The dose should be given is:
   1. 400 mg/three times per day.
   2. 200 mg/five times per day. For 5-7 days
   3. 800 mg/three times per day.

46 – One of the prim considerations in the treatment of fractures of the jaw is:
   1. To obtain and maintain proper occlusion. (re-establishment of normal occlusion)
   2. Test teeth mobility.
   3. Vitality.
   4. Embedded foreign bodies.

47 – 60 YEARS old patient need to make complete denture has (thick labial frenum with wide base) the operation:
   1. Vestibuloplasty.
   2. Z-plasty.
   3. Subperiostumincision.
   4. Deepmucoperiostumincision

= Wide-based frenum attachments may best be treated with a localized vestibulo-plasty technique
48 – Scrap Amalgam keeps under:
   1. **Radiographic Fixer solution**.
   2. Developer.
   3. Water

= Salvage and store all scrap amalgam in a tightly closed container, either dry or under radiographic fixer solution. Amalgam scrap should **not** be stored in water.

49 – Amalgam restoration and there is also gold restoration, result in galvanic action to manage:
   1. Wait.
   2. **Change restoration**. *(replace amalgam with non metallic restoration)*
   3. Varnish.
   4. Separating medium.

50 – Patient with leukemia absolute neutrophilic count is 1700 what oral surgeon should do:
   1. Go on the manover.
   2. Postpone another day.
   3. **Work with prophylactic antibiotic**.
   4. Platelets transfusion.
1 – Hypercementosis and ankylosis is seen in:
   1. Paget disease.
   3. Hyperparathyroidism.

2 – The infection will spread cervical in infection from:
   1. Lower incisors.
   2. Lower premolars.
   3. Lower 2nd and 3rd molars.
   4. Upper incisors.

3 – The first cervical vertebra is axis:
   1. True.
   2. False.
 = First ATLAS – second AXIS

4 – In maxillary upper first molar, Fourth canal is in the:
   1. Mesiobuccal root.
   2. Distobuccal.
   3. Mesio lingual.
   4. Lingual.

5 – When take x ray in upper premolar to locate lingual root using mesial shift it will appear:
   1. Distal. ?????
   2. Buccal.
   3. Lingual.
   4. Mesial.

( SLOB rule : Clark rule ) : same Lingual Opposite Buccal

6 - Osteoradionecrosis is more in:
   1. Maxilla.
   2. Mandible.
   3. No difference.

7 - In inflamed mucosa due to wearing denture (for long time) when to do new denture:
   1. Immediately.
   2. After week.
   3. Put tissue conditioning material (in the existing denture) to allow tissues to heal, then take impression.
8 – Dentinogenesis imperfect has all EXCEPT: 
1. Easily fractured bone.
2. Easily fractured enamel.
3. Blue sclera.
4. Supernumerary teeth.

9 – Retention of amalgam depends on:
1. Amalgam bond.
2. Convergence of walls oclusally.
3. Divergence of walls oclusally.
4. Retentive pins.

= the facial and lingual walls of the occlusal portion of the preparation, as well as the proximal portion, converge toward the occlusal surface.

10 – Student came to clinic with severe pain, interdental papilla is inflamed, student has:
1. Gingivitis.
2. ANUG.
3. Periodontitis.

11 – Which of following restoration more likely to cause wear to opposing?
1. Composite.
2. Gold.
3. Porcelain.
4. Amalgam.

12 - Acidulated phosphate fluoride (APF):
1. 1.23%.
2. 2%.
3. 2.23.
4. 3%.

13 - Radiolucent lesion with scalloped border above inferior alveolar canal between roots of mandibular molars, this lesion is:
1. Solitary cyst.
2. Anyresmal bone cyst.

= ( Solitary bone cyst - Simple bone cyst - Traumatic bone cyst - Haemorrhagic bone cyst )

14 - Patient 6 years old came to your clinic after he had bicycle accident one day after, with swelling at his lower lip, clinical examination shows, teeth did not hurt, what you will do:
1. X-ray.
2. Endo for lower incisors.
3. Pulpotomy.

15 – Perforation during endo space preparation what is the most surface of distal root of lower molar will have tendency of perforation:
1. M surface ( mesial wall of distal root)
2. D surface.
4. L surface.
16 - 3rd generation of apex locator: (Endex)
1. Use with all pt.
2. Need more research.
3. Increase chair time.
4. **Decrease radiographic film need.**

17 – Acceptable theory for dentinal pain:
1. **Hydrodynamic theory.**
2. Fluid movement.
3. Direct transduction.

18 - Pregnant 25 years, bleeding on probing, location on papilla of anterior area of the maxilla, isolated:
1. Giant cell granuloma.
2. **Pyogenic granuloma**
3. Giant cell granuloma.

(pregnancy epulis – pregnancy tumor pyogenic granuloma).

19 – Pt came to the clinic complaining from pain related to swelling on maxillary central incisor area with vital teeth under percussion:
1. Periapical cyst.
2. **Incisive canal cyst** (nasopalatin duct cyst).
4. Anuysmal bone cyst.

20 – Pt came to the clinic & u reveled under medical history he had chronic renal failure; he used to do hemi dialysis the treatment should be:
1. Before one day of dialysis.
2. On the day of dialysis.
3. **After one day of dialysis.**
4. After one week of dialysis.

21 – Location to give inferior alveolar nerve block the landmarks are:
1. Pterygomandibular raphy. (Flod)
2. Cronoid notch.
3. Inner and external oblique ridge
4. **All of the above.**

22 – During the orthodontist removes orthodontic brackets he noticed white decalcified lesion around the bracket what to do:
1. Microabration and application of pumice then fluoride application.
2. Composite resin.
3. Leave and observe.
23 – Pt presented with bicycle accident u suspect presence of bilateral condylar fracture what is the best view to diagnose cond. Fracture:
   1. Occiptomenatal.
   2. **Reverse towne Projection**
   3. Lat oblique 30 degree.

24 - Patient on long term antibiotic came with systemic candidias, treatment with :
   1. amphotericin B.
   2. **Flucanzol**.

Q Patient with Systemic candidiasis, best treated by :
   1. amphotericin B.
   2. Flucanzol.

= For serious systemic fungal infections, the drug of choice is amphotericin B.

25 – Patient Is on 10 mg corticosteroids (prednisolone) for months, need dental extraction, you will:
   1. Give antibiotics.
   2. **Double doze the day of extraction.**
   3. Double doze one day before, the same day, and day after surgery.
   4. Take no action.

26 - Pt came complain of fracture at the metal porcelain interface may be due to:
   1. Failure to condition tooth before application of opaque.
   2. Thick body porcelain.
   3. **Centric contact made at metal porcelain interface.**

27 – Caries detection dye composed mainly of:
   1. Acid fuschin.
   2. Basic fuschin.
   3. **Propylene glycol** ( polypropylene glycol )

28 – Pt came have distal root having periapical radioluscency denoting the need for endo but pt is financially restrained And wants to extract the tooth What u do:
   1. Tell him to go to another dentist.
   2. Followt he pt and extract the tooth.
   3. Explain benefit of do nothing, endo and extraction.
   4. **Explain the pt. benefits of do endo, as saving of the tooth then if he restrains, write that in his chart ( record )and extract the tooth.**

29 - Pt has maxillary posterior partial denture with porcelain teeth He then lost the mand Posterior teeth what type of teeth used for mand Partial denture:
   1. **Porcelain**.
   2. Acrylic.
   3 Metal

30 – Orthodontically treatment tooth having rosorption in the canal what to do:
   1. **Repeated dressing with calcium hydroxide.**
   2. Single visit endo.
31 – Trauma caused fracture of the root at junction between middle and cervical third:
   1. Do endo for coronal part only.
   2. Do endo for the both coronal and apical (pulpectomy).
   3. **Splint together.**
   4. Extract.

= displaced coronal portion should be repositioned and stabilized by rigid splinting for 12 weeks

32 - When doing cantilever bridge all except:
   1. Small in all diameters.
   2. High yield strength.
   3. Minimal contact.
   4. **Small occlusogingivally.**

33 – Autoclave relative to 100f dry oven:
   1. The same time.
   2. Slightly higher time.
   3. Considerable higher time.
   4. Less time.

34 – Pt have a complete denture came to the clinic ,tell you no complaint in the talking ,or in the chewing ,but when you exam him, you see the upper lip like too long ,deficient in the margin ate of the lip, reason is:
   1. Deficiency in the vertical dimensional.
   2. **Anterior upper teeth are short.**
   3. Deficient in vit B.

35 - Female come need to endodontic for central insical ,and have media composite restorations in the mesial and distal walls ,and have attrition in the insicial, edge the best restoration?
   1. Jacket crown.
   2. **Full crown.** = Full ceramic ?
   3. Metal crown.

36 – How can alter the sitting time for alginate:

   *(الانتهاء إذا الاحتمال تعليل حرارة الماء)*

   1. Alter ratio powder/ water.
   2. Alter water ratio.
   3. We can’t alter it.
   4. By addition accelerated.

= best method to alter sitting (gelation) time is to alter water temperature

37 – Secondary dentine occurs due to: *(reparative dentin الانصياع يكون السؤال)*

   1. Occlusal trauma.
   2. Recurrent caries.
   3. Attrition dentine.
   4. **All of the above.**

38 - All of these are ways to give L.A with less pain EXCEPT:

   *(الرؤوس الكبيرة تسبب الألم = الشائع 27)*

   1. Give it slowly.
   2. Stretch the muscle.
   3. Topical anesthesia.
   4. **The needle size over than 25 gauge ???***
39 – True apex (or obturation):
   1. **0.5-1 mm shorter than radiographic apex** (at the DCJ dentino cemental junction).
   2. 0.5-1 mm beyond radiographic apex.

**Q …. Obturation of the canal:**

**Few millimeter shorter than the apex**

41 - Dentist provided bleaching which also know as (home bleaching) contain:
   1. 35-50%hydrogen peroxide.
   2. **5-22% carbamide peroxide.** In office 35% gel

42 - In intra uterine life the mandible starts to develop but clavicle (collar bone) start before it:
   1. True.
   2. False.

=The mandible is the second bone (after the clavicle) to **start** ossifying in the fetus

43 – The primary source of retention of porcelain veneer:
   1. Mechanical retention from under cut.
   2. Mechanical retention from secondary retentive features.
   3. Chemical bond by sialine coupling agent.
   4. **Micromechanical bond from etching of enamel and porcelain.**

44 - pt. presented to u complains of click during open and close. There is no facial asymmetry except when opening what is the diagnosis:
   1. **Internal derangement with reduction.**
   2. Internal derangement without reduction.
   3. Rheumatoid arthritis.

45 – Child 10 years come with trauma on the center incisal a year ago ,and have discoloring on it ,in the exam, no vitality in this tooth ,and in the x ray there is fracture from the edge of the incisial to the pulp ,and wide open apex the best treatment:
   1. apexification .
   2. RCT with qutta percha.
   3. Extract.

46 – Patient came to your clinic complaining of pain; upon examination you can’t find a clue. What’s the next logical step to do in investigation?
   1. MRI.
   2. **Panoramic x-ray.**
   3. CT scan.
   4. Regular tomography.

47 - What is the most factor encouraging dental caries?
   1. **Xerostomia.**
   2. Hypo calcification.
   3. Smoking.

48 – Child suffering a trauma resulting in a complete avulsion. The more successful is when:
   1. **Immediate.**=The most important factor for healing is immediate (<5 min) replantation
   2. After 24 hour.
49 – A child at dentition age is suffering from:
   1. Diarrhea.
   2. Sleep disorders.
   3. Increased salivation

50 – The outline form of upper maxillary molar access opening is Triangular, The base of this triangle is directed toward:
   1. Buccal.
   2. Palatal.
   3. Mesial.
   4. Distal.
1 – Most common cause of porosity in a porcelain restoration is: (a gateway to MDS – MCQ)
   1. Moisture of contamination.
   2. Excessive firing temperature.
   3. Excessive condensation of the porcelain.
   **4. Inadequate condensation of porcelain.**

2- Among the following which is compound fracture: **MCQs in Oral Surgery 2006**
   1. Fracture with many small fragments
   2. Fracture in a star shaped appearance
   **3. Fracture with communication with the oral cavity**
   4. Fracture with bleeding into the masticator space

Among the following which extra oral radiograph best demonstrate the subcondylar fracture:
   **1. Towne projection**
   2. AP mandible
   3. Submento vertex
   4. occipitomenota

3 – Upon giving a lower mandible anesthesia, you notice the patient’s eye, cheek corner of the lip are uncontrolled, what’s the reason:
   **1. Parasthia of the Facial Nerve.** (Injecting the solution near a branch of facial nerve)

4 – Where does the breakdown of Lidocaine occurs:
   1. Kidneys.
   2. **Liver.**
   = Amide local anaesthetics are metabolised by the **liver**

5 - What is the main function of Trays holes?
   1. **Fixing the Impression material.** Retention of imp material

6 - Instrument used to catch the flap (soft tissue) when we do impaction in lower third molar:
   1. **Adson forceps.** (Adson tissue forceps)
   2. Allis forceps.
   3. Curved hemostat.
   4. Regular tweezers.


8 - After patient came to your clinic and gave an extended history and complains, what’s your next step in treatment?
   1. **Clinical examination.**
   2. Start the treatment.
   3. Radiographic examination.
9. Method of Detection of Cracked teeth:
   1. Horizontal percussion.
   2. Vertical percussion.
   3. Electric pulp test.
   4. Transillumination / visible light test, use of fiber-optic light

10. Which of the following materials is NOT a haemostatic agent?
   1. Oxidized cellulose.
   2. Gelfoam.
   3. Zinc Oxide.

11. An 8 years old child suffered a trauma at the TMJ region as infant. Complaining now from limitation in movement of the mandible. Diagnosis is:
   1. Sub luxation.
   2. Ankylosis.

12. Using fluoride toothpaste for children less than 3 years is:
   1. Recommended.
   2. Toxic.
   3. Limited.
   4. Not useful.

13. To detect the caries we use:
   · Acid red dye 1% (or propylene glycol).

14. Fractured tooth to alveolar crest, what's the best way to produce ferrule effect?
   1. Restore with amalgam subgingivally.
   2. Crown lengthening.

15. The most fissure abnormality is:
   1. Cleft palate.
   2. Cleft lip.
   3. Cleft lip and palate.

16. Vibrating line between:
   1. Hard and soft palate.

   2. Movable and immovable tissues of soft palate

   = the imaginary line across the posterior part of the palate marking the division between the movable and immovable tissues of the soft palate

17. When restoring asymptomatic healthy tooth with amalgam, the normal physiologic symptom after that is:
   1. Pain on hot.
   2. Pain on cold, (cold sensitivity) 
   3. Pain on biting.
   4. Pain on sweet.

18. Patient with amalgam usually complains of pain with:
   1. Cold.
   2. Galvanic.
   3. Hot.
19 - The best method to protect teeth that underwent bicuspidization procedure from fracture:

1. Full crown.
2. Splint with composite.
3. Orthodontic splint.

20 - Powder for GI cement contains:

1. SiO2, Al2O3, CaF2.
2. SiO2, ZnO, barium sulphate.
3. None of the above.

21 - Cavity class II restoration with composite resin all cavosurface angles should be:

1. Well rounded. = (All internal line angles should be rounded)
2. Right angles. = in amalgam
3. Acute angles.
4. Obtuse angles.

22 - Following cavity bases r moisture sensitive:

1. Polycarboxylate.
2. Zinc phosphate.
3. GI.
4. ZnO eugenol.
5. 1+3.

23 - Cyst in x-ray:

1. Radiolucent with bone expansion.
2. Radiolucent with bone resorption.

24 - During endo pt is complaining of pain with percussion what u suspect? (after obt few days)

2. Secondary apical Periodontitis.
3. Over instrumentation.
4. Over medicate.

25 - Crown and root perforation:

1. Respond to MTA, mineral trioxide aggregate (MTA)
2. Use matrix with hydroxiapatite and seal with GI.
3. Root canal filling.
4. 1+2.

26 - Removing of dentine in dangerous zone to cementium is:

1. Perforation.
2. Ledge.
3. Stripping.
4. Zipping.

= A strip perforation can be caused by over-use of Gates–Glidden burs or rotary coronal flaring instruments. The resultant defect is a narrow slit-like perforation on the internal curvature of the root canal.
27 - Which palatal form is more retentive and offers better stability to complete denture:
1. V shaped.
2. Wide palate.
3. **U shaped.**
4. Flat palate.

28 - What is the concept of Pro-taper system?
1. Step down tech.
2. Step back tech.
3. **Crown down.**

29 - Which intracanal medicament causes protein coagulation?
1. **Formocresol.**
2. Naocl.
3. MTAD.

30 - To prevent gingival injury place the margin of the pontic:
1. At the level of gingival crest.
2. **Above gingival crest.**
3. Apical to gingival crest 1 mm.
4. Apical to gingival crest 0.5 mm.

31 - Arrange the steps of cleft palate management:
1. Measures to adjust speech.
2. Establish way for nursing and feeding.
3. Cosmetic closure.
4. Prevent collapse of two halves.
   Correct steps: (2 – 4 – 1 – 3).

32 - Person who is un able to differentiate the colors, and can tell his name, or address he is acting like:
3 years old.
4 years old.
10 years old.

33 - Child with late primary dentition has calculus and gingival recession related to upper molar what is the diagnosis:
1. Periodontitis.
2. **Local aggressive Periodontitis.**
3. Viral infection.
4. Type of professionally applied fluoride for mentally retarded pt:
   1. **Neutral sodium fluoride.**
   2. Stannous fluoride.
   3 Acidulated fluoride solutions.

35 - 8 years old pt. had trauma to 8 presented after 30 minute of injury He had crown fracture with incipient pulp exposure what u do:
1. **Direct pulp capping.** Up to 24 hours
2. Pulpotomy.
3. Pulpctomy.
4. Observe.
36 - The role of good sterilization:
   1. Washing, drying, inspection, Bagging, autoclave, storage. (initial storage first)
   2. Inspection, autoclave, drying, storage.
   3. Autoclave, drying, storage.
   4. Autoclave is enough.

37 - In a curved root you bent a file by:
   1. Put gauze on the file & bend it by hand.
   2. Bends the file by pliers.
   3. By bare figure.
   4. By twister.

38 - Tongue developed from:
   1. Mandibular arch & toburclumimpart.
   2. first branchial arch, = (mandibular arch)

39 - You extract tooth with large amalgam restoration, how to manage the extracted tooth:
   1. Autoclave and be buried.
   2. Sharp container.
   3. special waste container. (designed not to be incinerated)
   = Amalgam and mercury waste, including extracted teeth containing amalgam restorations, is classified as special waste and cannot be incinerated due to the release of toxic mercury vapour. It should be stored separately in rigid airtight containers and then collected by authorized contractors for recycling.

40 - Treacher Collins syndrome have characteristic feature:
   1. No ear loss.
   2. Upward of eye.
   3. Prognthesia of mandible.
   4. Malar bone not well formed or absence.
   = malformed or absent ears
   downward slanting eyes
   micrognathia (a small lower jaw),
   underdeveloped zygoma (malar bone)

41 - At which temperature gutta percha reaches alpha phase:
   1. 42 – 49 ºC.
   2. 50 – 60 ºC.
   3. 70 – 80 ºC.
   4. 100 ºC.
   = beta solid phase - alpha plasticized phase

42 - Fluoride amount in water should be:
   1. 0.2-0.5 mg/liter.
   2. 1-5 mg/liter.
   3. 0.7 – 1.2 mg/liter
   4. 0.1-0.2 mg/liter.
   = The optimum fluoride level in water for good oral health is between 0.7 to 1.2 mg/L
43 – Dentinal Hypersensitivity is due to:
**1. Exposed dentine with opened dentinal tubules.**
2. Obliterated dentinal tubule.

44 - Pt came to dental clinic having a homological problem after lab test they found that factor VIII clotting activity is less 10% what’s the diagnosis:
**1. Hemophilia A.** = Mild
2. Hemophilia B.

= Hemophilia A (factor VIII deficiency) and hemophilia B (factor IX deficiency)
= mild hemophilia A, with activity levels 5% to 20% = severe Hemophilia A less than 1%

45 – 65 Years old black man wants to have very white teeth in his new denture what should the dentist do:
1. Put the white teeth.
2. Show the patient the suitable color first then show him the white one.
**3. Convince him by showing him other patient’s photos.**
4. Tell him firmly that his teeth color is good.

46 - Provisional restoration for metal ceramic abutment is:
1. Aluminum sheet.
2. Stainless steal crown.
3. Zno. 
4. Tooth colored polycarbonate crown.

47 - Buccal branch of facial is:
1. Sensory.
2. **Motor.**

48 - The common cause of fainting in dental clinic are:
1. **Vaso-vagal shock.**
2. Diabetes.
3. Fear.

49 - Sharpening the curette and sickle scaler, the cutting edge should be at angle:
1. 50-60.
2. **70-80.**
3. 80-90.
4. 60-70.

50 - All these are contraindicated to RCT except:
1. Non restorable tooth.
2. Vertical root fracture.
3. Tooth with insufficient tooth support.
4. **Pt who has diabetes or hypertension.**
1 - Contents of the Anesthesia Ampoule:
   1. Lidocaine + epinephrine + Ringer’s liquid + another thing.
   2. Lidocaine + epinephrine + distilled water.
   3. Lidocaine + epinephrine only

2 – How much subgingivally do you go with the band in class II restorations?
   1. 0.5 – 1 mm.
   2. 1 – 2 mm.
   3. 2 – 3 mm.

3 - Electric pulp tester on the adults is not accurate because:
   1. Late appearance of Fibers A.
   2. Late appearance of Fibers C.
   3. Early appearance of fibers A.
   4. Early appearance of fibers C.

=EPT stimulates the myelinated sensory fibers A. The unmyelinated C fibers of the pulp do not respond

4 – Pt come with sinus you make tracing and take radiograph, the GP appears in lateral surface of the root:
   1. Periodontal abscess.
   2. Periodontitis.
   3. Lateral accessory canal.

5 - A Tailor is presented to your dental office, what’s the most common feature to be found in his teeth upon examination:
   1. Attrition.
   2. Abrasion.
   3. Erosion.

6 - What’s the first ( early ) sign of Syncope?
   1. Paleness.
   2. Nose bleeding.
   3. Miosis.

= Usually the first signs are nausea, paleness, sweatiness, rapid heart rate, dizziness, ...

7 - Female patient came to your clinic with continuous severe pain related to 1st maxillary molar. After examination dentist diagnose the tooth is carious and has irreversible pulpits. He decides to do RCT. After enough time for anesthetization, the patient won’t allow the dentist to touch the tooth due to severe pain. Dentist should:
   1. Give another appointment to the patient with description of antibiotics.
   2. Extraction.
   3. Intra-pulpal anesthesia

= If patient discomfort is encountered, the intrapulpal injection may be used as a supplement for pulpal anesthesia.
8 - Application rubber dam in the endodontic:
   1. Necessary.
   2. Patient comfort.
   3. **Established rule.**
   4. Extra cost.

= Use of a rubber dam in endodontics is **mandatory.**

9 - Three year old pt has anodontia (no teeth at all), what would you do:
   1. **Full denture.** = removable complete maxillary and mandibular dentures
   2. Implant.
   3. Space maintainer.
   4. No intervention.

10 – Ugly duckling stage:
   1. **9 to 11 years old.**
   2. 13 to 15 years old.
   3. 7 to 9 years old.

11 - Porcelain shrinkage after firing;
   1. 1-5%.
   2. 5-10%.
   3. **10-20%**

12 – Both glass ionomer & polycarboxylate cement contain:
   1. Polyaacrylic acid.
   2. **ZO powder.**

13 - Treatment of systemic fungal infections best drug ?:
   1. Penicillin.
   2. Tetracycline.
   3. **amphotericin B**

14 - After etch enamel and bond it with 5th generation the strength of:
   1. 5-10Mp
   2. **25Mp.**
   3. 30Mp.
   4. 100Mp.

15 - For a patient that is on a corticosteroid therapy, upon oral surgery, the patient is given:
   1. **50-60 mg hydrocortisone.** Minor surgery
   2. 400-600 mg prednisolone.

= If the patient is currently not on steroids but had taken 20 mg or more of hydrocortisone for more than 2 weeks within the past year

16 - A patient that wasn’t anesthetized well in his 1st visit, next day he returns with a limited mouth opening (trismus). He must be anesthetized, what’s the technique to be used:
   1. William’s technique.
   2. **Bircher’s technique.**

= Gow-Gates technique - Vazirani-Akinosi technique: a closed-mouth injection technique
17 - In hypertension patient the history is important to detect severity:
   1. True.
   2. False.

18 – Patient complaining of Xerostomia, frequent going to the toilet at night:
   - Diabetes Mellitus.

19 - Digital radiography is a technique that shows transition from white to black. Its main advantage is the ability to manipulate the image by computer:
   1. 1st T, 2nd T.
   2. 1st F, 2nd T.
   3. Both T.
   4. Both F.

   =Digital receptors have a much wider dynamic range than film. The number of increments in shading between black and white is much greater, so finer differences can be seen.

20 - Patient suffering from a submandibular gland abscess, dentist made a stab incision and is fixing a rubber drain SUCTION DRAIN to evacuate the pus, the drain is sutured to:
   1. Intra-oral.
   2. From angle of the mandible.

21 - What’s the name of the Device used to measure Vertical Dimension:
   - Caliper or Willis Gauge.

22 – ligaments associated with TMJ:
   1. Tempromandibular.
   2. Sphenomandibular.
   4. All the above.

23 – Cracked tooth syndrome is best diagnosed by?
   1. Radiograph.
   2. Subjective symptoms and horizontal percussion.
   3. Palpation and vertical percussion.
   4. Pulp testing.

24 – 8 years old child with blue sclera and multiple fractures, what's diagnosis?
   - Dentinogenesis imperfecta.

25 – To check TMJ range of movement:
   1. Cranial imagery.
   2. Arthrography.
   3. Traditional tomography.

26 – At which location in enamel is the density of enamel crystals is lowest:
   2. DEJ.
   3. Center of enamel Prisms.
   4. Edge of enamel Prisms.
   5. Facial enamel.
27 - At which of the following locations on a mandibular molar do you complete the excavation of caries first:
1. Axial walls.
2. Pulpal floor over the mesial pulp horns.
3. **Peripheral caries.**
4. All of the above are correct.

28 - When taking an x-ray to pregnant lady we use all of this method except:
1. Digital x-ray.
2. High sensitive film.
3. **Short cone tech.**
4. Inch/long cone/paralleling technique.
5. Lead apron with thyroid collar.

29 - Missing lower six and tilted 7 abutment: (the best treatment)
1. **Up righting of molar by orthodontics** (straightforward)
2. Proximal half crown.
3. Telescope crown.
4. Non rigid connector.

30 - To remove a broken periodontal instrument (tips) from the gingival:
· **Schwartz Periotriever**

31 - The best way to remove silver point:
1. **Stieglitz pliers.**
2. Ultrasonic tips.
3. H files.

32 – To fasten (accelerate) Zinc Oxide cement, you add:
1. Zinc sulfide.
2. **Zinc acetate.** (accelerator)
4. Bariumchloride.

33 - Laser core can be used in curing of composite:
1. ND (YAG).
2. HeNe.
3. **Argon laser**
= composite curing: halogen – light emitting diod LED – laser (argon)

34 - Hunter Schreger bands are white and dark lines that appear in:
1. Enamel when viewin horizontal ground.
2. **Enamel when viewin longitudinal ground.**
3. Dentin when viewin horizontal ground.
4. Dentin when viewin longitudinal ground.

35 - Xylitol is sugar substitute which help in:
1. **Decrease caries.**
2. Increase caries.
36 – To drain submandibular abscess:
   1. Intraorally through the mylohyoid muscles.
   2. Extraorally under the chin.
   3. Extraorally at the most purulent site.
   **4. Extraorally below the lower border of the mandible.**

37 – Picture - the rows show “truth”, the column show “test result”:
   **1. Cell A has true positive sample.**
   2. Cell A has true negative sample.
   3. Cell A has false positive sample.
   4. Cell A has false negative sample.

Cell A = true positives
Cell B = false positives
Cell C = false negatives
Cell D = true negative

38 - Test used to detect HIV is:
   **· Elisa.**

   = 1Elisa -2 Western blot Assay -3 Indirect Immunofluoresence Assay

39 – How do you know if there are 2 canals in the same root?
   **1. Radiographically with 2 Files inside the root.**
   2. The orifices are close to each other.

40 – 10 years Pt come with necrotic pulp in upper central with root apex not close yet, best treatment:
   **1. Calcium hydroxide.**  = ( apexification procedure with caoh2 )
   2. Calcific barrier.
   3. Apexfication with gutta.
   4 Gutta percha filling.

41 - Patient suffering from cracked enamel; his chief complains is pain on:
   1. Hot stimuli.
   2. Cold stimuli.
   **3. A&B.**
   4. Electric test.

42 - Most tooth surface affected by caries:
   **1. Pit and fissure.**
   2. Root surface.
   3. Proximal surface.

43 - Scale to measure marginal deterioration:
   **1. Mahler scale.**
   2. Color analogues scale.
   = **Mahler scale** showing levels of **marginal deterioration** (No. 1 = none; No. II = extensive).
44 - Tracing of GP used for:
   1. Source of Periapical pathosis.
   2. Acute periapical Periodontitis.
   3. Periodontal abscess.
   4. None.

45 - Dental student using thermoplasticized G.P. what is the main problem he may face:
   1. Extrusion of G.P. from the canal.
   2. **Inability to fill the proper length.**
   3. Failure to use master cone at proper length.

46 - What are the disadvantages of McSpadden technique in obturation? =Thermomechanical compaction:
   1. Increase time.
   2. Increase steps.
   3. **Difficult in curved canals.**
   4. All the above.

47 - Child with mental disorder suffers from orofacial trauma, brought to the hospital by his parents, the child is panic and Irritable, the treatment should do under:
   1. Local anesthesia.
   2. **General anesthesia.**
   4. Intravenous sedation.

48 - Least heat generated in:
   1. Diamond bur.
   2. Steel bur.
   3. **Carbide bur.**
   4. Titaniumbur.

49 - Pt need complete denture u take impression with irreversible hydrocolloid & poured it after late more than 15 min the cast appear sort & chalky the reason is:
   1. **Dehydration of the impression.**
   2. Expansion of the impression.
   3. Immerse the impression in a chemical solution.

50 - Amount of reduction of functional cusp when preparing for onlay:
   1. 1mm.
   2. 1.5mm.
   3. **2mm.**
   4. 2.5mm.
1 - Mechanochemical preparation during RCT main aim:
   1. Widening of the apex.
   2. Master cone reaches the radiographic apex.
   3. **Proper debridement of the apical part of the canal.**

2 - Indirect retainers (in RPD) mostly needed:
   1. Class VI.
   2. **Class I.**
   3. Class III.
   4. Class III with modification.

3 - Unmounted sharpening (stones) instruments are better than mounted because:
   1. Have finer grains.
   2. Easier to sterilize.
   3. Don't alter the bevel of the instrument.
   4. **Less particles of the instruments are removed**

4 - Patient comes to you with edematous gingival, inflamed, loss of gingival contour and recession, what's the best tooth brushing technique:
   1. Modified bass.
   2. **Modified stillman.**
   4. Scrub.

5 - Oral surgeon put his finger on the nose of the patient and the patient asked to blow this done to check:
   1. Anterior extension of posterior palatal seal.
   2. Lateral extension of posterior palatal seal.
   3. **Posterior (distal) extension of posterior palatal seal.** = Vibration line

6 - Patient has inflammation under denture which best tech to make impression:
   1. Take it immediately to prevent future deterioration.
   2. **Reline the denture by soft material and wait until tissue healed.** = Tissue conditioner
   3. Advice not to remove denture t night.
   4. 1+2.
   5. All the above.

7 - Pt. presented after insertion of complete denture complaining of dysphasia and ulcers what is the cause of dysphasia?
   1. Over extended.
   2. **Over post dammed.**
   3. Under extended.
   4. Under post dammed.

8 - Soft palate falls abruptly facilitate recording post dam, falls gradually make recording post dam difficult:
   1. Two statements true.
   2. **Two false.**
   3. First true, second false.
   4. First false, second true.
9 - Pt with complete denture come to your clinic, complaint from his dry mouth, the proper medicine is?
1. Anti diabetic medicine.
2. **Cholinergic.** (cholinergic agonists)
3. Steroid.

10 - Pt has anaphylactic shock after take penicillin you have to give him:
1. 0.5 mg epinephrine of 1/10000 intra venous.
2. **Adrenaline 1/1000 intra muscular.**
3. 200 mg hydrocortisone intravenous.

11 - Isolated periodontal pocket in: لايشمل جميع سطوح الجذر - احد جوانب جذر السن فقط
1. Vertical root fracture.
2. Palato gingival groove.
3. Endo origin lesion.
4. **All.**

12 - Which of the following types of base materials can be placed in contact with polymethyl methacrylate & not inhibit the polymerize of resin:
1. ZoE.
2. GI.
3. **Zn phosphate cement.**
4. Varnish.
5. 2+3.

13 - What medical condition should prevent the dentist from practicing dentistry?
1. Diabetes.
2. Hypertension.
3. **Influenza.**

14 - What is the time between the first onset of HIV virus and the appearance of the symptoms?
1. 1-5 years.
2. **10 years.** "Asymptomatic" Period
3. No specific time is known.

15 - Upon opening an incision in a periapical abscess in a lower 1st molar, you open:
1. The most bottom of the abscess.
2. **The most necrotic part of the abscess.**
3. Extra oral.

16 - Ethics in research includes the following EXCEPT:
   a) Protection of rights to privacy
   b) Protection against legal risks
   c) **Protection against the role of the statistician**
   d) Protection against physical risks.

17 - In 6 week intrauterine life the development ( of dental lamina ) starts. The oral epithelium (Stratified Squamous Epithelium) will thickened and gives dental lamina:
1. True.
2. False.
18 - Picture of the tooth show divergence of the mesial and distal:
1. Not correct, it should be convergence.
2. Correct but it should be for occlusal with = 1.6mm.
3. **>1.6mm.** (thickness of marginal ridge)
4. <1.6 mm.
   
   = Direction of mesial and distal walls is influenced by remaining thickness of marginal ridge as measured from mesial or distal margin
   
   =Mesial and distal walls should converge occlusally when distance from a to b is greater than 1.6 mm.

19 – biological width of the gingiva:
1. 1mm.
2. **2mm.**
3. 3mm.
4. 4mm.

20 - Which is contraindicated to the general anesthesia?

1. **Patient with an advanced medical condition like cardiac.**
2. Down's syndrome patient.
3. Child with multiple carious lesion in most of his dentition.

=Indications for general anaesthesia
   
   -the child is pre cooperative (too young to cope)
   -uncontrolled fear
   -complexity of procedure.

21 - Radiolucent is cover the percoronal part of the 3rd molar is:

1. **Dentigerous cyst.**
2. Central.

22 - Young pt came without any complain during routine X ray appear between the two lower molar lesion diameter about 2mm&extend laterally with irreg. shape what’s the type of cyst:

1. Dentigerous cyst.
2. Apical cyst.
3. **Radicular cyst.** (Lateral radicular cyst)
23 - You should treat ANUG (Acute Necrotizing Ulcerative Gingivitis) until the disease completely removed. Otherwise, it will change to necrotic ulcerative gingivitis:
   1. Both sentences are true.
   2. Both sentences are false.
   3. **1st true, 2nd false.**
   4. 1st false, 2nd true.

24 - Success of pit & fissure sealants is affected **mainly** by:
   1. Increased time of etching.
   2. **Contamination of oral saliva.** (Saliva contamination)
   4. Proper fissure sealant.

25 - Neonate 2 years old has a lesion on the ventrum of the tongue... with the eruption of the 1st tooth:
   - **Riga-Fede disease**
   = Neonatal sublingual traumatic ulceration
   = A traumatic ulcer in the anterior portion of the tongue of infants with natal teeth is known as Riga-Fede disease

26 - Continuous condensation technique in GP filling is:
   1. Obtura I.
   2. Obtura II.
   3. Ultrafill.
   4. **System B.** (continuous wave of condensation technique)

27 - The x ray show scattered radiopaque line in the mandible the diagnosis will be:
   1. Paget disease. ??
   2. Garres syndrome.
   3. **Fibrous dysplasia.** ??
   4. Osteosarcoma.

28 - After finish class v glass ionomer cement we do finishing( polishing? ) with:
   1. Pumis slurry.
   2. **Aluminum-oxide paste.**
   = Micron finishing diamonds used
   = flexible abrasive discs
   = A fine grit aluminum oxide polishing paste ( smooth surface )

29 - Composite restoration follow-up after 2 years. It showed stained margin, this is due to:
   1. **From polymerization shrinkage.**
   2. Hydraulic destruction on bond.
   = Marginal Leakage or micro leakage

30 - What is the dominant type of fibers found in Cementum?
   1. Longitudinal.
   2. Circular.
   3. **Sharpey’s fibers.**
31 - Moon face appearance is not present in fracture:
   1. Lefort I.
   2. Lefort II.
   3. Lefort III.
   4. Lefort I + Lefort II.
   **5. Zygomatic complex.**

32 - Sharp pain is due to which type of fibers:
   1. A fibers.
   2. B fibers.
   3. C fibers.
   = A-delta fibers – small, myelinated fibers that transmit sharp pain
   = C-fibers – small unmyelinated nerve fibers that transmit dull or aching pain.

33 - Trigeminal neuralgia treated by carbamazepine (Tegretol®). the max dose per day divided is:
   1. 200 mg.
   2. 500mg.
   3. 1000mg.
   **4. 1200mg.**

34 - 10 years child with congenital heart disease came for extraction of his lower 1st molar, the antibiotic for choice for prevention of infective endocarditic is:
   1. Ampicelline 30 mg /kg orally 1hour before procedure. … IM/IV
   2. Cephalixine 50 mg/kg orally 1hour before procedure. ( if allergic to amox/ampi )
   3. Clindamicine 20mg/kg orally 1hour before procedure. … IV
   **4. Amoxicillin 50mg/kg orally 1hour before procedure.**

35 - The organism that not found in newborn mouth:
   1. Streptococcus mutans.
   2. Streptococcus salivarius..
   3. E-coli. (Escherichia coli)
   4. Skin bacteria.
   = Newborns lack teeth and therefore cannot harbor organisms adapted to tooth habitats

36 - Adult 20 years male with soft tissues & dental trauma reveals severe pain in soft tissues with loss of epithelial layers and anterior upper centrals are intruded the diagnosis is:
   1. Abrasion with luxation.
   2. Erosion with sub luxation.
   **3. Laceration with (lateral) luxation.** (dislocated.. displaced .. need repositioning )
   4. Laceration with sub luxation. ( increased mobility without displacement )

37 - Knife ridge should be treated with:
   1. Relining soft material. = ( Soft relining – tissue conditioner )
   2. Maximum coverage of flange.
   3. Wide occ. Table.

38 - Patient with complete denture pronouncing F as a V:
   · Anterior teeth are (placed) upward from lip line. = superiorly and anteriorly
   = (Placement of maxillary anterior teeth in complete dentures too far from superiorly and anteriorly might result in difficulty in pronouncing F and V sounds).
39 - Most used sugar substitute:
1. Sorbitol.
2. Mannitol.
3. Inulin.
4. **Xylitol.**

40 - While excavating soft dentin you exposed the pulp, treatment is:
1. **Direct pulp capping.**
2. RCT.
3. Other.

41 - Adding of surfactant to irrigation solution during RCT to increase wettability of canal walls by:
1. Lowering surface tension.
2. Increasing surface tension.
3. Passing through dentinal tubules.

42 - What is the best media for keep avulsion tooth:
1. In water same temperature of room.
2. **In milk same temperature of room.**
3. In cold water.
4. In cold milk.

43 - Patient came to clinic after you check up you see, supernumerary teeth and missing clavicle bone what diagnosis:
1. Down syndrome.
2. **Cledoocranial dysplasia.**

44 - Patient complains from swelling in submandibular, swelling appear when patient eating and swallowing only what type of x ray use to diagnosis:
1. Occlusal x-ray.
2. Panoramic x-ray.
3. **Salivary x-ray (or sialography).**

45 - Patient came to your clinic with severe pain; on x-ray the right side of the mandible has radiolucency with a radiopaque border that resembles the sunshine rays. Your diagnosis is:
1. Ossifying fibroma.
2. **Osteosarcoma.**
3. Acute osteomyelitis.
46 - Which of the following conditions is highly indicated for the short therapy of DOTS and is directly observed once in the clinic?

1. **Tuberculosis.**
2. HIV.
3. H1N1.
4. Mental Illness.

**DOTS** (directly observed treatment, short-course)

47 - Which tooth of the maxillary teeth is closest to the maxillary sinus?

1. First maxillary premolar.
2. Maxillary canine.
3. **First maxillary molar.**

48 - The following factors affect the health:

1. Hereditary.
2. Environment.
4. Family welfare.
   - 1+2.
   - 1+2+4.
   - 1+2+3.
   - All.

49 - After delivery of a complete denture, the patient returned complaining of his phonetics and pronunciation, upon examination you notice the upper lip is not properly supported:

1. Decreased vertical dimension.
2. **Malposition of the anterior teeth.**
3. Deficiency in vitamin B.

50 - Which of the following instruments should be used to plane the facio – proximal cavosurface margin of a standard Class 2 preparation on a mandibular molar?

a) Straight chisel
b) Binanagle chisel
c) **Enamel hatchet**
d) Bibeveled hatchet
1 - Dentin permeability:
   1. Decreases with the increase of cavity preparation.
   2. Increase when sclerotic dentin develops under a carious lesion.
   3. Increase with smear layer.
   **4. Bacterial toxins can pass through before the actual penetration of bacteria.**

2 - In order to decrease the gastric secretion:
   1. Histamine A antigen equivalent.
   2. Histamine B antigen equivalent.
   **3. Anticholnergic.**
   4. Adrenal steroids.

3 – Pt with renal transplantation came with white elevated lesion on tongue no history of smoking or tobacco chewing diagnosis is:
   1. Candidacies.
   2. Iatrogenic lesion.
   3. Hyperkeratosi.
   **4. Uremic stomatitis**

4 – Autoclave principle:
   1. Causes dullness.
   **2. Breaks the protein cell membrane at moderately low temp.**
   3. Breaks the protein cell membrane at very high temp.

5 – While you were preparing a canal you did a ledge, then you used EDTA with the file, this may lead to:
   *Perforation.*

6 - During RCT canal blocked, if I add EDTA & file what can happen?
   1. False canal formation.
   **2. Perforation.**

7 - Patient need fixed bridge after you Check Bridge in patient mouth you see the color of bridge is yellowish to milky what causes?
   **1. Excessive fired.**
   2. Reduced fired.
   3. Excessive moisture.

8 – Tooth number 26, had a root canal treatment since two years, upon x-ray you found radiolucency with bone resorption along one of the roots:
   1. Ca (OH) 2.
   **2. Resection of the whole root.** (root amputation)
   3. Redo RCT.
   4 Periodontal curettage.
9 - Stock trays compared to Customtrays for a removable partial denture impression:
   1. Customtrays less effective than stock trays.
   2. Custom trays can record an alginate impression as well as elastomeric impression.
   3. **Customtrays provide even thickness of impression material.**
   4. All of the above.

10 - Patient came with severe pain related to right 1st mandibular molar, there's no swelling related, pulp test is negative, no evidence in radiograph. Diagnosis:
   1. Irreversible pulpitis.
   2. **Acute periodontal abscess.**
   3. Suppurative periodontal abscess.

11 - Which of the following teeth has a contact area between the incisal (occlusal) third and middle third?
   1. 1st maxillary premolar.
   2. 1st mandibular premolar.
   3. 1st maxillary molar.

12 - Patient returned to you after 1 month from doing amalgam filling with definite severe pain, due to:
   1. Contamination with moisture leading to amalgam expansion. ??????
   2. Unidentified pulpal exposure.
   3. **Supra occlusion.**

13 - In 3/4 crown preparation in upper 4, which bur is used to make the retention groove:
   · **Tapered.** (701 tapering fissure bur for posterior teeth.)

14 - NaOCl (Sodium hypochlorite) is used in RCT:
   1. Oxidative effect.
   2. Ordinary irrigant solution.
   3. **Better used diluted,** (0.5 % - 5.25%)
   4. Better result when used combined with alcohol.

15 - 6 years old patient received trauma in his maxillary primary incisor, the tooth is intruded. The permanent incisors are expected to have:
   1. **Yellowish or whitish discoloration.**
   2. Displacement.
   3. Malformation.

16 - Patient 21 years old who has iron deficiency anemia, difficulty in swallowing, with examination of barium sulphate >> esophageal webs >> (spoon-shaped nail)
   1. Geographical tongue. = glossitis
   2. Burning mouth syndrome. = only burning mouth
   3. Diabetic patient.
   4. **Plummer-Vinson syndrome** (paterson-kelly syndrome)
17 - Pacifier habit what you see in his mouth:
   1. **Anterior open bite with posterior cross bite** (and increasing over jet and gingival recession or trauma.)
   2. Cross bite.

18 - Old patient complain from parasthisia in lower left mandible after you take x-ray you see radiolucent will differentiate and punch what diagnosis?
   1. Hyperparathyroidism.
   2. **Osteomolitis**.

19 – Generalized lymphadenopathy in:
   1. **Infection**.
   2. **Leukemia**.
   3. **HIV**.
   4. Pernicious anemia.
   · 1+3.
   · **1+2+3**.
   · 2+3+4.
   · 3 only.

   = lymphoma, leukemia, HIV disease and chronic infectious disease

20 - Patient feel sever pain upper mouth pain is radiated to eye and ear ,after you check no caries when you pressure on maxillary premolar he feel pain in x-ray no change what diagnosis?
   1. Acute apical Periodontitis.
   2. **Maxillary sinusitis**.
   3. Canine space infection.
   4. Dent alveolar infection.

21 - A border line diabetic pt came with denture stomatitis you find abundant debris in the tissue surface area of the denture>>the proper management is:
   1. Systemic antibiotic.
   2. Topical antifungal.
   3. **Systemic antifungal**.
   4. Topical antibiotic.

22 - Child has bruxism to be treated with:
   1. Sedative.
   2. **Cusp capping**. = A vinyl plastic bite guard
   3. Others.

23 – Patient came to dentist after previous stress full procedure complaining of burning& discomfort of his lip on examination u found lesions on the palate, diagnosis is:
   1. Contact dermatitis.
   2. Allergy.
   3. Aphthous ulcer.
   4. **Herpes simplex** (herpetic gingivostomatitis).

24 – Pt with cleft lip and cleft palate with missing of teeth, this present with:
   1. Treachir Collins syndrome.
   2. **Van Der Wound Syndrome**.
25 – Patient has a palatal torus on hard&soft palate, the major connector of choice:
   1. Anteroposterior palatal strap.
   2. **U shaped (horse shoe)**.
   3. Posterior palatal strap.

26 - Patient present with deficiency at the malar bone + open bite + normal mental abilities:
   1. **Treacher Collins syndrome** ( malocclusion )
   2. Cleidocrenial dysplasia.
   3. Eagle syndrome.

27 - Proxy brush with which type of furcatoin:
   1. I.
   2. II.
   3. **III.**
   4. IV.

28 - Streptococcus activity detected by: ( which test )
   1. Fermentation. = differential between types of streptococi
   2. **Catalase.** = catalase activity
   3. Amylase.

29 - Trauma leads to fracture in the root between middle cervical apical third:
   1. Poor prognosis.
   2. **Good prognosis.**

    = Fractures in the middle to apical third can have quite a good prognosis

30 - A 55 year old patient needs multiple extractions, after extraction what will you do first:
   1. Suturing.
   2. Primary closure should be obtained if there is no luntant tissue.
   3. **Alveoplasty should be done in all cases.**

    = Primary **alveoloplasty** is always done at the time of multiple extraction or single extraction.

31 - During maxillary 3rd molar extraction the tuberosity fractured. It was firmly attached to the tooth and cannot be separated. What is the management?
   1. Remove it with the tooth.
   2. **Splint the tooth to the 2nd molar then re-extracted after 6 weeks.**

    =When the fracture occurs and the fractured segment has not been reflected from the periosteum, it is repositioned and the mucoperiosteum is sutured. In this case, the scheduled extraction of the tooth is postponed, if possible, for approximately 1.5–2 months, whereupon the fracture will have healed and the extraction may be performed with the surgical technique.

32 - Pt with complete denture complains from tightness of denture in morning, then become good this due to:
   1. **Relief denture.**
   2. Lack of check elasticity.
   3. Poor post dam.
33 - The cause of Dark discolored casting that resists pickling:

1. Over heat.
2. Incomplete casting.
3. Contaminate with gas.

=It is due to the decomposition of calcium sulphate binder of gypsum-bonded investment as a result of overheating.

34 - When increase vertical dimensions you have to:

1. Increase minimal need.
2. Use provisional crown for 2 months.
3. Construct anterior teeth first then posterior teeth.
4. All.

35 - Pt comes with blisters even on mucous membrane you asked for immune test (Direct immunofluorescence) >>> (deposits of immunoglobulin at the basement membrane zone):

1. Pemphegus.
2. Bullas pemphogoid.
3. Lichen planes.

36 - Pt came to the clinic after he has an accident. X-ray revealed bilateral fracture of the condyle. Mandible movements are normal in all direction…. What is your treatment?

1. Inter maxillary mandibular fixation.
2. Fixed IMF for 6 weeks.
3. Inter mandibular fixation.
4. No treatment is performed only anti inflammatory drugs and observation.

37 - Which of the following results may be expected following surgery when both buccal and lingual cortical plates have been lost?

1. Ankloyosis.
2. Osteocementosis.
3. Normal bone regeneration.
4. Scar tissue formation.

38 – 7 years patient come with untreated trauma to tooth that became yellow in color, what you should tell the parents:

1. Pulp is dead. ?????????
2. Pulp becomes calcified.
3. The tooth will resorb normally.
   · 1+2.
   · 2+3.
   · 1+2+3.

39 - Occlusal splint device:

1. increase vertical dimension.
2. help alleviate the increased muscle activity
3. registering Occlusal plane CR/CO.
4. All.
**Occlusal splint** can be used as one of the following except:
A. Treatment of temporomandibular joint dysfunction
B. Diagnostic device
C. To measure **vertical dimension**
D. Aid for registering centric relation for restorative purposes

EXCEPT : C

41 - We put the pin very close to line angle because this area:
1. Less material of restoration need.
2. Initiate dentine caries.
3. **to allow for adequate condensation of the restoration material.**

The pin should be located as close as possible to the line angles of the tooth. These areas provide the greatest dentin bulk and are also the areas where the bulk of restorative material will be placed. The most common location for pins is at the line angles of the tooth because of the greater thickness of dentin between the external surface and the pulp and the decreased risk of perforation.

42 - Lingual bar contraindication:
1. **Short lingual sulcus**, shallow sulcus
2. Long lingual sulcus.
3. Too crowded lower anterior teeth.

Contraindications:
1. Less than 8 mm between the marginal gingiva and the activated lingual frenum and floor of the mouth.
2. Only a few remaining anterior teeth which must be contacted to provide a reference for fitting the framework and indirect retention.
3. Lingually inclined teeth.
4. An undercut lingual alveolar ridge which would result in an excessive space between the bar and the mucosa.

43 - The **Ideal** crown-to-root ratio of a tooth be utilized as abridge abutment is:
1. 3:1.
2. 2:1.
3. **1:2.**
4. 1:1.

1:1 is the acceptable minimum ratio.

44 - What type pontic design would you in a patient with a high esthetic demand when preparing teeth number 9 X 11 for FDP?
1. Ridge lap or saddle pontic.
2. An ovate pontic.
3. **Modified ridge lap pontic.**

45 – Occasionally, chronic apical abscess may develop into an acute exacerbation called
2. **Phoenix abscess.**
3. Cyst.
4. None of above.
Phoenix abscess is defined as an acute inflammatory reaction superimposed on an existing chronic lesion, such as a cyst or granuloma; acute exacerbation of a chronic lesion.

45 - Which condition below is an apical lesion that develop as acute exacerbation of the chronic apical abscess
a) cyst.
   b) Phoenix abscess.
   c) granuloma.
   d) non of the above.

46 - Over extended GP should be removed:
   1. By Ultrasonic vibrating.
   2. With Solvents
   3. With Rotary instruments
   4. Surgically.
   5. By pulling it out one piece

47 - The root most likely to be pushed into the maxillary sinus during a tooth extraction is:
   A. Palatal root of the maxillary second molar
   B. Palatal root of the maxillary first premolar
   C. Palatal root of the maxillary first molar
   D. mesiobuccal root of the maxillary first molar

48 - Energy absorbed by material before it fractures called:
   1. Ultimate strength.
   2. Elastic limit.
   3. Toughness.
   4. Brittleness.

   = The total amount of energy that a material can absorb before it fractures is a measure of the toughness of the material

49 - Which tooth requires special attention when preparing the occlusal aspect for restoration?
   = CLASS II CAST METAL RESTORATION
   1. Lower 2nd molar.
   2. Lower 1st premolar.
      = Its anatomy is unique
   3. Lower 2nd premolar.
   4. Upper 1st molar.

50 - Body defends itself by antibodies from:
   1. B lymphocytes.
   2. T lymphocytes.

50- Which cell type produces antibodies against antigen .. ?
   (a) Macrophage.
   (b) B-lymphocyte.
   (c) T-lymphocyte.
   (d) NK-cell.
1 - To treat non vital tooth with open apex when doing access opening with Gates Glidden drills take care to: ( avoid )

1. **Remove all dentin.** (Considerable dentin)
2. Remove minimal dentine.
3. Follow conservative method.

2 - Acute exacerbation of chronic pulpitis:
   1. Reversible pulpitis.
   2. **Irreversible pulpitis.** = Acute pulpitis
   3. Acute Periodontitis.

3 - Patient is diagnosed for ceramo-metal full veneer. You plan to use epoxy resin ( die material ), what's the best impression material to be used:

   1. **Poly ether.**
   2. Poly sulfide.
   3. Agar agar.
   4. Irreversible hydrocolloid.

= بصيغة أخرى Epoxy resin is **not** compatible with:

   **A. Polysulfide.**
   B. Polyether.
   C Addition silicone.
   D. Condensation silicone.

= Epoxy resins are not compatible with polysulfide because of the by product of polysulfide is water

4 - Fracture before 1 year of upper central incisor reach the pulp in 8 year old child. How will you manage this case?

   1. RCT.
   2. **Apexification.**
   3. Direct pulp capping.
   4. Indirect pulp capping.

5 - Patient come to your clinic with severe pain in 15, no response to cold, hot or pulp tester, the tooth is tender to percussion with no radiographical changes, and the diagnosis is:

   1. **Acute apical Periodontitis.**
   2. Irreversible pulpitis.

6 - Child patient take oral sedation before appointment and present with physical volt what should dentist do:

   1. **Conscious sedation.** = Inhaled sedation = Nitrous oxide sedation
   2. Redo sedation.
   3. Tie with bamboos board.
   4. Tie in unite with bandage.

7 - Post graduated student use MTA, the prognosis depends on prevents: (retrograde MTA filling)

   1. Immediate suture.
   2. Using a flab.
   3. **Disturbance during closure of wound.**

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56 ح 56 - MCQ Review for Saudi Licensing Exam (SLE) by ( majdi966@yahoo.com)
8 - Root fracture decrease when we use:
   1. Ready made post.
   2. Casted post.
   3. Metal post.
   4. Fiber post

9 - Immature tooth has less sensation of cold hot due to:
   1. Short root.
   2. Incomplete innervations. = incomplete development of the innervation system
   3. Wide pulp chamber.
   = Primary teeth and immature permanent teeth. Less responsive to pulp testing because they are
   not fully innervated with alpha myelinated axons

10 – Pulpitis in deciduous teeth in radiograph see related to:
   1. Furcation.
   2. Apex of root.
   3. Lateral to root.
   (pulp necrosis > pathological change in furcation = more lateral canals)

11 - Child have tooth which have no mobility but have (intrusive?) luxation, best treatment:
   (repositioning and)
   1. Acrylic splint.
   2. Non rigid fixation. = flexible splint 2-3 weeks
   3. Rigid fixation.
   = (avulsion = 7–10 days; luxation = 2-3 weeks).

12 - The patient has dull pain and swelling and the PA shows apical radiolucency your diagnosis
   will be:
   1. Acute periodontal abscess.
   2. Chronic periodontal abscess with swelling. = ? phoenix abscess
1 - Distal fissirum of premolar contact oppose:
   1. Middle of the middle third & bucaal fissurumis wider than ligual.
   2. Cervical line & ligual fissure is wider than buccal.
   3. Middle of the middle third & vice versa.
      = mesial aspect of lower first premolar

6 - Pt. wears complete denture for 10 years &now he has cancer in the floor of the mouth what is the firs question the dentist should ask:
   1. Does your denture is ill fitted.
   2. Smoking.
   3. Alcohol.
   4. Does your denture impinge the mucosa.

8 - 2nd maxillary premolar contact area:
   1. Middle of the middle third with buccal embrasure wider than lingual embrasure.
   2. Middle of middle third with the lingual embrasure wider than the buccal embrasure.
   3. Cervical to the incisal third.

9 - The aim of biomechanical process during endodontic is to allow:
   1. GP reach the apex.
   2. Debridement root canal materials.

10 - The (aim of periodontal maintenance procedures) is:
     1. Prevent secondary infection.
     2. Check tissue response.

16 - Tooth with full crown need RCT, you did the RCT through the crown, what is the best restoration to maintain the resistance of the crown:
     = Amalgam for anterior and posterior PFM, Composite for Tooth-Colored Crown
     = GIC don't have the requested shear strength

34 - Fluoride used for children is:
     = (APF)1.23% acidulated phosphate fluoride

35 - Cavernous sinus thrombosis not manifested as:
     1. Infraorbital abscess.
     2. Syncope due to artial obliteration.
     3. Eye exophthalmos.
manifestations of cavernous sinus thrombosis include: bilateral exophthalmos, ophthalmoplegia, proptosis, chemosis, sluggish pupils, cranial nerves palsies (II, III and IV cranial nerves) and neck rigidity.

36 - Lesion at junction between hard and soft palate and surrounded with pseudo:
   1. Epithelium-hyperplasia in salivary gland. = Adenomatoid Hyperplasia
   2. Necrotizing sialometaplasia.

40 - In fixed prosthesis you use GIC for cementation, what best to do:
   1. Remove smear layer by acid increase adhesion
   2. Do not varnish because it affect adhesion.
   3. Mixed slowly on small area until become creamy.
   4. Remove excess when it in dough stage.

41 - Female come with endodontic treated upper central with Mesial Distal caries and have incisal abrasion,
   Full coverage cast crown

Q The finish line placed on maxillary central incisor for porcelain laminate veneer preparation should cover approximately
   a. One-fourth of the lingual surface and remain 1.0 mm away from centric contacts
   b. One-third of the lingual surface and remain 1.5 mm away from centric contacts
   c. One-fifth of the lingual surface and remain 1.0 mm away from centric contacts
   d. One-fourth of the lingual surface and remain 0.5 mm away from centric contacts

patient has white lesion on lateral of tongue and his cheek, when scrubbed (wiped off ) leaving eroded, bleeding surface what diagnosis???
   candidiasis  = (oral thrush)
   Lichen planus

A patient on antibiotic therapy for scarlet fever develops white plaques on his oral mucosa which when scraped with tongue blade leaves a painful bleeding surface, most probable diagnosis is:
   1. Blastomycosis
   2. Candidiasis*
   3. Herpes simplex infection
   4. Syphilis

A patient presents with slightly painful white lesions of oral mucosa which when wiped off shows the red surface underneath. The patient is on penicillin therapy for last 12 weeks. The most likely diagnosis of lesion is:
   1. Actinomycosis
   2. Candidiasis*
   3. Lichen planus
   4. Leukoplakia

Pt came 2 u with coloration bluish (or gray) and black in the gingival margins .he said that he has gastrointestinal problem. this is caused because of:
   a-mercury
   b-lead  = lead line in lead poisoning
   c-bismuth
   d-arsenic
Q how can u repair fractured rest(in the place where it passes over the marginal ridge of the tooth ) in removable partial denture?

a- spot welding
b- electric soldering
c-industrial brazing
d-......

= By embedding an 18 gauge wrought wire (PGP) into the denture base of the RPD.
= Or A new clasp assembly is made and soldered to the denture framework.

Traumatic (Simple) Bone Cyst treatment:

intra lesional steroid injections or thorough **surgical curettage**, simple surgical exploration to establish the diagnosis is usually sufficient for gnathic lesions.

Traumatic Ulcer of Right Lower Lip One Day After Dental Treatment Involving Mandibular Nerve Block Anesthesia

**Recurrent aphthous stomatitis** is the most frequently observed intraorally in the movable gingival tissue (not attached to the bone) e.g. buccal vestibule)

**Herpes Simplex** can develop intraorally but it's most commonly extra orally on the fixed tissue (not attached to the bone)

**Ulcer >>>> aphthous**

87) A patient complaining from severe oedema in the lower jaw that increases in size upon eating, Diagnosis is :

a) salivary gland++++ sialadenitis of (submandibular salivary gland.)

= Swellings of the submandibular salivary gland are usually acute, related to eating and are due most commonly to a stone (Sialolithiasis = Salivary calculi) obstructing the submandibular duct.

27-pt has fracture of tooth u decided to do PFM the plan decided use of chamfer finish line. what is the best instrument to finish the chamfer?

1-cross cut bur

2- tapered round end diamond bur

24, patient that has a centeral incisor with severe resorption and who's going through an ortho treatment that is going to make him extract the premolars, which of the following won't be present in the treatment plan

rpd
implant
maryland bridge

auto implant of the premolars  

اذا لم يكن طفل  =
Options available to replace missing anterior teeth (child) are the following EXCEPT:
- resin-bonded partial dentures,
- traditional fixed partial dentures,
- removable partial dentures and
- osseointegrated implants, are contra-indicated in the growing child autotransplantation.

13) Pterygomandibular raphe.
   Insertion & origin
   muscles
   should be mesial to the injection?
   all of the above

The pterygomandibular raphe (pterygomandibular ligament) extends from the pterygoid hamulus of the medial pterygoid plate to the mylohyoid line of the mandible and that separates and gives rise to the superior constrictor of the pharynx and the buccinator.

We insert the needle just medial to the pterygomandibular raphe.

Q Patient with 5 years old denture has a severe gag reflex, upon history he says he had the same symptoms in the first few days of the denture delivery and it went all alone.

patient has severe gag reflex
patient has underlying systemic condition
denture is overextended

Training plates are appliances can be used in patients that suffer from a gag reflex.

Q In primary tooth for restoration before putting the filling you will put
1. Base.
2. Calcium hydroxide.
3. Varnish

5-for root canal treated tooth you choose to put post & amalgam this depend on:
remaining coronal structure
root divergence
presence of wide root
others
6- After final inlay cementation and before complete setting of cement we should:
- remove occlusal interferences = remove excess of cement
- burnishing of peripheries of restoration for more adaptation = gold inlay
- lowering occlusal surface

2) At the beginning of the Operation day in the clinic, you should start the water/air spray for three minutes in order to get rid of which type of microorganisms:
a) streptococcus mutans.
b) streptococcus salivaris.

= The bacteria may include: atypical Mycobacteria, Pseudomonas, and possibly Legionella bacteria, which can present an infection risk to immunocompromised persons.

10 years old patient has a white yellowish tooth, with radiographic examination, big pulp chamber, thin dentine and enamel give appearance of ghost teeth - Diagnosis:
- 1. Dentinogenesis imperfect
- 3. Odontodysplasia = regional odontodysplasia

21-Skeletal Bone of skull develop from:
a- Neurocraniumossification
b- endochondral ossification
c- Intramembranous ossification

pt came with fracture because of blow in the right side of his face . he has ecchymosed around the orbit in the right side only . and subjunctional bleeding in the maxillary buccal vestibule . with limited mouth open what is your diagnosis?
a- lefort 1
b- lefort 2
c- lefort 3
c- zygomatic fracture

parotid DUCT is opposite to
- maxillary premolar
- maxillary 1st molar
- maxillary 2nd molar
- mandibular 1st molar

25) patient with radiopacity in the periapical area of a 1st mandibular molar with a wide carious lesion and a bad periodontal condition is
- condensing osteitis
- hypercementosis

23) patient after ortho treatment on x-ray there's resorption (didn't say internal or External) in the middle of the root , what will you do:
- Fill the resorp on with ca(oh)2
- extract and reimplant
- extract and do implant
- do one visit rct
24) All are participating in the determination of the posterior extension of the maxillary denture (posterior palatal extension) except:

- Hamular notch
- Foveae palatine
- Vibrating line

**retromolar (pads) areas**

Class II Kenidy with good teeth support and bone structure with palatal tori extending to the soft palate, the major connector should be:

**Horse shoe shape (U shaped).**

What is the step done before applying sealant?

1. Fluoride.

2. **Etching.**

The success of fissure sealant depends more on:

- **Isolating the tooth from the saliva.**

The imagining technique used for salivary gland:

- **Sialography.**

A patient came and asked for fissure sealant for his lower molar, the dentist found that it has class I cavity but not deep, the decision is:

- **Preventive class I after removing caries.**

Upper central with class II fracture not involving the pulp and the patient still have the fragment:

1. Class IV composite filling.

2. **Rebonding the broken fragment.**

Wetting the root canal surface with EDTA:

1. Increase PH.

2. Increase surface tension.

3. **Decrease surface tension.**

4. Decrease PH.

25-Which of the following canals in # 14 (up left first molar) is most difficult to locate:

a. Palatal
b. Distobuccal
c. **Mesiobuccal** MB canal
d. All of above
262) hot oven relative to autoclave
   a) the same time
   b) slightly higher time
   **c) considerable higher time****
   d) lower time

10 years pt come with necrotic pulp in upper central with root apex not close yet best treatment
   a) calciumhydroxide = Apexification
   b) calcifuic barrier
   c) apexfication with gutta percha filling
   d) gutta percha filling
1-When Making centric occlusion for complete denture, it is advisable to have:
   1. **1-2 mm of vertical and horizontal overlap of upper and lower anterior teeth with no contact.**
   2. Definite tooth contact of upper and lower anterior teeth in order to facilitate the use of anterior teeth for incision.

2-Compomer restorative materials are:
   1. Glass ionomers with polymer components. ?? polymer-based composites.
   2. **Resin systems with fluoride contacting glasses.**
   3. Composite resins for cervical restorations only.

= compomers are poly-acid-modified resin composites
= These materials are similar to resin-modified glass ionomers in that they contain all the major components of both polymer-based composites and glass ionomers, with the exception of water.

3-The distal palatal termination of the maxillary complete denture base is dictated by the:
   1. Tuberosity.
   2. Fovea palatine.
   3. Maxillary tori.
   4. **Vibrating line.**
   5. Posterior palatal seal.

4-To a great extent, the forces occurring through a removable partial denture can be widely distributed and minimized by the following methods:
   1. Proper location of the occlusal rests.
   2. Selection of lingual bar major connector.
   3. Developing balanced occlusion.
   4. **All of the above.**

5-The most frequent cause of failure of a cast crown restoration is:
   1. Failure to extend the crown preparation adequately into the gingival sinus.
   2. Lake of attention in carving occlusal anatomy of the tooth.
   3. **Lake of attention to tooth shape, position and contacts.**
   4. Lake of prominent cusps, deep sulci and sharp marginal ridges.

6- An examination of the edentulous mouth of an aged patient who has worn maxillary complete denture for many years against six mandibular anterior teeth would probably show:
   1. Cystic degeneration of the foramina of the anterior palatine nerve.
   2. **Loss of osseous structure in the anterior maxillary arch.**
   3. Flabby ridge tissue in the posterior maxillary arch.
   4. Insufficient interocclusal distance.

7-Dental caries is an **endemic** disease means that the disease:
   1. Occurs clearly in excess of normal expectancy.
   2. **Is habitually present in human populations.**
   3. Affect a large number of countries simultaneously.
   4. Exhibits a seasonal pattern.
8-The best method for tooth brushing is bass method because
It enter to interproximal area (? Intrasulcular)
Can be used by patient with gingival recession and it routinely advice to all types of patients.
   1. The both sentences are correct.
   2. The first sentence is correct and the second is wrong.

= Bass Method( Intrasulcular method) Efficient for removing dental plaque from gingival third
   and from shallow gingival sulcus.
= Modified Stillman Method Recommended for patients with gingival recession to prevent
   abrasive tissue destruction.
= Charters Method Recommended for temporary cleaning in areas of healing after periodontal
   surgery

9-Rubber dam is not used in:
   2. Children with nasal obstruction problem.

= Contraindication in using Rubber Dam
   Presence of fixed orthodontic appliance
   Recent erupted tooth
   Child with upper respiratory infection, congested nasal passages or nasal obstruction
   In rare case allergy to latex.

11-The indications of implantation:
   1. Diabetic patient.
   2. Loss of one tooth only with the sound adjacent teeth.

12-The level of block anesthesia in children:
   1. 5 mm below the occlusal plane
   2. 7mm. Above

13-The ETCHANT of most dentine bonding system is applied for:
   1. 15 seconds.
   2. 30 seconds.
   3. 40 seconds.
   4. 60 seconds.

14-Fibers which completely embedded in cementation and pass from cementation of one tooth to
   the cementation of adjacent tooth is:
   1. Sharpies fibers.
   2. Transceptal fibers.
   3. Lougtudinual fibers.

15-Which of the following conditions enhance caries in adult:
   1. Saliva.
   2. Pregnancy.
   3. Xerostomia.
16-Polishing bur containing how many blades for composite polishing:
   1. The first one.
   2. 7-9.
   3. 9-11.
   4. **12 and above.**

17- Cementosis and ankylosis of the teeth is common features of:
   1. Cherbisn.
   2. Ostitis.
   3. **Paget's disease of the bone.**
   4. Stager syndrome.

18-The best method of tooth brushing is:
   1. **Bass method.**
   2. Still man method.
   3. Horetiranl method.

19-The best method for core build up is:
   1. **Amalgam.**
   2. Compomer.

*amalgam has been reported to be the most reliable direct core build-up material under simulated clinical conditions because of its high compressive strength and rigidity*

20- **Polysulfide** rubber base which used for final impression must be:
   1. **Pouring in first 1 hour.**
   2. Pouring in first 2 hour.
   3. Using cooling water.
   4. Pouring in first 12 hour.

= Polysulfide impression material must be poured as soon as possible after impression making, delays of over an hour resulted in clinically significant dimensional change

21-Filling amalgam in the first mandibular molar when touch the spoon there is a pain the reason:
   1. **Galvanic action.**

22-The best method for biopsy which preferred by surgery:
   1. **Excisional biopsy.**
   2. Aspiration.
   3. Incision biopsy.
   4. Exfoliation. (Exfoliative cytology)

23-The most prevalent occlusal plane in children:
   1. **Flush terminal plane.**
   2. Distal step.

= In flush terminal plane, distal surfaces of upper and lower second deciduous molars are flushed in straight line
= most common second primary molars relationship is flush terminal plane
24-How many percent of copper in amalgam:

1. 13% to eliminate gamma 2 phase.

25-Eruption of primary dentition starts from:

1. 6-7 months.
2. 1 year.
3. 9 months.

26-Labial reduction for porcelain metal restoration must be:

1. 1 plane for aesthetic.
2. 2 plane by follow the morphology.

27-The impression used for preliminary impressions or study casts is:

1. Agar agar.
2. Silicon.
3. Alginate.
4. None.

28-Receiving the impression after removal from the mouth directly:

1. It must be disinfected immediately.
2. It must be poured immediately.
3. It must be mounted immediately.
4. It must be left for minutes.

Dental impression materials need to be washed and disinfected immediately after making to control transfer of infectious materials from saliva and blood to casts and to dental healthcare workers

29-The peripheries of the custom tray should be under extended to all border and clearance from the frenum areas:

1. 2mm.
2. 4mm.
3. 6mm.
4. 8mm.

31-The goal of making the peripheries of the custom tray under extended to all border and clearance from the frenum areas:

1. To give enough space for the used impression materials to allow border molding
2. To give enough space for the die spacer.
3. To give enough space for the cementation materials.
4. None.

32-The goal of construction of occlusion rims is:

1. To obtain the occlusal plane, vertical dimension, tentative centric relation, face bow transfer, and placement of the teeth.
2. To obtain the protrusive condylar guidance.
3. To obtain the lateral condylar posts and incisal guide.
4. None.

The occlusion rims are used for the occlusal plane, vertical dimension, centric relation, face-bow, and the placement of the teeth. The mid-line, high smile line, and canine to canine distance are recorded on the wax occlusion rims.
33-A temporary form representing the base of a denture which is used for making maxillomanibular (jaw) relative record for arranging teeth or for trial insertion in the mouth is:
   1. Bite rims.
   2. Customtray.
   3. Set up.
   **4. Base plate.**

= the use of baseplates make the task of recording jaw relations, the transfer of the models to the articulator, and the try-in of the trial denture easier with marked improvement of the occlusion and vertical dimension of the final denture.

34-The base plate could be made by:
   1. Acrylic plate.
   2. Ceramic plate.
   3. Wax plate.
   **4. A and c.**

35-The vertical height of the maxillary occlusion rim from the reflection of the cast is:
   1. 12mm.
   **2. 22mm.**
   3. 32mm.

36-The anterior width of the maxillary occlusion rim is:
   1. **5mm.** (= 3-4 mm)
   2. 10mm.
   3. 15mm.
   4. 20mm.

37-The posterior width of the maxillary occlusion rim:
   1. **8-10mm.** (= 6 mm)
   2. 8-15mm.
   3. 10-15mm.
   4. 15-20mm.

38-The anterior height of the mandibular occlusion rim
   1. 6mm.
   **2. 16mm.** (= 20)
   3. 26mm.
   4. 36mm.

39-The posterior height of mandibular occlusion rim is:
   1. **Equal to the point representing 1/2 of the height of retro molar pad.**
   2. Equal to the point representing 1/2 of the height of the frenum areas.
   3. Equal to the point representing 1/2 of the height of the alveolar ridge.
   4. None.

40-To record the occlusal plane in order to:
   1. To determine the amount of space between the mandible and the maxilla which will be occupied by an artificial teeth
   **2. To determine vertical and horizontal level of the teeth.**
   3. A and B.
   4. None.

= Occlusal plane objective: To determine the horizontal and vertical level of the teeth
41-To record the vertical dimension in order to:

1. To determine the amount of space between the mandible and the maxilla which will be occupied by an artificial teeth.
2. To determine vertical and horizontal level of the teeth.
3. A and B.
4. None.

= Vertical dimension objective : To determine the amount of space between the rims with the jaws at rest and with the wax rims in occlusion.

OBJECTIVES:
1. Occlusal plane: To determine the horizontal and vertical level of the teeth.
2. Vertical dimension: To determine the amount of space between the rims with the jaws at rest and with the wax rims in occlusion.
3. Face-bow transfer: To record the position of the jaws as related to the opening axis of the mandible and transfer this position so that the casts on the articulator will have the same relationship to the opening axis of the patient.
4. Centric relation: To record the most posterior position of the mandible to the maxilla and transfer this position to the articulator.
1-Use of dental elevator is for all except:
   1. Wheel and axis.
   2. Wedging.
   3. Lever.
   **4. Wedging of socket wall.**

2- Camphor Mono-Chlorophenol contains phenol in concentration: (as root canal dressing)
   1. 0.5%.
   **2. 35%. (paramonochlorphenol) and 65%. (camphor)**
   3. 65%.
   4. 5%.

= Camphor Mono-Chlorophenol, also known as CMCP, is an active disinfectant for the treatment of infected root-canals and periapical infections.

3-Anterior open bite caused by:
   1. Unilateral condylar fracture.
   **2. Bilateral condylar fracture.**
   3. LeFort 2 fracture.
   4. Zygomatic fracture.

4-Indirect pulp capping is done in:
   1. Primary molar.
   2. Primary incisor.
   **3. Permanent molar.??**
   4. None of the above.
   **5. = (ALL)??**

= Indirect pulp capping Can be done in primary and permanent teeth

5-Indirect composite inlay has the following advantages over the direct composite except:
   1. Efficient polymerization.
   2. Good contact proximally.
   **4. Good retention.**

6-After class V glass ionomer restoration, removal of a thin flush of glass ionomer is done by:
   **1. Scaler or knife immediately.**
   2. Finishing stone immediately.
   3. Scaler or knife later.
   **4. Finishing stone later = after 24 hours**
   a) 1 and 2.
   b) 1 and 4.
   c) 3 and 4.

= the gross excess is shaved away with either a **No. 12 surgical blade** in a Bard-Parker handle or other appropriately shaped **knives or scalers.**

= **Micron finishing diamonds** used with a petroleum lubricant to prevent desiccation are ideal for contouring and finishing conventional glass ionomers. Also, **flexible abrasive discs** used with a lubricant can be very effective. **A fine grit aluminum oxide polishing paste** applied with a prophy cup is used to impart a smooth surface.
7-The best finished composite surface is achieved by:
1. 12 fluted bur. = 12-fluted tungsten carbide finishing bur
2. Diamond bur.
3. Matrix band with no additional finish.

8- In class V composite restorations a layer of bonding agent is applied:
1. Following removal of cement then cured.
2. Following removal of cement and not cured.
3. Cured then remove cement.

= cement trimming > etching > bonding > light cure > composite

9-Marginal deterioration of amalgam restoration may be due to:
1. No enough bulk of dentine (undermined enamel).
2. Corrosion.
3. Over carving.
4. Improper manipulation of amalgam.
   a) 1+2.
   b) 3+4.
   c) All the above.
   d) 2+3+4.

10-Length of pins must be equal in both tooth and restoration by a depth of:
1. 1mm.
2. 2mm.
3. 3mm.
4. 4mm.

11-Stainless steel pin is used in amalgam for:
1. Increase retention.
2. Increase resistance.
3. Increase strength.
4. Increase retention.

= placement of one or more pins in the dentin to provide adequate resistance and retention forms.

12- calcium channel blockers cause increase saliva secretion.
1. True.
2. False.

= cardiovascular medications (calcium channel blockers) may reduce salivary flow

13-RCT contraindicated in:
2. Diabetic patient.
3. Unrestored teeth.
4. Periodontally involved teeth.

14-What can we use under composite restoration?
1. Ca (OH).
2. ZOE.
3. Reinforced ZOE.
4. varnish
15-Gutta percha contain mainly:
   1. Gutta percha.
   2. Zinc oxide.

16-Single rooted anterior teeth has endodontic treatment is best treated by:
   1. Casted post and core. = tooth with considerable loss of tooth structures
   2. Preformed post and composite.
   3. Performpost and amalgam.
   4. Composite post and core.
   = The use of prefabricated posts with a direct core reconstruction is often regarded as the representative method of choice for restoration of the pulpless molars with substantial loss of tooth structure

17-One of anatomical land mark (in determining the occlusal plane) is:
   1. Ala tragus line.
   2. Ala orbital.
   3. Frank fort plane.
   = ala-tragus line a line running from the inferior border of the ala of the nose to the tragus of the ear. Ala-tragus plane is considered to be parallel to the occlusal plane

18- PH of Ca (OH) is equal to:
   1. 5.5.
   2. 7.5.
   3. 12.5.
   4. 19.5.

19-Hyperemia results in:
   1. Trauma from occlusion.
   3. Radiographic changes.
   4. All of short duration.

20-inter proximal caries of anterior teeth is best detected by:
   1. Periapical X-ray film.
   2. Bitewing X-ray film.
   3. Occlusal X-ray film.
   4. None of the above.

21-mandibular foramen in young children is:
   1. At level of occlusal plane.
   2. Above the level of occlusal plane.
   3. Anterior to the level of occlusal plane.
   4. Below the level of occlusal plane. (5 mm)
22-rubber dam is used in children ( pediatric dentistry )
1. For increase visibility and accessibility.
2. To protect patient against swallowing and foreign material.
3. For sterile field.
4.: 1+2.

1. It increases the visibility and accessibility to the dentist
2. It maintains isolation of the teeth, provides a dry field and effectively retracts the tongue and cheeks away from the field of operation
3. It saves time
4. It reduces the chances of injury to soft tissues
5. It also prevents any aspiration or ingestion of dental instrument or materials
6. It produces a calming effect in children as they feel that their teeth are isolated from the rest of the body
7. It protects the patients from any bad taste of the materials used
8. It helps the dentist to educate the parents when treating children by showing what was done to their kid.

23-In primary teeth, pathologic changes in radiographs are always seen in:
1. Per apical area.
2. Furcation area.
3. Alveolar crest.
4. At base of developing teeth.

24-Eruption cyst (eruption hematoma) can be treated by:
1. No treatment is needed.
2. Immediate incision.
3. Complete uncoverage.
4. Observe for one week then incise.

25-After trauma a tooth become yellowish in color, this is due to:
1. Necrotic pulp.
2. Irreversible pulpits.
3. Pulp is partially or completely obliterated.

26-Step deformity of mandibular body fracture may be due to:
1. Forward pull of lateral pterygiod muscle.
2. Upward pull of masseter and temporalis.
3. Inward pull of medial pterygiod muscle.
4. Downward pull of geniohyoid and mylohoid.
27-In gamma 2 amalgam, the amount of copper is:
1. 13.1.
2. 21.5.
3. 16.2.

28-Inorganic material in bone comprises:
1. 65%.
2. 25%.
3. 10%.
4. 95%.

= The inorganic content of cementum (hydroxyapatite) is 45% to 50%, which is less than that of bone (65%), enamel (97%), or dentin (70%).

29-Facial nerve supply:
1. Masseter muscle.
2. Temporalis muscle.

= The buccinator receives its motor supply from the facial nerve.
= The masseter is innervated by the masseteric nerve from the mandibular division of the trigeminal nerve.
= anterior and posterior deep temporal nerves from mandibular division of trigeminal nerve (V)
= mylohyoid nerve from the inferior alveolar nerve, a branch of the mandibular division of the trigeminal nerve (V)

30-Polishing bur ( for composite ) have:
1. Less than 6 blades.
2. 6-7 blades.
3. 10-12 lades.

31-Pain during injection of local anesthesia in children could be minimized by:
1. Slowly injection.
2. Talking to the child during injection.
4. 1+2.

32-Rubber dam is contraindicated in:
1. Patient with nasal obstruction.
3. Uncooperative child.
4. 1+2.

33- Mucus retention cyst (ranula) can be treated by:
1. Excision.
2. Cauterization.
3. Incision.
4. Marsupialization.
34-The most common type of biopsy used in oral cavity is:
1. **Excisional biopsy.**
2. Incisional biopsy.
3. Aspiration through needle.
4. Punch biopsy.

35-the maxillary first molars 4th canal is found in:
1. **MB root.**
2. DB root.
3. Palatal root.

36-formocresol, when it is used (= in pulpotomy ) it should be:
1. Full concentration.
2. Half concentration.
3. **Fifth concentration,** = one-fifth
4. None of the above.

37-10 years old child present with bilateral swelling of submandibular area, what could be the disease:
1. Fibrous dysplasia.
2. **Cherubism.**
3. Pleomorphic adenoma.

38-Patient complaints from pain in 45 which had gold only, the pain could be due to:
1. Chemicals from cement.
2. **High thermal conductivity of gold.**
3. Related to periodontal ligament.
4. Improper finished of tooth occlusal trauma.

39-irrigation solutions are used in endodontic to:
1. Lubricate the canals.
2. Flushes the debris.
4. **All the above.**

40-Which is most common (congenital anomalies)?
1. Cleft lip.
2. Cleft palate.
4. **Cleft lip and palate.**

41-Which nerve pass through petrous part of temporal bone (internal acoustic meatus)?
1. V.
2. **VII. (facial)**
3. IX.
4. VIII.
42-Fracture upper central incisor in 8 year old child with pulp exposure, management:
   1. Apixofication.
   2. **Pulpotomy.** = (Apexogenesis)
   3. RCT.

43- 21 years old PT with pathological exposure in 35, management:
   1. Direct pulp capping.
   2. Indirect pulp capping.
   3. **Root canal treatment.**

44-During examination (tooth #34) LR first premolar show gingival recession buccally, the least correct reason is:
   1. Frenum attachment.
   2. PT is right hand brusher.
   3. **Occlusal force.** = Traumatic occlusion
   4. Inadequate gingiva. = inadequate Keratinized Gingiva

45-Hypercementosis:
   1. Occur in Paget disease.
   2. Difficult to extract.
   3. **Bulbous root.**
   4. Easy to manage by elevator.
   a) 1+2+3.
   b) 1+4.
   c) All the above

46-For onlay preparation, reduction of functioning cusp should be:
   1. 1.5mm(for nonfunctional cusp).
   2. **2mm.**
   3. 1mm.

47-Thickness of preparation should be: (for what?)
   1. 0.3 - 0.5 mm.
   2. 0.05 - 0.15 mm.
   3. **0.5 - 1.5 mm.**

48-Class II composite resin is lined by:
   1. **GI.**
   2. Reinforced zinc oxide eugenol.
   3. Zinc oxide eugenol with ortho epoxy cement.

49-Occlusal plane is:
   1. Above the level of the tongue.
   2. **Below the level of the tongue.**

50-Lateral pterygoid muscle has how many origins:
   1. One Origin.
   2. **Two Origins.** = upper/superior head + lower/inferior head
1-During intra intrauterine life, embryo becomes fetus in:
   1. 1st week.
   2. 1st month.
   3. 2nd month.
   **4. 3rd month.**
   = The fetal period begins with the beginning of the third month and extends to the end of intrauterine life. It is characterized by maturation of the tissues and organs and rapid growth of the body

2-All are single bone in the skull except:
   1. **lacrimal.**
   2. Occipital.
   3. Sphenoid.
   4. Vomer.

3- Foramen Ovale is in the following bone:
   1. Parietal.
   2. Temporal.
   3. Occipital.
   **4. Sphenoid.**

4-In hairy tongue, which taste buds increase in length:
   1. **Filiform.**
   2. Fungi form.
   3. Foliate.
   4. Circulvallate.
   = Hairy tongue represents elongation and hypertrophy of the filiform papillae

5-Coronal suture is between:
   1. Occipital and temporal bone.
   **2. Frontal and parietal bone.**
   3. Occipital and tympanic bone.

6-During instrumentation, sudden disappear of root canal due to:
   1. **Bifurcation of main canal.**
   2. Apical perforation.
   3. Calcification.

7-when does child should be first exposed for using tooth brush:
   1. **At eruption of first tooth.**
   2. One year.
   3. Tow year.
   4. Primary school year.
   = Toothbrushing should commence with the eruption of the first tooth
8-Early loss of anterior teeth:
   1. Affect phonetic.
   2. Affect esthetics.
   3. Cause space loss.
   4 all the above
   5 ans :1+2.
= Premature Loss of Anterior Teeth - Main concern is based on esthetics, speech and function - Space loss is rarely observed.

9-amount of G.P should be left after post preparation:
   1. 1mm.
   2. 4-5mm.
   3. 10mm.
   4. None of the above.
= At least 4 to 5 mm of gutta percha should be left in situ in order to preserve the apical seal

10-What is the number of pharyngeal (branchial) arches: (in human embryos)
   1. 4.
   2. 5.
   3. 6.
   4. 7.
= the arches in humans are I, II, III, IV, and VI

11-what is the name of 1st pharyngeal arch:
   1. Maxillary.
   2. Mandible.
= 1st (called "mandibular arch") = 2nd (called the "hyoid arch")

12-In cavity preparation class II, the (isthmus) cavity width is:
   1. 1/2 intercuspal distance.
   2. 1/3 intercuspal distance.
   3. 3/4 intercuspal distance.
= 1/3 the intercuspal width

13-polyvinyle siloxane compared with polysulfide:
   1. Can be poured more than once.
   2. Can be poured after 7 days.
   3. Less dimentional stability.
   4. 1+2.
= A major advantage of the polyvinyl siloxanes is long-term dimensional stability and the ability to repour impressions without loss of accuracy
= Pouring can be delayed up to 7-to-10 days

14-hand over mouth technique is used in management of which child:
   1. Mentally retarded.
   2. Positive resistance.
   3. Uncooperative.
   4. Hysterical. = (hysterically crying child)
= Indication of HOME technique: >For normal children who are momentarily hysterical, belligerent or defiant.>For children with sufficient maturity to understand simple verbal commands
15-Space loss occurs in:
1. Proximal caries.
2. Early extraction.
3. Ankylosis.
4. All

16-After amalgam trituration, the mix should be placed within:
1. 1 min.
2. 3 min. = (3-4 minutes)
3. 5 min.
4. 10 min.

Condensation of a mix should be completed within the time specified by the manufacturer (usually 2 1/2 to 3 1/2 minutes)
Adequate condensation pressure should be used. b. Delayed use of triturated amalgam should be avoided - Amalgam must be used within 4 minutes of its trituration.
Amalgam is condensed within 3-4 minutes

17- Pit and fissure sealants are indicated in:
1. Deep pits and fissures.
2. Newly erupted teeth.
3. Both 1 and 2.

Q Least benefit from pit fissure sealant

Pt of age 5 year  think it is correct - should apply earlier for primary
24 month follow application
Second molar
Primary molars

18-Aphthous ulcer, compared with herpes ulcer is:
1. Aphthous is more characteristic in histology.
2. Aphthous leaves scar.
3. Aphthous less response to stress.
4. Aphthous occur in lining mucosa.

Aphthous Ulcers occur in Nonkeratinized mucosa > Herpes Infection occur in Keratinized mucosa

19-Squamous cell carcinoma is derived from:
1. Epithelial tissue.
2. Connective tissue.

Squamous cell carcinoma that develops from a squamous epithelium (lining epithelium)

20- Syphilis first appearance:
1. Multiple vesicles.
2. Erythematous reaction.
3. Ulcer.
Primary (chancre)—single, indurated, nonpainful ulcer at site of spirochete entry; spontaneously heals in 4–6 weeks
21-management knife edge ridge in complete denture:
   1. Reline with resilient material.
   2. Maximum coverage.
   3. Wide occlusal table.
   **4. All.**

22-fluoride which we use in the clinic does not cause fluorosis because:
   1. It is not the same fluoride that causes fluorosis.
   2. **Teeth already calcified.**
   3. Calcium in the mouth counter.
   4. Saliva washes it out.

Repeated application of a topical fluoride solution or gel will not produce tooth mottling because:
A. The applied fluoride is neutralized by calcium of the saliva
B. The dentist removes this effect in polishing the tooth surface
C. The fluoride concentration of the solution is weak
D. It is not fluoride that produces the mottling seen in fluorosis
E. The tooth is already calcified and calcification could not be altered regarding this

**Correct answer is E**

23-the antibiotic of choice in endodontic:
   1. Metronidazole.
   2. **Pencillin.** = Penicillin VK
   3. Tetracycline.

= Penicillin VK is the antibiotic of choice because of its effectiveness against both facultative and anaerobic microorganisms commonly found in polymicrobial endodontic infections.

24- Verrucous carcinoma:
   1. **Malignant.**
   2. Benign.

= Verrucous carcinoma is a low-grade variant of squamous cell carcinoma.
= Verrucous carcinoma: Slow-growing malignancy; well differentiated, with better prognosis than usual squamous cell carcinoma; growth pattern is more expansile than invasive; metastasis uncommon

25-Suture commonly used in oral cavity:
   1. **Black silk.**
   2. Catgut.
   3. Chromic.
26-In combined endo-perio problem:
   1. Start with endodontic TX.
   2. Start with periodontic TX.

= Endo-perio lesions are complex and the correct diagnosis is essential if treatment is to be successful. However, root canal treatment will always be the first phase in treating such lesions.

27-Tooth fracture during extraction may occur due to:
   1. Non vital tooth.
   2. Diabetic PT.
   3. Improper holding by forceps.
   4. 1 + 3.

28-after scaling and root panning healing occur by:
   1. Connective tissue attachment.
   2. Long junctional epithelium.
   3. New bone and connective tissue formation.
   4. New attached periodontal ligament fibers.

29-carious consist of:
   1. Bacteria.
   2. Fluid.
   3. Epithelial cells.

= Dental caries is an infectious microbiologic disease of the teeth that results in localized dissolution and destruction of the calcified tissues.

30-post retention depends on:
   1. Post length.
   2. Post diameter.
   3. Post texture.
   4. Core shape.
   5. Design of the prosthesis.
   a) 1+2.
   b) 1+2+3.
   c) All the above.
   d) 1.

= Retention depends on: 1. Taper of the root canal. 2. Post length. 3. Post diameter. 4. Post surface texture. 5. Luting agent

31-amount of reduction in PFM crown: = occlusal reduction
   1. 1.5 - 2.
   2. 1.7 - 2.
   3. 2 5.
32- AH26 is root canal sealer consist of:
   1. Zinc oxide eugenol.
   2. **Epoxy resin**

   = AH26 is epoxy resin–based sealer

33- most common site of oral squamous cell carcinoma:
   1. **Posterior lateral border of tongue.** = intraoral
   2. Floor of the mouth.
   4. Lip. ? ??
   5. Skin.

   = The lateral border, the ventral surface of the tongue, and the lips are the most commonly affected areas, followed by the floor of the mouth, the gingiva, the alveolar mucosa, the buccal mucosa, and the palate.

   = Squamous cell carcinoma of the tongue is the most common intraoral malignancy. The floor of the mouth is the second most common intraoral location of squamous cell carcinomas.

34- (Dentinogenesis imperfecta type I) PT can suffer from the followings excepts:
   1. Fracture bone.
   2. Fracture enamel.
   3. Blue sclera.
   4. **Paget disease.**
   5. Supernumerary teeth.

   = Dentinogenesis imperfecta type I = part of osteogenesis imperfecta

35- 5 years old child lost his upper right 1st primary molar, best space maintainer is:
   1. Lingual bar.
   2. Crown and loop.
   3. **Band and loop.**

36- In primary teeth, the ideal occlusal scheme is:
   1. Flush terminal. ? ? ?
   2. **Mesial step.**
   3. Distal step.

37- When you give a child a gift for good behavior this is called:
   1. **Positive reinforcement.**
   2. Negative reinforcement.

   **6. When a child is complemented or rewarded in some manner for his or her cooperative behaviour, it is known as:**
   
   (a) punishment
   (b) restraint
   (c) positive reinforcement
   (d) negative reinforcement

   **Answer (c).**
38- hairy leukoplakia may be caused by:
1. Broad spectrum antibiotic.
2. H2O2 mouths wash.
3. **Systemic steroids.**
4. Heavy smokers.
5. **All the above. ??**

39-bacterial endodontic pathosis is:
1. *Porphyromonas endodontalis* obligate anaerobe.
2. Streptococcus mutans.

40- In distal extension PD during relining OCC rest was not seated:
1. **Remove impression and repeat again.**
2. Continue and seat it after relining.
3. Use impression compound.

41-After talking alginate impression:
1. Wash with water and spray with sodium hypochlorite for 10 sec.
2. **Same but wait 5-10 min and then put it in sealed plastic bag.**

42-polyether is:
1. Less (dimensionally) stable than polysulfdide.
2. Less stiff than polysulfide.
3. **Can absorb water and swell.**

42- Many parts of bone are originally cartilaginous that replaced by bone (Endochondral ossification):
1. True.
2. False.
= Most of the skeleton of the fetus is laid down in cartilage before being replaced by bone

43- Buccal object rule in dental treatment of maxillary teeth:
1. **MB root appear distal to P if cone is directed M to D.**
2. DB root appear mesial to P if cone is directed Mto D.
= SLOB rule- same lingual opposite buccal

45- The followings are multilocular radiolucenes in x-ray except:
1. Ameloblastoma.
2. Odontogenic keratocyst.
3. **Adenomatoid odontogenic tumor(AOT).** = well-defined, unilocular radiolucency

46- Check biting in lower denture can occur if:
1. Occlusal plane above tongue.
2. Occlusal plane below tongue. ( too low )??
3. Occlusal plane at lower lip.
4. **None of the above.**
= causes of Cheek and tongue biting 1-Reduced (over closed) vertical dimension 2-Insufficient over jet 3-Lack of tongue space
47- Occlusal plane should be:
   1. Parallel to interpupillary line. = Anteriorly
   2. Parallel to ala tragus line = Posteriorly.
   3. At rest tongue is just above occlusal plane.
   **4. All the above.**

48- 33 years old female PT come with slow growing swelling in angle of **mandible**, radiograph show radio-opaque with radio-lucent border, diagnosis:
   1. Osteoma.
   2. Osteosarcoma.
   **3. Cementoblastoma.**
   = Well defined solitary radio opaque lesion with surrounding radiolucent border

49- 20 years old male PT came with server pain on chewing related to lower left first molar, intraoral examination reveals no caries, good oral hygiene, no changes in radiograph, PT give history of bridge cementation 3 days ago, diagnosis:
   1. Pulp necrosis.
   **2. Acute apical Periodontitis.**
   3. Chronic apical abscess.
   4. None of the above.

50- 6 years old child have 74 and 84 extracted best space maintainer is:
   **1. Lingual arch.**
   2. Bilateral band and loop.???
   4. No need for space maintainer.
1-What is the type of fracture that causes mobility of the mid face?
   1. Lefort 2.
   2. **Lefort III.**
   = •Le Fort III (craniofacial dysjunction) - mobility of the complete mid-face, with movement detected at the frontonasal and frontozygomatic sutures.

2-Reduction of the incisal edge for PFM crown is:
   1. 1mm.
   2. **2mm.**
   3. 1.5mm.

3-Maximum time elapsed before condensation of amalgam after trituration:
   1. 1 minute.
   2. **3 minutes.**
   3. 9 minutes.

4-All of these are landmarks that indicate post palatal seal except:
   1. Fovea palatine.
   2. Hamular notch.
   3. Vibrating line.
   **4. Retromolar pad**

5-Eruption hematoma that appeared 2 week before eruption of a tooth what a will do:
   1. Excision immediately.
   2. **No treatment.**
   3. Observed for 1 week.

6-Time for etchant any dentine bonding:
   1. **15 sec.**
   2. 30 sec.
   3. 45 sec.
7-Tug back refers to:
   1. Retention of GP inside the canal.
   2. Flowability of GP.
   = The gutta-percha trial point should go fully to the constriction, and a slight tug-back should be felt when the point is removed (retention form).

8-The major connection (communication) between the pulp and the periodontal is through:
   1. Apical foramen.
   2. Lat accessory canal.
   3. Dentinal tubes.
   4. Periodontal ligaments.
   = The apical foramen is the principal and most direct route of communication between the periodontium and the pulp.

9-Contact point in the proximal surface in which of the following presenting occlusal one third:
   1. Lower anterior tooth.
   2. Maxillary posterior molar.
   3. Lower premolars.

10-Geographic tongue is always accompanied in patient with:
   1. Diabetes.
   2. Erythema multiform.
   3. Iron deficiency.
   4. Psoriasis. (الصدفية)
   = Geographic tongue has been associated, coincidentally, with several different conditions, including psoriasis, seborrheic dermatitis, Reiter's syndrome, and atopy.

11-Purpose of subgingival scaling is:
   1. To remove calculus.
   2. To remove nicotine cementum.
   3. To make root surface biocompatible.
   4. A and B only.
   = Scaling This is the process by which plaque and calculus are removed from both supragingival and subgingival tooth surfaces.
   = Root planing is the process whereby residual embedded calculus and portions of the necrotic cementum are removed from the roots to produce a clean, hard, smooth surface.

12-Fracture of maxillary tuberosity is treated by:
   1. Replaced.
   2. Removed.
   In case of extraction of maxillary molars if maxillary tuberosity also fractures, the fractured bone:
   A. Should be removed
   B. Should be replaced and allowed to heal by secondary intention
   C. Should be replaced and retained by primary suturing of soft tissues
   D. Should be fixed by transosseous wiring or bone plating
   Correct Answer : C
13- Patient With complete denture came complaining discomfort during swallowing a sore throat, what is the cause:

1. Overextension of denture.
2. Denture pressing on hamular notch.

15-How many layer of varnish we use:

1. 1 layer.
2. 2 layers.
3. 4 layers.

Minimum of two layers of varnish are applied to achieve a uniform and continuous coating.

16-Indirect pulp capping done in:

1. Primary molar.
2. Premolar and molar.
3. Incisors.
4. All the above.

17-What do we use as temporary filling material in anterior region when aesthetic is important:

1. Composite.
2. Glass ionomer cement.
3. Zinc oxide eugenol.

18-After class 2 glass ionomer filling after we used cervical matrix:

1. Use scaler and knife to remove excess immediately.
2. Use scaler and knife in next visit.
3. Use finishing stone immediately.
4. Use finishing stone next visit.

a) 1+4.
b) 1+2.
c) 2+3.
d) 3+4.

19-Best finishing of composite done by:

1. Carbide bur. = 12 bladed (fluted) Carbide bur
2. Diamond bur.
4. Best retained under matrix band.

20-If class 2 restored composite and u want to cover it with bond:

1. Pull bond then remove excess composite then cure.
2. Remove excess then apply bond and light cure.
3. Apply bond then cure then remove the excess.

21-Very small access opening in max central incisor will lead to:

1. Most conservative to tooth.
2. Insufficient removal of necrotic pulp.
3. Excellent obturation.
4. Good accessibility for instrument.
22-What does plaque comprises:
   1. Epithelium.
   2. Mucus.
   3. **Bacteria.**

   Dental plaque is composed primarily of bacteria with lesser amounts of bacterial extracellular products, salivary glycoproteins, desquamated epithelial cells, and food debris and desquamated epithelial cells.

23-What is the microorganism that causes caries?
   1. **ST. mutan.** = Streptococcus mutans
   2. SL. viridan.

   - Most important microorganism for caries initiation in smooth surface caries – Streptococcus mutans.
   - Most important microorganism for caries progression – Lactobacilli species (acidophilus and caseci)
   - Most important microorganism for dentinal caries – Lactobacilli species
   - Most important microorganism associated with root caries – A. viscous

25-Rubber dam is contraindicated in patient with:
   1. PT and nasal obstruction. = respiratory obstructions
   2. Mentally retarded PT.
   3. Epileptic PT.

26-Clamp of rubber dam must touch tooth:
   1. Adapted well to all tooth surface.
   2. Touch 4 points engaging mesial + distal.
   3. **Touch 4 points in buccal + lingual.** = four point contact
   4. On occlusal.

   To remain stable, a rubber dam clamp must contact the anchor tooth gingival to the height of contour. Which other criterion must the clamp satisfy?
   a) All four points must be sharp
   b) All four points must contact the tooth
   c) The bow must be directed to the distal side of the tooth

27-Which of these can cause inability for proper movement + Position control?
   1. **Cerebral palsy.**
   2. Down syndrome.
   3. Epilepsy.

   Cerebral palsy is a disorder that refers to a group of conditions that influence movement and posture control.

28-In deciduous tooth the first radiographic changes will be seen in:
   1. **Bifurcation area.**
   2. Apical area.
   3. External root resorption.
= Pathologic changes in the periapical tissues surrounding primary molars are most often apparent in the bifurcation or Bifurcation areas rather than at the apices, as in permanent teeth.

29-Polysulfide impression material:
   1. **Must be poured within 1 hour.**
   2. Can be poured within 2 hours.
   3. Must wait till next day before pouring.
   4. Need tray and water cooling.

30-Best x-ray view to detect proximal caries in the tooth:
   1. Periapical.
   2. **Bite wing.**
   3. Occlusal.
   4. None of the above.

31-Calcium hydroxide is best pulp capping material because:
   1. It has best seal over pulp.
   2. It is alkaline + less irritating to pulp.
   3. **It induces reparative dentine formation.**

= Calcium hydroxide stimulates formation of reparative dentin. Hence this is the material of choice for pulp capping.

32-In countries growth rate of population the best program should be done about:
   1. **Caries.**
   2. Periodontal disease.
   3. Tooth abnormality.

33-Mandible is the first bone to be calcified in the skull:
   1. **True.**
   2. False.

35-Over erupting tooth can be treated by:
   1. Crowning after endo.
   2. Ortho intrusion.
   3. Extraction.
   a) **A and B.**
   b) All the above.

36-5 years old patient lost his primary first maxillary molar the best retainer is:
   1. **Band and loop.**
   2. Crown and loop.
   3. Lingual arch.

37-When a child must first exposed to the use of the tooth brush:
   1. Of age of 2 years.
   2. Of age of 4 years.
   3. **Immediately after eruption of first tooth.**

= Begin cleaning an infant's teeth as soon as the first tooth erupts.

38-Patient lost tooth number 36, which is your clinical finding:
   1. **Mesial tilting of 37.**
   2. Intrusion of 26.
39-What is the most accurate differentiation between periapical + periodontal abscess?
   1. Radiographic exam.
   2. **Percussion test** = clinical examination
   3. Electric test.

40-Patient wearing denture 5 years ago come with white patches on the lower edge, what is the best to be done:
   2. **Let patient stop wearing lower denture and recheck after 2 weeks.**
1-Mobility in midface with step deformity in frontozygomatic suture, diagnosis:

1- **Lefort III.**
2- Lefort II. = Step deformity at infra-orbital margins.
3- Bilateral zygomatic complex fracture.

2-PT with lower complete denture, intraoral examination show white slightly elevated lesion with confined border. PT gives history of ill fitting denture TX. Is by:
1- Immediate surgical remove.
2- **Instruct PT not to use denture for 2 weeks then follow up.**
3- Reassure PT and no need for treatment.

3-examination of **residual ridge** for edentulous PT, before construction of denture determines **stability, support and retention** related to the ridge.
1- True.
2- False.

4-Upon examination of alveolar ridge of elderly PT, for construction of lower denture easily displaceable tissue is seen in the crest of ridge, management is:
1- Minor surgery is needed.
2- Inform the Pt that retention of denture will decrease.
3- **Special impression technique is required.**

5-class III jaw relation in edentulous PT:
1- It will affect size of maxillary teeth.
2- Affect retention of lower denture.
3- **Affect esthetic and arrangement of maxillary denture.**
4- All the above.

6-in recording man-max relation, the best material used **without producing pressure** is:
1- Wax.
2- Compound.
3- **Bite registration paste.**

7-in recording jaw relation, best to use:
1- Occlusal rim without record base. = خطأ
2- **Occlusal rim with base wax.** = baseplate
3- Occlusal rim with metal frame.

8-to recheck centric relation in complete denture:
1- Ask PT to swallow and close.
2- **Ask Pt to place tip of the tongue in posterior area of denture and close.**
3- Ask PT to wet his lip and tongue.
4- All of the above.

9-by aging, pulp tissue will:
1- Decrease in collagen fibers.
2- Increase cellularity and vascularity.
3- **Decrease in size.**
Aging process affects pulp tissue by:
A. Decreasing size and shape of pulp tissue
B. Increase cellular component at expense of fibre component
C. Increasing vascularity of pulp
D. Decreasing calcific component of pulp
Correct Answer: A

10-complete blood count (CBC) is a laboratory test important in dentistry:
1- True.
2- False.

11-in class I partially edentulous lower arch, selection of major connecter depend on:
1- Height of lingual attachment.
2- Mandibular tori.
3- Periodontal condition of remaining teeth.
4- All the above.

12-Endomethazone is a root canal sealer that:
1- Dissolve in fluid so it weakens the root canal filling.
2- Very toxic, contain formaldehyde.
3- Contain corticosteroids.
4- All the above.

13-Sealer is used in RCT to:
1- Fill in voids.
2- Increase strength of RC filling.

14-ideal properties of RC filling material are the following except:
1- Radiolucent in radiography.
2- Biocompatible.
3- Easily removal when retreatment is necessary.

15-Cause the master GP not reaches working length although it is the same size of last file:
1- Dental debris.
2- Ledge formation.
3- 1+2.
4- None of the above.

16-follow up the RCT, after 3 years, RF was failed best to:
1- Extraction.
2- Redo RCT.
3- Apicectomy.

17-clinical measurement done in recall of RCT is:
1- Reduce size of path lesion.
2- No pain at percussion and palpation.
3 Presence of acute inflammatory cell.
18-main apical foramen located:
   1. Very often lateral to (Radiographic) apex.
   2. Always at apex.
   3. At lateral canal.

19-Very small access opening in upper central incisor lead to:
   2. Incomplete removal of the pulp.
   3. Conservative restoration.

20-restoration of anterior teeth with RCT, abraded incisal edge and small M&D caries is by:
   1. Full crown.
   2. Composite restoration.

21-Endodontically treated 2nd maxillary premolar with moderate M&D caries is best restored by:
   1. Amalgam.
   2. 3/4 crown.
   3. Full crown.
   4. Onlay.

22-MOD amalgam restoration with deep proximal mesial box, PT comes with pain related to it after one mouth due to:
   1. Pulp involvement.
   2. Supraocclusion.
   3. Open contact.

23-reduction in amalgam restoration should be:
   1. 1-1.5 mm.
   2. 1.5-2 mm.
   3. 2-3 mm.
   4. 3-5 mm.

24-when esthetic is important, posterior class I composite is done in:
   1. Sub gingival box.
   2. Bad oral hygiene.
   3. Contact free area.
   4. Class I without central contact.

25-HIV can be transmitted by transplacenta:
   1. True.
   2. False.

26-in sickle cell anemia, O2 is decreased in oral mucosa:
   1. True.
   2. False.

   Sickle cell anemia can affect almost every body system through decreased O2 delivery, decreased circulation.
27- destruction of RBC may cause anemia and it is due to defect in cell membrane:
   1- True.
   2- False.

Hemolytic anemia is caused by destruction of RBCs prior to their normal lifespan. The cause of hemolytic anemia is related to defects of the cell membrane of the RBC.

28- Immunofluorescence test and biology are used to diagnosis pemphigus:
   1- True.
   2- False.

29- After RCT, for insertion of post dowel:
   1- Post applied under pressure.
   2- Post should be lose.
   3- Insert it without pressure but with retention.

30- In single rooted teeth with root canal treatment, best restoration is:
   1- Casted post and core.
   2- Prefabricated post and amalgam.
   3- Prefabricated post and composite.
   4- Composite post and core without dowel.

For build-up of single rooted teeth with little supragingival structure or thin-walled roots, a cast post/core with an inset lock preparation and ferrule design may strengthen the root and prevent rotation.

31- Selection of shade for composite is done:
   1- Under light.
   2- After drying tooth and isolation without rubber dam.
   3- None of the above.

Shade must be selected in natural light before dental dam placement.

32- Measuring blood pressure in one vital sign important in medically compromised PT:
   1- True.
   2- False.

33- Most commonly, after placement of amalgam restoration PT, complain from pain with:
   1- Hot.
   2- Cold.
   3- Occlusal pressure.
   4- Galvanic shock.

Pain after amalgam restoration is usually associated with:
A. Cold
B. Heat
C. Pressure
D. Galvanism

Correct Answer: A

36- Bacteria in root canal pathosis:
   1- Mixed anaerobe and aerobe.
   2- Single obligate anaerobe.
   3- Aerobic.
   4- None of the above.
37-Calciumhydroxide is used in deep cavity because it:

1- Stimulate formation of 2ndry dentin.
2- Not irritant to the pulp.
3- For thermal isolation.

38-irrigation solution for RCT cause protein coagulation is:

1- Sodium hypochlorite.
2- Iodine potassium.
3- Formocresol.
4- None of the above.

= camphorated para chlorophenol causes coagulation of the protein (it acts on the bacteria as a protein coagulant)

39-Use of miswak and toothbrush:

1- Use the miswak only when they can not afford to buy the toothbrush and toothpaste.
2- Not use the miswak and use the toothbrush instead.
3- Use Toothbrush after meals and miswak at prayer time and when out of home.
4- Toothbrush and miswak must be used together.

40-Oral diaphragm consists mainly of:

1- Tongue.
2- Geniohoid muscle.
3- Digastrics muscle.
4- Mylohyoid muscle.

= The floor of the mouth is formed mainly by the mylohyoid muscle, which is stretched between the U-shaped mandible like a diaphragm and which is inserted into the hyoid bone and the median raphe.

41-Occlusal rest function:

1- To resist lateral chewing movement.
2- To resist vertical forces.
3- Stability.
4- Retention.

Occlusal rest seats for removable partial dentures are prepared primarily to:

A. Protect occlusal surfaces
B. Stabilise the partial dentures
C. Resist lateral chewing forces
D. Resist vertical forces of occlusion

Correct Answer : D
42-in post and core preparation core must:
1- **Extend to contra bevel.**
2- Extend to full length tooth preparation.
3- Take some shape of natural tooth.
4- **Take shape of preparation abutment.**
   a) 1+4.
b) 1+2.
c) 3+4.
d) 1+2+3.

44-Chronic Suppurative Periodontitis: = (Chronic Apical Suppurative Periodontitis)
1- PT complains from moderate pain.
2- **Fistula with drain.** = suppuration and drainage by way of the fistula
3- Pulp polyp in open coronal carious lesion.

45-acute periodontal abscess:
1- Fistula present.
2- **Swelling enlargement in tooth site.**
3- Variable in pain.
4- Stabilishing I&D.
5- None of the above.

The clinical signs of an acute abscess are: 1. Severe pain 2. Swelling of the soft tissues 3. Tenderness to percussion 4. Extrusion of the involved tooth 5. Mobility of the involved tooth

46-masseter muscle extends from lower border of zygomatic arch to lateral border of ramus and angle of mandible: 1- **True.** 2- False.

48-main arterial supply to face is facial artery and superficial temporal artery:
1- **True.**
2- False.
49- mandible is the first bone calcified (ossified) in skull but clavicle start first but same embryological time:

1- True. 
2- False. 
= The mandible is the second bone (after the clavicle) to start ossifying in the fetus

50- some bones are formed by endochonral ossification like long bone, flat bone by intramembranous ossification and some bone by endochondral and intramembranous ossification: 

1. True. 
2. False. 
= There are two types of ossification—intramembranous and endochondral ossification. Bone may be synthesized by intramembranous ossification, endochondral ossification, or a combination of the two.
1- Muscle of facial expression is all innervated (supplied) by facial nerve VII. 

1. True.  
2. False.  

2-Permeability of dentine:  
1. Bacterial products go through it.  
2. Decrease by smear layer.  
3. Allow bacteria to go in.  

3- Toothbrushing and dental floss in community prevention of periodontal disease:  
1. True.  
2. False.  

5- Crown with open margin can be due to:  
1. Putting die space on finishing line.  
2. Waxing not covering all crown prep.  
3. Over contouring of crown prevent seating during insertion.  
4. All the above.  

6- Cell of chronic inflammation:  
1. Lymphocytes.  
2. PMN.  

= The major cells seen in chronic inflammation are macrophages, lymphocytes, and less frequently, plasma cells.  

**The characteristic cells of chronic inflammation are except:**  
A. Macrophages  B. Lymphocytes  
C. Neutrophils  D. Plasma cells  
Correct Answer : C  

7- Dentist must:  
1. Treat PT medically.  
2. Prescribe medicine to PT with medical problem.  
3. Do clinical examination, take medical history and evaluate the medical state.  

8- Tooth germ of primary teeth arises from:  
1. Dental lamina.  
2. Dental follicle.  
3. Enamel organ.  
4. Epithelial cell of malassez.  

9- Reparative dentin: = tertiary  
1. 2nd dentin  
2. Formed as Dentine Bridge above the pulp.  
3. Highly tubular dentine and it is defective from of 1st dentine.  
4. Sclerosing dentine with less permeability.  

= Reparative dentin is formed as a result of dental caries, cavity preparation, abrasion, attrition, or erosion.  
= The reparative dentin can be seen in deep dentinal lesions which can give rise to dentin bridge formation.
10-physiological reaction of edema on vital pulp:
   1. Decrease tissue fluid by decompression of blood vessel.
   2. **Increase blood pressure**. = tissue pressure
   3. Necrosis of pulp due to hypoxia and anoxia.

= Elevated tissue pressure from edema is a major factor in pain associated with acute inflammatory reactions.

11- Microabscess on vital pulp: start necrosis of small part and sequela of destruction cycle and full repair:
   1. True.
   2. **False**.

12-amalgam tattoo is an oral pigmentation lesion:
   1. **True**.
   2. False.

13-oral and perioral cyst formed from epithelial rest of series = epithelial cells :
   1. **True**.
   2. False.

14-development of maxillary process and medial frontal process ( result ) in medial elongation of central portion:
   1. True.
   2. False.

15- Cementum contain cell like bone and it is yellow in color in vital, extracted, or avulsed tooth but in non vital tooth, its color is dark:
   1. True.
   2. **False**.

16-dentine composition:
   1. 60 – 65 % **inorganic by wgt (70% inorganic by volume)**.
   2. 25%water by wgt (12%water by volume).
   3. 43%organic by wgt (20%organic by volume).

= 35% organic and water and 65% inorganic

**Dentin consists of:**
A. 35% inorganic material + 65% organic
B. 35% organic + 65% inorganic
C. 50% organic + 50% inorganic material
D. 60% organic material + 40% inorganic material

**Correct Answer : A**

17-The primary direction of spread of infection in the mandible is to submental lymph node:
   1. True.
   2. **False**.

18-7 days after amalgam restoration PT came complaining of pain during putting spoon on the restored tooth, this is due to:
   1. Irreversible pulpitis.
   2. Reversible pulpitis.
   4. **Galvanic action**.
19-regarding tissue retraction around tooth:

1. **Short duration of retraction of gingival margin during preparation of finishing line.**
2. Retraction of gingival margin during taking final impression to take all details of unprepared finish line.
3. Usually retracted severely inflamed gingival margin.
4. Retraction of gingival margin can be done by many ways one of them is retraction cord.
   a) 1+2+3.
   b) 1+4.
   c) 2+3+4.

20- DNA only infect human but RNA does not infect human:
1. True.
2. False.

21-artificial teeth best to be selected by:

1. **Pre extraction records.**
2. Post extraction records.

= The pre-extraction records like diagnostic casts, photographs, radiographs, teeth of close relatives and preserved extracted teeth

- **Artificial teeth are best selected from:**
  A. Pre-extraction records
  B. Age of the patient
  C. Size of arch
  D. Facial form

  Correct Answer : A

23-subgingival scaling and root planning is done by:

1. **Gracy curette.**
2. Hoe.
3. Chisel.

24- paraesthesia of lower lip after surgical removal of lower 8 is due to irritation of inferior alveolar nerve:
1. True.
2. False.

25-fluoride decrease dental caries by remineralization of enamel:
1. True.
2. False.

= Fluoride enhances the remineralization process by accelerating the growth of enamel crystals that have demineralization
26-the aim of conditioning agent on dentine before GI cement is to remove smear layer:
1. True.
2. False.
= The aim of the dentine conditioner is to remove any smear layer, if any and to prepare the cavity for better bonding with the glass ionomer

27-compomer has same fluoride as GI:
1. True.
2. False.
= compomers have a lower fluoride release profile than glass—ionomer cements and resin-modified glass—ionomer

28-barbed broach in endodontics is used for pulp extirpation in relatively straight canals:
1. True.
2. False.

29-fixed partial prosthesis is more successful in:
1. Single tooth missing.
2. Multiple missing teeth.

30-best pontic is:
1. Ridge lap.
2. Hygienic.

To replace a missing canine, the best pontic design is:
A. Modified ridge lap
B. Ridge lap
C. Ovoid
D. Sanitary
Correct Answer : A

31-PT feels pain of short duration after class II restoration, diagnosis is:
1. Reversible pulpitis (hyperemia).
2. Irreversible pulpitis.
3. Periodontitis.

32-Radiotherapy increase caries by decreasing salivary secretion:
1. True.
2. False.

33-Dental plaque composed mainly of:
1. Bacteria.
2. Inorganic material.
3. Food.
= Dental plaque is composed primarily of microorganisms mainly bacteria

=Which statement best describes plaque?
A. It is a soft film composed mainly of food debris and cannot be rinsed off the teeth
B. It is a soft film composed mainly of bacteria and can be rinsed off the teeth
C. It is a soft film composed mainly of bacteria and cannot be rinsed off the teeth
34-Composite for posterior teeth:
   1. Micro filled + fine filler.
   2. Macro filled + rough filler.
   **3. Hybrid + rough filler.**

35-light curing time for simple shallow class III composite:
   1. 10 sec.
   2. 15 sec.
   **3. 20 sec.**

36-check bite of retainer by:
   1. Paste.
   **2. Impression.**

37-mastoid process is part of:。
   **1. Temporal bone.**
   2. Parietal bone.
   3. Occipital bone.

38-parotid duct opens opposite to 2nd mandibular molars: = maxillary
   1. True.
   **2. False.**

39-palate consists of:
   1. Palatine and sphenoid bone.
   **2. Palatine and maxillary bone.**
   3. Palatine and zygomatic bone.

= Hard palate: formed of palatine processes of maxillary and horizontal plates of palatine bones.

40- The cause of oral Squamous cell carcinoma is multifactorial:
   **1. True.**
   2. False.

= The etiology of oral squamous cell carcinoma is multifactorial and it is generally thought that the numerous risk factors include all kinds of tobacco usage, excessive alcohol usage, betel nut/pan chewing, immunodeficiency, ...

41-the most important microorganism in dental caries is:
   **1. Streptococcus mutans.**
   2. Streptococcus salivarius.
   3. Fusobacterium spirochetes.

42-emergency endodontic TX should not be started before:
   1. Establishing a TX plan.
   2. Check restorability of the tooth.
   **3. Establishing diagnosis.**

43-selection of type of major connector in partial denture is determined:
   1. During examination.
   **2. During diagnosis and TX planning.**
   3. During bite registration.
44-White polycarbonate crowns are temporary crowns used for anterior teeth:
1. True.
2. False.

45-for etching 15 sec for composite restoration use:
1. 37% phosphoric acid.
2. 15% nitric acid.
3. 3% sulfuric acid.

46-Polysulfide impression material:
1. Should be poured within 1 hr.
2. Can be poured after 24 hr.
3. Can be poured 6-8 hr.

47-mandible formed before frontal bone:
1. True.
2. False.

48-Nerve impulse stops when injection local anesthesia:
1. True.
2. False.
= Local anaesthetic (LA) agents block conduction of nerve impulses reversibly

49-the most common benign tumor in oral cavity is:
1. Fibroma.
2. Papilloma.
3. Lipoma.
= Fibroma is the most common benign tumor of the oral cavity

The most common benign tumour occurring in the oral cavity is the:
A. Papilloma
B. Adenoma
C. Fibroma
D. Hemangioma
Correct answer: C

The most common malignancy found in oral cavity is:
A. Basal cell carcinoma
B. Transitional cell carcinoma
C. Melanoma
D. Squamous cell carcinoma
Correct answer: D

50-the most prominent cell in acute inflammation is:
1. Lymphocytes.
2. Plasma cell.
3. PMN.
= Polymorphonuclear neutrophils
= Polymorphonuclear neutrophils (PMNs) are the primary effector cells in acute inflammation.
1-Flat bone grows by endochondral ossification:
   1. True.
   2. False. = intramembranous

2-Pulp chamber in lower 1st molar is mesially located:
   1. True.
   2. False.

3-Radiopacity at the apex of a tooth with chronic pulpitis:
   1. Condensing osteitis (a focal sclerosing osteomyelitis).
   2. Cemental dysplasia.
   3. Periapical granuloma.

= Condensing osteitis A well-defined radiopacity seen below the apex of a nonvital tooth that has a history of a long-standing pulpitis

= Which of the following appear radiopaque:
   A. Periapical scar
   B. Periapical granuloma
   C. Condensing osteitis
   D. Early cementoma

4-Extra canal if present in mandibular incisor will be:
   1. Lingual.
   2. Distal.

5-the access opening in lower incisor:
   1. Round.
   2. Oval.
   3. Triangular.

= What shape is the access cavity for upper and lower incisors?
   A) Triangular
   B) Ovoid
   C) Round
   D) Oblong

6-Acute periapical cyst and acute periodontal cyst are differentiated by:
   1. Vitality test.
   2. Radiograph.
   3. Clinical examination.

   An acute periapical abscess and an acute periodontal abscess would be differentiated through:
   A. Anesthesia test
   B. Palpation
   C. Percussion test
   D. Pulp vitality tests

   Answer : D

= Best way to differentiate between acute periapical and acute periodontal condition is:
   A. Pulp vitality test
   B. Cold test
   C Radiography
7-the most common cause of endodontic pathosis is bacteria:
   1. True.
   2. False.

8-Palatal canal in upper molars is curved:
   1. Bucally.
   2. Palatally.
   3. Distally.

9-If tooth or root is pushed during surgical extraction into max. Sinus:
   1. Leave it and inform the PT.
   2. Remove it as soon as possible.
   3. Follow the PT for 3 months.
   4. None of the above.

10-differences (between) ANUG and AHGS is:
   1. AUNG occur in dental papilla while AHGS diffuse erythematous inflamed gingival.
   2. AUNG occur during young adult and AHGS in children.
   3. All the above.

   = Acute Necrotizing Ulcerative Gingivitis (ANUG)
   * ulceration affecting the gingival margin and inter-dental papillae
   * Young adult males mainly affected

   = Acute Herpetic Gingivo Stomatitis (AHGS)
   * It appears as a diffuse, shiny erythematous, involvement of the gingiva and the adjacent oral mucosa
   * It occurs most frequently in infants and children younger than 6 years of age

11-Different between Gracey and universal curettes:
   1. Cross Section of gracey is hemicircular and in universal triangular. = Both hemicircular
   2. Gracey has one cutting edge while universal has two cutting edges.
   3. Gracey used for cutting in specific area while universal is in any area.
   4. Universal not offset beveled at 85 degrees to the shank, Gracey offset beveled at 60.
      a. 1+4.
      b. 1+2+3.
      c. 2+3

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<thead>
<tr>
<th>Table 35.1: Distinction between Gracey and universal curettes</th>
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<tbody>
<tr>
<td><strong>Gracey curette</strong></td>
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<tr>
<td><strong>Area of use</strong></td>
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<tr>
<td><strong>Cutting edge</strong></td>
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<tr>
<td><strong>Curvature</strong></td>
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<tr>
<td><strong>Blade angle</strong></td>
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12-Person drinking fluoridated water, using toothbrush with fluoride, rinsing with fluoride mouthwash, then no need to put pit and fissure sealant in his permanent molars:
   1. True.
   2. False.

13-Radiopacity attached to root of mandibular molar (vital non-carious):
   1. Ossifying fibroma.
   2. Hypercementosis. صفح في حال السن منموت أو متسوس
   3. Periapical cemental dysplasia.
   = Periapical radiopacity underlying vital teeth representing periapical cemental dysplasia

14-Cause of fracture of occlusal rest:
   1. Shallow preparation in marginal ridge.
   2. Extention of rest to central fossa.
   3. Improper centric relation.
   The most common cause for the fracture of an occlusal rest on a clasp is insufficient preparation of the marginal ridge area of the abutment tooth

15-Bridge return to dentist from lab with different degree of color although the shade is the same, the cause:
   1. Thin metal framework.
   2. Different thickness of porcelain.
   3. Thick opaquer.
   = The color of the porcelain is compromised between abutments and pontics if the thickness of the porcelain varies.

16-Complete denture poorly fit and inadequate interocclusal relation:
   1. Relining.
   2. Rebasing.
   3. New denture.
   4. None of the above.

17-Small caries confined to enamel: (=approximal caries on bitewing xray)
   1. Preventive measure.
   2. Amalgamfilling.
   3. Keep under observation
   = If lesion confined to enamel on b/w, institute preventive measures and keep under review.

18-Rampant caries in adult in anterior teeth restored by:
   1. Glass ionomer.
   2. Zinc oxide eugenol.
   3. Amalgam.
   = In patients with rampant caries it may be preferable to use glass ionomer to restore the lesions as an interim measure while the risk factors are addressed

19-the 1st cervical vertebrae is:
   2. Axis.
20-time of ETCHANT used for dentine bonding material need:

1. **15 sec.**
2. 30 sec.
3. 45 sec.
4. 60 sec.

21-Cartilaginous joints (= between the epiphysis and diaphysis of the growing bone) in the body affect bone growth:

1. **True.**
2. False.

22-the nerve which supplies the tongue and may be anesthetized during nerve block injection:

1. **V.**
2. VII.
3. IX.
4. XII.

= It is lingual nerve, a branch of the mandibular division of fifth cranial (trigeminal) nerve

23-Cavity varnish should be applied at least in:

1. One layer.
2. **Tow layer.**
3. Three layer.

24-Geographic tongue is seen in PT with:

1. **Diabetes.**
2. Iron deficiency anemia.
3. Pemphigus.
4. **Psoriasis**

= It is an error, it is an error, it is an error, it is an error.

25-Diabetic PT with ill fit denture, examination of residual ridge helps to:

1. **Determine the need for tissue conditioning or surgery.**
2. Determine occlusal plane height.
3. Determine vertical dimension at occlusion.

27-Handicapped PT with lesion in central nervous system appears to have different type of disorders in movement and posture:

1. Seizure.
2. **Cerebral palsy.**
3. Learning disability.

28-To obturate the canal the most important step is:

1. **Cleaning and shaping of the canal.**
2. Irrigation of the canal.

= Cleaning and shaping is one of the most important step in the root canal therapy for obtaining success in the root canal treatment

29-During placement of amalgam pins, the no (number) of pins per cusp is:

1. **1 pin.**
2. 2 pins.
3. 3 pins.
4. 4 pins.

= As far as possible one pin must be placed for each missing cusp or proximal surface.
30-The amount of LA in 2% lidocaine with 1/100000 adrenaline is:
   1. 0.01.
   2. 0.02.
   3. 36 mg
   = A 2% solution contains 20 mg of anesthetic agent per milliliter which means that each 1.8 ml
cartridge contains 36 mg of agent
   = A 1.8 ml dental cartridge of any 2 percent anesthetic contains 36 mg, while a cartridge of any 3
percent anesthetic contains 54 mg and that of any 4 percent solution contains 72 mg.

31-The most common odontogenic cyst is:
   1. Radicular cyst. = Periapical
   2. Keratocyst.
   3. Aneurismal bone cyst.
   = Periapical (radicular or dental) cyst is inflammatory, and the most common odontogenic cyst.

276. The most common type of odontogenic cyst is the:
   A. Dentigerous cyst
   B. Periapical cyst
   C. Odontogenic keratocyst
   D. Residual cyst
   **Answer**: B

277. The most common type of developmental odontogenic
cyst is the:
   A. Dentigerous cyst
   B. Periapical cyst
   C. Odontogenic keratocyst
   D. Residual cyst
   **Answer**: A
32-PT complains from serve spontaneous pain related to upper 6, it responds to vitality test no pain on percussion, diagnosis is:

1. Irreversible pulpitis.
2. Reversible pulpitis.
3. Acute apical Periodontitis.

33-The most important (considerations for successful) RCT is to seal:

1. Apical 1/3.
2. Middle 1/3.

= It is generally agreed that one of the most important considerations for successful endodontic treatment is the complete obturation and seal of the apical third of the root canal.

34-the cause of fracture isthmus in amalgam class II restoration is:

1. Thin thickness at the marginal ridge.
2. Wide flared cavity proximally.

= The most common cause of fracture of isthmus of a class II amalgam restoration is:

A. Delayed expansion
B. Inadequate depth of isthmus
C. Inadequate width of isthmus
D. Moisture contamination

Correct Answer: B

35-Cement which contains fluoride:

1. Glass ionomer.
2. Zinc oxide eugenol.
4. Polycarboxylate cement.

36-The most common complication after extraction for diabetic PT is:

1. Infection.
2. Serve bleeding.
3. Oedema.
4. All the above.

37-internal resorption:

1. Painful.
2. Seldom differentiated from external resorption.
3. Can occur in primary teeth.

= Which of the following statements regarding internal root resorption is accurate?
a. It is more common in permanent than deciduous teeth.
b. It is simple to differentiate from other types of resorption.
c. It is characterized histologically by inflammatory tissue with multinucleated giant cells.
d. It is ruled out when there is no response to pulptesting.
38- lateral canal is detected by:
1. **P.A radiograph.**
2. Tactile sensation.
3. Clinical examination.

39- contact area is in incisal / occlusal third in which tooth:
1. **Mandibular incisors.**
2. Mandibular molars.

40- Incipient caries is diagnosed by:
1. **Fiber optic light.** = fiber optic transillumination techniques (FOTT).
2. Tactile examination.
3. X-ray film.

= Incipient or recurrent caries can be detected before they are visible on a radiograph by:
A. Visible light.
B. Ultrasonic light.
C. Fibre optic trans-illumination.
D. **Digital Fibre optic trans-illumination.**

41- Mental foramen appears in radiograph as radiolucent round area at the area of:
1. **Mandibular premolars.**
2. Mandibular incisors.

= Mental Foramen It is a small ovoid or round radiolucent area located in the apical region of the mandibular premolars

42- PT with denture has swallowing problem and sore throat, the problem is:
1. Posterior over extension at distal end.
2. **Over extension of lingual pouch.**
3. Over extension at humular notch.

**Patient with new dentures come back with complaint of sore throat. It could be due to:**
A. Over-extension in post dam
B. Over-extension in lingual pouch
C. Trauma to soft palate
D. Infection in tonsils

**Correct Answer : B**

43- Disinfection of GP gutta percha is done by:
1. Autoclave.
2. Dry heat.
3. **Sodium hypochlorite.**

= Sterilization of gutta percha cones: A. Sodium hypochlorite 5.25 percent for 1 minute
. **Guttapercha is best sterilized in:**

A. Autoclave  
B. Dry heat  
C. 5.5% sodium hypochlorite for one minute  
D. Paraformaldehyde for one minute  

Correct Answer : C

44-Periodontal ligament fiber in the middle third of the root is:

1. **Oblique.**  
2. Horizontal.  
3. Transeptal.

= The fibers in the middle third of the root mostly run obliquely between the cement and alveolar bone.

45-To detect interproximal caries in primary teeth, the best film is:

1. Periapical.  
2. **Bitewing.**  
3. Occlusal.

46-PT with missing lower right 1st molar for long time you'll find:

1. Mesial drifting of lower right 2nd molar.  
2. Intrusion of upper right 1st molar.  
3. Over eruption of lower right 2nd molar.

47-Over erupted upper right 1st molar will be managed by except:

1. **Intruded easily orthodontically.**  
2. Crowning.  
3. Adjustment of occlusion.

48-Broken instrument during RCT, best prognosis if broken at:

1. **Apical 1/3.**  
2. Middle 1/3.  

= In a study by Crump and Natkin, there was a relatively good prognosis if the broken instruments were within the apical third of vital teeth with normal periapical tissues.

**The prognosis of the broken instrument in root canal is good when:**

A. Instrument is less than 20 no  
B. Instrument is lodged in the bone beyond the apical area  
C. Instrument obliterates apical third of the canal  
D. Instrument is in middle 1/3 of root canal  

Correct Answer : C
49-After insertion of complete denture, PT came complaining from pain in TMJ and tenderness of muscle with difficulty in swallowing, this could be due:

1. High vertical dimension.
2. Low vertical dimension.
3. Thick denture base.
4. Over extended denture base.

A edentulous patient has a complaint that his denture becomes loose several hours after wearing, this indicate:

A. An improper extension of denture base
B. A deflective occlusal contacts
C. A high vertical dimension
D. An overextended denture flanges

Correct Answer : B

50-Pulp stone: (denticles)
1. Causes uncomfort and pain.
2. Free in pulp chamber.
3. None of the above.

= A pulp stone may be free in the pulp chamber or it may be attached to the dentinal wall.

51-the amount of facial reduction in PFM crown:

1. 1.3.
2. 1.7.
3. 0.8.
4. 2.2.

= Facial-Proximal axial reduction: 1.2-1.3 mm on both facial planes
= Q : The optimum gingival-facial reduction of a Porcelain Fused to metal restoration on maxillary anterior teeth is:
   a. 0.65 mm
   b. 1.0 mm
   c. 1.3 mm
   d. 1.5 mm
   e. 2.0 mm

52-A tooth with 25 degree inclination could be used as abutment:

1. True.
2. False.

=As teeth inclined more than 25 to 30 degrees make poor bridge abutments

53-Intracellular (transcellular) movement of PMN polymorphonuclear leukocytes is called migration:

1. True.
2. False.

54-In onlay, ( reduction ) slope of cusp is 1.5-2 mm: (sufficient for the restorative material)

1. True.
2. False.

= reduction in harmony with the slopes or the inclines of the cusps
Periodontics:

1-The periodontal tissues comprise which of the following tissues:
   1. Gingiva and the PDL.
   2. Gingiva, PDL, and alveolar bone.
   3. Gingiva, PDL, alveolar bone and cementum.
   = The attachment apparatus of the tooth is composed of periodontal ligament, cementum and alveolar bone. Where as periodontium comprises of gingiva, periodontal ligament, root cementum and alveolar bone.

2-Which of following may cause gingival enlargement?
   1. Phenyntion (Dilantin).
   2. Cyclosporine.
   3. Nifedipine (a calcium channel blocker).
   4. Aspirin.
   5. None of the above.
   = Which of the following drugs induces gingival hyperplasia:
     A. Phenytoin
     B. Cyclosporine  = immunosuppressants
     C. Nifedipine (+Nitrendipine)  = calcium-channel blockers
     D. All of the above
   = All of the following drugs cause gingival enlargement except
     a. Cyclosporine
     b. Phenytoin
     c. Nifedipine
     d. Aspirin

3-The function of the periodontal ligament includes:
   1. Mechanical function.
   2. Formative function.
   3. Sensory function.
   4. All the above.
   = The functions of the periodontal ligament may be described as 1 supportive, 2 formative, 3 resorptive, 4 sensory, and 5 nutritive.

4-Periodontal involved root surface must be root planned to:
   1. Remove the attached plaque and calculus.
   2. Remove necrotic cementum.
   3. Change the root surface so it becomes biocompatible. NO
   4. All of the above.
   = Root planing is the removal of subgingival plaque, calculus and necrotic cementum
   = Main aim of root planing is to remove:
     A. Plaque
     B. Calculus
     C. Necrotic cementum
     D. All of the above
5-An 18 years old patient presents complaining of pain, bad breath and bleeding gingival. This began over the weekend while studying for final examination the patient may have which of the following conditions:

1. Acute necrotizing ulcerative gingivitis. (ANUG)
2. Rapidly progressive Periodontitis.
3. Desquamative gingivitis.
4. Acute periodontal cyst.

6-Which of the following statements is true regarding dental calculus?

1. It is composed entirely of inorganic material.
2. It is dense in nature and has a rough surface.
3. It is mineralized dental plaque.
4. All the above.
5. B and C only.
6. None of the above.

7-Overhanging restoration margin should be removed because:

1. It provides ideal location for plaque accumulation.
2. It tears the gingival fibers leading to attachment level.
3. It stimulates inflammatory reaction directly.
4. Its removal permits more effective plaque control.
5. A and D.

7. Overhanging margin of crown act as an etiological agent in the periodontal disease because:

A. It serves to retain plaque
B. It serves as a mechanical irritant
C. It causes poor food deflection
D. It tears the gingival fibers

Correct Answer: A

8-Treatment of traumatic gingivitis caused by faulty oral hygiene is mainly:

1. To achieve the patients to change their faulty habits immediately.
2. Reassure the patients that it will disappear by it self.
3. To buy a new toothbrush.

= traumatic gingivitis caused by faulty hygienic habits

Restorative:

9-The following chemically bond to the tooth:

1. Composite resin.
2. Dental sealants.
3. GIC.
4. All the above.

= Glass ionomers are an adhesive material of polyacrylic acid and powdered fluoroalumino-silicate glass. They release fluoride and chemically bond to the tooth. Retention is assisted by micromechanical adhesion to dentinal tubules
10-Compomer restorative materials are:
1. Glass ionomer with polymer components.
2. Resin-based systems with fluoride containing glasses.
3. Composite resin for cervical restorations only.

Compomers are essentially resin-based systems. The glass in compomers is similar to the composition of the fluorine-containing glasses used in glass-ionomer cements.

11-Clinical failure of the amalgam restoration usually occurs from:
1. Improper cavity preparation.
2. Faulty manipulation.
3. Both of the above.
4. None of the above.

However, failure of amalgam restorations are due to:
1. Lack of strength and fracture.
2. Lack of proper adaptation and marginal breakdown.
3. Undue dimensional changes and high creep.
5. Faulty manipulation.
7. Pulp and periodontal involvement.

12-A glossy finish is best retained on a:
1. Microfilled composite resin restoration.
2. Macro filled resin restoration.
3. Hybrid composite resin restoration.

The microfilled composite resins could be finished to a high gloss
Only microfilled composite resins retain gloss over time

13-A class IV composite resin restoration should be finished with a:
1. Number 330 tungsten carbide bur.
2. Mounted stone.
3. 12 fluted carbide bur.
4. Coarse diamond point (stone).
14-The functions of cement bases are:
   1. To act alike a barrier against acids or thermal shocks.
   2. The minimal thickness, which is required, is 0.5 mm of base.
   · 1 and 2.
   · None of the above.
   · 1 only.
   · 2 only.
   = Bases are used for prevention of thermal and chemical irritation and complement mechanical support during condensation of amalgam and cementation of indirect restorations = applied 0.5 to 0.7 mm in thickness

15-It has been proven that amalgam restoration has the following characteristics:
1. Micro leakage decrease with aging of the amalgam restoration.
2. It is the least techniques sensitive of all current direct restoration.
3. High dimensional changes. X = acceptable dimensional changes
   · 1, 2 and 3.
   · 1 and 3.
   · 1 and 2.
   = Amalgam is the least technique sensitive of all current direct restorative materials
   = leakage decreases with age, due to the corrosion products sealing the interface between the tooth and restoration.

16-When polishing the amalgam restoration:
   1. Avoid heat generation by using wet polishing paste.
   2. Wait 24 hours.
   · 1 and 2.
   · 2 only.
   · 1 only.
   = Heat generation will bring mercury to the surface and weaken the amalgam.
17-Silicate cement:
   1. First tooth colored restoration.
   2. It can be used as permanent filling.
   3. It contains 15% fluoride.
      a) 1, 2 and 3.
      b) 1 and 2.
      c) 1 and 3.
      d) 1 only.

Community dentistry:

18- In countries with higher annual population growth rates, the need for community-based preventive programs would be greater for:
   1. Dental caries.
   2. Periodontal disease.
   3. Dent facial anomalies.
   4. Dental fluorosis.

19-Dental caries is an endemic (Pandemic ??) disease means that the disease:
   1. Occurs clearly in excess of normal expectancy.
   2. Is habitually present in human population.
   3. Affects a large number of countries simultaneously.
   4. Exhibits a seasonal pattern.

20-Reliability of measurements reflects that property of the measurements which:
   1. Measures what is intended to be measured.
   2. Produces repeatedly the same results under a variety of conditions.
   3. Detects reasonably small shifts, I either direction, in group condition.
   4. All the above.

21-Recent years, there has been evidence that the prevalence and intensity of the caries attack has been diminishing in the more economically developed countries, mainly because of the wide spread use of:
   1. Artificial water fluoridation.
   2. Fluoride toothbrush.
   3. Dental health education programs.
   4. A and C.

22-In terms of caries prevention, the most effective method and the most cost effective method:
   1. Community based programs.
   2. Privately based programs.
   3. Individually based programs.

23- Epidemiology can be defined as:
   1. A study of superficial areas of the skin.
   2. The study of the distribution and determinants of diseases frequency in man
   3. Study of biological animals.
   4. Study of diseases in research laboratory.
24-The effects of natural fluoride versus added fluoride in reducing dental caries as it relates to the concentration are:
   1. Greater.
   2. Less.
   **3. The same.**

25-Dental caries:
1. Is a transmissible disease.
2. Is world wide in distribution but uneven in intensity.
3. Can be prevented.
   **4. All the above.**
4. None of the above.

**Oral medicine:**

26-The following medical conditions may precipitate syncope:
   1. Hypoglycemia.
   3. Anti hypertensive drugs with gang ionic blocking agent.
   4. Antidepressant therapy.
      a) 1 only is correct.
      b) 1 and 2 are correct.
      c) 2, 3 and 4 are correct.
      **d) 1, 2, 3 and 4 are correct. (All)**

27-One of the main features of (AHGS) acute herpetic gingivostomatitis is that the ulcers are confined to the attached gingiva and hard palate:
   1. True.
   **2. False.**
   = Acute herpetic gingivostomatitis (AHGS): Diffuse erythematous, shiny involvement of the gingiva and adjacent oral mucosa

28-Radiographic diagnosis of the bilateral expansile radiopaque areas in the canines-premolars region of the mandible is:
   1. Hematoma.
   2. Remaining roots.
   **3. Torus mandibularis.**
   4. Internal oblique ridge.
   5. Genial tubercle.

29-Which of the following lesions has more tendencies to show well-defined multilocular radiolucency?
   1. Lateral periodontal cyst.
   2. Squamous cell carcinoma of the jawbones.
   3. Primordial cyst.
   **4. Ameloblastoma.**
   5. Osteomilitis of the mandible.
30-Early squamous cell carcinoma of the oral cavity usually presents as:
   1. Vesicle.
   2. Sessile mass.
   3. Red plaque.
   4. An ulcer.
   5. A white cauliflower-like growth.
   = The lesion may first appear as a thickened, white plaque that develops into an ulcer.

31-Firm-fixed neck nodes are most apt to be detected in association with:
   1. An ameloblastoma.
   2. A basal cell carcinoma.
   3. An odontogeneic fibroma.
   4. A squamous cell carcinoma.

Removable prosthodontic:

32-Orthogenetic ridge relationship (class 2) present several problems, which should be taken into consideration when a complete denture prosthesis. These include all except:
   1. Require minimum interocclusal distance.
   2. Have great range of jaw movement in function.
   3. Require careful occlusion, usually cuspless teeth are included.

33-Nausea is a complaint that a new denture wearer might encounter. It may result from:
   1. Thick posterior border.
   2. Denture under extended.
   3. Denture slightly over extended.
   4. 1 and 2 are correct.

34-Planning centric occlusion for complete denture, it is advisable to have:
   1. 1-2 mm of vertical and horizontal overlap of upper and lower anterior teeth with no contact.
   2. Definite tooth contact of upper and lower anterior teeth in order to facilitate.
   3. The use of anterior teeth for incision.

35-The distal palatal termination of the maxillary complete denture base is dictated by the:
   1. Tubersity.
   2. Fovea palatine.
   3. Maxillary tori.
   4. Vibrating line.
   5. Posterior palatal seal.

36-To a great extent, the forces occurring through a removable partial denture can be widely distributed and minimized by the following methods:
   1. Proper location of occlusal rests.
   2. Selection of lingual bar major connecter.
   3. Developing balanced occlusion
   4. All the above.
37-An examination of the edentulous mouth of an aged patient who has worn maxillary complete dentures for many years against six mandibular anterior teeth would probably show:
   1. Cystic degeneration of the foramina of the anterior palatine nerve.
   2. **Loss of osseous structure in the anterior maxillary arch.**
   3. Flabby ridge tissue in the posterior maxillary arch.
   4. Insufficient inter occlusal distance.

38- The posterior seal in the upper complete denture serves the following functions:
   1. It reduces patient discomfort when contact occurs between the dorsum of the tongue and the posterior end of the denture base.
   2. Retention of the maxillary denture.
   3. It compensate for dimensional changes which occur in the acrylic denture base during processing.
   **4. 1 and 2 are correct.**

39-Dentures: ( pt. with inflamated tissues – wants new denture )
   1. ( impression ) Should be started immediately in order to prevent further deterioration.
   2. **The occlusion of the existing denture is adjusted, and the tissue conditioning material is applied, and periodically replaced until the tissue are recovered, then making impression takes place.**
   3. The patient is cautioned against removing the denture out at night.
   4. 1 and 2 are correct.
   5. All of the above are correct.

40-Balance occlusion refers to:
   1. The type of occlusion, which allows simultaneous contact of the teeth in centric occlusion only.
   2. **The type of occlusion, which allows simultaneous contact of the teeth in centric and eccentric jaw positions.**
   3. A type of occlusion which is similar to the occlusion of the natural teeth.

41-Indications foe the use of linguoplate include:
   1. For the purpose of retention.
   2. When the lingual frenum is high or when there is shallow lingual sulcus.
   3. To prevent the movement of the mandibular anterior teeth.
   **4. All the above.**

42-In registering the vertical dimension of occlusion for the edentulous patient, the physiological rest dimension:
   1. Equals the vertical dimension of occlusion.
   2. May be exceeded if the appearance of the patient is enhanced.
   3. Is of little importance as it is subject to variations.
   **4. Must always be bigger than vertical dimension of occlusion.**

43-Three weeks after delivery of a unilateral distance extension mandibular removable partial denture, a patient complaint of a sensitive abutment tooth, clinical examination reveals sensitivity to percussion of the tooth. The most likely cause is:
   **1. Defective occlusion.**
   2. Exposed dentine at the bottom of the occlusal rest seat.
   3. Galvanic action between the frame work and an amalgam restoration in the tooth.
Fixed prosth:

44- The most frequent cause of failure of a cast crown restorations is:
   1. Failure to extend the crown preparation adequately into the gingival sulcus.
   2. Lack of attention in carving occlusal anatomy of the tooth.
   3. Lack of attention to tooth shape, position and contacts.
   4. Lack of prominent cusps, deep sulci and marginal ridges.

45-Polyether impression materials:
   1. Are less stable dimensionally than polysulfide rubber.
   2. Are less stable stiff than polysulfide rubber.
   3. Can absorb water and swell if stored in water.

46-An anterior fixed partial denture is contraindicated when:
   1. Abutment teeth are no carious.
   2. An abutment tooth is inclined 15 but is otherwise sound.
   3. There is considerable resorption of the residual ridge.
   4. Crowns of the abutment teeth are extremely long owing to gingival recession.

47-The most accurate impression material for making the impression of an onlay cavity is:
   1. Impression compound.
   2. Condensation type silicones.
   3. Polyvinyl siloxane.
   4. Polysulfides.

48-To enhance strength properties of ceramometal restoration, it is important to:
   1. Avoid sharp or acute angles in the metal substructure.
   2. Build up thick layer of porcelain.
   3. Porcelain should be of uniform thickness and any defect of the preparation should be compensated by the metal substructure.
   4. Compensate any defect in the preparation equally by porcelain and the metal substructure.
   a) 1 and 2 are correct.
   b) 1 and 3 are correct.
   c) 2 and 4 are correct.

   Oral surgery:

49-Patients on treatment with steroids are placed on antibiotics after oral surgical procedures because:
   1. The patient is more susceptible to infection.
   2. Antibiotics are synergistic to steroids.
   3. Antibiotics inhibit herksheimer reaction.
   4. Antibiotics protect the patient from steroid depletion.

50-The postoperative complication after removal of third molar impaction is:
   1. Secondary hemorrhage.
   2. Swelling.
   4. Alveolar osteitis.
   5. All the above.
51-Radiographic examination in impacted teeth is useful to demonstrate:
   1. Proximity of roots to adjacent anatomical structures.
   2. Shape of roots of impacted tooth.
   3. Associated pathology.
   4. 2 and 3.
   5. All the above.

Pediatrics:

52-Band and loop space maintainers are most suitable for the maintenance of space after premature loss of:
   1. A single primary molar.
   2. Tow primary molars.
   3. A canine and lateral incisor.
   4. All the above.

53-Pit and fissure sealant are indicted to prevent dental caries in pits and fissures:
   1. In primary teeth.
   2. In permanent teeth.
   3. 1 and 2.

54-Teeth that have past pits and fissure sealant show:
   1. The same susceptibility to caries as teeth that have not been sealed.
   2. Higher susceptibility than none-sealed teeth.
   3. Lower susceptibility than none-sealed teeth.
   4. The same susceptibility.
   5. As teeth with fully retained sealant.

Other:

55-The first pharyngeal arch will form:
   1. Maxilla.
   2. Mandible.
   3. Thyroid.
   4. Hyoid.

56-The ossification of maxilla in relation the mandible is:
   1. Before the mandible.
   2. Slightly later than the mandible.
   3. At the same time.
   4. None of the above.

57-The foramen ovale is a part of:
   1. Sphenoid bone.
   2. Fronted bone.
   3. Verombone.
   4. None of the above.
1 Diagnosis prior to RCT should always be based on:
   1. A good medical and dental history.
   2. Proper clinical examination.
   3. Results of pulp vitality tests.
   4. A periapical radiographs.
   5. All the above.

2 Bleeding of the socket following tooth extraction:
   1. Is always a capillary bleeding in nature.
   2. Takes not less than half day in normal individual.
   3. Is always favorable if it is primary type.
   4. Can be due to the presence of a nutrient vessel.
      a) 1 and 2 are correct.
      b) 1, 2 and 3 are correct.
      c) 1, 3 and 4 are correct.
      d) All are correct.

3 The patient with a history of sub-acute bacterial endocarditis is a medical problem in oral surgery because of the possibility of:
   1. Bacteremia.
   2. Septicemia.
   3. Hypertension.
   4. Mitral stenosis.
   5. Auricular fibrillation.
      a) 1, 2 and 3 are correct.
      b) 1, 2 and 4 are correct.
      c) 1, 4 and 5 are correct.
      d) 2, 3 and 5 are correct.
      e) 3, 4 and 5 are correct.

4 In persons with normal healthy gingivae, the proper device for cleaning interproximal surfaces is the:
   1. Dental floss.
   2. Interproximal brush.
   3. Powered (electric) toothbrush.
   5. Water irrigation device.

5 The best method for plaque control is:
   1. Through mechanical tooth cleaning.
   2. By the use of chemical agents once a day.
   3. By the use of effective chemical agents.

6 The rationale for pit-and-fissure sealants in caries prevention is that they:
   1. Increase the tooth resistance to dental caries.
   2. Act as a barrier between the sealed sites and the oral environment.
   3. Have anti-microbial effect on the bacteria.
   4. None of the above answers is correct.
7 Abrasion of enamel and root surfaces may result from the long term use of:
   1. A hard toothbrush.
   2. Tooth abrasive toothpaste or powder.
   3. Vigorous use of the toothbrush.
   4. A and B only.
   5. A, B and C.

8 What is a Pier abutment?
   1. Single tooth utilized to hold one pontic.
   2. A tooth that support a removal partial denture.
   3. A and B.
   4. All the above.
   5. None of the above.
   = Pier Abutments. – Are abutment teeth where an edentulous space lies on each side.

9 Which are the ways in which the proximal contacts can be checked:
   1. Use of pencil.
   2. Use of shimstock.
   3. Use of silicone fit checker.
   4. Use of dental floss.
   5. Only b and d.
   6. Only c and d.

10 Oral lesions of lichen planus usually appear as:
   1. White streaks.
   2. Red plaques.
   3. Small, shallow ulcers.
   4. Papillary projections.
   5. Bullae.

11 The oral lesions of the lichen planus:
   1. Are usually painful.
   2. Rarely appear before lesion else where on the body.
   3. May be part of a syndrome in which lesions also appear on the skin, conjunctiva and genitalia.
   4. Often appear in nervous, high-strung individuals.
   5. Heal with scarring.

12 All the following are oral features of acquired immunodeficiency syndrome (AIDS) except:
   1. Candidiasis.
   2. Erythema multiform.
   3. Hairy leukoplakia.
   4. Rapidly progressing Periodontitis.
   5. Kaposi's sarcoma.

13 Radiograph diagnosis of bone destructive lesion in the mandible without evidence of bone formation:
   1. Osteomyelitis.
   2. Malignancy.
   3. Fibro-osseous lesion.
   4. Fracture.
   5. Osteoradionecrosis.
14. Treatment of internal resorption involves:
   1. **Complete extirpation of the pulp to arrest the resorption process.**
   2. Enlarging the canal apical to the resorbed area for better access.
   3. Utilizing a silver cone and sealer to fill the irregularities in the resorbed area.
   4. Filling the canal and defect with amalgam.
   5. Sealing sodium hypochlorite in the canal to remove inflammatory tissue.

15. When you do amalgam finishing:
   1. immediately
   2. **24 hours later**

16. The roof of the mandibular fossa consists of:
   1. **thin compact bone**
   2. spongy bone
   3. cancellous bone

17. What is the best instrument used for removing unsupported enamel at the gingival wall of class II:
   1. chisel
   2. hatchet
   3. **gingival marginal trimmer**

18. Tooth with Ankylosis:
   1. no PDL
   2. caused by trauma
   3. extracted surgically
   4. **all of the above**

19. Acute periapical abscess associated with:
   1. **swelling**
   2. widening of PDL
   3. pus discharge

20. How can you prevent dental hyper sensitivity?
   1. **restoration by adhesion**
   2. controlled by alcohol
   3. put sedative medication

21. Which of the following may be used to disinfect gutta percha points?
   1. boiling
   2. autoclave
   3. **chemical solutions** = sodium hypochlorite
   4. dry heat sterilization

22. The **radiographic** criteria used for evaluating the successes of endodontic therapy:
   1. **reduction of the size of the periapical lesion**
   2. no response to percussion and palpation test
   3. extension of the sealer cement through lateral canals
   4. non of the above
23 - The accesses opening for maxillary premolar is most frequently

1. oval
2. square
3. triangular
4. non of the above

24 - A U- shaped radiopaque structure in the upper 1st molar x-ray is

1. the zygomatic process
2. maxillary sinus wall

25 - The following are types of hamartoma except:

1. Cementoblastoma
2. Compound odontoma
3. Complex odontoma

26 - Ranula is associated with which salivary gland:

1. submandibular gland
2. sublingual gland

27 – (Aplastic anemia) is caused by:

1. Tetracycline
2. penicilllin
3. Erythromycin
4. Sulfonamide

28 - The movement of water across a selectively permeable membrane is called:

1. Osmosis
2. Active transport
3. Filtration
4. Diffusion

29 - High rate of fractures at canine area in the mandible due to:

1. change direction of forces accruing here
2. long canine root
3. border is thin in this area
4. alveolus is thin in this area

30 - What is the amount( of anesthetic agent ) in mg in 1.8 ml of xylocain?

1. 20 mg/ml
2. 1.8 mg/ml
3. 3.6 mg

31 - Which virus is present in the patient's mouth all his Life?

1. Herpes Simplex
2. Herpes zoster
3. varicella Virus
4. None of the above

32 - A child came to the clinic with continuous involuntary movement of his head and extremities and difficulty in vocal communication the condition is described as:

1. Epilepsy
2. Cerebral palsy
33 - Cleft lip is resulted from incomplete union of:
   1. Two maxillary arches.
   2. **Maxillary arches and nasal arch**, = maxillary and nasal processes

34 - Patient with direct pulp capping and intermittent, spontaneous pain, the diagnosis is:
   - **Irreversible pulpitis**.

35 - Periapical abscess is:
   1. Cavity lined by epithelium.
   2. **Cavity contains pus cells**.
   3. Cavity contains blood.
   4. Cavity contain serous.
   5. None of the above.

36 - Bleaching agent: =
   - **Hydrogen peroxide 30%**.

37 - Depth of amalgam restoration should be:
   1. 1 1.5 mm.
   2. **1.5 2 mm**.
   3. 2 3 mm.
   4. 3 5 mm.

38 - The choice of technique during local anesthesia is influence by:
   1. The diameter of the nerve.
   2. **The structure of the bone**.
   3. The number of the nerves.
   4. The chemical composition of the drug.
1 - Blood supply of the (hard) palate is from:

1. greater palatine artery
2. lesser palatine artery
3. facial artery
4. long sphenopalatine artery
5. anatomicizing branches from all of the above except c

- Main blood supply of palate is through greater palatine artery
- Greater palatine artery supply the hard palate and the palatal gingivae
- Lesser palatine arteries serve the tonsil and the soft palate

2 - Mandibular branch of trigeminal nerve leaves the skull through:

1. foramen rotundum
2. foramen ovale
3. superior orbital fissure
4. inferior orbital fissure
5. jugular foramen

- The mandibular division of the trigeminal nerve (CN V 3) passes through the foramen ovale

3 - Formocresol when used should be:

1. full saturated
2. half saturated
3. One-fifth for saturation of pulp tissues
4. none of the above

- one-fifth dilution of Formocresol

4 - Loss of sensation in the anterior 2/3 of the tongue is related to paralysis of

1. lingual nerve
2. hypoglossal nerve
3. chorda tympani nerve

- Lingual nerve supplies general sensation to the anterior two thirds of the tongue

5 - When you give inferior dental block for pedo pt the angulations for the needle

A. 7 mm below the occlusal plane
B. 5 mm below the occlusal plane
C. at the occlusal plane

- (4.1 mm below the occlusal plane in three-year-old children)

6 - Main use of dental floss

1. remove calculus
2. remove over hang
3. remove bacterial plaque
4. remove food debris

- Dental floss has been shown to be the most effective way to remove bacterial plaque and other debris from otherwise inaccessible areas, the proximal surfaces of the teeth.

7 - Which of the following spaces are bilaterally involved in Ludwig’s angina

1. Submandibular and masticatory spaces
2. SubLingual + Lat.Pha.space
3. sublingual, submandibular and submental spaces

- Always involves all the three - sublingual, submandibular and submental spaces bilaterally
8 - Cell that can give more than one type:
   1. Fibroblast
   2. Odontoblast
   3. **Mesenchymal cell**

9 - The scientific evidence is dictating that oral Lichen planus is a "premalignant Lesion" is:
   1. Very strong
   2. Non-existent
   3. Moderately strong
   4. **Weak**

   The evidence that lichen planus is a significant premalignant lesion in the oral mucous membrane is **weak**.

10 - Infection is more dangerous in children than adult because
   1. **marrow spaces are wide**
   2. Affect growth centre
   3. Hypo calcification in enamel

   Odontogenic infections in children differ in some respects from infections in adults. Dental infections in children are more likely to spread because of **large marrow spaces**.

11 - The Common disease affecting the submandibular salivary gland is:
   1. **salivary calculi** (Sialolithiasis, stone)
   2. pleomorphic adenomas
   3. Viral sialoadenitis
   4. Infected sialoadenitis

   **Sialolithiasis** The most common causes of salivary gland pathology

12 What is the basis for the current endodontic therapy of periapical lesion?
   1. Due to reach collateral circulation system, the periapical area usually heals despite the condition of the root canal.
   2. **if the pulpal source of periapical irritation is removed, the potential for complete periapical healing is present.**
   3. Strong intracanal medications are recuired to sterilize the canal and the periapical area to promote healing.
   4. Periapical lesions, especially apical apical cyst must be treated by surgical intervention.

13 Reparative dentin:
   1. Same like secondary dentin.
   2. **Happen as site if irritation.**

   Reparative dentin: dentin formed in response to injury by either primary or secondary odontoblasts (repairing odontoblasts). Equivalent terms commonly used are **irregular secondary dentin**, **irritation dentin** and **tertiary dentin**

14 The maximum permissible dose of X-ray exposure for radiologic technician
   1. 100 mini roentgens per week.
   2. 10 roentgens per week.
   3. 100 roentgens per week.
   4. **300 milliroentgens per week**, (0.3 rem per week) = 300 millirems (mrem)
15 Acute periapical abscess characterized by:
   1. Varying degree of pain.
   2. Varying degree of swelling.
   3. Some time not shown on the radiograph.
   **4. All the above.**

16 Smear layer composed of:
   1. Dentin debris.
   2. Inorganic particles.
   3. Bacteria.
   **4. All the above.**

= A 'smear layer' composed of debris, particles of mineralized collagen matrix, bacteria and inorganic tooth particles

17 Microbial virulence produced by root canal bacteria is collagenase from spirochete:
   1. True.
   **2. False.**

18 The occlusal reduction for all metal veneer crowns should be:
   1. Be as flat as possible to enable easy fabrication of occlusal anatomy.
   2. **Follow the occlusal morphology with a clearance ranging from 1 to 1.5 mm with the opposing dentition.**
   3. Follow the occlusal morphology with a clearance of no more than 0.5 mm with the opposing dentition.
   4. Be the last step in tooth preparation.

= A gold crown requires approximately 1.5 mm clearance over the functional cusps and 1.0 mm over the nonfunctional cusps follows occlusal morphology

19 Gingival retraction is done:
   1. To temporarily expose the finish margin of the preparation.
   2. To accurately record the finish margin and a portion of uncut tooth surface to the margin in the final impression.
   3. Even in the presence of gingival inflammation. **FALSE**
   4. By various methods but the most common one is the retraction cord.
   a) 1 + 2.
   b) 1 + 2 + 3.
   c) **1 + 2 + 4.**

20 Which of the following burs would you prefer to use for preparation a slot for the retention of an extensive amalgam restoration on the maxillary molar?
   1. Number 5 round bur.
   2. Number 58 fissure bur.
   3. Number 558 fissure bur.
   **4. Number 35 inverted cone bur.** = No.33 V inverted cone bur
21 Which of the following material has been shown to stimulate reparative dentine formation most effectively when applied to the pulpal wall of a very deep cavity:
   1. Copalite varnish.
   **2. Calcium hydroxide.**

22 The following is a non resorbable suture:
   1. Plain catgut.
   2. Chromic catgut.
   **3. Slick.**
   4. None of the above.

23 Radiographic diagnosis of a well defined unilocular radiolucent area between vital mandibular bicuspids more likely to be:
   1. Residual cyst.
   **2. Mental foramen.**
   3. Radicular cyst.
   4. Osteoporosis.
   5. None of the above.

24 -To provide maximum strength of amalgam restoration the cavo-surface angles should:
   1. Approach 75 with outer surface. F
   2. Approach 90 with outer surface.
   3. Be supported by sound dentine.
   4. Be located in area free of occlusal stress.
      a) 1+3 and 4.
      b) 1+3.
      **c) 2+3+4.**
      d) 3+4.

25-It is preferable to be the length of the handle of the custom tray:
   1. 10mm.
   2. 20mm.
   **3. 15mm.**
   4. 25mm.
1-The protrusive condylar guidance should be set on the articulator at:
   1. 40 degree.
   2. 50 degree.
   3. 60 degree.
   4. 70 degree.

2-The lateral condylar posts should be set on the articulator to:
   1. Zero degree.
   2. 20 degree.
   3. 40 degree. = condylar tracks
   4. **15 degree.**

3-The incisal guide should be set on the articulator at:
   1. **Zero degree.**
   2. 20 degree.
   3. 40 degree.
   4. None.

**Preliminaries Before Mounting**

1. Roughen the base of casts
2. Soak the bases of casts in cold water for 10 minutes
3. Set the articulator as follows:
   - Condylar posts are set to 15 degree.
   - Condylar tracks are set to 40 degree.
   - Incisal guidance pin set to 0 degree.
   - Incisal guidance table set to zero degree and kept horizontal.
   - Orbital plane indicator is attached to the upper arm of the articulator.
   - Condylar axis and its sphere are set to its basic central position.
   - All locking screws are secured.
   - Mounting discs are lightly lubricated with Vaseline.

4-The primary goal of anterior tooth selection is:
   1. To provide good functional requirements.
   2. **To satisfy aesthetic requirements.**
   3. To let the patient feel comfortable.
   4. None.

5-The primary goal of posterior tooth selection is:
   1. **To provide good functional requirements.**
   2. To satisfy aesthetic requirements.
   3. To satisfy psychological requirements.
   4. None.
6-You need…….to get the teeth shade:
   1. **Shade guide.**
   2. Incisal guide.
   3. Acrylic teeth.
   4. Porcelain teeth.

7-The ( artificial ) teeth materials are:
   2. Porcelain teeth.
   **3. A and B.**
   4. None.

8-The width of the lower teeth is:
   1. 1/2 of the maxillary anterior teeth in normal jaw relationship.
   2. 1/3 of the maxillary anterior teeth in normal jaw relationship.
   **3. 3/4 of the maxillary anterior teeth in normal jaw relationship.**
   4. None.
   = the lower anteriors being approximately ( 4/5 ) 80% of the width of the upper teeth

9-Generally artificial posterior teeth are classified into:
   1. Anatomical (cusp) teeth.
   2. Non-anatomical (caspless) teeth or flat. (monoplane teeth)
   **3. A and B.**
   4. None.

10-The process of positioning or arranging teeth on the denture base is termed:
   1. Casting.
   2. Investing.
   **3. Setting up.**
   4. Flasking.

---

. **The distal end of the occlusal plane should be at a level:**
   A. 2/3rd the way up the retromolar pad
   B. 1/3rd the way up the retromolar pad
   C. At the highest portion of the retromolar pad
   D. None of the above  
   Correct Answer : A

. **Fovea palatini are found:**
   A. Behind the vibrating line
   B. In front of vibrating line
   C. On the vibrating line
   D. Has no relation to vibrating line
   Correct Answer : B
11-Important functions must be considered when arranging anterior teeth:
   1. Aesthetics.
   2. Incision.
   3. Phonetics.
   4. All.

   The basic function of anterior teeth is:
   A. Aesthetic
   B. Incision
   C. Phonetic
   D. All of the above

12-Which surface of the central incisor that contacts the median line:
   1. Distal.
   2. Mesial.
   4. Lingual.

13-The incisal edge of the maxillary lateral incisor is……….above and parallel to the occlusal plane:
   A. 1/2 mm.
   B. 1 mm.
   C. 2 mm.
   D. 3 mm.

14-The long axis of the maxillary cusp is inclined slightly to the:
   1. Mesial.
   2. Distal.
   4. Lingual.

15-It is called ………. When the occlusal surfaces of the right and left posterior teeth are on the same level:
   1. Vertical plane.
   2. Horizontal plane.
   3. Compensating curve.
   4. All.

16-The ………. Of the maxillary first bicuspid is raised approximately 1/2mm of the occlusal plane:
   1. Buccal cusp.
   2. Lingual (palatal) cusp.
   3. Mesial surface.
   4. All.
17-The long axis of the maxillary first molar is inclined to 
   1. **Buccal.** (when view from the front)  
   2. Mesial.  
   3. Distal. (when view from the side)  
   4. **Lingual.**

**Maxillary First Molar (Fig. 10.106)**
- The long axis of the tooth is tilted buccally when viewed from the front.
- The long axis of the tooth is tilted distally when viewed from the side.
- The mesio-palatal cusp alone should touch the occlusal plane. This arrangement gives rise to the lateral curves.

18-All maxillary posterior teeth touch the occlusal plane except:
   1. First bicuspid.  
   2. Second bicuspid.  
   3. First molar.  
   4. **Second molar.**

19-The distance between the lingual surfaces of the maxillary anterior teeth and the labial surfaces of the mandibular anterior teeth is:
   1. Vertical overlap (overbite).  
   2. **Horizontal overlap (overjet).** = normally 1 mm  
   3. Occlusal plane.  
   4. All.  
   = The horizontal overlap (called overjet) is the distance between the labial surfaces of the mandibular anterior teeth and the lingual surfaces of the maxillary anterior teeth.

20-The distance between the incisal edges of the maxillary and mandibular anterior teeth is:
   1. Horizontal overlap (overjet).  
   2. **Vertical overlap (overbite).** = normally 2-3 mm  
   3. Occlusal plane.  
   4. All.  
   = Vertical Overlap (Overbite) is the vertical distance between the incisal edges of the maxillary and mandibular anterior teeth.  
   = Normally, over- bite should be 2 to 3 mm and overjet 1 mm
21-The average distance between the lingual surface of the maxillary anterior teeth and the buccal surface of the mandibular anterior teeth (overjet) is: \textbf{2-3 mm overjet}
   1. 1/2mm.
   2. 1mm.
   3. 2mm.
   4. 3mm.

\textbf{Overjet}:
- Horizontal overlapping of upper and lower teeth.
- It is measured from labial surface of lower anterior to incisal edges of upper anterior teeth, when in centric occlusion.
- Normal is 2-3 mm.

\textbf{Overbite}:
- Vertical overlapping of the incisors.
- It is measured from the incisal edge of the lower incisors to the point of extension of the upper incisor on the labial surface of the lower incisors when in centric occlusion.
- Normal is 2-3 mm.

22-Which tooth of the mandibular anterior teeth that touch the lingual surface of the maxillary anterior teeth in normal centric relation?
   1. Central incisor.
   2. Lateral incisor.
   3. Cuspid (Canine).
   4. None.

23-The mesial surface of the mandibular lateral incisor contacts:
   1. The mesial surface of the central incisor.
   2. The distal surface of the central incisor. (near the incisal edge in the incisal third)
   3. The mesial surface of the cuspid.
   4. The distal surface of the cuspid.

24-The tip of cusp of the mandibular cuspid is one above the occlusal plane (2mm) to establish contact \ldots\ldots. Of the maxillary anterior:
   1. Horizontal overlap.
   2. Occlusal plane.
   3. Vertical overlap.
   4. All.

25-The relation involves the movement of the mandibular to the side either right or left in which the act of mastication is to be accomplished. Therefore the side to which the mandible moves is called:
   2. Working side.
   3. Compensating side.
   4. All.

= working side refers to the side of the jaw which moves laterally away from the midline in jaw movement.
26-When the mandible moves to the working side, the opposite side cusp to cusp contacts in order to balance stresses of mastication. This relation is called:

1. Working relation.
2. **Balancing relation.**
3. Occlusal relation.
4. None.

27-In order to distribute the primary forces of mastication, to fall within the base of the denture, the (posterior) mandibular teeth are set:

1. On the buccal edge of the ridge.
2. On the lingual edge of the ridge.
3. **On the crest of the ridge.**
4. All.

28-The mandibular posterior tooth that has no contact with any maxillary teeth during the balancing occlusion is:

1. First bicuspid.
2. Second bicuspid.
3. First molar.
4. Second molar.

29-The used device in flasking procedure is called:

1. Articulator.
2. Separating medium.
3. **Flask.** = Denture curing flask
4. None.

30-We Vaseline the inner surface of the flasks all rounds: (and model plaster surface)

1. To help in the packing procedure.
2. **To separate the models (casts) safety.** = facilitate easy deflasking
3. A and B.
4. None.
= The Inner surface of the flask is coated with Vaseline, while the base of the cast is painted with separating medium. To prevent the investment material (plaster of Paris) from attaching to the cast.

31-The procedure that follows the flasking procedure is called:
   1. Polishing.
   2. Deflasking.
   3. **Packing.**
   4. Curing the acrylic.

33-Teeth selection in setting up teeth gsf is based on these factors: (anterior artificial teeth)
   1. Shade of the teeth.
   2. Size and shape of the teeth.
   3. Angle of the teeth.
   4. **A and B.**
   5. All the above.
1-………. is the art and science of functional, anatomic and cosmetic reconstruction of missing or defective parts in the maxilla, mandible or face by the use of non living substances:

1. Complete denture.
2. **Maxillofacial prosthetics.** = Maxillofacial prosthodontics
3. Orthodontics.
4. Partial denture.

= Maxillofacial prosthetics is the art and science of anatomic, functional, or cosmetic reconstruction by means of nonliving substitutes of those regions in the maxilla, mandible, and face that are missing or defective because of surgical intervention, trauma, pathology, or developmental or congenital malformations.

2-………. Is the one that provides application and device to restore aesthetic and functional requirements to patients with maxillofacial defects:

1. Endodontist.
2. Pedodontist.
3. **Maxillofacial prostodontist.**
4. Perodontist.

3-The objectives of maxillofacial prosthetics:

1. Aesthetic.
2. Functions.
3. Protect the tissues.
4. **All.**

= The primary objective of maxillofacial prosthetics is to restore form and function and preserve the remaining hard and soft tissues.

4-The type of maxillofacial defects:

1. Congenital defects.
2. Acquired defects.
3. Developmental defects.
4. **All.**

= Maxillofacial Classification Patients can be categorized by maxillofacial defects that are acquired, congenital, or developmental.

5-Cleft palate, cleft lip, missing ear, prognathism are:

1. Acquired defects.
2. **Congenital defects.**
3. Developments defects.
4. None.

6-Accidents, surgery, pathology are:

1. **Acquired defects.**
2. Developments defects.
3. Congenital defects.
4. None.

8-Extra-oral Prosthetic Restorations are: (Extraoral prostheses)

1. Radiumshield.
2. Ear plugs for hearing.
3. replace **Missing eye, missing nose or ear.**
4. All.

=Extraoral prostheses used to replace missing parts of the face, such as nose, eye, or ear.
9-Lost part of maxilla or mandible with the facial structures is classified by:
   1. Intra-oral restorations.
   2. Extra-oral restorations.
   3. **Combined intra-oral and extra-oral Prosthetic Restorations.**
   4. All.

11-The lack of continuity of the roof of the mouth through the whole or part of its length in the form of fissure extending anteroposteriorly is:
   1. Obturator.
   2. Splint.
   4. **Congenital cleft palate.**

= congenital failures in the closure of certain anteroposterior fissures in the roof of the mouth
= The palatine process of the maxilla and the horizontal plate of the palatine bones form the hard palate.
= Cleft palate is caused by the failure of the palatine processes of the maxilla and/or the palatine bones to fuse.

12-The factors that influence the induction of cleft palate:
   1. Hereditary.
   2. Environmental.
   3. **A and B.**
   4. None.

= The etiology of cleft-lip and cleft palate involves both hereditary and environmental factors.

14-A prosthesis used to close a congenital or acquired opening in the palate is:
   1. Stent.
   2. Splint.
   3. **Obturator.**
   4. None.

= Obturator is a prosthesis used to close a congenital or acquired tissue opening, primarily of the hard palate and or contiguous alveolar structures

16-……. Are appliances used for immobilization of fragments of broken parts of jaw bones in their original position until repair takes place?
   1. Splints.
   2. Stents.
   3. Obturators.
   4. Speech aids.

19-The prepared surface of an abutment to receive the rest is called:
   1. Minor connecter.
   2. Major connecter.
   3. **Rest seat.**
   4. None.

= The prepared surface of an abutment to receive the rest is called the rest seat. Rests are designated by the surface of the tooth prepared to receive them (occlusal rest, lingual rest, and incisal rest)
20-The part of a removable partial denture that contacts a tooth it affords primarily vertical support is called:
   1. Minor connecter.
   2. Major connecter.
   3. Rest.
   4. None.

= Any unit of a partial denture that rests upon a tooth surface to provide vertical support to the denture is called a rest.

21-The part of a removable partial denture is:
   1. Rests.
   2. Major connectors.
   3. Retainers.
   4. All.

= The components of a removable partial denture are: Major connector Minor connector Rest Direct retainer Indirect retainer Denture base Artificial tooth replacement

22-A rigid part of the partial denture casting that unites the rests and another part of the prosthesis to the opposite side of the arch is called:
   1. Minor connecter.
   2. Major connector.
   3. Retainer.
   4. Rest.

= Major Connector It is defined as, "A part of a removable partial denture which connects the components on one side of the arch to the components on the opposite side of the arch"

24-The part of a removable denture that forms a structure of metal struts that engages and unites the metal casting with the resin forming the denture base is called:
   1. Minor connecter.
   2. Major connecter.
   3. Denture base connector.
   4. Retainer.

= Denture base is the part of the denture that forms the tissue surface of the denture over the edentulous area. It is usually made of acrylic resin.
= The denture base also functions to hold the tooth replacements in position.
= The denture base should have maximum possible tissue coverage within the limiting structures. It should also have a close adaptation to the tissues.

26-The rests are classified into:
   1. Anterior rests.
   2. Posterior rests.
   3. A and B.
   4. None.

= Based on the position of the rest on the abutment it can be classified as: occlusal rest cingulum rest or lingual and incisal rest
= Based on the relation of the rest to the direct retainer : primary rest and secondary rest
30-The surveyor instrument consists of:
   1. Vertical arm.
   2. Cast platform or table.
   3. Small analysis rod.
   4. All.

= parts of surveyor : surveying platform - cast holder / surveying table - vertical arm - horizontal arm - surveying arm - surveying tools ( analyzing rod, carbon markers, undercut gauges )

31-The primary guiding surface (= Guiding planes) that determines the path of insertion for the partial denture is:
   1. The tooth surface opposite to the edentulous areas.
   2. The tooth surface adjacent to the edentulous areas.
   3. None.

= Guiding planes are:
   A. Located adjacent to the edentulous area
   B. Located far anterior to the edentulous area
   C. Helps in the stability of the denture
   D. Provides a different path of insertion and removal

32-The one who is supposed to give the correct design of the removable partial denture:
   1. Prosthodontist.
   2. Technician.
   3. Assistant.
   4. None.

= The dentist is responsible for the design of the partial denture framework from the beginning to finish

33-To fabricate a removable partial casting requires (= duplicate a cast) making a second cast of high-heat investment material this cast is called:
   1. Study cast.
   2. Master cast.
   3. Refractory cast.
   4. All.

34-Kennedy divided all partial edentulous arches:
   1. Two main types.
   2. Three main types.
   3. Four main types.
   4. Five main types.

= Kennedy divided all partially edentulous arches into four main types.

35-According to the Kennedy's classification, the bilateral edentulous areas located posterior to the remaining natural teeth is:
   1. Class one.
   2. Class tow.
   3. Class three.
   4. Class four.
36-According to the Kennedy's classification, unilateral edentulous area with natural teeth remaining both anterior and posterior to it is:

1. Class one.
2. Class tow.
3. Class three.
4. Class four.

**Class I**

Bilateral edentulous areas located posterior to the remaining natural teeth.

**Class II**

A unilateral edentulous area located posterior to the remaining natural teeth.

**Class III**

A unilateral edentulous area with natural teeth remaining both anterior and posterior to it.

**Class IV**

A single, but bilateral (crossing the midline), edentulous area located anterior to the remaining natural teeth.
1 - Outline of Pericoronitis treatment may include:
   1. Mouth wash and irrigation.
   2. Extraction of the opposing tooth.
   3. Surgical removal of the causative (involved) tooth.
   4. All the above.

2. Which is best treatment for pericoronitis involving an impacted mandibular third molar?
   A. Antibiotic and analgesic therapy
   B. Operculectomy
   C. Extraction of the involved third molar
   D. Gently irrigating under the operculum
   Correct Answer: C

2 - We should select the shade for a composite resin utilizing a:
   1. Bright light.
   2. Dry shade guide.
   3. Dry tooth isolated by the rubber dam.
   4. None of the above are corrects.

3 - (Proximal) Retentive grooves (in class II restoration):
   1. Always cut in the axiobuccal and axiolingual line angles.
   2. Prevent lateral displacement of restoration.
   3. Is axiopulpal and axiogingival.

4 - Best provisional coverage for anterior teeth is:
   1. Tooth colored polycarbonate. = esthetic
   2. Stainless steel crown.
   3. Zinc oxide eugenol.
   = Prefabricated crowns Anterior crown forms can be tooth coloured, usually polycarbonate or transparent cellulose acetate.

5 - All the following are irrigations except:
   1. Sodium hypochlorite.
   2. Saline.
   3. RC prep.
   = (RC Prep) an effective lubricating and cleaning agent for root canals (chelator)

<table>
<thead>
<tr>
<th>ENUMERATE VARIOUS ROOT CANAL IRRIGANTS</th>
<th>Chemically Active Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chemically Non-active Solution</td>
<td>• Alkalis: Sodium hypochlorite 0.5 to 5.25 percent.</td>
</tr>
<tr>
<td>• Water</td>
<td>• Chelating agents: Ethylene diaminetetraacetic acid (EDTA)</td>
</tr>
<tr>
<td>• Saline</td>
<td>• Oxidizing agents: Hydrogen peroxide, carbamide peroxide</td>
</tr>
<tr>
<td>• Local anesthetic.</td>
<td>• Antibacterial agents: Chlorhexidine, Bisdequalinium acetate</td>
</tr>
<tr>
<td></td>
<td>• Acids: 30 percent hydrochloric acid</td>
</tr>
<tr>
<td></td>
<td>• Enzymes: Streptokinase, papain, trypsin</td>
</tr>
<tr>
<td></td>
<td>• Detergents: Sodium larulyl sulphate</td>
</tr>
</tbody>
</table>
6 - Composite restoration can be done after completion of bleaching by:

1. **One week.**
2. Two weeks.
3. Three weeks.
4. Two months.

= Any bonding procedure should be delayed at least 1 week after the completion of bleaching

= Treating the bleached dentin surfaces with sodium ascorbate as an alternative to delaying bonding when a restoration must be completed immediately after bleaching

7 - GP contains: = ZnO: 66%

1. Zinc oxide more GP.
2. GP more than zinc oxide.
3. Calcium sulfate.

8 - Best matrix for mild II:

1. **Tofflimire matrix**
2. Celluloid strip.
3. Cupper bond.

9 - 4th canal in upper first molar is found:

1. Lingual (Palatal) to MBC.
2. Buccal to MBC.
3. Distal to MBC.

= misiolingual

10 - To get file size 24, the following length should be cut from file size 20 :

1. 1mm.
2. **2mm.**
3. 3mm.
4. 4mm.

11 - The narrowest canal found in a three root maxillary first molar is the:

1. Mesio-buccal canal.
2. Disto-buccal canal.
3. Palatal canal.
4. Disto-palatal canal.
5. **Mesio-palatal (misiolingual) canal.**

12 - The following canals may be found in an upper molar:

1. Mesio-buccal.
2. Disto-buccal.
4. Disto-lingual. F
5. Palatal.

a) 1+2+4.
b) 1+2+4+5.
c) 2+3+4+5.
d) **1+2+3+5.**
13 - Child patient presented with swelling in the buccal and palatal maxillary anterior area several days ago, the pathology of the lesion there is a giant cell, what is the diagnosis:

1. Giant cell granuloma.
2. Hemanginoma.

14 - The best time to treat the pregnancy is:

1. First month.
2. Second month.
3. Forth to sixth.
4. Seventh month.

15 - Child with anodontia and loss of body hair, the diagnosis is:

1. Down's syndrome.
2. Ectodermal dysplasia. = (Hereditary ectodermal dysplasia)
3. Fructose ..... 
4. Diabetic ....

16 - surgery for ridges aim to: = preprosthetic surgery ?

1. Vertical dimension.
2. Speech.
3. Modify ridge for stability - ......

16 - Patient on warfarin treatment and you want to do surgery, when you can do:

1. When PTT is 1 – 1.5 INR on the same day.
2. When PTT is 2 – 2.5 INR on the same day.
3. When PT is 1 – 1.5 INR on the same day.
4. When PT is 2 – 2.5 INR on the same day. (PT/INR = international normalized ratio)

17 - You want to make amalgam restoration with pin; the pin should go in the dentine:

1. 1mm.
2. 2-3 mm.
3. 5mm.
4. Should be in the enamel.

18 - Electro surgery (voltage frequency) range :

1. 1.5 – 7.5 million cycle per seconds.
2. 7.5 – 10 million cycle per seconds.
3. 10 – 25 million cycle per seconds.
4. 30 million cycle per seconds

19 - Cavity etching before applying GIC is:

1. Polyaacrylic acid 10 seconds.
2. Polyaacrylic acid 60 seconds.
3. Phosphoric acid 10 seconds.
4. Phosphoric acid 60 seconds.
20 - We can use to create palatal posterior seal:
   1. Le Cron carver
   2. Kingly scalper.
   3. …
   4. …

21 - All these are right ways to handle the instrument except:
   1. Modified pen handle.
   2. Inverted pen.
   3. Pen handle.
   4. Palm and thumb.

22 - Teeth with RCT and you want to use post, which post is the least cause root fracture:
   1. Ready made post.
   2. Casted post.
   3. Fiber post.
   4. Prefabricated post.

23 - For root canal treated tooth u choose to put post & amalgam this depend on:
   1. Remaining coronal structure.
   2. Root divergence.
   4. Others.

24 - Labial reduction for porcelain metal restoration must be:
   1. One plane for aesthetic.
   2. Tow plane by follow the morphology.
   3. 0.8 All.
   4. Parallel to axial wall of the teeth.

25 - What is the best restoration to the anterior teeth with RCT and conservative opening access?
   1. Retained post metal ceramic.
   2. Retained post Jacket crown.
   3. Composite.
26 - Patient with pain on the upper right area, and the patient can not tell the tooth causes the pain, what is the **least** reliable way to do test pulp:
1. Cold test.
2. Hot test.
3. **Electric test.**
4. Stimulation the dentine.

27 - Direct signs for face fractures:
1. **Fluid paranasal. ???**
2. Suture.
3. …
4. All the above.

= Periorbital ecchymosis and facial edema
= cerebrospinal fluid leakage
= dish-shaped face
= steps or diastema in the maxillary teeth, and malocclusion
= **Direct Radiographic signs** of maxillofacial fractures include cortical disruption and displacement of bone fragments, suture separation, orbital emphysema, …

**Radiographic signs of facial fractures** أظن السؤال عن العلامات الشعاعية المباشرة

- **Direct Signs**
  o nonanatomic linear lucencies
  o cortical defect or diastatic suture
  o bone fragments overlapping causing a "double-density"
  o asymmetry of face

- **Indirect Signs**
  o soft tissue swelling
  o periorbital or intracranial air
  o fluid in a paranasal sinus

28 - Patient presented to you with immediate denture done 5 – 10 months ago, complaining pain and over tissue in the mandibular, what is the diagnosis:
1. **Epulis Fissuratum.**
2. Hyper sesitivity…

29 - When preparing class II cavity you found that there is no gingival seat for the restoration material, what is your management?
1. Make seat with GIC.
2. Make seat with flowcomposite.
3. **Make seat ( then restore ) with amalgam.**
4. Make the axis wall in the root.

30 - Root perforation is treated by:
1. **MTA.** = In mid root level
2. Ca (OH) 2.
3. Root canal with GP.

= Some of the most investigated materials for perforation repair include amalgam, calcium hydroxide, IRM, Super EBA, gutta-percha, MTA, other materials tried for repair include dentin chips, hydroxyapatite, glass ionomer cements and plaster of paris.
31 - The easiest endodontic retreatment in:
1. Over obturation w GP.
2. Under obturation w GP.
3. Weeping canals.
4. Obturated w silver cone.

32 - HBV disinfection: (intermediate disinfectants):
1. Iodophores, hypochlorite.
2. 100% ethyl alcohol.
3. Formaldehyde + gas.
4. Dettol

- 1+2+3
- 1+2
- 2+3
- 2+3+4

= High-Level Disinfectants
- Hydrogen peroxide
- Glutaraldehydes
- Ortho-phthalaldehyde (OPA)
- Formaldehyde

= Intermediate-Level Disinfectants
- Hypochlorites
- Iodine and iodophors

= Low-Level Disinfectants
- Phenolic disinfectants
- Quaternary ammonium (QA)

33 - Pt came 2 u with coloration bluish (or green) and black in the gingival margins. He said that he has gastrentesinal problem. This is caused because of:
1. Mercury.
2. Lead = lead line in lead poisoning
4. Arsenic.

34 - How can u repair fractured rest (in the place where it passes over the marginal ridge of the tooth) in removable partial denture?
1. Spot welding.
2. Electric soldering.
3. Industrial brazing.

= By embedding an 18 gauge wrought wire (PGP) into the denture base of the RPD.
= Or A new clasp assembly is made and soldered to the denture framework.
Q- Mandibular foramen is located:
a- At the same occlusal line in adult  
b- Above occlusal line in children  
c- Below occlusal line in old  
d- All of the above  
= In the child the mandibular foramen is below the occlusal plane, while in the adult it is above it.

Which of the statements is correct?
A. The mandibular foramen in a child patient is situated at a level lower than the occlusal plane of the primary teeth
B. The mandibular foramen in a child patient is situated at a level higher than the occlusal plane of the primary teeth
C. The mandibular foramen in a child patient is situated distal to the occlusal plane of the primary teeth
D. None of the above  
Correct Answer : A

Q- The tissue response to oral hygiene instruction is detected by
a- Probe pocket depth  
b- Less bleeding

. The tissue response to oral hygiene instruction is best assessed by:
A. Probing the base of the socket
B. Changes in plaque scores
C. Reduced tendency to bleed on probing the gingival margin
D. Reduced tooth mobility  
Correct Answer : C

Q- All these are right ways to handle the instrument except:
1. Modified pen handle.
2. Inverted pen.
3. Pen handle.  
4. Palm and thumb.
= There are four grasps used with the ahdn instruments: 1. Modified pen. 2. Inverted pen. 3. Palm and thumb. 4. Modified palm and thumb
Q- The right corticosteroid daily dose for pemphigus vulgaris is:
   a- 1-2 g/kg/daily
   b- **1-2 mg/kg/daily** = prednisone 1 mg/kg daily
   c- 10 mg
   d- 50- 100 mg hydrocortisone

Q- Pt has severe pain with **throb**bing, the tooth does not respond to heat or cold test or pulp vitality test, no radiographic alterations but there is pain during tooth percussion
   a- Reversible pulpitis
   b- Irreversible pulpitis
   c- **Acute periodontitis**
   d- Suppurative periodontal ..

Q- Amalgam is used in extensive cavities:
   a- When the cusp is supported by dentine and proper retentive preparation
   b- When Cusps lost and thin supported wall
   c- **When one cusp is lost and need to apply restoration to replace it**
   d- I don’t remember

Q- One of these is less exposed to extensive dental caries:
   a- Obes, malnourished
   b- Pt has xerostomia
   c- **Less plaque score**
   d- I don’t remember

Q- The best definition to odontoblast:
   a- It ‘s subjacent to predentine, odontoblastic process……don’t remeber
   b- Odontoblast cell is more in the cellular pulp than radicular
   c- I don’t remember

   = The odontoblast layer is located immediately subjacent to the predentin; the odontoblast processes, however, pass on through the predentin into the dentin.
   = The odontoblast layer is actually composed of the cell bodies of odontoblasts.
   = The odontoblast layer in the coronal pulp contains more cells per unit area than in the radicular..
   = Whereas the odontoblasts of the mature coronal pulp are usually **columnar**, those in the mid portion of the radicular pulp are more **cuboidal**.
Q- to design a lingual bar we should determine:
a- The inferior border of lingual sulcus
b- Superior ===========

**Location**

- The inferior border should be located so that it does not impinge on the tissues in the floor of the mouth during swallowing, speaking, licking the lips and other normal functions.
- The location should not interfere with the tongue at rest and cause trapping of food.
- The superior border should be located 3 mm away from gingival margins of teeth.

**Minimum space required**

At least 8 mm of vertical space between the floor of mouth and gingival margin is required.

Q- post length increasing will

a) increase retention ++++
b) increase resistant
c) increase strength of restoration

Q- The easiest endo retreatment in:

a- Over obturation w GP
b- *Under obturation w GP*
c- Weeping canals
d- Obturated w silver cone

Q- Epliptic pt should not take which drug

a) aspirin
b) **metronidazole ++++**

= Drugs used in dentistry that can increase anticonvulsant activity, leading to overdose • aspirin and other NSAIDs

= Drug problems in epilepsy Drugs that can be epileptogenic and therefore are contraindicated • alcohol • chlorpromazine • enflurane • flumazenil • fluoxetine • ketamine • lidocaine (large doses) • metronidazole

Q- 4 year child come to restore his lower, first molar with destruction in 3 to 4 surfaces, the best restoration

a) amalgam
b) full porcelain crown
c) **full metal crown++++** = preformed stainless steel crown
d) extraction
Q- Pt. presented to u complain of pain and tensed muscle at TMJ area when he open his mouth its deviate to the right side but the pt does not complain of clicking

What is the diagnosis:
1-internal derangement with reduction
2-internal derangement without reduction = Anterior disc displacement without reduction
3-reumatoid arthritis

= A displaced disc without reduction will result in mandibular deviation to the affected side

Q- during making filing by Ni/Ti it gets fractured due the property of:
a- Rigidity & …
b- Axial fatigue = Dynamic and cyclic fatigue
c- I don’t remember

Q Dental floss is used to prevent:
A. Discolouration of teeth
B. Sensitivity in teeth
C Caries in teeth
D Interproximal plaque formation

Q  Dental floss is used to prevent:
A. Discolouration of teeth
B. Sensitivity in teeth
C Caries in teeth
D Interproximal plaque formation

Q Discoloration of the tooth under big amalgam restoration can be prevented by:
A. Using cavity varnish
B. Using correct alloy: mercury ratio
C. Using zinc phosphate cement base
D. Washing the prepared cavity with ...

. An asymptomatic tooth has deep caries on occlusal surface. Radiograph shows radiopaque mass at apex of the tooth. This mass is most likely to be:
A. Cementoma
B. Condensing osteitis
C. Chronic apical periodontitis
D. Acute apical periodontitis Answer : B

. Delayed tooth eruption is seen in:
A. Hypothyroidism
B. Hyperthyroidism
C. Hyperparathyroidism
D. Hypofunction of adrenal cortex Answer : A

. Gardner syndrome is associated with:
A. Bone cysts
B. Multiple intestinal polyposis
C. Abundant histiocytes
D. Palatal petechiae Answer : B
Greyish discoloured teeth with incisal wear and obliteration of pulp chamber by calcification are seen in:
A. Cleidocranial dysostosis
B. Amelogenesis imperfecta
C. Dentinogenesis imperfecta
D. Taurodontism
Answer: C

Which of the following is not seen in cleft lip and palate:
A. Enamel hypoplasia
B. Developmental cysts
C. Supernumerary teeth
D. Missing teeth
Answer: B

Most common lesion associated with gingiva due to irritation is:
A. Irritation fibroma
B. Giant cell granulous
C. Pyogenic granulous
D. None of the above
Answer: C

Which of the following is associated with vital teeth:
A. Periapical granuloma
B. Condensing osteitis
C. Periapical scar
D. Periapical cyst
Answer: B

Eagle’s syndrome is:
A. Elongation of sphenoid process
B. Elongation of sphenoid and styloid process
C. Elongation of styloid process
D. None of the above
Answer: C

Multiple supernumerary teeth and absence of clavicles are features of:
A. Craniofacial dysostosis
B. Mandibulofacial dysostosis
C. Cleidocranial dysostosis
D. Gardner syndrome
Answer: C
Q. Burning mouth syndrome is a chronic disorder typically characterized by each of the following EXCEPT:

a. **Accompanied by Mucosal lesion.**
   - بالغشاء المخاطي أفة
   - = unaccompanied
b. Burning pain in multiple oral sites.
   - ألم حرقة
   - يشبه ألم الأسنان بالشدة
   - تغير مستمر بحاسة الذوق

d. Pain similar in intensity to toothache pain.
   - يشبه ألم الأسنان بالشدة
   - تغير مستمر بحاسة الذوق

= High rate of fractures at canine region of mandible is due to:
   - A. Change of direction of forces occurring here
   - **B. Long canine root**
   - C Lower border is thin in this area
   - D. Alveolus is thin in this area

= Lesion similar to Endo Lesion:
   - a. Hyperparathyroidism
   - **b. Early stage of periapical cemental dysplasia**
   - e. Ameloblastoma.
   - f. Lateral periodontal cyst.
   - g. Myxoma & hemangioma.

= Which virus is present in the patient’s mouth all his Life?
   - Herpes Simplex.
   - Herpes zoster
   - Varecilla Virus
   - None of the above

Q. Benefits of opaque porcelain layer: (0.3 to 0.4 mm)
   - a. Bonding to the metal structure.
   - b. Initiating the color.
   - **c. A & b.**

= The purpose of the opaque layer is to mask the colour of the metal underneath the porcelain.

Q In terms of caries prevention, the most cost effective method is:
   - **a. Community based programs.**
   - = Community water Fluoridation
   - b. Private based programs
   - c. Individually based programs.

Q Epidemiology can be defined as:
   - a. A study of special areas of the skin.
   - **b. The study of the distribution and determinant of disease in man.**
   - c. Study of biological animals.
   - d. Study of disease in research laboratory.
Q Most common Benign Tumor in oral cavity is:
   a. Fibroma ***

Q The roof of mandibular fossa consist of:
   a. Thin compact bone. ***
   b. Spongy bone. ♨️
   c. Cancellous bone. ♨️

Q Neoplasm that spread by Lymphatic from the angle of the mouth reach the:
   a. Preauricular Lymph nodes.
   b. Mental Lymph nodes.
   c. Submandibular Lymph nodes. ***
   d. Pterygoid plexus.
   e. Jugulo-digastric nodes.

Q The choice of local anesthetia depend on:
   a. Diameter of the nerve
   b. Structure of the bone
   c. Number of branches
   d. Type of L.A agent chemistry. *** = chemical structure of local anesthetics

Q Choice of local anesthetia technique influenced by:
   a) Chemical composition of anesthesia.
   B) The location of the nerve.
   C) Bone structure. ***

Q The cell primary site of ATP production is:
   a. Mitochondria. ***
   b. Lysosomes.
   c. Nucleus.
   d. Nucleolus.
   e. Vacuoles.

Q The organelle most closely associated with the manufacture of proteins within the cell:
   a. Ribosome. ***
   b. Lysosome.
   c. Nucleolus.
   d. Cell wall.
   e. Cell membrane.

Q The packing and storing of protein is the function of:
   a. Endoplasmic reticulum. ♨️
   b. Golgi apparatus. ***
   c. Mitochondria
   d. Nucleus
Q The process of attraction of neutrophils to a site of Local tissue injury is called:
   a. Phagocytosis.
   b. Diapedesis. **c. Chemotaxis.**
   d. Epistaxis.

Q  Action of Histamine:
   . Vasodilation
   . Increased vascular permeability
   . Chemokinesis (increased random movement of cell )
   . Bronchoconstruction
   . All above

**Which of the following cysts may contain cholesterol crystals:**

A. Primordial cyst
B. Odontogenic keratocyst
C. Dentigerous cyst
D. Gorlin cyst **(p. 272)**

Q The process of cell engulfing particle is called:
   a. Endocytosis.
   b. Exocytosis. **c. Phagocytosis.**
   d. Pinocytosis.

Q  Histopathologically, dentigerous cyst Lining epithelium may be:
   a. Cuboidal in type.
   b. Stratified squamous in type. **c. Reduced enamel epithelium.**
   d. All of the above.

Q  Thyroglossal duct cysts:
   a. Are only found in the posterior tongue.
   b. Clinically present in the Lateral neck tissue. **c. May be found anywhere along the thyroglossal duct.**
   d. Are sometimes called Lympho-epithelial cysts

Q Unilateral swelling + slowly progressing Lesion on the Left side of the mandible. This could be:
   a. Osteoma.
   b. Cementoblastoma. **c. Ossifying Fibroma.**
   d. Osteo-sarcom.
Q  Primary malignant melanoma of the oral mucosa:
a. Always originates within the surface epithelium.
b. Mostly originates within the surface epithelium.
c. Always originates from nevus cells in the connective tissue. ***
d. Always originates from Langerhans cells within epithelium.

Q  Histopathologically adenoid cystic carcinoma in characterized by islands of:
a. Basophilic islands of tumor cells that are intermingled with areas of pseudocartilage
b. Basophilic islands of tumor cells having a "Swiss cheese" appearance. ***
c. Basophilic islands of tumor cells having a "Swiss cheese" appearance and of serous acini.
d. Basophilic islands of tumor cells that contain mucin and normal acini.

Q The risk of malignant change being present in epithelium is greatest in:
a. Homogenous Leukoplakia 
b. Erythroplakia. ***
c. Chronic hyperplasic candidiasis
d. Speckled Leukoplakia

Q The term acanthosis refers to:
a. A decreased production of keratin 
b. An increased production of keratin 
c. An increased thickness of the prickle cell zone (stratum spinosum). ***
d. None of the above

= Acanthosis is an increase in thickness of prickle cell layer in pathologic conditions

Q The most common malignant tumors of the minor salivary glands are:
a. Adenoid cystic carcinoma and adenocarcinoma 
b. Adenoid cystic carcinoma and acinic cell carcinoma 
c. Mucoepidermoid carcinoma and adenoid cystic carcinoma. ***
d. Mucoepidermoid carcinoma and polymorphous Low grade adenocarcinoma

Q Dental caries:
a. Is a transmissible disease 
b. Is world wide in distribution but uneven in intensity. 
c. Can be prevented 
d. All of the above. ***
e. None of the above.

Q Radiographic examination in impacted teeth is useful to demonstrate:
a. Proximity of the roots to the adjacent anatomical structures. 
b. Associated pathology.
c. All of the above. ***
Q Currently the only effective preventive measure for periodontal disease (apart from limited use of antiseptic solutions) is:

a. **Regular and rough removal of dental plaque.***  
b. Salt fluoridation  
c. Dental health education. 

Q At which location in enamel is the density of enamel crystals is lowest:

a. Prismless enamel. 

**b. DEJ.***  
c. Center of enamel Prisms.  
d. Edge of enamel Prisms.  
e. Facial enamel.  

Q The following structures open into the middle meatus:

a. Nasolacrimal duct. 

b. Posterior ethmoidal sinus.  

e. **Maxillary sinus.***  
d. Sphenoid sinus.  

e. **Anterior ethmoidal sinus. (and middle)**  
f. A, b & d.  
g. A & b.  
h. C & e. ***  
i. All of the above  

Q Location to give inferior alveolar nerve block the landmarks are:

1/ pterygomandibular raphe  
2/ cronoid notch  

3/ **all of the above.*** 

Q. The optic foramen canal is a part of:

A) Frontal bone  

**B) Sphenoid bone.***  

C) Esthmoid bone  

Q. Optic nerve coming from which bone:

- **sphenoid bone**  
- zygomatic  
- palatal  

Q 74. Which most common salivary gland (tumor) neoplasm:  

**Pleomorphic adenoma.**  

ورم غدي متنوع الأشكال.
Q  the type of cement which give retention to crown
a-zn phosphate
b-zn polycarpoxylate
c-resin
d-resin modified glass ionomer

Q  In the preparation of cavity class II, for restoration with composite resin all cavosurface angles should be
a. Well rounded. ***
b. Right angles.
c. Acute angles.
d. Obtuse angles. منفرجة

Q  The most desirable finished surface composite resin can be provided by:
a. White stones.
b. Hand instrument.
c. Carbid finishing burs.
d. Diamond finish burs.
e. Celluloid matrix band. ***

Q  In class 5 composite restorations a layer of bonding agent is applied:
1. Following removal of cement then cured. ***
2. Following removal of cement and not cured.
3. Cured then remove cement.

Indirect composite inlay over come the direct composite by
1/ sufficient polymerization
2/good contact proximally
3/ gingival seal
4/ good retention  F
1/ 1-2-4
2/ 1-2-3. ***
3/ 4-3

Q  Marginal deterioration of amalgam restoration should be due to:
a. No enough bulk of dentine.
b. Corrosion.
c. Over carving.
d. Improper manipulation of amalgam.
e. A and b.
f. C and d.
g. All the above. ***
h. B, c and d.
Q  restoration of anterior teeth with RCT, abraded incisal edge & small M&D caries is by:
a. Ceramometal crown. *** Full crown
b. Composite laminated.
c. Veneer.
d. None of the above.

Q  The body secret antibody against antigen using which cells:
a. T lymphocyte
b. B lymphocyte

Q  In diabetic patient, periodontium affected by which cells:
a. Neutrophil.
b. Macrophages  = macrophages and monocytes

Q  When take an x-ray to pregnant lady, we use all of this method EXCEPT:
a. Digital x-ray.
b. High sensitive film.
c. Paralleling tech (Long cone) 16 inch.
d. Bisecting angle (short cone) 8 inch. ***
e. Lead apron with thyroid collar.

Ideal position for the dentist to stand while taking radiographs is:
A. Behind the head of the patient
B. At an angle of 90-135 degrees and six feet away from patient
C. In 11'O clock position
D. At an angle of 180 degrees and ten feet away from patient

Answer: B

Angular cheilitis or perleche is caused due to:
A. Increased vertical dimension
B. Decreased vertical dimension
C. Premature contact
D. Poor oral hygiene

Answer: B

Q  Cause of angular cheilitis:
a. Loss vertical dimension Pt have complete denture, ***
b. Autoimmune factors.

Q  Eruption of primary dentition starts from:
1. 6-7 months.***
2. 1 year.
3. 9 months.
Q . Pass throw parotid gland: عبر الغدة النكفية
   a. **Facial nerve.***
   b. Facial arteries.
   c. External carotid veins.

107. The cement under MOD amalgam have this character: = zinc phosphate cement
   a. **High modulus of elasticity(stiff)**
   b. Low modulus of elasticity (stiffness)

Q  2 statement true or false:
a. RCT abutment of FPD has higher risk for fracture. = **True**
b. Abutment which has RCT in cantilever FPD have higher susceptibility to fracture. = **True**

Q . Both glass ionomer & polycarboxylate cement contain:
a. **Polyacrylic acid.***
b. ZOE powder.

Q . Factors delay healing of wound:
a. Infection.
b. Torn wound edges.
c. Strain.
d. **All of the above.***

Q . Nicotine stomatitis: التهاب الفم النيكوتيني
a. Palate……hyper??
b. Hyperplasia - جرط تنسج
   c. **Prickle cell like shape prominent …base….***
   = There is an epithelial hyperplasia with prominent vacuolization of the middle and upper portions of the prickle-cell layer.
Q . Generalized gray discoloration in a 28 years old patient’s teeth, with blue sclera and an enlarged pulp chambers and short roots, and multiple fractures in Enamel… the diagnosis is :
   A) **Dentinogenesis Imperfecta.***
   B) Amelogenesis Imperfecta

Q . What supply the gingival buccal tissue of premolars, canines and incisors:
a. Long buccal.
b. **Inferior alveolar nerve.***
c. Superior alveolar nerve.

Q . Drainage of tip of the tongue:
a. Submandibular lymph nodes-
b. **Submental nodes**
   = The tip of the tongue drains bilaterally into the submental nodes. • Right and left halves of rest of the anterior 2/3rd of the tongue, drain unilaterally to submandibular lymph nodes
Q  . Composite restoration that was matching in shade, after one (=2) week it became much light... The reason could be:
a. .........light started photoinitiation.
b. Absorption water.
   c. Shade selected after tooth isolation by rubber dam. ***

   = possible causes:
   the inherent color of composite shift owing to photoinitiation
   under polymerization of composite
   shade selection after tooth isolation by rubber dam

Q  . Disadvantage of digital x-ray EXCEPT:
a. Large disk space Storage
   b. Clarity and resolution. ***
c. Expensive

Q  . Properties of ideal endo obturation material are all EXCEPT:
a. Biocompatible.
   b. Radiolucent. ***

Q  . Most difficult of extract:
a. Mand. 3rd molar with mesioangular fused roots
   b. Mand 3rd molar with distoangular angulation with divergent curve roots ***

Q  . Very important part in endo treatment:
a. Complete debridement of the canal

Q  . Contraindication to extraction:
a. Cardiac pt.
   b. Previous recent radiotherapy. ***

Q  . Base of the flap should be wide for:
a. Healing
   b. Better blood supply to the wound.

   = The base of the flap should be wide so that the soft tissues get adequate blood supply after wound closure.

144. Supra calculus all true EXCEPT:
a. Hard and rough ***
b. Easy to detect
c. Has component of saliva
Q . Thickness of luting cement: ??
   a. 100 micrometer
   b. 40 micro meter = (25 microns)
   c. 1mm

Q . Zinc phosphate cement:
   a. Mechanical attachment ***
   b. Chemical

Q . Traditional Glass ionomer:
   a. Mechanical bonding.
   b. Acid-base reaction ***
   c. Mechanical chemical bonding.
   = traditional glass ionomers that set via acid-base reaction

Q . Pontic design of an FPD:
   a. Same size buccolingually of the missing tooth
   b. Smaller than missing buccolingually. ***
   c. Wider buccolingually
   d. None of the above
   = It is not advisable to reduce the buccolingual width of the pontic even in cases with compromised periodontal support.

Q . Maryland bridge:
   a. Use with young patient ,
   b. To replace single missing tooth.

Q . False negative response of an electric pulp test given:
   a. After trauma = recently traumatized tooth
   b. Periodontal disease
   c. In teenager.

Q . Young with open apex examination (vitality) test:
   a. Reliable.
   b. Non reliable.
   c. None of the above.
   = Electrical pulp testing is often unreliable in young teeth with open apexes

Q . Primary teeth had trauma, tooth change in color become white yellowish , what should you tell the parents:
   a. Pulp is dead
   b. Inflammation of pulp.
   c. Calcification of pulp
   d. B & c. ***
Q Principle of elevator use of all the following EXCEPT
1) wheel and axle
2) *widen the socket wall*
3) wedging
4) lever

Q When do we do incision and drainage?
A. Indurated diffuse swelling. تورم منتشر قاسي
b. Sinus tract
c. Chronic apical periodontitis
= With a **localized, fluctuant, soft-tissue swelling** indicating a submucosal abscess, an incision and drainage procedure should be attempted

Q Pregnant lady needs oral surgery:
B. Needs under GA
c. Needs steroid cover
**d. None of the above. ***

Q When do we give antibiotic:
a. Widespread, rapid infection
b. Compromised host defence دفاع منقوص
c. …. 
**D. A & b**

Q Odontogenic tumors:
**a. Arise from dental tissue**
b. Can turn malignant but rarely
c. Have specific radiographic features

Q Radiographic evaluation in extraction EXCEPT:
A. Relationship of associated vital structures.
B. Root configuration and surrounding bone condition.
C. Access to the tooth, crown condition and tooth mobility.
D. All of the above
**e. A & B**

Q Tooth requires RCT with bone resorption. Terminate RCT at:
a. Radiographic apex
b. 0.5-1 mm short of radiographic apex.
c. 0.5-1 mm beyond radiographic apex
= **1.5 mm from the apical foramen**
Q. IN Incipient caries

a. Surface zone is relatively unaffected. ***
b. The surface zone is the largest portion with the highest pore volume
c. Tooth preparation and composite is the best treatment.
D. Pulpal reaction is not possible.
E. Caries progress in enamel faster than dentin.

Q . Cementum is formed from

a. Cementoblasts ***
b. Fibroblasts
c. Cementicles

Q . Teeth have convexity in buccal and lingual surfaces :

a. Upper premolars. ***

Q . The depth of cavity prep for composite in posterior:

a. Limited to enamel
b. 0.5 mm in dentin

c. Depends on caries extension ***
d. Depends on tooth discoloration
e. 0.2 mm in dentin

c . Fluoride reduces caries activity by:

a. Reduces bacterial adhesion and carbohydrate storage (antimicrobial activity).
b. Enhances the precipitation of insoluble fluoroapitite into the tooth structure.
c. Fluoride enhances remineralization of the noncavitated carious lesions.
d. All of the above.
E. B & C.

Q . Factors that make impaction surgery more difficult:

A. Mesioangular position, large follicle, wide periodontal ligament and fused conical roots.
B. Mesioangular position, large follicle, wide periodontal ligament and curved roots.
C. Distoangular position, large follicle, wide periodontal ligament and fused conical rooths
d. Distoangular position, thin follicle, narrow periodontal ligament and divergent curved roots.
E. Soft tissue impaction, separated from second molar and inferior alveolar nerve.

Q. Which Scalpel blade below is universally used for oral surgical procedures?

A. Number 2 blade.
C. Number 10 blade.
D. Number 12 blade.

E. Number 15 blade. ***
Q. Moon face appearance is not present in:
   a. Le fort I.
   B. Le fort II.
   C. Le fort III
   d. Zygomatic complex. ***

Q. The radiograph shows condylar head orientation and facial symmetry
   a. Submentovertex
   b. Reverse town *** = F
c. Orthopantomography (OPG)
d. Transorbital.

Q. The imaging showing disk position and morphology and TMJ bone:
   a. Magnetic resonance imaging (MRI)
   b. CT
   c. ARTHROGRAPHY
d. Plain radiograph
e. Plain tomography

Q. what kinds of radiographs which we do not use for TMJ movements?
   A- transcranial
   b- computerized tomography (CT scan),
c- conventional tomography
d- arthrography

Q. To check a perforation in the disk of the TMJ we need:
   A) cranial imagery
   B) arthrography.
   C) traditional tomography
   D) computerized tomography.

Q. Zinc phosphate cement and Polycarboxylate cement both have
   a. Zinc oxide particles. ***
   b. Silica quartz particles
   c. Polyarcylic acid
d. Phosphoric acid
   = Composition Polycarboxylate cement powder is similar to zinc phosphate with zinc oxide as the main component

46. Epithelial cells
   a. Rest of malassez decrease with age.
   b. Rest of malassez increase with age
   c. Hertwig sheath entirely disappear after dentinogenesis
d. Epithelial remnants could proliferate to periapical granuloma
47. Enamel
a. Repair by ameloblasts
b. Permeability reduce with age
c. Permeability increase with age
d. **Permeable to certain ions**

Q . GIC compared to composite:
a. Increase linear coefficient of Thermal Expansion
B. More wear resistant
c. Less soluble
d. Stiff

e. **(Less) Polymerization shrinkage**
   = GICs exhibit significantly less polymerization shrinkage than do composites

Q . Pt with severe pain in lower left mandibular molar, examination positive pulp test, percussion test, no radiographic abnormality, Rt side have recent FPD upper:
a. Chronic apical periodontitis
b. **Actue apical periodontitis**
c. Apical abcess
d. None of the above.

Q . 6 years old child lost his upper right 1st molar, management:
o. Lingual bar.
q. **Band and loop.**

Q . Band and loop space maintainers is most suitable for the maintenance of space after premature loss of:
a. **A single primary molar**
b. Two primary molars
c. A canine and a lateral incisor
d. All of the above

Q . Pedo ( 6 YO or mor ), lost 75, space maintainer :
a. **Band and loop.**
b. Nance appliance
c. Crown and loop

Q .-5 years old patient lost his primary first maxillary molar the best retainer is:
1. **Band and loop.**
2. Crown and loop.
3. Lingual arch.
Q -(6 years) child with bilateral loss of (Lower) deciduous molars & the anterior teeth not erupted yet, the space maintainer for choice is:

- lingual arch
  B-bilateral band and loop
  c-bilateral band and loop with distal shoe
d-removable partial denture

Q . Lower anterior teeth labial mucosa supplied by:

a. Mental nerve. ***
b. Inferior dental nerve.
C. Buccal nerve.

Q . Upper teeth palatal mucosa supplied by:

a. Nasopalatine nerve ( Only )
b. Anterior palatine nerve
c. Both *** = if anterior and posterior palate
d. Post superior alveolar nerve

61. (Lingual Nerve) of mandible branch of trigeminal is:

a. Sensory ***
b. Motor
c. Psychomotor
d. Sensory and motor

= only lingual nerve is sensory
= The trigeminal nerve has a sensory and a motor component

Q . Dentine permeability
a. Coronal less than root dentine. ***

b. Permeability increase toward DEJ.
C. Permeability increase toward bcj.
= permeability of the root is 10 to 20 times less than coronal dentin

Q . Which material has best biocompatibility Intraorally:

a. Cobalt chromium
b. Titanium
c. Nickle chromium
d. Gold .... Palladium

Q . Indirect retainers mostly needed:
a. Class VI
b. Class I ***
c. Class III
d. Class III with modification
Q. Porcelain teeth in complete denture opposing natural teeth are not preferred due to:
a. Increase occlusal load on natural teeth
b. Wear of natural teeth ***
c. Clicking during mastication

Q. Which of following restoration more likely to cause wear to opposing:
a. Composite
b. Gold
c. Porcelain ***
d. Amalgam

Q. In restoring lost tooth, which is least important:
a. Esthetic
b. Pt demand ***
c. Function
d. Arch integrity and occlusal stability

Q. Enamel tufts are 
الخصلات المينانية
a. Extensions of odontoblasts in the DEJ = Enamel spindle
b. Enamel rods change their direction. = hunter-schreger
C. Enamel rods get crowded ***

Q. One of the main cause of malocclusion:
a. Premature loss of primary teeth

Q. Stage (IB STAGE ONE B) disease of squamous cell carcinoma:
A-T1 NO MO
b-T3 NO MO
c- T2 NO MO. ***
d-T4 NO MO

Q. The majority of intraoral squamous cell carcinomas are histologically:
a. Poorly differentiated.
b. Well moderately differentiated. *** متميزة لحد ما
b. Spindle cell in type. الشكل مغرزلي
d. Carcinoma in situation.

Q. File #40 means:
a. 0.40 is the diameter at d1 ***
b. 0.40 is from d1 to d16

Q. The difference between cellulitis and abscess:
a. Cellulitis acute stage with diffuse swelling no pus
b. ..
Q .60 YEARS old patient need to make complete denture with thick labial frenum with wide base. The operation 
الفم رأب دهليز
z-plasty
subperiostum incision
deepmucoperiosteum incision

Q Mixture in walking non vital bleaching
A-H2O2 with phosph.........
B-superexol with sod parporate
c-superexol with ca hydroxide
d- hydrogen peroxide with Sodium perborate: ***

= walking bleach technique. This technique calls for a thick paste of hydrogen peroxide, sodium perborate, or a combination of the two to be placed in the coronal portion of the non-vital tooth.

Q Local contraindication of extraction
c-pt recent recive radiotheraby
d-tooth in the malignant tumor
e-both c and d ***

Q (=salivary) Acquired pellicle
a- Proteinaceous structures layer protect tooth.( protect enamel from erosion) ***
b-aid in remineralization

= Proteinaceous structure that covers within 2 hours of tooth cleaning to protect enamel from erosion.

Q The impression used for preliminary impressions or study casts is:
1. Agar agar.
2. Silicon.
3. Alginate. ***
4. None.

Q cracked enamel best Diagnosis by
Dye*** = (fiber-optic light first choice)
= The use of a fiber-optic light to transilluminate a fracture line and staining the fracture with a dye, such as methylene blue, are valuable aids

289. Which one of the following was the most frequently reason for replacement of a molar restoration with larger restoration:
a. New caries.
b. Recurrent caries.
c. Faulty restoration.
d. All of the above. ***
Q after u did RCT to your pt he came back to the clinic after few days with sever pain on biting, you did x-ray and it revealed that the RCT filling is very good, but u saw radiopaque, thin (film like) spot on the lateral border of the root what is the most probable diagnosis?
A- Accessory canal
b) vertical root canal fracture. ***

Q Method of Detection of Cracked teeth:
A) Horizontal percussion
B) Vertical percussion
C) Electric pulp test
D) Transillumination / visible light test.. ***

Q Patient suffering from a cracked enamel, his chief complain is pain on:
A) Hot stimuli
B) Cold stimuli
C) A & B. ***
D) Electric test.

Q patient came complaining of severe pain on biting, related to a certain tooth. Upon examination no pulpal or periodontal findings, and pulpal vitality is positive, your Diagnosis:
1) cracked tooth syndrome***

Q Secondary dentine occur due to
a- occlusal trauma
b- recurrent caries
c- attrition dentine
d- all of the above***

Q How much subgingivally do you go with the band in class II restorations:
A) 0.5 – 1 mm. ***
B) 1 – 2 mm
C) 2 – 3 mm

Q A female patient came to your clinic with dry lips and mouth and bilateral submandibular oedema and ocular dryness. Diagnosis is:
a) Polymorphecadenoma
b) sialadenitis ***

Q The most frequent cause of porosity in a porcelain restoration is
a- moisture of contamination T
b- excessive firing temperature T
c- excessive condensation of the porcelain F
d- inadequate condensation of porcelain***

= MAY the question include ( EXCEPT)
Q A patient that had a class II amalgam restoration, next day he returns complaining of discomfort at the site of the restoration, radiographically an Overhanging amalgam is present. This is due to:

a) lack of matrix usage.

B) no burnishing for amalgam

Q Dentist provided bleaching which also known as (home bleaching) contain:

a- 35-50% hydrogen peroxide

b- 5-22% carbamide peroxide ***

= Home bleaching = nightguard vital bleaching

Q - all these are contraindicated to RCT EXCEPT:

a- Non restorable tooth

b- Vertical root fracture

c- Tooth with insufficient tooth support

d- Pt who has diabetes or hypertension

Q Child 3 years old came to clinic after falling on his chin, you found that the primary incisor entered the follicle for the permanent incisor what you will do

A) Surgical removal of the follicle

B) Leave it

C) Surgical removal of the primary incisor. ***

Q instrument which we use to make groove in the wax is

Wax Carver

Q Child with late primary dentition has calculus and gingival recession related to upper molar what is the diagnosis:

1. Periodontitis.

2. Local aggressive Periodontitis. *** = LAP

3. Viral infection.

Q A completely edentulous patient, the dentist delivers a denture in the 1st day normally, 2nd day the patient returns unable to wear the denture again, the cause is:

a) Lack of Skill of the patient

b) Lack of Frenum areas of the Complete denture.

Q A removable partial denture patient, Class II Kennedy classification. The last tooth on the left side is the 2nd premolar which has a distal caries. What’s the type of the clasp you will use for this premolar:

a) gingivally approaching clasp. ***

b) ring clasp
Q -One of these has no effect on the Life span of handpiece:
   a-Low Air in the compressor. ***
   b-Trauma to the head of the hand piece
   c-Pressure during operating

Q -Advantage of Wrought Wire in RPD over Cast Wire: (cast clasp ) = esthetic ?
   a-Less irritation to the abutment.

Q  Why we use acrylic more than complete metal palate in complete denture:
   - Cant do relining for the metal. ***

Q  Relining of denture:
   - remove all or part of fitting surface of the denture and add acrylic
   - add acrylic to the base of the denture to increase vertical dimension. ***

Q Rebasing of Complete Denture mean:
   a-Addition or change in the fitting surface
   b-Increasing the vertical dimension
   c-Change all the fitting surface. ***

   = A reline involves the addition of a material to the fitting surface of a denture base. A rebase involves the removal and replacement of virtually all the denture base, namely the fitting and polished surface of the

Q -When Do class I preparation of posterior tooth for Composite Restoration:
   a- remove caries only. ***
   b-extend 2mm in dentin

Q  -Color Stability is better in:
   a-Porcelain. ***
   b-Composite
   c-GIC

Q  -when all the teeth are missing EXCEPT the 2 canines , according to kennedy classification :
   a- Class I modification 1. ***

Q  Pontics are classified according to their surface toward the ridge of the missing tooth ,
   ..............................................Then true or false

   = pontics may be classified in two different groups: mucosal and nonmucosal contact, based on the shape of the gingival surface and its relationship with the underlying tissue
14-Patient un-cooperation can result in fault of operation, Technical faults ONLY are related to patient factor
A TRUE.
B FALSE. ***

Q Bone graft material from site to another site in the same person
a-allograft  
**b-autograft**  *** ذاتي  
c-alloplast  
d-xenograft  

Q Ester type of local anesthesia secreted by
a-liver only  
b-kidney  
c-lung  
= lever and plasma

Q where does the breakdown of Lidocaine (amino amide type) occurs:
A) kidneys  
B) Liver  ***  
= Amide - liver  
= Ester – Plasma + liver

Q patency filling  
**a-push the file apically to remove any block at the apex**  ***  
b-rotate the file circumferentially at the walls to remove any block of lateral canals.  
c-rotary files circumferentially at the walls to remove any block of lateral canals.  
D-file with bleaching agent.

= The aim of patency filing is to prevent leaving infected material in the apical 0.5–1.0/mm beyond the working length.

Q best stress transfer under amalgam restoration
a-with thin base layer.  
**b-with thick base layer.**  ***  
c-if put on sound dentin.

Q Child has bruism to be treated with
sedative  
cusp capping  
**vinyl plastic bite guard.***
Q After u did upper& lower complete denture 4 old pt. He came back 2 the clinic next day complaining of un comfort with the denture. After u re check, no pain, good occlusion, good pronunciations, but u notice beginning of inflammation in the gum and outer margins of the lips, u will think this is due to:

1- xerostomia. ***
2-vit-B deficiency

Q Amalgam restoration and there is also gold restoration in the mouth what should dentist do? Change rest. Put separating medium. Wait. *** put varnish.

Q An 8 years old child, suffered a trauma at the TMJ region as enfant. Complaining now from limitation in movement of the mandible. Diagnosis is:

a) Sub luxation
b) Ankylosis. ***

Q Pt has bad oral hygine and missing the right and left lateral insicor what ttt

1_implant
2_rpd
3_conventional fpd
4_Marylad bridge. ***

Q We redo high copper amalgam restoration when we have: -amalgam with proximal marginal defect
Q For cavity class II amalgam restoration in a second maxillary premolar, the best matrix to be Used:
A) Tofflemire matrix. ***

Q. Over extended GP should remove using:
- ultrasonic vibrating.
- dissolving agent.
- rotary or round bur
- surgery
Q The most technique use with children:
- **TSD***
- hand over mouth
- punishment

Q . Mandibular 1st permanent molar look in morphology as:
- primary 1st mand molar.
- **primary 2nd mand molar.***
- primary 1st max molar.
- primary 2nd max molar.

Q . Sterilization mean killing:
- Bacteria and virus
- **Bacteria, virus, fungus and protozoa.***
- Bacteria and fungus

Q - best core material receiving a crown on molar:
  a) amalgam.***
  b) reinforced glass ionomer
  d) composite

Q- In prevention of dental caries, the promotion of a healthy diet is:
  1- low effective measure
  2- moderately effective measure
  3- **high effective measure***
  4- mandatory measure

Q . The aim of treatment maintenance is:
  A) **Prevent secondary infection..***
  B) Check tissue response.

Q Hypercementosis and ankylosis is seen in
  a: paget disease
  b: monocytic fibrous dysplasia
  c: hyperparathyrodism

Q Irrigation solution for RCT ,when there is infection and draining from the canal is
  a) Sodium hypochlorite
  b) Iodine potassium
  **c) sodium hypochlorite and iodine potassium.***

Q White lesion bilaterally on cheek,& other member in the family has it
- leukoplakia
- **white sponge nevus.***
Q  Pt construct for him a complete denture after few days he came to u complaining from pain & white spots on the residual ridge do relief in that area & give him ointment & after few days he came again complaining the same but in another area the main cause is:

**a. Uneven pressure on the crest of alveolar ridge. ***

**b. Increase vertical dimension*

Q  Child with previous history of minor trauma with excessive bleeding we do test the result is prolong PT & slightly increase clotting time & ............... Test is +ve. the diagnosis is:
a. hemophilia B.

**b. thrombocytopenia. ***

c. vit. K deficiency.

Q 4. Head and neck nevi with multi lesion is:
1/Eagle syndrome.

2/(Albright syndrome)*

Q After u inject L.A for 2nd max molar pt become colorless with external sweeling its due to:
1/facial artrey

2/plexus vein. ***

3/ Posterior alv. Nerve

Q  Glenoid fossa is found in:
1/ orbital cavity
2/nasal cavity
3/ middle cranial fossa

D) temporal bone. ***

Q endocrine and exocrine gland is:

A) pancreas. ***

B) pituitary gland

Q during post removal the first thing to do is:

A) remove the G.P

**B) remove all the old restoration & undermined enamel & caries. ***

C) insertion of post immediately

Q Female patient came to your clinic with contious severe pain related to 1st maxillary molar. After examination dentist diagnose the tooth is carious and has irreversible pulpitis. He decides to do RCT. After enough time for anaesthisation, the patient won’t allow the dentist to touch the tooth due to severe pain. Dentist should:

A) give another appointment to the patient with description of antibiotics..

B) Extraction.

**C)Intra-pulpal anaesthia.**
Q 32 years old patient came to your dental office, suffering from a bad odour and taste from
His mouth. By examination patient has an anterior mandibular 3 unit bridge that bubbles upon
Applying water spray and slight pressure. Cause:
A) broken abutment.
B) Food impaction underneath the pontic.
C) separation between the abutment and the retainer. ***dissolving of cement

Q the movement of polymorphic cells in the gaps of intracellular to the blood capillary
Outside it called:
A) porosity
B) slinking
C) diapedesis, ***انسلام

Q Child with cleft palate and cleft lip with anodontia due to
a- Von Willebrand syndrome
b- Treacher Collins syndrome
c- Paget disease

Q Diabetic patient came to clinic with pain & swelling & enlarged mandible, on radiograph it
showed mouth eaten appearance, your diagnosis is :
a) acute osteomyelitis. ***
b) focal sclerosing osteomyelitis.
c) diffuse sclerosing.

Q Patient suffering from pain in the area of the mandibular molars with paresthesia in the lower
lip. By clinical and radiographic examination your diagnosis:
A) Acute osteomyelitis. ***

Q - Child patient presented with swelling in the buccal and palatal maxillary anterior area tow
days ago, the pathology of the lesion there is a giant cell, what is the diagnosis:
1. Giant granuloma.= Central giant cell granuloma (CGCG)
2. Hemangioma.
Q Periodontal pocket differ most significantly from gingival pocket with respect to:
e. Depth.
f. Tendency to bleed on gentle probing.
g. The location of the bone of the pocket. ***
h. All of the above.

Q ) what is the most factor encouraging dental caries :
A) Xerostomia. ***
B) Hypocalcification.
C) Smoking.
Q- Incipient caries in the old patients is MOSTLY due to:
a) smoking  
b) saliva  
c) Xerostomia. ***

Q - the best definition to odontoblast: 
a- It’s subjacent to predentine, odontoblastic process…… ***

Last sensation disappear after LA ?  
A- pain  
b- deep pressure. ***  
c- temperature

Q The following factors effect the health  
1- hereditary  
2- environement  
3- social and economic factors  
4- family welfare  
A) 1+2  
B) 1+2+4  
C) 1+2+3  
D) all of the above. ***

Q Pt come with siuns u make gp tracing & take radiograph the gp appear in lateral surface of the root  
periodontal abscess  
periodontitis  
lateral accessory canal. ***

Q Post graduated student use mta the prognosis depend on prevent immediate suture  
disturbance during closure of wound. ***  
using a flab

Q-contra indication of implant EXCEPT  
1 many dental caries. ***  
2 malignancy  
3 radiation therapy

Q - dental implant are successfully with min failure:  
a- premaxilla area in the upper arch  
b- posterior area of the maxillary arch  
c- mandible between the mental foramen  
d- buccal shelf of the mandible.
Q What’s the best implant type allowing Osseointegration:
   A) Root-form Endosseous implant. ***

Q  ) which of the following materials is NOT a hemostatic agent :
A) Oxidized cellulose
B) Gelvon
C) Zinc Oxide. ***

Q -Labial reduction for porcelain metal restoration must be:
1. 1 plane for aesthetic.
2. 2 plane by follow the monopholgy. ***

Q. Neonate 2 years old, has a lesion on the centrum of the tongue... With the eruption of the 1st tooth:
   A)Riga-Fede disease. *** <sublingual traumatic ulceration>

Q . The posterior seal in the upper complete denture serves the following functions:
a. It reduces Pt discomfort when contact occurs between the dorsum of the tongue and the posterior end of the denture base. اللسان ظهر
b. Retention of the maxillary denture.
c. It compensate for dimensional changes which occur in the acrylic denture base during processing.
d. A & b are correct. ***

Q. Balanced occlusion refers to:
   b. The type of occlusion which allows simultaneous contact of the teeth in centric and eccentric jaw positions. في العلاقة المركزية والأوضاع اللامركزية

Q. The indication for the use of lingual plate major connector include:
a. For the purpose of retention.
b. When the lingual frenum is high or when there is a shallow lingual sulcus.
c. To prevent the movement of mandibular anterior teeth.
d. All of the above. ***

Following are indications for Linguoplate major connector except:
A. High lingual frenum
B. Future replacement of teeth needed
C. Periodontally strong teeth
D. Class I situations with excess vertical resorption    Answer: C

Q = Components of removable partial dentures are:
A. Major and minor connectors
B. Direct and indirect retainers
C. Denture base
D. All of the above
Q. Actual destruction of micro-organisms in the root canal is attributed mainly to:
   a. Proper antibiotic thereby.
   b. Effective use of medicament.
   **c. Mechanical preparation and irrigation of the canal.***
   d. None of the above.

Q. Which are the ways in which the proximal contacts can be checked?
   a. Use a pencil.
   b. **Use a shim stock.** = Thin occlusal registration strips = articulating paper
   c. Use a silicone checker.
   **d. Use a dental floss.**
   e. Only b & d. ***

Q. Loose enamel rods at the gingival floor of a class II amalgam cavity should be removed using
   a. Straight chisel.
   b. Hatchet.
   c. Gingival curetla.
   **d. Gingival marginal trimmer.***

Q. To provide maximum strength of amalgam restoration the cavo-surface angles should:
   1. Approach 75 with outer surface.
   2. **Approach 90 with outer surface.**
   3. Be supported by sound dentine.
   4. Be located in area free of occlusal stress.

   To provide maximum strength in an amalgam restoration, the cavo-surface angle should:
   A. Approach a 90 degree angle with the outer surface
   B. Be supported by sound dentine
   C. Be located in areas free of occlusal stress
   D. All of the above

   Answer: D

Q. Which of the following statement is true regarding dental calculus:
   a. It is composed entirely of inorganic material.
   b. It is dens in nature and has a rough surface.
   c. It is mineralized dental plaque.
   d. All of the above.
   **e. B & C only.***
   f. None of the above.
Q. Overhanging restoration margins should be removed because:
   a. It provides ideal location for plaque accumulation.
   b. It tears the gingival fibers leading to attachment loss.
   c. Stimulate inflammatory reaction directly.
   d. Its removal permits more effective plaque control.
   
   **A & d.***

Q 74. Calculus induce further periodontal lesion due to:
   a) Directly stimulates inflammation
   b) More plaque adhere to it. ***

Q 77. To prevent perio problem MOST effective method is:
   a. Community program.
   b. **Removal of plaque.***
   c. Patient education.

Q 131. Early loss of anterior tooth:
   a. Affect phonetic.
   b. Affect esthetics.
   c. Cause space loss.
   **d. A and b.***
   e. All the above.

Q. The rationale for pit-and-fissure sealants in caries prevention is that they:
   a. Increase the tooth resistance to dental caries.
   b. **Act as a barrier between the sealed sites and the oral environment.***
   c. Have anti-microbial effect on the bacteria.

Q. Aphthous ulcer, compared with herbes ulcer is:
   a. More characteristic in histology.
   b. Leaves scar. تندبات
   c. Less response to stress.
   **d. Occur in lining mucosa.***

Q 154. The antibiotic of choice in pregnant:
   a. Metronidazole.
   b. **Penicillin.***
   c. Tetracycline.

Q. Patient comes to your clinic complaining that the denture become tight, during examination you notice nothing, but when the patient stand you notice that his legs bowing (curved). What you suspect:
   **A) Paget’s disease..***
Q. In primary teeth. The ideal occlusal scheme is:
   a. Flush terminal.
   **b. Mesial step.***
   c. Distal step.

Q. When you give a child a gift for good behavior this is called:
   **a. Positive reinforcement.***
   b. Negative reinforcement.

Q. Cheek biting in lower denture can occur if:
   **a. Occlusal plane above tongue.***
   b. Occlusal plane below tongue.
   c. Occlusal plane at lower lip.
   d. None of the above.

A radiolucent-radiopaque mass attached to a vital tooth and causing expansion of jaw bone is probably:
   A. Fibrous dysplasia
   B. Chronic diffuse sclerosing osteomyelitis
   C. Periapical cyst
   D. Condensing osteitis
   Answer: A

Q. Radiographic diagnosis of bone destructive in the mandible without evidence of bone formation is:
   a. Osteomyelitis.
   **b. Malignancy.***
   c. Fibro-osseous lesion.
   e. osteoradionecrosis. ??????

Q. 33 years old female PT come with slow growing swelling in the angle of the mandible. Radiograph show radio-opaque with radio-lucent border diagnosis:
   a. Osteoma.
   b. Osteosarcoma.
   **c. Cementoblatoma.***

Q. The most common type of malignant bone tumor of the jaws is:
   a. Osteochondrosarcoma. ساركوما عظمية عضروفية
   **b. Osteosarcoma.***
   c. Leiomyosarcoma. ساركوما عضلية ملسناء
   d. Chondrosarcoma.
Q. Pt came with fracture because of blow in the right side of his face. he has ecchymosis around the orbit in the right side only .and subjunctional bleeding in the maxillary buccal vestibule .with limited mouth open what is ur diagnosis?
A- le fort 1
b- lofort 2
c- lefort 3
c-zygomatic fracture. ***

Q. The following are multilocular radiolucencies in x-ray EXCEPT:
a. Ameloblastoma.
b. Odontogenic keratocyst.
c. Adenomatoid Odontogenic cyst. ***
d. Myxoma.

Q. Upon examination of alveolar ridge of elderly PT for construction of lower denture easily displaceable tissue is seen in the crest of ridge. Management:
i. Minor surgery is needed.
j. Inform the PT that retention of denture will decrease.
k. Special impression technique is required. ***

Q. In recording man-max relation, the best material used without producing pressure is:
p. Wax.
q. Compound.
r. Bite registration paste (zinc oxide & eugenol paste). ***

Q. Why the moisture heat sterilization is better than dry heat sterilization
A) makes the instruments less rusty and blunt
B) needs more time and affects the proteins of the cell membrane
C) needs less time and affects the proteins of the cell membrane. ***

Q. Extend of temporalis behind infratemporal fossa of temporal bone insert in coronoid process:
a. True. ***
b. False.

Q. Gracey 13/14 (area of functioning)
a. posterior - Mesial
b. posterior - Distal

Q. Gingival hyperplasia related to phenytoin therapy is:
a. Most common on lingual surface.
b. Most common in older Pt.
c. Strongly related to phenytoin dosage.
d. Strongly related to poor oral hygiene. ***
Q. Fluorides are most anticaries effective when:

a. Incorporated in the tooth enamel. ***
b. Present in the blood stream.
c. Present in the plaque and tissue fluids bathing the newly erupted tooth.
d. Present in the ingested foods.
e. Present on the intraoral mucous membranes.

Q. Fluoride is not taken up systemically from which of the following sources:

a. Water.
b. Food.
c. Dentifrices. ***
d. Topical applications of fluoride. ***

Q. Type I diabetes mellitus can be characterized as:

b. Adult-onset.
c. Ketosis-prone diabetes. ***
d. Accompanied by normal cell activity.

= Type I diabetes mellitus = insulin dependent diabetes mellitus = Ketosis-prone diabetes

Q. Which of the following statement is true for the reported relationship of periodontal disease and diabetes mellitus:

a. The reported incidence of periodontal disease in the diabetes is less than that for nondiabetic.
b. Pts with history of diabetes of less than 10 years have more periodontal disease destruction than those with history of longer than 10 years.
c. The prevalence of periodontal disease increase with the advancing age of the diabetic. ***
d. The prevalence of periodontal disease increase with the better metabolic coronal of the diabetic state.

Q. The spontaneous production of an electric current resulting from two dissimilar metal in the oral cavity is called:

e. Nuclear reaction.
f. Galvanic action. ***
g. Precipitation reaction.
h. Thermodynamics.
i. Fission.
Q. The basic difference between K files and reamers is:
   a. The number of spirals or flutes per unit length.
   b. The geometric cross section. ***
   c. The depth of flutes.
   d. The direction of the spirals.

Q. In case of traumatic intrusion of young permanent incisor, the treatment of choice is:
   a. Surgical repositioning of intruded tooth and splinting.
   b. To wait for re eruption of the intruded tooth. ***
   c. Slow orthodontic extrusion using light force.
   d. Only antibiotic prescription and wait for eruption.

Q. Best treatment of choice for carious exposure of a primary molar in a 3 year old child who complain of toothache during and after food taking:
   a. Direct pulp capping with caoh.
   b. Direct pulp capping with zoe paste.
   c. Formocresol pulpotomy. ***
   d. Caoh pulpotomy.

Q. Which of the following statement about the mechanism of action for denture adhesive is not correct: مواد الصناع الجهاز المتحرك؟
   a. It depends in part on physical force and viscosity. ***
   b. Carboxyl group provide bio adhesion.
   c. Greater water solubility increase duration of adhesion.
   d. Zinc salts have been associated with stronger longer adhesion.

Q. What is the proper cavity preparation for V-shaped cervical erosion lesion to be restored with glass ionomer cement:
   a. Cervical groove, incisal groove.
   b. Cervical groove, incisal bevel. وحافة قاطعة
   c. 4 retention points, 90°margin. حافة
   d. No mechanical preparation is necessary.؟

Q. One week after filling of class II restoration, the Pt present with a complain of tenderness on mastication and bleeding from the gingival. The dentist should initially:
   a. Check the occlusion.
   b. Check the contact area. ***
   c. Consider the probability of hyperemia.
   d. Explain to the Pt that the retainer irritated the surrounding soft tissue and prescribe an analgesic and warm oral rinse.
Q. It is recommended to avoid an intraligamental injection when the planned dental treatment is:
a. Pulp extirpation.
b. Pulpotomy. ***
c. Full crown preparation.
d. A and b.

Q. Which one of the following is a disadvantage of autoclaving endodontics instruments:
a. It can dull the sharp edges of instruments. ***
b. All forms of bacteria are not destroyed by it.
c. Compared to other technique it takes too long to sterilize.
d. None of the above.

Q. The root canal treated teeth has the best prognosis when the root canal is instrumented and obturated:
a. To the radiograph apex.
b. 1 mm beyond the radiograph apex. ما بعد
   c. 1-2 mm short of the radiograph apex. ***
d. 3-4 mm short of the radiograph apex.

Q. Which of the following would be clinically unacceptable as a primary of isolating a tooth for sealant placement:
a. Cotton roll.
b. Rubber dam.
c. Vac-ejector moisture control system. نظام شفط كماصة
   d. None of the above. ***

Q. Which one of the following is least likely to contribute to oral bad breath:
a. Periodontal disease.
b. Denture. ***
c. Faulty restoration.
d. Carious lesions.

Q. Each of the following is correct EXCEPT which one:
a. Bad breath appears to be largely bacteria in origin.
b. Bad breath originating from the gastrointestinal tract is quite common.
c. Self-perceptions of bad breath appear to be unreliable. ***
d. Fear of having bad breath may be a severe problem for some people.

Q. Which one of the following is not a characteristic of dentinal hypersensitivity:
a. It is one of the most successfully treated chronic dental problems. ***
b. Its prevalence range from 8 to 30%.
c. The majority of the Pts who experience it are from 20 to 40 years of age.
d. One source of the irritation that leads to hypersensitivity is improper tooth brushing.
Q. Hypersensitivity is due to:
A- Exposed dentine with opened dentinal tubules. ***
B- Obliterated dentinal tubule

Q. The most common form of oral ulcerative disease is:
a. HSV.
b. Major aphthous ulcer. افتلاع الكبيرة
c. Bahjat disease.
d. Minor aphthous ulcer. ***

Q. The majority of primary herpetic infections are:
a. Symptomatic.
b. Asymptomatic. ***
c. Proceeded by fever.
d. Accompanied by gingival erythema.
e. A, c and d.

Q. The function of the anterior teeth is:
a. Disarticulate the posterior teeth. انفكاك تشارك
b. Incise food. ***
c. Prevent attrition. منع التناكل بالاحتكاك

d. Prevent food impaction.

Q. When using the buccal object rule in horizontal angulation, the lingual object in relation to the buccal object: تزوي
a. Move away from the x-ray tube head.
b. Move with the x-ray tube head. ***
c. Move in an inferior direction from the x-ray tube head.
d. Move in a superior direction from the x-ray tube head.
e. None of the above.

Q. If the initial working length film shows the tip of a file to be greater than 1 mm from the ideal location, the clinician should:
a. Correct the length and begin instrumentation. ***
b. Move the file to 1 mm short of the ideal length and expose a film.
c. Interpolate the variance, correct the position of the stop to this distance, and expose the film.
d. Confirm the working length with an apex locator.
e. Position the file at the root apex and expose a film.
Q. In geriatric Pt, Cementum on the root end will:

a. Become thinned and almost nonexistent.

b. Become thicker and irregular. ***

c. Render apex to locater useless.

d. Often not be seen on the radiograph.

e. Indicate pathosis.

Q. Which of the following endodontic failure may be retreated only with surgery:

a. Missed major canal.

b. Persistent interappointment pain. المعتد

c. Post and core. ***

d. Short canal filling.

Q. Which of the following failure may be treated nonsurgically:

a. Post filling that has removed. ***

b. Severe apical perforation. انثقاب شديد

c. Very narrow canal with a periapical lesion and the apex can not be reached.

d. None of the above.

Q. Tobacco should be considered a risk factor when planning treatment for Pt who require:

a. Implants.

b. Periodontal surgery.

c. Oral surgery.


e. All of the above. ***

Q. Pulpal pain may not be referred from:

a. The right maxilla to the left maxilla. ***

b. The third molar to the ear.

c. A max molar to the sinus.

d. An incompletely fractured tooth.

e. A max cuspid to ear. ??????????

Q. Spontaneous pulpal pain is indicative of:

a. Reversible pulpitis.

b. Irreversible pulpitis. ***

c. Neurotic pulp.

d. Hyperplastic pulp. تنسح فرط ضامر

e. Atrophic pulp. ضامير
Q. Internal Resorption:
   a. Painful.
   b. Seldom differentiated external resorption.
   c. Can occur in primary teeth. ***

Q. Teeth that are discolored as a result of internal resorption of the pulp may turn:
   a. Yellow.
   b. Dark brown.
   c. Pink. ***
   d. Green.

Q. After completion of orthodontic treatment he came complaining of pain in 11 tooth radiograph show absorption in the middle third of the root of 11 wt is the proper management:
   a. Apply caoh at the site of resorption. *** = inside canal
   b. Do RCT in a single visit
   c. Extract the tooth & reimplant it
   d. Extract the tooth & do implantation

Q. Treatment of internal resorption involves:
   a. Complete extirpation of the pulp to arrest the resorption process. ***
   b. Enlarging the canal apical to the resorbed area for better access.
   c. Utilizing a silver cone and sealer to fill the irregularities in the resorbed area.
   d. Filling the canal and defect with amalgam.
   e. Sealing sodium hypochlorite in the canal to remove the inflammatory tissue necrotic in the area of the resorption.

Q. Sensitivity to palpation and percussion indicates: الجس والقرع
   a. Reversible pulpitis.
   b. Irreversible pulpitis.
   c. Neurotic pulp.
   d. Hyperplastic pulpitis.
   e. Inflammation of the periradicular tissues. ***

279. Transverse fracture of developing teeth in the mixed dentition can be managed by:
   a. Forced eruption. ***
   b. Extraction and placement of a removable partial denture.
   c. Placement of single tooth.
   d. All of the above.
Q. Apexification is procedure that:
a. Finds the most apical stop of the guttpercha in RCT.
b. Induce the formation of a mineral barrier in the apical region of incompletely root. ***
c. Is new in the endodontic field.
d. Involves the surgical removal of the apical region of the root and placement of a retrograde filling material:

Q. The preferred material used in apexification is:
a. Zinc phosphate cement.
b. Zinc polycarboxylate cement.
c. Calcium hydroxide. ***
d. Dycal.

Q. What is the estimated incubation period of HIV infection:

a. 4 weeks. = ( 2-4 weeks )
b. 6 months.
c. 3 years.
d. 6 years.
e. 10 years.

Q. Hydrogen peroxide is the ideal bleaching agent because:
a. It bleaches effectively at natural ph.
b. It bleaches faster than carbamide peroxide.
c. Protection for sensitive tissues can be incorporated into the hydrogen gel.
d. All of the above. ***

Q. The most common cause of the angina is:

a. Stress.
b. Renal disease.
c. Arteriosclerotic plaques of the coronary vessels. ***
d. Hypoglycemia.
e. Hypertension.

Q. Which of the following drugs is completely effective in eliminating angina episode:

a. Propranolol. حاصر بيتا
b. Nifedipine. حاصر قنوات الكالسيوم
   مضاد نبضة وخاص مضغط
   الأدمة موسع ناجي تحت ***
c. Diltiazem.
d. Transdermal nitroglycerin.
e. None of the above.
Q. CPR = CPR (Cardiopulmonary Resuscitation)
   a. Is best performed in the dental chair.
   b. Should be performed on all patients experiencing chest pain.
   c. Is more efficient when using a full mask, delivering 100% oxygen, than with the mouth to
      mouth technique. ***
   d. Is beyond the medico legal responsibility of the practicing dentist.

Q. Which statement concerning sensitive teeth is false:
   a. Small dentin exposure can result in sensitivity.
   b. The extent of dental hard tissue loss (always) correlates with sensitivity.
   c. A wide variety of clinical condition can cause teeth to become sensitive.
   d. Oral hygiene habits and diet can contribute to clinical sensitivity problems.

Q. Droplet nuclei containing mycobacterium tuberculosis:
   a. Do not cause infection.
   b. Settle out of room air quickly. تستعمَر
   c. Do not spread widely in the building.
   d. Remain airborne for prolonged period. ***

Q. The most common activity associated with percutaneous injury of the dentist is:
   a. Suturing.
   b. Anesthesia injection. ***
   c. Handpiece dig. الحفر بالقبيحة
   d. Trimming impressions. تشذيب الطبعة

Q. The most common location of percutaneous injury among dentist is:
   a. Hand. ***
   b. Face.
   c. Elbow. مرفق
   d. Arm.

Q. The normal response of a vital pulp to the thermal testing is:
   a. No response.
   b. Lingering painful response. تدوم لفترة
   c. Hypersensitive painful response.
   d. Painful response that disappears soon after stimulus is removed. ***السبب
Q. The normal response of an inflamed pulp to the thermal testing is:
   a. No response.
   b. Lingering painful response.
   c. Hypersensitive painful response.
   d. Painful response that disappears soon after stimulus is removed.

Q. The normal response of a vital pulp to the electric pulp testing is:
   a. No response.
   b. Higher than that of the control teeth.
   c. Lower than that of the control teeth.
   d. In a range similar to that of the control teeth. ***

Q. Asymptomatic tooth has a necrotic pulp, a broken lamina dura, and circumscribed radiolucency of long duration. The periradicular diagnosis:
   a. Acute apical periodontitis.
   b. Chronic apical periodontitis. ***
   c. Acute exacerbation of chronic apical periodontitis.
   d. Abscess.

Q. A Pt with severe periradicular pain has a necrotic pulp, a broken lamina dura, and circumscribed radiolucency of long duration. The periradicular diagnosis:
   a. Acute apical periodontitis.
   b. Chronic apical periodontitis.
   c. Acute exacerbation of chronic apical periodontitis. ***
   d. Abscess.

Q. A Pt present in severe pain. The periapical area over the involved tooth is inflamed and swollen. The tooth is mobile and depressible in its socket with a diffused radiolucency. The diagnosis is:
   a. Acute apical periodontitis.
   b. Chronic apical periodontitis.
   c. Acute exacerbation of chronic apical periodontitis.
   d. Abscess. ***

Q. Reduction of mandibular fracture is defined as:
   a. Nonalignment and separation of the fracture segment.
   b. Realignment of fracture segments.
   c. Holding of the fracture segments in place.
   d. Screw and bone places.
   e. Internal fixation.
Q. Wiring the upper and lower teeth together is called:
   a. Internal fixation.
   b. An open reduction.
   c. Intermaxillary fixation. ***
   d. Displacement.
   e. External fixation.

Q. The incidence of nerve damage following mandibular third molar surgery is estimated to be:
   a. 5% or less. ***
   b. 10% to 15%.
   c. 15% to 20%
   d. 20% to 25%.

Q. The least likely mechanism for the nerve damage is:
   a. Direct needle trauma.
   b. Intraneural haematoma formation.
   c. Local anesthetic toxicity. ***
   d. Stretching and binding of the nerve.

Q. Which of the following is the cause of immediate type allergic reaction to latex products:
   a. Accelerator.
   b. Antioxidants.
   c. Latex protein. ***
   d. Nickel.
   = Immediate Type I hypersensitivity, which is an immunological reaction against latex protein components,

Q. The best transport medium for avulsed tooth is:
   a. Tap water.
   b. HBSS (Hank's balanced salt solution). ***
   c. Saliva.
   d. Milk.

Q. Which of the following is the longest in the dental arch:
   a. Maxillary central incisor.
   b. Maxillary second premolar.
   c. Mandibular canine.
   d. Maxillary canine. ***

Q. Chlorhexidine is used as mouth wash in the concentration of:
   a. 0.1-0.2% ***
   b. 1-2% في إرواء الألقية
   c. 5-10%
   d. 20%
Q. Traumatically fractured crown of central incisor in an 8-years-old child with pulp exposure (more than 1 mm) half hour ago, medical history is non-contributory and the tooth is not displaced. What is your management:

a. Endodontics-pulpectomy and obturation.
b. Direct pulpcap with caoh and composite.
c. Caoh pulpotomy. ***
d. Total extirpation of pulp and caoh.

*** استنصال

Q. The oral lesions of the lichen planus: المنسبط الحزاز

a. Are usually painful.
b. Rarely appear before lesion elsewhere on the body.
c. May be part of a syndrome in which lesions also appear on the skin, conjunctiva and genitalia.

*** = Stevens-Johnson syndrome
d. Often appear in nervous, high-strung individuals.
e. Heals with scarring. تدبير يتترك

Q. Pt with a history of subacute bacterial endocarditis is a medical problem in a surgery because of the possibility of: الالتهاب شعاع القلب

a. Bacteremia.
b. Septicemia.
c. Hypertension.
d. Mitral stenosis.
e. Auricular fibrillation. رجفان أذني
f. A, b and c.
g. A, b and d. ***
h. A, d and e.
i. B, c and e.
j. C, d and e.

Q. Which of the following is a benign epithelial neoplasm: ورم ظهاري سليم

a. Rhabdomyoma. الورم العضلي المخلط
b. Fibroma. الورم اللفي
(c. Lipoma. الورم الشحمي
(d. Granular cell tumor. الحبيبية ورم الخلايا
(e. Keratoacanthoma. *** ورم شانكي منتقر

Q. Oral lesions of lichen planus usually appear as:

a. White streaks. *** بقع بيضاء
b. Red plaque.
c. Shallow ulcers. قرحات مسطحة
(d. Papillary projections. نانات حليمي. فقاعات
(e. Builae.
Q. The function of the periodontal ligament include
a. Mechanical function
b. Formative function
c. Nutritive function
d. Sensory function
e. All of the above. ***

Q. Ankylosis:
a. No PDL
b. Caused by trauma
c. Extracted surgically
d. All of the above. ***

Q. An 18 years old Pt present complaining of pain, bad breath and bleeding gingival. This began over the weakened while studying for the final exam. The Pt may have which of the following conditions:
a. Acute necrotizing ulcerative gingivitis ***
 b. Rapidly progressive periodontitis
c. Desquamative gingivitis. توسفي
d. Acute periodontal cyst.

Q. The movement of water across a selectively permeable membrane is called:
a. Osmosis. ***
b. Active transport. النقل الفعال
c. Filtration. الارتشاح
d. Diffusion. الانتشار

Q For maximum health of gingiva, finishing line : above the crest of gingiva
= self threaded- friction.- coted cemented …

MTA = EXCELLENT FOR : Apexification root canal obturation

= MTA is excellent material for apexification because it creates a permanent apical plug at the outset of treatment
Mechanism of saliva for prevention = remineralization – clearing bacteria - both
Deffer periaical abscess than periodontal xray vitality test palpation
Step before pit fissure sealant = Etchant

PIT FISSURE SEALANT