

Before performing a surgery a dental surgeon treats his hands according to Spasokukotsky-Kochergin method. What antiseptic is basic in this kind of treatment and how is it applied?

0,5% liquid ammonia solution in two washbasins, 3-5 minutes in each

Tissue with 0,5% chlorhexidine digluconate, 5 minutes

Tissue with 98% ethanol, 5 minutes

Two tissues with 96% ethanol, 5 minutes each

Two tissues with 5% liquid ammonia solution, 5 minutes each

A 20-year-old patient is to be given application anesthesia in the frontal region of the upper jaw prior to the conduction anesthesia. What concentration of lidocaine solution is required for application anesthesia?

10%

0,5%

3%

2%

15%

A dentist applied to the regional sanitation center for a permission to open a private dental office with two universal dental sets. Planned area of the reception room is 26 m². According to existing norms, the dental office with two universal dental sets must have the following area:

14 m² for each set and 10 m² in addition

20 m² for each set and 12 m² in addition

7 m² for each set and 7 m² in addition

10 m² for each set and 10 m² in addition

10 m² for each set and 7 m² in addition

It is planned to open a city dental clinic to serve 200,000 of adult population. How many positions of dentists should be provided for the orthopedic department?

20

15

10

30

5

A dentist performing gum anesthetization before the closed curettage had mistakenly used the 10% solution of silver nitrate instead of 10% lidocaine solution. The gums immediately became white, swollen, painful. Which of these medications is to be used for emergency care?

3% solution of potassium iodide

0,5% solution of acetic acid

0,1% solution of liquid ammonia

50% of ethyl alcohol

2% solution of citric acid

A 32-year-old patient needs to be remove 33, 34 teeth. During the dental visit he is given infiltration anaesthesia with Ultracain DS anaesthetic. What elements enter into its composition?

4% articaine with adrenaline

2% articaine with epinephrine

2% mepivacaine with adrenaline

3% mepivacaine without a vasoconstrictor agent

4% articaine without a vasoconstrictor agent

A 22-year-old patient is afraid of pain from conduction anaesthesia. A dentist decided that this anaesthesia should be preceded by applicational anaesthesia of mucous membrane on the spot of injection. What drug should be used for this purpose?

5% lidocaine ointment

1 % synthomycin ointment

5% oxacillin ointment

3% sinaflan ointment

3% doxycyclin ointment

Renovation of a dental room involves installation of luminous tube lamps. Specify the required illuminance level in lux:

500 lux

400 lux

300 lux

200 lux

100 lux

What is the most adequate surgical approach for a submandibular phlegmon dissection?

5-6 cm long incision 2 cm below the mandible

Intraoral approach along the mucogingival junction at the molar level

Linear 2 cm long incision along the lower edge of the mandible

5-6 cm long incision bypassing the angle of the mandible

5-6 cm long incision along the skin crease of the upper cervical region

A 28-year-old patient had to undergo extraction of the 46 tooth under Weisbrem's apodactylic mandibular anaesthesia. What is the target site of the anaesthetic solution injection?

A segment of mandibular torus

Retromolar fossa

A segment of maxillary tuber

Retromandibular fossa

A segment of temporal crest of mandible

A 20-year-old male patient with insulin-dependent diabetes mellitus has been given anesthesia with Ultracain DS-forte for surgical oral sanitation. What complications may develop in this case?

Abnormal levels of blood glucose

Increased blood pressure

Atopic dermatitis

Toxic shock
Clonus

A 23-year-old female patient complains of a pronounced limitation of mouth opening, throat pain irradiating to the ear. Objectively: body temperature is 37,9°The face is symmetrical, the colour of skin has not changed. Palpation of the jaw causes acute pain, mouth opens by 1 cm. The patient had been given anesthesia by Berchet-Dubov. After it oral examination revealed an edema and hyperemia of the mucous membrane of the pterygomaxillary fold, there was an infiltration painful on palpation. What is the most likely diagnosis?

Abscess of pterygomaxillary space
Abscess of alveololingual groove
Submandibular phlegmon
Peritonsillar space abscess
Parapharyngeal space phlegmon

A 25-year-old HIV-infected patient presented to a clinic of surgeon dentistry seeking tooth removing. What aseptic and antiseptic precautions should be taken?

According to the scheme
The operation should be disinfected by means of a quartz lamp
The patient should be refused appointment
The surgeon should work in gloves and a mask
No special precautions are required

A 47 year old patient complains of permanent pain in the 27 tooth that is getting worse during cutting. Objectively: the patient's face is symmetric, skin is of normal colouring, mouth opening is not limited, mucous membrane of alveolar process is edematous and hyperemic at a level with the 27 tooth. The 27 tooth has a deep carious cavity communicating with pulp chamber. Percussion of the 27 tooth causes acute pain. What is presumptive diagnosis?

Acute condition of chronic periodontitis of the 27 tooth
Chronic periodontitis of the 27 tooth
Acute general purulent pulpitis of the 27 tooth
Acute purulent periostitis of the upper jaw beginning from the 27 tooth
Chronic left-sided odontogenous maxillary sinusitis

A 22-year-old patient complains of a painful swelling in the right parotid gland. A week earlier the patient received a cheek abrasion that healed under the purulent crust. Over the past two days the patient had observed progressing pain and fever up to 38,6°Objectively: there is a soft tissue edema in the right parotid region, the skin is slightly strained but has not changed in colour. There is a dense painful infiltration 2,5×3,5 cm large, the skin over it exhibits limited mobility. The mouth can be fully opened, the mucous membrane around the orifice of the salivary duct is unchanged, the saliva is transparent. What is the most likely diagnosis?

Acute lymphadenitis
Abscess of the parotid-masseteric region
Exacerbation of chronic parotitis
Epidemic parotitis

Acute non-epidemic parotitis

A 13-year-old boy complains of general weakness, high body temperature up to 39°C, lack of appetite, constant pain in the body of the lower jaw. Objectively: observed is significant asymmetry of the face caused by soft tissues swelling in the left buccal and submandibular areas. Mouth opening is reduced. Intraoral examination revealed the following: the 34, 35, 36, and 37 teeth are mobile; teeth percussion is painful. The crown of the 36 tooth is completely destroyed. The mucosa of those teeth is hyperemic and painful when palpated. Mufflike enlargement of the lower jaw alveolar process is detected. What is the most likely diagnosis?

Acute mandibular odontogenic osteomyelitis

Acute mandibular hematogenous osteomyelitis

Acute mandibular odontogenic suppurative periostitis

Acute Periodontitis 36

Abscess of the right submandibular area

3 days ago a 35-year-old patient underwent the extraction of the 47 tooth, which was followed by health deterioration. Objectively: the patient is pale, body temperature is of 38,1°C, the mandible on the left is thickened, the surrounding soft tissues are swollen, mouth opening is difficult. Mucogingival junction at the 48, 47, 46 teeth is edematous, mucous membrane is hyperemia. There are purulent discharges from the 47 tooth socket, the 48, 46, 45 teeth are sensitive to percussion. There is also paresthesia in the lower lip region. What is the most likely diagnosis?

Acute mandibular osteomyelitis

Abscess of mandibular radicular cyst

Acute mandibular periostitis

Submandibular phlegmon

Acute periodontitis of the 47 tooth

During extraction of the 14 tooth a 64-year-old patient complained about retrosternal pain irradiating to his back. There is paleness of membrane and skin integument as well as pulse asymmetry on the carotid arteries. What is the most likely diagnosis?

Acute myocardial infarction

Collapse

Hypertensive crisis

Angioneurotic Quincke's edema

Acute respiratory failure

A 30-year-old patient complains of pain and swelling in the area of the left parotid salivary gland, which occurred 7 days after he had undergone abdominal cavity surgery. Objectively: body temperature is 39°C, reduced mouth opening, dry mouth; when the gland is massaged, there is purulent exudate being secreted from its duct. The patient can be diagnosed with the following disease:

Acute non-epidemic parotitis

Acute epidemic parotitis

Phlegmon of submasseteric space

Parenchymatous parotitis

Phlegmon of parotid-masticatory region

A 46-year-old patient after the recovery from a case of influenza has suddenly started suffering from pain in the 36 tooth, the crown of which had been destroyed. The soft tissues surrounding the lower jaw are swollen. There are high fever up to 39°C and chills. Objectively: there is prominent swelling of the left lower jaw alveolar mucosa (both oral and vestibular surfaces). The 34, 35 and 37 intact teeth are mobile. Percussion is painful. The gingival pockets produce purulent exudate. Vincent's symptom is observed. What diagnosis can be suspected?

Acute odontogenic mandibular osteomyelitis starting from the 36th tooth

Exacerbation of chronic periodontitis of the 36th tooth

Exacerbation of chronic mandibular osteomyelitis

Periodontitis

Acute suppurative mandibular periostitis starting from the 36th tooth

A 50-year-old female patient complains of pain in the upper left jaw, high fever up to 38,5°C, worsening of her general condition. The disease onset was 3 days ago. Objectively: the face is asymmetrical due to swelling of the right cheek soft tissues, palpation is painful, the skin is hyperemic. The crown of the 16th tooth is destroyed completely; percussion sensitivity is positive. There is hyperemia and edema of the alveolar process soft tissues in the area of the 15th, 16th and 17th teeth vestibular surface. What is the most probable diagnosis?

Acute odontogenic maxillary periostitis in the area of the 16th tooth

Exacerbation of chronic periodontitis of the 16th tooth

Chronic odontogenic maxillary osteomyelitis

Acute odontogenic maxillary osteomyelitis starting from the 16th tooth

Acute odontogenic right-side maxillary sinusitis

A patient complains of pain and sensation of heaviness in the left side of his face and mucous discharge from the nose. On examination: left cheek edema, destroyed 26 tooth. Tooth percussion is sharply painful. X-ray demonstrates shadowed left maxillary sinus. What disease corresponds with the given clinical presentation?

Acute odontogenic maxillary sinusitis

Acute rhinogenic maxillary sinusitis

Chronic odontogenic maxillary sinusitis

Cyst of the maxillary sinus

Acute ethmoiditis

A 46-year-old patient complains of spontaneous pain in the 36 tooth. Its crown is decayed. The patient presented with edema of soft tissues adjacent to the mandible. Body temperature rose up to 39,0°C, the patient has chill. Examination of the oral cavity revealed a pronounced edema of the left mandibular alveolar process on the vestibular and oral side (acute periostitis); the 35, 36, 37 teeth are mobile, subgingival pockets contain purulent exudate; their percussion causes acute pain. Positive Vincent's symptom is present. What is the presumptive diagnosis?

Acute odontogenic osteomyelitis of mandible from the 36 tooth

Exacerbation of chronic periodontitis from the 36 tooth

Exacerbation of chronic mandibular osteomyelitis

Acute purulent periostitis of mandible from the 36 tooth

Exacerbation of generalized periodontitis

A patient addressed a dental surgeon with complaints of increased body temperature up to 37,6°C, swelling of the soft tissues, pain in the 65 tooth, which aggravates upon touching it with its antagonist tooth. On examination there are hyperemia and smoothing out of the mucogingival fold of the alveolar process in the area of the destroyed 65 tooth. What diagnosis is most likely?

Acute odontogenic purulent periostitis

Exacerbation of chronic periodontitis

Acute serous periodontitis

Acute odontogenic osteomyelitis

Parodontal abscess

A 40-year-old female patient complains of swelling of the left submandibular region which appeared three days ago; elevation of body temperature up to 37,4 °C. Objectively: the left submandibular region exhibits a soft tissue edema, the skin color is not changed. Palpation reveals a roundish dense elastic node with a smooth surface sized 2,0×1,5 cm. The node is mobile, somewhat tender. Mouth opening is not restricted, oral mucosa exhibits no visible changes, the crown of the 36 tooth is decayed by 2/3, its percussion causes pain response. What is the most likely diagnosis?

Acute odontogenic serous lymphadenitis of the submandibular region

Odontogenic abscess of the submandibular region

Odontogenic phlegmon of the submandibular region

Chronic odontogenic lymphadenitis of the submandibular region

Acute serous sialadenitis of the submandibular salivary gland

A patient complains about acute intense pain and a slight swelling in the area of a decayed tooth of the lower jaw on the right, ill health, body temperature rise up to 38,3°C, lack of appetite, insomnia. Objectively: there is collateral edema of soft tissues of submandibular area and lower part of right cheek. Regional lymph nodes are enlarged on the right, palpably painful. Crown of the 46 tooth is half decayed, the 45, 46, 47 teeth are mobile, there is also a cuff infiltrate in the area of these teeth. Vincent's symptom is positive on the right. Make a diagnosis:

Acute odontogenous osteomyelitis

Acute purulent odontogenous periostitis

Acute purulent periodontitis

Acute condition of chronic odontogenous osteomyelitis

Chronic odontogenous osteomyelitis

A 46-year-old patient complains about pain in the left parotid- masticatory region, disorder of mandible movements. Objectively: skin over the left temporomandibular joint (TMJ) is reddened, the surrounding tissues are edematous. Dysfunction of the left temporomandibular joint is present. What is the most likely diagnosis?

Acute purulent left-sided arthritis of TMJ

Acute serous left-sided arthritis of TMJ

Arthrosis of the left TMJ

Deforming arthrosis of the left TMJ

Ankylosis of the left TMJ

Parents of a 6-year-old child complain about pain in the child's sub-mandibular region on the left, body temperature rise up to 37,5°C. Objectively: the child's face is asymmetric due to the infiltration of the sub-mandibular region on the left. The infiltration is soft and elastic, mobile, 2×2,5 cm large; its palpation is slightly painful, the skin is unchanged. The teeth are intact. Pharynx is hyperaemic. What is the most likely diagnosis?

Acute purulent nonodontogenic submandibular lymphadenitis

Submandibular adenophlegmon

Acute serous odontogenic submandibular lymphadenitis

Acute purulent odontogenic submandibular lymphadenitis

Acute serous nonodontogenic submandibular lymphadenitis

A patient consulted a dental surgeon about fever up to 37,6°C, soft tissue swelling, pain in the 47 tooth on the lower jaw on the left, the pain aggravates when the tooth is touched by its antagonist. Objectively: mucogingival fold of the alveolar process is hyperemic and flat on the vestibular side of the decayed 47 tooth. What is the most likely diagnosis?

Acute purulent odontogenic periostitis

Acute odontogenic osteomyelitis

Acute serous periodontitis

Periodontal abscess

Exacerbation of chronic periodontitis

A 36 year old man complains about acute headache, body temperature rise up to 39,1°C, indisposition. Objectively: a slight face asymmetry because of soft tissue edema of the left infraorbital area. Crown of the 26 tooth is partly decayed. Percussion is acutely painful. Mucous membrane on the vestibular side in the area of the 25, 26 teeth is edematic, hyperemic. Breathing through the left part of nose is laboured, there are purulent discharges. X-ray picture showed a homogeneous shadow of the left part of maxillary sinus. What is the most probable diagnosis?

Acute purulent odontogenous maxillary sinusitis

Acute condition of chronic periodontitis of the 26 tooth

Acute periostitis of upper jaw

Suppuration of maxillary cyst

Acute odontogenous osteomyelitis

A 21-year-old patient complains of constant progressing throbbing pain in the 27 tooth. Objectively: a large carious cavity is filled with softened dentin, the tooth cavity is closed. Probing of the cavity floor is painless, percussion causes acute pain, there is grade II tooth mobility. Palpation of the mucous membrane in the projection of the root apex of the 27 tooth causes pain. Radiological changes are absent. What is the most likely diagnosis?

Acute purulent periodontitis

Acute diffuse pulpitis

Acute serous periodontitis

Exacerbation of chronic periodontitis

Acute purulent pulpitis

A 35-year-old patient complains about progressing throbbing pain in the 26 tooth. Objectively: the 26 tooth has a carious cavity filled with softened dentine, tooth cavity

is closed, probing of the cavity floor is painless, percussion causes acute pain. There is I degree tooth mobility. Roentgenological changes are absent. What is the most likely diagnosis?

Acute purulent periodontitis

Acute purulent pulpitis

Acute serous periodontitis

Exacerbation of chronic periodontitis

Acute diffuse pulpitis

A patient complains about acute constant pain that is getting worse when biting down on food, sensation of a recently erupted tooth on the right upper jaw. Examination of the 15 tooth revealed a deep carious cavity communicating with the dental cavity. Tooth percussion causes acute pain. Probing is painless. Mucous membrane in projection of the root apex is hyperemic, painful on palpation. X-ray picture shows no changes. What is the most likely diagnosis?

Acute purulent periodontitis

Acute aluminous periostitis

Exacerbation of chronic periodontitis

Acute odontogenic osteomyelitis

Acute diffuse pulpitis

A 40-year-old patient complains of constant intense throbbing pain in the 23 tooth lasting for 3 days. This problem hasn't bothered him before. Vertical and horizontal percussion is positive, the tooth is mobile, mucous membrane around the 26 tooth is hyperemic and edematous. Palpation of the mucogingival fold in the root apex projection is painful. What is the most likely diagnosis?

Acute purulent periodontitis of the 26 tooth

Acute localized periodontitis of the 26 tooth

Acute serous periodontitis of the 26 tooth

Acute serous pulpitis of the 26 tooth

Acute purulent pulpitis of the 26 tooth

A 32-year-old patient complains about pain and swelling in the region of his mandible and left cheek. He has been suffering from this for 2 days. Objectively: his general condition is satisfactory. Body temperature is 37,5° There is an edema of soft tissues in the left buccal region. Submandibular lymph nodes are bilaterally enlarged, painful on palpation. Crown of the 37 tooth is partially decayed, the tooth is immobile, percussion is slightly painful. Mucogingival fold in the region of the 37 tooth is edematic, hyperaemic, flattened, its palpation causes acute pain. What is the most likely diagnosis?

Acute purulent periostitis of mandible beginning from the 37 tooth

Chronic odontogenous osteomyelitis of mandible

Acute odontogenous osteomyelitis of mandible

Abscess of alveololingual groove on the left

Chronic productive periostitis of mandible beginning from the 37 tooth

A 28-year-old patient complains about constant localised pain that is getting worse when biting down on food. Objectively: the 46 tooth has a carious cavity communicating with

the dental cavity. Probing of the carious cavity causes no pain, percussion is painful, X-ray picture shows no changes. What is the most likely diagnosis?

Acute serous periodontitis

Exacerbation of chronic pulpitis

Acute purulent periodontitis

Exacerbation of chronic periodontitis

Acute diffuse pulpitis

A 35-year-old man complains of persisting pain in tooth 24, which intensifies on biting. Objectively on the distal masticatory surface of tooth 24 there is a deep carious cavity filled with food debris. Percussion of cavity bottom is painless, there is no pain response to thermal stimuli. Percussion of tooth 24 is acutely painful. X-ray shows no pathologic changes of periapical tissues in the area of root apices of 24. What is the most likely diagnosis?

Acute serous periodontitis

Acute suppurative periodontitis

Acute suppurative pulpitis

Acute diffuse pulpitis

Exacerbation of chronic periodontitis

A 35-year-old patient complains about progressing throbbing pain in the 26 tooth. Objectively: the 26 tooth has a carious cavity filled with softened dentine, tooth cavity is closed, probing of the cavity floor is painless, percussion causes acute pain. There is I degree tooth mobility. Roentgenological changes are absent. What is the most likely diagnosis?

Acute serous periodontitis

Acute diffuse pulpitis

Acute purulent pulpitis

Exacerbation of chronic periodontitis

Acute purulent periodontitis

A 49-year-old patient complains of constant mandibular pain irradiating to the ear, soft tissue edema, body temperature rise up to 39,0° Objectively: there is an edema in the submandibular region, the skin has not changed in colour. Alveolar mucosa around the 45, 46 teeth is hyperemic and edematic on the oral and vestibular side. Crowns of the 45, 46 teeth are completely destroyed, the teeth are mobile. Vincent's symptom is present. What is the most likely diagnosis?

Acute serous periostitis of mandible

Abscess of submandibular region

Exacerbation of chronic mandibular osteomyelitis

Acute mandibular osteomyelitis

Acute purulent periostitis of mandible

A 33-year-old female patient has been admitted to the maxillofacial department with complaints of pain and edema of the right submandibular region, body temperature rise up to 39,5° Objectively: the patient has asymmetric face because of soft tissue edema of the right submandibular region, palpation reveals a dense infiltration, the skin over it is

hyperemic, does not make a fold. The 46 tooth has a deep carious cavity. What is the most likely diagnosis?

Acute submandibular sialoadenitis

Acute purulent submandibular lymphadenitis

Acute right-sided osteomyelitis of mandible

Submandibular phlegmon on the right

Acute purulent periostitis of mandible

A 6-year-old child complains of pain in the right submandibular region. A day before he complained of a sore throat. Objectively: the child is in moderately severe condition, body temperature is 37.9°C. The face is asymmetric due to a dense tender infiltrate in the right submandibular region. The infiltrate is slightly mobile, the overlying skin is hyperemic. There is fluctuation in the center. The teeth are intact. What is the most likely diagnosis?

Acute suppurative non-odontogenic submandibular lymphadenitis

Acute suppurative odontogenic submandibular lymphadenitis

Sialadenitis

Phlegmonous adenitis

Acute serous non-odontogenic submandibular lymphadenitis

A 19-year-old patient came to a dentofacial clinic with complaints of pain in the gonial angle on the right, impaired mouth opening and painful chewing. The signs had been persisting for 5 days, emerged spontaneously and had been aggravating gradually. Mandibular contracture is of the III degree. On examination of the oral cavity: hyperemia, edema of the retromolar space on the right, hood-shaped mucosa from under which pus is being discharged and 2 tooth tubercles can be detected. X-ray shows oblique medial tooth position. Make the diagnosis:

Acute suppurative pericoronitis of the 48 tooth

Acute suppurative periostitis from the 48 tooth

Chronic local mandibular osteomyelitis

Fracture of the gonial angle

Acute submandibular sialadenitis

A 22-year-old man complains of tearing, throbbing, constant, intensifying pain in the tooth on the upper left jaw. The pain has been persisting for 4 days. Objectively tooth 26 has deep carious cavity non-communicating with the dental cavity. Probing is painless. Percussion is acutely painful. The tooth is mobile. Mucogingival fold in the area of tooth 26 is painful on palpation. Make the diagnosis:

Acute suppurative periodontitis

Acute serous periodontitis

Acute suppurative pulpitis

Exacerbation of chronic periodontitis

Acute local pulpitis

A 34-year-old patient complains of intense, tearing, throbbing pain in the 17 tooth, which appeared for the first time and persists for 4 days. Percussion causes acute pain in any direction, the tooth is mobile, the mucosa around the 17 tooth is hyperemic and edematous; palpation of the mucogingival junction causes acute pain. What is the most likely diagnosis?

Acute suppurative periodontitis
Acute serous periodontitis
Exacerbation of chronic periodontitis
Acute suppurative pulpitis
Localized periodontitis

Examination of a 23 year old patient revealed chronic candidosis of oral mucous membrane, generalized lymphadenopathy. Anamnesis data: the patient has been suffering from herpes for a year. Body temperature persistently rises up to 37,4-37,5°C, body weight has reduced by 8 kg over the last month. What disease can be indicated by this symptom group?

AIDS
Infectious mononucleosis
Acute leukosis
Chronic leukosis
Candidosis

A 5-year-old child had to undergo an operation for ankyloglossy. There were no external symptoms of preoperative anxiety. After injection of 1,5 ml of 0,5% novocaine solution the child presented with motor anxiety, vomituration, stomachache. Objectively: the child is conscious, face and neck skin is hyperemic, tachypnoea is present, pulse is rapid. What is the most likely diagnosis?

Allergic reaction to novocaine
Giddiness
Pain shock
Overdosage of anesthetics
Cardiovascular collapse

A 13-year-old boy complains of pain in the region of the extracted 46 tooth, irradiating to the ear and temple, halitosis. The tooth was extracted 3 days ago. Objectively: submandibular lymph nodes are enlarged, painful on palpation. Mucosa around the extracted tooth is hyperemic, edematous. The socket of the 46 tooth is filled with a gray clot. What is the most likely diagnosis?

Alveolitis of the extracted 46 tooth
Acute odontogenous lymphadenitis of the right submandibular region
Acute odontogenous mandibular osteomyelitis starting from the 46 tooth
Neuralgia of the III branch of trigeminal
Acute odontogenous mandibular periostitis starting from the 46 tooth

A 23-year-old patient was delivered to a traumatology centre with a dirty cut wound of her right foot. A doctor performed initial surgical debridement and made an injection of antitetanus serum. Some time later the patient's condition got abruptly worse: she developed extreme weakness, dizziness, palpitation. Objectively: the skin is pale, the patient has cold sweat, frequent pulse of poor volume at a rate of 100 bpm, AP is 90/40 mm Hg. What is the cause of such aggravation?

Anaphylactic shock
Haemorrhagic shock
Pain shock

Infectious-toxic shock
Drug disease (seroreaction)

A 42 year old patient applied to an oral surgeon for the purpose of oral cavity sanitation. After anesthetization the patient felt sudden attack of nausea, weakness, he got the sense of compression behind his breastbone, heart pain; he began vomiting. The patient lost consciousness, there appeared convulsions. Objectively: the patient's skin is pale, covered with cold clammy sweat, pupils don't react to the light. The pulse is thready, arterial pressure cannot be detected. What is the most probable diagnosis?

Anaphylactic shock
Collapse
Syncope
Traumatic shock
Epileptic attack

During pulpitis treatment of the 25 tooth a 30-year-old patient received an injection of 2% lidocaine as anesthetic. A few minutes after the injection the patient presented with numb tongue, asphyxia, dry cough, cyanosis, anxiety, convulsions. Arterial pressure fell down to 90/60 mm Hg. What is the most likely diagnosis?

Anaphylactic shock
Syncope
Acute heart failure
Quincke's edema
Epilepsy

Prior to dental treatment a 13-year-old patient had been administered anaesthesia. The patient complained of itching, tingling skin of the face, vertigo, nausea, labored respiration, spontaneous vision impairment. Objectively: pale face, swollen eyelids and red border, dilated pupils, thready pulse, and rapid labored respiration with crackles.

Make the diagnosis:

Anaphylactic shock
Syncope
Collapse
Epileptic attack
Quincke's edema

When conduction anaesthesia had been administered by a dentist, in 2 seconds a patient developed the following symptoms: loss of consciousness, seizures, dilated pupils, absent pupillary response to light, low arterial pressure, laboured breathing, muffled heart sounds. What is the most probable diagnosis?

Anaphylactic shock
Cardiac infarction
Syncope
Collapse
Stroke

A 45-year-old patient complains about pain in his mandible that arose after extraction of the 36 tooth. Objectively: alveolar socket is covered with bloody clot. X-ray picture

shows unextracted root of the 36 tooth. What tools are necessary for extraction of this root?

- Angled elevator curved right
- Angled elevator curved left
- Straight elevator
- Bayonet-shaped forceps
- S-shaped forceps

A patient has an indication for the 12 tooth extraction for the exacerbation of chronic periodontitis. It was decided to apply infraorbital and incisive anesthesia in this patient. What nerve structures are blocked by this anesthesia?

- Anterior superior alveolar branches, n. Incisivus
- Nasopalatine nerve, anterior superior alveolar branches
- Middle superior alveolar branches, n. Nasopalatinus
- Posterior superior alveolar branches, n. Incisivus
- Greater palatine nerve, middle superior alveolar branches

During orthopaedic treatment a 47-year-old patient was given anaesthesia (with Ultracain DS forte). 20 minutes after the injection the patient presented with hyperaemia of skin, headache, dizziness, increased heart rate. The patient had previously undergone dental treatment with the use of this anaesthetic. What complication developed in this patient?

- AP rise
- Anaphylactic shock
- Collapse
- Syncope
- Attack of stenocardia

What manipulation of those listed below is NOT a part of typical procedure of tooth extraction with forceps?

- Applying tip of forceps jaw to the edge of alveolar process
- Applying forceps jaw to the tooth
- Pushing forceps jaw to the cemento-enamel junction
- Closure of forceps handles
- Tooth dislocation and extraction from the socket

A 45-year-old patient undergoes teeth preparation. 15 minutes after anesthetization with 4% solution of Ubistesin forte the patient developed hyperemia of skin, increased heart rate, headache, syncope. Previously the patient had not exhibited such reaction to this anesthetic. What complication occurred in the patient?

- Arterial pressure rise
- Syncope
- Collapse
- Anaphylactic shock
- Myocardial infarction

A 54-year-old patient complains of frequent crunching sound in the right temporomandibular joint, which developed one month ago. In the morning the crunching is more frequent and decreases towards the evening. Objectively: the face is symmetrical,

the skin above the joint is unaltered, the mouth opens by 2,9 mm. What is the most likely diagnosis in this case?

Arthrosis

Acute arthritis

Temporomandibular joint dislocation

Chronic arthritis

Pain dysfunction syndrome of the temporomandibular joint

A patient complains about limited mouth opening. She has a history of intra-articular disorders in the left temporomandibular joint. Roentgenological examination revealed subchondral sclerosis of articular plates, regular narrowing of articular cavity, limited excursion of condylar process of the left temporomandibular joint. What is the most likely diagnosis?

Arthrosis of the left temporomandibular joint

Deforming arthrosis of the left temporomandibular joint

Ankylosis of the left temporomandibular joint

Acute purulent left-sided arthritis of the temporomandibular joint

Acute serous left-sided arthritis of the temporomandibular joint

A 48-year-old woman complains about aching dull pain in the region of the left TJM, that is getting worse during eating solid food. The pain appeared about 2,5 years ago. Objectively: mouth opening is limited, there is sideward deviation of jaw during mouth opening, TMJ is clicking. Examination of the oral cavity revealed secondary partial adentia. X-ray picture shows sclerosis of the cortical plate of articular head and narrowing of cartilage space. What is the most likely diagnosis?

Arthrosis of the TMJ

Acute arthritis of the TMJ

Painful dysfunction of the TMJ

Chronic arthritis of the TMJ

Exacerbation of chronic arthritis of the TMJ

A male patient should have the root of the 17 tooth removed prior to prosthetic procedures. The crown of the tooth is decayed beneath the gum line. What tool should be used?

Bayonet forceps

S-shaped forceps

Straight forceps with non-converging beaks

Straight forceps with converging beaks

S-shaped right forceps

During extraction of the 36 tooth the tooth crown was fractured. What tool should be applied to extract tooth roots?

Bayonet forceps

Beak-shaped straight forceps

Beak-shaped forceps left side

S-shaped forceps right side

S-shaped forceps left side

During the extraction of the 17 tooth the distal buccal root broke off and remained in the socket. Select a tool to extract the root:

Bayonet forceps, straight elevator

Angular elevators

Beak-shaped forceps, angular elevator

Straight forceps, straight elevator

S-shaped forceps

A 49-year-old patient consulted a dental surgeon about the oral cavity sanitation. He has an indication for the extraction of the 26 tooth. History: the tooth hasn't been treated before, it has decayed within the last 4 years. Objectively: the 26 tooth's crown is decayed by over 2/3, the mucosa exhibits no pathological changes. Which tool is required for the tooth extraction?

Bayonet root forceps

S-shaped closed-beak forceps

Straight elevator

Crown bayonet forceps

S-shaped forceps (right)

A 48-year-old patient complains about permanent pain in the region of the 38 tooth. She has been suffering from this for 3 days. Crown of the 28 tooth is completely decayed. What forceps should be applied for extraction of roots of the 28 tooth?

Bayonet-shaped forceps

S-shaped forceps curved left

Straight root forceps

S-shaped close-beak forceps

S-shaped broad-beak forceps

A 28 year old man applied to a dental surgeon for removal of the 38 tooth. What forceps should be chosen for this tooth?

Beak-shaped curved on plane forceps

Broad-beaked forceps (with nonconverging beaks)

Beak-shaped forceps with converging beaks

Beak-shaped forceps with thorns

Root bayonets

A 57-year-old woman came to a dentist for extraction of the 34 tooth due to exacerbation of chronic periodontitis. What instrument would be optimal for tooth extraction in the given case?

Beak-shaped non-crushing forceps

Beak-shaped crushing forceps

Beak-shaped curved forceps

Straight elevator

Curved elevators

A patient consulted a dentist about constant dull pain in the 38 tooth. Mouth opening is limited down to 1 cm. It is necessary to extract the 38 tooth. What kind of anesthesia should be applied for operation?

Bercher-Dubov technique
Tuberal
Torus
Extraoral mandibular technique
Mandibular

A 29-year-old man came to an oral surgery department to extract the 38 tooth. There are complaints of pain and reduced mouth opening. Objectively: body temperature is 38°C, general condition is satisfactory, slight facial asymmetry is observed due to soft tissue swelling under the gonial angle on the left. Inflammatory contracture of the III degree is observed. In the oral cavity there are edema and hyperemia of mucosa along the pterygomandibular fold on the left. The submandibular lymph nodes are enlarged and painful on palpation. What conduction anaesthesia should be applied prior to the extraction of the 38 tooth?

Berchet-Dubov anaesthesia
Mandibular, lingual
Buccal, lingual
Infiltration
Tuberal

A patient complained about painful deglutition, difficult mouth opening. Several days ago the 47 tooth was removed because of acute condition of chronic periodontitis. The patient's condition kept worsening. Body temperature is 37,9°C. Results of external examination: the face is symmetric, face skin is slightly pale. Right submandibular lymph nodes are enlarged, palpatory painful. Examination of oral cavity is impossible because of evident contracture of lower jaw (the mouth opens up to 0,5 cm between central incisors). What anesthesia will provide mouth opening?

Bersche-Dubov's anesthesia
Plexus
Torus
Block of upper cervical plexus
Mandibular anesthesia

A 28-year-old patient has been scheduled for the surgical resection of the root apex of the 12 tooth for chronic granulomatous periodontitis. What kind of anesthesia should be given the patient before the surgery?

Bilateral infraorbital and incisive
Infraorbital and palatine
Terminal and incisive
Tuberal and palatine
Plexual and palatine

A patient is scheduled for the dissection of an abscessed upper lip furuncle. What kind of anesthesia is indicated for this intervention?

Bilateral infraorbital and palatine nerve block
Bilateral tuberal and palatine nerve block
Bilateral infraorbital and incisive
Bilateral palatine nerve block

Bilateral infraorbital

A 65 year old patient complains of pain in the area of mucous membrane of hard palate on the left that is getting worse during eating with use of a complete removable denture. He has been suffering from this for 1,5 month. Objectively: leftsided hyperemia and edema of mucous membrane of hard palate; at the border of distal denture edge there is an ulcer with dense walls and fundus, surrounding tissues are infiltrated. The ulcer floor is tuberos, covered with fibrinous deposit; ulcer palpation is painful. What examination method is to be applied in the first place?

Biopsy

Bacterioscopy

Cytology

Allergic contact plastic test

Serological reactions

During administration of Ultracain solution for infiltration anesthesia the condition of a 22-year-old patient sharply deteriorated. The patient became inert, silent, developed cough attacks, expiratory dyspnea, wheezing. Viscous slimy sputum is expectorated. What urgent condition did the patient develop?

Bronchial asthma attack

Anaphylactic shock

Collapse

Asphyxia

Hypertensive crisis

A 37-year-old patient addressed a dental surgeon with complaints of deteriorating wellbeing, high fever up to 38,1°C, headache, painful swelling on the chin. Objectively: there is a dense painful infiltration 3x4 cm in size on the skin of the chin. The skin over the infiltration is bluish in color. There are four necrosis areas in the focal center around the hair follicles. The submental lymph nodes are enlarged and painful on palpation. Make the diagnosis:

Carbuncle

Festered atheroma

Erysipelas

Furuncle

Dermal actinomycosis

A 28-year-old patient has been admitted to the oral and maxillofacial surgery for a carbuncle of face. Objectively: the patient is in a critical condition, face, mucous membranes of lips and conjunctiva are edematous and cyanotic. Body temperature is 40°The patient presents with delirium, hallucinations. The carbuncle is located on the upper lip, the surrounding soft tissues are swollen. Palpebral fissures are closed due to the edema of eyelids. What is the most likely complication of carbuncle?

Cavernous sinus thrombosis

Meningitis

Orbit phlegmon

Sepsis

Cerebral abscess

A 60 year old man has got a pustule on his chin skin that quickly developed into a hard, strongly painful infiltrate 3x3 cm large. In the epicentre three necrosis zones around hair follicles are present. Lymph nodes of chin are enlarged, painful. Body temperature is 38,5°C. What is the most probable diagnosis?

Chin carbuncle

Erysipelatous inflammation of chin

Suppurated atheroma

Chin furuncle

Allergic chin dermatitis

During preventive examination a 40-year- old man presents with the following changes: marginal gingiva is enlarged, torus-shaped, cyanotic, slightly bleeding when touched with a dental probe; there is no pain. Staining the gums with Lugol's iodine solution results in light-brown coloring of mucosa. Make the diagnosis:

Chronic catarrhal gingivitis

Acute catarrhal gingivitis

Exacerbation of chronic catarrhal gingivitis

Chronic hypertrophic gingivitis

Generalized periodontitis

A 30-year-old patient complains about a carious cavity. Objectively: the 16 tooth is discoloured and has a deep carious cavity communicating with the dental cavity. Probing, percussion cause no pain. Electroodontodiagnosis is 100 microampere X-ray picture shows widening of periodontal fissure. What is the most likely diagnosis?

Chronic fibrous periodontitis

Chronic granulomatous periodontitis

Chronic gangrenous pulpitis

Chronic granulating periodontitis

Chronic deep caries

A patient presented to a dental clinic for complex dental care. Objectively: the 37 tooth exhibits a deep carious cavity communicating with the tooth cavity. There is no response to stimuli. Radiography reveals widening and deformation of the periodontal ligament space in the apical region. What is the most likely diagnosis?

Chronic fibrous periodontitis

Chronic granulomatous periodontitis

Chronic granulating periodontitis

Chronic fibrous pulpitis

Chronic gangrenous pulpitis

A 44-year-old man came to extract destroyed tooth 24. Objectively his face is symmetrical, the crown of 24 is destroyed by 2/3, percussion is painless. Gingival mucosa surrounding the tooth is unchanged. X-ray shows enlarged periodontal fissure in the area of the root apex. What is the most likely diagnosis?

Chronic fibrous periodontitis of 24

Chronic granulating periodontitis of 24

Chronic granulomatous periodontitis of 24

Exacerbation of chronic periodontitis of 24

Chronic gangrenous periodontitis of 24

A 28-year-old patient had an appointment with a dental surgeon to prepare the oral cavity for a prosthesis. Examination revealed that the 11 tooth crown was decayed, the root was stable, its percussion was painless. The mucous membrane of the alveolar process was not changed. Ro-gram of the alveolar process shows widening of periodontal ligament space in the region of the 11 tooth. Alveolar process structure is not changed. The root canal was passable all through. What is the most likely diagnosis?

Chronic fibrous periodontitis of the 11 tooth

Chronic granulating periodontitis of the 11 tooth

Chronic granulomatous periodontitis of the 11 tooth

Periodontitis of the 11 tooth

Chronic periodontitis of the 11 tooth, hypercementosis

A 32-year-old patient has made an appointment with a dental surgeon to have oral cavity sanitation performed prior to denture installation. During examination the doctor stated the following: the crown of the 25th tooth is destroyed. The tooth root is stable, and its percussion is painless. Mucosa of alveolar process is unchanged. X-ray imaging reveals slight widening of periodontal fissure. What provisional diagnosis can be made?

Chronic fibrous periodontitis of the 25th tooth

Chronic granulomatous periodontitis of the 25th tooth

Cystogranuloma

Chronic granulating periodontitis of the 25th tooth

Chronic periodontitis of the 25th tooth

A 24-year-old woman came to a dentist to receive sanitation. Objectively on the masticatory surface of the 37 tooth there is a deep carious cavity connected with the dental cavity. The cavity probing is painless, no reaction to thermal stimuli is observed in the tooth, percussion is painless. EOD is 108 microamperes. X-ray shows traces of filling material in the root canal of the 37 tooth, periodontal fissure is enlarged and deformed. Make the diagnosis:

Chronic fibrous periodontitis of the 37 tooth

Chronic granulating periodontitis of the 37 tooth

Chronic granulomatous periodontitis of the 37 tooth

Chronic fibrous pulpitis of the 37 tooth

Exacerbation of chronic granulomatous periodontitis of the 37 tooth

A 20-year-old patient complains about a carious cavity in an upper right tooth. Objectively: the 16 tooth has a deep carious cavity communicating with the tooth cavity, probing at the opening point is painless, percussion of the 16 causes mild pain. There is a fistula on the gingiva in the region of root apex projection of the 16 tooth. What is the most probable diagnosis?

Chronic granulating periodontitis

Chronic fibrous periodontitis

Chronic granulomatous periodontitis

Chronic hypertrophic pulpitis

Chronic gangrenous pulpitis

A 28-year-old man is referred for oral cavity sanitation. On examination there is a filling on the masticatory surface of tooth 17, percussion is painless. Mucosa in the root apex projection of 17 is cyanotic, vasoparesis symptom is positive. X-ray shows foci of bone tissue destruction with fuzzy margins in the area of root apices, root canals are not filled. What is the most likely diagnosis?

Chronic granulating periodontitis

Chronic fibrous periodontitis

Chronic granulomatous periodontitis

Radicular cyst

Chronic fibrous pulpitis

A 40-year-old patient complains of discomfort in the 24 tooth. He has a history of periodical swelling in the region of the affected tooth. Objectively: the 24 tooth cavity is wide open. Probing and percussion are painless. There is positive vasoparesis symptom. Radiograph shows bone destruction with indistinct outlines. What is the most likely diagnosis?

Chronic granulating periodontitis

Chronic granulomatous periodontitis

Chronic fibrous pulpitis

Chronic fibrous periodontitis

Chronic gangrenous pulpitis

A 52-year-old woman complains of periodical appearance of a gingival fistula in the area of the 15 tooth. The tooth had been treated 1,5 years ago for caries. Objectively: the 15 tooth is filled. In the root apex projection there is a fistula; purulent exudate discharges on pressure. Tooth percussion is painless. On X-ray: the root canal is not filled, there is a destruction focus with blurred margins near the root. Make the diagnosis:

Chronic granulating periodontitis

Exacerbation of chronic granulating periodontitis

Chronic fibrous periodontitis

Periapical cyst

Chronic granulomatous periodontitis

A 65-year-old male patient complains of a long-lasting pain in a mandibular tooth on the right. The pain increases on biting. The patient has a history of this tooth treatment for caries. Objectively: the cavity on the masticatory surface of the 36 tooth is filled, percussion causes pain response. Along the mucogingival junction in the projection of the 36 tooth roots there is a fistula with purulent discharge. What is the most likely diagnosis?

Chronic granulating periodontitis

Chronic granulomatous periodontitis

Exacerbation of chronic periodontitis

Radicular cyst of the mandible

Chronic fibrous periodontitis

A 25-year-old student complains of a carious cavity in the 22 tooth. The fillings fell out 2 months ago. The tooth had been treated before for pulpitis. Objectively: there is a deep carious cavity with the rests of filling on the medial surface of the 22 tooth. The crown of

the 22 tooth is dirty pink. X-ray shows a root canal filled with the filling material by 1/2 of the root length; in the region of the root apex there is a well-defined focus of destruction of bone tissue 0,3×0,3 cm large. What is the most likely diagnosis?

Chronic granulomatous periodontitis

Residual pulpitis

Radicular cyst

Chronic granulating periodontitis

Chronic fibrous periodontitis

A patient complains of carious cavity in tooth 11. The filling was lost one week ago. The tooth crown is dark, there is residual filling material at the bottom of the carious cavity. Vertical percussion is painless. X-ray shows an oval area of bone tissue resorption with clear margins, 0.4×0.3 cm in size. The root canal is filled by 2/3 of its length. What is the most likely diagnosis?

Chronic granulomatous periodontitis

Chronic fibrous periodontitis

Chronic granulating periodontitis

Radicular cyst

Exacerbation of chronic periodontitis

A patient consulted a dental surgeon about extraction of the roots of the 36 tooth. The tooth decayed long ago. Objectively: the crown of the 36 is destroyed by 2/3, percussion is painless, mucosa around the 36 tooth exhibits no evident pathological changes. X-ray picture of the alveolar process shows a roundish well-defined radiolucency near the apex of the medial root. What is the most likely diagnosis?

Chronic granulomatous periodontitis

Chronic fibrous periodontitis

Exacerbation of chronic periodontitis

Chronic granulating periodontitis

Acute purulent periodontitis

A 41-year-old patient complains of mobility of the 24, 26, 27 teeth, purulent discharges from the socket of the extracted 25 tooth. 1,5 months ago the patient underwent a dissection along the mucogingival junction and extraction of the 25 tooth. Objectively: alveolar mucosa in the region of the 24, 26, 27 teeth is cyanotic and edematous. Along the mucogingival junction there is a fistula with protruding granulations. There are also purulent granulation discharges from the socket of the extracted 25 tooth. In the right infraorbital region some soft tissue swelling is present. Which disease are these clinical presentations most typical for?

Chronic limited osteomyelitis

Chronic alveolitis

Maxillary actinomycosis

Chronic diffuse osteomyelitis

Exacerbation of chronic maxillary sinusitis

A 43 year old patient complained about mobility of his 24, 26, 27 teeth, pus excretion from alveolus of the extracted 25 tooth. 1,5 month ago dissection along the mucogingival fold was performed and the 25 tooth was extracted. Objectively: there is a slight swelling

of soft tissues in the right infraorbital area, lymph nodes of the right submaxillary area are enlarged, slightly painful, nasal breathing is normal. Mucous membrane of alveolar process in the area of the 24,26,27 teeth is edematous and cyanotic. There is also a fistula with bulging granulations along the mucogingival fold. Alveolus of the extracted 25 tooth excretes purulent granulations. What disease does this clinical presentation correspond with?

Chronic localized osteomyelitis

Acute osteomyelitis

Acute condition of localized periodontitis

Acute condition of chronic maxillary sinusitis

Chronic alveolitis

A 43 year old patient complains of a neoplasm in the right submaxillary area that appeared a month ago after angina. Body temperature is 37,0-37,2° C. The patient underwent anti-inflammatory therapy but the neoplasm didn't diminish. Objectively: palpation of the right submaxillary area reveals a slightly painful spherical neoplasm of dense elastic consistency with regular outlines that is not adherent to skin. The duct of submandibular salivary gland excretes transparent saliva. Sublingual torus is unchanged. What is the most probable diagnosis?

Chronic lymphadenitis

Chronic sialoadenitis

Salivolithiasis

Salivary adenoma

Atheroma

A 43-year-old patient complains of a tumour in the right submandibular region which appeared two months ago after having flu. Objectively: palpation of the right submandibular region reveals a painful spherical neoplasm of dense elastic consistency with regular outlines which is not attached to the skin. Submandibular salivary gland secretes transparent saliva. Sublingual plica is unchanged. Which disease are these clinical presentations typical for?

Chronic lymphadenitis

Chronic sialoadenitis

Sialolithiasis

Sialozites

Acute lymphadenitis

A 32-year-old patient complains of a fistula in the submandibular region. Objectively: cheek is swollen in the region of mandible on the left, palpation revealed induration of soft tissues. In projection of the 35, 36 teeth there is a fistula containing pus and granulations. X-ray picture shows destruction of bone, sequestrum. What is the most likely diagnosis?

Chronic odontogenic osteomyelitis

Actinomycosis

Syphilis

Tuberculosis

Chronic periostitis

A 35-year-old man has been hospitalized into a dentofacial unit with complaints of mobility of the 38, 37, and 36 teeth and a fistulous tract in the socket of the extracted 35 tooth. The condition has been persisting for 3 months. Insertion of a grooved probe into the fistulous tract palpated bared coarse bone fragment that easily moved under pressure. X-ray of the lower jaw demonstrates a focus of bone tissue destruction, with a spot of dense bone tissue 0,5×0,3 cm in size. Make the diagnosis:

Chronic osteomyelitis

Acute osteomyelitis

Exacerbation of chronic osteomyelitis

Chronic periostitis

Actinomycosis

A 15-year-old girl complaining of moderate swelling of the left parotid-masticatory area is being examined by a dental surgeon. Palpation revealed the left parotid gland to be bulgy, dense, and painless. Turbid saliva is being secreted from the duct. The duct orifice is dilated, the surrounding mucosa is cyanotic, pastose, with teeth imprints. What disease is it?

Chronic parenchymatous sialoadenitis

Sialolithiasis

Chronic interstitial sialoadenitis

Cyst

Chronic sialoadokhitis

An 18-year-old patient complains about ulceration in the oral cavity, spontaneous bleeding of mucous membrane, pain during food intake and talking, nosebleeds. He has a history of: aggravation of general condition, weakness, body temperature rise up to 39°C, headache, joint pain. What method of diagnostics should be applied to confirm the diagnosis?

Clinical blood analysis

Allergy test

Immunogram

Blood sugar test

HIV test

A 64-year-old female patient was waiting for her turn at the dentist's. Suddenly she fell down, her respiration became hoarse, she got convulsive twitching in her upper and lower limbs, face and neck turned cyanotic, eye pupils became mydriatic, reaction of eye to light was absent. Arterial pressure and pulse couldn't be measured. Heart sounds couldn't be auscultated. Involuntary urination was noted. What condition is characterized by such symptoms?

Clinical death

Epilepsy

Shock

Coma

Collapse

A 48-year-old patient consulted a dental surgeon about extraction of the 37 tooth's roots. What tool should be chosen?

Closed-beak forceps
S-shaped forceps
Broad-beak forceps
Bayonet forceps
Curved beak-shaped forceps

A 34-year-old man came to a dental clinic for extraction of the 26 tooth. After application of 1,7 ml of Ultracain (Articaine) solution for local anaesthesia the patient developed general fatigue and nausea. Objectively: the skin is pale, cold, cyanotic, covered in clammy sweat; BP is 60/40 mm Hg. What urgent condition did the patient develop?

Collapse
Anaphylactic shock
Loss of consciousness
Bronchial asthma
Urticaria

During the cystectomy involving resection of the root apices of the 11, 21 and 22 teeth a 45-year-old patient developed skin pallor and cyanosis, a cold sweat, a sharp drop in blood pressure (70/40 mmHg). The patient is conscious but complains of weakness. What state has been developed?

Collapse
Epileptic seizure
Quinke's edema
Haematoma
Syncope

During tooth extraction a 32-year-old patient presented with sudden weakness, pale skin, cold sweat, weak pulse, a significant AP drop (diastolic pressure - 40 mm Hg). What complication developed in the patient?

Collapse
Anaphylactic shock
Attack of stenocardia
Syncope
Traumatic shock

A 27-year-old patient was provisionally diagnosed with acute suppurative odontogenic maxillary sinusitis. What radiology method would be the most informative in this case?

Computed tomography
X-ray
Panoramic radiography
Spot-film radiography
Radioisotopic tomography

A 35-year-old man complains about pain in the region of the 38 tooth, painful deglutition, difficult mouth opening. What anaesthesia method will be optimal during operation on account of pericoronaritis?

Conduction Bersche-Dubov's anesthesia
Trunk anesthesia

General anesthesia
Infiltration anesthesia
Application anesthesia

Examination of a 31-year-old patient revealed perforation of the pulp chamber floor of the 36 tooth with a minor radiolucency of the interradicular septum. Which of the following methods of surgical treatment should be applied in order to save the 36 tooth and use it as an abutment tooth for a bridge denture?

Coronary radicular separation
Tooth replantation
Root amputation
Sealing of perforation
Root hemisection

X-ray picture depicts a circular well-defined area of bone tissue destruction $0,7 \times 0,7$ cm large in the projection of root apex. What is the most likely diagnosis?

Cystogranuloma
Osteoma
Odontoma
Cyst
Granuloma

A 43-year-old patient consulted a dentist about pain in the 36th tooth. X-ray examination revealed a breakage of an endodontic tool in the distal root. The root apex exhibits a well-defined area of bone tissue destruction ($d = 5$ mm) with clear margins. What method of treatment is most appropriate in this case?

Dental hemisection
Conservative treatment
Tooth replantation
Root apex resection
Root amputation

A patient after the surgery for phlegmon of the pterygomandibular space was prescribed compresses with a membrane perforating drug. Which of the given below is a membrane perforating drug?

Dimexid (Dimethyl sulfoxide)
Lincomycin
Ectericidum
Oflocain
Streptocid (Sulfidine)

In the process of root extraction of the 38th tooth with Lecluse root elevator a dentist has pushed the root through into the perimandibular soft tissues. The root is situated under the alveolar arch mucosa and can be clearly palpated. What approach should the doctor choose in the given case?

Dissection of soft tissues covering the root followed by root extraction
Surgical root extraction through extraoral submandibular way of access
To leave the root in the soft tissues

To try and extract the root through the tooth socket
Further actions can be determined only after X-ray examination

A 55-year-old patient addressed a prostodontic clinic to have a denture made. During preparation of the 44 and 47 teeth for crown installation the patient became unwell: he developed vertigo, nausea, tinnitus, blurred vision, dyspnea. Unconsciousness followed, the pupils were dilated, heart rate was weak. After 1 minute the patient's condition improved. What condition occurred in the patient?

Dizziness

Anaphylactic shock

Hypoglycemic coma

Bronchial asthma

Collapse

A 36-year-old female patient complains about acute pain, clicking in the right temporomandibular joint, burning pain in the region of the right external acoustic meatus. Movements of lower jaw are step-like with short-standing disabling moments and acute pain in the joint. Objectively: the face is symmetric. Occlusion is orthognathic. Palpation of lateral pterygoid muscles is painful on the right. Computerize Tomogram shows that bone structure circuits of joints are smooth and slick. What is the most likely diagnosis?

Dysfunction of TMJ

Rheumatic arthritis of TMJ

Acute posttraumatic arthritis of TMJ

Deforming arthrosis of TMJ

Ankylosis of TMJ

A patient with ischemic heart disease has developed ventricular fibrillation. What is the first-priority therapeutic action?

Electric defibrillation

Adrenaline injection

Novocaine amide injection

Potassium chloride injection

Lidocaine injection

A 42-year-old patient complains about general weakness. Body temperature is 41°C, he presents with sickness, emesis, dyspnea. There is evident well-defined skin redness in form of flame tips on her face. Submandibular lymph nodes are enlarge What is the most likely diagnosis?

Erysipelas

Anthrax

Phlebitis of facial vein

Streptococcal impetigo

Lupus

A 30-year-old patient has got an edema and hyperemia of nose wing skin spreading to the skin of his upper lip and cheek. Examination revealed a fissure along the infra-external edge of the left nostril. The skin is tense, dense, red-and- cyanotic, skin

line pattern is smoothed; rise of local temperature is present. The zone of affection is well-defined and irregularly shaped. What is the most likely diagnosis?

Erysipelatous inflammation

Dermal actinomycosis

Dermal tuberculosis

Dermal cancer

Thrombophlebitis of the facial vein

A 25 year old man complains about itching and reddening of his skin in the buccal area, general weakness, flaccidity. He associates the begin of disease with a skin injury he had got during shaving. Objectively: body temperature is 39,0°C. In the buccal area a part of skin is hyperemic, slightly bulging, well-defined. Hyperemic surface has some vesicles with serous fluid. What is the most probable diagnosis?

Erysipelatous inflammation of face

Buccal phlegmon

Furuncle

Anthrax

Streptococcal impetigo

A 47-year-old patient complains about permanent pain in the 27 tooth that is getting worse when biting down on food. Objectively: the patient's face is symmetric, skin is of normal colouring, the mouth can be fully opened, mucous membrane of the alveolar process is edematic and hyperemic at a level of the 27 tooth. The 27 tooth has a deep carious cavity interconnecting with pulp chamber. Percussion of the 27 tooth causes acute pain. What is the most likely diagnosis?

Exacerbated chronic periodontitis of the 27 tooth

Chronic periodontitis of the 27 tooth

Acute generalized purulent pulpitis of the 27 tooth

Acute purulent periostitis of the upper jaw beginning from the 27 tooth

Chronic left-sided odontogenous rhinosinusitis

A 27- year-old patient complains about acute pain in the region of the 34 tooth that is getting worse when biting down on food. Roentgenographical survey revealed an ill-defined zone of bone tissue destruction in the periapical region of root of the 34 tooth. What is the most likely diagnosis?

Exacerbation of chronic granulating periodontitis

Acute purulent pulpitis complicated by periodontitis

Exacerbation of chronic pulpitis

Exacerbation of chronic granulomatous periodontitis

Acute serous periodontitis

After extreme exposure to cold a 42-year-old patient complains of headache in the left frontal lobe and the left upper jaw. Objectively: the face is symmetrical; left nasal meatus breathing is obstructed, and serous-purulent discharge is being produced; palpation of the suborbital area and further along the mucogingival fold in the 24th, 25th teeth projection reveals slight pain. Percussion of these teeth is painless. The 24th tooth has a filling. The alveolar process mucosa has no visible changes. X-ray imaging shows decreased pneumatization of the left maxillary sinus. What is the provisional diagnosis?

Exacerbation of chronic odontogenic maxillary sinusitis
Acute rhinogenous maxillary sinusitis
Acute alveolar periostitis of the left maxilla
Acute periodontitis of the 24th
Exacerbation of chronic periodontitis of the 24th

A 25-year-old patient complains of pain when biting on the 15 tooth. The pain arose two days ago, has a constant aching nature and increased significantly over the last day. Objectively: the crown of the 15 tooth is gray, the medial contact surface exhibits a deep carious cavity communicating with the tooth cavity. Percussion causes acute pain, the gingival mucosa in the projection of the 25 tooth root apex is hyperemic. The regional lymph node is tender. Radiograph shows an ill-defined zone of periapical bone destruction. What is the most likely diagnosis?

Exacerbation of chronic periodontitis
Acute serous periodontitis
Chronic granulating periodontitis
Acute suppurative periodontitis
Acute serous periodontitis, intoxication stage

A week ago an 18-year-old girl complained of pain in the 22 tooth which was treated and filled several years ago. Over the past two days the pain increased. Objectively: the 22 tooth is filled, percussion is painful, mucous membrane is hyperaemic and edematous. Spot-film roentgenograph of the 22 tooth shows an ill-defined periapical bone rarefaction 0,4×0,5 cm large. What is the most likely diagnosis?

Exacerbation of chronic periodontitis of the 22 tooth
Acute maxillary periostitis
Suppuration of the radicular cyst
Acute odontogenic osteomyelitis
Acute purulent periodontitis of the 22 tooth

A 44-year-old patient consulted a surgeon about constant acute pain in the upper jaw region on the left that is getting worse during teeth joining. The pain was noted 3 days ago. Objectively: the face is symmetrical, mouth opening is unlimited. The crown for the 26 tooth is half-destroyed. Probing of the carious cavity is painless. Percussion of the 26 tooth provokes acute pain. Mucous membrane of the alveolar process is edematous, hyperaemic at the level of the 26 tooth. The 26 tooth had been treated before. What is your provisional diagnosis?

Exacerbation of chronic periodontitis of the 26 tooth
Acute purulent periodontitis of the 26 tooth
Acute purulent periostitis of upper jaw of the 26 tooth on the left
Periodontitis of the 26, 27, 28 teeth
Acute pulpitis of the 26 tooth

A 42-year-old patient complains of pain in the submaxillary and sublingual areas that aggravates during eating, body temperature rise up to 37,6°. He has been suffering from this for 2 months. Objectively: infiltration along the right sublingual torus, hyperemia, soft tissue edema, acute pain during palpation. The duct of the right submandibular salivary gland excretes turbid saliva mixed with pus. What is the most likely diagnosis?

Exacerbation of salivolithiasis
Abscess of maxillolingual groove
Acute purulent lymphadenitis of submaxillary area
Adenophlegmon of submaxillary area
Retention cyst of sublingual salivary gland

A 34-year-old man complains of soft tissues edema in his lower left jaw and fistulae in the submandibular area. Teeth 36 and 37 are destroyed. Alveolar mucosa is swollen and hyperemic at the level of 36 and 37 X-ray detected sequestra in the mandibular body on the left. What treatment method should be chosen in this case?

Extraction of teeth 36 and 37 and mandibular sequestrectomy
Extraction of teeth 36 and 37
Mandibular sequestrectomy
Puncture of the inflamed area
Antibacterial treatment

A 36-year-old patient consulted a dentist about permanent acute pain in the upper jaw teeth, body temperature rise. The dentist found out that the 26 tooth had been repeatedly treated, the rest of teeth were intact. After roentgenological examination the patient was diagnosed with acute highmoritis. What is the most effective way of treatment?

Extraction of the causative tooth and medicamentous therapy
Caldwell-Luc maxillary sinusotomy
Puncture of the maxillary sinus and medicamentous therapy
Medicamentous therapy
Medicamentous and physiotherapeutic treatment

A 42-year-old woman complains of acute pain in her lower jaw, teeth mobility, high fever. The condition persists for 2 days. On clinical examination a doctor diagnosed her with acute mandibular osteomyelitis. What tactics regarding the mobile teeth should the doctor choose?

Extraction of the causative tooth only
Extraction of all mobile teeth
Conservative treatment of the causative tooth
Conservative treatment of all mobile teeth
Extraction of the causative tooth, trepanation and treatment of all mobile teeth

A 56-year-old patient presents to a dental clinic. He has an indication for the extraction of the 22 tooth. Examination revealed periosteal abscess in the projection of the 21, 22, 23 teeth, flattening of the mucogingival junction. What kind of peripheral conduction anaesthesia is most advisable?

Extraoral infraorbital anaesthesia + incisor anaesthesia
Plexus anaesthesia in the projection of the 22 tooth + palatinal anaesthesia
Plexus anaesthesia in the projection of the 22 tooth + incisor anaesthesia
Intraoral infraorbital anaesthesia + incisor anaesthesia
Intraoral infraorbital anaesthesia + palatinal anaesthesia

An 18-year-old male has a furuncle in the region of the mandible angle. The surrounding tissues are rigid. Cyanosis and induration in form of a cord extend to the corner of the eye.

General condition is deteriorated, body temperature is of 38,5°What complication has developed in this case?

Facial vein thrombophlebitis

Acute sinusitis

Phlegmon of cheek

Abscess of cheek

Carbuncle of cheek

A 39-year-old patient complains of experiencing pain in the region of the 21 tooth for 2 days. It is known from the history that the indicated tooth had been treated before for caries. Objectively: the 21 tooth is covered with metal-ceramic crown, mucous membrane in apex projection is edematic and hyperemic. Percussion of the tooth is extremely painful. X-ray picture shows improperly filled root canal. It is planned to remove the 21 tooth crown. What kind of anesthesia should be administered?

Field block anaesthesia

Infiltration anaesthesia

Application anaesthesia

Intraligamentous anaesthesia

Intraosseous anaesthesia

A 30-year-old patient was diagnosed with posttraumatic osteomyelitis of mandible in the region of mandible body on the right. The patient got the trauma 1,5 month ago. X-ray picture shows the fracture line and the shadow of osseous sequestre along the fracture line. There is a fistula with purulent discharge on skin. Choose the treatment tactics:

Fistulectomy, sequestrectomy

Fistulectomy

Physiotherapy

Fistulectomy, antibacterial therapy

Sequestrectomy

The 15 tooth must be extracted. The tooth crown is retained. What instrument should be used in this case?

Forceps with S-shaped handles

Straight forceps

Bayonet forceps

Left-sided forceps with S-shaped handles

Right-sided forceps with S-shaped handles

A 30-year-old patient complains about body temperature rise up to 39,0°C, a roundish infiltrate on his upper lip, general weakness. He has been presenting with these symptoms for 3 days. Objectively: a roundish infiltrate in the region of the upper lip 2,5 cm in diameter, the skin over the infiltrate is red with a necrotic core in the centre. The upper lip is hyperemic and edematic. What is the most likely diagnosis?

Furuncle of the upper lip

Acute glandular abscess

Carbuncle of the upper lip

Acute periostitis of the upper jaw

Retention cyst of the upper lip

A 13-year-old child suffers from odontogenic osteomyelitis starting from the 36th tooth and complicated by abscess of the pterygomandibular space. The 36th tooth is to be extracted; it is necessary to open the pterygomandibular space. These operations require the following type of anaesthesia:

General anaesthesia

Torusal anaesthesia

Infiltration anaesthesia

Bercher-Dubov central anaesthesia

Tuberal and palatinal anaesthesia

A 22-year-old man presents with swollen and hyperemic mucosa of the retromolar area; tooth 38 is covered with hood-shaped gingival flap that discharges pus on palpation; body temperature is 37.5°C. What urgent aid should be given to the patient in this case?

Gingival flap incision and antibacterial treatment

Gingival flap excision

Extraction of tooth 38

Antibiotic treatment

Gingival flap incision

Following an uncomplicated extraction of the 37 tooth, a 60-year-old patient has profuse hemorrhage. The patient has a 6-year history of essential hypertension. AP- 180/110 mm Hg. What kind of emergency care should be rendered?

Give an injection of antihypertensive drugs and pack the tooth socket tightly

Give an injection of hemostatic drugs

Pack the tooth socket with a hemostatic sponge

Pack the tooth socket tightly with an iodoform turunda

Suture the tooth socket

A 52-year-old man was referred to an in-patient dentofacial department with complaints of pain in the submandibular area, aggravating during eating. Anamnesis states frequent exacerbations of inflammatory processes. Main and additional investigations resulted in provisional diagnosis of submandibular sialolithiasis. A concrement 1,5 cm in diameter is localized in the body of the gland. What tactics should a dental surgeon choose?

Gland extirpation

Saliva-producing diet

Physiotherapeutic procedures

Puncture biopsy

Extract the concrement from the gland and place a blind suture

A 37-year-old patient has symmetrical face; the mucosa in the area of the 12 tooth root apex projection is pale pink; palpation is painless; the tooth crown is destroyed by 1/3; percussion is painless. X-ray: the root canal of the 12 tooth is filled to the apex; granuloma 4 mm in diameter is located near the root apex. Choose the method of surgical treatment:

Granuloma removal with root apex resection

Root hemisection

Coronary radicular tooth separation

Root amputation

Tooth extraction

A patient with haemophilia consulted a dental surgeon about decay of a right lower tooth. Objectively: the crown of the 46 tooth is completely decayed below the gum level. Percussion causes minor pain reaction. It is planned to extract the 46 tooth. The extraction procedure should be performed in:

Haematological department

Stomatological clinic and following administration of haemostatic drugs

Maxillofacial surgery department

Stomatological clinic

Maxillofacial surgery department after the consultation with a haematologist

A 45-year-old female patient complains of a slightly painful, tumour-like formation in the right parotid region that appeared two months ago for no apparent reason. The patient notes weakness, occasional body temperature rise up to 37,2°C-37,6°C. Two weeks ago she underwent the anti-inflammatory therapy which did not have positive effect. Objectively: the face is asymmetric due to a minor swelling in the right parotid region. Palpation reveals a roundish dense and elastic formation with even contours, it is slightly painful, not adherent to the skin. Incisive canal exudes a small amount of transparent saliva. What is the most likely diagnosis?

Hertsenberg's pseudoparotitis

Epidemic parotitis

Sjogren's syndrome

Parotid atheroma

Acute infectious parotitis

A 20-year-old patient has made an appointment with a dentist. On external examination the patient is pale, complains of long-term fever, insomnia, weight loss of 13 kg within 5 months. The patient is homeless. The therapist's consultation states: all groups of the lymph nodes are enlarged, hepatolienal syndrome. Blood test: leukocytes - $2,2 \cdot 10^9/l$. Make the diagnosis:

HIV infection

Infectious mononucleosis

Chronic sepsis

Tuberculosis

Lymphogranulomatosis

A 40-year-old patient has been given anesthesia, immediately after which he developed severe weakness, heart palpitation. Objectively: the patient is conscious, inert, skin is markedly hyperemic, there is acute headache, AP is 180/100 mm Hg, heart sounds are muffled. What state is it?

Hypertensive crisis

An attack of stenocardia

Myocardial infarction

Cardiac pain

Cardiogenic form of anaphylactic shock

A 22-year-old student arrived for an appointment with a dentist in the afternoon after his classes were over. The patient is registered for regular check-ups with an endocrinologist. During treatment the patient developed excited state followed by loss of consciousness. Objectively: tremor of the extremities, moist skin, heart rate - 100/min., BP- 100/60 mm Hg. What diagnosis is most likely?

Hypoglycemic coma

Anaphylactic shock

Syncope

Hyperglycemic coma

Epileptic attack

A 68-year-old patient with compensated insulin-dependent diabetes mellitus had to spend 8 hours at a hospital. Within this time he didn't eat and was nervous. The patient became aggressive, pale and sweaty, then he lost consciousness. What is the most likely diagnosis?

Hypoglycemic coma

Anaphylactic shock

Hypertensive crisis

Acute respiratory failure

Collapse

A 25-year-old male complains of pain, a sensation of heaviness in the maxilla on the left. He has a history of the 25 tooth extraction followed by health deterioration. There appeared purulent discharge from the left nasal meatus. He was diagnosed with acute odontogenic left-sided sinusitis. Which nasal meatus should the maxillary sinus be punctured through?

Inferior

Superior

Middle

Superior and inferior

Middle and inferior

A 43-year-old patient consulted a dentist about numbness of the left half of his tongue, which developed 10 days ago after the atypical extraction of the 38 tooth. What nerve was damaged during the surgery?

Inferior alveolar

Sublingual

Facial

Glossopharyngeal

Lingual

A 34-year-old dental patient has an indication for the extraction of the 38 tooth for chronic fibrous periodontitis. The dental surgeon used torusal (Weisbren's) anesthesia. What nerves are blocked by this anesthesia?

Inferior alveolar, lingual, buccal

Lingual, buccal, mental

Lingual, buccal

Superior alveolar, lingual

Superior alveolar, buccal

A 39-year-old patient complains about experiencing pain in the region of the 21 tooth for 2 days. It is known from the anamnesis that the indicated tooth was treated for carious. Objectively: the 21 tooth is covered with metal-ceramic crown, mucous membrane in apex projection is hyperaemic. Percussion of the tooth is sharply painful. X-ray picture shows improperly filled root canal. It is planned to take off the 21 tooth crown. What kind of anesthesia should be applied?

Infiltration anesthesia

Application anesthesia

Intraosseous anesthesia

Field block anesthesia

Intraligamentous anesthesia

A patient has indication for removal of his medial incisor of the right upper jaw on account of chronic periodontitis. What types of anaesthesia should be applied for tooth removal?

Infraborbital and incisive

Infraorbital and palatine

Terminal and incisive

Infraorbital, palatine and incisive

Plexual and incisive

A female patient applied to the oral surgery department and underwent radical maxillary sinusotomy with plastic repair of fistula through the alveolar socket of the extracted 27 tooth. Infiltration and all the peripheral block anaesthesias of the left upper jaw were performed with 6,0 ml of 2% lidocaine solution. 3 minutes later the patient registered double vision in her left eye, inability to close it. Which of the performed anaesthesias is the reason for the above-mentioned presentations?

Infraorbital

Tuberal

Incisor

Palatinal

Infiltration

A patient with complaints of toothache in the left upper jaw has made an appointment with a dental clinic. He was diagnosed with chronic periodontitis of the 24 tooth. What kind of anesthesia is necessary for painless extraction of the 24 tooth?

Infraorbital and palatinal anesthesia

Tuberal and palatinal anesthesia

Infraorbital and incisor anesthesia

Tuberal and incisor anesthesia

Surface and tuberal anesthesia

During application of infraorbital anaesthesia the patient developed a postinjection hematoma. What vessel had been damaged?

Infraorbital artery

Maxillary artery

Pterygoid venous plexus
Temporal artery
Palatine artery

A 47-year-old man complains of persisting dull pain in his upper right jaw. Anamnesis states that the 13 tooth has been treated repeatedly to no effect. Objectively: oral mucosa in the area of the 13 and 14 teeth is hyperemic and painless on palpation. The crown of the 13 tooth is destroyed to the gingival margin. Percussion is sharply painful. What conduction anaesthesia should be applied to extract the 13 tooth?

Infraorbital, incisor, palatal

Infraorbital, incisor

Infraorbital, palatal, tuberal

Infraorbital, palatal

Infraorbital, tuberal

It is planned to lance an abscess of hard palate (it is localized close to the 23, 24, 25 teeth) and to extract the causative 24 tooth that had caused abscess development. What type of anaesthesia is indicated for this operation?

Infraorbital, palatinal and incisor

Tuberal, infraorbital and incisor

Tuberal, infraorbital and palatinal

Tuberal and palatinal

Tuberal and incisor

After the unproblematic extraction of the 37 tooth a 60-year-old patient presents with profuse haemorrhage from the tooth socket. The patient has a 6-year history of essential hypertension. Now his AP is 180/110 mm Hg. What emergency aid should be rendered?

Injection of hypotensive drugs and tight pack of the tooth socket

Pack of the tooth socket with haemostatic sponge

Pack of the tooth socket with iodoform tampon

Suture ligature of the tooth socket

Injection of haemostatic drugs

A patient ordered metal-ceramic crowns for the 11, 12 teeth. Block anaesthesia was performed before preparation. In a few minutes the patient felt anxiety, tinnitus, abdominal pain, giddiness. Breathing is hurried, pulse is rapid, AP is 60/40 mm Hg. What aid should be rendered to the patient in the first place?

Intravenous introduction of 0,5 ml of 0,1 % adrenaline solution, prednisolone

To soak a cotton web with some liquid ammonia and give it for the patient to inhale

To bring the patient into horizontal position

Promedol, suprastin

Make an injection of aminophylline

A 53-year-old male patient has made a repeat appointment after 3 days upon the extraction of the 36th tooth. Spot X-ray of the 36th tooth made from within the oral cavity revealed the remaining mesial root. What tools should be used to extract this root?

Inward bent elevator and lower beak-shaped forceps without spike

Inward bent elevator and upper beak-shaped forceps without spike

Outward bent elevator and upper beak-shaped forceps without spike
Inward and outward bent elevators and upper beak-shaped forceps without spike
Outward bent elevator and lower beak-shaped forceps without spike

A 32-year-old 3-month pregnant patient presented to the surgery clinic for the exodontia of the 16 tooth is missing. The patient was given an anaesthetic of articaine group "Ultracain DS". The doctor chose this anesthetic because:

It is low-toxic, is not capable of crossing the hemato-placental barrier
It is most commonly used in the stomatological practice
It doesn't contain sulphites
It is low-toxic
It reduces the volume of uteroplacental circulation

A 27-year-old male patient underwent extraction of the medial root of the 36 tooth, but the distal tooth root was broken in its middle third. What tools should be applied for root extraction?

Left angled elevator
Right angled elevator
Broad-beaked forceps
Straight elevator
Close-beaked forceps

During extraction of the 47 tooth its distal root was broken halfway along its length. What tool should be chosen for extraction of the residual root fragments?

Left angled elevator
Straight elevator
Close-beaked forceps
Broad-beaked forceps
Right angled elevator

A 49-year-old patient has a tooth removed from the left upper jaw under plexus anesthesia with articaine-forte (Articaine + Epinephrine). After the operation the tooth socket did not fill with blood clot. How to prevent alveolitis in this case?

Loosely fill the socket with iodoform tampon
Lavage the socket with microcide solution
Fill the socket with hemostatic sponge
Fill the socket with antibiotic dusting powder
Lavage the socket with 0,1% chlorhexidine solution

A 42-year-old man was delivered to the hospital in the severe condition: inert, body temperature is 39.1°C, there is acutely painful infiltration of the mouth floor and submandibular area on the right. The skin over the infiltration is turgid and cyanotic. Palpation detects crepitus under the skin. What diagnosis can be made in this case?

Ludwig's angina (suppurative-necrotic phlegmon of the mouth floor)
Adenophlegmon of the mouth floor
Malignant tumor of the mouth floor
Actinomycosis of the mouth floor
Odontogenic phlegmon of the mouth floor

A 39-year-old patient complains of some soft ulcers and tubercles on the oral mucosa, gingival haemorrhage, pain and loosening of teeth. Objectively: mucous membrane of tongue and gums presents single ulcers with soft, swollen, slightly painful edges, covered with a yellow film. Regional lymph nodes are enlarged, soft, painless, not adherent to the surrounding tissues. What is your provisional diagnosis?

Lupus tuberculosis

Scrofuloderma

Lepra

Tertiary syphilis

Sutton's aphthae

A 25-year-old woman made an appointment with the dental surgeon for oral cavity sanitation. Objectively the crown of tooth 37 is destroyed by 2/3. Gingival mucosa around tooth 37 is without changes. What anesthesia should the dental surgeon give to the patient for the procedure of tooth extraction?

Mandibular and buccal anesthesia

Intraoral infraorbital nerve block

Tuberal anesthesia

Mandibular anesthesia

Mental nerve block

With the purpose of the 46 tooth extraction, a 28-year-old male patient was given Weisbrem's anesthesia. Specify the site of anesthetic injection with this anesthesia:

Mandibular torus

Retromandibular fossa

Retromolar fossa

Mandibular temporal crest

Maxillary tuber

A patient has orthopaedic indications for the 37 tooth extraction. What kind of anesthesia should be given to this patient before the extraction?

Mandibular torus anesthesia

Infraorbital + buccal anesthesia

Mandibular

Tuberal + buccal anesthesia

Mental + buccal anesthesia

Six months ago a 40-year-old man had his tooth 26 extracted; afterwards his oral cavity and maxillary sinus became communicating and the patient developed the first signs of maxillary sinusitis. What surgical procedure should be performed in this case?

Maxillary sinusotomy with simultaneous plastic surgery for repair of the fistula

Caldwell-Luc surgery

Fistula plication

Fistula packing with Iodoform gauze

Osteotomy of the alveolar process

During endodontic treatment of periodontitis a tool was broken in the middle third of the medial root. Choose the treatment method:

Medial root hemisection

Tooth extraction

Medial root amputation

Crown radicular separation

Resection of medial root apex

A patient was admitted to the oral surgery department with a diagnosis "odontogenous phlegmon of mouth floor". Objectively: general condition of the patient is grave, abed position is forced, the patient is sitting with lowered head. He complains about pain behind his breastbone that is getting worse during backward flexion of head; cough, dyspnea. What complication has developed?

Mediastinitis

Phlegmon of retropharyngeal space

Cervical phlegmon

Phlegmon of tongue root

Phlegmon of peripharyngeal space

During or immediately after an injection, certain local complications can develop. What is NOT one of those complications?

Mucosal necrosis

Dermal ischemia

Diplopia

Functional paralysis or paresis of facial muscles

Damage to a blood vessel by the needle

A 59-year-old male patient presented to a prosthetic dentistry clinic for the purpose of prosthetics. Immediately during the manipulations the patient developed the following symptoms: weakness, prostration, skin pallor and cyanosis, clammy sweat, a decrease in systolic blood pressure down to 80 mm Hg. What is the most likely diagnosis?

Myocardial infarction

Shock

Kussmaul's coma

Collapse

Syncope

Rising from a chair after a dental procedure, a 60-year-old patient felt retrosternal pain radiating to the left arm, nausea, weakness. Objectively: the patient is pale, his face is sweaty. AP is 90/60 mm Hg, pulse is arrhythmic, of poor volume, 100/min. Heart sounds are muffled, vesicular breathing is present. What is your provisional diagnosis?

Myocardial infarction

Stenocardia

Pulmonary artery thrombosis

An attack of coronary artery disease

Hypertensive crisis

A 40-year-old patient needs the oral cavity sanitation, which involves extraction of the upper central incisors. What nerve structure will be blocked as a result of incisor anaesthesia?

Nasopalatine nerve

Posterior superior alveolar branch of the infraorbital nerve

Anterior superior alveolar branch of the infraorbital nerve

Dental nerve plexus

Median superior alveolar branch of the infraorbital nerve

A 5 year old child was diagnosed with congenital complete nonclosure of soft and hard palate. What type of anaesthesia is indicated for uranostaphyloplasty?

Nasotracheal narcosis

Mask narcosis

Intravenous narcosis

Orotracheal narcosis

Endotracheal narcosis through tracheostome

A 30-year-old patient consulted a dentist about dull pain, numbness in the lower teeth, the lower lip and chin on the right. Anamnesis data: the problems arose a week ago after the extraction of an impacted wisdom tooth on the right lower jaw. The patient developed the following disease:

Neuritis of the inferior alveolar nerve

Neuralgia of the third branch of the trigeminal nerve

Neuritis of the facial nerve

Neuritis of the trigeminal nerve

Neuralgia of the auriculotemporal nerve

After complex extraction of the 37 tooth a patient experienced anaesthesia of the left half of his lower lip and chin. Electroodontodiagnosis showed reduction of lower jaw teeth electroexcitability on the left. What is the most likely diagnosis?

Neuritis of the left inferior alveolar nerve

Neuralgia of the left inferior alveolar nerve

Alveolitis in the region of socket of the 37 tooth

Herpes Zoster n.Trigemini

Acute osteomyelitis of mandible body

A patient complains of loss of feeling in the left side of his lower lip and chin, which occurred after the complicated extraction of the 37th tooth. Electric pulp test (EPT) revealed decrease in electroexcitability of the left lower jaw teeth. What is the most probable diagnosis?

Neuritis of the left inferior dental nerve

Acute osteomyelitis of the body of mandible

Neuralgia of the left inferior dental nerve

Herpes Zoster n.Trigemini

Alveolitis of the 37th tooth socket

During tooth extraction a 55-year-old female patient reported dull retrosternal pain, feeling of chest compression. The dental surgeon who was performing the tooth

extraction made a diagnosis of angina. What drugs should be given the patient for the relief of this condition?

Nitroglycerin, validol

Diphenhydramine

Ketanov

Analgin

Baralgin

A 65-year-old man during the tooth extraction suddenly felt unwell, he developed severe pain irradiating to the left scapula and numbness of the left hand. Objectively: the patient is pale, beads of perspiration appeared on his forehead, BP is 170/90 mm Hg, heart rate is 86/min., rhythmical. The dentist stopped the manipulations in the oral cavity. What drug should be administered in this case?

Nitroglycerine

Zelenin drops

Valerian tincture

Valocordin

Analgin (Metamizole)

It is planned to organize a dental room with three universal dental sets. The total area of the room must be:

No less than 28 square metres

No less than 21 square metres

No less than 18 square metres

No less than 30 square metres

No less than 42 square metres

A 60-year-old patient complains of a growth in the mental region, which is painless and slowly grows in size. Objectively: there is rounded infiltrate with clear margins in the mental region; it is slightly painful, the skin under it is very thin. Palpation in the vestibule of mouth reveals dense band going from the growth to the destroyed 33rd tooth. What is the most probable diagnosis?

Odontogenic granuloma of the face

Odontogenic abscess of the mental region

Acute lymphadenitis the mental region

Chronic lymphadenitis of the mental region

Atheroma of the mental region

A 43-year-old man complains about painful swallowing, limited mouth opening. Destroyed 37 tooth caused pain 3 days ago. Painful swallowing appeared the next day. Limited mouth opening was present a day later. Objectively: there is a small soft swelling in the left submaxillary area. An enlarged lymph node is palpable. The mouth can be opened by 1,5 cm. Edema of left palatine arch and pharynx lateral wall is present. The 37 tooth is destroyed. Mucous membrane around the tooth is edematous. Percussion is slightly painful. What is the most likely diagnosis?

Odontogenic peripharyngeal phlegmon

Odontogenic pterygomandibular phlegmon

Peritonsillar abscess

Odontogenic submaxillary phlegmon
Acute submaxillary lymphadenitis

A patient complains of pain and swelling in the right submandibular area. She has been treating the 45 tooth for a week. Objectively: body temperature is 38°. There is a painful tense infiltration in the right submandibular region. The skin doesn't make a fold, it's hyperemic and glossy. The mouth can be opened by 3 cm. Deglutition is painless. These clinical findings correspond with the following disease:

Odontogenous phlegmon of the right submandibular region
Adenophlegmon of the right submandibular region
Phlegmon of pterygomandibular space
Abscess of the right alveololingual groove
Acute odontogenous sialoadenitis

A 34-year-old man complains of pain in the area of his right eye, headache, and body temperature rise up to 38,6°C. Two days ago the patient developed an infiltration in the lower eyelid of the right eye. Objectively the eyelids are markedly swollen, palpebral fissure is closed, conjunctiva is swollen. Exophthalmos is observed. The eyeball is immobile, vision is impaired. Make the diagnosis:

Orbital phlegmon
Eyelid phlegmon
Purulent maxillary sinusitis
Angular vein thrombophlebitis
Lower eyelid abscess

A 7-year-old boy is diagnosed with epidemic parotitis (mumps). Name the most likely complication of this disease:

Orchitis
Colitis
Dermatitis
Pneumonia
Cholecystitis

A 5-year-old boy has been diagnosed with acute mumps. The child is in a moderately grave condition, body temperature is of 38,6°C, the patient complains of acute pain in the left hypochondrium and epigastrium, radiating to the back. What complication has developed in the child?

Pancreatitis
Orchitis
Epididymitis
Gastritis
Mediastinitis

A 45-year-old man came to a dentist with complaints of a massive and extremely dense (resembling wood) infiltration in the parotid and retromandibular areas, which persists for 1,5 months. The patient's general condition remains largely undisturbed, signs of inflammatory process are vague and indistinct. Periodically in the infiltration area the skin assumes cyanotic-purple color, a soft patch appears in the center, where 1-2 fistulae

develop and discharge pus with white granules. Periodically fistulae close and reopen.

Make the diagnosis:

Parotid actinomycosis

Parotid tuberculosis

Parotid erysipelas

Chronic parotid sialadenitis

Adenocarcinoma of the parotid gland

A 30-year-old patient is diagnosed with acute suppurative odontogenic periostitis of the upper left jaw originating from tooth 23. The crown of 23 on the left is destroyed with caries by 1/3. Teeth 22 and 24 are intact. Spot- film X-ray shows widening of the periodontal fissure of 23. What treatment would be the most advisable in this case?

Periosteotomy and pharmacotherapy followed by treatment of the causative tooth

Conservative treatment

Extraction of the causative tooth, physiotherapy

Extraction of the causative tooth, pharmacotherapy

Extraction of the causative tooth, periosteotomy

A 48-year-old patient is in grave condition: body temperature is of 39,8°C, the face is asymmetric due to the infiltration of the submental and both submandibular triangles. Speech is difficult as the tongue is displaced upwards. Swallowing is painful. Sublingual plicae are markedly hyperemic and edematous. What is the most likely diagnosis?

Phlegmon of mouth floor

Phlegmon of submandibular triangle

Abscess of tongue root

Phlegmon of alveololingual groove

Phlegmon of submental triangle

A patient complains of limited mouth opening, pain during swallowing, fever up to 38,5°C, weakness, indisposition. Objectively: the mouth opens up to 1 cm. After Berchet anesthesia examination of the oral cavity revealed edema, hyperemia, tenderness of the pterygomandibular fold. Lateral and posterior pharyngeal walls are intact. The 38 tooth is semi-impacted. Palpation of the internal surface of the mandibular angle is painful. What is the most likely diagnosis?

Phlegmon of pterygomandibular space

Acute tonsillitis

Phlegmon of the infratemporal region

Phlegmon of peripharyngeal space

Acute pericoronitis of the 38 tooth region

A 45-year-old male patient has been admitted to the maxillofacial department with complaints of general weakness, pain and swelling in the left submandibular region, elevation of body temperature up to 39°He has a history of frequent pain in the 36 mandibular tooth on the left. The face is asymmetric due to the swelling of the left submandibular region, where a dense infiltrate is palpable; the overlying skin is hyperemic, doesn't make a fold. There is a deep carious cavity in the 36 tooth, its percussion causes pain response; the surrounding mucosa is hyperemic, edematous. What is the most likely diagnosis?

Phlegmon of the left submandibular region
Acute suppurative left-sided submandibular lymphadenitis
Acute left-sided osteomyelitis of the mandible
Acute suppurative left-sided periostitis of the mandible
Acute left-sided submandibular sialadenitis

A 49-year-old man complains of progressing reduction of mouth opening, pain on the left when swallowing, severe deterioration of his general well-being, temperature increase up to 39.3°C . Destroyed tooth 38 presents with acute pain. Objectively the face is symmetrical, the submandibular lymph nodes on the left are enlarged and painful on palpation. Palpation under the left mandibular angle and in the left retromandibular area provokes sharp pain. Mouth opening and movement of the mandible to the left are significantly reduced. The left pterygomandibular fold is hyperemic and infiltrated. What is the most likely diagnosis?

Phlegmon of the pterygomandibular space
Phlegmon of the parapharyngeal space
Phlegmon of the retromandibular area
Phlegmon of the submandibular space
Abscess of the sublingual fossa

During extraction of the 26 tooth a 34-year-old patient developed tinnitus, skin pallor, weakness. She was diagnosed with vertigo. What is the most appropriate tactics of emergency care?

Placing the patient in Trendelenburg position
Intravenous injection of prednisolone
Intravenous injection of 0,1% adrenalin
Intravenous injection of cordiamin
Intravenous injection of 50% analgin

After the extraction of the 26 tooth a 43-year-old patient presents with a communication between the oral cavity and the maxillary sinus. X-ray picture shows no changes in the maxillary sinuses. What tactics should be chosen by a dental surgeon to prevent maxillary sinusitis?

Plastic restoring of the communication
Socket filling with a blood clot
Socket tamponade with a iodoform turunda
Socket filling with a hemostatic sponge
Sinus rinsing with an antibiotic solution

During opening a phlegmon of mouth floor a doctor revealed greyish necrotic masses in purulent foci, gas vesicles and fat droplets, sharp unpleasant smell of exudate. The tissues are of dark-brown colour, muscles resemble of boiled meat. What medications should be administered in order to prevent further spreading of this process?

Polyvalent antigangrenous serum
Challenging dose of broad spectrum antibiotics
Glucocorticoid medications
Hyposensitizing medications
Immunomodulators

A patient consulted an oral surgeon about pain in the region of his left upper jaw that appeared 3 days ago. After examination the patient was diagnosed with exacerbation of chronic periodontitis of the 17 tooth. It is indicated to extract the 17 tooth. What nerves should be blocked for painless extraction of the 17 tooth?

Posterior alveolar nerves and greater palatine nerve

Greater palatine nerve

Anterior alveolar nerves and incisor nerve

Median alveolar nerves and greater palatine nerve

Nasopalatine nerve

A 28-year-old man attended a glasshouse in a botanic garden. After he had smelt at an orchid he turned pale and lost consciousness. Objectively: heart rate is 115/min, arterial pressure is 50/0 mm Hg. What drug should be injected to the patient in the first place?

Prednisolone

Cordiamin

Strophanthine

Mesaton

Dimedrolum

A 64-year-old patient had a myocardial infarction a month ago. He presents to a dental office for the treatment of pulpitis of the 12 tooth. Select the optimal method of anesthesia:

Premedication + anesthetic without a vasoconstrictor

An anesthetic with a vasoconstrictor

Premedication + an anesthetic with a vasoconstrictor

Premedication + an anesthetic without a vasoconstrictor

E.Premedication + anesthetic with a vasoconstrictor

A 30-year-old male patient consulted a dentist about a swelling in the region of his upper lip. Objectively: the face is asymmetric because of upper lip edema, nasolabial fold is smoothed. Mucogingival fold of the upper jaw vestibular surface in the region of the 11, 12, 21 teeth is smoothed, hyperemic. Palpation is painful. Fluctuation is present. The patient was diagnosed with acute purulent periostitis of the upper jaw starting from the 21 tooth. Choose the treatment tactics:

Preservation of the 21 tooth, periosteotomy, anti-inflammatory therapy

Preservation of the 21 tooth, anti-inflammatory therapy

Extraction of the 21 tooth, periosteotomy

Extraction of the 12, 21, 22 teeth, periosteotomy, anti-inflammatory therapy

Extraction of the 21 tooth, periosteotomy, anti-inflammatory therapy

A 28-year-old man complains of painless sore in his mouth that persists despite the attempts at self-treatment. Objectively the regional lymph nodes on the left are enlarged and painless. Mucosa of the left cheek presents with round ulcer, 1 cm in diameter, with raised margins and cartilage-like infiltration in its basis. The surface of the ulcer is colored meat red and painless on palpation. What is the most likely diagnosis?

Primary syphilis

Cancer

Secondary syphilis

Lupus vulgaris

Decubitus ulcer

A 24-year-old female patient presented to a dental clinic for the extraction of the maxillary wisdom tooth root. Following the posterior superior alveolar nerve block, a post-injection hematoma occurred. What structure was damaged during anesthesia?

Pterygoid venous plexus

Maxillary artery

Infraorbital artery

Palatine artery

Zygomatic artery

A 24-year-old patient complains of acute pain and swelling in the submandibular triangle that is getting worse when he eats spicy food. He has been diagnosed with exacerbation of chronic calculous sialoadenitis with the concrement localized in the median part of the salivary duct. Which method is most rational in this case?

Duct dissection and concrement removal

Ptyalagogue diet

Physiotherapy

Gland extirpation

Duct bougienage

In the process of the 26th tooth extraction a 34-year-old patient suddenly developed the following symptoms: tinnitus, weakness, paleness of skin. Vertigo was diagnosed. What first aid approach is the most advisable?

Put the patient in the Trendelenburg position

Intravenous injection of prednisolone

Intravenous injection of 0,1% epinephrine

Subcutaneous injection of cordiamin

Intramuscular injection of 50% analgin (metamisole sodium) solution

One minute after performing torus anaesthesia with 2% novocaine solution (4ml) during extraction of the 17 tooth the patient complained about respiration obstruction. Objectively: upper and lower lips are edematous, mucous membrane of larynx and oral cavity is edematous and extremely hyperemic. What complication turned up in this patient?

Quincke's edema

Acute pulmonary insufficiency

Collapse

Anaphylactic shock

Anesthetic intoxication

After the clinical and radiographic examination a 32-year-old patient was diagnosed with chronic odontogenic sinusitis, fistula between sinus and oral cavity through the socket of the 27 tooth. Specify the optimal method of surgical treatment of this disease:

Radical maxillary sinusotomy and local tissue plasty of fistula

Local tissue plasty of fistula, anti-inflammatory therapy

Fistula plasty with a hard palate graft

Fistula suturing, sinus lavage
Radical maxillary sinusotomy

A 31-year-old patient complains of experiencing recurrent pain in the 48 tooth for 4 years. Objectively: right submandibular lymph nodes are enlarged, painless. Mucous membrane around the partially erupted 48 tooth is hyperemia. On probing the subgingival pocket of the 48 tooth exudes pus mixed with blood. What additional study will be most informative for diagnosing this pathology?

Radiography
Electroodontometry
Blood and urine tests
Contrast radiography
Blood count

A 46-year-old patient complains of a periodic swelling in the right submandibular region when eating, dry mouth. Bimanual palpation of the middle portion of the hyoid region on the right revealed a moderately painful dense lump. From the excretory duct of the submandibular gland some muco-purulent exudate is expressed. The patient should be referred to the following roentgenologic examination:

Radiography of the mouth floor
Radiography of the mandible in the lateral projection
Survey radiography of the facial bones
Spot-film radiography of the alveolar process
Panoramic radiography of the jaws

A 20-year-old patient addressed a dentist for treatment of the destroyed teeth. Examination revealed round painless papulae with hyperemic infiltrated crown 7 mm in diameter on the palatine arches, soft palate, tonsils, tongue. Regional lymph nodes are enlarged, dense, elastic, painless and mobile. What tactics should a doctor choose?

Refer for a consultation to a venereologist
Refer for a consultation to an ENT doctor
Perform oral cavity sanitation
Perform cytological analysis
Perform bacteriological analysis

A patient came to a dental surgeon with complaint of periodical pains in the 22 tooth. On X-ray examination the patient was diagnosed with granulomatous periodontitis developed due to filling material penetrating the space behind the root apex. What further treatment tactics should be chosen?

Resection of the root apex
Extraction of the 22 tooth
Prescription of anaesthetics
Referral to an oncologist
Recurrent endodontic treatment

A 46-year-old patient complains of difficult opening of her mouth, body temperature rise, tissue edema around both temporomandibular joints (TMJ). It is known from the anamnesis that the patient had short-term non-intense bilateral pain in the

parotid-masticatory region, limited mouth opening, tension and discomfort in the region of both temporomandibular joints that had been observed for a couple of days. What is the most likely diagnosis?

Rheumatic arthritis

Infectional arthritis

Arthrosis

Fibrous ankylosis

Deforming arthrosis

A 23-year-old patient complains about unpleasant sensations in the region of the 12 tooth, X-ray picture shows a well-defined low-density area up to 8-10 mm in diameter around the root apex of the 12 tooth. What method of surgery will be the most efficient?

Root apex resection

Hemisection

Cystotomy

Root amputation

Tooth removal

A patient consulted a doctor about recurrent pain in the frontal part of his upper jaw. He has history of previous treatment for pulpitis. Objectively: the crown of the 12 tooth is restored with a filling. X-ray picture of the upper jaw shows an area of bone tissue destruction (up to 1 cm in diameter) at the root apex of the 12 tooth. The root channel of the 12 tooth is filled up to the top. The patient was diagnosed with cystogranuloma of the 12 tooth. Choose the best method of treatment:

Root apex resection

Dissection along the mucogingival junction

Replantation of the 12 tooth

Extraction of the 12 tooth

Conservative treatment

X-ray examination of the maxillary alveolar process of a 35-year-old patient reveals a root fracture of the 11 tooth in its apical region. The tooth has been treated before, the canal is filled. The patient has a history of the tooth trauma. What method of treatment is indicated for this case?

Root apex resection

Tooth crowning

Tooth

Tooth extraction restoration

Tooth replantation

A patient applied to a dentist and complained about periodical pain in his upper jaw. Anamnesis data: the 12 tooth has been previously treated on account of pulpitis. Objectively: crown of the 12 tooth was restored by permanent filling material. X-ray picture of the upper jaw shows a focus of bony tissue destruction near the root apex of the 12 tooth up to 15 mm in diameter. Root canal is filled up to the top. What is the most optimal treatment method?

Root apex resection of the 12 tooth

Conservative treatment

Removal of the 12 tooth
Replantation of the 12 tooth
Dissection along the mucogingival fold

A 37 year old man complained about pain and a slight swelling emerging during eating in the left submaxillary area. Objectively: a painful elastic infiltration in the left submaxillary area. Mouth opening is not limited. Bimanual palpation in the area of mylohyoid groove revealed a compact movable oblong induration. Mucous membrane is unchanged. Duct of the left submandibular gland doesn't excrete saliva. What is the most probable diagnosis?

Salivolithiasis
Chronic lymphadenitis
Pleomorphic adenoma
Retention cyst
Submaxillary lipoma

A 27-year-old patient has been referred by a prosthodontist for endodontic treatment of the 45 tooth. Objectively: the 45 tooth crown is destroyed; the lateral surface of the tongue and the buccal mucosa have patches of grayish macerated epithelium slightly rising above the mucosa surface at the points of direct contact with the 45 tooth. The uvula and palatal bars are stagnant-red in color; hard palate presents with papulae surrounded with red margin and covered in grayish epithelium. The submandibular, cervical, supraclavicular, and subclavicular lymph nodes are enlarged and painless. What is the provisional diagnosis?

Secondary syphilis
Chronic recurrent aphthous stomatitis
Lupus erythematosus, patch stage
Soft leukoplakia (leucoplakia mollis)
Lichen ruber planus

A 35-year-old patient is at a dentist. He is anxious, complains of being afraid of the dentist, is unwilling to let the dentist examine him. Drugs of which group should be given the patient before stomatological manipulations?

Sedative
Analgetics
Hypotensive
Cardiac glycosides
Desensitizing

A 60-year-old man complains of stabbing pain near the root of the tongue on the right, which develops during eating, especially sour food. Objectively: there is a swelling in the right submandibular area. On palpation the submandibular gland is dense and enlarged. Excretory duct orifice of the right submandibular gland is dilated and produces mucopurulent secretion. What is the most likely diagnosis?

Sialolithiasis of the submandibular gland
Calculous sialadenitis of the sublingual gland
Acute suppurative lymphadenitis
Acute sialodochitis

Adenophlegmon of the right submandibular area

A 43-year-old woman complains of periodical facial asymmetry and bursting stabbing pain in the submandibular area on the right, which increases after eating spicy and sour food. Eventually these clinical presentations disappear. The patient notes periodical exacerbations. Objectively: the face is symmetrical, mouth opening is unrestricted, mucosa of the oral cavity floor is without pathologies. In the area of the sublingual fold a thickening of soft tissues can be palpated. Excretory duct of the submandibular gland produces no saliva. What preliminary diagnosis can be made?

Sialolithiasis of the submandibular gland on the right

Abscess of the mental region on the right

Abscess of the submandibular region on the right

Acute serous lymphadenitis of the submandibular area on the right

Exacerbation of sialolithiasis of the submandibular gland on the right

During the removing of the tooth a patient had an epileptic seizure. The seizure was arrested. What mistake did the doctor make?

Skipped psychological preparation of the patient

Did not apply one of the types of local anesthesia

Violated the rules of preparation

Didn't apply general anaesthesia

Didn't collect complete history data

A 46-year-old patient complains of mastication disruption caused by the lack of the 34th, 35th and 36th teeth. The antecedent anamnesis is as follows: the teeth were extracted 3 months ago due to complication of cariosity. The patient anamnesis: the history of tonsillitis, rheumatoid arthritis and Botkin's disease. After the appointment with this patient instruments should be sterilized in the following way:

Specialized procedure

General procedure

Processing with lysol

Dry-heat sterilizer

Processing with 0,1% chloramine solution

A doctor treating an AIDS-positive patient has accidentally pierced his own skin of the palm with a root needle. What should be the first course of actions?

Squeeze out blood, process the breach with 70% alcohol solution

Process the breach with 5% iodine solution

Squeeze out blood, process the breach with strong solution of potassium permanganate

Process the breach with 3% hydrogen peroxide solution

Apply tourniquet to the shoulder

A 49-year-old patient consulted a dental surgeon about the oral cavity sanitation. He has an indication for the extraction of the 17 tooth. History: the tooth hasn't been treated before, decayed within the last 4 years. Objectively: the 17 tooth's crown is destroyed by over 2/3, the mucosa exhibits no pathological changes. Which tool is required for the tooth extraction?

S-shaped closed-beak forceps

Straight elevator
S-shaped forceps (right)
Bayonet root forceps
Crown bayonet forceps

A 35 year old patient applied to a dental clinic for removal of the 14 tooth because of acute condition of chronic periodontitis after therapeutic treatment proved to be inefficient. What instrument will you choose for removal?

S-shaped forceps
Bayonet-shaped crown forceps
S-shaped right forceps
Straight forceps
Bayonet-shaped root forceps

A 30-year-old patient needs to have his 26 tooth extracted because of exacerbation of chronic periodontitis. Objectively: the crown of the 26 tooth is decayed by 1/3. What forceps can be used for this tooth extraction?

S-shaped forceps with a projecting tip on the left beak
S-shaped forceps with a projecting tip on the right beak
Straight forceps
Straight elevator
S-shaped forceps without projecting tips

A 26-year-old patient consulted a dentist about the 24 tooth extraction because of chronic periodontitis exacerbation. The crown of the 24 tooth is intact. Choose the right tool for the tooth extraction:

S-shaped forceps without projecting tips
S-shaped forceps with a projecting tip on the left beak
Straight forceps
S-shaped forceps with a projecting tip on the right beak
Straight elevator

A 37-year-old patient has been diagnosed with abscessed furuncle of the upper lip. After dissection of the inflammation focus the exudate has been sent for bacteriological analysis. Which causative agent for furuncle is most likely to be found?

Staphylococcus monoculture
Staphylococcus and protozoa association
Colibacillus monoculture
Streptococcus monoculture
Proteus monoculture

A 66-year-old male patient suffers from coronary heart disease (CHD) and atherosclerosis. During stomatological treatment the patient complained about acute retrosternal pain with irradiation to the left scapula, that was accompanied by stupor of the left hand. Objectively: the skin was pale, the sweat stood out on his forehead. The arterial pressure was 140/90 mm Hg, pulse was rhythmic 75 bpm. The pain wasn't relieved by Validol but it started to abate after nitroglycerin intake. What disease provoked the attack in this patient?

Stenocardia
Hypertensive crisis
Tachycardia
Myocardial infarction
Paroxysmal tachycardia

Unused stomatological instruments were left on a sterile table in the dental room after the end of working day. What actions should be taken in order to provide sterility of these stomatological instruments?

Sterilization without pretreatment
Disinfection, sterilization
Disinfection, presterilizing cleansing, sterilization
Presterilizing cleansing, sterilization
Disinfection only

A 45-year-old patient consulted a dentist about extraction of the 13 tooth. What tools should be applied for extraction?

Straight forceps
S-shaped forceps curved right
Bayonet-shaped forceps
Straight elevator
S-shaped forceps

A 69-year-old patient needs extraction of the 12, 11 teeth. He is diagnosed with generalized periodontitis, the 12 and 11 teeth exhibit II degree mobility. Choose a proper instrument for extraction:

Straight forceps
S-shaped forceps
S-shaped forceps curved right
Root bayonet-shaped forceps
Crown bayonet-shaped forceps

A 70-year-old patient complains about the mobility of the 21 tooth. The tooth has not been treated before. Objectively: there is II class mobility of the 21 tooth, the root is exposed by 1/2. What tool should be used to extract the tooth?

Straight forceps
S-shaped forceps
Straight elevator
Beak-shaped forceps
Bayonet forceps

A 70-year-old patient consulted a dental surgeon about extraction of the central upper jaw incisors with III degree mobility. What tools should be applied?

Straight forceps
Bayonet-shaped forceps
S-shaped forceps
Straight elevator
Beak-shaped forceps

A 50-year-old man was diagnosed with sialolithiasis with the salivary gland stone located deep within the salivary gland. Choose the optimal treatment tactics:

Submandibular gland excision

Radiation therapy

Sclerotherapy

Removal of the sialolith while retaining the gland

Conservative pharmacotherapy

A 33-year-old female patient has been admitted to the maxillofacial department for pain and edema of the right submandibular region, body temperature rise up to 39,5° Objectively: the patient has asymmetric face because of soft tissue edema of the right submandibular region, palpation reveals a dense infiltration, the skin over it is hyperemic, does not make a fold. The 46 tooth has a deep carious cavity. What is the most likely diagnosis?

Submandibular phlegmon on the right

Acute submandibular sialoadenitis

Acute purulent periostitis of mandible

Acute purulent submandibular lymphadenitis

Acute right-sided osteomyelitis of mandible

A 23-year-old patient complains of pain and swelling in the region of a central incisor which was injured some time ago. After clinical and radiographic examination the patient has been diagnosed with acute purulent periostitis of the upper jawmaxilla extending from the 11 tooth; radiograph shows a slight widening of periodontal ligament space of the 11 tooth. Choose the best method of treatment:

Subperiosteal abscess opening, endodontic treatment of the 11 tooth

Extraction of the 11 tooth, subperiosteal abscess opening

Extraction of the 11 tooth

Extraction of the 11 tooth, anti-inflammatory therapy

Endodontic treatment of the 11 tooth, anti-inflammatory therapy

A 40-year-old patient consulted a dental surgeon about difficult mouth opening. Clinical examination revealed mouth opening limited to 1 cm. The 48 tooth crown is decayed by 2/3, percussion is strongly positive. What kind of peripheral conduction anesthesia should be applied for the surgical extraction of the 48 tooth?

Subzygomatic Berchet-Dubov anesthesia

Extraoral mandibular anesthesia

Mandibular anesthesia

Mental anesthesia

Torusal (Weisbrem's) anesthesia

A patient with unilateral dislocation of mandibulotemporal joint was delivered to the maxillofacial department. What type of local anesthesia is indicated for relaxation of masticatory muscles during diaplasia?

Subzygomatic Bersche-Dubov- Uvarov's anesthesia

Intraoral mandibular anesthesia

Extraoral mandibular anesthesia, submandibular way

Extraoral mandibular anesthesia, retromandibular way
Torus anesthesia

A 58-year-old patient complains of missing teeth on the upper jaw. Objectively: in the place of the missing central upper incisors there is a fan-shaped vestibularly located cord on the alveolar process. The cord is 1 cm wide, it makes prosthetics more complicated.

What is the optimal medical tactics?

Surgical excision of the cord

Operation on the alveolar process

Silicone implant

Not to cover the cord with the denture

To cover the cord with the denture

A 25 year old patient applied to a clinic for the purpose of oral cavity sanitation. During preparation of the 45 tooth on account of chronic median caries the patient turned pale, there appeared cold clammy sweat on her forehead, nausea, ear noise. The patient lost consciousness. Objectively: pulse - 50 bpm, AP - 80/60 mm Hg, shallow breath, miotic pupils. Make a diagnosis of this state:

Syncope

Anaphylactic shock

Stenocardia

Collapse

Quincke's edema

A 47-year-old male patient was undergoing complex dental treatment. After anesthetization the patient reported dizziness, ringing in the ears, blackout, general weakness. Ps- 96 bpm, AP- 90/60 mm Hg. The patient lost consciousness for 30 seconds.

What condition developed in the patient?

Syncope

Anaphylactic shock

Traumatic shock

Epileptic seizure

Collapse

A 53-year-old patient presented to a dental clinic for the exodontia of the 27 tooth. During preparation for local anesthesia, the patient felt sick (weakness, pallor, hyperperspiration), and lost consciousness. What is the most likely diagnosis?

Syncope

Traumatic shock

Collapse

Cardiogenic shock

Anaphylactic shock

At a dentist's appointment a patient complained of weakness, nausea, blackout, and then he lost consciousness. Make a diagnosis:

Syncope

Shock

Insult

Coma Collapse

During a dental visit a 50-year-old patient suddenly developed tinnitus, nausea, dizziness, blackout, loss of consciousness, dramatic paleness, myosis. There were no pupillary reaction to light and corneal reflexes. Heart sounds were muffled, blood pressure was decreased. The described symptoms correspond with the following medical emergency:

Syncope
Collapse
Anaphylactic shock
Hypertensive crisis
Myocardial infarction

A 21-year-old dental patient has been found to have a circular ulcer on the tongue dorsum. The ulcer is up to 1 cm in diameter, has demarcated raised edges and a deep inflammatory infiltrate at the base. The ulcer floor is flat, clean, of crimson color. The regional lymph nodes are of cartilaginous density, mobile, painless. The ulcer appeared a week ago and doesn't cause any discomfort. What kind of ulcer should be suspected in the first place?

Syphilitic
Tuberculous
Cancerous
Trophic
Traumatic

A 53-year-old patient complains of pain and clicking in the left temporomandibular joint. Objectively: the face is symmetrical, palpation of the lateral pterygoid muscles is painful on the left side. Mouth opening is restricted. Tomogram shows the bone outline of joint surfaces to be smooth. Which disease of those given below corresponds with this clinical presentation?

Temporomandibular joint dysfunction
Deforming arthrosis
Joint ankylosis
Rheumatic arthritis
Acute posttraumatic arthritis

A patient being at a dentist presented suddenly with tachycardia, sweating, trembling, nausea, hunger. The patient is conscious. He suffers from diabetes mellitus. What aid should be rendered by the dentist?

The dentist should break the procedure off and give the patient sugar in any form
The dentist should lay the patient down on a flat surface, lower cephalic pole, open the windows
The dentist should give the patient nitroglycerine in form of spray or sublingually
The dentist should make intramuscular injection of adrenaline (0,5-1,0 mg)
The dentist should make intravenous injection of corticosteroids

A 39-year-old patient had been admitted to the maxillofacial surgery unit for a swelling and bursting pain in the left submandibular region. The swelling appeared after eating spicy foods. After a physical examination, palpation and X-ray the patient was diagnosed

with sialolithiasis of submandibular gland with the concrement localized in the anterior duct. What tactics should be chosen by a dental surgeon after removal of the concrement from the duct?

The wound and the duct are not to be sutured and drained

The excretory duct and the wound are to be sutured

Plasty of the excretory duct

The wound is to be sutured along the line of incision

The wound is to be sutured along the line of incision and drained

A 24-year-old female patient consulted a dentist about pain in the 26 tooth. After a physical examination the patient was diagnosed with exacerbation of chronic periodontitis of the 26 tooth. During the tooth extraction the coronal part of the tooth was accidentally broken. Further manipulations with bayonet forceps failed to extract the tooth roots. What actions are to be taken for the successful root extraction?

To disjoin the roots by using a drill and fissure burr

To send the patient to the hospital

To use angular elevator

To use Lecluse elevator

To complete the tooth extraction during the next visit

Before extraction of a left upper tooth a 49-year-old patient had been given plexus anaesthesia with Ultracaine Forte. After the operation the socket didn't get filled with a blood clot. What is the way to prevent alveolitis development in this patient?

To fill the socket with a loose iodoform tampon

To rinse the socket with 0,1% chlorhexidine solution

To fill the socket with antibiotic powder

To fill the socket with a hemostatic sponge

To rinse the socket with microcide solution

A 60 year old patient has profuse alveolus haemorrhage after a simple operation of the 37 tooth extraction. It is known from the patient's anamnesis that he had been suffering from hypertension for the latest 6 years. Arterial pressure is 180/110 mm Hg. What emergency aid should the doctor render?

To introduce hypotensive medications and perform tight alveolar packing

To perform alveolar packing with a hemostatic sponge

To perform tight alveolar packing by means of iodoform tampon

To make suture ligation of the alveolus

To introduce hemostatics

A 24-year-old patient was undergoing the extraction of the 25 tooth roots for the exacerbation of chronic periodontitis. During the operation the roots were dislocated into the maxillary sinus. What would be the surgeon's optimal tactics?

To perform maxillary sinusotomy and remove the roots in hospital environment

To perform maxillary sinusotomy and remove the roots in the outpatient department

To remove the roots through the extraction socket

To pack the extraction socket

Not to remove the roots, suture the extraction socket

A 25-year-old man consulted a dentist about extraction of the 18 tooth, its crown is destroyed by 1/2. The tooth was treated more than once. During tooth extraction the maxillary tuber was accidentally torn off. What actions should be taken?

To remove the fragment and stitch up the wound

To restore the fragment to its place and fix it there

To remove the fragment and tampon the wound

To remove the fragment

To try to restore the fragment to its place

A patient consulted a dentist about pain in the 47 tooth. X-ray examination revealed fragments of endodontic instruments in the canals of the medial and distal root. In the periapical zone there are well-defined areas of bone destruction. Select the most appropriate method of treatment:

Tooth extraction

Tooth hemisection

Tooth replantation

Conservative treatment

Radectomy

A 24-year-old woman made an appointment with the dental surgeon for extraction of tooth 38. What anesthesia should be given to the patient for the procedure of tooth extraction?

Torusal

Mandibular

Tuberal

Infiltration

Plexus

A 38-year-old patient consulted dental surgery about extraction of the 36 tooth. What kind of anesthesia should be applied for extraction?

Torusal

Mandibular

Voiono-Yasenetsky truncal

Infiltration

Tuberal

A 38-year-old patient has made an appointment with a dentist to extract the 46th tooth in preparation for prosthetics. Objectively: the 46th tooth is destroyed by 2/3. What kind of anaesthesia is the most advisable for the extraction of the 46th tooth?

Torusal

Bercher-Dubov

Infiltration

Mental

Mandibular

A 40-year-old patient requires surgical sanitation of the oral cavity. Objectively: the 36 tooth is completely destroyed. Mouth can be fully opened. What anaesthesia would be optimal for extraction of the 36 tooth?

Torusal
Mandibular
Mental
Infiltration
Berchet-Dubov

A 48-year-old patient has made an appointment for extraction of the 35 tooth due to exacerbation of chronic periodontitis. Specify the most advisable method of peripheral conduction anesthesia in this case:

Torusal
Mental
Extraoral mandibular
Plexus
Infiltration

After examination a 42-year-old patient has been diagnosed with acute purulent periostitis of the lower jaw extending from the 35 tooth. What is the most rational method of anesthesia for the 35 tooth extraction and lancing the subperiosteal abscess?

Torusal (Weisbrem's)
Plexual
General anesthesia
Berchet
Infiltration

On examination a 42-year-old patient was diagnosed with acute suppurative periostitis of the mandible beginning from the 35 tooth. What is the most rational method of anesthesia for the 35 tooth extraction and dissection of the subperiosteal abscess?

Torusal anesthesia
Berchet anesthesia
Plexus anesthesia
Infiltration anesthesia
General anesthesia

A patient was delivered to an admission room after a road accident. Examination of the patient revealed in the area of oral floor a large haematoma spreading to the neck area as well as a significant edema of soft tissues of oral floor and neck. There are signs of asphyxia. What type of emergency care is indicated?

Tracheotomy performing
Lobeline introduction
Tongue fixation
Opening and draining of haematoma
Symptomatic medicamental treatment

During the blood transfusion a patient developed seizures, tremor, lumbal and retrosternal pain. Objectively: skin became hyperemic and later turned pale, the patient had hyperhydrosis, laboured breathing, Ps at the rate of 110/min, AP- 70/40 mm Hg, black urine. What complication occurred in the patient?

Transfusion shock

Anaphylactic shock
Pulmonary embolism
Hypotensive crisis
Acute renal failure

A man was diagnosed with hard palate abscess. What approach should be chosen for abscess dissection?

Triangular dissection of the hard palate area
Linear dissection parallel to the hard palate raphe
Linear dissection perpendicular to the hard palate raphe
Pus aspiration with a syringe
Abscess puncture

A 27-year-old female patient is pregnant, duration of gestation is 21 weeks. She has indication for extraction of the 28 tooth because of exacerbation of chronic periodontitis after ineffective therapeutic treatment. What kind of anesthesia should be used for tooth extraction?

Tuberal and palatinal
Infraorbital and palatinal
Tuberal and incisor
Mandibular
Torus

A 49-year-old patient applied to the oral surgery department and complained about permanent intense dull pain in the region of the right upper jaw. It is known from the anamnesis that the 17 tooth has been repeatedly treated for exacerbation of chronic periodontitis but the treatment appeared to be ineffective. What kind of anesthesia should be applied for extraction of the 17 tooth?

Tuberal and palatinal
Tuberal and incisor
Tuberal, incisor and palatinal
Incisor and palatinal
Torus

A patient complains about destroyed crown of the 27 tooth. The patient was diagnosed with chronic periodontitis of the indicated tooth. Objectively: the crown of the 27 tooth is destroyed completely. It is necessary to extract this tooth. What field block anesthesia should be applied for operation?

Tuberal and palatinal
Tuberal and incisor
C.Infraorbital and tuberal
Infraorbital
Tuberal

A patient is 48 year old, according to the results of clinicoroentgenological examination it is indicated to remove the 26 tooth because of acute condition of chronic granulomatous periodontitis. What conduction anesthesia is indicated for this operation?

Tuberal and palatinal

Torus
Infraorbital and incisive
Plexus
Infraorbital and palatinal

A 56-year-old patient addressed a dental surgeon for extraction of the 27 tooth. What anesthesia should be applied?

Tuberal, palatal
Palatal, infraorbital
Infiltration, incisive
Mandibular
Torusal

A 56-year-old patient consulted a dental surgeon about the root extraction of the 17 tooth. What kind of anaesthesia should be applied?

Tuberal, Palatinal anaesthesia
Infiltration, Incisor anaesthesia
Mandibular anaesthesia
Infraorbital, Palatinal anaesthesia
Torus anaesthesia

A 48-year-old patient complains of subfebrile temperature and a growing ulcer on the gingival mucosa around the molars; teeth mobility in the affected area, cough. Objectively: gingival mucosa in the region of the lower left molars has two superficial extremely painful ulcers with undermined edges. The ulcers floor is yellowish, granular, covered with yellowish and isolated pink granulations. The ulcers are surrounded by the tubercles. Dental cervices are exposed, there is a pathological tooth mobility. Regional lymph nodes are enlarged and make dense matted together groups. What is the most likely diagnosis?

Tuberculosis
Decubital ulcer
Infectious mononucleosis
Syphilis
Acute aphthous stomatitis

A 58 year old patient applied to an oral surgeon and complained about painful ulcer on the lateral surface of his tongue. Objectively: left lateral surface of tongue has a roundish ulcer with undermined soft overhanging edges, palpatory painful, ulcer floor is slightly bleeding and covered with yellowish nodules. What is the most probable diagnosis?

Tuberculosis
Syphilis
Traumatic ulcer
Actinomycosis
Trophic ulcer

A 34-year-old male patient consults a dentist about an ulcer on the hard palate. It appeared about a month ago. He has treated it by rinsing with herbal water, but the ulcer is gradually "creeping". Objectively: there is a shallow erethistic ulcer with uneven and

undermined edges of soft consistency within the mucous membrane of hard palate. Granulations of the ulcer floor are also present. Yellowish granules are visible on the ulcer periphery. What is the most likely diagnosis?

Tuberculous ulcer

Trophic ulcer

Cancerous ulcer

Syphilitic ulcer

Actinomycosis

A 47-year-old patient complains of ulcer on the back of the tongue. The anamnesis states that the ulcer had been preceded for a long term by protruding infiltrate that was gradually growing until the ulcer appeared. Objectively: the back of the tongue has shallow oblong ulcer surrounded with bumps with undermined edge. What is the most probable diagnosis?

Tuberculous ulcer

Tongue actinomycosis

Primary syphilis

Decubitus ulcer

Tongue abscess

A 78-year-old man complains of a painful sore in his mouth that has been persisting for 2 months already. The patient is a smoker. Objectively on the buccal mucosa on the right there is a shallow ulcer up to 1.5 cm in size with lumpy floor and uneven margins. There are yellowish granules on its periphery. Palpation is painful, the lesion is soft. Regional lymph nodes are enlarged, painful, and matted together. What is the provisional diagnosis?

Tuberculous ulcer

Cancerous ulcer

Decubitus ulcer

Trophic ulcer

Hard chancre

A patient needs the 36 tooth extracted. After administering anesthesia the doctor started applying the elevator. However, immediately after that the patient suddenly paled, complained of dizziness, ear noise, and blackout and slid down in the chair. What is the most likely diagnosis?

Unconsciousness

Anaphylactic shock

Collapse

Shock

Hypoglycemic coma

A 42-year-old female patient presented to a dentist for oral sanitation. She has a history of tonsillitis, rheumatoid arthritis, Botkin's disease. What are the conditions of instrument treatment after the patient's visit?

Under the special scheme

Processing with 0,1% solution of chloramine

Processing with lysol

Dry-air sterilization

Under general conditions

A 37-year-old woman has made an appointment to extract the 25th tooth. What kind of anaesthesia is the most advisable?

Unilateral infraorbital and palatinal anaesthesia

Unilateral tuberal and palatinal anaesthesia

Unilateral infiltration anaesthesia from the vestibular surface

Unilateral tuberal, infraorbital and palatinal anaesthesia

Unilateral infraorbital and incisoral anaesthesia

A 40-year-old patient complains of fever up to 38°C, and a roundish infiltration on the upper lip. Objectively: the upper lip on the left exhibits a round infiltrate, the overlying skin is deep crimson. The infiltrate adheres to the surrounding tissues and has a necrotic core in the center. The upper lip is hyperemic, edematous. What diagnosis can be made?

Upper lip furuncle

Acute abscess of the upper lip

Acute lymphadenitis

Upper lip carbuncle

Retention cyst

A patient needs his 26 tooth extracted. After application of tuberal anaesthesia he developed general fatigue, nausea, and, later, severe itching and skin rashes. What complication occurred in the patient?

Urticaria

Anaphylactic shock

Collapse

Quincke's edema

Unconsciousness

During application of tuberal anesthesia the patient developed rapidly increasing tissue edema and reduced mouth opening. What resulted in such a condition?

Vascular trauma

Muscle trauma during anesthesia application

Nerve trunk trauma

Intolerance to the anesthetic

Anaphylactic shock

A 35-year-old male consulted a dentist about the 26 tooth extraction. After the patient had been given tuberal anaesthesia, he presented with progressing tissue edema and limited mouth opening. This condition was caused by:

Vessel trauma

Nerve trunk trauma

Hypersensitivity to the anaesthetic

Muscle trauma during anaesthetization

Anaphylactic shock

A patient complaining of constant dull pain in the 38 tooth has made an appointment with a dentist. Mouth opening is restricted to 1 cm. The patient is prescribed extraction of the

38 tooth. What kind of anesthesia should be administered?

Bercher-Dubov anaesthesia

Tuberal

Mandibular

Torusal

Extraoral administration of mandibular anaesthesia