Proba scrisa Examen de licență MDE - iulie 2025

1. **Which of the following statements about ultrasonic scaling are correct?**
   A. Ultrasonic instruments operate with rotary motion, not vibration
   B. Electric current is converted into high-frequency mechanical vibrations
   C. Irrigation increases working temperature
   D. Minimal lateral pressure should be applied
   E. High pressure is recommended to remove calculus

2. **Which of the following are contraindications for the application of sealants?**
   A. Previously restored occlusal surfaces
   B. Presence of a cavitated lesion requiring restorative treatment
   C. Partially erupted teeth with increased caries risk
   D. Radiographic evidence of proximal caries
   E. Cavitated lesions that have invaded the dentin

3. **CR (Centric Relation) or adapted centric posture can be determined:**
   A. Using Anterior Bite Stop
   B. Using bilateral manipulation
   C. Using an anterior deprogramming device
   D. Using a Fox plane
   E. With interocclusal registration

4. **Choose indications for tooth extraction:**
   A. Diplopia
   B. Trigeminal neuralgia
   C. Acute myocardial infarction
   D. Tumors
   E. Periodontal disease

5. **The use of a band rather than a bonded attachment is indicated in the following situations:**
   A. On the upper first molar, when extraoral forces (headgear) will be placed

on it

B. Teeth that will need both labial and lingual attachments

C. Teeth with minor restorations

D. Teeth that will need only labial attachments

E. Teeth with short clinical crowns

6. **Among the histological stages of gingivitis and periodontitis,established lesion corresponds to:**

A. Elevated release of matrix metalloproteinases

B. Significant collagen depletion and proliferation of epithelium

C. Dense inflammatory cell infiltrate

D. Accumulation of inflammatory cells in the connective tissue

E. Degeneration of fibroblasts

7. **During extraction, the following statements are correct:**

A. Adequate support of the bones is in the responsability of the nurse

B. For extraction in the lower left side, the thumb supports the mental area and the index finger is inserted in the lingual side

C. The supporting hand retracts the cheek and tongue

D. For extraction in the lower left side, the thumb supports the angle area and the index finger is inserted in the vestibulum

E. When general anaesthesia is used the assistant may support the mandible at the angles

8. **Which of the following statements regarding the use of liners and bases in restorative dentistry is correct?**

A. Zinc oxide–eugenol liners are contraindicated under any metal restorations

B. Bases are typically used in thicker layers to provide mechanical, thermal, and chemical protection

C. Liners should always be used, regardless of how deep the cavity preparation is

D. Resin-Modified Glass Ionomer bases bond chemically and micromechanically to the tooth structure

E. Hemorrhage is always evident in cases of pulp exposure

9. **Components of a clasp retained removable denture are:**
   - **A. Partial denture rest: transmit functional forces to the teeth**
   - B. Indirect retainer: it can be a precision attachment
   - **C. Major connector: joins the components on one side of the arch to those on the opposite side**
   - D. Direct retainer: is represented by the major connector
   - **E. Infrabulge clasp: approaches the retentive undercut from cervical direction**

10. *** In case of orofacial infection, from the patients examination the clinician should record:**
   - A. Radiographic aspect
   - B. C - reactive protein
   - C. Leucocytosis
   - **D. Lymphadenopathy**
   - E. Blood cultures

11. **The contraindications for indirect tooth-coloured restorations can be:**
   - **A. Inability to maintain a dry operative field**
   - B. Cases with ideal occlusion and no parafunctional habits
   - C. Use of rubber dam throughout the procedure
   - **D. Heavy occlusal forces such as bruxism and clenching**
   - E. Conditions allowing excellent moisture isolation

12. **Avulsed primary teeth should not be replanted because of:**
   - **A. Splinting of primary teeth may be difficult in traumatized children**
   - B. Pulp necrosis is easily managed with endodontic treatment in primary teeth
   - **C. Risk of aspiration if the tooth becomes dislodged again**
   - D. Primary teeth do not cause pain when lost, so treatment is unnecessary
   - **E. Risk of damaging the development of the adjacent permanent teeth**

13. *** The following statements regarding the use of antibiotic therapy in infections of the orofacial region are true:**
   - A. A combination of cefalosporine with gentamicyne may be appropriate in more severe infections

B. Antibiotic therapy should be maintained 10 days after clinical resolution has occurred

C. Antibiotic therapy should not be maintained after clinical resolution has occurred

D. Antibiotics are prescribed only after the result of a culture

E. It is not necessary to admit the patient to provide antimicrobial therapy intravenously, together with surgical drainage

14. **The following are true about the mandible:**

A. The vibrating line is located near the mandibular tori

B. The buccal shelf is a primary stress-bearing area for the denture

C. The buccal shelf is located between the mandibular buccal frenum and the anterior edge of masseter muscle

D. The mylohyoid ridge is a proeminent bone on the lingual side of the mandible

E. The sublingual glands can compromise the stability of the denture in severely resorbed ridges

15. **Which of the following statements about pulpotomy in primary teeth are true?**

A. The 'bleeding sign' after amputation is an indication for pulpectomy or extraction

B. Pulpotomy is indicated in teeth with carious pulp exposure and no radicular pathology

C. Haemostasis is not necessary before placing the therapeutic agent

D. Pulpotomy cannot be done if the pulp is necrotic

E. Is the most widely used endodontic procedure in the primary dentition

16. **The new techniques for tooth preparation in paediatric dentistry refer to:**

A. Interproximal stripping

B. The use of kinetic energy to remove carious tooth structure by air abrasion

C. Extensive cavity preparation with rotary instruments only

D. Minimally invasive cavity preparation

E. Laser-assisted dentistry to reduce discomfort and vibration

17. **Gingival displacement with retraction cords:**
    - **A. It is the easiest way to start the cord placement interproximally**
    - **B. The Visine eye wash is an effective impregnating solution**
    - **C. The impregnated cord produces mechanical displacement of the sulcus most effectively**
    - D. The sulcus closes slowly after the cord removal, in less than 10 minutes the impression must be taken
    - **E. Aggressive cord placement can result in gingival retraction**

18. **Clear aligner therapy (CAT) performs well in the following situations:**
    - **A. Absolute intrusion of 1-2 teeth only**
    - **B. Close mild-moderate spacing**
    - C. Leveling by relative intrusion
    - D. Severe rotations (particularly of round teeth)
    - **E. Tip molar distally**

19. **Destructive processes that may cause increased loss of attachment with age, are:**
    - A. Lower serum folate levels in dentate adults are associated with greater levels of periodontitis
    - B. Orthodontic treatment
    - **C. Repeated scaling**
    - D. C-reactive protein (CRP) levels are increased in periodontitis
    - **E. Iatrogenic damage from unfavorable restorative dentistry**

20. **What are the disadvantages of pediatric stainless steel crowns?**
    - A. They are very aesthetic
    - **B. They are unaesthetic**
    - C. Must be replaced every 6 months due to wear
    - **D. May be rejected by parents due to appearance**
    - E. They are not durable

21. **Regarding the disinfection methods for impression materials:**
    - **A. Chlorine compounds can be used for disinfecting silicones**
    - B. Glutaraldehyde 2% (10-minutes soak time) is recommended for polyethers

C. **The silicones can be disinfected with Glutaraldehyde 2% (10-minutes soak time)**

D. **Chlorine compounds can be used for disinfecting polyethers**

E. **Iodophors (1:213 dilution) are recommended in case of silicones**

22. *** Modifications that can occur with aging at the gingival epithelium level include:**

A. An increase in cemental width

B. Qualitative and quantitative changes

C. **Altered cell density of gingival epithelium**

D. More irregular periodontal surface

E. Coarser and denser connective tissue

23. **The custom tray for fixed restorations:**

A. **Must provide 2-3 mm space for the elastomeric impression material**

B. **The tray should extend 3-5 mm apically from the crest of the free gingival margin**

C. **It is fabricated on the diagnostic cast**

D. It is not recommended in case of polyether impression materials

E. Thin, disposable plastic trays are accepted as custom trays

24. **Which of the following statements about pulpotomy in immature permanent teeth are true?**

A. Pulpotomy is always performed at the level of the root apex

B. **The aim is to amputate inflamed coronal pulp**

C. Formocresol is the material of choice for immature permanent teeth

D. **The aim is to preserve vitality of the remaining pulp**

E. **Deep pulpotomy is indicated when there are multiple or large pulp exposure sites**

25. *** The objective of any restorative technique in primary teeth is to:**

A. Focus mainly on durability even if the procedure is invasive

B. Prioritize the speed of the technique over biological preservation

C. Always remove all affected dentine regardless of the proximity to the pulp

D. **Maintain arch lenght and space for permanent teeth**

E. Focus only on aesthetics, not function

26. **Regarding infection in the maxilla the following statements are true:**
    - **A. Thrombosis of the facial vein may follow an infraorbital abscess**
    - **B. Incisions for cheek abscess are made parallel with the facial nerve**
    - C. An abscess from the posterior teeth leads to an infraorbital abscess
    - **D. An abscess from the anterior teeth leads to an infraorbital abscess**
    - **E. Where pus points bucally above the buccinator muscle it will form an abscess in the cheek and may spread over a wide area**

27. **Whether or not to recommend prosthetic rehabilitation in the case of partial edentulism depends on:**
    - **A. Advantages of the reconstruction**
    - **B. Patient`s motivation**
    - C. The color of the remaining teeth
    - **D. Patient`s expectations**
    - **E. Patient`s general health**

28. **Changes that can occur at the bacterial plaque level and that have been reported with age include:**
    - **A. Dentogingival plaque accumulation has been suggested to increase with age**
    - **B. It has been speculated that a shift occurs in the importance of certain periodontal pathogens with age**
    - C. Increased amount of Gram-negative species
    - **D. In subgingival flora an increased number of enteric rods were encountered**
    - E. Lower serum folate levels in dentate adults are associated with greater levels of periodontitis

29. **Removable orthodontic appliances have the following advantages:**
    - A. The appliance can be effective only when the patient chooses to wear it
    - **B. Because of extraoral adjustment, the dentist's chair time is reduced**
    - **C. They can be removed in socially sensitive occasions**

D. They allow some types of growth guidance treatment to be carried out

E. They are adjusted extraorally rather than directly in patient's mouth

30. **Which of the following statements are true regarding the Hall technique in pediatric dentistry?**

A. It is a minimally invasive technique

B. It always requires pulp therapy beforehand

C. It does not require tooth preparation

D. It uses stainless steel crowns

E. It does not require local anesthesia

31. *** When closed-mouth impression technique is performed:**

A. The registration has to be done in centric relation

B. The interocclusal records must be done separately

C. It is recommended in case of single-unit restorations

D. Eccentric relationships are also recorded

E. It is recommended for long span bridges

32. *** During direct bonding:**

A. Brackets are placed on the dental casts prior to bonding

B. Bonding can also be done on digital cast

C. Cheeks and lips will not limit the precise location of the attachments

D. It is less expensive than the indirect bonding procedure

E. A template is used to transfer the bracket positions to the patients

33. **What structural and practical considerations ensure proper visualization and access to canal orifices during endodontic access preparation?**

A. Overhanging chamber roofs help localize canals

B. Use of an endodontic probe helps locate canal openings

C. The access cavity must allow full, direct view of the chamber floor

D. Orifices are best identified using radiographs alone

E. The access cavity shape should be symmetrical regardless of anatomy

34. *** Regarding initial tooth preparation and enameloplasty:**

A. Enameloplasty increases the depth and pulpal extension of cavity preparations

B. Enameloplasty allows conservative placement of preparation margins by eliminating shallow enamel and creates a smooth surface

C. The goal of enameloplasty is to extend the cavity outline to include healthy enamel

D. Enameloplasty is typically followed by deepening the cavity outline and inserting restorative material

E. Enameloplasty is a restoration method specific only to composite resin fillings

35. **Dental radiographs, as orthodontic diagnostic tools, must be taken for the following reasons:**

A. Evaluation of craniofaciodental relationships before treatment

B. Calculation of tooth-size/jaw-size discrepancies

C. Detection of congenital absences of teeth

D. Detection of supernumerary teeth

E. Evaluation of the dental health of the permanent teeth (detection of pathologic conditions in the early stages)

36. **The following statements regarding the therapeutical measures for infection control are true:**

A. Local measures as removal of the cause enable the patient to overcome the condition

B. Antibacterial drugs are not always necessary in the treatment of infections

C. Local measures as removal of the cause enable the patient to have a systemic spread

D. Local measures as drainage enable the patient to overcome the condition

E. Orofacial infections are painful and good pain control is important

37. **The clinical concept of hyperemia in endodontics refers to:**

A. A sudden, sharp pain to cold that subsides immediately after stimulus removal

B. A condition always associated with dentinal hypersensitivity

C. Hyperemia is always diagnosed through histological examination

D. A reversible clinical symptom rather than a disease

E. All cases of reversible pulpitis show histological signs of hyperemia

38. **The following are correct about the maxilla:**

A. The submucosa is extremely thin in the region of the medial palatal suture

B. The tuberosities are dense fibrous connective tissues

C. The distal end of the denture should extend to the vibrating line

D. The area of the rugae palatinae is considered a primary support area for the denture

E. The denture base should not impinge on the nasopalatine nerves and blood vessels

39. **In case of indirect provisionals for fixed restorations the followings are true:**

A. They are usually made in the dental laboratory

B. No polymerization shrinkage occurs during their manufacturing

C. Their marginal fit is superior to those made with direct technique

D. They are contraindicated in vital teeth

E. There is no contact between the free monomer and the prepared tooth or gingiva

40. **Removable orthodontic appliances have the following disadvantages:**

A. The removable appliances may limit the possibilities of treatment, because complex tooth movement difficult to obtain

B. Because of extraoral adjustment, the dentist's chair time is reduced

C. The appliance can be effective only when the patient chooses to wear it

D. They are fabricated in the laboratory

E. They can be removed in socially sensitive occasions

41. **An appropriate clinical approach when performing endodontic access through a prosthetic crown is?**

A. Conservative access should be attempted if the crown is to be

preserved

B. Ultrasonics can aid in removing old endodontic material for better visibility

C. Removing most or all of the occlusal surface of a metal crown can improve visibility

D. The shape of the cavity should match the original restoration geometry

E. If the crown will be replaced, it is acceptable to make a wider access for better orientation

42. *** The following spaces are superficial spaces where infection can occur:**

A. Left pterigomandibular space

B. Right pterigomandibular space

C. Lateral pharyngeal space

D. Submental space

E. Infratemporal space

43. **The following statements regarding the resorption of the alveolar bone are true:**

A. Occurs simultaneously with the breakdown of the periodontal ligament

B. Marked differentiation of mesenchymal cells

C. Marked epithelial cell migration

D. Marked disrupted cell aggregation

E. Histologic studies have shown that there is always a width of noninfiltrated connective tissue of about 0.5 to 1 milimeter overlying the bone

44. **The following statements regarding the attached gingiva are true:**

A. It is continous with the marginal gingiva

B. It is demarcated by the mucogingival junction

C. It is representated mainly by elastic fiibers

D. The facial aspect of the attached gingiva extends relatively loose and movable alveolar mucosa

E. It is tightly bound to the underlying periosteum of the alveolar bone

45. **According to Carranza's classification, the gingival disease associated with endocrine disorders are:**

A. Gingival lesions of genetic origin

B. Gingival disease modified by medications

C. Diabettes-mellitus associated gingivitis

D. Leukemia-associated gingivitis

E. Pregnacy associated pyogenic granuloma

46. **Among the bacterial species considered secondary colonizers, the following species can be included:**

A. *Porphyromonas Gingivalis*

B. *Aggregatibacter Nucleatum*

C. *Prevotella Loeschei*

D. *Capnocytophaga Spp.*

E. *Prevotella Intermedia*

47. **What are the essential reasons for completely removing the roof of the pulp chamber during access cavity preparation in adult teeth?**

A. To avoid using magnification devices during treatment

B. Because the floor of the chamber contains no anatomical information

C. To prevent contamination of the endodontic space

D. To allow removal of all pulp tissue from the chamber and horns

E. To eliminate calcifications or remnants of old fillings

48. **Immune and inflammatory responses that have been reported with age, include:**

A. Increased denaturing temperature

B. Differences between younger and older individuals can be demonstrated by natural killer cells

C. Altered cell density

D. Lower serum folate levels in dentate adults are associated with greater levels of periodontitis

E. Lower rate of collagen synthesis decreasing with age

49. **The characteristics of the different pontics are:**

A. The ovate pontic is indicated in high smile line

B. The modified ridge-lap pontic is moderately easy to clean

C. The ridge-lap pontic is aesthetic

D. The modified ridge-lap pontic is not indicated for anterior teeth

E. The hygienic pontic is contraindicated where aesthetics is important

50. **Regarding the debanding/debonding procedure, the following statements are false:**

A. During debonding, failure within the bonding material occurs

B. During debonding, failure within the bonding material never occurs

C. Bands are largely retained by cement

D. During debonding, failure between the bonding material and the bracket occurs

E. During debonding, failure between the bonding material and enamel surface occurs

51. **Which of the following statements are correct about the TMJ?**

A. They are designed to receive considerable pressure

B. The articular eminence forms the anterior part of the articular fossa

C. Gliding movements take place in the lower compartment

D. The disc divides the joint into one smaller upper compartment and a larger lower compartment

E. The superior surface of the disc is concave

52. **Related to local invasion of oral cancer the following are true:**

A. Distant spread in the lungs may not be clinically apparent

B. Direct extension via odontal membrane allows invasion of alveolar bone

C. The more lymph nodes involved the prognosis is better.

D. Cancers can infiltrate widely into adjacent connective tissue, within local blood vessels

E. Cancers can infiltrate widely into adjacent connective tissue, within perineural spaces

53. *** In order to avoid the interposition of the mucosa between the attachment components of the screw retained implant abutment:**

A. Wood screwdrivers should be used

B. Prosthetic abutment screwdrivers should be used

C. Imperfect adaptation between the attachment components is necessary

D. No screwdrivers should be used

E. Adaptation between the attachment components is not necessary

54. *** Regarding the Roach clasps, the following is correct:**

A. Tooth preparation is necessary

B. The modified T-clasp is indicated for canines

C. Are used exclusively in Kennedy III class

D. Consist of two circumferential clasps

E. Are less aesthetics than the Ackers clasps

55. **Regarding the diagnosis and localization of hyperemia:**

A. The patient cannot localize the diseased tooth and sometimes not even the arch, upper or lower, but can only say whether it is right or left

B. The pain often crosses the midline, making localization to one side unreliable

C. The radiographic examination is completely negative

D. Pulpal pain is easily localized by the patient due to proprioceptive innervation

E. If cold stimulus fails, isolating the tooth and immersing it in icy water can help

56. **The clinical success of implants is strictly linked to:**

A. Prosthetic design

B. Accurate planning

C. The aesthetic of the final restauration

D. Durability

E. The development of osseointegration

57. **Which of the following statements are correct regarding TMJ?**

A. Posteriorly, the capsule has an orifice through which the lateral pterygoid tendon passes

B. The disk is composed of layers of collagen fibers oriented in different directions to resist the shearing effect that might occur in a sliding joint

C. The articular surface is covered by hyaline cartilage

D. The disk's bearing area is avascular

E. The disk is firmly attached to the medial and lateral poles of the condyle

58. **When maxillary peripheral structures are recorded the following movements are required:**

A. Patient opens wide

B. The patient swallows

C. Aggressive movement of the lips (puckers, sneers, opens wide, smiles)

D. Mandibular movement to right and left

E. The patient licks upper lip

59. **For lymph node metastasis and distant spread of oral cancer the following are true:**

A. Distant spread is more frequent in the early stages of the disease and is always clinically evident

B. Tumours close to the midline can metastasise to nodes on both sides of the neck

C. Distant spread is more frequent in the later stages of the disease and may not be clinically apparent

D. Level V of lymph nodes is involved in aggressive tongue and posterior oral tumours

E. The more lymph nodes involved, the worse prognosis

60. **When ultrasonic tips are used during professional cleaning:**

A. The lateral surface of the tip is most effective

B. The angle of application should be 0–15°

C. Tip adaptation to the surface is not necessary

D. Use continuous, slow, and controlled movements

E. Tip positioning perpendicular to the surface is advised

61. **During the final impression for removable partial dentures:**

A. The clearance between the tray and the tissues must be 2-3 mm in all cases

B. The impression material can be removed easily from the custom tray

C. It can be a single step procedure

D. It is recommended the use of a custom tray

E. A modification of the preliminary impression can be made

62. **Which of the following are true about the use of pit and fissure sealants in pediatric dentistry?**
    A. Sealants can replace fluoride varnish in all situations
    B. Should be performed for all permanent molars in children at medium or high risk of caries
    C. In case of partially erupted teeth glass ionomer sealants are useful
    D. Clear sealants can make diagnosis difficult during follow-up
    E. Proper cleaning of the fissures before application is essential

63. *** Among the etiological factors of ANUG/ANUP the following are demonstrated:**
    A. Extreme pressure during toothbrushing
    B. Increases the virulence of the bacteria due to the pressure exerted by the patient on the area with the pulp of his fingers
    C. Pregnancy, menopause
    D. Vitamin C, B2 deficiency
    E. Oral contraceptive treatment administered for a long period of time

64. **The most common sites involved by oral cancer are:**
    A. Floor of the mouth
    B. Soft palate
    C. Retromolar trigone
    D. Upper lip
    E. Submandibular gland

65. **In the treatment of problems of Class II malocclusion that are primarily skeletally related, the following procedures should be taken into consideration:**
    A. Forward mandibular posturing with Herbst appliance
    B. Maxillary molar mesialization with extraoral traction
    C. Maxillary skeletal retrusion with type 3 Fränkel function regulator (FR-3)
    D. Mandibular mezialisation using the orthopedic facial mask (Delaire)
    E. Maxillary molar distalization with extraoral traction

66. **Choose correct statements related to broken instruments/needles during**

manouvres in oral cavity:

A. Removal of broken needles from the pterygomandibular space is a difficult operation

B. Instruments breakage cannot happen on new elevators

C. In cases of small parts of bur or needle this may be left and the patient informed

D. If broken instruments are found, radiographs are taken to locate them

E. The needle lost in the pterygomandibular space can be localized only by making a panoramic x-ray

67. *** In case of orofacial infection, from the history the clinician should record:**

A. Trismus

B. Sequence of events

C. Lymphadenopathy

D. Leucocytosis

E. Blood cultures

68. **Following statements are correct related to preextractional complications:**

A. Congenital malformation-macrostomia

B. If difficulties in cooperation are present sedation can be used

C. Limitation of mouth opening can occur in cases of facial scars

D. In cases of trismus extraction must be done without delay

E. Limitation of mouth opening can happen in cases of abnormalities of the temporomandibular joint

69. **Which of the following anatomical or clinical characteristics of primary teeth when compared to permanent teeth are true?**

A. Radiographs are not necessary when diagnosing approximal caries in primary teeth

B. Composite shades are easier to match in primary teeth due to darker color

C. There is limited room for cavity preparation in primary teeth

D. Pulp horns in primary teeth are closer to the surface

E. Enamel at the floor of the box is generally undermined in primary teeth

70. **Which of the following statements describes the finishing and flaring phase of**

access cavity preparation in adult endodontics?

A. A cutting-tip bur is ideal for finishing the floor of the pulp chamber

B. The goal of this phase is to reduce access rather than enhance it

C. The finishing and flaring phase helps ensure a seamless transition between the cavity and pulp chamber

D. Fissure burs at low speed are preferred because they provide greater precision

E. Diamond burs at high speed are recommended over fissure burs due to less vibration

71. **Which of the following statements are true regarding vital pulp therapy in teeth with immature apices?**

A. Pulpotomy should only be used after root development is finished

B. Vital pulp therapy in immature teeth should be considered a provisional measure

C. Once root formation is complete, the pulp may become a liability due to resorption or calcification

D. The pulp continues its formative role in teeth with incomplete root formation

E. Pulpotomy is the treatment of choice for recent traumatic exposure in immature teeth

72. **Reflecting essential factors and steps contributing to a successful endodontic treatment:**

A. Proper cleaning and shaping are fundamental for the success of subsequent endodontic steps

B. Disinfection is one of the three essential components of endodontic success

C. The location of the access cavity has no effect on the treatment outcome

D. Preparing the access cavity is a critical preliminary step that affects all phases of endodontic treatment

E. Access cavity preparation is optional if the canal system is simple

73. *** The hyperdivergent facial pattern includes:**

A. An open-bite relationship of the incisor teeth

B. Straight or dished-in soft tissue profile

C. Maxillary mandibular alveolodental retrusion

D. Prominent chin and a shorter nose

E. A low mandibular plane angle accompanied by a favorable horizontal skeletal relationship

74. *** Which of the following aspects are recommended for evaluation before and after the application of sealants?**

A. Non-invasive visual examination of the tooth surface

B. Sealants can be applied without prior cleaning

C. All teeth are sealed regardless of caries risk status

D. Radiographs are mandatory for case selection

E. Air abrasion is the standard approach in school-based programs

75. **The success of implant-prosthetic therapy depends on:**

A. Prosthetic design

B. The height of the patient

C. Scrupulous search for risk factors

D. The age of the patient

E. Careful evaluation of the osseous site

76. *** Regarding the impression trays for dentures, it is true:**

A. The preliminary impression should be underextended

B. The mandibular tray should not extend to the ascending ramus

C. During tray centering the buccal notch of the tray should be placed over the buccal frenum

D. The accurately selected stock trays always fit the jaws without tissue distortion

E. Preliminary impressions are made with stock trays in most impression procedures

77. ***Porphyromonas gingivalis* has the following virulence factors that interact with the immune system:**

A. Degradation of signaling molecules

B. Promotion of agglutination

C. Inhibition of interleukin-8 secretion

D. **Induction of apoptosis in the host cells**

E. Nonspecifically inhibition of plaque formation

78. **Non-dental biofilm induced gingival diseases can be classified as:**

A. Descuamative gingivitis

B. Pregnacy associated gingivitis

C. Menopause associated gingivitis

D. Diabetes mellitus induced gingivitis

E. Streptococcus induced gingivitis

79. **The essential considerations or techniques for achieving a successful composite restoration relies on:**

A. Providing butt-joint shapes on non-enamel external walls

B. Using composite only for anterior restorations

C. Bevelling or flaring of marginal enamel when indicated

D. Use of dentin bonding systems

E. Avoiding the use of bonding agents to prevent contamination

80. *** Regarding the nature and management of periapical granulomas:**

A. Applying medicated pastes beyond the apex is necessary for sterilizing the granuloma

B. Endodontic success depends primarily on the type of bacteria present in the canal

C. The healing potential of periapical tissues is lower than that of pulp tissue

D. In asymptomatic teeth, bacteria reside in the root canal, not in the granuloma

E. The size of the radiographic lesion correlates with the presence of bacteria

81. **Regarding the relationship between pulp disease and periapical tissues:**

A. Lesions of endodontic origin occur when bacterial products pass through apical or lateral pathways

B. The immune system responds with inflammation and granulation tissue near the apical foramen

C. There is no communication between the pulp and periradicular tissues

D. The periodontal ligament, bone, and cementum form the tooth's

attachment apparatus

E. Endodontic infections cannot affect the bone around the root

82. *** The following statemements regarding the principal fibers of the periodontal ligament arrangement are true :**
    A. The shape is governed by the contour of the proximal tooth
    B. Transseptal fibers, extend interproximally over the alveolar bone crest
    C. Envelops the teeth in a collarlike fashion
    D. Contribute to the firmness of the gingival margin
    E. It is firm and resilient

83. *** In avulsion of permanent teeth:**
    A. Radiographs are not necessary if the avulsed tooth appears intact
    B. It is best not to replant avulsed teeth in mixed dentition
    C. The tooth should be held by the root when handling
    D. The splint should always be rigid and maintained for at least 3 months
    E. The long-term prognosis of the tooth is severly reduced after 10 minutes of being dry and out of the mouth

84. *** The mandible is in CR (Centric Relation) if:**
    A. The disc is properly aligned on both condyles
    B. The patient is resting comfortably in an upright position and the condyles are in a neutral, unstrained position in the glenoid fossae
    C. The mandibular musculature is in a state of minimum tonic contraction to maintain posture and to overcome its force of gravity
    D. The teeth are in maximum occlusal contact
    E. The superior lateral pterygoid muscles have released contraction and are passive

85. **For denture`s final impressions:**
    A. 3-4 mm baseplate wax is used to provide space for the final impression material
    B. The muscular movements must be assisted by the dentist (manipulating and pulling the cheeks and lips)
    C. The secondary stress-bearing areas don't need to be relieved on the cast

D. The muscular movements can be made exclusively by the patient

E. The sharp undercuts can be relieved with baseplate wax on the cast

86. **During the try-in of the fixed restorations:**

A. The dynamic occlusion of veneers must be checked before cementation

B. The use of the dental floss is a convenient method for comparing the tightness of the contacts

C. The marginal fit of the restoration must be checked before the occlusion

D. A passive proximal contact allows the shim stock foil to be pulled from the interproximal areas with slight resistance

E. An open margin of the restoration is not a problem, the cement used for the cementation will fill the gap

87. **Which of the following are important anatomic regions and structures in mandibular denture construction:**

A. Mandibular tuberosity

B. Anterior sublingual area

C. Subpalatal region

D. Mylohyoid areas

E. Maxilar tuberosity

88. **In relation with oroantral communication the following statements are true:**

A. The oroantral communication can be produced by attempts to remove retained apices

B. Frequently the uncomplicated extraction of a tooth may fracture thin floor of the sinus

C. Infection in the maxillary sinus is a predisposing factor to fistula

D. Often the antrum dips down the roots of the molar teeth which is a part of the antral floor

E. The oroantral communication can be produced by attempts to remove retained apices of the lateral incisors

89. **Characteristics of the impression materials are:**

A. Polysulfide: must be poured within 1 hour

B. A silicone: some formulations contain surfactants

C. A silicone: care is needed to avoid bubbles during pouring

D. C silicone: automixing is available

E. Polyether: after the setting of the material is very stiff

90. **The following statmements regarding the cementodentinal junction are true:**

A. Contains a significant amount of proteoglycans

B. Its width appears to remain relatively stable with age

C. Fibrils intermingle between the cementum and dentin

D. It provides lymphatic drainage

E. There appears to be no increase or decrease in the width of cementodentinal junction with age

91. *** Interim restorations:**

A. Must seal the prepared tooth surface to prevent further irritation of the pulp

B. The direct interim restorations can be made from ceramics

C. The polycarbonate crowns are available in molar shapes.

D. Can`t be realized on teeth with extensive coronal destruction

E. Are not good thermal isolators

92. *** Which are the principles involved in achieving primary resistane form during tooth preparation for dental fillings?**

A. Ensuring uniform axial and pulpal depth in all restorations

B. Slightly rounding internal line angles to reduce stress concentration

C. Internal angles are not proper for better material retention

D. Keeping all external walls perfectly vertical

E. Extending the preparation to all cusp tips to improve coverage

93. *** For peripherial border tissues and contours on the mandible:**

A. The masseter muscle can be activated during impression by mouth opening

B. The lingual lateral border of the denture can be established by swallowing

C. The fibers of the buccinator muscle are perpendicular to the denture

D. Aggressive protrusion of the tongue can decrease the border extension of the denture in advanced resorption

E. The mylohyoid muscle acts in the retromylohyoid fossa

94. **In the case of the preparation of an upper second molar for a metal-ceramic crown:**

A. Use complete coverage restorations rather than partial-coverage

B. The anatomically prepared occlusal surface gives rigidity to the crown

C. The functional cusp bevel must be done at the buccal cusp

D. Minimum display of metal for aesthetic reason

E. It is recommended to place the margins supragingivally as a biologic consideration

95. *** What are the criteria for selecting and adapting ultrasonic tips?**

A. Thin tips are indicated for subgingival treatment

B. Tip selection is not based on the type of deposit to be removed

C. Periodic wear checks of the tip are not necessary

D. Curved tips are used only on buccal surfaces

E. Ultrasonic tips can be resharpened to maintain efficiency

96. **The altered cast technique for removable partial dentures:**

A. The modeling impression compound is not recommended for functional borders

B. The metal frame is realized based on a conventional impression

C. The zinc oxide and eugenol paste are not recommended for the final surface impression

D. The metal frame with acrylic saddles is used for the free-end edentulous space impression

E. Light-cured composite resin can be used for functional borders

97. *** For centric relation (CR) the following statements are correct:**

A. Jaw relation, where the condyles are in the uppermost backward position in the fossa articularis

B. It should not be confused with centric occlusion

C. Closest possible position of the teeth

D. It is independent of the joints

E. Jaw relation, where the condyles are in the most posterior position in the

glenoid fossa

98. **The classic adenoid facies:**
    A. It is characterized by retruded teeth
    B. Is characterized by closed lips at rest
    C. Has been always attributed to mouth breathing
    D. It is characterized by separated lips at rest
    E. Has been often attributed to mouth breathing

99. **The assessment of the cyst and it's relationship to adjacent structures indicates:**
    A. Dead teeth should be extracted where they are non-functional, mobile, with poor periodontal condition
    B. Vital teeth that have a satisfactory periodontal condition and are functional, are extracted.
    C. Dead teeth should be preserved where they are non-functional, mobile, with poor periodontal condition
    D. In the mandible the inferior dental nerve may be grossly displaced by a large cyst
    E. In the mandible the inferior dental nerve may be grossly invaded by a large cyst.

100. *** At the level of periodontal ligament the following changes have been reported with aging :**
    A. Decreased epithelial cell rests
    B. Thinning and decreased keratinization
    C. Increased denaturing temperature
    D. Lower rate of collagen synthesis decreasing with age
    E. Increased rate of conversion of soluble to insoluble collagen