

Variant 1

3.5-year-old child has symmetrical face, the middle part is predominant in proportions, swallowing is infantile, breathing is nasal. In the oral cavity the dentition corresponds with the age norms, the sagittal fissure is 3 mm, every tooth in the lateral part has its antagonist, the lower teeth touch the hard palate. Miogymnastics with Dassa orbicularis oris activator is recommended. What function is normalized by this apparatus in the given case?

Lips closure
Chewing
Breathing
Speech
Swallowing

Parents of an 8-year-old child have made an appointment with an orthodontist. There are complaints of their child having trauma of oral mucosa. Objectively: decreased height of the face lower part, everted lower lip, deep labiomental furrow, milk occlusion. The upper incisors fully cover the lower ones; cutting surface of the lower incisors make contact with the anterior third of the palate. Mesiodistal ratio of the canines and the first permanent molars is normal. Grouping of the upper and lower front teeth is dissimilar. Make the diagnosis according to the Kalvelis classification.

Deep traumatic overbite
Deep incisor overbite
Deep prognathic (roof-shaped) occlusion
Deep neutral occlusion
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An 18-year-old patient with complaint of large diastema has made an appointment with prosthodontics specialist. Objectively: there is full lateral displacement of central incisors due to absence of the 12th and 22nd teeth. What instrument is the most advisable for moving the central incisors closer together?

Korkhaus appliance
Kalvelis appliance
Simple cotton ligature
Vasylenko appliance
Begg appliance

Parents of an 8-year-old girl are concerned that she is chewing food too slowly. Objectively: it is a period of transitional dentition. The first permanent molars has neutral relationship; sagittal fissure is 2 mm wide. The upper front teeth cover the lower ones by 2/3. Name the pathology.

Deepening of incisor overbite
Tooth –alveolar lengthening of the front teeth
Widening of the sagittal fissure
Tooth-alveolar shortening of the lateral teeth
Decrease of the lower face height

A 14-year-old girl complains of indistinct pronunciation that developed at the age of 14 after the acute respiratory viral disease. Examination revealed normal face and normal teeth alignment, occlusal disharmony was not found. Palpation didn't reveal cleft palate. Uvula

doesn't move during pronunciation of sounds, its palpation does not cause gag reflex. What is the reason for indistinct pronunciation of sounds?

Paresis of the soft palate and uvula muscles
Hypertrophy of lingual tonsil
Deformation of the bite
Palatal slit
Adenoid vegetations

An 11-year-old girl complains of a cosmetic defect: the placement of the 23rd tooth is incorrect. Objectively: the face is symmetrical. The 24th tooth has buccal placement above the occlusion area. The space between the 22nd and 24th is 3mm. What additional examination is required?

All of the methods named below
Measuring the length of the dentition
Korkhaus analysis
X-ray examination
Pont analysis

What measurements are necessary to determine the width of dental arch according to the Pont's method of analysis?

Crown width of four upper central incisors
Crown width of upper central incisors and the first premolars
Crown width of upper central incisors
Size of dentition frontal segment
Crown width of six upper front teeth

During examination of the 11-year-old child's oral cavity the 23rd tooth vestibular position was detected. Correlation of the 16th and 46th is Angle class I, and 26th and 36th is Angle class II. The width of the 23rd crown is 8 mm. The dentition lacks 4 mm to place the 23rd properly. Front teeth occlusion is normal. Choose the optimal treatment approach.

Move the upper lateral teeth on the right side in distal direction, then move the canine into the correct place
Extract the canine; move the 24th and 25th teeth to replace the 23rd
Widen the upper and lower dentition, and move the canine into the correct place
Extract the first premolar, and move the canine into the correct place
Widen the upper dentition, and move the canine into the correct place

A 16-year-old female patient complains of a deformation and restricted mouth opening since birth. Objectively: the face is symmetrical, disproportionate, there is a bird-like face symptom. The mouth opens up to 1 cm. The patient has an occlusal abnormality, namely deep incisal overbite. What pathology is found in this patient?

Micrognathia with congenital ankylosis
Mandibular protraction
Micrognathia with acquired ankylosis
Maxillary protraction
Prognathism

Preventive examination of a 5-year-old child revealed a habit of lower lip biting. What malocclusion may develop if the child keeps this habit?

- Anterior bite
- Deep overbite
- Prognathic bite
- Open bite
- Cross bite

A child is 13 years old. The third upper tooth is fully cut, but situated slightly above the occlusion surface. What kind of abnormal placement is it?

- Supraversion
- Oral
- Infraversion
- Vestibular
- Torsoversion

A 9-year-old child has a symmetrical maxillary diastema with crown divergence. The relationship of the lateral teeth is neutral. In the anterior segment the depth of incisal overbite is 1/3 of the crown height. What appliance can be used for simultaneous treatment of diastema and crown divergence?

- Maxillary plate with spring arms
- Maxillary plate with protraction springs
- Bracket system with Andrews' straight-wire
- Maxillary plate with vestibular arch
- Standard edgewise technique.

In a 7-year-old child the right mandibular molars overlap the maxillary molars, there are no other occlusion abnormalities. Size and shape of the lower dental arch are normal. Specify the appliance for the treatment of this abnormality:

- Upper-jaw appliance with a sector expansion screw
- Upper-jaw appliance with a middle expansion screw
- Upper-jaw appliance with a right guide plane
- Angle's coil spring
- Upper-jaw appliance with a left guide plane

An 11-year-old boy had been diagnosed with a 6 mm wide diastema of type 2 (by Khoroshilkina F.I. classification). To normalize the incisor position, the Korkhaus appliance was used. What kind of movement is facilitated by this appliance?

- Bodily movement
- Torque
- Rotation
- Intrusion
- Extrusion

Clinical examination of a 10-year-old girl's oral cavity revealed an 11 mm gap in a sagittal plane, the contact of the lateral maxillary teeth with the front mandibular teeth, mesiobuccal cusps of the 16 and 26 tooth located on the cusps of the 35 and 45 tooth. What additional examination method will allow to make a definitive diagnosis and specify clinical form of malocclusion?

- Profile teleroentgenography
- Anthropometric measuring of jaw models

Determining morphological facial index
Clinical functional test
Orthopantomography

A child is 11 years old. Examination of the oral cavity revealed that the front maxillary teeth completely overlap the mandibular ones. Lateral teeth in the sagittal and transversal planes have a normal contact. The child has been diagnosed with a deep overbite. This abnormality is typically accompanied by the dysfunction of:

Chewing, biting off
Swallowing, biting off
Speech, chewing
Biting off, breathing
Breathing, swallowing

Examination of a 12-year-old child revealed a significant increase in the size of the jaws, presence of gaps between the teeth, tongue enlargement, disproportionate skeletal growth. This pathology has been caused by the dysfunction of the following gland:

Pituitary
Sex
Thyroid
Pancreas
Parathyroid

Preventive examination a 6-year-old child revealed that the child had deciduous dentition, direct incisor contact in the frontal segment, no gaps between teeth; contact of homonymous canines and molars; abrasion of masticatory tubercles of the molars. The child's condition corresponds with the following period:

Physiological wear of deciduous dentition
Stable deciduous dentition
Mixed dentition
Exfoliation
Development of deciduous dentition

Examination of a 7-year-old child revealed that all temporary maxillary molars were extracted. Mandibular incisors were in contact with the palatal mucosa. What is the optimal doctor's tactics?

Fabrication of a removable laminar claspless denture for the maxillary teeth restoration
Check-ups once a year until the eruption of permanent teeth
Fabrication of a removable denture with clasp fixation for the maxillary teeth restoration
Check-ups every six months until the eruption of permanent teeth
Fabrication of an orthodontic device for the treatment of deep overbite

A 3-year-old child has a hard and soft palate defect. It is planned to fabricate a "floating" Cese obturator (Charovskaya modification). What impression material should be used?

Thermoplastic or silicone
Zinc-eugenol
Hydrocolloid
Gypsum
Stomalgin

Parents of a 5-year-old child consulted an orthodontist about mispronunciation of sounds by the child. Objectively: the child's face is unremarkable. The patient has deciduous dentition.

There are 1-1.5 mm gaps in the frontal segment from 53 to 63. Occlusion in the sagittal and transversal planes is normal. What type of Frankel's functional regulator is used to treat the above –described malocclusion?

Type IV

Type III

Type I

Type II

Parents of a 10-year-old boy consulted an orthodontist about misalignment of the 21 tooth. Objectively: the 21 tooth is in a vestibular position, there is enough space for it in the dental arch. What additional methods of examination should be applied to specify the treatment plan?

X-ray

Masticaciography

Pont's index measuring

Paralleling

Korkhaus index measuring

A patient is 12 years old. He has been undergoing orthodontic treatment for pseudo prognathism with Angle's fixed appliance for 10 month. What is the optimal duration of the retentive period?

6 months

12 months

3 months

20 months

10 months

A 7,5–year-old child has square dental arches of both jaws, the relationship between the canines and the first permanent molars corresponds with Angle's class I. Specify the dental anomaly according to Kalvelis classification:

Anomaly of dental arch development

Malocclusion

Anomaly of the dental arch shape

Anomalies of jaw size

Anomalies of individual teeth

A 13–year-old child has been taken to an orthodontist. Objectively: the child has permanent dentition. The 13 tooth with mesio-distal dimensions of 8.9 mm erupted vestibularly outside the dental arch, the interval between the 14 and 12 tooth is 9.2 mm. Select a rational plan of treatment:

Expansion of the dental arch and moving the 13 tooth

Extraction of the 14 tooth, moving the 13 tooth in the distal direction into the dental arch

Finger massage of the 13 tooth

Extraction of the 13 tooth

Moving the 13 tooth into its proper place in the dental arch

Parents of a 6,5–year-old boy consulted an orthodontist about no contact between the front teeth. The child has a bad habit of sucking his tongue. Objectively: there is a symptom of multiple pits in his chin when the lips are closed, speech disturbance, between the front teeth there is a vertical gap up to 8 mm. Specify the occlusion anomaly:

Overbite
Mesial bite
Distal bite
Cross bite
Open bite

During examination of a 5-year-old child the orthodontist revealed no wear of teeth, no trem and diastem, orthogenic occlusion. Which of the following symptoms in a 5-year-old child is a sign of future teeth overcrowding?

Absence of diastem and trem
Absence of mesial step in the region of second temporary molars
Absence of wear of teeth
Orthogenic occlusion
Orthognathic bite

Examination of a 5-year-old child revealed reverse overlap of the incisors and canines. What is the most effective way of abnormal bite prevention at this age?

Treatment with an orthodontic appliance
Vestibular plate
Myogymnastics
Selective grinding of milk teeth tubercles
Tongue frenulum plasty

Parents of a 6-year-old girl consulted an orthodontist about protrusion of the lower jaw. The child looks like his father. Objectively: the child has primary bite, there are diastema and trema on both jaws, reverse incisal overlap of front teeth, the sagittal gap is up to 3mm, the lateral parts are characterized by mesio-occlusion. Ilyina-Markosyan test for the distal displacement of mandible is negative. What principle of treatment will be most effective?

To stimulate the growth of maxilla in sagittal direction
To start orthodontic treatment after the second dentition is completed
To delay the growth of mandible in sagittal direction
No to start treatment until the end of transitional dentition
The treatment is not required

Preventive examination of a 5-year-old child revealed a habit of lower lip biting. What malocclusion may develop if the child keeps this habit?

Cross bite
Deep overbite
Open bite
Prognathic bite
Anterior bite

Floating obturators (Case`s, Chasovskaya`s etc.) for the defects in the hard and soft palate are fabricated according to impressions obtained by means of S-shaped spatula. Which impression material is used in this case?

Plaster
Dentafol

Orthocor
Stomalgin
Stens

A patronage nurse visited a newborn baby. Examination revealed the shortened lower part of the face, the backward-sloping chin, missing teeth, the retroposed lower jaw. What is the number of dental follicles in each jaw of a newborn baby?

- 16
- 14
- 18
- 12
- 10

A 7-year-old child has protruding chin, the lower lip overlaps the upper one. There are diastema and trema between the lower incisors, the lower incisors overlap the upper incisors by 2/3 of the crown height. First permanent molars demonstrate Angle's class III relation. Sagittal gap is 3mm. The correct doctor's tactics will be to:

- Use Bruckl's appliance
- Use Angle's apparatus
- Use Bynin appliance
- Use Schwartz appliance
- Recommend a complex of myogymnastic exercises

Preventive examination of a 5-year-old child revealed half-open mouth, difficult closing of lips, primary occlusion, 4 mm sagittal gap, homonymous canines and second molars. The upper dental arch is V-shaped, the lower one is trapezoid. Both dental arches in primary occlusion should have the following shape:

- Semicircle
- Quadrangle
- Triangle
- Semiellipse
- Parabola

An 8-year-old boy complains of improper arrangement of teeth. Examination at an orthodontic clinic revealed broad, tight, low-attached upper lip frenulum. Broad frenulum and its low attachment may cause:

- Diastema
- Narrowing of the upper dentition
- Protrusion of the upper front teeth
- Elongation of the upper dentition
- Shortening of the upper dentition

A boy is 10 years old. His face is symmetric and proportional. He presents with mouth breath. Examination of the oral cavity revealed saddle-like shape of dental arches and high arched palate. Upper first molar relationship (Angle's key to occlusion) remains intact. What is the most likely diagnosis?

- Narrowing of dental arches
- Distal occlusion
- Widening of dental arches
- Mesial occlusion
- Elongation of dental arches

External examination of a 7-year-old child revealed: thickening of nose bridge, semi-open mouth, dry lips. Mouth corners are peeling. Anamnesis data: the child sleeps with open mouth. Examination of oral cavity revealed no changes. What dispensary group will this child fall into?

The second

The first

The fourth

The third

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An orthodontist monitors a 4-year-old child with mouth breath. The child has a history of adenotomy. Objectively: primary dentition occlusion; the upper incisors overlap the lower ones by 1/3; distal surfaces of the second temporary molars are situated in the same vertical plane. What preventive device will help the child to give up the habit of mouth breath?

Standard Schonherr's vestibular screen

Rudolph's appliance

Vestibular and oral Kraus' screen

Andresen-Haupl activator

Frankel's function regulator

A 12-year-old patient complains about an aesthetic defect. Objectively: the lower third of face is shortened, upper frontal teeth overbite the lower teeth by 3/3 of height, exhibit oral inclination, lateral parts all along exhibit cusp-to-cusp relationship between the antagonists; Angle's class II malocclusion (joining of the upper permanent molars) is also present. Malocclusion is observed in the following planes:

In sagittal and vertical

In vertical

In transversal

In sagittal

In transversal and vertical

A 9-year-old boy presents with face asymmetry due to the chin displacement to the left. When the third Il'ina-Marcosian diagnostic test is performed, face asymmetry disappears. What is the most likely clinical form of this occlusal abnormality?

Habitual displacement of mandible

Ankylosis of the temporomandibular joint

Bilateral narrowing of the maxillary dental arch

Unilateral hypoplasia of mandible

Unilateral narrowing of the maxillary dental arch

Intraoral examination of a 5-year-old boy revealed primary occlusion, diastema and trena, worn tubercles and cutting surfaces of teeth. The distal surfaces of the second lower molars are anterior to the distal surfaces of the second upper molars. This stage of primary occlusion is called:

Aging

Eruption

Stable occlusion

There is no correct answer

Formation

A 10-year-old girl complains of an aesthetic defect. She has a history of sucking her right thumb till the age of 7. Objectively: the height of the lower third of face is somewhat reduced. There is a 9 mm gap in sagittal direction between the upper and lower incisors, Angle's class 2. As a result of Eschler-Bittner test the girl's face appears at first better, then worse. What clinical form of occlusal anomaly is most likely?

Maxillary macrognathia and mandibular micrognathia

Maxillary macrognathia

Maxillary prognathism with lateral compression

Mandibular retrognathia

Mandibular micrognathia

Analysis of a 10-year-old boy's jaw models revealed that occlusal plane of the frontal maxillary teeth was of concave form, its lateral parts were convex. Form of the alveolar process also represents deformation of dental arches. The upper jaw is of saddle-like form with abrupt narrowing in the region of premolar teeth. What type of bite is it?

Open

Cross

Mesial

Deep

Distal

After a preventive orthodontic examination a 9-year-old child was diagnosed with mesial occlusion. The treatment of this pathology involves application of an apparatus with mechanic action. What working element is to be applied in the apparatus intended for the correction of this pathology?

Screw or spring

Screw and bite plate

Occlusal applications

Elastics and buccal shields

Inclined plane

A 17-year-old patient consulted an orthodontist about improper position of an upper canine. Objectively: permanent occlusion, class I Angle's relationship of the first molars, the 13 tooth has vestibular position above the occlusion line, there is a 6.5 mm gap between the 14 and 12 teeth. What period of orthodontic treatment will reduce the time of lidase phonophoresis therapy?

Active period

Passive period

Petention period

Preparatory period

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An orthodontist monitor a 4-year-old child with mouth breath. The child has a history of adenotomy. Objectively: primary dentition occlusion; the upper incisors overlap the lower ones by 1/3; distal surfaces of the second temporary molars are situated in the same vertical plane. What preventive device will help the child to give up the habit of mouth breath?

Standard Schonherr's vestibular screen

Frankel's function regulator

Andresen-Haupl activator

Vestibular and oral Kraus's screen

Rudolph's appliance

A 6.5-year-old child has a gap 2.5-3 mm large between frontal teeth from canine to canine. Relationship of the first permanent molars complies with Angle's class I. Specify the severity degree of bite deformation:

- I degree
- III degree
- II degree
- V degree
- IV degree

Parents of a 12-year-old child consulted an orthodontist about improper position of the child's upper teeth. Objectively: the face is narrow, elongated; the developing occlusion is present (temporary second molars). The 13 and 23 teeth are located beyond the dental arch, they deviate to the lips above the occlusal plane, there is a 2.5 mm gap between the 12 and 14 teeth, and a 1.5 mm gap between the 22 and 24 ones, 45° rotation the 33 and 43 teeth is present. Choose the most rational method of treatment:

- Extraction of the premolars and relocation of the canines
- Expansion of dental arches in the region of canine apices
- Compact osteotomy and expansion of dental arches
- All the answers are wrong
- Extraction of temporary premolars and expansion of dental arches

A 13-year-old girl has presented with gingival haemorrhage and mobility of the front teeth over the last month. Objectively: gingival mucosa around the lower incisors and canines is edematous, hyperemic, bleeds on touch. There is grade 1 tooth mobility, periodontal pockets are 3 mm deep. Orthopantomogram shows the resorption of interalveolar septa by 1/3 of their height. There is crowding of the lower front teeth. Hygiene index is 4.2. The patient has to consult the following specialist:

- Orthodontist
- Neuropathologist
- Haematologist
- Endocrinologist
- Gastroenterologist

A child was born with schistasis of alveolar process, hard and soft palate. The optimal way to feed the child before the surgery will be through:

- Obturator
- Enteric feeding tube
- Spoon
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- Baby bottle nipple

Preventive examination of a 5-year-old child reveals the infantile swallowing. The bad habit of thrusting the tongue between the teeth may cause the following complication:

- Incomplite eruption of the front teeth
- Narrowing of the upper dental arch
- Narrowing of the lower dental arch
- Broadenning of the upper dental arch
- Broadenning of the lower dental arch

An 18-year-old patient presented to the orthopedic department with complaint of a large diastema. Objectively: bodily lateral movement of central incisors induced by the missing 12, 22 teeth. What is the optimal appliance for moving the central incisors together?

- Korkhaus apparatus
- Begg appliance
- Vasilenko apparatus
- Cotton apparatus
- Kalvelis apparatus

An 8-year-old child is found to have convex facial profile, forced closing of lips, sagittal gap of 7 mm. Eschler-Bittner test produces some face improvement. This abnormality can be eliminated by means of Frankel type regulator. What is the mechanism of action of this device?

- Normalization of labial, buccal, and lingual pressure as well as of mandible position
- Normalization of upper front teeth position by means of vestibular bar
- Normalization of mandible position and growth by means of intermandibular traction
- Maxillary expansion by means of a screw
- Inhibition of maxilla growth in the sagittal direction

External examination of a 9-year-old child revealed strongly expressed nasolabial and labio-mental folds, a shortening of the lower third of face. Examination of the oral cavity revealed late transitional dentition, the upper front teeth completely overbite the lower teeth, the palate exhibits imprints of the lower incisors. What is the most likely diagnosis?

- Supraocclusion
- Distal occlusion, complicated with deep bite
- Mesial occlusion
- Dentoalveolar mandibular lengthening
- Dentoalveolar maxillary lengthening

Examination of a 9-year-old child revealed protrudent chin, the lower lip overlapping the upper lip. There is diastema between the lower incisors, the lower incisors overlap the upper ones by 2/3 of crown height. Sagittal fissure is 3 mm. Specify the treatment tactics:

- Brueckl's appliance
- Myogymnastics complex
- Bynin's guard
- Angle's sliding appliance
- Schwartz' guard

A child was born with body weight at a rate of 3200g and body length at a rate of 53 cm, 9 points on Apgar score. It was the first physiological delivery. What position of child's mandible is usually observed after birth?

- Physiological retrogenia
- Central occlusion
- Direct relation
- Posterior occlusion
- Physiological progenia

Preventive examination of a 6-year-old child revealed temporary teeth bite. Upper and lower dental arches are trapeziformed. Upper incisors overlap lower incisors more than by 2/3. Incisors and second molars are in the same relation. There is no space between frontal teeth. Upper dental arch is bigger than lower dental arch by the cheek tubercle size. Bite abnormality is observed in the following planes:

Sagittal and vertical
Sagittal and frankfurt
Sagittal and lateral
Sagittal and occlusal
Sagittal and nasal

The 12,22 teeth of an 8-year-old child are missing. There is not enough space in dentition for them. X-ray picture shows no tooth germs. The 12 tooth of the child's father is missing and the 22 tooth is conoid. What is the reason for such pathological changes?

Hereditary adentia
Extraction of teeth
Rachitis
Caries
Trauma

Parents of a 4-year-old child complain about speech defect, namely lallation. Examination shows limited tongue movements, when the tongue is moved forward it turns down, the lower edge of tongue frenulum is positioned in front of the submandibular salivary ducts. The frenulum is thin and transparent. Specify the terms of operative intervention:

After making the diagnosis
After eruption of permanent molars
After complete development of maxillofacial bones
After formation of permanent occlusion
After eruption of permanent incisors

A 12-year-old patient was diagnosed with open bite and dentoalveolar elongation of lateral part of mandible. What construction of apparatus is required?

Upper jaw appliance with occlusal rest seats
Angle's sliding face bow
Herbst appliance
Upper jaw appliance with a face bow
Extraoral face bow

A 5-year-old child was found to have missing upper molars. Lower incisors are in contact with the mucous membrane of palate. Specify the doctor's tactics:

Fabricate a removable laminar denture
Fabricate an orthodontic appliance for the treatment of closed bite
Medical intervention is not needed
Examine the child every 6 months until the eruption of permanent teeth
Examine the child once a year until the eruption of permanent teeth

Parents of a 7-year-old child addressed a hospital with complaints of the child having no permanent teeth in the front area of the mandible. Anamnesis states that the first deciduous teeth erupted at the age of 11 months. Objective clinical examination revealed the following: appearance is without changes, milk occlusion; there are physiological diastemas and tremas; edge-to - edge incisor contact. What preliminary diagnosis can be made according to Kalvelis classification?

Retarded eruption
Hypoplasia]
Dystopia
Supernumerary tooth
Adentia

Parents of a 4-year-old child have made an appointment with an orthodontist for preventive examination of the child. In the oral cavity: scissor bite is observed in the front area in the place of incisor contact; distal surfaces of the second temporary molars are situated in one plane. Teeth in the dental arch are placed tightly, without intervals. Determine, what period of occlusion development is described:

Stability of temporary occlusion

Formation of temporary occlusion

Involution of temporary occlusion

Late stage of developing occlusion

Early stage of developing occlusion

A 22-year-old patient addressed an orthodontist with complaints of incorrect teeth placement on the upper jaw. The appearance is without changes. Occlusion is permanent. The first molar relation is of the 1st type according to Angle's classification. Analysis of the control diagnostic models revealed the disturbance of the Andrews' second key of optimal occlusion of the 12 and 22 teeth. The patient suffers from:

Angulation of the maxillary teeth

Cusp-to-fissure contact between the first permanent maxillary and mandibular molars

Axial rotation of the teeth

Maxillary teeth contact

Spee curve concavity

A 14-year-old girl complains of indistinct pronunciation that showed up at the age of 14 after the acute respiratory viral disease. Examination revealed normal face and normal teeth alignment, occlusal disharmony was not found. Palpation did not reveal cleft palate. Uvula does not move during pronunciation of sounds, its palpation does not cause gag reflex. What is the cause of indistinct pronunciation of sounds?

Paresis of the soft palate and uvula muscles

Palatal slit

Deformation of the bite

Hypertrophy of lingual tonsil

Adenoid vegetations

A 7-year-old child has protruding chin, the lower lip overlaps the upper one. There are diastemas and tremas between the lower incisors, the lower incisors overlap the upper incisors by 2/3 of the crown height. First permanent molars demonstrate Angle's class III relation. Sagittal gap is 3 mm. The correct doctor's tactics will be to:

Use Bruckl's appliance

Use Schwartz appliance

Recommend a complex of myogymnastic exercises

Use Angle's apparatus

Use Bynin appliance

A 2.5-year-old boy has been delivered to an oral surgery. The patient has the upper lip cleft into three fragments, the palate is whole. Specify the period when cheiloplasty should be performed:

6-10 months

20-24 months

3-5 months

15-19 months

12-14 months

What impression material is used to obtain impressions for making orthodontic appliances?

- Ypeen
- Orthocor
- Stomaflex
- Sielast
- Repin

In the district dispensary center for children with cleft lip and palate a child was diagnosed with congenital incomplete cleft upper lip on the left with malformed cutaneo-cartilaginous portion of the nose. What dispensary group does the child belong to?

- First
- Fifth
- Second
- Fourth
- Third

A mother of a newborn complains that the child cannot be breastfed. After objective examination the child was diagnosed with complete submucous cleft palate. What surgical procedure should be prescribed and when is the optimal time for such a surgery?

- Cheiloplasty, 4-6 months
- Uranostaphyloplasty, 6-7 months
- Staphyloplasty, 10 years
- Uranostaphyloplasty, 4-6 years
- Uranoplasty, 1 year

An orthodontist has been addressed by parents of a 5-year-old child. The child has the 54 tooth extracted, all the other deciduous teeth are present. The doctor made a thin-wall crown for the 55 tooth with interdental wedge to the 53 tooth. What is the purpose of such treatment?

- Prevention of dentition malformation
- Restoration of masticatory efficiency
- Acceleration of permanent tooth eruption
- Aesthetical restoration
- Deceleration of permanent tooth eruption

Preventive examination of the oral cavity of a 9.5-year-old child revealed bilateral cross bite without displacement of the lower jaw. What biometric method of dentition model investigation should be applied in this case?

- Pont index
- Gerlach index
- Tonn index
- Korkhaus index
- Schwarz index