Примірник для самопідготовки студентів
Профіль: Хірургія
Курс: 5 курс, 9 осінній семестр
Мова: Англійська
Тема: /5 курс/
Всього завдань: 340

1. Parents of 2 years old girl complain of bright red color formation of size 1 to 1.5 cm, that is not elevated over the mucous level on the upper lip area. The neoplasm changes its color during pressing, paleness appears. Regional lymph nodes, clinical blood and urine tests are without pathological changes. Put the preliminary diagnosis?
A. Capillary hemangioma
B. Capillary lymphangioma
C. Cavernous lymphangioma
D. Cavernous hemangioma
E. Pyogenic granuloma

2. The 3 month boy's mother complains of the presence of swelling of the left parotid area that is growing rapidly in her son. During examination of the left parotid area a rough surface with unclear borders of soft consistency was revealed. Neoplasm is painless during palpation. The skin over the swelling is not changed. Parotid salivary gland function is not affected. Cloudy yellowish liquid was received during punction biopsy. Put the preliminary diagnosis.
A. Retention cyst of the parotid gland
B. Chronic parenchymatous parotitis
C. Hemangioma of the parotid area
D. Lymphangioma of parotid area
E. Pseudoparotitis Herzenberg

3. Parents of 1.5 years old child refered to the clinic with complains of an enlargement of tongue, difficulties with food intake. Child suffers from birth. Objectively: general condition is without obvious pathology. Tongue is increased in size (macroglossia), mucous membrane is represented by the vesicle-like granulated growth. Tongue is thick, painless on palpation. What is the most correct diagnosis?
A. Hemangioma of the tongue
B. Fibroma of the tongue
C. Cyst of the tongue
D. Lymphangioma of the tongue
E. Malignant tumor of the tongue

4. Mother of 3 months old girl complains of the presence of tissue deformation on the upper lip and left cheek area in her child. The cyanosis of the skin in this area is observed. Tumor increases in size. Objectively: facial asymmetry due to the presence of tumor of left cheek and upper lip area is revealed. The skin over deformation is cyanotic in color. Symptom of filling is positive. Select the most correct diagnosis
A. Neurofibromatosis
B. Hemangioma
C. Fibroma
D. Cyst of the soft tissues
E. Cherubism

5. Parents of 11 months girl complain of the presence of a large neoplasm in the area of the chin and both submandibular areas of the child. Formation was detected at birth. The neoplasm grows slowly, but during acute respiratory viral disease, tumor increases in size in 2-3 times, and then gradually decreases. Objectively: soft tissue tumor without clear borders is revealed in both submandibular and submental areas. The neoplasm of paste-like consistency and painless during palpation is obrserved. The skin over the formation is not changed. Opening of the mouth is not limited. Tongue is increased in size. An enlarged papillae of the tongue contain of a clear yellow liquid. Provide the clinical diagnosis.
A. Cavernous hemangioma
B. Thyroglossal duct cyst
C. Cystic form of lymphangioma
D. Myoma
E. Neurofibromatosis

6. Parents of a 6 -year-old child complain of the presence of the tumor in the left parotid area, which gradually increased. The colour of the skin over the tumor is not changed. Tumor is not painful, but during putting the head down it increases in size and the skin becomes cyanotic. What disease can be predicted in child?
A. Ateroma
B. Lymphangioma
C. Fibroma
D. Haemangioma
E. Cyst of parotid glandule

7. Mother of the 4-year-old child complains of the presence of neoplasm on the tongue, which slowly increases and does not hurt. During the examination on the tip of tongue the pathological neoplasm on a broad base was revealed. On its surface small thin fibers are visible. Neoplasm is painless, soft during palpation. What is preliminary diagnosis?
A. Lipoma
B. Haemangioma
C. Lymphangioma
D. Fibroma
E. Papilloma

8. Mum of the 4-year-old child complains of a red dot spot on his face. It appeared a month ago and is growing. During the examination the pathological red spot of spidery form in the infraorbital area was revealed. During putting pressure the painting disappears in the centre of the spot. What is the preliminary diagnosis?
A. Pigmented nevus
B. Cavernous haemangioma
C. Capillary haemangioma
D. Vascular nevus
E. Verrucose nevus

9. 1 month after injury of the mucosa of the lower lip of a 3-year-old child the tumor-like formation appeared of rounded, painless, soft, bluish-colored, 8 mm in diameter. Put the diagnosis:
A. Papilloma of the lower lip
B. Retention cysts of the minor salivary gland
C. Lymphangioma of the lower lip
D. Hemangioma of the lower lip
E. Fibroma of the lower lip

10. One day ago, at home, a 6-year-old boy banged his forehead. A few hours later a tumor appeared in the right superciliary area. Objectively: the significant swelling of the forehead tissue that covers eyelid of the right eye. The skin over the tumor is cyanotic. The tumor is soft in consistency, the symptom of fluctuation exists. The general condition of the boy is not disturbed. Set the preliminary diagnosis.
A. Suppurative hematoma of the right superciliary area
B. Fracture of frontal bone
C. Hematoma of the right superciliary area
D. Post-traumatic swelling of the right superciliary area
E. Inflammatory infiltrate of the right superciliary area

11. During the examination of a 2-year-old girl in the area of upper lip the lump (1cm on 1.5 cm) of bright red colour that is not going beyond of the mucosa. During pressing it down the colour of the lump changes -paleness appears. Regional lymphatic nodes are without pathologic changes. Clinic analysis of her blood and urine are normal. What is your previous diagnosis?
A. System hemangiomatosis
B. Capillary lymphangioma
C. Capillary hemangioma
D. Cavernous hemangioma
E. Cavernous lymphangioma

12. The 12-year-old girl complains of difficulties in conversation and meal. Objectively: under the tongue on the left the round shaped forming of 5 cm in diameter is observed. It is translucent, of soft consistency, with a thin shell. When puncture was obtained the transparent mucus yellow liquid was received. Install the clinical diagnosis.
A. Haemangioma of the bottom of the mouth cavity
B. Retentive salivary gland cyst of the minor
C. Dermoid cyst of the bottom of the mouth cavity
D. Polycystoma of the bottom of the mouth cavity
E. Ranula of the left sublingual salivary gland

13. The mother of a 3-month-old girl applied to the maxillofacial department with complains of the tumor presence in a child of the upper lip and left cheek, tissue deformation and bluish skin in this area. The tumor grows. Objectively: face asymmetry due to the presence of tumor on the left cheek and upper lip, the skin over it has cyanotic colour. Symptom of filling is positive. Install the most likely diagnosis.
A. Fibroma
B. Cyst of the soft tissues
C. Neurofibromatosis
D. Haemangioma
E. Cherubism

14. The child was born with a small capillary haemangioma on the cheek, and after treatment in place of the tumor the slightly noticeable cosmetic scar of the irregular shape was present. Which method of treatment was used?
A. Excision
B. Cryodestruction with carbonic acid
C. Sclerotherapy of the tumor
D. Diathermocoagulation
E. Mechanical destruction

15. In the 7-year-old patient the overgrowth of the gums around the tooth neck was revealed. The overgrowth is of the bright red colour with irregular form, hilled of the soft consistency, easy bleeding (as after the injury, and independently). Which disease is responsible for this clinical picture?
A. Angiomatous epulis
B. Lipoma
C. Fibrous epulis
D. Fibroma
E. Haemangioma

16. Parents of the 3-week-old baby-girl are complaining of the presence of the red round in shape spot, 2 cm in diameter, which has existed since birth on the skin of the left cheek. The surface of the spot is smooth, not rising above the surrounding tissues. Symptom of filling-desolation is positive. Specify the correct diagnosis
A. Cavernous haemangioma
B. Flat nevus
C. Hilled nevus
D. Capillary haemangioma
E. Lymphangioma

17. What type of neoplasm of blood vessels can be treated by dermabrasion and cryodestruction?
A. Mixed hemangioma
B. Capillary hemangioma
C. Capillary lymphangioma
D. Cystic lymphangioma(hygroma)
E. Cavernous hemangioma

18. What medical solution is used for sclerotic therapy during the management of hemangioma?
A. Alcohol, novocaine, distilled water
B. Quinine-urethane solution
C. All answers are correct
D. Calcium chloride
E. Prednisolone solution locally

19. What method of treatment is used for manegement of lipoma?
A. Chemiotherapy
B. Cryotherapy
C. Sclerotic therapy
D. Radical surgical excision
E. Diathermocoagulation

20. In the boy of 2 months old the swelling of tissue in the areas of the upper third of the neck and the left submandibular triangle was revealed. The neoplasm exists from birth and slowly increases. The consistency of pathology is soft, palpation is painless. The borders are unclear, surface is tuberous. Formation is slightly movable relatively to the surrounding tissues. The skin is not soldered to formation, unaltered in color and has increased vascular pattern. Identify the clinical diagnosis:
A. Lymphangioma of the neck and left submandibular area
B. Hemangioma of the neck and left submandibular area
C. Chronic lymphadenitis of the left submandibular area
D. Retention cyst of the left submandibular salivary gland
E. Acute serous submaxillitis

21. Parents of 3 years old boy were refered to dentist with complaints on the presence of painless neoplasm on their child that appeared after injury. The neoplasm is localized on the lower lip,is rapidly growing and bleeding when touched. Paleness appears while pressing, when the pressure is released the purulent-bloody secret is noticed. Identify the clinical diagnosis:
A. Capillary hemangioma
B. Cavernous hemangioma
C. Myoma
D. Pyogenic granuloma
E. Lipoma

22. Parents of 2 months old girl turned to the surgent with complaints on the presence of tiny red spot on the skin of the hairy part of the neck in their daughter. The diagnosis of capillary hemangioma was set. What should be the first doctor's tactic in this case?
A. Sclerotic therapy
B. Surgical excision
C. Conservative treatment (expectant management)till the age of 1,5-2 years
D. Hormonal therapy
E. Laser therapy

23. In what clinical cases the method of primary embolisation of main vessels as preparation for the following surgical intervention is used?
A. Myoma
B. Lipoma

C. Cavernous lymphangioma
D. Cavernous and mixed hemangioma
E. Dermoid cyst

24. During the extraction of the tooth 84 in the child of 5 years old the strong bleeding has been observed. Hyperemia of the mucous membrane and hypertrophy of the interdental papilla were revealed. X-ray examination: area of radiolucency with preserving of bone structure is observed. Set preliminary diagnosis:
A. Intraosseous hemangioma
B. Giant cell tumor
C. Radicular cyst
D. Osteoid osteoma
E. Fibrous osteodystrophy

25. What method of treatment should be chosen for management of capillary lymphangioma of the tongue?
A. Sclerotherapy of the tongue
B. Laser therapy
C. Conservative treatment
D. Wedge-like resection of the tongue
E. Combined methods of treatment

26. What method of treatment is preferable for the management of "Vine spot" (nevus flammeus)in children?
A. Surgical excision
B. Conservative treatment
C. Laser therapy
D. Sclerotherapy
E. Dermabrasion

27. For the diagnosis of large-sized and deep-localized hemangiomae the informative method of diagnosis is:
A. MRI
B. All answers are correct
C. Ultrasound diagnosis
D. CT scan
E. Doppler echography

28. The symptom of "filling and devastation" is common for the next pathology:
A. Pigmented nevus
B. Myoma
C. Cavernous hemangioma
D. Cavernous lymphangioma
E. Capillary hemangioma

29. During the fine-needle aspiration biopsy of neoplasm of soft tissue of the left submandibular area the sticky bright-yellowish liquid is obtained. What pathology can be suspected after this examination?
A. Lipoma
B. Hemangioma
C. Epidermoid cyst
D. Lymphangioma
E. Dermoid cyst

30. In what clinical cases of hemangioma's treatment the systemic hormonic and interferon therapy is prescribed?
A. As the first stage of sclerotic therapy
B. When surgical or sclerotic treatment is not available and rapid growth of tumor is observed
C. Before surgical therapy
D. In cases of small-sized hemangioma
E. All answers are correct

31. According to the modern opinion the appearance of hemangioma is connected with:
A. As a result of trauma
B. All answers are correct
C. Disturbances of angiogenesis regulation in embryonal period
D. Disturbances of vessels formation
E. Disturbances of systemic immunity, probably, after vaccination in children age

32. The parents of 2 years old boy complain of an existence of brown color neoplasm on the left buccal area with irregular surface and wiry hair on it in their child. The neoplasm was detected immediately after childbirth and it is insignificantly growing within the child's growth. Put the diagnosis.
A. Neurofibromatosis of the face
B. Kaposhi sarcoma
C. Vascular nevus
D. Pigmented nevus
E. Melanoma of the cheek

33. The parents of a 3-year-old boy appealed to a dental surgeon with complaints of the presence of tumor in a superciliary area in their child. Objectively: in a right superciliary area there is a 2.3 cm tumor of the soft-elastic consistency, round in shape. A skin above it is slightly swollen and neither changed nor soldered. The puncture biopsy revealed a mass of whitish color. What is the most reliable diagnosis?
A. Epidermoid cyst of right superciliary area
B. Cutaneous hernia
C. Dermoid cyst of right superciliary area
D. Lymphangioma of the right superciliary area
E. Hemangioma of the right superciliary area

34. The parents of 2 years old boy were referred to the dental hospital with the complains of the presence of the brown color hairy formation, with rough surface in a left buccal area in their child. The formation has been presented since childbirth. Its growth slightly increases with time. Put diagnosis.
A. Pigmented nevus
B. Neurofibromatosis of the face
C. Vascular nevus
D. Sarcoma Kaposi
E. Melanoma of the buccal area

35. The patient of 8 years old was sent for the dental consultation due to the presence of the formation on the tongue. On the left side of the tongue, near the tip, there is a growth on a narrow base of pale pink color, without the infiltration of surrounding tissues, painless on palpation. Measuring of swelling is up to 0.8 cm. What is the most correct preliminary diagnosis?
A. Cyst of the tongue
B. Hemangioma of the tongue
C. Fibroma of the tongue
D. Papilloma of the tongue
E. Lymphangioma of the tongue

36. The girl of 10 years old complains of the presence of the round-shaped neoplasm in the left superciliary area. The tumour is smooth-surfaced, slightly movable, with clear margins and solid elastic consistency. The diameter is up to 1,5 cm. Palpation is painless. The skin above it is not soldered. Set the preliminary diagnosis:
A. Shvannoma of facial nerve
B. Brain herniation
C. Ateroma of the left superciliary area
D. Dermoid cyst of the left superciliary area
E. Neurofibromatosis of the left superciliary area

37. During the examination of the 8 years old girl the neoplasm in the submental area with soft-elastic consistency was revealed. It is located in the middle line of the neck and is up to 2 cm in diameter. The neoplasm is a round-shaped with limited mobility (moves upwards during swallowing). Palpation is painless. Set the preliminary diagnosis:
A. Chronic lymphadenitis of the submental area
B. Dermoid cyst of the submental area
C. Cyst of the sublingval salivary gland
D. Thyroglossal cyst of the neck (medial cyst)
E. Cyst of submental salivary gland

38. During the examination of the 12 years old girl the neoplasm in the area of upper third of the front surface of the sternocleidomastoideus muscle was revealed. The tumour is with soft-elastic consistency, up to 3 cm in diameter, with limited mobility. Palpation is painless. The symptom of fluctuation is positive. Choose the method of treatment.
A. Cystotomy
B. Cystectomy
C. Suturing of the tumour
D. Punction of the tumour with sclerotic therapy
E. Sclerotic therapy

39. During the examination of the 12 years old girl the neoplasm in the area of upper third of the front surface of the sternocleidomastoideus muscle was revealed. The tumour is with soft-elastic consistency, up to 3 cm in diameter, with limited mobility. Palpation is painless. The symptom of fluctuation is positive. Set the diagnosis:
A. Dermoid cyst of the neck
B. Thyroglossal cyst of the neck
C. Epidermoid cyst of the neck
D. Lateral cyst of the neck
E. Lymphangioma of the neck area

40. During the examination of the 14 years old boy the neoplasm in the area of the bridge of the nose was revealed. The tumour is with solid-elastic consistency, up to 1,8 cm in diameter and it appeared few months ago. Palpation is painless. The tumour is slightly soldered with skin and its mobility is limited. The child is somatic healthy. Choose the adequate method of anesthesia during surgical treatment of the boy:
A. Endotracheal anesthesia
B. Infiltrative anesthesia
C. Intravenus anesthesia
D. Infraorbital anesthesia
E. Conductive anesthesia

41. During the examination of the 12 years old girl the round-shaped neoplasm in the area of the forehead was revealed. The skin above the tumour is hyperemic. The neoplasm is with solid-elastic consistency, up to 1,8 cm in diameter, soldered with skin. Palpation is painlful. The symptom of fluctuation is positive. The body temperature is risen. Set the diagnosis:
A. Fibroma of the forehead
B. Suppurated dermoid cyst of the forehead
C. Atheroma of the forehead
D. Suppurated atheroma of the forehead
E. Abscess of the soft tissues of the forehead

42. Put the definition of the atheroma:
A. Tumour of mature fibrous connective tissue
B. Benign tumour-like neoplasm which develops from multilayered epithelium
C. Retention cyst of the sebaceous gland of skin
D. Tumour that develops from connective tissue and consists of mucus
E. Benign nerve sheath tumor composed of Schwann cells

43. Put the definition of myxoma:
A. Tumour that develops from connective tissue and consists of mucus
B. Retention cyst of the sebaceous gland of skin
C. Benign nerve sheath tumor composed of Schwann cells
D. Benign tumour-like neoplasm which develops from multilayered epithelium
E. Tumour of mature fibrous connective tissue

44. The main clinical features of neurofibromatosis are:
A. Tumours of subcutaneous adipose tissue
B. Tumours of nerves
C. Pigmented spots and tumours of the skin
D. All answers are correct
E. Mental and physical disorders

45. The parents of 2 years old girl complain of the presence of painless deformation of the soft tissues of the temporal, parotid and buccal areas of the face on the left side in their daughter. The tumour has been represented since childbirth. The soft-tissue deformation does not differ from adjacent normal tissues by structure and color. There is a deformation of the upper alveolar process and its enlargement on the left side. The light brown spots of inside surface of the palms are present. Eosinophilia in the blood test is present. Set the diagnosis.
A. Von Recklinghausen disease (Neurofibromatosis)
B. McCune-Albright syndrome
C. Lymphangioma of the temporal, parotid and buccal areas of the face
D. Pigmented Nevus
E. Lipomatosis of the temporal, parotid and buccal areas of the face

46. The parents of 2 years old girl complain of the presence of painless deformation of the soft tissues of the temporal, parotid and buccal areas of the face on the left side in their daughter. The tumour has been represented since childbirth. The soft-tissue deformation does not differ from adjacent normal tissues by structure and color. There is a deformation of the upper alveolar process and its enlargement on the left side. The light brown spots of inside surface of the palms are present. Eosinophilia in the blood test is present. What tactic of treatment should be chosen?
A. Suturing of the tumor
B. Multistage surgical treatment with interdisciplinary approach
C. Sclerotic therapy before surgical intervention
D. Method of expectation and dispanserisation of the patient
E. X-Ray therapy

47. The parents of 1 year old girl complain of the presence of painless deformation of the soft tissues of superciliary and bridge of the nose areas on the left side of the face in their daughter. The tumour has been represented since childbirth. The soft-tissue deformation is soft-elastic consistency with limited mobility due to it soldering with periosteum.The skin above it is not changed. Set the diagnosis:
A. Dermoid cyst
B. Teratoma
C. Epidermoid cyst
D. Brain herniation
E. Atheroma

48. The parents of 1 year old girl complain of the presence of painless deformation of the soft tissues of superciliary and bridge of the nose areas on the left side of the face in their daughter. The tumour has been represented since childbirth. The soft-tissue deformation is soft-elastic consistency with limited mobility due to it soldering with periosteum.The skin above it is not changed. Choose the tactic of treatment.
A. Cystectomy
B. Laser therapy
C. Cystotomy
D. Surgical excision of the tumour
E. Chemiotherapy

49. The patient of 8 years old was sent for the dental consultation due to the presence of the formation on the tongue. On the left dorsal side of the tongue, near the tip, there is a growth on a narrow base of pale pink color, without the infiltration of surrounding tissues, painless on palpation. Measuring of swelling is up to 0.8 cm. Choose the appropriate method of treatment:
A. Cystectomy
B. Cystotomy
C. Surgical excision of the neoplasm within adjacent sound tissues
D. Surgical excision of the neoplasm with the base
E. All answers are incorrect

50. During examination of 10 years old boy the painless neoplasm of the hairy part of the head was revealed. The tumour grows slowly, has semilunar shape, smooth surface and is connected with skin, which is not folded.

The neoplasm is located in the area of openning of the sebaceous duct. What is the diagnosis?
A. Papilloma
B. Myxoma
C. Atheroma
D. Fibroma
E. Lipoma

51. The 13 years old boy refered to the dental surgent with complaints of the presence of painless small round-shaped formation on the middle line of the neck. The formation lasts for long time and sometimes it enlarges. The surgent revealed the small ball-like openning with mucus secreting from it. Set the diagnosis:
A. Thyroglossal cyst of the neck
B. Suppurative thyroglossal cyst of the neck
C. Lateral cyst of the neck
D. Thyroglossal fistula of the neck
E. Abscess of the submental area

52. The 13 years old boy refered to the dental surgent with complaints of the presence of painless small round-shaped formation on the middle line of the neck. The formation lasts for long time and sometimes it enlarges. The surgent revealed the small ball-like openning with mucus secreting from it. What is the obligate step of the surgical intervention in this case?
A. Resection of the body of sublingual bone with excision of the fistula truct till the foramen cecum of the tongue
B. Cystotomy
C. Resection of the body of the sublingual bone
D. Cystectomy
E. Excision of the fistula till the foramen cecum of the tongue

53. After macroexamination of the content of the cyst the porridge-like consistency of greyish colored mass with stinking odor was revealed. What kind of cyst is characterized by such type of content?
A. Lateral cyst of the neck
B. Dermoid cyst
C. Epidermoid cyst
D. Thyroglossal cyst
E. Ranula

54. What cyst contains sebaceous and sweat glands in its capsule?
A. Lateral cyst of the neck
B. Thyroglossal cyst
C. Epidermoid cyst
D. Dermoid cyst
E. Atheroma

55. What cyst does move upwards during swallowing?
A. Thyroglossal (medial) cyst
B. Epidermoid cyst
C. Lateral cyst of the neck
D. Dermoid cyst
E. Cyst of parotid area

56. What hazardous to health complication can appear after surgical treatment of thyroglossal cyst of the neck?
A. Mediastinitis
B. Trombophlebitis of angular vein of the face
C. Edema of the throat
D. Pneumonia
E. Trombosis of cavernous sinus

57. Lateral cyst of the neck is located:
A. Under the posterior part of digastricus muscle
B. Near the Jugular vein on the level of bifurcation of Arteria Carotis
C. Under sterno-cleido-mastoideus muscle
D. Under the stylohyoideus muscle
E. On the midline of the neck

58. What diseases do precede of fistula or cyst appearence?
A. Cardio-vascullar system diseases
B. Gasto-duodenal tract inflammation
C. Influenza and viral diseases, tonsillitis
D. Tooth inflammation
E. Periodontal diseases

59. The upper part of the lateral cyst of the neck is located:
A. On the midline of the neck
B. Under posterior part of the digastricus muscle or stylohyoideus muscle
C. Near the Jugular vein on the level of the bifurcation of Carotid Arteria
D. Under sterno-cleido-mastoideus muscle
E. Under the mylohyoideus muscle

60. What pathomorphological symptoms do point that lateral cyst of the neck develops from the ectoderm?
A. Lymphoid tissue in the inner capsule of the cyst
B. Fibrous tissue in the inner capsule of the cyst
C. Multilayered flat unkeratinized epithelium in the inner capsule of the cyst
D. Keratinized squamous epithelium in the inner layer of the cyst's capsule
E. Presence of the liquid in the cyst

61. What treatment tactic is correct regarding the lateral cysts of the neck?
A. Palliative treatment
B. Surgical and conservative treatment
C. Surgical treatment
D. Conservative treatment
E. Sclerotic treatment

62. What number of branchial arch malformation can lead to lateral cyst of the neck formation?
A. 2 branchial arch malformation
B. 1 branchial arch malformation
C. 4 branchial arch malformation
D. 2-3 branchial arch malformation
E. 4 -5 branchial arch malformation

63. What tumours are refered to the epithelial growth?
A. Fibroma
B. Lymphangioma
C. Lipoma
D. Adenoma
E. Hemangioma

64. Synonim of pleomorphic adenoma is:
A. Mixed tumor
B. Lipoma
C. Monomorphic adenoma
D. Adenolymphoma
E. Basal cell carcinoma

65. Pleomorphic adenoma most often is observed in:
A. Parotid area
B. Minor salivary gland
C. Sublingual area
D. Submandibular area
E. Sweat gland

66. Pleomorphic adenoma is:
A. Covered by thin capsule
B. Not covered by capsule
C. Covered by evident capsule all along
D. Covered by capsule but not all along
E. Malignant tumour

67. Monomorphic adenoma consists of:
A. Adenous (glandular) and Mesenchyme-like structure
B. Mesenchyme-like structure
C. Epithelium tissue
D. Adenous (glandular) tissue
E. Fibrous tissue

68. Pleomorphic adenoma consists of:
A. Mesenchyme-like structure
B. Epithelium tissue
C. Adenous (glandular) and mesenchyme-like structure
D. Adenous (glandular) tissue
E. Mucus structure

69. What symptom can indicate for malignization of the pleomorphic adenoma?
A. Slow growth of the tumour
B. Rapid intensive growth of the tumour and limitation of mobility
C. Mobility of the tumour nodule
D. Painfulness of the tumour
E. Throbbing pain

70. What method of examination is conclusive in the clarifying the diagnosis of malignization of pleomorphic adenoma?
A. Histological examination
B. CT scan
C. X-ray examination
D. Sialography
E. Ultra-sound examination

71. What treatment tactic should be chosen if the tumour is located in the deep part of the parotid gland?
A. Subtotal parotidectomy
B. Total parotidectomy
C. Enucleation of the tumour
D. Partial parotidectomy
E. All tactics are incorrect

72. During management of subtotal parotidectomy the following treatment should be provided:
A. External part of the parotid gland should be removed
B. External and internal parts of the parotid gland should be removed
C. Tumour is removed with 1 cm of sound adjacent glandular tissue
D. Internal part of the parotid gland should be removed
E. All parotid gland is removed

73. During management of partial parotidectomy the following treatment should be provided:
A. Internal part of the parotid gland should be removed
B. External part of the parotid gland should be removed
C. Tumour is removed with 1 cm of sound adjacent parenchymatous glandular tissue
D. All parotid gland is removed
E. Internal and external parts of the gland should be removed

74. During management of total parotidectomy the following treatment should be provided:
A. Internal part of the parotid gland should be removed
B. External and internal parts of the parotid gland should be removed
C. Tumour is removed with 1 cm of sound adjacent glandular tissue
D. All parotid gland is removed
E. External part of the parotid gland should be removed

75. After the surgical intervention due to parotidectomy the inability to close the eyelids completely (lagophtalmos) appeared. What branch of nervus facialis was injured?
A. Zygomatic branch of the nerve
B. Marginal mandibular branch of the nerve
C. Temporal branch of the nerve
D. Buccal branch of the nerve
E. Cervical branch of the facial nerve

76. After the surgical intervention due to parotidectomy the limiting of the lower lip's mobility has been appeared. What branch of nervus facialis has been injured?
A. Cervical branch of the facial nerve
B. Marginal mandibular branch of the nerve
C. Buccal branch of the nerve
D. Zygomatic branch of the nerve
E. Temporal branch of the nerve

77. After the surgical intervention due to parotidectomy the limiting of the upper lip's mobility has been appeared. What branch of nervus facialis has been injured?
A. Zygomatic branch of the nerve
B. Buccal branch of the nerve
C. Marginal mandibular branch of the nerve
D. Cervical branch of the facial nerve
E. Temporal branch of the nerve

78. Give the definition of the ranula:
A. Cyst of minor salivary gland
B. Retention cyst of sublingual gland
C. Epidermoid cyst
D. Lateral cyst of the neck
E. Cyst of parotid gland

79. The boy of 14 years old was refered to the dental hospital with suspecion on malignant tumour of submandibular salivary gland. What additional examination should be provided for clarifying the diagnosis:
A. X-ray and punction biopsy
B. Sialography and panoramic X-ray
C. Sialography and radioisotopic examination
D. Thermography and sialography
E. Ultrasound and X-ray examination

80. The boy of 10 years old complains of the presence of rounded-shaped growth in the left area behind the ear. The neoplasm is up to 2 cm in diameter with smooth surface and is not soldered with adjacent tissues. Skin above it is without changes. The neoplasm appeared four months ago and is growing rapidly. The child complains of slight pain which irradiates into the left ear. Regional lymph nodes are inlarged, painless and movable.What additional tests should be prescribed for the patient?
A. X-ray examination and incisive biopsy
B. Sialography and fine needle biopsy (punction biopsy)
C. Thermography and MRI
D. Ultrasound
E. Radioisotopic examination, CT scan

81. The 9 years old boy was diagnosed with ranula of the right sublingval area. He was seek for two months. The growth wasn't treated before. What is the treatment tactic?
A. Cystotomy
B. Cystectomy with gland excision
C. Observation
D. Punction with following pressing bandage administration
E. Excision of the neoplasm within the sound tissues

82. The 7 old girl was refered to the dentist due to the presence of neoplasm on the lower lip which appeared 3 months ago. It grows slowly. Locally: on the mucous membrane of the lower lip there is the round-shaped neoplasm up to 1 cm in diameter which elevates over mucosa. The surface is smooth and transparent-blueish content is visible through the mucosa. Palpation is painless. Consistency of the growing is solid-elastic during palpation. Clarify the diagnosis.
A. Lymphangioma
B. Papilloma
C. Retention cyst of the lower lip
D. Hemangioma
E. Fibroma

83. The upper margin of the parotid gland is:
A. Zygomatic arch and external auditory meatus
B. Temporal fossa
C. Zygomatic bone
D. Zygomatic bone and lower part of the maxilla
E. Tragus of the ear

84. The posterior border of the parotid gland is:
A. Processus hyloideus of the zygomatic bone
B. Processus mastoideus of zygomatic bone and sterno-

cleido-mastoideus muscle
C. Zygomatic bone and lower part of the maxilla
D. Zygomatic arch and external auditory meatus
E. Temporal fossa

85. The parotid gland is divided into such parts:
A. Upper and lower
B. Deep and superficial
C. Anterior and posterior
D. Upper and lower, posterior and anterior
E. Deep and superficial, anterior and posterior

86. What arteriae do go through the parotid gland?
A. Arteria carotis externa with branches
B. Arteria facialis and arteria carotis interna with branches
C. Arteria facialis
D. Arteria carotis interna with branches
E. Arteria carotis externa and interna

87. What nerve doesn't go through the parotid gland?
A. Nervus auriculo-temporalis
B. Nerve fibres from auricular ganglion
C. Nervus facialis
D. Posterior auricular nerve
E. Nervus facialis and auriculo-temporalis

88. The length of excretory duct of submandibular salivary gland is:
A. 2-3 cm
B. 5-7 cm
C. 3-4 cm
D. 8-10 cm
E. 10-11 cm

89. What is the content of the ranula?
A. Hemolyzed blood liquid
B. Blood liquid
C. Semitransparent viscous liquid of yellowish color
D. Transparent liquid with cholesterol crystals
E. Turbid liquid with whitish flakes

90. The size of pleomorphic adenoma can vary from small to big quite rapidly even with a bening character of the tumour growth. What changes into the tissues are responsible for the enlargement of the gland in these cases?
A. Accumulation of secretion into the cyst cavities
B. Due to the growth of the tumour
C. Due to accumulation of the blood because of the problem with a blood supply
D. Due to accumulation of saliva into the gland tissue
E. Answer 2 and 3

91. Tuberosity of pleomorphic adenoma is the sign of:
A. Malignization of the tumour
B. Is not the sign of malignization of the tumour
C. Rapid growth of the tumour
D. Reccurence of the tumour
E. Slow growth of the tumour

92. Is it possible for pleomorphic adenoma cells to penetrate into the parenchyma of the parotid gland, in other words to spread outside of the main tumour nodule?
A. Yes, quite often
B. It depends from the tumour size
C. No, never
D. Yes, but not often
E. No correct answer

93. Monomorphic adenoma consists of:
A. Mesenchyma-like structures
B. Mucus tissue
C. Adenous tissue and mesenchyma-like structures
D. Adenous tissue
E. Saliva-like liquid

94. After the clinical and X-ray examination of a 15-year-old patient the osteoblastoclastoma of the lower jaw was diagnosed (a cystophorous form. The diagnosis is confirmed by the specific punctuate (a brown liquid). A tumor keeps outside a cortical plate which is thin. What method of treatment should be chosen in order to apply to this tumor?
A. Cystectomy
B. Curettage of the tumor within the limits of the healthy tissues
C. Cystotomy
D. Exfoliation of the tumor simultaneously with a shell
E. Resection of the lower jaw with a bone plastic

95. A 12- year-old child is directed to a hospital with a suspicion of osteoblastoclastoma of the lower jaw. What of the transferred researches must be conducted for the confirmation of the clinical diagnosis?
A. Microbiology research of puncture of the tumor
B. Thermovisiography research, Utrasonic research of the lower jaw
C. Ultrasonic research of the lower jaw, cytology research of a tumor
D. X-ray examination, puncture biopsy of tumor
E. X-ray and ultrasonic research of the lower jaw

96. The parents of an 8-year-old girl appealed with complaints of the absence of the 11 tooth. During the roentgenologic examination there was revealed the shade of high intensity with clear hill's contours. It consists of the conglomerations of the tooth tissues. What is the most credible diagnosis?
A. Odontogenic fibroma
B. Odontoma
C. Adamantinoma
D. Follicle cyst
E. Radix cyst

97. The parents of a 13-year-old child appealed with complaints about the absence of the 45 tooth. Objectively: a convexity in the lower jaw from a vestibular surface in the area of the absent the 45 tooth is present. The surface in this area is smooth, painless on palpation. On the X-ray a shade of high intensity with clear contours is observed. There are numerous tooth-like forms on a background shade. What is the most credible diagnosis?
A. Odontoma of the lower jaw
B. Ameloblastoma of the lower jaw
C. Odontogenic fibroma of the lower jaw
D. Follicular cyst of the lower jaw from the 45 tooth
E. Radicular cyst of the lower jaw from the 45 tooth

98. Osteblastoclastoma (cysts form) is diagnosed in a patient of 14 years old. The resorption of the bone tissue with the area of sclerosis around it was revealed on the X-ray. Multiple shallow cavities, horizontal resorption of dental roots in the tumorous area were present. What treatment is obvious to the patient?
A. Surgical
B. Symptomatic
C. Combined
D. Chemotherapy
E. Radial therapy

99. An 11-year-old child is complaining of the painless tumor presence of the mandible on the right. During palpation of the body of the mandible on the right Dupuytren's symptom is marked. The X-ray shows right lower jaw bone defect with clear edges 3x4 cm, which has 45 tooth follicle inside. Temporary teeth are intact. What is the most likely diagnosis?
A. Cavernous haemangioma
B. Osteoblastoklastoma
C. Follicular cyst
D. Radicular cyst
E. Adamantinoma (solid form)

100. Parents of the 7-year-old boy turned into a children's dental clinic with complains of the 11th tooth's absence. During the objective examination the increased alveolar bone in the projection of 11th, 12th teeth was revealed. On X-ray the multiple shadows of various sizes that have teeth-like shape were determined. Their density meets the hard tooth tissues. Clarify the diagnosis.
A. Cementoma of the maxilla
B. Ameloblastoma of the upper jaw
C. Odontoma of the maxilla
D. Follicular cyst of the upper jaw of the 11th tooth
E. Odontogenic fibroma of the maxilla

101. Osteoma has such forms:
A. Osteoblastic and osteoclastic
B. Solid and soft
C. Central and peripheral
D. Intraossal and extraossal
E. Intraossal and osteoclastic

102. Please, find out the correct X-ray picture of odontoma:
A. Radiolucent nidus of bone destruction with radiopaque halo
B. Round-shaped nidus of radiopacity with unclear margins
C. Round-shaped nidus of radiopacity with clear margins
D. Dense radiopaque area with clear margins that is surrounded by halo of radiolucent area of about 1 mm
E. Radiolucent nidus of bone destruction with unclear margins

103. Please, find out the roentgenologic picture of osteoid-osteoma:
A. Radiopaque nidus with clear margins which is surrounded by sclerotic rim
B. Radiolucent nidus with unclear margins which is surrounded by radiodense rim
C. Radiopaque nidus with unclear margins
D. Round-shaped radiopaque nidus with clear margins
E. Radiopaque nidus with unclear margins with hyperostosis

104. What surgical tactic should be provided for the treatment of osteoma?
A. Neoplasm should be removed within adjacent sound tissues
B. Levelling of the deformated area of the bone
C. Cystectomy
D. Resection of the jaw within the pathological nidus
E. Resection of the jaw within adjacent sound bone tissue

105. What is the most significant feature of osteoid-osteoma?
A. Limitation of mouth opening
B. Throbbing pain in the jaw which appears unreasonably and mainly at night time
C. Swelling in the area of nidus
D. Deviation of the jaw during mouth opening
E. Concavity in the area of nidus

106. What tumour doesn't belong to the osteogenic neoplasms?
A. Osteoid-osteoma
B. Osteoblastoma
C. Giant-cell tumour
D. Cementifying fibroma
E. Osteosarcoma

107. The patient complains of presence of convexity formation on the body of the mandibula. The neoplasm is of solid consistency and it appeared a year ago. The throbbing pain was noted which increased at night time. On a X-ray: the radiolucent area of about 1,5 cm with clear margins which is surrounded by sclerotic halo. Please clarify the diagnosis:
A. Odontoma
B. Osteoblastoma
C. Cementoma
D. Osteoid-osteoma
E. Ameloblastoma

108. Ameloblastoma develops from:
A. Connective tissue
B. Epithelial tissue
C. From enamel tissue
D. Vascular tissue
E. From dentin tissue

109. What kind of growth is insignificant for ameloblastoma?
A. Destructive
B. Expansive
C. Infiltrative
D. Invasive
E. Penetrative

110. What is the favourable place of ameloblastoma's localization?
A. Angle of the lower jaw
B. Maxilla
C. Zygomatic bone
D. Frontal area of the mandibule
E. Frontal bone

111. What kind of growth is characteristic for ameloblastoma?
A. Slow and painless growth
B. Rapid and painful growth
C. Rapid and painless growth
D. Slow and painful growth
E. Tumor can disappear without treatment

112. What is the typical X-ray picture of ameloblastoma?
A. Bone radiolucency with sequestrum
B. Ossification nidus in the bone
C. Moth-eaten destruction of the bone
D. One or few cyst-like cavities
E. Radiopacity and radiolucency in the bone

113. What is the propriate treatment of ameloblastoma?
A. Resection of the jaw with tumour within adjacent sound tissues
B. Chemotherapy
C. Radiotherapy
D. Enucleation of the tumour
E. Resection of the jaw

114. During the surgical treatement of ameloblastoma the surgent should invade into sound tisuue for:
A. 1,5 cm
B. 1 cm
C. 0,5 cm
D. 2 cm
E. it is not necessary to invade into the sound tissue

115. During the fine-needle aspirate biopsy the blood-like liquid was obtained. On an X-ray: radiolucent area of the bone destruction and resorption of the roots of the teeth in the nidus. What tumour does represent such characteristic picture?
A. Cementoma
B. Giant-cell tumour
C. Odontoma
D. Ameloblastoma
E. Osteoid-osteoma

116. Ameloblastoma is:
A. Odontogenic tumor
B. Osteogenic tumor
C. Vascular tumor
D. Nerve tumor
E. Connective tissue tumor

117. Does odontoma have capsule?
A. No, never
B. All answers are incorrect
C. Sometimes
D. Yes, always
E. Very rarely

118. The most significant diagnostic feature of odontoma is:
A. Lymphography
B. Clinical examination
C. X-Ray examination
D. Sialography
E. Anamnesis

119. The method of odontoma's treatment is:
A. Radiotherapy
B. Resection of the jaw
C. Enucleation of odontoma with capsule
D. Enucleation of odontoma
E. Chemiotherapy

120. Cementoma develops from:
A. Epithelial tissue
B. Connective tissue
C. Vascular tissue
D. Nerve tissue
E. Dentine

121. On an X-Ray picture the cementoma looks like:
A. Dense tissue which is similar to the bone structure
B. Cyst
C. Radiolucent area with clear borders
D. Dense tissue which is similar to the tooth structure
E. Sclerosis around a lucent nidus

122. The final diagnosis of cementoma can be set only after:
A. Radioisotop examination
B. Roentgenologic examination
C. Pathohistological examination
D. Clinical examination
E. MRI scan

123. Compound odontoma consists of:
A. Multiple well formed tooth-like structures
B. Cystic radiolucent structure
C. One tooth-like structure
D. Multiple unformed tooth-like structures
E. Round-shaped radiopaque structure

124. A 14- years old girl complains of a slight pain and deformation of the lower jaw on a right side which appeared 5 months ago. Objectively: facial assymetry due to light swelling of the tissues of the right cheek. The skin above it is without changes, movable. Regional lymph nodes are not enlarged. Mouth opening is not limited. Mucogingival fold is filled-in in the area of retromolar triangle and in the area of teeth 46, 45. The named teeth are movable (I-II degree of mobility). During palpation: painless, tuberous spindle-like enlargement of the bone in the area of right angle of the jaw and distal area of alveolar process was observed. On an X-ray: oval radiolucent area with clear margins, divergence of the roots of teeth 45, 46. Set the preliminary diagnosis:f the jaw
A. Fibro-osseous dysplasia
B. Fibro-osseous dystrophy
C. Sarcoma of the lower jaw
D. Cystic form of ameloblastoma of the lower jaw
E. Osteoid-osteoma of the lower jaw

125. Put the definition of the cyst:
A. Tumour from tooth formative tissue
B. Connective tissue tumour
C. Tumour-like disease
D. Epithelial tumour
E. Vascular tumour-like disease

126. What is the definition of the pseudocyst?
A. The cyst with cuboidal epithelium
B. The cyst with lack of epithelial cells
C. The cyst with multilayered unceratinized epithelium
D. The cyst with multilayered ceratinized epithelium
E. The cyst with squamous epithelium

127. What cyst of the jaw doesn't belong to odontogenic cysts?
A. Follicular cyst
B. Nasopalatine cyst
C. Radicular cyst
D. Epidermoid cyst
E. Paradental cyst

128. What kind of cyst can be located in the apical area?
A. Follicular
B. Epidermoid
C. Radicular
D. Paradental
E. Dermoid

129. Is cholesterol always observed in the radicular cyst cavity?
A. No, never
B. It is not the main characteristic feature of the radicular cyst
C. Yes, always
D. Sometimes it is observed
E. Could be present, not always

130. The symptom of paresthesia of the lip is observed due to radicular cyst's growing on:
A. The upper and lower jaw
B. The upper jaw
C. The symptom is never observed with the cyst growing
D. The lower jaw only
E. The frontal area of the upper jaw

131. The deformation of the lower jaw from the lingual side can be observed due to cyst presence on:
A. Second, third molar area
B. Bicuspids area
C. Canine area
D. Frontal area
E. First molar area

132. Put the definition of convergation:
A. Approximation of the roots of the teeth
B. Disapproximation of the roots of the tooth
C. Approximation of the crowns of the teeth
D. Disapproximation of the crowns of the teeth
E. Root resorption

133. Put the definition of the divergence:
A. Inclination of the tooth crown
B. Disapproximation of the roots of the teeth
C. Approximation of the teeth crowns
D. Approximation of the roots of the teeth
E. Resorption of the root

134. Supuration of the radicular cyst never leads to:
A. Osteomyelitis
B. Frontitis
C. Abscess
D. Sinusitis
E. Periostitis

135. During the cyst opening the doctor observed a follicule of the permanent tooth which is covered by capsule of the cyst. What kind of the cyst is observed in this case?
A. Nasopalatal cyst
B. Paradental cysr
C. Follicular cyst
D. Radicular cysr
E. Dermoid cyst

136. At what age the follicular cyst is the most often observed?
A. In middle age
B. In childhood
C. In any age
D. In elderly people
E. In the middle age and elderly people

137. Is the appearance of follicular cyst connected with gangrenous tooth?
A. Mainly yes
B. No
C. Yes
D. It depends from the case
E. Mainly not

138. The capsule of follicular cyst is connected to the tooth in the area of:
A. The crown part of the tooth
B. The apical part of the tooth
C. The lateral part of the tooth
D. The neck of the tooth
E. The middle level of the tooth root

139. The final differential diagnosis between cyst and ameloblastoma of the lower jaw clarifies due to:
A. X-ray examination
B. Biopsy
C. Pathohistological examination
D. Clinical symptoms
E. Anamnesis of disease

140. Follicular cyst of the jaw is developed from:
A. Dental papille
B. Dental papille and enamel organ
C. Dental saccule
D. Enamel organ
E. Enamel organ, dental papille and dental saccule

141. What cyst of the jaw can detect the complite ceratinization of the epithelial capsule of the cyst?
A. Paradental
B. Nasopalatal
C. Radicular
D. Follicular
E. Epidermoid

142. During an X-ray examination of the patient the radiolucent area of the bone destruction with clear borders in the area of angle and ramus of the lower jaw was revealed. This radiolucency is connected with semilunar radiolucency behind the wisdom tooth. Put the diagnosis:
A. Radicular cyst
B. Follicular cyst
C. Paradental cyst
D. Ameloblastoma
E. Giant-cell tumour

143. A 9-year-old child appealed to the dentist about the deformation of the mandible on the left. On X-ray -there is the defect of mandible with clear edges 2 x 3 cm, containing follicle 44. Put a diagnosis:
A. Follicular cyst
B. Ameloblastoma
C. Radicular cyst
D. Osteoblastolastoma
E. Osteoma

144. A 10-year-old child complains of the pain and swelling of the right cheek, malaise, fever. Objectively: the painful swelling of the lower third of the right cheek during palpation is present. Skin colour does not change over the swelling and is taken in the fold. During the intraoral examination: the 46 tooth is destroyed on one- third due to tooth caries. Tooth cavity is open, probing is not painful, percussion is painful. The transition fold in the area of the 46, 85 and 84 teeth is smooth out, swollen. The fluctuation is not observed. What is the most likely diagnose?
A. Acute purulent periostitis of the mandible
B. Acute odontogenic osteomyelitis of the mandible
C. Acute serous periostitis of the mandible
D. Suppuration of the radicular cyst
E. Suppuration of the follicular cyst

145. Six months ago after an injury to the lower lip in a 7-year-old boy the rounded mucosa formation appeared, 1 cm in diameter with clear borders. The colour of the mucous membrane over the formation is bluish-reddish. During the palpation the formation is painless of soft consistency. According to the parents the swelling periodically disappears and appears again. Regional lymph nodes are without pathological changes. Clinical blood and urine analysis are within the age norms. What is the most likely diagnosis?
A. Papilloma
B. Retention cyst
C. Myxoma
D. Fibroma
E. Hemangioma

146. A 7- year-old child complains of the pain and swelling in the area of the mandible on the right. Overall condition - moderate, the body temperature is 38 C. Objectively: asymmetrical face due to the soft tissue swelling on the right. The mouth opening is slightly limited and painful. During the intraoral examination: hyperaemia and edema of the mucosa of the vestibular side in the region of the 84th, 85th and 46th teeth, a symptom of the fluctuation. A small mobility of the 85th tooth is present. Set the diagnosis.
A. Acute purulent periostitis of the mandible
B. Acute serous periostitis of the mandible
C. Acute odontogenic osteomyelitis of the mandible
D. Festering of the radicular cyst of the mandible
E. Chronic periapical inflammation of the 85th tooth in the exacerbation stage

147. During X-ray examination of 75 tooth the homogeneous round-shaped bone destruction with clear edges around the roots was revealed. The crown of the unerupted 35 tooth is located in the focus of the lesion; the root is out of the focus of bone destruction. What is the presumable diagnosis?
A. Epidermoid cyst of the mandible
B. Follicular cyst of the tooth 35
C. Radicular cyst of the tooth 75
D. Paradental cyst of the mandible
E. Residual cyst of the mandible

148. A 13-year-old child is referred to the doctor due the neoplasm on the mucousa of the lower lip which appeared after trauma half a year ago. The neoplasm is 1 cm in diameter, round-shaped with clear borders; the skin over it is bluish. During palpation: the painless neoplasm of the soft consistency is revealed, regional lymph nodes are without pathology. Blood and urine tests are normal. What is the most likely diagnosis?
A. Hemangioma
B. Retention cyst
C. Papilloma
D. Myxoma
E. Fibroma

149. During the examination of an 8-year-old boy the thickening of the body of the mandible in the region of 83, 84 and 85 teeth was revealed. In this area roundish, painless convexity of the tissues was noted. Dupuitren symptom is positive. Temporary teeth are intact. There is the focus of the bone destruction with unclear borders on the X-ray in section of the 83, 84, 85 teeth. 44 tooth follicle is displaced downward and distal. It crown is projected into the zone of the destruction. Put a clinical diagnosis.
A. Radicular cyst of the mandible from 84 tooth
B. Fibrous dysplasia of the mandible
C. Follicular cyst of the lower jaw from 44 tooth
D. Ameloblastoma of the lower jaw
E. Osteoblastoklastoma of the mandible

150. A 16-year-old patient complains of the slight swelling in the right lower jaw area. Objectively: there is a slight asymmetry of the face in the right lower jaw area. The 45 tooth is absent. The X-ray of the right half of the lower jaw in a lateral projection revealed the oval form (2-3 cm) cells in the bone tissues with clear borders. The reversed crown part of horizontally placed the 45 tooth is localized

in the cavity. What is the most credible diagnosis?
A. Adamantinoma of lower jaw
B. Sarcoma of the lower jaw
C. Follicular cyst of the lower jaw
D. Osteoblastoclastoma of the lower jaw
E. Odontoma of the lower jaw

151. The X-ray examination was performed before the treatment of the 36 tooth in a 14-year-old girl. The X-ray showed the presence of a rounded form homogeneous shade with clear edges in the area of the apex of the mesiobuccal root. What is the most precise diagnosis?
A. Odontoma
B. Cementoma
C. Mixoma
D. Radicular cyst
E. Osteoma

152. What kind of cyst has connection with pathology of tooth eruption?
A. Epidermoid
B. Follicular
C. Radicular
D. Paradental
E. Dermoid

153. The fissural cyst is located at:
A. Upper jaw
B. Upper and lower jaws
C. Angle of the lower jaw
D. Lower jaw
E. Front area of the lower jaw

154. Globulomaxillary cyst is located:
A. Between the lateral insicor and canine of the upper jaw
B. Between the lateral insicor and canine of the lower jaw
C. Between the upper central insicors of the lower jaw
D. Between the upper central insicors of the upper jaw
E. In the area of nasolabial fold

155. Nasoalveolar cyst develops from:
A. Epithelium in the area of fusion of three embrionic prominences (frontal, external nasal, maxillary)
B. Bottom of the nasal cavity
C. Epithelium from the area of fusion of two embrionic prominences(frontal and maxillary)
D. Embrionic remnants of epithelium of nasopalatinal canal
E. Epithelium of mucosa of maxillary sinus

156. Put the definition of the osteodysplasy:
A. Pathologic process with functional and structural abnormalities of different parts of osseous system due to disturbances of trophic of osseous tissue
B. Abnormalities of development of the osseous system after trauma of the bones
C. Abnormalities of development of the osseous system
D. An abnormality of development of bone tissue, due to restriction, pervertion or arresting of osteogenesis on the proper stage of embryonic or postnatal developmental stage
E. All answers are correct

157. Put the definition of the osteodystrophy:
A. An abnormality of development of bone tissue, due to restriction, pervertion or arresting of osteogenesis on the proper stage of embryonic or postnatal developmental stage
B. Pathologic process with functional and structural abnormalities of different parts of osseous system due to disturbances of trophic function of osseous tissue
C. Abnormalities of development of the osseous system
D. Abnormalities of development of the osseous system after trauma of the bones
E. All answers are correct

158. Osteogenesis process which is observed in osteodysplasy can be damaged on the following its stage:
A. Osteoid stage
B. Cartilage stage
C. Fibrous, cartilage, osteoid stages
D. Fibrous stage
E. There are no correct answers

159. Put the definition of Cherubism:
A. Fibrous dysplasy of the lower jaw in the areas of the angles with genetic character
B. Fibro-Osseous dysplasy and hyperpigmentation of the skin and premature puberty
C. Systemic disease with polyossal bone involvement with thickening of zygomatic bones and lower jaw in the mental area and depression of the bridge of the nose
D. Abnormality of bone development of the skeleton
E. Osseous dystrophy of the upper jaw

160. Put the definition of McCune-Albright syndrome:
A. Fibro-Osseous dysplasy and hyperpigmentation of the skin and premature puberty
B. Abnormality of bone development of the skeleton
C. Osseous dystrophy of the upper jaw
D. Fibrous dysplasy of the lower jaw in the area of the angles with genetic character
E. Systemic disease with polyossal bone involvement with thickening of zygomatic bones and lower jaw in the mental area and depression of the bridge of the nose

161. What treatment tactic should be chosen in case of Cherubism?
A. Surgical treatment
B. No treatment
C. Conservative-surgical treatment
D. Conservative treatment
E. Criodestruction

162. The deformation of the face in patients with Cherubism can show the following changes with time:
A. Without any changes
B. Periods of decrease are changed by increased periods
C. Increases
D. Decreases
E. No correct answers

163. Refer the epulis to the correct group of the diseases:
A. Inflammatory disease of periodont
B. Malignant tumor
C. Tumour-like neoplasm
D. Benign tumor
E. Cyst of the jaw

164. What is the etiology of the epulis appearance?
A. Vascular abnormality of periodontal tissue
B. Trauma of the periodont due to overhanging fillings, absence of the contact point between the teeth, abnormal localization of the tooth in the dental arch etc
C. Innate malformation of the periodont
D. Inflammation of the periodont on the apex area of the tooth
E. Idiopatic etiology

165. Epulis has the following forms:
A. Hypertrophic, angiomatous
B. Cystic
C. Fibrous, angiomatous
D. Fibrous, hypertrophyc
E. Sclerotic, angiomatous

166. The patient of 12 years old was refered to the surgent. Objectively: there is round-shaped neoplasm (1 cm in diameter) on the base which is connected with periodont on the area of 46 tooth. The mucosa over it is without changes, pink in color. The neoplasm is solid consistency and pale. The overhanging filling on the distal surface of the 46 tooth is observed. Clarify the diagnosis:
A. Lipoma
B. Fibroma
C. Fibrous epulis
D. Papilloma
E. Angiomatous epulis

167. Choose the treatment options of the epulis:
A. All answers are correct
B. Surgical excision
C. Criotherapy, laser therapy
D. Diatermocoagulation
E. Sclerotic therapy

168. What roentgenologic changes are characteristic for fibrous epulis:
A. Radiopacity of the bone in the area of the upper third of the root of the tooth
B. Destruction of alveolar bone with unclear margins which never spreads on the body of the jaw
C. Expantion of the periodontal ligament in the upper third of the root of the tooth, partial resorption of interdental septum
D. No changes on the X-ray
E. Radiolucency in the area of the apex

169. What roentgenologic changes are characteristic for angiomatous epulis?
A. Destruction of alveolar bone with unclear margins which never spreads on the body of the jaw
B. Expantion of the periodontal ligament in the upper third of the root of the tooth, partial resorption of interdental septum
C. No changes on the X-ray
D. Radiopacity of the bone in the area of the upper third of the root of the tooth
E. Radiolucency in the area of the apex

170. What disease is characterized by genetic form of fibrous dysplasy with bilateral mandibular involvement and with onset in early childhood?
A. McCune-Albright syndrome
B. Eosinophilic granuloma
C. Cherubism
D. Paget's disease of the bone
E. Parathyreoid osseo dystrophy

171. What disease is characternal for children age with unfavorable prognosis and manifests as diffuse lesion of the all facial bones, thickening of the nasal bridge and zygomatic bones, with deformation of the mandibula?
A. McCune-Albright syndrome
B. Leontiasis ossea
C. Cherubism
D. Eosinophilic granuloma
E. Ameloblastoma

172. The parents of the 8 years old patient refered to the dental office with complaints on the neoplasm presence at their child. There is a red-colored tuberculous overgrowth in the area of the neck of the tooth 46 with rough margins and soft consistency. The nidus easily bleeds during palpation or independently. Clarify the diagnosis:
A. Lipoma
B. Fibrous epulis
C. Paradental cyst
D. Angiomatous epulis
E. Fibroma

173. The clinical presentation of McCune-Albright syndrome (MAS) is highly variable,but major manifestations include the following:
A. Precocious puberty
B. All answers are correct
C. Multiple pathologic fractures may be prominent early in the history
D. Cafı-au-lait pigmentation
E. Hyperthyroidism

174. What disease is known as a skeletal disorder caused by a surplus of parathyroid hormone from over-active parathyroid glands with a lesion of bone in which fibro-osseous tissue replaces resorbed bone?
A. Cherubism
B. Epulis
C. McCune-Albright syndrome
D. Osteodystrophia fibrosa(Osteitis fibrosa cystica)
E. Fibro-osseous dysplasy

175. What is the main reason of Osteitis fibrosa cystica (osteodystrophia fibrosa)?
A. The result of unchecked hyperparathyroidism, or the overactivity of the parathyroid glands, which results in an overproduction of parathyroid hormone
B. Inherited an autosomal dominant disorder
C. Idiopatic disease
D. Inflammation of the bone
E. Trauma

176. What disease can generally represent high levels of calcium, parathyroid hormone, and alkaline phosphatase in blood test?
A. Osteodystrophia fibrosa
B. Hematoma
C. Cherubism
D. McCune-Albright syndrome
E. Osteoid-osteoma

177. What disease is a benign tumour-like congenital process, which is manifested as a defect in osteoblastic differentiation and maturation, with progressive replacement of normal bone with immature woven bone (fibrous bone tissue)?
A. Fibroma
B. Osteoma
C. Odontoma
D. Fibrous dysplasia
E. Neurofibromatosis

178. What growth can be described as a sessile or pedunculated lesion of the gingiva, representing an inflammatory reaction to injury or hemorrhage?
A. Fibroma
B. Cherubism
C. Epulis
D. Lipoma
E. Papiloma

179. What is the most common complication in fibrous dysplasia?
A. Malignant transformation
B. Endocrine disturbances
C. Fracture
D. Inflammation of the bone
E. All mentioned above

180. Parents of 4 years old boy complain on the facial deformation of their child, which was revealed by pediatrician. Objectively:face is symmetrical but there is the deformation in the areas of both angels, rami and partially body of the mandibula. The swelling of the bone is solid, painless. Skin and mucosa are without any changes. Regional lymph nodes are not enlarged. On X-ray: nidus of destruction of bone tissue with clear margins in the areas of both angels and rami of mandibula which is swollen. Solitary areas of bone sclerosis are determined. Periostal reaction is negative. Clinical and biochemical analysis of blood are normal. Clarify the diagnosis:
A. Osteodystrophia fibrosa
B. Eosynophilic gnanuloma
C. Cherubism
D. McCune Albright syndrome
E. Osteoblastoclastoma

181. What growth is the peripheral form of osteoblastoclastoma?
A. Albright syndrome
B. Cherubism
C. Giant cell epulis
D. Angiomatous epulis
E. Fibromatous epulis

182. What disease can be diagnosed based in part on X-rays that show: an abnormal area of bone that typically

has an appearance similar to that of ground glass; expansion of the involved area of bone; deformity of the bone that is usually seen as bowing?
A. Cementoma
B. Giant cell tumor
C. Fibrous dysplasia
D. Odontoma
E. Sarcoma

183. Can areas of fibrous dysplasia become cancerous?
A. Rarely, less than one half of 1% of patients
B. Yes
C. Never
D. Depends from chosen treatment
E. Always

184. What is the name of a condition where polyostotic fibrous dysplasia occurs with pigmented skin lesions ("cafe au lait" spots) and hormonal abnormalities?
A. McCune-Albright syndrome
B. Epulis
C. Cherubism
D. Osteoma
E. Osteodystrophia fibrosa

185. The 13 years old boy complains of the growth presence at mandibula which appeared 5 months ago and gradually increases. Objectively: mouth opening is free, between tooth 45 and 46 there is a solid-elastic lesion of about 1,5*3 cm, which encloses alveolar ridge from both sides and has wide base. The surface is smooth, painless on palpation. Teeth are intact, movable, without reaction on percussion. Clarify the diagnosis:
A. Fibrous epulis
B. Fibroma of the lower jaw
C. Giant cell epulis
D. Vascular epulis
E. Fibromatosis of the gingiva

186. The appearance of multinucleated giant cells is dinguishing feature of what lesion?
A. Fibrous dysplasia
B. Ameloblastoma
C. Pyogenic granuloma
D. Giant cell epulis
E. Cherubism

187. Spicules are the distinguishing feature of the next tumour:
A. Osteoblastoma
B. Osteoid-osteoma
C. Fibrosteoma
D. Osteosarcoma
E. Osteoma

188. What treatment should be provided for the patients with osteosarcoma?
A. Radiotherapy
B. Curettage of the pathologic nidus
C. Resection and curettage of the pathologic nidus
D. Resection of the jaw
E. Palliative treatment

189. During palpation osteosarcoma is:
A. Eggshell cracking symptom
B. Fluctuation is present
C. Painfull
D. Painless
E. Nontender

190. Set the definition of malignant tumour:
A. Inflammation of the cells
B. Is a broad group of diseases involving pathological unregulated cell growth
C. Pathological unregulated cell growth which never metastasize
D. Overgrowing of the cells that lacks the ability to invade neighboring tissue or metastasize
E. Pathological unregulated cell growth which never penetrates into adjacent sound tissues

191. What are the main reasons which can lead to the malignant tumour development?
A. All answers are correct
B. Biological
C. Chemical
D. Physical
E. Mechanical trauma

192. What are the main distinguishing features of malignant tumor:
A. All answers are correct
B. Infiltrative growth
C. Metastasis
D. Reccurency
E. Cachexy

193. What is the distinguinshing feature of benign tumour?
A. Resistency to radiotherapy and chemiotherapy
B. Metastasis
C. Quick growth
D. Infiltrative growth
E. Cachexy

194. What is the distinguishing feature of malignant tumour?
A. Cellular polymorphism
B. Expansive growth
C. Clear margins on an X-ray
D. Slow growth
E. Hyperplasia and dystrophy

195. What benign neoplasm does demonstrate an infiltrative growth?
A. Mixoma
B. Lipoma
C. Fibroma
D. Hemangioma
E. Osteoma

196. What disease is characterized by cachexy, recurrence, immunodepresion and infiltrative growth?
A. Benign tumour
B. Malignant tumour
C. Inflammation
D. Tumor-like disease
E. Innate malformation

197. What disease is characterized by unclear margins on X-ray, presence of spicules and osteolisis?
A. Malignant tumour
B. Cysts
C. Epulis
D. Benign tumour
E. Tumour-like disease

198. Systemic manifestations (paraneoplastic syndrome) are distinguished for:
A. Benign tumour
B. Cysts
C. Tumour-like neoplasm
D. Malignant tumour
E. Osteomielitis

199. Systemic vasculitis, hematological derangements, metabolic disorders, supression of immune system, neuropathy, skin manifestation are distinguished for:
A. Metastasis
B. Paraneoplastic syndrome
C. Cachexy
D. Benign tumour
E. All answers are incorrect

200. Put the definition of excochleation:
A. Resection of the jaw within sound tissues
B. Removal of the contents of a cavity by scraping or curetting within sound tissues
C. Cystectomy
D. Partial resection of the jaw
E. Cystotomy

201. Describe the method of incisional biopsy:
A. Biopsy in which tissue is obtained by puncture of a tumor
B. Biopsy of a selected portion of a lesion
C. Biopsy of tissue removed by surgical cutting
D. Biopsy in which tissue is obtained by a punch
E. Biopsy in which tissue is obtained by application of suction through a needle attached to a syringe

202. Describe the method of excisional biopsy:
A. Biopsy in which tissue is obtained by puncture of a tumor
B. Biopsy in which tissue is obtained by application of suction through a needle attached to a syringe
C. Biopsy in which tissue is obtained by a punch
D. Biopsy of tissue removed by surgical cutting
E. Biopsy of a selected portion of a lesion

203. Describe the method of aspiration biopsy:
A. Biopsy in which tissue is obtained by application of suction through a needle attached to a syringe
B. Biopsy of tissue removed by surgical cutting
C. Biopsy in which tissue is obtained by puncture of a tumor
D. Biopsy in which tissue is obtained by a punch
E. Biopsy of a selected portion of a lesion

204. What additional diagnosis procedure must be performed before resection of the jaw due to neoplasm?
A. Pathohistologic verification of the diagnosis (biopsy)
B. MRI
C. CTScan
D. X-ray
E. Blood test

205. Put the definition of ablastique principle of surgery which is used for malignant tumour treatment:
A. Antibiotic therapy after surgery
B. Principle in surgery which prevents the recurrence and metastasis of malignant tumors by removing the tumor focus, along with the lymph vessels and the regional lymph nodes within the healthy tissue without touching the affected tissues
C. Set of measures that are used for wound cleaning from tumor cells remaining after removal of the tumor, including electrocoagulation, the use of drugs, etc
D. Electrocoagulation of the vessels in the wound
E. Radiotherapy

206. Put the definition of antiblastique principle of surgery which is used for malignant tumour treatment:
A. Set of measures that are used for wound cleaning from tumor cells remaining after removal of the tumor, including electrocoagulation, the use of drugs, etc
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C. Antibiotic therapy after surgery
D. Electrocoagulation of the vessels in the wound
E. Principle in surgery which prevents the recurrence and metastasis of malignant tumors by removing the tumor focus, along with the lymph vessels and the regional lymph nodes within the healthy tissue without touching the affected tissues

207. What lesion does belong to obligate precancerous process in children?
A. Papillomatosis
B. Eosinophilic granuloma
C. Ameloblastoma
D. Pigmented xerodermia
E. Fibromatosis

208. What sarcoma does occur most frequently in teenagers and young adults?
A. Ewing's sarcoma
B. Chondrosarcoma
C. Kaposi's sarcoma
D. Osteosarcoma
E. Fibrosarcoma

209. The parents of 10 years old boy were refered to the surgical department due to such signs symptoms in their child: intermittent fevers, anemia, leukocytosis, increased sedimentation rate and great pain in the mandible region. On X-ray: "Moth-eaten" destructive radiolucencies of the medulla and erosion of the cortex with expansion. Clarify the diagnosis:
A. Osteoblastoma
B. Cherubism
C. Ewing's sarcoma
D. McCune-Albright syndrome
E. Ameloblastoma

210. What tumour is susceptible to chemiotherapy?
A. Osteoid-osteoma
B. Osteosarcoma
C. Osteoblastoclastoma
D. Odontoma
E. Giant-cell tumour

211. What tumour is susceptible for radiotherapy?
A. Lipoma
B. Lymphosarcoma
C. Mixoma
D. Lymphangioma
E. Fibroma

212. Malignant neoplasm should be differentiated with the next processes:
A. All answers are correct
B. Benign tumours
C. Chronic productive osteomielitis
D. Nonodontogenic periostitis
E. Precancerous processes

213. Undifferentiated cells are distinguished for:
A. Malignant neoplasm
B. Benign neoplasm
C. Tumour-like diseases
D. Cysts
E. Chronic productive osteomielitis

214. By clinical course Ewing's sarcoma reminds:
A. Osteoma
B. Cyst
C. Osteomielitis
D. Odontoma
E. Ameloblastoma

215. What does radical treatment of malignant tumour include?
A. Elimination of local and general symptoms
B. Tumour excision with metastasis in the regional lymph nodes
C. Partial tumour excision without excision of metastasis in the regional lymph nodes
D. Total tumour excision without exsicion of metastasis
E. Removing of metastasis in the regional lymph nodes

216. What is the final period of the lower lip formation?
A. The end of the third month of antenatal period
B. The end of the first month of antenatal period
C. The end of the second month of antenatal period
D. The end of the fourth month of antenatal period
E. The end of the fifth month of antenatal period

217. What is the final period of upper lip formation?
A. The end of the third month of antenatal period
B. The end of the second month of antenatal period
C. The end of the first month of antenatal period
D. The end of the fourth month of antenatal period
E. The begining of the fifth month of antenatal period

218. Latent cleft of upper lip is:
A. Indrawn linear groove on the lip skin and notch on the

red border of the lip
B. Defect of the soft tissues of the upper lip from both sides
C. Defect of the soft tissues of the upper lip which reaches the nostrils
D. Defect of the soft tisuue of the upper lip which does not reach the nostrils
E. Defect of the bone tissue of the alveolar process in the frontal area

219. Incomplete cleft of upper lip is:
A. Defect of the soft tisuue of the upper lip which does not reach the nostrils
B. Indrawn linear groove on the lip skin and notch on the red border of the lip
C. Defect of the soft tissues of the upper lip from both sides
D. Defect of the soft tissues of the upper lip which reaches the nostrils
E. Defect of the bone tissue of the alveolar process in the frontal area

220. Complete cleft of upper lip is:
A. Defect of the soft tissues of the upper lip from both sides
B. Defect of the soft tisuue of the upper lip which does not reach the nostrils
C. Indrawn linear groove on the lip skin and notch on the red border of the lip
D. Defect of the soft tissues of the upper lip which reaches the nostrils
E. Defect of the bone tissue of the alveolar process in the frontal area

221. Parents complain of the incorrect pronunciation of certain sounds in their 7-year-old child. Objectively: the tongue is not mobile; it splits at the tip during pulling forward. The lower edge of tongue frenulum is attached in front of the excretory ducts of submandibular salivary glands. The frenulum is thin and transparent. The child is going to have the operation of frenulum elongation. What method of anaesthesia must be applied in this case?
A. Tuberal anaesthesia
B. Mandibular anaesthesia
C. Torusal anaesthesia
D. Infiltration anaesthesia
E. Application anaesthesia

222. Parents of a 4-year-old child complain of speech defect, improper pronunciation of the sound "R". During the examination: the tongue is restricted in its movements, with moving it forward the tongue bends down. The lower edge of tongue frenulum is attached in front of the duct of submandibular salivary glands. Frenulum is thin, transparent. Specify timing of surgical intervention.
A. After the formation of permanent dentition
B. Once diagnosed
C. After ending of the maxillo-facial bones growth
D. After the eruption of permanent incisors
E. After eruption of permanent molars

223. Parents of 2-month-old boy appealed on an occasion of the birth defect of the upper lip of their child. During the examination: the tissue defect of the upper lip of the crack form on the left is defined. The crack passes through all tissues of the lips and on 4 mm is not reaching the nasal passage. The integrity of the alveolar process and hard palate is retained. Formulate a preliminary diagnosis
A. Oblique cleft of the face
B. Congenital apparent incomplete left-sided cleft of the upper lip
C. Congenital latent left-sided cleft of the upper lip
D. Congenital apparent complete left-sided cleft of the upper lip
E. Congenital apparent incomplete bilateral cleft of the upper lip

224. The 3-month-child with congenital upper lip defect was hospitalized in the clinic of the maxillofacial surgery. Objectively: asymmetrical face is due to unilateral cleft of the upper lip on the left. Cleft of hard and soft palate is missing. What age is the best for the surgical treatment of this child?
A. At the age of 6-8 months
B. At the age of 1-2 months
C. At the age of 2-3 years
D. At the age of 1-2 years
E. At the age of 3-4 years

225. 2 months ago the boy was diagnosed with complete isolated innate both-sided cleft lip. General somatic diseases were not found. What age is optimal to cheiloplasty of the boy?
A. 9 months
B. 12 months
C. 18 months
D. 3 months
E. 6 months

226. Mum of the 2-month-old baby complains of the tongue clicking of her baby at his breast-feeding and poor weight gaining. Objective: the lower edge of the frenum is attached at the gum ridge; the bridle is thin and transparent. The tongue movements are limited. Which surgery is indicated for a child?
A. Cross section of the frenum of the tongue
B. Plastic of the frenum with triangular flaps of Limberg
C. Excision of the frenum
D. V - Shaped plastic of the frenum
E. Cryodestruction of the frenum

227. An 8-year-old child turns to parodontist complaining of the expose of the necks of the 41st and the 31st teeth. On examination: necks of the 41st and the 31st teeth are exposed; papillae between the 42nd and the 41st, the 31st and the 32nd, the 41st and 31st teeth are hyperaemic. Gingival papilla between the 31st and the 41st teeth are peeled off from the necks of the teeth when the lower lip is pulling off. The depth of the vestibule is 0, 4 cm. Select the method of surgical treatment.
A. Excision of the frenulum
B. Vestibuloplasty
C. Gingivotomy
D. Frenulotomy
E. Gingivectomy

228. A 3-year-old child was referred to a maxillofacial department with the diagnosis of a congenital combined cleft lip and palate on the left. The operation of uranoplasty has been recommended for the child. What type of anesthesia is indicated to the patient?
A. Nasotracheal anesthesia
B. Intravenous anesthesia with Sodium Thiopental
C. Orotracheal anesthesia
D. Intravenous anesthesia with Ketamin
E. General mask anesthesia with Halothane

229. Mother of a baby appealed to a doctor with complaints of the child's refuse of the breast feeding. During examination the short frenulum of the tongue was revealed. What age is recommended for the surgery?
A. Immediately after applying
B. In 1 year
C. In 3 years
D. In 2 years
E. In 4 years

230. Parents of an 8-year-old child apply to the clinic with complaint of a presence of diastem between the tooth 11 and 21. Objectively: the frenulum of the upper lip is attached to the base of papilla, upper lip is not moving, and between 11 and 21 teeth the diastem is present. What method of the surgical treatment does involve the redistribution of the tissue of the upper lip frenulum to extend its length?
A. Frenuloektomy
B. Frenulotomy
C. Compactosteotomy
D. Plasty by Limberh
E. Gingivoosteoplasty

231. A child is 1 month. There is a birth defect of the soft tissues of the left upper lip. At what time do congenital defects of the upper lip form?
A. During the third month of the fetal development
B. During the second month of the fetal development
C. During the fourth month of fetal development
D. During the first month of the fetal development
E. During the fifth month of fetal development

232. The vestybuloplasty on the lower jaw is recommended to the 7-year-old child. What pathology can often appear due to the shallow vestibule of the mouth?
A. Periodontal diseases
B. Overcrowding of the front teeth
C. Retardation of the jaw growth
D. Parafunctions of mimic muscles
E. Deep overbite

233. A mother of a 2-month old child complains about ticking by the tongue of her child during breast feeding. A child badly gains weight. Objectively: the lower edge of a tongue bridle is located near a gingival roller. The motion of the tongue is limited; a bridle is thin and transparent. What kind of operation is recommended for the child?
A. V-similar plastic of the bridle of the tongue
B. Bridles cutting out
C. Transversal dissection of the bridle
D. Cryoablation of the bridle
E. Plastic surgery of bridles by triangle flaps by Limberg

234. What is the main modern reason of cleft lip formation?
A. Genes mutations and environmental factors
B. Deficiency of the folic acid
C. Deficiency of the vitamin B
D. Environmental pollution
E. Alcohol

235. What special problems do babies and children with oral clefts have?
A. Speech difficulties
B. Feeding difficulties
C. Frequent ear infections and hearing loss
D. All answers are correct
E. Dental problems

236. What are the possible methods of treatment of short frenulum of the tongue?
A. Frenulotomy
B. Frenuloplasty by triangle flaps by Limberg
C. All answers are correct
D. Frenulectomy
E. Frenuloplasty by Dieffenbach

237. Please, name the most effective methods of treatment of short frenulum of upper lip:
A. V-plasty by Dieffenbach, frenuloplasty by Limberg
B. Frenuloplasty by Limberg
C. Frenulotomy, frenulectomy
D. Frenulotomy, frenulectomy, V-plasty by Dieffenbach
E. All answers are correct

238. What are the possible methods of treatment of shallow vestibulum oris?
A. Frenulectomy
B. Frenulotomy
C. Vestibuloplasty
D. Frenuloplasty by triangle flaps by Limberg
E. Frenuloplasty by Dieffenbach

239. What is the main point of surgical treatment of short frenulum of the upper lip?
A. Tranfering of the upper crus of frenulum of the lip
B. Tranfering of the lower crus of frenulum of the lip
C. Excision of the tissues of frenulum of the lip
D. Tranfering of the lower and upper crus of frenulum of the lip
E. Excision of the middle part of the frenulum of the lip

240. 35- years old mother was refered to the surgeon with two months old boy who was diagnosed with cleft lip. The birth weight was 2900g. On the check-up the weight is 3500g. The alveolar process and palate are without pathology. The child is second in a family. The delivery was longlasting and forceps delivery were used. Similar malformation were observed in the husband's (42 years old) family. Name the possible reason of the innate malformation appearance.
A. Mother's age
B. Father's age
C. Delivery trauma
D. Inheritance
E. Hypotrophy of the newborn

241. When the cheilo-rhinoplasty is indicated as a method of treatment?
A. Short frenulum of the lip
B. Cleft lip
C. Cleft palate
D. Shallow vestibulum oris
E. Tongue-tie

242. Put the definition of ankyloglossia:
A. Geographic glossitis
B. Cyst of sublingual salivary gland (ranula)
C. Condition that restricts the tongue's range of motion
D. Tumor of the tongue
E. All answers are incorrect

243. Nasoalveolar molding followed by surgery is used as pre-surgical device for:
A. Fractures of the upper jaw
B. Cleft lip and palate treatment
C. The first stage of bone grafting
D. Cleft palate treatment
E. No correct answers

244. Parents of 2-months old child appealed to the dental surgeon with the face deformity of their child. Objectively: there is a small dent in the red part of the upper lip which looks like a scar from the lip up to the nostril. Clarify the diagnosis.
A. Bilateral complete cleft of the lip
B. Unilateral complete cleft of the lip
C. Microform cleft of the lip
D. Stickler's Syndrome
E. McCune-Albright syndrome

245. What forms of cleft lip do you know?
A. All answers are correct
B. Unilateral, bilateral
C. Complete, incomplete
D. Microform cleft
E. Latent, apparent

246. What type of general anesthesia is used during the surgical treatment of cleft of lip?
A. General intravenus anesthesia
B. Nasotracheal anesthesia
C. Orotracheal anesthesia
D. General mask anesthesia
E. General endotracheal anasthesia through tracheostoma

247. A child of 2 years old has cleft of the soft and hard palate but without the alveolar process involvement. What form of cleft is observed?
A. Isolated complete cleft of the palate
B. Combined complete cleft of the palate
C. Isolated incomplete cleft of the palate
D. Combined incomplete cleft of the palate
E. Latent form of cleft palate

248. Put the definition of the incomplete cleft palate:
A. Cleft of the soft, hard palate with alveolar process involvement with cleft lip
B. Cleft of the soft, hard palate with alveolar process involvement but without cleft lip
C. Cleft of the uvula, soft palate and sometimes hard palate, but without alveolar process involvement
D. Cleft of the uvula, soft palate and sometimes hard palate with alveolar process involvement
E. Cleft of the soft, hard palate without uvula involvement

249. Put the definition of the complete cleft palate:
A. Cleft of the soft, hard palate with alveolar process involvement with cleft lip
B. Cleft of the uvula, soft palate and sometimes hard palate with alveolar process involvement
C. Cleft of the uvula, soft palate and sometimes hard palate, but without alveolar process involvement
D. Cleft of the soft, hard palate with alveolar process involvement but without cleft lip
E. Cleft of the soft, hard palate with uvula involvement

250. What is the reason of the cleft palate formation?
A. The failure of fusion frontonasal prominence with mandibular prominences
B. The failure of fusion of the two medial nasal processes and the frontonasal process within the embryogenesis
C. Failure of fusion of the lateral palatine processes, the nasal septum and/or the median palatine processes
D. The failure of fusion of mandibular prominences
E. The failure of fusion maxillar and mandibular prominences

251. What is the reason of the cleft lip formation?
A. The failure of fusion frontonasal prominence with mandibular prominences
B. The failure of fusion of the two medial nasal processes and the maxillary processes within the embryogenesis
C. Failure of fusion of the lateral palatine processes, the nasal septum and/or the median palatine processes
D. The failure of fusion of mandibular prominences
E. The failure of fusion maxillar and mandibular prominences

252. A submucous cleft of the soft palate is characterized by:
A. The midline deficiency or lack of muscular tissue and incorrect positioning of the muscles
B. Bony defect of the alveolar process
C. Bony defect of the hard palate and alveolar process
D. Bony defect in the midline or center of the bony palate
E. There is no correct answers

253. A submucous cleft of the hard palate is characterized by:
A. Bony defect of the hard palate and alveolar process
B. The midline deficiency or lack of muscular tissue and incorrect positioning of the muscles
C. Bony defect of the alveolar process
D. Bony defect in the midline or center of the bony palate, bifid uvula can be present
E. Bony defect of the primary palate

254. Classic clinical triad of bifid uvula, a furrow along the midline of the soft palate, a notch in a posterior margin of the hard palate are distinguished features of:
A. Incomplete cleft palate
B. Bilateral complete cleft lip and palate
C. Submucous cleft palate
D. Unilateral complete cleft lip and palate
E. Latent cleft lip

255. The parents of 2-years old child complain of an abnormal nasal speech in their child, persistent middle ear diseas, feeding/swallowing difficulties. Objectively: bifid uvula and notch in the posterior margin of the hard palate are present. Clarify the diagnosis:
A. Complete cleft palate
B. Incomplete cleft palate
C. Submucous cleft palate
D. Unilateral complete cleft lip and palate
E. Latent cleft lip

256. The time for surgery intervention of cleft palate is:
A. 9-18 months
B. Immediately after setting the diagnosis
C. 3-4 years
D. After 10 weeks
E. 6-9 years based on dental development

257. The time for maxillary reconstruction with bone grafting of alveolar process is:
A. During the mixed dentition prior to the eruption of the permanent canine
B. 3-4 years old
C. 5-6 years old
D. 9-18 months
E. After 10 weeks

258. What material is the gold standart for bone reconstruction of alveolar process?
A. Allogeneic transplantation
B. Autogenous bone from the anterior iliac crest
C. Autogenous tibia bone
D. Autogenous cranium bone
E. Artificial bone

259. What period of embryologic development is responsible for the cleft palate formation?
A. Approx. 14 weeks
B. Approx. 6 weeks
C. Approx. 12 weeks
D. Approx. 8 weeks
E. Approx. 4 months

260. What type of anesthesia should be performed during the surgical cleft palate treatment?
A. Intravenous general anesthesia
B. General orotracheal anesthesia
C. General mask anesthesia
D. General nasotracheal anesthesia
E. Conductive anesthesia

261. The child of 2 years old was diagnosed with innate cleft of the hard and soft palate with alveolar process involvement. The tissues of the lip are without pathological changes. Clarify the diagnosis:
A. Isolated complete cleft palate
B. Isolated incomplete cleft palate
C. Combined cleft palate
D. Combined complete cleft lip and palate
E. Submucous cleft palate

262. What kind of clefts do occur anterior to the incisive foramen and are caused by a failure of the lateral palatine processes to meet and fuse with the primary palate?
A. Cleft of the secondary palate
B. Cleft of the primary palate
C. Clefts of the anterior and posterior palate
D. Submucous cleft of palate
E. Incomplete cleft palate

263. What kind of clefts are posterior to the incisive foramen and are caused by a failure of the lateral palatine processes to meet and fuse with each other and the nasal septum?
A. Cleft of the primary palate
B. Submucous cleft of palate
C. Cleft of the secondary palate
D. Complete cleft palate
E. Clefts of the anterior and posterior palate

264. What are the main complications in patients with clefts?
A. Ear disease
B. All answers are correct
C. Problems with speech
D. Problems with feeding
E. Problems with socialization

265. Who treats children with cleft lip and/or palate?
A. An otolaryngologist
B. Oral and plastic surgeon
C. All answers are correct
D. An orthodontist
E. A speech therapist

266. A 2 months old child has an innate malformation - cleft of lip and alveolar process, cleft of soft and hard palate. Clarify the diagnosis:
A. Isolated incomplete cleft palate
B. Bilateral cleft lip
C. Isolated complete cleft palate
D. Combined cleft palate
E. Pierre-Robin Syndrome

267. What is the name of plasty that is used for patients with cleft of soft and hard palate?
A. Uranostaphyloplasty
B. Staphylorrhaphy
C. Uranoplasty
D. Staphyloplasty
E. Palatorrhaphy

268. What is the name of plasty that is used for patients with cleft of hard palate?
A. Uranoplasty
B. Uranostaphyloplasty
C. Staphylorrhaphy
D. Staphyloplasty
E. Palatorrhaphy

269. What is the name of plasty that is used for patients with cleft of soft palate?
A. Uranostaphyloplasty
B. Staphyloplasty
C. Staphylorrhaphy
D. Uranoplasty
E. Palatorrhaphy

270. The patient underwent uranostaphyloplasty. Does he need bed regime in the early post-operative period?
A. Bed regime is prescribed for 10 days
B. Bed regime is prescribed for 2-3 days
C. No, he does not need it
D. Bed regime is prescribed for 7 days
E. Bed regime is prescribed for 14 days

271. Clefts can be:
A. Unilateral or bilateral, microform, incomplete or complete, may involve the lip, nose, primary and/or secondary palates
B. Unilateral, bilateral
C. Primary, secondary and mixed
D. Complete,incomplete and combined
E. Incomplete or complete, may involve the lip, nose, primary and/or secondary palates

272. Most of the lip and nasal growth is complete after:
A. 12 years old
B. 10 years old
C. 2 years old
D. 5 years old
E. Child birth

273. The most common reason that a child is evaluated for a submucous cleft palate is:
A. Microform cleft presence
B. Abnormal nasal speech
C. Food penetration into the nasal cavity
D. Deafness
E. Cleft of alveolar process

274. What can be done to reduce the risk of having a baby born with birth defects?
A. Taking a daily multivitamin with folic acid (200 micrograms)
B. Taking a daily multivitamin with folic acid (400 micrograms), not smoking, and not drinking alcohol during pregnancy
C. Not smoking during pregnancy
D. Nothing
E. Not drinking alcohol during pregnancy

275. When the speech therapist should start rehabilitation of the patient with cleft palate?
A. Straight after sutures removing
B. When the child is 2-3 years old
C. In a 2-3 months after intervention
D. In a 1 month after surgical intervention
E. Before surgical treatment

276. What are the early complications after uranostaphyloplasty?
A. Deafness
B. Secondary defects of palate, velopharyngeal insufficiency
C. Otitis
D. Deformation of the upper jaw transversally and sagital
E. Deformation of the nostril

277. What are the distant complications after uranostaphyloplasty?
A. Deformation of the nostril
B. Deafness
C. Otitis
D. Deformation of the upper jaw transversally and sagital
E. Secondary defects of palate, velopharyngeal insufficiency

278. A 6-year-old boy got a trauma of teeth. Objectively: intact crowns of the 81 and 71 teeth are shorter than neighboring. There is the mobility of the II degree, percussion reaction is mild. On the X- ray: the resorption of the 81 and 71 roots is observed on the 1/3. The roots are deep in the spongy substance. Choose the optimal method of treatment in this case:
A. Splintage of teeth 71 and 81
B. Replacement and splintage of teeth 71 and 81
C. Extraction of teeth 71, 81
D. Replantation of teeth 71 and 81
E. Observation

279. A 9-year-old child was directed to the pedodontic department because of the trauma of the upper teeth. Diagnosis is the complete dislocation of the tooth 11. What treatment method should be chosen?
A. Implantation of the tooth 11
B. Prosthetic treatment of the tooth 11
C. Replantation of the tooth 11
D. Orthodontic treatment of the tooth 11
E. Extraction of the tooth 11

280. During the extraction of the 46 tooth doctor did not fix the lower jaw. During the operation the patient felt the pain in the left acoustic duct area. The jaw was displaced to the left side. The attempts to close the mouth were impossible. What complication was observed?
A. Fracture of the articular processus of the mandibula
B. One-sided dislocation of the articular heads from TMJ capsule
C. Bilateral dislocation of the articular heads from TMJ capsule
D. Fracture of the branches of lower jaw
E. Fracture of the corner of the lower jaw

281. A child of 14 years old complains of the pain of the left side area of the lower jaw which increases during mastication. Anamnesis morbi: the trauma was occurred 2 days ago. On the basis of clinic, objective and roentgenologic data the followed diagnosis has been made: opened fracture of the lower jaw between the 44 and 45 teeth. Choose the method of medical

immobilization of the jaw. .
A. Gingival plate
B. Port splint
C. Teeth splinting
D. Rudko appliance
E. Temporal immobilization

282. A child of 4 years old got a trauma of the face two hours ago. The diagnosis was the intrusive dislocation of the 61 tooth. What should be the doctor's manipulations?
A. Reposition of the 61 tooth
B. Endodontic treatment of the 61 tooth
C. Observation
D. Extraction of the 61 tooth
E. Splintage of the 61 tooth

283. A 5-year-old child got the trauma of teeth. Objectively: the crowns of the 51 and 61 teeth are shorter than neighboring ones for 1,2 mm. The mucosa in the area of the 51 and 61 teeth is blushed and swollen. On the X-ray: the periodontal ligament in the apical area of the roots of 51 and 61 teeth is absent. The apexes of the 51 and 61 teeth are located deeply in the spongy substance of the bone. What tactic of treatment will be optimal?
A. Replantation
B. Observation
C. Extraction of the 51 and 61 teeth
D. Ligature splintage
E. Reposition of the 51 and 61 teeth

284. A child is admitted to the hospital with a trauma of maxillofacial area. The possibility of tetanus infection in the wound is not excluded. What time after the injury the tetanus vaccine should be administered?
A. At the time of appeal
B. Within 12 hours
C. Within 2 days
D. During the first day
E. Within a week

285. A child of 9 years old was taken to the clinic with complaints of pain in the upper jaw after fall from a height. Objectively: 12, 11, 21 teeth are mobile; teeth close at bite; hemorrhage and soreness are on the transition fold. The diagnosis is the fracture of alveolar process in the area of 12, 11, 21 teeth. Select the method of treatment.
A. Splintage with Tigershtedt splint
B. Sling bandage
C. Splinting of a smooth tire-bracket splint
D. Simple ligature splinting
E. Port's splint

286. A child aged 15 months was diagnosed with intrusive luxation of the 51 tooth. What the doctor's tactic should be?
A. Extraction of the 51 tooth
B. Splintage of the 51 tooth
C. Observation of self-eruption of the injured tooth
D. Reposition of the 51 tooth
E. Replantation of the 51 tooth

287. The child of 13 years old is sent to in-patient department with bilateral fracture of the mandible in the mental and angle region. On the X-ray the 34 tooth is located in the line of fracture. 4 days ago the child underwent trauma. Objectively: in the mental area the swelling of mucosa and secretion of pus in the line of the fracture are observed. What is the best doctor's tactic in this case? A. B. C. D. E.
A. Reposition the jaw fragments, fixation of the 34 tooth by ligature splinting
B. Reposition of the jaw fragments with preservation of the 34 tooth, medical supplies
C. Reposition of the jaw fragments, replantation of the 34 tooth
D. Extraction of the 34 tooth, jaw fragments fixation, medical supplies
E. Medical supplies therapy, fixation of the 34 tooth by ligature splinting

288. A 14 years old child is complaining of pain in the left lower jaw, which increases during chewing, disturbances during closing of teeth. From anamnesis: the child was injured two days ago. Based on clinics, objective and radiological data the following diagnosis was clarified: open fracture of the lower jaw between 44 and 45 teeth. Choose a method of treatment for jaw immobilization.
A. Porte splint
B. On-teeth splintage
C. Temporary immobilization
D. Apparatus of Rudko
E. Gum plate

289. A 10 years old boy on the fourth day after injury complains of pain in the left half of face, limited mouth opening. Objectively: significant soft tissue swelling of the left infraorbital and parotid areas. Bite is not changed. Mouth opening is limited to 1.5 cm. Attempt of movement or opening of the lower jaw is painfull and "mechanical" barrier is felt. During the palpation of the area of left zygomatic arch the invagination of the bone and mild pain are present. Clarify the preliminary diagnosis:
A. Subbasal fracture of the upper jaw
B. Fracture of the left zygomatic arch
C. Traumatic arthritis of the left temporo-mandibular joint
D. Fracture of the left condylar process of the lower jaw bone
E. Medium fracture of the upper jaw

290. The 10 years old girl felt face-down over the cross-bar on the PT lesson. Objectively: symmetrical face, mouth is open, closing of it is not possible. Lower jaw moved to the left. During palpation: right articular head is not detected in the articular fossula. What is the probable diagnosis?
A. Mandible fracture in the right corner area
B. Contusion of the soft tissues in the area of the lower jaw fracture
C. Fracture of the right coronary process
D. Right-sided dislocation of the lower jaw
E. Fracture of the left condyle process

291. In a child of 7 year old a full dislocation of the 11 tooth was revealed. According to anamnesis the trauma of the 11 tooth have been occurred 24 hours ago. Tooth was brought separately. Objectively: tooth socket is slightly hyperaemic, bone margins are unaffected. Socket is filled with a blood clot. Select an optimal plan of treatment.
A. Replantation of tooth 11 with the following root filling
B. Replantation of tooth 11 with the previous root filling
C. Reposition and fixation of the tooth 11
D. Tooth extraction
E. Suturing of the socket

292. A 13 year old child underwent impact trauma of upper incisors. The child turned to the dentist in 40 minutes time after injury. During examination it was found that 11 and 21 teeth are intruded into the alveolar bone to the half of the crowns. Minor bleeding from the gums around the teeth was noted. Visually integrity of the mucosa is not disrupted. Pathological mobility of the 11 and 21 and adjacent teeth and alveolar bone were not found. There are no signs of teeth fractures on X-ray. What is the optimal tactic of dentist in this case?
A. Extrusion of teeth 11 and 21 to the tooth arch, ligation, observation, EOD
B. Extrusion of teeth 11 and 21 in the dental arch to the occlusal surface level, splintage, observation and determination if further therapiutic tratment is nessecary with EOD in a one month time
C. Observation, EOD, antiinflammatory therapy and physiotherapy
D. Replantation of teeth 11 and 21 after root canals filling
E. teeth 11 and 21 extraction

293. A child of 6 year old is delivered to Children's Hospital by ambulance with a diagnosis: contusion-lacerated wound of the forehead. Maxillofacial surgeon was invited for consultation of the case. She examined the wound, produced an initial surgical debridement and primary sutures. Child was refered to further treatment to the regional clinic. What procedure is absolutely necessary to do in such cases?
A. Antimicrobial therapy
B. Sanation of the oral cavity
C. Consultation of neurosurgeon
D. Hospitalization
E. Bed regime

294. A 5-years-old child was bitten by a dog two days ago. Diagnosis - bitten cheek wound. Parents weren't refer for the help in time. Objecively: the purulent inflammatory process of the wound is present. What type of surgical debriment should be done?
A. Secondary debriment
B. Initial early debriment
C. Initial late debriment
D. Surgical debriment is not required
E. Initial delayed debriment

295. A 4-years-old girl was bitten by a dog in the area of the upper lip. What solution of the listed below is primarily to process the wound?
A. 1:5000 potassium permanganate solution
B. 10% solution of soap
C. 0,002% chlorhexidine solution
D. 1% solution of hydrogen peroxide
E. 3% solution of soda

296. The 3 years old child got burns from boiling water. There are different size blisters fulfilled with clear liquid on the hyperemic and swollen background of the skin. Define degree of skin burn.
A. III degree - level B
B. III degree - level A
C. I degree
D. II degree
E. IV degree

297. A 13 years old patient was injured of the middle face area. The girl addressed to the doctor with complains of pain, soft tissue swelling at the side of the upper jaw, pain during closing the mouth. The examination revealed the mobility of nasal bones, significant soft tissue swelling of the left zygomatic area, hemorrhage of the sclera eyes tissue, a symptom of a "step" along the edge of both eye sockets, nosebleeds, open bite, the lengthening of the middle part of the face. Put the diagnosis:
A. Fracture of the upper jaw of the Le Fort III
B. Nasal bones fracture
C. Fracture of the upper jaw Le Fort II
D. Fracture of the upper jaw Le Fort I
E. Skull base fracture

298. A 13 years old patient was injured in the chin area. The mental bilateral fracture of the mandible was radiographically diagnosed. What is the most likely direction of small fragment displacement?
A. Upwards and forwards
B. Downwards and forwards
C. Upwards and backwards
D. Downwards and backwards
E. The fragment will not shift

299. A 13 years old patient complains of inability to close the mouth, to eat, difficulty in speech, salivation. Objectively: mouth is half opened; the lower jaw is pulled forward and fixed due to the traction of masticatory muscles. During the palpation through the external auditory passages the heads of articular temporomandibular joint are not palpated. What is the most likely diagnosis?
A. Luxation of the mandibular joint
B. Combined fractures of several bones of the facial skeleton
C. Fracture of mandible
D. Bilateral anterior dislocation of head of mandible
E. Fracture of zygomatic arch

300. The 12 years old boy due to the injury in the area of the teeth 44 and 45 teeth has the pathological shift of the alveolar process, body of the jaw and a wound of the mucous membrane. What additional diagnosis is needed for the setting of diagnosis?
A. Skull radiography in a straight line projection and lower jaw by Parma
B. Skull radiography in the axial projection and panoramic X-ray
C. Radiography of the mandible in a straight line and lateral projections
D. Radiography of the skull in axial projection
E. CTScan of mandible

301. An 8 year old boy hit his chin at home 4 days ago. In a few hours the swelling appeared in this area, and after 2 days the pain and the temperature increased locally. Objectively: in the area of the submental region the significant swelling of the tissues and hyperaemia of the skin are defined. During palpation the solid painful infiltration with the area of softening is revealed. The body temperature is 37.5°C. Set a preliminary diagnosis.
A. Hematoma of the submental region
B. Post-traumatic swelling of tissues of the submental region
C. Fracture of the mandible
D. Purulent hematoma of the submental region
E. Inflammatory infiltrate of tissues of the submental region

302. A 10 years old child complains of the pain and swelling in the left parotid-masticatory area. Several days ago the child hit his chin on the swing. There is pain in the area of the right ear during pressing on the chin. What the diagnosis should doctor expect?
A. Contusion of the left angle of the mandible
B. Fracture of the body of the mandible on the left
C. Fracture of the left condylar process of the mandible
D. Bilateral fracture of the rami of the mandible
E. Fracture of the left angle of the mandible

303. Laceration of the capsule of TMJ can appeared as a result of:
A. Inhabited luxation
B. Anterior luxation
C. Acute luxation
D. Posterior luxation
E. Inveterate luxation

304. Fracture of the bony wall of the external auricular duct can appeared as a result of:
A. Anterior luxation of the head of the TMJ
B. Chronic luxation of the head of the TMJ
C. Posterior luxation of the head of the TMJ
D. Inhabited luxation of the head of the TMJ
E. Acute luxation of the head of the TMJ

305. What stage of burn is characterized by cell necrosis of basal layer of epidermis?
A. I
B. III-A
C. III-B
D. II
E. IV

306. What complication is never observed after fracture of the lower jaw?
A. Shifting of the fracture pieces
B. Hematoma
C. Bleeding
D. Emphysema of soft tissues
E. Abscess or phlegmon

307. Injury of auriculo-temporalis nerve can be observed during fracture of:

A. Zygomatic arch
B. Angle of the lower jaw
C. Upper jaw
D. Condylar process of the ramus of lower jaw
E. Mental area of the lower jaw

308. Put the definition of paresthesia:
A. Sensation of tingling, tickling, prickling, pricking, or burning of a person's skin, sensation known as "pins and needles" with no apparent long-term physical effect
B. Appearance of the throbbing pain
C. Appearance of inflammation
D. Sensation of tingling
E. There is no correct answer

309. What kind of fragments shifting is observed after one-sided angle fracture of the lower jaw?
A. The main(big) fragment shifts toward the opposite side of the fracture and upward, the small fragment shifts outward and downward
B. The main(big) fragment shifts toward the opposite side of the fracture and downward, the small fragment shifts inward and downward
C. The main(big) fragment shifts toward the fracture and upward, the small fragment shifts inward and downward
D. The main(big) fragment shifts toward the fracture and downward, the small fragment shifts inward and upward
E. The main(big) fragment shifts toward the fracture and inward, the small fragment shifts outward and downward

310. What side the midline line of the lower jaw is shifted toward during the fracture of the lower jaw in the area of the angle?
A. Does not shifted
B. Toward the opposite side of the fracture
C. Upward and toward the opposite side of the fracture
D. Toward the fracture
E. No correct answers

311. What teeth can stay in contact in cases of two-sided fractures of the lower jaw in the area of body, angles, rami or condilar processes?
A. All teeth
B. There is no contact
C. Only lateral teeth
D. Only frontal teeth
E. Few frontal and lateral teeth

312. When the fractured tooth should be extracted?
A. With oblique fracture in the area of the neck of the tooth
B. With horizontal fracture in the apical part of the root
C. With longitudinal fracture
D. With horizontal fracture in the neck part of the tooth
E. With horizontal fracture in the middle part of the root

313. After the performing of torus anesthesia with the 4 ml of 2% novocaine the patient complained on hard breathing. Objectively: upper and lower lips, mucosa of the larynx and the oral cavity became swelled and blushed. What complication was observed?
A. Collapse
B. Coma
C. Quincker's edema
D. Anaphylactic shock
E. Intoxication by anaesthtetics

314. A 6 years old patient is refered to the dental office. The general condition of the patient: an average weight, body temperature is up to 38.5°C. Objectively: asymmetry of the face due to the slight swelling in the lower third of the right cheek and the submandibular area on the right side. The mouth opening is free. There is the deformation of the alveolar process in the area of 83, 84,85 teeth on both sides. The teeth are mobile, percussion is sharply positive. Clarify the diagnosis:
A. Phlegmon of submandibular triangle
B. Acute odontogenic osteomielitis
C. Hematogenic osteomielitis
D. Abscess of jaw-tongue groove
E. Acute suppurative periostitis

315. A child of 13 years old complains of changing of the colour of the upper tooth. 4 years ago there was a trauma of the frontal area on the upper jaw. Objectively: the tooth 11 is intact, percussion reaction is painless. The X-ray shows: the bone dilution near the root apex of the 11 tooth. It has the rounded form and the clear edges. What is the most reliable diagnosis?
A. Chronic granulomatous periodontitis
B. Odontogenic cyst of maxilla
C. Exacerbation of granulomatosis periodontitis
D. Chronic fibrotic periodontitis
E. Chronic granulating periodontitis

316. The girl of 3 years old has the following diagnosis: acute odontogenic periostitis of the lower jaw from the 74 tooth. It is necessary to conduct periostotomy and extract the 74tooth. The child is nervous. Choose the optimal type of anesthesia:
A. Mandibular anesthesia
B. Intravenous general anesthesia
C. Intubation general anesthesia
D. Mask general anesthesia
E. Central anesthesia

317. A 13-year-old child had an acute odontogenic osteomyelitis of 36 tooth which was complicated by an abscess of pterygo-mandibularis area. The 36 tooth must be extracted. It is necessary to expose a pterygo-mandibularis area. What type of the anesthesia should be chosen?
A. Infiltration anesthesia
B. Tuberal and palatal anesthesia
C. General anesthesia
D. Bershe-Dubov central anesthesia
E. Torus anesthesia

318. The mother of a 5-year-old child complains of the tooth decay of the upper and lower jaw. Teeth are painful during meals. Objectively: the general condition is satisfactory. A child is emotionally unbalanced. The face is symmetrical. The 54, 64, 74, 75 teeth are destroyed to the level of the gums. There are fistulas with purulent discharge from the vestibular side of the gingiva in the area of the 54, 75 teeth. What is the best method of anesthesia?
A. Infiltration anesthesia
B. Local anesthesia
C. Application anesthesia
D. General anesthesia
E. Tuberal and mandibular anesthesia

319. A 5-year-old girl is ill for 3 days with fever and worsening of the general condition. Objectively: the overall condition is moderate, the body temperature is 38, 6 ° C, and the girl is pale and excited. The tongue is furred, bad breath is noted. There is the hyperemia and swelling of the mucous membrane of gums in the area of the 83, 84, 85 teeth on both sides of the alveolar ridge. These teeth are moving, percussion is sharply positive, and the 84 tooth is sealed. What is the most likely diagnosis?
A. Acute nonodontogenic periostitis of the mandible
B. Acute odontogenic osteomyelitis of the mandible
C. Acute odontogenic periostitis of the mandible
D. Suppurating of the odontogenic inflammatory cyst of the mandible
E. Acute sialadenitis of the submandibular salivary gland

320. The boy is 1 month old. At the mesial margin of the right lower eyelid the wound with purulent discharge is revealed. The boy fell ill suddenly, the temperature has rose to 40 0C. General condition is severe. On the second day of the disease the infiltrate the inner edge of eye socket and cheek was occured. The skin over it is hyperaemic, fluctuation is not defined. Eye gap is narrowed. The pus excretes from the right nasal passage. There is an infiltration on vestibular site of alveolar process and on the palate. Mucosa of transitional fold over it is hyperemic and the fluctuation is obvious. What is the most appropriate diagnosis?
A. Acute dacryocystitis
B. Acute sinusitis
C. Acute hematogenous osteomyelitis
D. Flegmon of orbita on the right
E. Acute serous periostitis

321. A boy 12 years old complains of increasing temperature to 38.5 C, difficulty during opening the mouth, pain during swallowing, eating, talking. OBJECTIVE: the skin is pale, the face is slightly asymmetrical due to swelling in the left submandibular area. Opening of the mouth is limited to 12 mm, painful. Swelling of tissue in the left sublingual area, left submandibular- lingual groove is infiltrated, swollen, painful dyring deep palpation, mucosa in this area is hyperaemic. The crown of 36 tooth is totally destroyed. What is the diagnosis?
A. Odontogenic phlegmon of the left pterygo-mandibular area
B. Acute odontogenic osteomyelitis of the lower jaw due to inflammatory process in the 36 tooth
C. Odontogenic abscesses of submandibular-lingual area caused from 36 tooth
D. Acute odontogenic periostitis of the lower jaw due to inflammatory process in the 36 tooth
E. Odontogenic phlegmon of the left submandibular area

322. Parents of the 6 years old boy complained of increased body temperature, the worsening of the general condition of their child, painful swelling of the right cheek. Objectively: paleness of the skin, facial asymmetry due to swelling of the soft tissues of the right buccal area. Alveolar bone in the area of the 55, 54 and 53 teeth is thickened on both sides, painful during palpation. Indicated teeth are partially destroyed by caries, movable (II-III degree), the pus releases from the gingival pockets. Indicate the most likely diagnosis.
A. Acute odontogenic osteomyelitis of the maxilla from 53, 54, 55 teeth
B. Acute purulent odontogenic abscess of the maxilla from 53, 54, 55 teeth
C. Acute odontogenic serous periostitis from 53, 54, 55 teeth
D. Odontogenic abscess of the buccal area from 53, 54, 55 teeth
E. Odontogenic phlegmon of the buccal area from 53, 54, 55 teeth

323. The mother of 5 years old child appeals to the dentist with complaints of the child's bad feeling, fever, pain in the lower jaw. Objectively: moderate condition, body temperature rises up to 39°C. Facial asymmetry is due to swelling of soft tissues and infiltration of the right mandible area. The 84.85 teeth are changed in color, sealed. Percussion is painful, transition fold is flattened at the area of 83,84,85,46 teeth. Mucosa is hyperemic from the vestibular and lingual side. Put the diagnosis.
A. Acute odontogenic osteomyelitis of the mandible
B. Exacerbation of chronic periodontitis
C. Acute suppurative periostitis of the mandible
D. Acute serous periostitis of the mandible
E. Festering cyst of inflammatory origin

324. During providing of the local anesthesia (2 ml of 10 % lidocaine), a 9 years old girl screamed, lost consciousness, generalized convulsions began. Skin - pale, bluish. It's impossible to measure the pulse because of convultions. Preliminary diagnosis?
A. Bronchial obstruction
B. Angioneurotic edema
C. Anaphylactic shock
D. Lidocaine intoxication
E. Fever convultions

325. After acute purulent mastitis of the mother, a swelling appeared on the left infraorbital and zygomatic areas in her 2-month-old baby. Hyperemia of the left half of the baby"s face is present. The temperature rises up to 39° - 40°C. Suppuration of the nose is noted. What diagnosis can be assumed?
A. Acute odontogenic osteomyelitis
B. Phlegmon of infraorbital area
C. Acute hematogenous osteomyelitis
D. Acute sinusitis
E. Acute purulent periostitis

326. The parents of 7 years old child complains of a bad feeling, increasing of the body temperature of their child up to 39°C, pain in the left teeth of the upper jaw. During examination: a severe general health condition of the child, he is pale, adynamic, facial asymmetry due to infiltration of the upper jaw is present. The carious cavity is revealed in the 64 tooth, percussion is painful. The 63.65 teeth are intact, percussion is painful, tooth mobility of 1 degree is noted, and the pus is releasing from the gingival margin of tooth 64. Transitional fold is flattened at the region of 63,64,65 teeth, mucosa is hyperemic from the vestibular and palatal sides. What is the most reliable diagnosis?
A. Festering of the radicular cyst of the maxilla
B. Acute serous periostitis of the upper jaw
C. Acute odontogenic osteomyelitis of the upper jaw caused by inflammatory process of 64 tooth
D. Acute purulent odontogenic periostitis of the upper jaw caused by inflammatory process of 64 tooth
E. Acute odontogenic sinusitis

327. A 15- year-old child complains of swelling of the mandibular process, enlargement is slightly painful. Solid lymph nodes are integrated into the "packages". There is a region of bone resorption with clear margins, containing small sequestra on radiographs of the mandible process. Mantoux test is 12 mm in diametr. What is the most probable diagnosis?
A. Tuberculosis of the mandible process
B. Actinomycosis of the mandible
C. Chronic osteomyelitis of the mandible
D. Acute osteomyelitis of the mandible
E. Ewing's sarcoma

328. A 10-years-old child suffers from the edema and pain on the right cheek. The general weakness and the increase of the temperature are present. Objectively: tenderness to the palpation of the lower third of the right cheek. The skin is slightly swelled above and undertakes in a fold. The colour is without changes. Intraoral examination: the 46 tooth is blasted by caries. The cavity of the tooth is opened, probing is unpainful, percussion is slightly positive. Transitional fold in the area of the 46, 85 and 84 teeth is smoothed out, swelled. The fluctuation is absent. What is the most reliable diagnosis?
A. Acute serous periostitis of the lower jaw
B. Suppuration of the radicular cyst
C. Acute purulent periostitis of the lower jaw
D. Acute odontogenic osteomyelitis of the lower jaw
E. Suppuration of the follicular cyst

329. A girl of 2 years old has the temperature 38.5 ° C, a slight swelling under the jaw from the right side is present. She was ill for 5 days, when a small mobile nodule appeared under the lower jaw on the right. Objectively: the common state of the child is satisfactory. The face is asymmetric because of a slight swelling on the right submandibular area. The skin is blushed and doesn't plicate. The poured edema on the right submandibular area is observed. It spreads to the upper part of the neck on the right side. The edema is painful, solid. The teeth are healthy. What is the most reliable diagnosis?
A. Chronic osteomyelitis of the lower jaw on the right
B. Acute nonodonogenic submandibular lymphadenities
C. Adenophlegmon of the right under the mandibular area
D. Acute sialoadenitis of the right submandibular salivary gland
E. Acute festering periostitis of the lower jaw

330. 12 hours ago a slight swelling of the left cheek appeared in a 13- year-old boy. During the examination the asymmetry of the face was observed. It was caused by the swelling of the soft tissues of the left cheek. There is tenderness to the palpation. During the intraoral examination hyperemia and edema of mucous membrane of gums on the vestibular side in the apex area of the 26 tooth was found out. The 26 tooth is blasted, percussion is sharply positive, the 26 tooth is mobile (I degree). What is the most credible diagnosis?
A. Acute odontogenic periostitis
B. Odontogenic acute osteomielitis
C. Chronic odontogenic periostitis
D. Odontogenic acute lymphadenitis
E. Odontogenic chronic osteomielitis

331. A diagnosis has been set to the patient: odontogenic phlegmon of the right submandibular area. Define the operative access for drainage of the inflammation of the infectious etiology:
A. Section of 5 cm in length that wraps the corner of the jaw
B. Section in a right under lingual area
C. Section in submandibular area on 2 cm below from the edge of the jaw
D. Section along the edge of the jaw
E. Alveolaris section

332. A diagnosis has been made to the child: abscess of a hard palate. What type of the incision is correct in this case?
A. The section goes parallel to the raphe of the hard palate
B. Triangular section in the area of the hard palate
C. To conduct the puncture of an abscess
D. The section in transversal direction
E. Line section goes perpendicularly to the raphe of the hard palate

333. A girl of 12 years old complains of a slight swelling and pulsating pain in the area of the lower jaw from the right side. The temperature is 39°C. Objectively: the considerable asymmetry of the face because of the swelling in the area of the lower jaw from the right side and submandibular triangle is noted. Opening of the mouth is painfull and restricted. A crown of the 46 tooth is blasted. There is a tenderness to percussion of the 46, 45, 44 teeth which are mobile. Mucosa of the lower jaw from the right side is sharply blushed, bilateral deformation of mandibular process is clearly marked, and palpation of it is painful. Lymphatic nodes are enlarged and painful during the palpation. What is the most reliable diagnosis?
A. Acute odontogenic osteomieletis of the lower jaw
B. Acute periostitis of the lower jaw
C. Osteogenic sarcoma
D. Acute bacterial submaxillaritis
E. Odontogenic submandibular phlegmon

334. A 12- year-old girl has 2.2 cm edema on the right cheek area . The skin above is blushed. The necrotizing core is formed in the center of the edema. The temperature is 38.2°C and the intoxication is presented. What is the most reliable diagnosis?
A. Abscessed furuncle of the right buccal area
B. Nonodontogenic abscess of the right buccal area
C. Acute purulent nonodontogenic lymphadenitis of the right cheek area
D. Phlegmon of the right buccal area
E. Purulent atheroma of the right buccal area

335. A child of 8 years old complains of an acute pain in a lower jaw on the left side. After the pain diminished the edema has appeared. Objectively: the temperature is nearly 38 °C. The edema of the cheek area is expressed. Roots of the 74, 75, 36 teeth are without pathological processes. A transitional fold from a vestibular side is smoothed out due to periosteum inflammatory process. The fluctuation is present. What is the most reliable diagnosis?
A. Acute odotogenic osteomyelitis
B. Acute festering periostitis
C. Exacerbation of chronic osteomyelitis
D. Acute serosal periostitis
E. Exacerbation of the chronic periodontitis

336. During the extraction of the 17 tooth because of the chronic granulomatous periodontitis a doctor applied the tuberosity anaesthesia. What nerves will be blocked during this anaesthesia?
A. N. alveolares superiores anteriores
B. Upper dental plexus
C. N. alveolares superiores posteriores
D. Nervus mandibularis
E. N. incisivus

337. A 7-year-old boy was examined because of an acute chronic granulated periodontitis of the 75 tooth. The crown of the 75 tooth is blasted on 3/4. During the examination the child showed the adequate behave. A boy is somatically healthy. Define the method of anaesthesia.
A. Conductive anaesthesia
B. Infiltration anaesthesia
C. Intravenus general anesthesia
D. Mask general anesthesia
E. Aplication anaesthesia

338. A 13-year-old child had an acute odontogenic osteomyelitis of 36 tooth which was complicated by an abscess of pterygo-mandibularis area. The 36 tooth must be extracted. It is necessary to expose a pterygo-mandibularis area. What type of the anesthesia should be chosen?
A. Infiltration anesthesia
B. Torus anesthesia
C. Bershe-Dubov central anesthesia
D. General anesthesia
E. Tuberal and palatal anesthesia

339. The girl of 3 years old has the following diagnosis: acute odontogenic periostitis of the lower jaw from the 74 tooth. It is necessary to conduct periostotomy and extract the 74tooth. The child is nervous. Choose the optimal type of anesthesia.
A. Mandibular anesthesia
B. Intubation general anesthesia
C. Mask general anesthesia
D. Intravenous general anesthesia
E. Central anesthesia

340. A 14-year-old child applied to the dentist with the presence of subperiostal abscess on the vestibular surface of alveolar process in area of the 27 tooth. The crown is destroyed on 2 / 3. It is planned to carry out the extraction of the 27 tooth and to open the abscess. Select the method of anesthesia.
A. Infiltration anesthesia and palatal anesthesia
B. Tuberal anesthesia done by intraoral method
C. Infraorbital anesthesia done by extraoral method and palatal anesthesia
D. Tuberal anesthesia done by extraoral method and palatal one
E. Infraorbital anesthesia by intraoral method and palatal anesthesia