**Tests to control knowledge of the discipline**

**"Therapeutic Stomatology" from the database "Step 2"**

**Module 2 “Endodontic diseases (pulpitis, periodontitis)”**

A 19-year-old young man complains of constant pain in tooth 22, which intensifies on biting with this tooth, sensation of ”protruding” tooth, and upper lip edema. The patient has history of upper jaw trauma. Objectively tooth 22 is intact. Vertical percussion is acutely painful. The upper lip is swollen, mucogingival fold in the area of tooth 22 is red and painful on palpation. What examination method is necessary for diagnosismaking in this case?

X-ray

Dental pulp test

Rheodentography

Transillumination

Thermometry

A patient complains of carious cavity in tooth 11. The filling was lost one week ago. The tooth crown is dark, there is residual filling material at the bottom of the cariou cavity. Vertical percussion is painless. X-ray shows an oval area of bone tissue resorption with clear margins, 0.4х0.3 cm in size. The root canal is filled by 2/3 of its length. What is the most likely diagnosis?

Chronic granulomatous periodontitis

Chronic fibrous periodontitis

Chronic granulating periodontitis

Radicular cyst

Exacerbation of chronic periodontitis

A 28-year-old woman complains of persisting pain in tooth 34, which intensifies on biting. Four days ago arsenic paste was left in the 34. The patient missed her appointment with the dentist. Objective examination detected occlusive dressing on the distal masticatory surface of tooth 34, percussion is acutely painful. What treatment tactics would be the most advisable in this case?

Arsenic antidote is placed into the root canal under occlusive dressing

Dentin dressing is removed, electrophoresis with antidote along the mucogingival fold is prescribed

The root canal is lavaged with antidote, the tooth remains uncovered

The root canal is lavaged with antidote and filled

--

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

Chronic granulating periodontitis

Chronic fibrous periodontitis

Chronic granulomatous periodontitis

Radicular cyst

Chronic fibrous pulpitis

A patient complains of dull ache in the 16 tooth, which occurs during eating cold food. Previously the tooth had been filled due to deep caries, the filling was lost 1 year ago. Objectively: a deep carious cavity that does not communicate with the tooth cavity is present; percussion is painless, probing is painful along the whole floor of the carious cavity. Electric pulp test - 50 microamperes. Thermodiagnosis is painful. Make the diagnosis:

Chronic fibrous pulpitis

Chronic deep caries

Chronic fibrous periodontitis

Acute deep caries

Chronic gangrenous pulpitis

A 25-year-old man complains of shortterm pain in the tooth on the lower right jaw during eating sweet, hot, and cold food. Objectively: in the 36 tooth on the distal surface there is a carious cavity noncommunicating with the dental cavity, dentin is softened. Probing of the cavity floor is painful, percussion is painless. Electric pulp test is 16 microamperes. Make the final diagnosis:

Acute deep caries

Acute median caries

Pulpal hyperemia

Chronic gangrenous pulpitis

Chronic fibrous periodontitis

A 30-year-old woman came to the dentist with complaints of uncomfortable sensation of pressure in her upper right tooth, which aggravates in response to hot stimulus, and foul smell from the mouth. Objectively: there is a deep carious cavity in the 17 tooth, which communicates with the tooth cavity. Deep probing causes severe pain, percussion of the 17 tooth is painful. X-ray: there is slight widening of the periodontal fissure near the root apex. Electric pulp test - 70 microamperes. What final diagnosis can be made?

Chronic gangrenous pulpitis

Chronic fibrous pulpitis

Acute purulent pulpitis

Chronic fibrous periodontitis

Exacerbation of chronic fibrous periodontitis

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

Chronic fibrous periodontitis of 24

Chronic granulating periodontitis of 24

Chronic granulomatous periodontitis of 24

Exacerbation of chronic periodontitis of 24

Chronic gangrenous periodontitis of 24

During carious cavity preparation in a 20-year-old man, the pulp-chamber floor was accidentally perforated and horn of the pulp was exposed. On the carious cavity floor there is a point-like puncture surrounded with white predentin. Pink pulp can be seen through the perforation, pulp probing is acutely painful. What treatment should be given to the patient?

Biological approach

Vital amputation

Vital extirpation

Devital amputation

Devital extirpation

A woman complains of spontaneous attacks of acute pain, with practically no intermissions and irradiation into the temple; cold water slightly mitigates the pain. In tooth 26 examiantion revealed deep carious cavity non-communicating with the dental cavity. Probing of the cavity bottom is acutely painful, the tooth is tender on vertical percussion. Make the provisional diagnosis regarding tooth 26:

Acute suppurative pulpitis

Acute diffuse pulpitis

Pulpal hyperemia

Chronic fibrous pulpitis

Chronic hypertrophic pulpitis

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

Acute serous periodontitis

Acute suppurative periodontitis

Acute suppurative pulpitis

Acute diffuse pulpitis

Exacerbation of chronic periodontitis

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

Acute suppurative periodontitis

Acute serous periodontitis

Acute suppurative pulpitis

Exacerbation of chronic periodontitis

Acute local pulpitis

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

Acute purulent periodontitis

Exacerbation of chronic periodontitis

Acute diffuse pulpitis

Acute purulent pulpitis

Acute serous periodontitis

A 38-year-old male patient complains of a carious cavity. He had experienced spontaneous dull pain in the tooth in question before. Objectively: the distal masticatory surface of the 37 tooth presents a deep cavity made of soft pigmented dentin. Percussion is painless. After removing the decay from the cavity, cold water has caused pain lasting for about a minute. X-ray picture shows the deformation of the periodontal gap in the region of the 37 root apices. What is the most likely diagnosis?

Chronic fibrous pulpitis

Exacerbation of chronic pulpitis

Acute deep caries

Chronic fibrous periodontitis

Chronic deep caries

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

Radiography

Blood and urine tests

Electroodontometry

Contrast radiography

Blood count

A patient complains about paroxysmal upper jaw toothache on the left that is getting worse at night. Toothache intensifies also under stimulation and irradiates to the left eye and temple. Similar attacks were noted three months ago, the patient didn't undergo any treatment. Objectively: the 25 tooth has a deep carious cavity communicating with the tooth cavity. Probing causes acute pain at the point of communication, vertical percussion is slightly painful, horizontal one is painless. Mucous membrane in the projection of root apex of the 25 tooth is unchanged, its palpation is painless. Thermal probe causes acute pain, the pain attack is long-lasting. Electroodontodiagnosis is 60 microampere. X-ray picture shows slight widening of periodontal fissure at the root apex of the 25 tooth. What is the most probable diagnosis?

Exacerbation of chronic pulpitis

Acute purulent pulpitis

Acute purulent periodontitis

Acute generalized pulpitis

Exacerbation of chronic periodontitis

A 29-year-old patient complains of acute paroxysmal pain in the upper jaw on the left, that gets worse during having cold food and irradiates into the ear and temple. A year ago she experienced intense pain in the 27 the tooth but didn't consult a dentist. Three days ago there was the second attack of pain. Objectively: there is a deep carious cavity in the 27th tooth, interconnecting with the tooth cavity. Probing the open area causes acute pain. What is the most likely diagnosis?

Exacerbation of chronic pulpitis

Acute limited pulpitis

Acute serous periodontitis

Acute diffuse pulpitis

Exacerbation of chronic periodontitis

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

Dental hemisection

Root apex resection

Conservative treatment

Tooth replantation

Root amputation

A 38-year-old patient complains of discomfort, occasional sensation of tearing in the 17 tooth, infrequent pain during eating hot food that lasts for 10-20 minutes. Objectively: the 17 tooth is filled with composite materials, the tooth is slightly darker than the other ones. What is the most likely diagnosis?

Chronic gangrenous pulpitis

Chronic concrementous pulpitis

Chronic granulating pulpitis

Chronic fibrous pulpitis

Recurrent caries

A 46-year-old patient has been diagnosed with chronic concrementous pulpitis of the 27 tooth. X-ray picture shows that the concrement is located in the crown part of the tooth cavity and occupies 1/4 of its volume. Select an adequate method of treatment:

Vital extirpation

Devital amputation

Vital amputation

Devital extirpation

Biologic method

A 47-year-old patient complains of persistent ache in the 27 tooth, that gets worse when biting. Objectively: skin colour is normal, the face is symmetrical, the mouth opens without any difficulties, alveolar mucosa at the level of 27 tooth is edematous and hyperemic. The 27 tooth presents a deep carious cavity communicating with the pulp chamber. Percussion of the 27 tooth causes acute pain. What is your provisional diagnosis?

Exacerbation of acute periodontitis of the 27 tooth

Acute purulent periodontitis of the 27 tooh

Acute generalized purulent pulpitis of the 27 tooth

Acute purulent maxillary periostitis in the region of the 27 tooth

Chronic odontogenic left-sided maxillary sinusitis

A 34-year-old male patient complains about acute spasmodic pain in the region of his upper jaw on the left that is getting worse as affected by cold stimuli. Toothache irradiates to the ear and temple. He had acute toothache of the 37 tooth one year ago, but he didn't consult a dentist. Pain recurred three days ago. Objectively: the 37 tooth has a carious cavity communicating with the dental cavity. Probing of the opened carious cavity is extremely painful. X-ray picture shows widening of periodontal fissure at the root apex of the 37 tooth. What is the most likely diagnosis?

Exacerbation of chronic pulpitis

Exacerbation of chronic fibrous periodontitis

Acute diffuse pulpitis

Exacerbation of chronic granulating periodontitis

Acute purulent pulpitis

A 38-year-old patient complains of acute paroxysmal pain in the region of his left upper jaw, left eye and temple. The pain is lasting (2-3 hours), gets worse at night. Objectively: the 26 tooth has a deep carious cavity, floor probing causes painful response, thermal stimuli provoke long-lasting pain, percussion provokes minor pain. What is the most likely diagnosis?

Acute diffuse pulpitis

Pulpitis complicated by the periodontitis

Acute purulent pulpitis

Exacerbation of the chronic pulpitis

Acute limited pulpitis

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

Exacerbation of chronic periodontitis of the 26 tooth

Acute purulent periostitis of upper jaw of the 26 tooth on the left

Acute pulpitis of the 26 tooth

Acute purulent periodontitis of the 26 tooth

Periodontitis of the 26, 27, 28 teeth

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

Exacerbation of chronic granulating periodontitis

Acute serous periodontitis

Exacarbation of chronic pulpitis

Exacerbation of chronic granulomatous periodontitis

Acute purulent pulpitis complicated by periodontitis

A 46-year-old patient complains about pain and bleeding from the carious cavity of her 27 tooth during eating. Previously she had spontaneous pain. Examination of the 27 tooth revealed a deep carious cavity on the masticatory surface consisting of red tissue, probing induced pain and haemorrhage. What treatment method should be chosen?

Vital extirpation

Biological method

Devital extirpation

Vital amputation

Devital amputation

A 52-year-old man undergoes treatment of the 36 tooth for chronic periodontitis. Radiography revealed convoluted medial root canals; an irregular-shaped focus of destruction of bone tissue 0,2x0,2 cm large in the region of the medial root apex. Which of the following drugs is optimal for intracanal electrophoresis?

10% solution of potassium iodide

1% solution of decamethoxin

0,1% solution of trypsin

1% solution of novocaine

3% solution of copper sulphate

A 32-year-old patient complains of acute spontaneous attacks of pain in the 14 tooth. The pain lasts for 10-20 minutes and occurs every 2-3 hours. Carious cavity in the 14 tooth is filled with softened dentin. Probing of the cavity floor is painful at one point. Cold stimulus causes pain. What is the most likely diagnosis?

Acute localized pulpitis

Hyperemia of the pulp

Exacerbation of chronic pulpitis

Acute deep caries

Acute diffuse pulpitis

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

Exacerbation of chronic periodontitis of the 26 tooth

Acute purulent periodontitis of the 26 tooth

Acute purulent periostitis of upper jaw of the 26 tooth on the left

Periodontitis of the 26, 27, 28 teeth

Acute pulpitis of the 26 tooth

A patient complains about paroxysmal upper jaw toothache on the left that is getting worse at night. Toothache intensifies also under stimulation and irradiates to the left eye and temple. Similar attacks were noted three months ago, the patient didn't undergo any treatment. Objectively: the 25 tooth has a deep carious cavity communicating with the tooth cavity. Probing causes acute pain at the point of communication, vertical percussion is slightly painful, horizontal one is painless. Mucous membrane in the projection of root apex of the 25 tooth is unchanged, its palpation is painless. Thermal probe causes acute pain, the pain attack is long-lasting. Electroodontodiagnosis is 60 microampere. X-ray picture shows a slight widening of periodontal fissure at the root apex of the 25 tooth. What is the most likely diagnosis?

Exacerbation of chronic pulpitis

Acute generalized pulpitis

Acute purulent periodontitis

Acute purulent pulpitis

Exacerbation of chronic periodontitis

A 37-year-old male patient complains about pain of the 46 tooth during food intake, especially hot food, offensive breath when he sucks his tooth. Objectively: the face is symmetrical, masticatory surface of the 48 tooth has a deep carious cavity communicating with the dental cavity. X-ray picture shows widening of periodontal fissure at the root apex of the 46 tooth. What is the most likely diagnosis?

Chronic gangrenous pulpitis

Exacerbation of chronic periodontitis

Chronic fibrous periodontitis

Exacerbation of chronic pulpitis

Chronic fibrous pulpitis

A 18-year-old patient complains of acute spontaneous toothache irradiating to the right eye and temporal region. Objectively: there is a deep carious cavity in the 27 tooth within circumpulpar dentin. Dentin is light, softened. Probing of the cavity floor and cold test cause acute pain. What is the most likely diagnosis?

Acute diffuse pulpitis

Exacerbation of chronic pulpitis

Acute purulent pulpitis

Acute serous periodontitis

Acute purulent periodontitis

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

Acute purulent periodontitis

Acute serous periodontitis

Acute diffuse pulpitis

Exacerbation of chronic periodontitis

Acute purulent pulpitis

A 34-year-old male patient complains of acute spasmodic pain in the region of his upper jaw on the left that is getting worse as affected by cold stimuli. Toothache irradiates to the ear and temple. He had acute toothache of the 37 tooth one year ago, but he didn't consult a dentist. Pain recurred three days ago. Objectively: the 37 tooth has a carious cavity communicating with the dental cavity. Probing of the opened carious cavity is extremely painful. X-ray picture shows widening of periodontal fissure at the root apex of the 37 tooth. What is the most likely diagnosis?

Exacerbation of chronic pulpitis

Acute purulent pulpitis

Acute diffuse pulpitis

Exacerbation of chronic granulating periodontitis

Exacerbation of chronic fibrous periodontitis

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

Acute purulent periodontitis

Acute purulent pulpitis

Acute diffuse pulpitis

Acute serous periodontitis

Exacerbation of chronic periodontitis

A 32-year-old patient complains of the long-term dull toothache caused by hot food. The toothache appeared a month ago. Objectively: the 26 tooth has changed in colour, on the masticatory surface there is a deep carious cavity communicating with the tooth cavity. Superficial probing of pulp is painless, deep probing is painful. Electro-odontodiagnostics results: 85 µa. What is the most likely diagnosis?

Chronic gangrenous pulpitis

Chronic fibrous periodontitis

Chronic hypertrophic pulpitis

Chronic concrementous pulpitis

Chronic fibrous pulpitis

A patient complains about spontaneous pain in the area of his 15 tooth he has been feeling for 2 days. Thermal stimuli make the pain worse, its attacks last up to 30 minutes. Objectively: there is a deep carious cavity in the 15 tooth consisting of light softened dentin, floor probing is painful in one point, reaction to the thermal stimuli is positive, percussion is painless. Make a diagnosis:

Acute local pulpitis

Acute diffuse pulpitis

Pulp hyperemia

Acute deep caries

Acute condition of chronic pulpitis

A 27-year-old patient complains of the long-term pain in the 22 tooth caused by cold and hot food, as well as of spontaneous pain lasting for 30 minutes and occurring 3-4 times per day, getting worse at night. Pain arose 3 days ago after preparation of the tooth for the acrylic crown. Objectively: the 22 tooth is intact, the thermal test causes acute long-lasting pain, percussion is painless. What is the optimal treatment tactics?

Vital pulp extirpation

Devital pulp extirpation

Biological treatment of pulpitis

Application of fluorine lacquer

Vital pulp amputation

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

Chronic fibrous periodontitis of the 11 tooth

Chronic granulating periodontitis of the 11 tooth

Chronic granulomatous periodontitis of the 11 tooth

Periodontitis of the 11 tooth

Chronic periodontitis of the 11 tooth, hypercementosis

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

Acute purulent periodontitis of the 26 tooth

Acute localized periodontitis of the 26 tooth

Acute serous periodontitis of the 26 tooth

Acute serous pulpitis of the 26 tooth

Acute purulent pulpitis of the 26 tooth

A 44-year-old patient consulted a dental surgeon about constant acute pain in the upper jaw region on the left that is getting worse during teeth joining. The pain appeared 3 days ago. Objectively: the face is symmetric, mouth opening is not limited. The crown of the 26 tooth is half-decayed. Probing of the carious cavity is painless. Percussion of the 26 tooth provokes acute pain. Mucous membrane of the alveolar process is edematic, hyperaemic at the level of the 26 tooth. The 26 tooth had been treated before. What is your provisional diagnosis?

Exacerbation of chronic periodontitis of the 26 tooth

Periodontitis of the 26, 27, 28 teeth

Acute pulpitis of the 26 tooth

Acute purulent periodontitis of the 26 tooth

Acute purulent periostitis of the left upper jaw extending from the 26 tooth

A 28-year-old patient complains of dull pain in the 17 tooth caused by hot meal, the pain slowly abates after removing the irritant. There is also a feeling of tooth bursting, and bad breath after the tooth suction. What is the provisional diagnosis?

Chronic gangrenous pulpitis

Chronic fibrous pulpitis

Chronic fibrous periodontitis

Chronic hypertrophic pulpitis

Chronic concrementous pulpitis

A 30-year-old patient complains of toothache caused by hot and cold stimuli. The pain irradiates to the ear and temple. Previously there was spontaneous nocturnal toothache. Objectively: on the occlusal surface of the 37 tooth there is a deep carious cavity communicating at one point with the tooth cavity. Probing at the communication point, as well as cold stimulus, cause acute pain. The pain persists for a long time. Electric pulp test result is 5 ma. What is the most likely diagnosis?

Exacerbation of chronic pulpitis

Acute diffuse pulpitis

Acute purulent pulpitis

Exacerbation of chronic periodontitis

Chronic concrementous pulpitis

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

Chronic granulating periodontitis

Chronic fibrous pulpitis

Chronic granulomatous periodontitis

Chronic fibrous periodontitis

Chronic gangrenous pulpitis

A 24-year-old patient complains of aching pain in the 11 tooth that is getting worse during biting down on food. Two days ago the tooth was filled for pulpitis. Objectively: the 11 tooth is filled. The thermal test causes no pain, vertical percussion is slightly painful. X-ray picture of the 11 tooth shows that the endodontic filling is 1 mm above the root apex. Which of the following methods will be most effective for eliminating this complication?

Fluctuorization

Relaxing incision

Analgetics

Submucous injection of 1\% solution of hydrocortisone

Ultrahigh frequency therapy

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

Acute purulent periodontitis

Acute diffuse pulpitis

Acute purulent pulpitis

Exacerbation of chronic periodontitis

Acute serous periodontitis

A 27-year-old male patient complains of aching long-lasting pain in the 15 tooth during having meals, especially cold food. Sometimes the pain occurs when the temperature changes. Objectively: on the distal surface of the 15 tooth there is a cavity filled with softened dentin. Probing is painful. Electroexcitability of the pulp is 35 µa. What is the most likely diagnosis?

Chronic fibrous pulpitis

Hyperemia of the pulp

Chronic deep caries

Exacerbation of chronic pulpitis

Acute deep caries

A patient complains of spontaneous, paroxysmal, irradiating pain with short pain-free intervals. The pain arose 2 days ago and occurs only at night. Make a provisional diagnosis:

Acute diffuse pulpitis

Acute circumscribed pulpitis

Exacerbation of chronic periodontitis

Acute purulent pulpitis

Acute deep caries

A 32-year-old patient complains of acute spontaneous attacks of pain in the 14 tooth. The pain lasts for 10-20 minutes and occurs every 2-3 hours. Carious cavity in the 14 tooth is filled with softened dentin. Probing of the cavity floor is painful at one point. Cold stimulus causes pain. What is the most likely diagnosis?

Acute localized pulpitis

Exacerbation of chronic pulpitis

Hyperemia of the pulp

Acute deep caries

Acute diffuse pulpitis

4 hours after application of arsenic paste to the 36 tooth pulp, a 27-year-old patient complained of pain in the treated tooth. Objectively: on the distal surface of the 36 tooth the temporary filling is present. Percussion causes no pain response. Gingival papilla in the region of the 36, 37 teeth is hyperemic and edematous, its apex is necrotized. What is the optimal tactics of this patient management?

Replace the temporary filling, treat the gingiva with 3% iodine solution

Keep the temporary filling, treat the gingiva with 3% iodine solution

Keep the temporary filling, administer soda rinse

Keep the temporary filling, treat the gingiva with 3% hydrogen peroxide solution

Replace the temporary filling, treat the gingiva with 3% hydrogen peroxide solution

A 24-year-old hemophiliac has been diagnosed with exacerbation of chronic pulpitis of the 11 tooth. Select the best method of tooth treatment in this case:

Devital extirpation

Vital extirpation

Biological treatment

Devital amputation

Vital amputation

A 45-year-old patient complains of acute, spontaneous, nocturnal pain in a maxillary tooth on the right. The pain arose three days ago, has a pulsating nature, irradiates to the zygomatic region and virtually doesn't cease. Objectively: there is a deep carious cavity in the 15 tooth. Dentin is of dirty-gray color, softened. Probing causes pain response across the entire floor, the tooth is sensitive to percussion. Cold stimulus reduces the pain intensity. Electroexcitability of the pulp is 55 µA. What is the most likely diagnosis?

Acute suppurative pulpitis

Acute serous periodontitis

Acute pulpitis limited

Acute suppurative periodontitis

Acute diffuse pulpitis

A patient complains of spontaneous, paroxysmal, irradiating pain with short pain-free intervals. The pain arose 2 days ago and occurs only at night. Make a provisional diagnosis:

Acute diffuse pulpitis

Acute deep caries

Acute circumscribed pulpitis

Exacerbation of chronic periodontitis

Acute purulent pulpitis

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

Exacerbation of chronic periodontitis

Acute serous periodontitis, intoxication stage

Chronic granulating periodontitis

Acute suppurative periodontitis

Acute serous periodontitis

A 56-year-old patient was undergoing treatment for pulpitis of the 47 tooth. For the purpose of the pulp devitalization arsenic paste was used. The patient failed to keep an appointment with the dentist for further treatment. As a result, toxic arsenic periodontitis developed. Which of the physiotherapy methods should be applied to address the complication?

Potassium iodide electrophoresis

UHF

D`arsonvalisation

Fluctuorization

Galvanization

A 27-year-old male patient complains of aching long-lasting pain in the 15 tooth during having meals, especially cold food. Sometimes the pain occurs when the temperature changes. Objectively: on the distal surface of the 15 tooth there is a cavity filled with softened dentin. Probing causes pain reaction. Electroexcitability of the pulp is 35 µA. What is the most likely diagnosis?

Chronic fibrous pulpitis

Exacerbation of chronic pulpitis

Chronic deep caries

Acute deep caries

Hyperemia of the pulp

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

Acute suppurative periodontitis

Acute serous periodontitis

Exacerbation of chronic periodontitis

Acute suppurative pulpitis

Localized periodontitis

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

Chronic fibrous periodontitis

Chronic granulating periodontitis

Chronic granulomatous periodontitis

Chronic fibrous pulpitis

Chronic gangrenous pulpitis

A 28-year-old patient complains of pain in the 37 tooth when eating hot food. Objectively: the 37 tooth has changed in color, there is a carious cavity filled with softened dentin, the tooth cavity is open, probing of the root pulp causes pain response, percussion causes no pain. What is the most likely diagnosis?

Chronic gangrenous pulpitis

Exacerbation of chronic pulpitis

Chronic fibrous periodontitis

Chronic fibrous pulpitis

Exacerbation of chronic periodontitis

A 24-year-old male patient complains of spontaneous pain in the 24 tooth, which arose suddenly and persists for about 15 minutes. Objectively: the distal surface of the 24 tooth exhibits a deep carious cavity with overhanging walls. The cavity is filled with light softened dentin and communicates with the tooth cavity. The cold stimulus causes acute, slowly abating pain. Percussion causes no pain response. Select the best method of treatment:

Vital extirpation

Vital amputation

Biological method

Devital amputation

Devital extirpation

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

Chronic granulating periodontitis

Chronic fibrous periodontitis

Chronic granulomatous periodontitis

Exacerbation of chronic periodontitis

Radicular cyst of the mandible

A 22-year-old patient was undergoing treatment of the 25th tooth for deep acute caries. During preparation a dentist accidentally opened the horn of pulp. What method of treatment should be applied?

Biologic method

Devital extirpation

Vital amputation of pulp

Devital amputation

Vital extirpation

A 34-year-old patient was undergoing treatment for acute deep caries of the 37 tooth. During the tooth preparation the buccal pulp horn was accidentally opened. What is the most rational treatment of the 37 tooth?

Biological method

Non-vital extirpation

Vital amputation

Vital extirpation

Non-vital amputation

A male patient complains of acute pain in the 26 tooth that is getting worse when biting down on food. 4 days ago arsenic paste was applied, but the patient did not keep the appointment with the dentist. Objectively: the dressing of the 26 tooth is kept. There is pain reaction to percussion. Ro-gram shows no changes in the periapical tissues. After mechanical and pharmacological treatment of the root canals the gauze pads are moist, not stained. What drug substance must be left in the root canals for the maximal clinical effect?

Unitiol

Chlorhexidine

Hydrogen peroxide

Trypsin

Chloramine

A 12-year-old boy complains of a cavity in a tooth on the lower left jaw. Objectively: 1/3 of the 36th tooth is destroyed, the carious cavity opens into the dental cavity; there is sensitivity to cold stimulus; probing and percussion are painless. X-ray imaging shows the periodontal fissure of the 36th tooth roots to be widened. What is the provisional diagnosis?

Chronic fibrous periodontitis

Chronic simple pulpitis

Chronic granulating periodontitis

Chronic gangrenous pulpitis

Chronic granulomatous periodontitis

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

Chronic fibrous pulpitis

Chronic granulomatous periodontitis

Chronic gangrenous pulpitis

Chronic granulating periodontitis

Chronic fibrous periodontitis

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

Chronic granulating periodontitis

Chronic granulomatous periodontitis

Exacerbation of chronic periodontitis

Radicular cyst of the mandible

Chronic fibrous periodontitis

A 24-year-old patient complains of aching pain in the 11 tooth that is getting worse during biting down on food. Two days agothe tooth was filled for pulpitis. Objectively: the 11 tooth is filled. The thermal test causes no pain, vertical percussion is slightly painful. X-ray picture of the 11 tooth shows that the endodontic filling is 1 mm above the root apex. Which of the following methods will be most effective for eliminating this complication?

Fluctuorization

Submucous injection of 1% solution of hydrocortisone

Analgetics

Relaxing incision

Ultrahigh frequency therapy

A 27-year-old female patient has her 26th tooth cavity accidentially breached along the mesial buccal line angle during treatment of acute deep caries of the 26th. Choose the optimal method of treatment.

Biological method

Vital amputation

Non-vital extirpation

Non-vital amputation

Vital extirpation

A 15-year-old adolescent complains of a two-day long sharp pulsing pain in the tooth, which intensifies when biting or touching the tooth with the tongue. Objectively: the 26th tooth contains composite material filling. Vertical and horisontal percussion of the tooth are painful, the tooth is slightly mobile in vestibular-oral projection. Gingival mucosa of the affected area is hyperemic, swollen, sharply painful when palpated. X-ray imaging shows no changes. What is the most probable diagnosis?

Acute purulent periodontitis

Exacerbation of chronic periodontitis

Acute serous periodontitis

Acute purulent pulpitis

Acute serous pulpitis

A 5-year-old child has a cavity localised in the deep dentin on the masticatory surface of the 75th tooth. The cavity is filled with softened pigmented dentin and food remains. The child complains of dull pain when taking food or cold liquids. Probing of the cavity floor is slightly painful; when the dentin is removed with excavator, pink pulp is visible through the cavity floor. What is the most probable diagnosis?

Chronic fibrous pulpitis

Chronic gangrenous pulpitis

Acute deep caries **.**

Acute diffuse pulpitis

Chronic deep caries

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

Chronic fibrous periodontitis of the 25th tooth

Chronic granulomatous periodontitis of the 25th tooth

Cystogranuloma

Chronic granulating periodontitis of the 25th tooth

Chronic periodontitis of the 25th tooth

A 38-year-old male patient complains of carious cavity. Prior to that there were attacks of toothache with no external cause. Objectively: the distal masticatory surface of the 37th tooth has deep carious cavity filled with softened pigmented dentine. Percussion is painless. Upon the extraction of the degenerated tissue cold water stimulus causes pain lasting about 1 minute.X-ray imaging shows deformation of the periodontal fissure in the area of the root apexes of the 37th tooth. What is the mostprobable diagnosis?

Chronic fibrous pulpitis

Chronic deep caries

Chronic fibrous periodontitis

Exacerbation of chronic pulpitis

Acute deep caries

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

Exacerbation of chronic periodontitis

Acute serous periodontitis

Chronic granulating periodontitis

Acute suppurative periodontitis

Acute serous periodontitis, intoxication stage

A 20-year-old male patient complains of spontaneous pain in the 24 tooth, which arose suddenly and persists for about 15 minutes. Objectively: the distal surface of the 24 tooth exhibits a deep carious cavity with overhanging walls. The cavity is filled with light softened dentin and communicates with the tooth cavity. The cold stimulus causes acute, slowly abating pain. Percussion causes no pain response. Select the best method of treatment:

Vital extirpation

Devital extirpation

Vital amputation

Biological method

Devital amputation

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

Acute purulent periodontitis

Acute purulent pulpitis

Exacerbation of chronic periodontitis

Acute diffuse pulpitis

Acute serous periodontitis

A 30-year-old patient complains of toothache caused by hot and cold stimuli. The pain irradiates to the ear and temple. Previously there was spontaneous nocturnal toothache. Objectively: on the occlusal surface of the 37 tooth there is a deep carious cavity communicating at one point with the tooth cavity. Probing at the communication point, as well as cold stimulus, cause acute pain. The pain persists for a long time. Electric pulp test result is 55 mA. What is the most likely diagnosis?

Exacerbation of chronic pulpitis

Acute purulent pulpitis

Chronic concrementous pulpitis

Acute diffuse pulpitis

Exacerbation of chronic periodontitis

A patient complains of spontaneous, paroxysmal, irradiating pain with short pain-free intervals. The pain arose 2 days ago and occurs only at night. Make a provisional diagnosis:

Acute diffuse pulpitis

Acute circumscribed pulpitis

Acute purulent pulpitis

Exacerbation of chronic periodontitis

Acute deep caries

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

Exacerbation of chronic odontogenic maxillary sinusitis

Acute periodontitis of the 24th

Acute rhinogenous maxillary sinusitis

Acute albuminous periostitis of the left maxilla

Exacerbation of chronic periodontitis of the 24th

A 12-year-old boy complains of a cavity in the tooth on the lower left jaw. Objectively: 1/3 of the 36 tooth is destroyed, the carious cavity opens into the dental cavity; reaction to cold stimulus is positive; probing and percussion are painless. X-ray imaging shows the periodontal fissure of the 36th tooth roots to be widened. What is the provisional diagnosis?

Chronic fibrous periodontitis

Chronic gangrenous pulpitis

Chronic granulomatous periodontitis

Chronic simple pulpitis

Chronic granulating periodontitis

A 27-year-old patient complains of the long-term pain in the 22 tooth caused by cold and hot food, as well as of spontaneouspain lasting for 30 minutes and occurring 3-4 times per day, aggravating at night. Pain arose 3 days ago after preparation ofthe tooth for the acrylic crown. Objectively: the 22 tooth is intact, the thermal test causes acute long-lasting pain, percussion is painless. What is the optimal treatment tactics?

Vital pulp extirpation

Application of fluorine lacquer

Devital pulp extirpation

Vital pulp amputation

Biological treatment of pulpitis

A 30-year-old woman addressed a dental surgeon with complaints of uncomfortable sensation of pressure in her upper right tooth, which aggravates due to hot stimulus, and foul smell from the mouth. Objectively: there is a deep carious cavity in the 17 tooth, which penetrates into the tooth cavity. Deep probing causes severe pain, percussion of the 17 tooth is painful. X-ray: there is slight widening of the periodontal fissure near the root apex. Electric pulp test - 70 microamperes. What final diagnosis can be made?

Chronic gangrenous pulpitis

Exacerbation of chronic fibrous periodontitis

Chronic fibrous periodontitis

Acute purulent pulpitis

Chronic fibrous pulpitis

A 14-year-old adolescent complains of bleeding and pain during eating occurring in the 36 tooth. Anamnesis states intense pain in the past. Objectively: the crown is severely damaged; carious cavity is large, penetrates into the tooth cavity, and is partially filled with overgrown pulp. The tissues demonstrate low sensitivity to touch, bleed upon touching. There are significant soft dental deposits on the 35 and 34 teeth. Make the diagnosis:

Chronic hypertrophic pulpitis

Chronic gangrenous pulpitis

Chronic simple pulpitis

Chronic granulating periodontitis

Chronic papillitis

A 27-year-old female patient has her 26 tooth cavity accidentially breached along the mesial buccal line angle during treatment of acute deep caries of the 26. Choose the optimal method of treatment:

Biological method

Vital extirpation

Non-vital extirpation

Non-vital amputation

Vital amputation

A 22-year-old patient is diagnosed with chronic granulomatous periodontitis of the 46 tooth. During the first appointment the patient was prescribed a temporary filling made of antibacterial mateterial that stimulates osteo-, dentino- and cement genesis. Specify the material that satisfies this requirements:

Calcium hydroxide

Iodoform

Thymol

Camphor

Dexamethasone

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

Exacerbation of chronic periodontitis

Acute suppurative periodontitis

Acute serous periodontitis, intoxication stage

Acute serous periodontitis

Chronic granulating periodontitis

A dentist performs endodontic treatment of the 31 tooth of a 62-year-old patient. The root canal is narrow, extremely calcificated. Choose the optimal tool to pass through the root canal in this case:

Pathfinder

H-File

K-Reamer

K-File Nitiflex

Gates-glidden drill

A week ago an 18-year-old girl complained of pain in the 22 tooth which was treated and filled several years ago. Over the past two days the pain increased. Objectively: the 22 tooth is filled, percussion is painful, mucous membrane is hyperaemic and edematic. Spot-film roentgenograph of the 22 tooth shows an ill-defined periapical bone rarefaction 0,4x0,5 cm large. What is the most likely diagnosis?

Exacerbation of chronic periodontitis of the 22 tooth

Acute purulent periodontitis of the 22 tooth

Acute maxillary periostitis

Suppuration of the radicular cyst

Acute odontogenic osteomyelitis

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

Chronic fibrous periodontitis

Chronic granulomatous periodontitis

Chronic gangrenous pulpitis

Chronic granulating periodontitis

Chronic fibrous pulpitis

A 12-year-old boy complains of dull ache in the upper right tooth. The pain aggravates during biting. Objectively: in the 16 tooth there is a deep carious cavity penetrating into the tooth cavity, cold test and probing are painless, mucosa is swollen, hyperemic. X-ray reveals areas of bone tissue destruction with blurred margins near root apices. What diagnosis is most likely?

Exacerbation of chronic granulating periodontitis

Exacerbation of chronic granulomatous periodontitis

Exacerbation of chronic fibrous periodontitis

Acute purulent periodontitis

Acute purulent pulpitis

A 34-year-old male patient complains of acute spasmodic pain in the region of his upper jaw on the left that is aggravating when affected by cold stimuli. Toothache irradiates to the ear and temple. He had acute toothache of the 37 tooth one year ago, but he did not consult a dentist. Pain recurred three days ago. Objectively: the 37 tooth has a carious cavity communicating with the dental cavity. Probing of the opened carious cavity is extremely painful. X-ray picture shows widening of periodontal fissure at the root apex of the 37 tooth. What is the most likely diagnosis?

Exacerbation of chronic pulpitis

Exacerbation of chronic fibrous periodontitis

Acute purulent pulpitis

Exacerbation of chronic granulating periodontitis

Acute diffuse pulpitis

A 20-year-old male patient complains of spontaneous pain in the 24 tooth, which arose suddenly and persists for about 15 minutes at a time. Objectively: the distal surface of the 24 tooth exhibits a deep carious cavity with overhanging walls. The cavity is filled with light-colored softened dentin and communicates with the tooth cavity. The cold stimulus causes acute, slowly abating pain. Percussion causes no pain response. Select the best method of treatment:

Vital extirpation

Vital amputation

Biological method

Devital amputation

Devital extirpation

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

Acute odontogenic purulent periostitis

Exacerbation of chronic periodontitis

Acute serous periodontitis

Acute odontogenic osteomyelitis

Parodontal abscess

A 30-year-old patient complains of spontaneous pain attacks in the lower left tooth, which occurred 2 hours ago during travel by plain. Objectively: there is pathological abrasion of the 36 tooth, tooth percussion is slightly painful. After additional investigation the diagnosis is made: chronic pulpitis. What investigation allows to make such a diagnosis?

X-ray radiography

Thermal tests

Luminescence diagnostics

Probing

Electric pulp test

A 30-year-old patient complains of toothache caused by hot and cold stimuli. The pain irradiates to the ear and temple. Previously there was spontaneous nocturnal toothache. Objectively: on the occlusal surface of the 37 tooth there is a deep carious cavity communicating at one point with the tooth cavity. Probing at the communication point, as well as cold stimulus, causes acute pain. The pain persists for a long time. Electric pulp test result is 55 microamperes. What is the most likely diagnosis?

Exacerbation of chronic pulpitis

Acute diffuse pulpitis

Acute purulent pulpitis

Chronic concrementous pulpitis

Exacerbation of chronic periodontitis

A patient complains of dull ache in the 16 tooth, which occurs during eating cold food. Anamnesis: the tooth had been filled due to deep caries, the filling was lost 1 year ago. Objectively: a deep carious cavity that does not penetrate the tooth cavity is present; percussion is painless, probing is painful along the whole floor of the carious cavity. Electric pulp test - 50 microamperes. Thermodiagnosis is painful. Make the diagnosis:

Chronic fibrous pulpitis

Chronic gangrenous pulpitis

Chronic deep caries

Acute deep caries

Chronic fibrous periodontitis

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

Chronic fibrous periodontitis of the 25th tooth

Cystogranuloma

Chronic granulating periodontitis of the 25th tooth

Chronic periodontitis of the 25th tooth

Chronic granulomatous periodontitis of the 25th tooth

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

Acute purulent odontogenic periostitis

Acute odontogenic osteomyelitis

Acute serous periodontitis

Periodontal abscess

Exacerbation of chronic periodontitis

A 25-year-old female patient consulted a dentist about acute pain in the mandible on the right that occurs during eating. Objectively: the approximate distal surface of the 45 tooth exhibits a carious cavity filled with light softened dentin. Probing causes a minor pain response across the entire floor. Percussion causes no pain. Cold water causes transient pain. What is the most likely diagnosis?

Acute deep caries

Chronic deep caries

Chronic median caries

Acute median caries

Chronic fibrous pulpitis

An 11-year-old boy complains of a short-term pain from the cold in the left mandibular tooth. Objectively: the medial surface of the 36 tooth exhibits a carious cavity within parapulpar dentin. The cavity is filled with light, softened dentin and does not communicate with the cavity of the tooth. Probing the of the 36 tooth floor causes pain response, the tooth is not sensitive to percussion, the response to the cold stimulus does not remain long after its removal. What is the most likely diagnosis?

Acute deep caries

Chronic fibrous pulpitis

Acute diffuse pulpitis

Acute focal pulpitis

Acute median caries

A 11-year-old child complains of pain during eating food, especially hot, in the lower right lateral tooth. On the masticatory surface of the 46 tooth there is a large carious cavity filled with softened light-brown dentin. The cavity is located within parapulpar dentin. In the projection of medial buccal pulp horn the carious cavity communicates with the pulp chamber. Deep probing is painful. Electric pulp test - 60 microamperes. Make the diagnosis:

Chronic gangrenous pulpitis

Chronic fibrous pulpitis

Acute focal pulpitis

Chronic hypertrophic pulpitis

Acute diffuse pulpitis

A 44-year-old patient consulted a dentalsurgeon about constant acute pain in theupper jaw region on the left that aggravatesduring teeth joining. The pain appeared 3days ago. Objectively: the face is symmetric,mouth opening is not limited. The crownof the 26 tooth is half-decayed. Probingof the carious cavity is painless. Percussion of the 26 tooth provokes acute pain.Mucous membrane of the alveolar processis edematic, hyperemic at the level of the 26tooth. The 26 tooth had been treated before.What is your provisional diagnosis?

Exacerbation of chronic periodontitis ofthe 26 tooth

Acute suppurative periodontitis of the 26tooth

Acute pulpitis of the 26 tooth

Acute suppurative periostitis of the leftupper jaw extending from the 26 tooth

Periodontitis of the 26, 27, and 28 teeth

A 30-year-old patient complains ofa toothache caused by hot and cold stimuli. The pain irradiates to the ear andtemple. Previously this tooth presented withspontaneous nocturnal toothache. Objectively: on the occlusal surface of the 37 tooththere is a deep carious cavity communicatingat one point with the tooth cavity. Probingat the communication point, as well as coldstimulus, causes acute pain. The pain persists for a long time. Electric pulp test resultis 5 microamperes. What is the most likelydiagnosis?

Exacerbation of chronic pulpitis

Acute diffuse pulpitis

Exacerbation of chronic periodontitis

Chronic concrementous pulpitis

Acute suppurative pulpitis

A 52-year-old woman complains of periodical appearance of a gingival fistula in thearea of the 15 tooth. The tooth had beentreated 1,5 years ago for caries. Objectively: the 15 tooth is filled. In the root apexprojection there is a fistula; purulent exudatedischarges on pressure. Tooth percussion ispainless. On X-ray: the root canal is not filled, there is a destruction focus with blurredmargins near the root. Make the diagnosis:

Chronic granulating periodontitis

Exacerbation of chronic granulatingperiodontitis

Chronic fibrous periodontitis

Periapical cyst

Chronic granulomatous periodontitis

A 27-year-old man complains of aching long-lasting pain in the 15 tooth duringeating, especially cold food. Sometimes thepain occurs when the temperature changes.Objectively: on the distal surface of the 15tooth there is a cavity filled with softeneddentin. Probing is painful. Electroexcitability of the pulp is 35 microamperes. What isthe most likely diagnosis?

Chronic fibrous pulpitis

Acute deep caries

Chronic deep caries

Hyperemia of the pulp

Exacerbation of chronic pulpitis

A 15-year-old girl complains oftoothache that persists for a day andincreases on biting. Objectively: in the 36tooth there is a deep carious cavitynoncommunica-ting with the dental cavity. Noreaction to the thermal stimuli is observed,probing of the carious cavity floor is painless.Vertical percussion is markedly painful. Gingival mucosa in the area of the 36 tooth isunaltered. X-ray presents with no alterations. Make the diagnosis:

Acute serous periodontitis

Acute suppurative pulpitis

Acute suppurative periodontitis

Acute serous pulpitis

Exacerbation of chronic periodontitis

A 5-year-old child complains ofspontaneous pain in an upper jaw tooth onthe right that aggravates at night and duringeating cold food. Objectively: the 65 toothhas a deep cavity communicating with thetooth cavity. Probing is painful, percussion ispainless. Cold water causes long-term pain.What is your provisional diagnosis?

Exacerbation of chronic pulpitis

Acute periodontitis

Exacerbation of chronic periodontitis

Acute serous pulpitis

Acute suppurative pulpitis

After extreme overexposure to cold a42-year-old patient complains of headachein the left frontal lobe and the left upperjaw. Objectively: the face is symmetrical;left nasal meatus breathing is obstructed,and serous-purulent discharge is beingproduced; palpation of the suborbital areaand further along the mucogingival fold inthe 24 and 25 teeth projection reveals slight pain. Percussion of these teeth is painless. The 24 tooth is filled. The alveolarprocess mucosa has no visible alterations.X-ray imaging shows decreased pneumatization of the left maxillary sinus. What is theprovisional diagnosis?

Exacerbation of chronic odontogenicmaxillary sinusitis

Acute periodontitis of the 24

Exacerbation of chronic periodontitis ofthe 24

Acute rhinogenous maxillary sinusitis

Acute albuminous periostitis of the leftmaxilla

A 8,5-year-old child is mostly healthy.There is a complaint of pain in the upperleft tooth, due to it having been physicallydamaged 3 hours ago. Objectively: 1/2 of the21 tooth crown is destroyed, the pulp is significantly exposed, red, sharply painful andbleeding when probed. Percussion of the 21tooth is sharply painful. Choose the optimalmethod of the 21 tooth treatment:

Vital amputation

Vital extirpation

Devital amputation

Devital extirpation

Biological method

A 11-year-old child complains of painduring eating food, especially hot, in thelower right lateral tooth. On the masticatory surface of the 46 tooth there is alarge carious cavity filled with softenedlight-brown dentin. The cavity is located within parapulpar dentin. In the projection ofmesiobuccal pulp horn the carious cavitycommunicates with the pulp chamber. Deepprobing is painful. Electric pulp test - 60 microamperes. Make the diagnosis:

Chronic gangrenous pulpitis

Chronic hypertrophic pulpitis

Acute diffuse pulpitis

Chronic fibrous pulpitis

Acute focal pulpitis

A 20-year-old man complains ofspontaneous pain in the 24 tooth, whicharose suddenly and persists for about 15 minutes. Objectively: the distal surface of the24 tooth exhibits a deep carious cavity withoverhanging walls. The cavity is filled withlight softened dentin and communicates with the tooth cavity. The cold stimulus causesacute, slowly abating pain. Percussion causesno pain response. Select the best method oftreatment:

Vital extirpation

Vital amputation

Biological method

Devital amputation

Devital extirpation

A 25-year-old patient complains of painwhen biting on the 15 tooth. The pain arosetwo days ago, has a constant aching natureand increased significantly over the last day.Objectively: the crown of the 15 tooth is gray,the medial contact surface exhibits a deepcarious cavity communicating with the toothcavity. Percussion causes acute pain, the gingival mucosa in the projection of the 25tooth root apex is hyperemic. The regionallymph node is tender. Radiograph shows anill-defined zone of periapical bone destruction. What is the most likely diagnosis?

Exacerbation of chronic periodontitis

Acute serous periodontitis

Acute suppurative periodontitis

Chronic granulating periodontitis

Acute serous periodontitis, intoxicationstage

A patient complains of pain and sensation of heaviness in the left side of his faceand mucous discharge from the nose. Onexamination: left cheek edema, destroyed26 tooth. Tooth percussion is sharply painful.X-ray demonstrates shadowed left maxillarysinus. What disease corresponds with the given clinical presentation?

Acute odontogenic maxillary sinusitis

Acute rhinogenic maxillary sinusitis

Chronic odontogenic maxillary sinusitis

Cyst of the maxillary sinus

Acute ethmoiditis

A 24-year-old woman came to a dentist to receive sanation. Objectively on themasticatory surface of the 37 tooth thereis a deep carious cavity connected with thedental cavity. The cavity probing is painless,no reaction to thermal stimuli is observedin the tooth, percussion is painless. EOD is108 microamperes. X-ray shows traces of filling material in the rooth canal of the 37tooth, periodontal fissure is enlarged anddeformed. Make the diagnosis:

Chronic fibrous periodontitis of the 37tooth

Chronic granulating periodontitis of the37 tooth

Chronic granulomatous periodontitis ofthe 37 tooth

Chronic fibrous pulpitis of the 37 tooth

Exacerbation of chronic granulomatousperiodontitis of the 37 tooth

A 14-year-old child complains ofthrobbing undulating pain in the lowerleft teeth, which aggravates due to hotstimuli. Objectively: on the masticatorysurface of the 36 tooth there is a carious cavity within parapulpar dentin, which is non-communi-cating with the dentalcavity. The cavity floor probing is painless,tooth percussion is painful. What treatmentmethod would be optimal in the given case?

Vital extirpation

Devital extirpation

Devital amputation

Vital amputation

Biological method

A 15-year-old patient complains of carious cavity and short-term ”lightning-fast”pain attacks in the 26 tooth. The pain attackscease in 1-2 minutes after eating. Objectively: there is a deep carious cavity filled withsoftened dentin. The cavity floor is painfulon probing. Make the diagnosis:

Pulpal hyperemia

Acute traumatic pulpitis

Acute suppurative pulpitis

Acute local pulpitis

Acute diffuse pulpitis

A 37-year-old patient has symmetricalface; the mucosa in the area of the 12 toothroot apex projection is pale pink; palpationis painless; the tooth crown is destroyed by1/3; percussion is painless. X-ray: the rootcanal of the 12 tooth is filled to the apex;granuloma 4 mm in diameter surrounds theroot apex. Choose the method of surgicaltreatment:

Granuloma removal with root apexresection

Root hemisection

Coronary radicular tooth separation

Root amputation

Tooth extraction