1. A cold stimulus applied to a tooth will produce a hypersensitive response if the tooth
   A. is nonvital.
   B. has a periodontal pocket.
   C. has a hyperemic pulp.
   D. has chronic proliferative pulpitis.

2. The location and extent of subgingival calculus is most accurately determined clinically by
   A. radiopaque solution used in conjunction with radiographs.
   B. disclosing solution.
   C. probing with a fine instrument.
   D. visual inspection.

3. A characteristic sign of aggressive periodontitis in an adolescent (juvenile periodontitis) is
   A. marginal gingivitis.
   B. painful, burning gingivae.
   C. hyperplastic gingivitis.
   D. drifting of the teeth.

4. In an infrabony pocket, the epithelial attachment is located
   A. within basal bone.
   B. coronal to alveolar bone crest.
   C. apical to alveolar bone crest.

5. Which treatment procedure is indicated for a patient with asymptomatic age related gingival recession?
   A. Connective tissue graft.
   B. Gingivoplasty.
   C. Lateral sliding flap.
   D. Gingival graft.
   E. No treatment.

6. The absence of adequate drainage in a periodontal pocket may result in
   A. cyst formation.
   B. abscess formation.
   C. epithelial hyperplasia.
   D. increased calculus formation.

7. For an otherwise healthy patient, with an acute localized periodontal abscess, initial treatment must include
   A. scaling and root planing.
   B. occlusal adjustment.
   C. prescription of an antibiotic.
   D. prescription of an analgesic.

8. The instrument best suited for root planing is a/an
   A. hoe.
   B. file.
   C. curette.
   D. sickle scaler.
   E. ultrasonic scaler.

9. The most likely cause of tooth loss following a tunneling procedure to provide complete access for a mandibular Class III furcation involvement is
   A. root caries.
   B. root sensitivity.
   C. pulpal involvement.
   D. recurrent pocketing.

10. Maximum shrinkage after gingival curettage can be expected from tissue that is
    A. fibroedematous.
    B. edematous.
    C. fibrotic.
    D. formed within an infrabony pocket.
    E. associated with exudate formation.
11. When using the periodontal probe to measure pocket depth, the measurement is taken from the
   A. base of the pocket to the cementoenamel junction.
   B. free gingival margin to the cementoenamel junction.
   C. base of the pocket to the crest of the free gingiva.
   D. base of the pocket to the mucogingival junction.

12. In periodontal therapy, “guided tissue regeneration” is most successful in treating
   1. horizontal bone loss.
   2. a 3-walled infrabony defect.
   3. a mandibular Class III furcation involvement.
   4. a mandibular Class II furcation involvement.
   A. (1) (2) (3)
   B. (1) and (3)
   C. (2) and (4)
   D. (4) only
   E. All of the above.

13. The oral mucosa covering the base of the alveolar bone
   A. is normally non-keratinized but can become keratinized in response to physiological stimulation.
   B. is closely bound to underlying muscle and bone.
   C. does not contain elastic fibres.
   D. merges with the keratinized gingiva at the mucogingival junction.
   E. has a tightly woven dense collagenous corium.

14. Which of the following systemic diseases does/do NOT predispose a patient to periodontitis?
   1. Cyclic neutropenia.
   2. Diabetes mellitus.
   3. Acquired immunodeficiency syndrome.
   A. (1) (2) (3)
   B. (1) and (3)
   C. (2) and (4)
   D. (4) only
   E. All of the above.

15. The most likely diagnosis for a child with a painful, fiery-red, diffuse gingivitis is
   A. primary herpetic gingivostomatitis.
   B. aggressive periodontitis.
   C. idiopathic fibromatosis.
   D. aphthous stomatitis.

16. Which of the following is/are clinical signs of gingivitis?
   1. Loss of stippling.
   2. Gingival hyperplasia.
   3. Decreased pocket depth.
   4. Bleeding on probing.
   A. (1) (2) (3)
   B. (1) and (3)
   C. (2) and (4)
   D. (4) only
   E. All of the above.

17. A clenching habit may be a factor in
   A. suprabony periodontal pocket formation.
   B. marginal gingivitis.
   C. increased tooth mobility.
   D. generalized recession.
18. The predominant cells in the inflammatory exudate of an acute periodontal abscess are
   A. neutrophils.
   B. eosinophils.
   C. basophils.
   D. lymphocytes.
   E. monocytes.

19. Overhangs on restorations initiate chronic inflammatory periodontal disease by
   A. increasing plaque retention.
   B. increasing food retention.
   C. causing traumatic occlusion.
   D. causing pressure atrophy.

20. In periodontics, the best prognosis for bone regeneration follows the surgical treatment of
   A. suprabony pockets.
   B. one-wall infrabony pockets.
   C. two-wall infrabony pockets.
   D. three-wall infrabony pockets.

21. The most appropriate treatment of necrotizing ulcerative periodontitis (NUP) in a patient with no fever and no lymphadenopathy is
   1. periodontal debridement.
   2. antibiotic therapy.
   3. oral hygiene instruction.
   4. topical steroid therapy.
   A. (1) (2) (3)
   B. (1) and (3)
   C. (2) and (4)
   D. (4) only
   E. All of the above.

22. Water irrigation devices have been shown to
   A. eliminate plaque.
   B. dislodge food particles from between teeth.
   C. disinfect pockets for up to 18 hours.
   D. prevent calculus formation.

23. Correction of an inadequate zone of attached gingiva on several adjacent teeth is best accomplished with a/an
   A. apically repositioned flap.
   B. laterally positioned sliding flap.
   C. double-papilla pedicle graft.
   D. coronally positioned flap.
   E. free gingival graft.

24. The colour of normal gingiva is affected by the
   A. (1) (2) (3)
   B. (1) and (3)
   C. (2) and (4)
   D. (4) only
   E. All of the above.

25. Irregularly distributed shallow to moderate craters in the interseptal bone are best eliminated by
   A. osteoplasty.
   B. gingivoplasty.
   C. deep scaling.
   D. bone grafting.
26. Roots of the permanent maxillary central incisors are completed by what age?

A. 8 years.
B. 10 years.
C. 12 years.
D. Later than 12 years.

30. Which two muscles are involved in sucking?

A. Caninus and depressor angularis.
B. Risorius and buccinator.
C. Buccinator and orbicularis oris.
D. Levator labii superioris and zygomaticus major.

27. Mandibular growth

A. is sustained over a longer period of time in girls.
B. is sustained over a longer period of time in boys.
C. occurs at the same chronologic age in both sexes.
D. occurs two years earlier in boys than in girls.

31. Normal sulcular epithelium in man is

A. (1) (2) (3)
B. (1) and (3)
C. (2) and (4)
D. (4) only
E. All of the above.

28. The mechanism of adjustment to maintain the shape and proportions of bone throughout its growth period is called

A. remodeling.
B. cortical drift.
C. area relocation.
D. translatory growth.

32. In cephalometry, the most stable point in a growing skull is the

A. sella turcica.
B. nasion.
C. Broadbent's point.
D. Bolton point.

29. Which of the following muscles comprise the retromolar pad?

A. Lateral (external) pterygoid.
B. Buccinator.
C. Palatoglossus.
D. Superior constrictor.

1. (1) (2) (3)
2. (1) and (3)
3. (2) and (4)
4. (4) only
E. All of the above.

33. A patient with a tumor in the right infratemporal fossa shows a significant shift of the mandible to the right when opening. Which nerve is involved?

A. Facial nerve VII.
B. Glossopharyngeal nerve IX.
C. Trigeminal nerve V.
D. Hypoglossal nerve XII.

34. Which of the following muscles has two separate functions in mandibular movement?

A. Masseter.
B. Geniohyoid.
C. External (lateral) pterygoid.
D. Buccinator.
35. When odontoblasts are destroyed or undergo degeneration, they are replaced by
A. ameloblasts.
B. undifferentiated mesenchymal cells.
C. multinucleated giant cells.
D. osteoblasts.

36. The periodontium is best able to tolerate forces directed to a tooth
A. horizontally.
B. laterally.
C. obliquely.
D. vertically.

37. The major stimulator of respiration is
A. low blood pressure.
B. high percentage of blood oxygen.
C. low percentage of blood carbon dioxide.
D. high percentage of blood carbon dioxide.

38. Hypothyroidism affects the dental developmental pattern by
A. interfering with jaw growth.
B. delaying the eruption timetable.
C. causing sclerotic bone to form over the occlusal surface of erupting teeth.
D. accelerating the eruption timetable.

39. A lowering of serum calcium is the stimulus for the endogenous release of
A. thyroid hormone.
B. adrenocortical hormone.
C. insulin.
D. parathyroid hormone.
E. adrenalin.

40. Alveolar bone is undergoing remodeling
A. through the primary dentition.
B. until the end of mixed dentition.
C. until the complete eruption of permanent teeth.
D. throughout life.

41. Following root planing, a patient experiences thermal sensitivity. This pain is associated with which of the following?
A. Golgi receptor.
B. Free nerve endings.
C. Odontoblastic processes.
D. Cementoblasts.

42. A decrease of which of the following is indicative of hypoparathyroidism?
A. Serum phosphorus.
B. Serum calcium.
C. Thyroid activity.
D. Serum alkaline phosphatase.

43. A smooth, elevated, red patch devoid of filiform papillae, located in the midline of the dorsum of the tongue immediately anterior to the circumvallate papillae is indicative of
A. benign migratory glossitis.
B. median rhomboid glossitis.
C. a granular cell tumor.
D. iron deficiency anemia.
E. a fibroma.

44. Which cells migrate into the gingival sulcus in the largest numbers in response to the accumulation of plaque?
A. Plasma cells and monocytes.
B. Polymorphonuclear leukocytes.
C. Macrophages.
D. Lymphocytes.
E. Mast cells.
45. Carious lesions are most likely to develop if a patient has
   A. a high lactobacillus count.
   B. saliva with low buffering capacity.
   C. plaque on his teeth.
   D. lactic acid in his mouth.

46. With the development of gingivitis, the sulcus becomes predominantly populated by
   A. gram-positive organisms.
   B. gram-negative organisms.
   C. diplococcal organisms.
   D. spirochetes.

47. Which of the following microorganisms are most frequently found in infected root canals?
   A. Streptococcus viridans.
   B. Staphylococcus aureus.
   C. Lactobacilli.
   D. Enterococci.
   E. Staphylococcus albus.

48. The finding of “acid-fast” microorganisms in sputum suggests the presence of
   A. Mycobacterium tuberculosis.
   B. Diplococcus pneumoniae.
   C. Streptococcus pyogenes.
   D. Neisseria gonorrhoeae.

49. An increase of immunoglobulins is consistent with increased numbers of
   A. fibroblasts.
   B. neutrophils.
   C. lymphocytes.
   D. plasma cells.

50. Regarding dental caries, which of the following is correct?
   A. All carbohydrates are equally cariogenic.
   B. More frequent consumption of carbohydrates increases the risk.
   C. The rate of carbohydrate clearance from the oral cavity is not significant.
   D. Increased dietary fat increases the risk.

51. Lidocaine (Xylocaine®) is an example of a local anesthetic which is chemically classified as an
   A. amide.
   B. ester.
   C. aldehyde.
   D. ethamine.
   E. aminide.

52. Antihistamines act by
   A. increasing the action of histaminase.
   B. altering the formation of histamine.
   C. blocking the actions of histamine by competitive inhibition.
   D. interfering with the degradation of histamine.

53. A therapeutic advantage of penicillin V over penicillin G is
   A. greater resistance to penicillinase.
   B. broader antibacterial spectrum.
   C. greater absorption when given orally.
   D. slower renal excretion.
   E. None of the above.

54. Short-acting barbiturates are metabolized mainly in the
   A. liver.
   B. kidneys.
   C. small intestine.
   D. pancreas.
   E. spleen.
55. The chief mechanism by which the body metabolizes short-acting barbiturates is
   A. oxidation.
   B. reduction.
   C. hydroxylation and oxidation.
   D. sequestration in the body fats.

56. Procaine (Novocaine®) is an example of a local anesthetic which is chemically classified as an
   A. amide.
   B. ester.
   C. aldehyde.
   D. ethamine.
   E. aminide.

57. A protective mechanism of the dental pulp to external irritation or caries is the formation of
   A. pulp stones.
   B. tertiary dentin.
   C. secondary cementum.
   D. primary dentin.

58. In the presence of an acute bacterial infection, laboratory tests will show an increase in
   A. polymorphonuclear leukocytes.
   B. plasma cells.
   C. lymphocytes.
   D. monocytes.
   E. eosinophils.

59. Which of the following drugs is used in the treatment of mild allergic reactions?
   A. Isoproterenol.
   B. Meperidine hydrochloride.
   C. Diphenhydramine hydrochloride.
   D. Propoxyphene.

60. Excessive formation of scar tissue beyond the wound margin is called
   A. a fibroma.
   B. a keloid.
   C. a fibro-epithelial polyp.
   D. epithelial hyperplasia.

61. Warfarin (Coumadin®) acts by
   A. preventing formation of thromboplastin.
   B. preventing fibrinogen conversion to fibrin.
   C. inhibiting the synthesis of prothrombin in the liver.
   D. incorporating ionic calcium.

62. An end result of ionizing radiation used to treat oral malignancies is
   A. deformity of the jaws.
   B. reduced vascularity of the jaws.
   C. increased vascularity of the jaws.
   D. increased brittleness of the jaws.

63. The inorganic ion that is implicated in primary hypertension is
   A. sodium.
   B. fluoride.
   C. potassium.
   D. magnesium.

64. Which of the following is most often associated with a nonvital tooth?
   A. Chronic periodontal periodontitis.
   B. Internal resorption.
   C. Periapical cemento-osseous dysplasia.
   D. Hyperplastic pulpitis.
65. Which of the following is a possible cause for a low density radiograph (light film)?
   A. Cold developer.
   B. Over exposure.
   C. Improper safety light.
   D. Excessive developing time.

66. The greatest single factor in reducing radiation exposure in dentistry is
   A. higher kVp.
   B. proper filtration.
   C. high speed film.
   D. collimation of the X-ray beam.

67. Selection of the appropriate kilovoltage for dental films is influenced by
   A. line voltage fluctuation.
   B. diameter of the primary beam of radiation.
   C. type of timer.
   D. tissue density.
   E. filter thickness.

68. In radiography, minimum magnification and maximum definition are achieved by
   A. minimum OFD (object-film distance) and minimum FFD (focal-film distance).
   B. minimum OFD (object-film distance) and maximum FFD (focal-film distance).
   C. maximum OFD (object-film distance) and maximum FFD (focal-film distance).
   D. maximum OFD (object-film distance) and minimum FFD (focal-film distance).

69. Epidemiology of disease is best described as the
   A. data obtained from sickness surveys.
   B. usual low level of disease normally found within a population.
   C. control of disease.
   D. study of disease patterns in a population.

70. During the setting phase, a dental stone mixture will exhibit
   A. expansion.
   B. contraction.
   C. loss in compressive strength.
   D. gain in moisture content.

71. Filters are placed in the path of the x-ray beam to
   A. increase contrast.
   B. reduce film density.
   C. reduce exposure time.
   D. reduce patient radiation dose.

72. Which of the following modifications to the standard procedure for mixing gypsum products will increase the compressive strength of the set material?
   A. Adding a small amount of salt to the water before mixing.
   B. Decreasing the water/powder ratio by a small amount.
   C. Using warmer water.
   D. Decreasing the mixing time.

73. When a radiographic examination is warranted for a 10 year old child, the most effective way to decrease radiation exposure is to
   A. use a thyroid collar and lead apron.
   B. apply a radiation protection badge.
   C. use high speed film.
   D. decrease the kilovoltage to 50kVp.
   E. take a panoramic film only.
74. The higher modulus of elasticity of a chromium-cobalt-nickel alloy, compared to a Type IV gold alloy, means that chromium-cobalt-nickel partial denture clasp will require
   A. a heavier cross section for a clasp arm.
   B. a shorter retentive arm.
   C. more taper.
   D. a shallower undercut.

75. The addition of platinum to a dental gold alloy results in increased
   1. strength.
   2. hardness.
   3. melting point.
   4. resistance to corrosion.
   A. (1) (2) (3)
   B. (1) and (3)
   C. (2) and (4)
   D. (4) only
   E. All of the above.

76. Dental porcelain has
   1. low compressive strength.
   2. high hardness.
   3. high tensile strength.
   4. low impact strength.
   A. (1) (2) (3)
   B. (1) and (3)
   C. (2) and (4)
   D. (4) only
   E. All of the above.

77. Gold contributes which of the following properties to a gold-copper alloy?
   A. Corrosion resistance.
   B. Increased strength.
   C. Lowered specific gravity.
   D. Increased hardness.

78. If an alginate impression must be stored for a few minutes before the cast is poured, it should be placed in
   A. water.
   B. 100% relative humidity.
   C. a 1% aqueous calcium sulfate solution.

79. A patient who uses nitroglycerine has
   A. rheumatic heart disease.
   B. asthma.
   C. coronary artery disease.
   D. high blood pressure.
   E. cardiac arrhythmia.

80. Which valve is most commonly affected by rheumatic heart disease?
   A. Aortic.
   B. Pulmonary.
   C. Tricuspid.
   D. Mitral.

81. Unconsciousness in syncope results from
   A. electrolyte imbalance.
   B. neurogenic shock.
   C. cerebral hyperemia.
   D. cerebral hypoxia.
82. Particulate hydroxyapatite, when placed subperiostially,

1. is highly biocompatible.
2. has a low incidence of secondary infection following surgery.
3. has a tendency to migrate following insertion.
4. induces bone formation throughout the implanted material.

A. (1) (2) (3)
B. (1) and (3)
C. (2) and (4)
D. (4) only
E. All of the above.

83. Which articular disease most often accompanies Sjögren’s syndrome?

A. Suppurative arthritis.
B. Rheumatoid arthritis.
C. Degenerative arthrosis.
D. Psoriatic arthritis.
E. Lupus arthritis.

84. A patient presents with apparent paralysis of one side of the face which appeared the day before. What is the most likely diagnosis?

A. Glossodynia.
B. Bell's palsy.
C. Myasthenia gravis.
D. Trigeminal neuralgia.

85. Sickle cell anemia is

A. a genetic disease.
B. caused by exposure to radiation.
C. a viral infection.
D. a drug reaction.
E. an auto-immune disease.

86. A 12 year old boy has a history of severe sore throat followed by migratory arthralgia and swollen joints of the extremities. This history is suggestive of

A. gout.
B. osteoarthritis.
C. Still's disease.
D. rheumatic fever.
E. rheumatoid arthritis.

87. Myxedema is associated with

A. insufficient parathyroid hormone.
B. excessive parathyroid hormone.
C. insufficient thyroid hormone.
D. excessive thyroid hormone.

88. Which of the following is/are NOT usually affected by hereditary ectodermal dysplasia?

A. Salivary glands.
B. Teeth.
C. Sweat glands.
D. Hair.
E. Fingernails.

89. Enlargement of the thyroid gland can be caused by

A. insufficient fluoride.
B. excess iodine.
C. insufficient iodine.
D. excess calcium.
E. excess sodium.

90. A patient presents with hypodontia, conical teeth, fine, scanty, fair hair, and an intolerance to hot weather. The most likely diagnosis is

A. achondroplasia.
B. malignant hyperthermia.
C. ectodermal dysplasia.
D. cystic fibrosis.
91. Condensing osteitis in the periapical region is indicative of a/an
A. acute inflammation of the pulp.
B. pulpal abscess.
C. chronic inflammation of the pulp.
D. early apical abscess formation.

92. A 15 year old presents with hypoplastic enamel on tooth 1.5. All other teeth are normal. This was most probably caused by a/an
A. vitamin D deficiency.
B. generalized calcium deficiency.
C. high fever encountered by the patient when he had measles at age 3.
D. infection of tooth 5.5 during the development of tooth 1.5.
E. hereditary factor.

93. Which of the following features would be most indicative of a cracked tooth?
A. Periapical radiolucency.
B. Hypersensitivity to thermal stimuli.
C. Pain upon biting pressure.
D. Absent vitalometric response.

94. A 4 year old child has a normal complement of deciduous teeth, but in appearance they are grayish and exhibit extensive occlusal and incisal wear. Radiographic examination indicates some extensive deposits of secondary dentin in these teeth. This condition is typical of
A. cleidocranial dysplasia.
B. amelogenesis imperfecta.
C. neonatal hypoplasia.
D. dentinogenesis imperfecta.

95. Abrasion is most commonly seen on the
A. lingual surface of posterior teeth.
B. occlusal surface of posterior teeth.
C. incisal edges.
D. facial surfaces of teeth.

96. Root resorption of permanent teeth may be associated with
1. excessive orthodontic forces.
2. chronic periradicular periodontitis.
3. traumatic injury.
4. periapical cemento-osseous dysplasia.
A. (1) (2) (3)
B. (1) and (3)
C. (2) and (4)
D. (4) only
E. All of the above.

97. In the early stage, a periapical abscess can be differentiated from a lateral periodontal abscess by
A. pain.
B. type of exudate.
C. tenderness to percussion.
D. response of pulp to electrical stimulation.
E. radiographic examination.

98. Which of the following results from a necrotic pulp?
A. Dentigerous cyst.
B. Lateral periodontal cyst.
C. Chronic periradicular periodontitis.
D. Pulp polyp.

99. Which of the following, if left untreated, is most likely to result in a periapical lesion?
A. Internal resorption.
B. Reversible pulpitis.
C. Acute suppurative pulpitis.
D. Chronic hyperplastic pulpitis.
E. Diffuse calcification of the pulp.
100. Which of the following conditions is characterized by abnormally large pulp chambers?

A. Amelogenesis imperfecta.
B. Regional odontodysplasia.
C. Dentinogenesis imperfecta.
D. Dentinal dysplasia Type I.

101. Which of the following is/are associated with an unerupted tooth?

1. Odontogenic adenomatoid tumor.
2. Periapical cemento-osseous dysplasia.
3. Calcifying epithelial odontogenic tumor.

A. (1) (2) (3)
B. (1) and (3)
C. (2) and (4)
D. (4) only
E. All of the above.

102. An ankylosed tooth is usually

A. nonvital.
B. associated with a root fracture.
C. infraerupted.
D. found in the permanent dentition.

103. An ameloblastoma is most frequently found in

A. the anterior region of the maxilla.
B. the mandible, near the junction of the body and the ramus.
C. the posterior region of the maxilla.
D. in the anterior region of the mandible near the midline.

104. Multiple supernumerary teeth are most commonly found in

A. cherubism.
B. cretinism.
C. hypothyroidism.
D. cleidocranial dysplasia.
E. Down's syndrome.

105. Which of the following has the highest rate of recurrence?

A. Odontogenic keratocyst.
B. Nasoalveolar cyst.
C. Median palatal cyst.
D. Incisive canal cyst.

106. For which of the following pathological conditions would a lower central incisor tooth be expected to respond to heat, cold and electric pulp test?

A. Apical cyst.
B. Acute apical abscess.
C. Periapical cemento-osseous dysplasia.
D. Chronic apical periodontitis.

107. Hyperkeratosis, acanthosis, dysplasia, increased mitosis, intact basal cell layer and chronic inflammatory cells are histologic features that may be found in

A. squamous cell carcinoma.
B. carcinoma in situ.
C. papillomatous.
D. endothelioma.

108. The microscopic appearance of the central giant cell granuloma of the jaws is similar to that of lesions which occur in

A. hyperparathyroidism.
B. Paget's disease.
C. cleidocranial dysplasia.
D. hyperpituitarism.

109. When a patient experiences continuous pain in the maxillary premolar and molar areas and there is no evidence of dental infection, the most likely diagnosis is

A. trigeminal neuralgia.
B. acute maxillary sinusitis.
C. impacted maxillary canine.
D. impacted maxillary third molar.
E. glossopharyngeal neuralgia.
110. The benign neoplasm that originates from squamous epithelium is called a/an

A. adenoma.
B. choriocarcinoma.
C. chondroma.
D. lipoma.
E. papilloma.

115. Mucoceles are most commonly found in the

A. upper lip.
B. lower lip.
C. tongue.
D. buccal mucosa.
E. soft palate.

111. Which one of the following would be of greatest value in determining the etiology of an oral ulceration?

A. History of the oral lesion.
B. Cytological smear.
C. Systemic evaluation.
D. Laboratory tests.

116. Which of the following is NOT a sign or symptom of the myofascial pain dysfunction syndrome?

A. Pain.
B. Muscle tenderness.
C. Limitation of jaw motion.
D. "Clicking" or "popping" noise in the joints.
E. Radiographic changes of the joint.

112. An ameloblastoma can develop from the epithelial lining of which of the following cysts?

A. Periradicular.
B. Dentigerous.
C. Residual.
D. Lateral periodontal.

117. Intermittent painful swelling in the submandibular region that increases at mealtime is indicative of

A. a ranula.
B. a blockage of Wharton's duct.
C. Ludwig's angina.
D. a blockage of Stensen's duct.
E. an epidemic parotitis.

113. A patient with pain, fever and unilateral parotid swelling following a general anesthetic most likely has

A. Mumps.
B. sialolithiasis.
C. acute bacterial sialadenitis.
D. Sjögren’s syndrome.
E. sarcoidosis.

118. Hyperplastic lingual tonsils may resemble which of the following?

A. Epulis fissuratum.
B. Lingual varicosities.
C. Squamous cell carcinoma.
D. Median rhomboid glossitis.
E. Prominent fungiform papillae.

114. Which of the following sites for squamous cell carcinoma has the best prognosis?

A. Lower lip.
B. Retromolar area.
C. Gingiva.
D. Buccal mucosa.
E. Hard palate.

119. Erythroblastosis fetalis may be a cause of

A. supernumerary incisors.
B. pigmented teeth.
C. peg lateral incisors.
D. Fordyce's granules.
E. blue sclerae.
120. Radiographically, the opening of the incisive canal may be misdiagnosed as a

1. branchial cyst.
2. nasopalatine cyst.
3. nasolabial cyst.
4. periradicular cyst.

A. (1) (2) (3)
B. (1) and (3)
C. (2) and (4)
D. (4) only
E. All of the above.

121. Which gingival manifestation(s) would be expected in a patient with a blood dyscrasia?

1. Enlargement.
2. Bleeding.
3. Ulceration.
4. Atrophy.

A. (1) (2) (3)
B. (1) and (3)
C. (2) and (4)
D. (4) only
E. All of the above.

122. In the bisecting angle principle of intraoral radiography, the radiopacity that can obliterate the apices of maxillary molars is the

A. maxillary sinus.
B. palatine bone and the zygoma.
C. orbital process of the zygomatic bone.
D. zygoma and the zygomatic process of the maxilla.

123. Radiographically, the lamina dura is a

A. thick layer of bone forming the inner surface of the alveolus.
B. thin radiolucent line around the roots of the teeth.
C. thick layer of cortical bone.
D. thin radiopaque line around the roots of the teeth.

124. On bite-wing radiographs of adults under the age of 30, the normal alveolar crest is

A. at the cementoenamel junction.
B. 1-2mm apical to the cementoenamel junction.
C. 3-4mm apical to the cementoenamel junction.
D. not clearly distinguishable.

125. A 23 year old female complains of bilateral stiffness and soreness in the preauricular region. Her symptoms have been present for the past week and are most pronounced in the morning. The most likely cause is

A. fibrous ankylosis of the temporomandibular joints.
B. nocturnal bruxism.
C. early osteoarthritis.
D. mandibular subluxation.

126. The apical region of a non-vital tooth with a deep carious lesion may radiographically show

1. widening of the periodontal space.
2. loss of lamina dura.
3. a circumscribed radiolucency.
4. calcification of the periodontal membrane.

A. (1) (2) (3)
B. (1) and (3)
C. (2) and (4)
D. (4) only
E. All of the above.

127. A radiopaque area within the alveolar process containing several rudimentary teeth suggests a/an

A. periapical cemento-osseous dysplasia.
B. ameloblastoma.
C. compound odontoma.
D. complex odontoma.
E. Pindborg tumor.
128. On a bite-wing radiograph of posterior teeth, which of the following is most likely to be misdiagnosed as proximal caries?

A. Cemento-enamel junction.
B. Marginal ridge.
C. Carabelli cusp.
D. Calculus.
E. Cemental tear.

129. A well circumscribed 3mm radiolucent lesion is present in the apical region of the mandibular second premolar. The tooth responds normally to vitality tests. The radiolucency is most likely

A. a periradicular periodontitis.
B. a dentigerous cyst.
C. a rarefying osteitis.
D. the mental foramen.

130. A patient complains of acute pain 24 hours after the insertion of a restoration in a tooth with no preexisting periapical pathology. The tooth is vital and tender to percussion. The radiograph will show

A. an apical radiolucency.
B. acute osteitis.
C. root resorption.
D. condensing osteitis.
E. normal lamina dura.

131. Which of the following foods is the most cariogenic?

A. Cheese.
B. Dark chocolate.
C. Jam.
D. Toffee.

132. During tooth development, vitamin A deficiency may result in

A. peg-shaped teeth.
B. partial anodontia (hypodontia).
C. Hutchinson's incisors.
D. enamel hypoplasia.
E. dentinogenesis imperfecta.

133. Dietary deficiency of vitamin D can result in

A. abnormal formation of osteoid.
B. osteitis fibrosa cystica.
C. Paget's disease.
D. myositis ossificans.
E. osteogenesis imperfecta.

134. The most important objective of occlusal adjustment of a natural dentition is to

A. prevent temporomandibular joint syndrome.
B. increase the shearing action in mastication.
C. improve oral hygiene by preventing food impaction.
D. achieve a more favorable direction and distribution of forces of occlusion.

135. Which of the following is the greatest risk factor for rampant caries in children?

A. Frequent ingestion of polysaccharides.
B. Frequent ingestion of high sucrose-containing foods.
C. Severe enamel hypoplasia.
D. Deficiency of vitamin D.
136. A 45 year old, overweight man reports that his wife complains that he snores. The initial management of the patient’s snoring problem is to

A. fabricate an appliance to reduce snoring.
B. fabricate restorations to increase the patient’s vertical dimension of occlusion.
C. refer for an orthognathic surgery consultation.
D. refer for a sleep assessment.

137. Necrotizing ulcerative gingivitis (NUG) and acute herpetic gingivostomatitis can be differentiated clinically by (the)

A. location of the lesions.
B. temperature of the patient.
C. pain.
D. lymphadenopathy.

138. In restoring occlusal anatomy, the protrusive condylar path inclination has its primary influence on the morphology of

A. cusp height.
B. anterior teeth only.
C. mesial inclines of maxillary cusps and distal inclines of mandibular cusps.
D. mesial inclines of mandibular cusps and distal inclines of maxillary cusps.