

# INBDE

# Practice Questions

<b>Patient</b>
Female, 10 years old
<b>Chief Complaint</b>
"My daughter is here for her regular check up."
<b>Background and/or Patient History</b>
<b>Current Findings</b>

Which permanent tooth is least likely to spontaneously erupt?



- A. 2
- B. 5
- C. 6
- D. 29

**Key: C**  
**CC07, CC08, CC14**  
**FK4**  
**Field Test A**

<b>Patient</b>
Male, 60 years old
<b>Chief Complaint</b>
“My gums are bleeding for no apparent cause.”
<b>Background and/or Patient History</b>
Prosthetic heart valve Medications: lithium (Lithobid®) metformin (Glucophage®) atorvastatin (Lipitor®) warfarin (Coumadin®)
<b>Current Findings</b>
Vital signs stable No acute distress Spontaneous gingival bleeding INR: 5

Which mechanism of action most likely explains the current complaint?

- A. Vitamin K inhibition
- B. Direct thrombin inhibition
- C. Antithrombin III activation
- D. Platelet aggregation inhibition

**Key: A**  
**CC09, CC20**  
**FK8, FK1**  
**Field Test A**

<b>Patient</b>
Male, 32 years old
<b>Chief Complaint</b>
"My gums hurt over my front tooth."
<b>Background and/or Patient History</b>
Recurrent gingival lesion - outbreaks last 7-10 days
<b>Current Findings</b>
Vesicular lesion between teeth 9 and 10

Which is the best treatment for the labial buccal mucosal lesions?



- A. Dexamethasone elixir
- B. Nystatin suspension
- C. Tetracycline oral rinse
- D. Valacyclovir (Valtrex<sup>®</sup>) tablets

**Key: D**  
**CC19**  
**FK8**  
**Field Test A**

<b>Patient</b>
Male, 48 years old
<b>Chief Complaint</b>
"I've been in pain for two days and now my face is swollen,"
<b>Background and/or Patient History</b>
Hypertension Type 2 diabetes Penicillin allergy
<b>Current Findings</b>
Facial edema Lymphadenopathy Extensive apical radiolucency associated with tooth 6 Temp: 100.3 BP: 150/93 Blood glucose: 240 mg/dL

Where is the infection most likely located?

- A. Buccal vestibule
- B. Canine space
- C. Nasal cavity
- D. Pterygomaxillary space

**Key: B**  
**CC01, CC20, CC31**  
**FK1, FK2, FK5, FK7**  
**Field Test A**

<b>Patient</b>
Male, 48 years old
<b>Chief Complaint</b>
<p>"I've been in pain for two days and now my face is swollen,"</p> <p>Five days after starting the antibiotic, the patient called and said, "I have bad watery diarrhea, a high temp, and stomach cramps."</p>
<b>Background and/or Patient History</b>
<p>Hypertension</p> <p>Type 2 diabetes</p> <p>Penicillin allergy</p>
<b>Current Findings</b>
<p>Facial edema</p> <p>Lymphadenopathy</p> <p>Extensive apical radiolucency associated with tooth 6</p> <p>Temp: 100.3</p> <p>BP: 150/93</p> <p>Blood glucose: 240 mg/dL</p>

The most appropriate next step would be to:

**(Progressive paired with Model Item 5)**

- A. discontinue current antibiotic and refer to physician.
- B. discontinue current antibiotic and substitute with azithromycin (Z-Pak®).
- C. recommend loperamide (Imodium®).
- D. recommend probiotics.

**Key: A**  
**CC19, CC20**  
**FK8**  
**Field Test A**

<b>Patient</b>
Male, 5 years old
<b>Chief Complaint</b>
<b>Background and/or Patient History</b>
<p>First dental examination two weeks ago                      Cooperation assessment: good                      Restorable caries on one or more primary molars in every quadrant</p>
<b>Current Findings</b>

After demonstration during the first restorative appointment, the next management technique would be:

- A. distraction.
- B. explanation.
- C. rationalization.
- D. sedation.

**Key: A**  
**CC14**  
**FK9**  
**Field Test A**

<b>Patient</b>
Female, 12 years old
<b>Chief Complaint</b>
"My mouth hurts."
<b>Background and/or Patient History</b>
Four first premolars extracted 24 hours ago.
<b>Current Findings</b>
No swelling

Post-treatment discomfort is best managed with:

- A. acetaminophen (Tylenol®).
- B. codeine.
- C. ibuprofen (Advil®).
- D. tramadol (Ultram®).

**Key: C**  
**CC21, CC33, CC38**  
**FK1, FK8**  
**Field Test A**



<b>Patient</b>
Male, 65 years old
<b>Chief Complaint</b>
"My tooth has turned dark grey."
<b>Background and/or Patient History</b>
Prosthetic heart valve Medications: warfarin (Coumadin®)
<b>Current Findings</b>
Necrotic tooth 24 Not responding to cold No swelling present INR: 3

Before extracting tooth 24, which one of the following is the best option?

- A. No antibiotic administration is required.
- B. Amoxicillin 2 grams should be taken 30 minutes to 60 minutes before procedure.
- C. Warfarin (Coumadin®) should be discontinued the morning before procedure.
- D. Clarithromycin (Biaxin®) 500 milligrams should be taken 30 minutes to 60 minutes before procedure.

**Key: B**  
**CC01**  
**FK3**  
**Field Test A**

<b>Patient</b>
Male, 35 years old
<b>Chief Complaint</b>
"I've had a metallic taste in my mouth for the past few days."
<b>Background and/or Patient History</b>
<p>Good oral hygiene                  Several implants                  Several restorations recently completed:</p> <ul style="list-style-type: none"> <li>• Gold crown on tooth 2</li> <li>• MOD amalgam on tooth 3</li> <li>• Zirconia crown on tooth 4</li> <li>• PFM bridge on teeth 29 to 31</li> <li>• Good overall health</li> </ul>
<b>Current Findings</b>

What is most likely causing the chief complaint?

- A. Gold interfacing with amalgam
- B. PFM bridge
- C. Titanium implants
- D. Zirconia interfacing with amalgam

**Key: A**  
**CC01, CC46**  
**FK3, FK10**  
**Field Test A**

<b>Patient</b>
Male, 9 years old
<b>Chief Complaint</b>
Parent: "My son was hit in the face with a baseball and he's bleeding and missing teeth!"
<b>Background and/or Patient History</b>
Type 1 diabetes
<b>Current Findings</b>

Which is most important to ask the parent first?

- A. "Did the child lose consciousness?"
- B. "Do you have the teeth?"
- C. "When did the child last eat?"
- D. "When did the injury occur?"

**Key: A**  
**CC19, CC31, CC38**  
**FK2, FK 5, FK7**  
**Field Test A**

<b>Patient</b>
Male, 14 years old
<b>Chief Complaint</b>
"I can't seem to get rid of the sores at the corners of my mouth."
<b>Background and/or Patient History</b>
Painful lesion - recurrent, never go away entirely
<b>Current Findings</b>

The most appropriate treatment is:



- A. acyclovir (Zovirax®) cream.
- B. amantadine (Symmetrel®).
- C. amlexanox (Aphthasol®).
- D. nystatin and triamcinolone (Mycolog®-II) cream.

**Key: D**  
**CC09, CC19**  
**FK8**  
**Field Test A**

<b>Patient</b>
Male, 65 years old
<b>Chief Complaint</b>
"My mouth has been dry for over a month."
<b>Background and/or Patient History</b>
Previous endocarditis Medications: warfarin (Coumadin®)
<b>Current Findings</b>
Tooth 24 is missing incisal 1/3, INR: 3

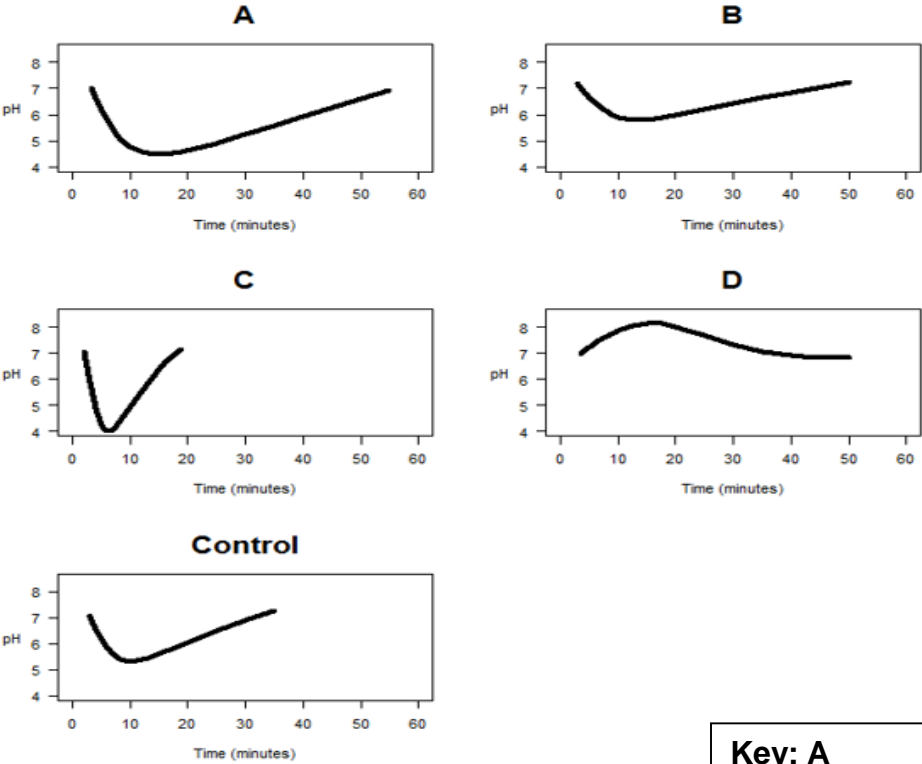
Before performing a crown lengthening surgery, which one of the following is the best option?

- A. No antibiotic administration is required.
- B. Amoxicillin 2 grams should be taken 30 minutes to 60 minutes before procedure.
- C. Warfarin (Coumadin®) should be discontinued the morning before procedure.
- D. Clarithromycin (Biaxin®) 500 milligrams should be taken 30 minutes to 60 minutes before procedure.

**Key: B**  
**CC19**  
**FK8**  
**Field Test A**

<b>Patient</b>
Female, 75 years old
<b>Chief Complaint</b>
“My gums hurt over my front tooth.”
<b>Background and/or Patient History</b>
Oropharyngeal cancer treated by radiation.
<b>Current Findings</b>

Which graph best shows the likely plaque pH response after drinking a sugary beverage?



**Key: A**  
**CC24**  
**FK1**  
**Presented to ADEA**

<b>Patient</b>
Male, 60 years old
<b>Chief Complaint</b>
“My gums bleed easily.”
<b>Background and/or Patient History</b>
Paroxysmal supraventricular tachycardia Pulmonary embolism Type 2 diabetes Hypertension Hyperlipidemia Medications: metformin (Glucophage®) atorvastatin (Lipitor®) warfarin (Coumadin®) aspirin 81 mg daily
<b>Current Findings</b>
BP: 145/90 Diffuse gingival bleeding

Which mechanism of action most likely explains the chief complaint?

- A. Antithrombin III inactivation
- B. Coagulation activation
- C. Thrombin inhibition
- D. Vitamin K antagonism

**Key: D**  
**CC020**  
**FK8**

<b>Patient</b>
Male, 60 years old
<b>Chief Complaint</b>
“My gums bleed easily.”
<b>Background and/or Patient History</b>
Paroxysmal supraventricular tachycardia Pulmonary embolism Type 2 diabetes Hypertension Hyperlipidemia Medications: metformin (Glucophage®) atorvastatin (Lipitor®) warfarin (Coumadin®) aspirin 81 mg daily
<b>Current Findings</b>
BP: 145/90 Diffuse gingival bleeding

Which test would provide a definitive diagnosis of the complaint?

- A. Bleeding time
- B. International normalization ratio
- C. Partial thromboplastin time
- D. Platelet count
- E. Serum vitamin K

**Key: B**  
**CC01, CC20**  
**FK1**



<b>Patient</b>
Male, 48 years old
<b>Chief Complaint</b>
"I've been in pain for two days and now my face is swollen."
<b>Background and/or Patient History</b>
Hypertension Type 2 diabetes Penicillin allergy
<b>Current Findings</b>
Facial edema Lymphadenopathy Extensive apical radiolucency associated with tooth 6 Temp: 100.3 F BP: 150/93 Blood glucose 240 mg/dL

The most appropriate antimicrobial agent is:

- A. amoxicillin and clavulanate (Augmentin<sup>®</sup>).
- B. cephalexin (Keflex<sup>®</sup>).
- C. clindamycin (Cleocin<sup>®</sup>).
- D. metronidazole (Flagyl<sup>®</sup>).

**Key: C**  
**CC19, CC31, CC38**  
**FK1, FK2, FK5, FK7**

<b>Patient</b>
Male, 9 years old
<b>Chief Complaint</b>
Parent: "My son was hit in the face with a baseball and he's bleeding and missing teeth!"
<b>Background and/or Patient History</b>
Type 1 diabetes
<b>Current Findings</b>

Which screening radiograph would be most helpful in diagnosing a mandibular fracture?

- A. Bitewing
- B. Lateral cephalogram
- C. Panoramic
- D. Periapical

**Key: C**  
**CC08, CC38**  
**FK1, FK2**

<b>Patient</b>
Male, 9 years old
<b>Chief Complaint</b>
Parent: "My son was hit in the face with a baseball and he's bleeding and missing teeth!"
<b>Background and/or Patient History</b>
Type 1 diabetes
<b>Current Findings</b>

Reimplantation is desired. What is the best way to protect permanent teeth after avulsion?

- A. Place back into the sockets
- B. Place under the tongue
- C. Put in a cup of milk
- D. Wrap in a wet napkin

**Key: A**  
**CC36, CC38**  
**FK1, FK5, FK6**

<b>Patient</b>
Male, 9 years old
<b>Chief Complaint</b>
Parent: "My son was hit in the face with a baseball and he's bleeding and missing teeth!"
<b>Background and/or Patient History</b>
Type 1 diabetes
<b>Current Findings</b>

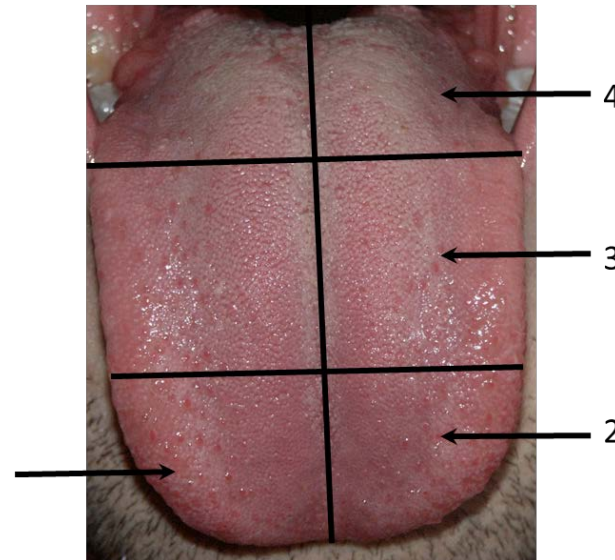
The fractured fragment of tooth 7 has not been found. What is the first step?

- A. Administer appropriate pulp therapy
- B. Ask the parent if there was a pre-existing fracture
- C. Evaluate pulpal status
- D. Radiographic image of lower lip

**Key: B**  
**CC01, CC03, CC06,**  
**CC08, CC31, CC32,**  
**CC38**  
**FK1, FK2**

<b>Patient</b>
Male, 38 years old
<b>Chief Complaint</b>
"I haven't been able to taste on the left side of my tongue for the past three days."
<b>Background and/or Patient History</b>
Left inferior alveolar nerve block during a prior dental treatment
<b>Current Findings</b>

Where would a loss of taste be expected?



- A. 1 and 2
- B. 2 and 3
- C. 3 and 4
- D. 2, 3, and 4

Key: B  
CC21  
FK1, FK2

<b>Patient</b>
Male, 75 years old
<b>Chief Complaint</b>
"I'm here to have my filling done
<b>Background and/or Patient History</b>
Atrial fibrillation Medications: dabigatran (Pradaxa®) metoprolol (Toprol®)
<b>Current Findings</b>

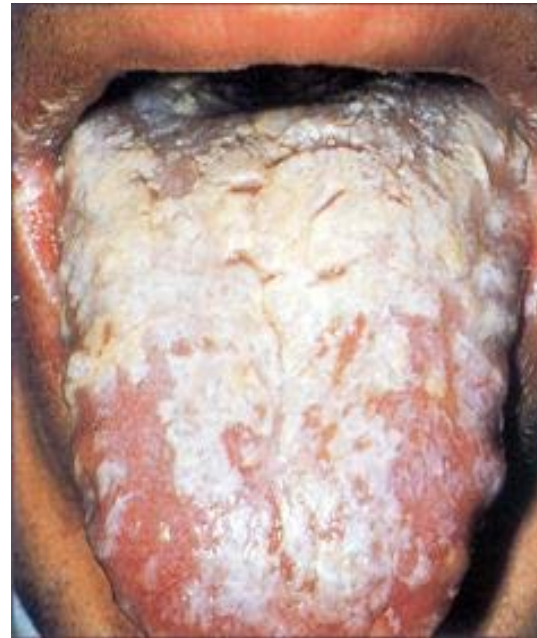
The procedure results in a carious exposure of the pulp. The patient chooses to have the tooth extracted. What is the next step at this appointment?

- A. Discontinue dabigatran (Pradaxa®) the morning of the appointment.
- B. Obtain an INR the morning of the procedure.
- C. Proceed without treatment modification.
- D. Use 2% lidocaine (Xylocaine®) with 1:50,000 epinephrine.

**Key: C**  
**CC20**  
**FK6, FK8**

<b>Patient</b>
Male, 37years old
<b>Chief Complaint</b>
"I have white stuff on my tongue."
<b>Background and/or Patient History</b>
Recurrent low grade fever, fatigue, periodically feels cold and a little ill
<b>Current Findings</b>
White coating can be wiped off

What is the etiology of this condition?



- A. Bacterial infection
- B. Fungal infection
- C. Viral infection
- D. Vitamin B12 deficiency

**Key: B**  
**CC42**  
**FK7**

A drug has a half-life of 4 hours. Upon discontinuing the drug:

- A. 87% will be eliminated in 8 hours.
- B. 90% will be eliminated in 24 hours.
- C. 94% will be eliminated in 12 hours.
- D. 94% will be eliminated in 16 hours.

**Key: C**  
**CC20**  
**FK6, FK8**



<b>Patient</b>
Male, 65 years old
<b>Chief Complaint</b>
“A year ago I lost the filling in my back tooth.”
<b>Background and/or Patient History</b>
Smokes tobacco – 40 pack years Dental phobia Medications: hydrochlorothiazide (Microzide®) rosuvastatin (Crestor®) aspirin 81 mg
<b>Current Findings</b>
BP: 170/100 Height: 6' 1" Weight: 325 lbs

Physician referral is most urgent for the treatment of:

- A. anxiety.
- B. hypertension.
- C. obesity.
- D. smoking.

**Key: B**  
**CC01, CC10**  
**FK6, FK8**

When making decisions about patient treatment, which type of study provides the strongest evidence?

- A. Case control
- B. Cohort
- C. Double-blind randomized
- D. Evidence summary
- E. Systematic review

**Key: E**  
**CC??**  
**FK10**

<b>Patient</b>
Male, 60 years old
<b>Chief Complaint</b>
“My gums are bleeding with no apparent cause.”
<b>Background and/or Patient History</b>
Type 2 diabetes Medications: lithium (Lithobid®) metformin (Glucophage®) atorvastatin (Lipitor®) dabigatran (Pradaxa®)
<b>Current Findings</b>
Vital signs stable No acute distress Spontaneous gingival bleeding Blood glucose: 90 mg/dL

Which mechanism of action most likely explains the current complaint?

- A. Vitamin K inhibition
- B. Direct thrombin inhibition
- C. Antithrombin III activation
- D. Platelet aggregation

**Key: B**  
**CC??**  
**FK?**

Which anatomical structure is indicated by the arrow?



- A. Tooth 1
- B. Tooth 2
- C. Tooth 16
- D. Tooth 17

Key: D  
CC??  
FK?

<b>Patient</b>
Male, 12 years old
<b>Chief Complaint</b>
"My teeth are crooked."
<b>Background and/or Patient History</b>
<b>Current Findings</b>

Which permanent tooth is most likely to erupt next?



- A. Tooth marked by a
- B. Tooth marked by b
- C. Tooth marked by c
- D. Tooth marked by d

Key: D  
 CC??  
 FK?

<b>Patient</b>
Male, 45 years old
<b>Chief Complaint</b>
“My teeth look bad and are loose. I also have a sore throat and don’t feel good.”
<b>Background and/or Patient History</b>
Smoker (cigarettes), 12 pack-year history Factory worker
<b>Current Findings</b>
Temp: 101 F Malaise for 4-5 days Bilateral tender anterior cervical lymph nodes Bilateral enlargement of tonsils

The bilateral radiopacity inferior to the mandible is the:

- A. calcified carotid artery.
- B. clavicle.
- C. hyoid bone.
- D. laryngeal skeleton.

**Key: C**  
**CC07**  
**FK?**

<b>Patient</b>
Male, 57 years old
<b>Chief Complaint</b>
"I need a check up"
<b>Background and/or Patient History</b>
<b>Current Findings</b>
Non-cavitated demineralized lesion on the occlusal surface of tooth 13

The most appropriate management is:

- A. amalgam restoration.
- B. monitor lesion at subsequent visits.
- C. resin restoration.
- D. sealant.

**Key: D**  
**CC12**  
**FK?**

<b>Patient</b>
Female, 61 years old
<b>Chief Complaint</b>
"I didn't want to miss my appointment but I don't feel good. I have a fever, cough, and I can't catch my breath."
<b>Background and/or Patient History</b>
Diagnosed with H3N2 strain influenza Osteoarthritis Dysplastic nevus syndrome Fractured right ankle repaired with bone plates and screws, 1 year ago Melanoma removed from left shoulder, 3 years ago Medications: acetaminophen (Tylenol®) meloxicam (Mobic®) tramadol (Ultram®)
<b>Current Findings</b>
Temp: 101.4 F

Which statement is correct regarding the prior skin tumor?

- A. The depth of invasion is not important in establishing prognosis.
- B. It is formed by malignant Langerhans cells.
- C. It is often associated with chronic actinic damage.
- D. It often has well demarcated borders.

**Key: C**  
**CC13**  
**FK?**



A patient has a maximum opening of 25mm. Each of the following could be a contribution. Which is the EXCEPTION?

- A. Condylar ankylosis
- B. Fatigue of the masseter muscle
- C. Hypertrophy of the coronoid process
- D. Pericoronitis

Key: B  
CC05  
FK?

<b>Patient</b>
Male, 45 years old
<b>Chief Complaint</b>
“My teeth look bad and are loose. I also have a sore throat and don’t feel good.”
<b>Background and/or Patient History</b>
Smoker (cigarettes), 12 pack-year history Factory worker
<b>Current Findings</b>
Temp: 101 F Malaise for 4-5 days Bilateral tender anterior cervical lymph nodes Bilateral enlargement of tonsils

The dentist refers the patient to his physician for the complaint of a sore throat. The patient is given a prescription for amoxicillin (Amoxil®), which is taken by the patient for the next three days. The patient returns two weeks later with complaints of pain in multiple joints and an epidermal rash on his trunk area. What is the most likely cause of these new signs and symptoms?

- A. An allergy to amoxicillin (Amoxil®)
- B. Bacterial endocarditis
- C. Erythema multiforme
- D. Rheumatic fever

**Key: D**  
**CC02**  
**FK?**

<b>Patient</b>
Male, 53 years old
<b>Chief Complaint</b>
“I don’t like the way I look. I want dentures.”
<b>Background and/or Patient History</b>
<p>Cardiac bypass surgery, 3 years ago  Right hip replacement, 5 years ago  Prostate adenocarcinoma, 3 years ago  Anxiety and Depression  GERD  Post-cancer osteoporosis</p> <p>Medications:  alprazolam (Xanax®)  bupropion (Wellbutrin®)  clopidogrel (Plavix®)  omeprazole (Prilosec®)  simvastatin (Zocor®)  zoledronic acid (Zometa®)</p> <p>Has not seen a dentist in 25 years  Smoker (cigarettes), 30 pack-year history</p>
<b>Current Findings</b>
Decayed and missing front teeth with periodontitis Sensitivity to cold in upper posterior left quadrant Xerostomia

Definitive management of the lesion would include:

- A. an antifungal agent.
- B. exfoliative cytology.
- C. incisional biopsy.
- D. tobacco cessation treatment.

**Key: C**  
**CC04**  
**FK?**

<b>Patient</b>
Male, 45 years old
<b>Chief Complaint</b>
“My teeth look bad and are loose. I also have a sore throat and don’t feel good.”
<b>Background and/or Patient History</b>
Smoker (cigarettes), 12 pack-year history Factory worker
<b>Current Findings</b>
Temp: 101 F Malaise for 4-5 days Bilateral tender anterior cervical lymph nodes Bilateral enlargement of tonsils

Which is the most likely cause of the oropharyngeal signs and symptoms?

- A. Hand, foot, and mouth viral infection
- B. Mononucleosis
- C. Streptococcal pharyngitis
- D. Varicella zoster infection

**Key: C**  
**CC05**  
**FK?**

A patient expresses the desire to quit smoking after a 40 pack-year history. Each of the following would be an appropriate action EXCEPT one. Which is the EXCEPTION?

- A. Prescribe a nicotine (NicoDerm-CQ<sup>®</sup>) patch
- B. Recommend hypnosis
- C. Recommend nicotine (Nicorette<sup>®</sup>) chewing gum
- D. Recommend use of a smokeless tobacco

Key: D  
CC13  
FK?

<b>Patient</b>
Male, 48 years old
<b>Chief Complaint</b>
“My jaw hurts when I chew, and I cannot open wide.”
<b>Background and/or Patient History</b>
No history of medical problems or medications Previous dental history: routine prophylaxis only Recently assumed an executive position in a large company
<b>Current Findings</b>
Maximum opening is 20mm Sensitivity to palpation of masseter, temporalis, and pterygoid muscles

The initial treatment should include each of the following EXCEPT one. Which is the EXCEPTION?

- A. Bite plane splint therapy
- B. Diet modification
- C. Minor occlusal adjustment
- D. Muscle relaxant prescription

**Key: C**  
**CC05**  
**FK?**

<b>Patient</b>
Female, 59 years old
<b>Chief Complaint</b>
“I have many missing teeth and several more are loose. My mouth is also dry.”
<b>Background and/or Patient History</b>
Hypertension Medications: aspirin 81 mg hydrochlorothiazide/triamterene (Dyazide®) Works in the shoe section of a department store
<b>Current Findings</b>
Height: 5' 9" Weight: 140 lbs BP: 123/78 New patient presents for an initial examination Missing many teeth Several remaining teeth exhibit class 1-2 mobility Wants to save as many teeth as possible Willing to consider upper and lower partial dentures Intraoral examination reveals profound mucosal dryness Manipulation of major salivary gland ducts fails to produce saliva

The bilateral radiopacities are:

- A. amalgam tattoos.
- B. artifacts.
- C. remnants from iatrogenic dentistry.
- D. rigid fixation from trauma.

**Key: B**  
**CC07**  
**FK?**

<b>Patient</b>
Male, 45 years old
<b>Chief Complaint</b>
“My teeth look bad and are loose. I also have a sore throat and don’t feel good.”
<b>Background and/or Patient History</b>
Smoker (cigarettes), 12 pack-year history Factory worker
<b>Current Findings</b>
Temp: 101 F Malaise for 4-5 days Bilateral tender anterior cervical lymph nodes Bilateral enlargement of tonsils

Which mechanism results in the soft tissue condition identified in the intraoral exam?

- A. Activation of cellular autophagy to decrease apoptosis
- B. Binding of proinflammatory-related receptors on myeloid cells
- C. Increased production of the osteoblastogenesis-related factors
- D. Upregulation of receptor antagonists against enzyme activity by *Porphyromonas gingivalis*

**Key: B**  
**CC20**  
**FK?**



What is the greatest threat to pulp vitality during preparation of a tooth?

- A. Bacteria
- B. Desiccation
- C. Heat
- D. Pressure

**Key: C**  
**CC19**  
**FK?**

Which base or liner may interfere with the polymerization of a resin composite restoration?

- A. Calcium hydroxide
- B. Copolymer
- C. Glass ionomer
- D. Zinc oxide eugenol

Key: D  
CC28  
FK?

Each of the following is true of taurodontism EXCEPT one. Which is the EXCEPTION?

- A. Larger pulp chamber due to occlusally displaced furcation
- B. Occurs in patients with amelogenesis imperfecta and Down syndrome
- C. Permanent and primary teeth may be affected
- D. Unusual root shape due to late invagination of Hertwig's root sheath

**Key: A**  
**CC32**  
**FK?**

<b>Patient</b>
Male, 45 years old
<b>Chief Complaint</b>
“My teeth look bad and are loose. I also have a sore throat and don’t feel good.”
<b>Background and/or Patient History</b>
Smoker (cigarettes), 12 pack-year history Factory worker
<b>Current Findings</b>
Temp: 101 F Malaise for 4-5 days Bilateral tender anterior cervical lymph nodes Bilateral enlargement of tonsils

Periodontal findings in the mandibular anterior region demonstrate a correlation between:

- A. erythema and smoking history.
- B. original margin position and post-therapy gingival margin position.
- C. probing depths and radiographic findings.
- D. soft tissue contours and local factors.

**Key: D**  
**CC20**  
**FK?**

<b>Patient</b>
Male, 16 years old, accompanied by parent
<b>Chief Complaint</b>
"I am here for my cleaning."
<b>Background and/or Patient History</b>
Medications: albuterol (Proventil®)
<b>Current Findings</b>
White plaque covering the areas of the posterior hard and soft palatal mucosa

The best diagnosis is:

- A. candidosis.
- B. herpangina.
- C. mononucleosis.
- D. streptococcal pharyngitis.

**Key: A**  
**CC37**  
**FK?**

**Patient**

Female, 59 years old

**Chief Complaint**

“I have many missing teeth and several more are loose. My mouth is also dry.”

**Background and/or Patient History**

Hypertension

Medications:

aspirin 81 mg

hydrochlorothiazide/triamterene  
(Dyazide®)

Works in the shoe section of a department store

**Current Findings**

Height: 5' 9"

Weight: 140 lbs

BP: 123/78

New patient presents for an initial examination

Missing many teeth

Several remaining teeth exhibit class 1-2 mobility

Wants to save as many teeth as possible

Willing to consider upper and lower partial dentures

Intraoral examination reveals profound mucosal dryness

Manipulation of major salivary gland ducts fails to produce saliva

Management of the most common opportunistic infection in this case includes which drug?

- A. Carbamazepine (Tegretol®).
- B. Cephalexin (Keflex®).
- C. Clonazepam (Klonopin®).
- D. Clotrimazole (Mycelex®).

**Key: D**  
**CC24**  
**FK?**

**Patient**

Female, 25 years old

**Chief Complaint**

“My upper left back tooth has been sensitive to hot, cold and chewing. I woke up in pain last night.”

**Background and/or Patient History**

Has not seen a dentist for five years  
Expresses a strong desire to maintain her teeth

**Current Findings**

Apical radiolucency tooth 15, no swelling

What is the most appropriate emergency treatment?

- A. Antibiotics and NSAIDs
- B. Occlusal adjustment and NSAIDs
- C. Pulpectomy and antibiotics
- D. Pulpectomy and NSAIDs

**Key: D**  
**CC17**  
**FK?**

<b>Patient</b>
Male, 75 years old
<b>Chief Complaint</b>
"I have a painful burning sensation on my tongue and on the roof of my mouth."
<b>Background and/or Patient History</b>
Hepatitis C, diagnosed 20 years ago Insomnia GERD Incontinence Gout Surgery for benign prostatic hyperplasia, 2 years ago Replacement of left proximal thumb joint due to osteoarthritis, 1.5 years ago Medications: allopurinol (Zyloprim®) esomeprazole (Nexium®) solifenacin (Vesicare®) trazodone (Desyre®) Allergies: penicillin - urticaria Smoker (cigarettes), 40 pack-year history Farmer for 55 years
<b>Current Findings</b>
Height: 6' 2" Weight: 190 lbs BP: 135/68 Burning sensation involved his dorsal tongue and palate for the past 5 years Symptoms are worse late in the day Past treatment with nystatin has not resulted in relief Dorsal glossal and palatal mucosae reveals no clinical abnormality

The patient's physician prescribed cephalexin (Keflex®) 2 gm, to be taken prior to the dental treatment. The patient presents to the dental office with a rash and itching on the chest, neck, and arms. Each of the following is an appropriate next step EXCEPT one. Which is the EXCEPTION?

- Administer diphenhydramine (Benadryl®) and monitor the patient
- Contact the patient's physician to discuss options for treating the patient
- Recommend clindamycin (Cleocin®) if an antibiotic is needed for future dental treatment
- Decrease the dose of cephalexin (Keflex®) to 1 gm prior to dental treatment

**Key: D**  
**CC15**  
**FK?**



<b>Patient</b>
Female, 45 years old
<b>Chief Complaint</b>
"I want to get my teeth checked."
<b>Background and/or Patient History</b>
New patient Self-proclaimed dental phobia History of infrequent dental care Suffered traumatic dental treatment experience as a child
<b>Current Findings</b>
Oral and radiographic examination reveal multiple caries

What should be the first action for the dentist to take after the initial oral diagnosis and treatment plan discussion?

- A. Encourage the patient to discuss previous traumatic dental experiences.
- B. Refer the patient for behavioral therapy prior to initiating dental treatment.
- C. Schedule the patient for restorative procedures in one appointment.
- D. Schedule the patient for restorative procedures under conscious sedation.

**Key: A**  
**CC17**  
**FK?**

<b>Patient</b>
Male, 1 year old, accompanied by mother
<b>Chief Complaint</b>
Mother: "My son fell and a baby tooth came out."
<b>Background and/or Patient History</b>
Has never seen a dentist before, but family members are patients of record
<b>Current Findings</b>
Tooth E has avulsed and is in a cup of milk

Which action should be performed by the dentist?

- A. Curette the socket and suture the site.
- B. Inspect the socket and reassure the mother and infant.
- C. Reimplant the tooth and splint to adjacent teeth.
- D. Reimplant the tooth but do not splint.

**Key: B**  
**CC37**  
**FK?**

<b>Patient</b>
Female, 30 years old
<b>Chief Complaint</b>
"I want my teeth fixed before getting pregnant."
<b>Background and/or Patient History</b>
Duodenal ulcer Medications: antacids oral contraceptives Extractions prior to orthodontic treatment 10 years since last dental visit
<b>Current Findings</b>
Missing and carious teeth Gingival swelling and erythema around tooth 17 Bilateral tenderness in muscles of mastication

There are four posterior teeth present in the mandibular left quadrant. One tooth has five cusps, two teeth have four cusps, and another tooth has three cusps. Which tooth is missing?

- A. 18
- B. 19
- C. 20
- D. 21

**Key: D**  
**CC26**  
**FK?**

<b>Patient</b>
Male, 75 years old
<b>Chief Complaint</b>
"I have a painful burning sensation on my tongue and on the roof of my mouth."
<b>Background and/or Patient History</b>
Hepatitis C, diagnosed 20 years ago Insomnia GERD Incontinence Gout Surgery for benign prostatic hyperplasia, 2 years ago Replacement of left proximal thumb joint due to osteoarthritis, 1.5 years ago Medications: allopurinol (Zyloprim®) esomeprazole (Nexium®) solifenacin (Vesicare®) trazodone (Desyrel®) Allergies: penicillin - urticaria Smoker (cigarettes), 40 pack-year history Farmer for 55 years
<b>Current Findings</b>
Height: 6' 2" Weight: 190 lbs BP: 135/68 Burning sensation involved his dorsal tongue and palate for the past 5 years Symptoms are worse late in the day Past treatment with nystatin has not resulted in relief Dorsal glossal and palatal mucosae reveals no clinical abnormality

The patient asks about replacement of his missing teeth. What is the most appropriate response?

- A. "It will help stabilize your bite."
- B. "Replacement isn't essential."
- C. "Replacing those teeth will improve esthetics."
- D. "Your medical condition precludes replacement."

**Key: B**  
**CC38**  
**FK?**

<b>Patient</b>
Male, 5 years old, accompanied by parents
<b>Chief Complaint</b>
Parents: "We are here for our son's initial exam."
<b>Background and/or Patient History</b>
Duchenne muscular dystrophy, an X-linked recessive disorder, diagnosed 3 years ago Difficulty swallowing Lives in area with fluoridated water Parents assist with brushing teeth, twice daily
<b>Current Findings</b>
Occlusal caries noted on tooth T Gingival swelling distal to tooth T

If the patient's father is unaffected and the mother is a carrier, what is the expected incidence of siblings NOT being phenotypically affected?

- A. 12.5%
- B. 25%
- C. 50%
- D. 75%
- E. 100%

**Key: D**  
**CC04**  
**FK?**

What poses the most prevalent risk of pathogen transmission in the dental office?

- A. Aerosals
- B. Dental instruments
- C. Environmental surfaces
- D. Hands

Key: D  
CC51  
FK?

OSHA's bloodborne pathogen standard requires healthcare employers to do each of the following EXCEPT one. Which is the EXCEPTION?

- A. Establish an exposure control plan.
- B. Implement the use of standard precautions.
- C. Make hepatitis C vaccinations available.
- D. Provide personal protective equipment.

Key: C  
CC44  
FK?

<b>Patient</b>
Male, 53 years old
<b>Chief Complaint</b>
"I don't like the way I look. I want dentures."
<b>Background and/or Patient History</b>
Cardiac bypass surgery, 3 years ago Right hip replacement, 5 years ago Prostate adenocarcinoma, 3 years ago Anxiety and Depression GERD Post-cancer osteoporosis Medications: alprazolam (Xanax®) bupropion (Wellbutrin®) clopidogrel (Plavix®) omeprazole (Prilosec®) simvastatin (Zocor®) zoledronic acid (Zometa®) Has not seen a dentist in 25 years Smoker (cigarettes), 30 pack-year history
<b>Current Findings</b>
Decayed and missing front teeth with periodontitis Sensitivity to cold in upper posterior left quadrant Xerostomia

Each of the following would be included in the treatment plan discussion EXCEPT one. Which is the EXCEPTION?

- A. "Do you understand that you might have to go without teeth for a while?"
- B. "The denture will allow you to chew much better than your natural teeth."
- C. "What do you expect your denture to do for you?"
- D. "You will need to return for regular follow-ups after the first phase of treatment."

**Key: B**  
**CC38**  
**FK?**



The most accurate predictor of financial stability during retirement is the:

- A. ability to time the market gains and losses.
- B. duration of time one has to invest.
- C. formation of a defined benefit pension plan.
- D. mix of stocks and bonds in one's portfolio.

**Key: B**  
**CC4**  
**FK?**

<b>Patient</b>
Female, 59 years old
<b>Chief Complaint</b>
“I have many missing teeth and several more are loose. My mouth is also dry.”
<b>Background and/or Patient History</b>
Hypertension Medications: aspirin 81 mg hydrochlorothiazide/triamterene (Dyazide®) Works in the shoe section of a department store
<b>Current Findings</b>
Height: 5' 9" Weight: 140 lbs BP: 123/78 New patient presents for an initial examination Missing many teeth Several remaining teeth exhibit class 1-2 mobility Wants to save as many teeth as possible Willing to consider upper and lower partial dentures Intraoral examination reveals profound mucosal dryness Manipulation of major salivary gland ducts fails to produce saliva

Each of the following is an appropriate patient management measure EXCEPT one. Which is the EXCEPTION?

- A. Antibiotic premedication prior to surgical procedures
- B. Respect for patient's autonomy
- C. Referral to a dental specialist
- D. Use of local anesthetic with epinephrine

**Key: A**  
**CC45**  
**FK?**