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2. Pharmacology

		:
1.	Which of the following conditions need prophylac	D. Suture 1
	a. Local anesthesiac. Routine tooth brushing.	d. Orthodontic band.
2.	Which of the following drugs used to decrease sa	liva during impression making.
	a. Anticholinergic agent.c. Antidiabetic.	b. Cholinergic.d. Anticorticosteroid.
3.	What is the action of atropine?	the mulae rate
	a. Dries secretion such salivac. Causes central nervous system depression.e. None of the above	b. Depresses the pulse rate.d. All the above
4.	Which of the following antibodies act by inhibiti	ng cell wall synthesis?
	a. Cefepime c. Erythromycin.	b. Amino glycosides.d. Doxycycline.
5.	All of the following are true about heparin excep	pt:
	a. Weakest acid found in living thingsc. Produce thrombocytopenia	b. Act via antithrombin activationd. All of the above
6.	Majority of drugs cross biological membranes p	rimarily by:
	a. Passive diffusion c. Active transport	b. Facilitated diffusiond. Pinocytosis
7.	What is the dosage of steriod in treatment of pe	mphigus?
	a) 1 mg/kg body weight c) 50-100 mg/kg body weight	b) 10-20 mg/kg body weight d) 1g/kg body weight
8.	Tetracycline will be impaired with which drug:	
	a. Chlorampenicolc. Heparin	b. Penicillin d. Sulfonamide
9.	Cardiovascular medications cause increase sal	iva secretion:
	a. True.	b. False.

2. Pharmacology 10. Treatment dosage of pemphigus vulgaris is: a. 1-2 g/kg prednisone daily b. 1 mg/kg prednisone daily c. 10 mg hydrocortisoned. d. 50- 100 mg hydrocortisone The antibiotic of choice in pregnant: a. Metronidazole. b. Penicillin. c Tetracycline. d. Erythromycin 12. Type I diabetes mellitus can be characterized as: a. Non-insulin-dependent. b. Adult- onset. c. Ketosis-prone diabetes d. Accompanied by normal cell activity. 13.. Phenotoin should not be given along with: a. Tetracycline b. Metronidazole. c. Pencillin d. All of the above 14. Calcium channel blockers cause increase saliva secretion: b. False. 15. The correct dose of corticosteroid daily dose for pemphigus vulgaris patient is: a. 1-2 g/kg/daily hydrocortisone. b. 50- 100 mg hydrocortisone. c. 1-2 mg hydrocortisone. d. 10 mg hydrocortisone. What is the treatment of patient with systemic candidasis, who is on long term antibiotic cause? a. Amphotrecin B b. Fluconazol d. None of the above c. Nystatin 17. Xylitol is sugar substitute which help in: b. Increase caries. a. Decrease caries. d. Decrease taste sensation c. Increase taste sensation 18. Patient with complete denture comes to your clinic, complaints about his dry mouth, the proper medicine is? b. Cholinergic. a. Anti diabetic medicine. d. Salivary substitutes c. Anticholinergic 19. Acyclovir dose for treatments of herpes simplex: b. 200 mg / 4 times a day

a. 200 mg / 5 times a day

c. 400 mg / 4 times a day

d. 800 mg / 4 times a day

20. Corticosteroids are useful in treatment of TMJ arthritis because they have:

a. An analgesic effect.

b. An anti inflammatory effect

c. Inhibitory effect on synovial membranes.

d. Analgesic and anti inflammatory effect

21. Trigeminal neuralgia treated by carbomizapine, the max dose per day divided in dosesis:

a. 200 mg

b. 500 mg

c. 1000 mg

d. 1200 mg

22. One of the following is non caloric sweetener:

b. Sorbitol.

c. Matitol.

a. Palatinit.

d. Sucralose.

Section II: Topicwise Questions 7			
23. Chlorhexidine is used as mouth wash in the con	ncentration of:		
23 Chlorhexidine is used as mouth was	c. 5-10% d. 20%		
a. 0.1-0.2%	ctive in eliminating angina episode?		
23. Chlorhexiame is not b. 1-2% a. 0.1-0.2% b. 1-2% a. 0.thorhexiame is not b. 1-2% a. 0.thorhexiame is not b. 1-2% b. Nifedipine.	c. Diltiazem d. None of the above		
24. Which of the following b. Nifedipine.	e anti sulphur volatile compounds are used in: c. 0.02%. d. 15%.		
The % of triclosan mouth rinse used against the	a. 0.02%. d. 15%.		
D 0.470.			
	enicilin:		
. ::ilin 50 mg kg IV 01 IIVI William			
 a. Ampletinit 50 mg/ kg 1 hr prior. b. Erythromycin 20 mg/ kg 1 hr prior. c. Clindamycin 20 mg/ kg (max 600 mg) orally 1 d. Cefepime 25 mg / kg 1 hour before. 	hr before.		
27. Drug used to increase saliva is:	c. Antidiabetic d. Anticorticosteroid		
a. Anticholinergic b. Cholinergic.	c. Antidiaoctic d. 7 milestresses and		
28. When do we give antibiotic?	b. Compromised host defence		
a. Widespread, rapid infectionc. Allergic reaction	d. a & b		
29. Treatment of fungal infections:	J. Nystotin		
a. Penicillin b. Metronidazole	c. Tetracycline d. Nystatin		
30. What is the dosage of prednisolone in treatment	of pemphigus patient?		
a) 10-20 mg/kg body weightc) 1 mg/kg body weight	b) 50-100 mg/kg body weight d) 1g/kg body weight		
31. Penicillin interferes with bacterial cell wall synt	hesis by:		
 a. Inhibiting synthesis of N-acetyl muramic acid p b. Inhibiting conjugation between N acetyl muran c. Inhibiting transpeptidases and carboxypeptidase d. Counterfeiting for D-alanine in the bacterial cel 	nic acid and N acetyl glucosamine es which cross link the peptidoglycan residues.		
32. Which of the following drugs is completely effect	tive in eliminating angina episode?		
a. Propranolol.	b. Nifedipine		
c. Diltiazem.	d. Transdermal nitroglycerin.		
33. Dylantin should not be given with:			
a. Azoles	b. Metronidazole		
c. a + b	d. None of the above		
34. The drug which induces gingival enlargement ex	xcept:		
a. Phenatoin b. Nefidipaine	c. Mafenamic acid d. Cyclosporine		
35. Penicillin allergy patient, which drug:	u. Cyclosporme		
a. Erythromycin,	h Azithmann		
c. Clarithromycin	b. Azithromycin, d. All the above		
36. Chlorexidine mechanism of action against the m	icro organism		
a. Membrane disruption			
c. Cell wall destruction	b. Protein coagulationd. None of the above		
Dento-Gulf: For Gulf Count	ries Licensing Examinations		
	Examinations		

b. Tetracycline

c. Cyclosporine

a. Penicillin

52. An bio inhibit cell biosynthesis:

52.	The longest	acting,	most	potent	and	most	toxic	LA	is:
	1110 10118 001			Potem			·		•15

a. Lidocaine.

a. 1 Hr

63. Antibiotics are most used in cases of:

a. Acute localized lesion

c. Both

d. None of the above

64. Ester type of local anesthesia secreted by:

a. Liver only

b. Kidney

c. Lung

d. All the above

65. Where does the breakdown of ester type LA occurs?

a. Kidneys

b. Liver

c. Lung

d. Plasma and liver

66. Aplastic anemia caused by:

a. Tetracycline.

b. Penicillin.

c. Erythromycin.

d. Sulfonamide.

67.	Maximum dose of xylocaine	e without adrenaline t	hat can be given in Co.	
	a. 500 mg.	o. 500 mg.	c. 400 mg	1 600
68.	Patient has anaphylactic sh	ock after taking penio	cillin. You have to give h	d. 600 mg.
	a. 0.5 mg epinephrine of 1/1 c. 200 mg hydrocortisone in	0000 intra venous. travenous.	b. Adrenaline 1/1000 in d. None of the above	ntra muscular.
69.	Medicine for candidiasis as	sociated with prolong	ged antibiotic therapy:	
	a. Sulphonates	b. Amphotericin	c. Fluconazole	d. nystatin
	1. a+b	2. b+c	3. b+d	4. a+d
70.	Sedation with laughing gas	will interfere with:		
		b. Vit B ₁₂	c. B ₆	d. Vit D
71.	Local anesthetic, which do	es not cause vasodila	tion:	
	a. Lignocaine.	b. Cocaine.	c. Bupivacaine.	d. Tetracaine.
72.	Nitrous oxide affects the fo	ollowing:		
,	a. Calcium	b. Vitamin B ₁₂	c. Phosphorus	d. RBC
73	Ester type of local anesthe	sia metabolized by:		
/5.	a. Liver only	b. Kidney	c. Lung	d. Plasma.
74.	m c II anima antihiotic i	is a first line treatm	ent of Mycobacterium	avium complex infection in AIDS
	patients:		c. Roxithromyxcin	d. Erythromycin
	a. Cindamycin	b. Clarithromycin		d. Ery anomy on
<i>75.</i>	What is the amount of xyl			1.26
	a. 2 mg/ml	b. 20 mg/ml	c. 1.8 mg/ml	d. 3.6 mg
76.	Ester group is not found i	in which LA?		
	a. Novocaine.	b. Orocaine.	c. Duocaine.	d. Carbocaine.
77.	LA mechanism of action i	is:	1 D	and ald
	a. Increase the threshold c. Same threshold			old only in amide type
<i>78.</i>	- Jose of lie	gnocaine without adr	enaline that can be ac	lmitted to a patient is:
	a. 4 mg / kg body wt. c. 7 mg / kg body wt.		b. 5 mg / kg body d. 9 mg / kg body	y wt.
79.	- to and the	gastric secretion:		
10.	a. Histamine A antigen eq	luivalent.	b. Histamine B ad. Adrenal steroi	ntigen equivalent. ds.
	c. Anticholenergic. Bronchial asthma epinep		subcutaneously:	
80.	Bronchial asthma epinep	b. 1/1000	c. 1/10000	d. 1/100000
	a. 1/100	0. 1/1000		
81.	Slowest L.A action:	1. Manivonine	c. Prolicaine	
	a. Bupivacaine	b. Mepivcaine	c, i foliounic	
82	Prevent platelet accumu a. Factor X	lation: b. Ca	c. Aspirin	

83.	First choice antibiotic for pregr	iant women:		1. No considerate
	a. Ampicillin	b. Tetracycline	c. Cephalexin	d. Metronidazole
84.	Which contraindicated with sic	kle cell anemia?		
	a. Aspirin	b. Acetaminophen	c. Opioid and pethidir	ne
85.	First sign to show if there is lid	locaine toxicity:		
	a. Bradycardia	b. Tachycardia	c. Cardiac fibrillation	
86.	What is the maximum of 2% li	docaine with 1:100000	epinephrine 80 kg pt?	
	a. 400 mg	b. 560 mg	c. 360 mg	d. 600 mg
87.	Child, 3 year old, 15 kg, what i	s the maximum carpu	le (local anesthesia) ca	n you give him:
	a 1-2 carpules	b. 2-3 carpules	c. 3-4 carpules	d. 4-5 carpules
88.	During injection of diazepa from burning sensation. Wha	m for patient has a	nxiety from dental tr	eatment, patient complain
	a. Large size diame needle c. Pr esent of saline in the solut		ent of methylen in the so	olution

EXPLANATION

1. Answer: d

Reference: Burket's Oral Medicine, 10th ed, page 381

Answer: a

3. Answer: a

Reference: K.D.Tripathi's Essentials of Medical Pharmacology

Atropine dilates the pupils, increases heart rate, and reduces salivation and other secretions.

Answer: a

Reference:: K.D.Tripathi's Essentials of Medical Pharmacology, 5th page 663

5. Answer: a

Reference: K.D. Tripathi's Essentials of Medical Pharmacology, page 561

6. Answer: a

Reference: K.D.Tripathi's Essentials of Medical Pharmacology, 5th ed, page 12

7. Answer: a

Reference: Tyldesley's Oral Medicine, 5th ed, page 132

Very high dosages are used initially to suppress bulla formation (of the order of 1 mg/kg prednisolone daily), but this may often be slowly reduced to a maintenance dose of 15 mg daily or thereabouts.

8. Answer: b

The absorption of tetracycline:

From the gastrointestinal tract is impaired by the concomitant administration of di and trivalent cations such as iron, calcium, aluminium, magnesium, bismuth and zinc salts of medicinal products containing these cations and tetracycline should be maximally separated by at least two to three hours.

The following should be avoided when taking tetracycline: antacids, bismuth containing ulcer-healing drugs, drugs such as quinapril tablets which contain magnesium carbonate and didanosine which contains calcium and magnesium excipients.

Absorption of tetracycline is impaired by food, milk, and milk products.

Since tetracycline has been shown to depress plasma prothrombin activity, patients who are on anticoagulant therapy may require a downward adjustment of their anticoagulant dosage. Tetracycline may prolong the action of coumarin anticoagulants.

- Plasma-atovaquone concentration is reduced by tetracycline.
- There is a possible increased risk of benign intracranial hypertension with tetracyclines and retinoids (acitretin, isotretinoin, tretinoin). Concomitant use should be avoided.
- · Antidiarrhoeal preparations such as kaolin-pectin and bismuth subsalicylate hinder absorption of
- Combination of tetracyclines with diuretics may be detrimental to renal function and may aggravate nephrotoxicity by volume depletion.
- Since bacteriostatic drugs may interfere with the bactericidal action of penicillin, it is advisable to avoid giving tetracycline in conjunction with penicillin.

- A few cases of pregnancy or breakthrough bleeding have been attributed to the concurrent use of tetracycline advice should be sought where necessary.

 A few cases of pregnancy and alternative contraceptive advice should be sought where necessary. A few cases of pregnancy or breakthrough bleeding have advice should be sought where necessary with oral contraceptives and alternative contraceptive advice and alternative contraceptive advice should be sought where necessary with oral contraceptives of nephrotoxicity (increased blood urea nitrogen and serum crass)
- A few cases of pregnance and alternative countries and alternative countries and alternative countries and alternative countries and serum creatinine) and death and the same of the cases when tetracycline therapy has been combined with methoxyflurane. There have been reports of nephrotoaters, the third some cases when tetracycline therapy has been combined with methoxyflurane.
- There have been tetracycline therapy and in some cases when tetracycline therapy and in some cases when tetracycline descriptions and sulphonylureas in patients with diabetes are recommitant administration.
- Tetracycline may be reduced by the concomitant administration of sucralfate. Separating
 The absorption of tetracycline may be reduced by the concomitant administration of sucralfate. Separating
- administration should be considered.
- Tetracycline may cause an increase in serum lithium levels.
- Tetracycline may cause an increase in serum digoxin levels.
- Tetracycline may cause an increase the risk of methotrexate toxicity. Regular monitoring of toxicity is
 Tetracycline may cause an increase the risk of methotrexate toxicity. Regular monitoring of toxicity is necessary when taken concurrently.
- necessary when taken concurrent.

 Absorption of tetracycline is impaired by strontium ranelate (manufacturer of strontium ranelate advises).
- Absorption of tetracycline is possibly reduced by colestipol and colestyramine.
- Increased risk of ergotism when tetracycline given with ergotamine and methysergide.

Pregnancy and lactation

Not to be used in pregnancy unless essential to the patient's welfare. Tetracyclines cross the placenta and may have toxic effects on foetal tissues, particularly on skeletal development,

If this drug is used during pregnancy, or if the patient becomes pregnant while taking this drug, the patient If this drug is used during pregnancy, the patient should be appraised of the potential hazard to the fetus. Tetracyclines are also excreted in breast milk and are therefore contraindicated in nursing mothers.

Use in newborns, infants and children: All tetracyclines form a stable calcium complex in any bone-forming tissue.

A decrease in fibula growth rate has been observed in premature infants given oral tetracycline in doses of 25 mg/kg every 6 hours. This reaction was reversed when drug was discontinued.

9. Answer: b

Reference: Carranza's Clinical Periodontology page 285

Cardiovascular medications (calcium channel blockers) may reduce salivary flow

10. Answer: d

Reference: Tyldesley's Oral Medicine, 5th ed page 132

11. Answer: b

12. Answer: c

Reference: Harrison's Principles of Internal Medicine

Ketosis-prone diabetes - severe diabetes mellitus with an early onset

13. Answer: b

14. Answer: b

Reference: Carranza's Clinical Periodontology, page 285 "Cause gingival overgrowth"

__

15. Answer: b

Reference: Tyldesley's Oral Medicine, 5th ed, page 132

Very high dosages are used initially to suppress bulla formation (of the order of 1 mg/kg prednisolone daily), but this may often be slowly reduced to a maintenance dose of 15 mg daily or thereabouts

16. Answer: b

Reference: Oxford Handbook of Clinical Dentistry, 4th ed, page 438-439

Fluconazole 50 mg OD is the systemic drug of choice.

17. Answer: a

18. Answer: b

19. Answer: c

In case of immunodeficiency double the dose to 800 mg.

20. Answer: b

Reference: Shafer's Textbook of Oral Pathology, 5th ed, page 1019

21. Answer: d

Reference: Carbamazepine Dosage - Drugs.com

Usual Adult Dose for Trigeminal Neuralgia

Initial dose: 100 mg orally twice a day (immediate or extended release) or 50 mg orally 4 times a day (suspension).

May increase by up to 200 mg/day using increments of 100 mg every 12 hours (immediate or extended release), or 50 mg four times a day. (suspension), only as needed to achieve freedom from pain. Do not exceed 1200 mg/ day.

Maintenance dose: 400 to 800 mg/day.

Some patients may be maintained on as little as 200 mg/day while others may require as much as 1200 mg/ day. At least once every 3 months throughout the treatment period, attempts should be made to reduce the dose to the minimum effective level or to discontinue the drug

22. Answer: d

Reference: Damles' Textbook of Pediatric Dentistry, page 44

23. Answer: a

Reference: Oxford Handbook of Clinical Dentistry, 4th ed, page 36

24. Answer: d

25. Answer: a

Reference: Glickman 10 ed, page 339

26. Answer: C

Reference: Damles' Textbook of Pediatric Dentistry, page 466

27. Answer: b

28. Answer: d

29. Answer: d

30. Answer: c

Reference: Tyldesley's Oral Medicine, 5th ed, page 132

Section in Topic mac wassing in This is a

31. Answer: c

Reference: K.D.Tripathi's Essentials of Medical Pharmacology, 5th ed., page 654

32. Answer: d

33. Answer: c

34. Answer: c

(Anticonvulsants (such as phenytoin, phenobarbital, lamotrigine, valproate, vigabatrin, ethosuximide, topiramate and primidone) [calcium channel blockers, such as nifedipine, amlodipine, and verapamil. The dihydropyridine derivative isradipidine can replace nifedipine and does not induce gingival overgrowth. cyclosporine, an immunosuppresant.

Of all cases of DIGO, about 50% are attributed to phenytoin, 30% to cyclosporins and the remaining 10-20% to calcium channel blockers.)

35. Answer: d

36. Answer: a

Chlorexidine: it has both bactericidal and bacteriostatic mechanisms of action, the mechanism of action being membrane disruption

37. Answer: a

Reference: Carranza's Clinical Periodontology, page 285

38. Answer: d

Preventive drugs for migraine is propanalol and amitriptyline.

39. Answer: b

Drug of choice for migraine is ergotamine.

40. Answer: a

41. Answer: b

Reference: Damle's Textbook of Pediatric Dentistry, page 406

42. Answer: a

Reference: Oxford Handbook of Clinical Dentistry, 4th ed. page 36, 448

43. Answer: d

Drugs used in dentistry that can increase anticonvulsant activity, leading to overdose • aspirin and other NSAIDs.

Drug problems in epilepsy: Drugs that can be epileptogenic and therefore are contraindicated • alcohol • chlorpromazine • enflurane • flumazenil • fluoxetine • ketamine • lidocaine (large doses) • metronidazole

44. Answer: b

Reference: Malamed's Medical Emergencies in the Dental Office, page 34

45. Answer: a

46. Answer: b

Reference: Oxford Handbook of Clinical Dentistry, 4th ed, page 438-439

47. Answer: a

48. Answer: d

- 49. Answer: b
- 50. Answer: a

Reference: Oxford Handbook of Clinical Dentistry, 4th ed, page-36,448

chlorohexidine has several disadvantages. One of the most important disadvantages is that if a patient rinses his mouth with chlorohexidine compositions regularly, his teeth and tongue obtain a brownish color. This is off course a major disadvantage. Another disadvantage of chlorohexidine is that it has no significant anti-bacterial effect on gram positive bacteria at relatively low concentrations. This means that gram positive bacteria will not be effected by the rinse composition and may thus still cause periodontitis or produce the volatile sulphur compounds that cause the malodour.

- 51. Answer: c
- 52. Answer: a
- 53. Answer: a
- 54. Answer: a
- 55. Answer: a
- 56. Answer: a
- 57. Answer: c

Reference: Damles' Textbook of Pediatric Dentistry, page 395

58. Answer: b

Reference: Monheim's Local Anesthesia and Pain control in General Practice

lidocaine is amino amide type local anesthesia

Amide type local anesthesia – liver

Ester type local anesthesia – Plasma + Liver

- 59. Answer: c
- 60. Answer: d
- 61. Answer: d
- 62. Answer: b

Reference: K.D.Tripathi's Essentials of Medical Pharmacology, 5th ed, page 326

63. Answer: b

Reference: Peterson's Principles of Oral and Maxillofacial Surgery

64. Answer: b

Reference: Peterson's Principles of Oral and Maxillofacial Surgery

Cholinesterase is produced by the liver; by breaking ester linkages it inactivates drugs such as succinylcholine and ester-type local anesthetics. The hepatic microsomal enzyme system converts lipid soluble drugs into more water soluble ones that can be excreted by the kidney.

- 65. Answer: d
- 66. Answer: d

Aplastic anemia is also sometimes associated with exposure to toxins such as benzene, or with the use of certain drugs, including chloramphenicol, carbamazepine, felbamate, phenytoin, quinine, and phenylbutazone. Many drugs are associated with aplasia mainly according to case reports but at a very low probability. As an

example, chloramphenicol treatment is followed by aplasia in less than 1 in 40,000 treatment courses, and carbamazepine aplasia is even more rare.

67. Answer: b

Reference: Monheim's Local Anesthesia and Pain Control in General Practice, 7th ed, page 111

68. Answer: b

Reference: Harrison's Principles of Internal Medicine

Anaphylaxis is always an emergency. It requires an immediate injection of 0.1 to 0.5 ml of epinephrine 1: Anaphylaxis is always an emergency 1,000 aqueous solution, repeated every 5 to 20 minutes as necessary. • If the patient is in the early stages of anaphylaxis and hasn't yet lost consciousness and is still normotensive, give epinephrine I.M. or subcutaneously (S.C.) helping it move into the circulation faster by massaging the injection site. For severe reactions, when the patient has lost consciousness and is hypotensive, give epinephrine I.V

69. Answer: 3

70. Answer: b

71. Answer: b

Reference: K.D.Tripathi's Essentials of Medical Pharmacology, 5th ed, page 325

72. Answer: b

Reference: Oxford Handbook of Clinical Dentistry 4th ed, page 646

Reference: Ganong's Review of Medical Physiology 22th ed, page 496

73. Answer: d

Reference: Dental Decks, 2nd edition page 2376

74. Answer: d

Reference: K.D. Tripathi's Essentials of Medical Pharmacology, 5th ed page 689

75. Answer: d

76. Answer: d

Reference: Monheim's Local Anesthesia and Pain Control in General Practice, page 125

77. Answer: a

78. Answer: a

Reference: Monheim's Local Anesthesia and Pain Control in General Practice 7th ed, page 148

79. Answer: c

80. Answer: b

Reference: Oxford Handbook of Clinical Dentistry, 4th ed page 578

If the reaction is immediate (less than 1 hour) and limited to the skin, 50 mg of diphenhydramine should be given immediately either intravenously or intramuscularly. The patient should be monitored and emergency services contacted to transport the patient to the emergency department. If other symptoms of allergic reaction occur, such as conjunctivitis, rhinitis, bronchial constriction, or angioedema, 0.3 cc of aqueous 1/1000 epinephrine should be given by subcutaneous or intramuscular injection. The patient should be monitored until emergency services arrive. If the patient becomes hypotensive, an intravenous line should be started with either Ringer's lactate or 5% dextrose/water

81. Answer: a

Bupivacaine - the slowest, procaine, mepivcaine - the fastest



- 82. Answer: c
- 83. Answer: a
- 84. Answer: a

Control of acute pain of sickle cell anemia. Pain control is best achieved with opioids. Morphine is the drug of choice.

- 85. Answer: b
- 86. Answer: b

In 1 catridge contain 1.8 ml (1:100000 epinephrine – 0.018 mg, 2% lidocaine = 36 mg

Maximum dose of epinephrine to healthy patient - 0.2 /visit

Maximum dose of lidocaine with epinephrine – 7 mg/kg

Maximum dose of lidocaine without epinephrine – 4.4 mg/kg

No of catridges in one visit = max dose of epinephrine in 1 visit / content in one catridge(0.2/0.018=11)

Max dose of lidocaine with epi = dose of liadocaine X patient weight (7 x 80= 560 mg)

Max no of catridges= max dose of lidogaine / content in 1 catridge (560/36=15)

Max dose of lidocaine without epi = dose of lidocaine X patient weight (4.4 x 80= 352 mg)

Max no of catridges= max dose of lidogaine / content in 1 catridge (352/36=9.7, approx. 9-10)

87. Answer: b

Max dose of lidocaine with epidose of lidocaine X patient weight ($7 \times 15 = 105 \text{ mg}$)





3. Infection Control in Dentistry

1.	Your dental patient suffers	from tubularculosis lung.	. What you have to do?	,	
	a. Treat patient wearing den c. Treat patient. & take all t	ital mask	b. Postpone dental to d. avoid surgical pro	reatment	
2.	The most common location				
	a. Hand.	b. Face.	c. Elbow.	d. Arm.	
3.	After patient with hepatitis What will you suggest	s-B left the dental chair th	he assistant asks you h	ow to disinfect the dental unit.	
	a. Iodine	b. 100% dettol	c. Hypochloride .	d. All the above	
4.	A patient is hepatitis posit what the disinfecting solution	ive and your assistant doc tions that should be used t	es not know how to act	tivate the surgery. He asks you	
	a. Idophoresc. Ethylene oxidee. Alcohol		b. Sodium hypochlo d. Formalin	orite and iodoform	
<i>5</i> .	Hepatitis patient has recei	ived needle prick, what yo	u will do?		
	a. Wash and scrub,c. Blood testing for virus	b. Wash under runn	ing water and put a waten	erproof bandage,	
6.	Discarded medicine is col				
	a. Yellow.	b. Red.	c. Blue.	d. Black.	
7.	What is the procedure for	sterilization in dental off	ice?		
	a. Auto clave	b. Flash sterilization	c. Chemiclave	d. All the above	
8.	What is most important in	dental office?			
	a. Availability of all treatmc. Infection control	nent	b. Quality treatmend. Good hospitality		
9,	Saliva ejectors are used for:				
	a. Saliva ejectionc. Retraction	b. Control the d. All the above	tongue movements		
10.	Saliva ejector is placed:				

b. Under the tongue.

d.b+c.

a. At the side of working.

c. Opposite the working side.

3. Infection Control in Dentistry 11. HVE is placed: HVE is: High volume evacuator: a. At the side of working. b. Under the tongue. c. Opposite the working side. d. b+c. 12. Grasping the HVE is by: a. Thumb to nose grasp. b. Pen grasp. c. a+b. d. None. 13. At the beginning of the operation day in the clinic you should star water air spray for which micro a. Streptococcus salivaris and Pseudomonas aeruginosa b. St. mutans c. St. auries d. E. coli 14. Dentifrices contain amount of chlorohexidine: a. 12% b. 1.2% c. 0.12% 15. Early in the morning dentist should open the air water spray for 3 min to avoid which bacteria? a. Pseudomonas aurignossa b. St.Arues c. E. coli d. Staph.salivaris 16. What is the fluoride concentration in fluoride dentifrices? b. 1000 a. 1100 c. 1200 d. 1300 17. Asking about disinfectant of dental chair after HBV. a. Iodophor&hypo chloride b. Formaldehyde c. Ethylene oxide gas d. 100/ ethyl alcohol/detox 18. Clean instrument before entering the sterilization why? b. Speed sterilization process a. It helps to kill bacteria c. For integrity of instrument 19. To clean instrument before sterilization we use: b. By manual a. Chemical solution. c. All the above 20. How to make surgical mask effect? b. Change it between patient a. Put it in disinfectant c. Hold it from periphery 21. Disadvantage of plastic reusable syringe is:

b. Provide single hand aspiration

b. Sterilization of critical instrument

d. Wearing hand gloves

b. Mask

Scanned by CamScanner

a. Distortion if autoclaved

22. What is considered as universal precaution?

a. Considered all blood and body fluid harmful

c. Light weight

c. Wearing mask

23. From PPE:

a. Uniform

24. Needle stick injury, best reaction is: a. Review patient history c. Record immediately 25. Water supply dental unit (air water system) sterilization: a. 10-20 sec between patients c. 30-40 sec between patients d. 40-50 sec between patients 26. Surgeon wanted to sterilize a tray made from heat resistance plastic tray, how to disinfeing to infection control guide: a. Dry heat oven b. Moist heat c. 2% Glutaraldehyde d. Chemical 27. Bacteria in community communicate with other bacteria with process called: a. Quorum sensing b. Bacteriazation c. Spreading d. Aerosal 28. When effective time, what is the conc of ethanol alcoholto beaffect on bacteria" a. 60 b. 50 c. 70 d. 80 29. What are the autoclaves used in dental office? a. Autoclave system A c. Autoclave system C d. Autoclave system B d. Autoclave system D 30. Patient infected by anthrax after examination doctor should disinfect with:	
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a. Autoclave system A b. Autoclave system B c. Autoclave system C d. Autoclave system D	
c. Autoclave system C d. Autoclave system D	
30. Patient infected by anthrax after examination doctor should disinfect with:	
a. 12% chlorohixiden b. Antibacterial hand scrub c. Non antimicrobial soap	
31. Patient has a bacterial disease after examination the doctor has to wash hishand usingsoap:	
a. With alcohol c. Plain soap	
32. Chemical process indicator:	
c. Clean	
s from the answer of all the especially for HIV, by using:	
a. Savlon b. Gamma radiation c. Hypochlorite solution d. UV light	
34. After the usage of the BP blade and needle tips, both should be disposed by:	
 a. Discharged paper box. b. Designed sharp instrument special container. d. Yellow container for infectious waste 	
35. Which of the following is used for conditioning of resected root end?	
a. Citric acid. b. EDTA.	
c. Phosphoric acid. d. H ₂ O ₂ .	
36. All of the following are regard to dentist, who has needle brick of HBV patient during the dental p except:	
a. Allow wound to bleed don't scrub.b. Wash with water then put plaster.d. Pressure on the wound to stop bleeding	rocedure.

		3. Infection Control i	in Done	
37	. What medical condition si	hould prevent the dentist from	m practici	
	a. Diabetes.	b. Hypertension.		
38	. Conditioning material of i	resected root:	c. Influenza.	d. Headache.
	a. Citric acid	b. Phosphoric acid	CHO	
39	. Which of the following mo	edical conditions should pre	$c. H_2O_2$ event the dentist from tr	d. EDTA
	a. Diabetes	b. Hepatitis	c. Flu.	
40	chemical process indicato	r:		d. HIV
	a. Steam sterilized	b. Sterile	c. Clean	
41.	The technique of autoclay	ve is depending on:		
	a. Dry heat.	b. Steam heat	c. Chemicals.	d. ultraviolet chamber
42.	The working surfaces in o	peration theatre should be	disinfected especially f	for HIV, by using:
	a. Savlon		b. Gamma radiation	
	c. Hypochlorite solution		d. UV light	
43.	The least effective method	to kill the AIDS virus is th	rough:	
	a. Sodium hypochlorite so	lution	b. Ultraviolet light	
	c. Autoclave.	auticantia coan ic	d. Chimoclave.	
44.		unusepuc soup is.	1	
	a. Acts on cell membrane c. Acts on DNA		b. Acts on nucleas d. All the above	
15	6.1 6.11	pard to dentist, who has nee		ent during the dental procedure,
45.	except:	3	,	,
	a. Allow wound to bleed d	on't scrub.	b. Wash with water	r then put plaster.
	c. Consult immunological		d. Pressure on the	wound to stop bleeding
46.	Antiseptic efforts of soap	will be:		
	a. Killing the microorganis	sm	b. Removing the o	rganism from the surface
	c. Prevent its growth		d. ALL	
47.	Which of the following ar	e used in HBV disinfection	n?	
	1. Iodophores, hypochlori	ite.	2. 100% ethyl alco	ohol.
	3. Formaldehyde + gas.		4. Dettol	
	a. 1+2+3.	b. 1+2.	c. 2+3.	d. 2+3+4
48.	The least effective method	l to kill the HIV is through	:	
70.		b. Autoclave.	c. Chemoclave.	d. Ultraviolet chamber.
	a. NaOCl.			
49.	Sterilization mean killing.		and mustaces	
	a. Bacteria and virus	b. Bacteria, virus, fungusd. Virus and fungus	and protozoa.	
	c. Bacteria and fungus Why the moisture heat ste		v heat sterilization:	
<i>50</i> .	Why the moisture heat ste	filization is better train any	l M l d d	
	a. Can be used with heat se	ensitive instruments	b. Makes the instr	ruments less rusty and blunt
	 Needs more time and aff the cell membrane. 	fects the proteins of the cel	l membrane needs les	ss time and affects the proteins of

51. Protocol for disinfection: a. Inspection, cleaning, sterilization, storage b. Initial inspection, cleaning, inspection, sterilization, storage c. Cleaning, sterilization, storage d. Sterilization, storage 52. At the begining of the operation day in the clinic, you should start the water/air spray for three minutes in order to get rid of which type of microorganisms: b. Streptococcussalivaris. a. Streptococcusmutans. d. Lactobasillus c. Staphylococcus aarius 53. Which of the following organisams will be killed during the process of sterilization? b. Bacteria, virus, fungus and protozoa a. Bacteria and virus d. Bacteria only c. Bacteria and fungus 54. What type of autoclave is used? b. Class b autoclave a. Hot oven autoclave d. Class d autoclave c. Class s autoclave 55. Regarding instrument sterilization, protocol for CSSD of hospital is: b. Inspection, cleaning, sterilization, storage a. Sterilization, storage d. Initial inspection, cleaning, inspection, sterilization, storage c. Cleaning, sterilization, storage 56. Reason to refresh the saliva ejectors to eradicate: b. Spirochetes a. Pseudomonas aerigonesa d. E. coli c. Actiomyces 57. Most convenient and effective form of sterilization of dental instruments: b. Autoclave. a. Boiling c. Hot air oven d. Chemiclave 58. Autoclave relative to 100°F in dry air oven: a. The same time b. Slightly higher time c. Considerable higher time d. Less time. 59. Chemiclave uses a solution of: a. 72% ethanol and 23% formaldehyde. b. 72% ethanol and 0.23% formaldehyde. c. 7.2% ethanol and 23% formaldehyde. d. 7.2% ethanol and 2.3% formaldehyde. 60. Mechanism of autoclave depending on: a. Dry heat b. Steam heat c. Chemicals d. Hot water 61. Autoclave relative to to hot air oven: a. The same time b. Less time c. More time d. Considerable higher time Why the moisture heat sterilization is better than hot air oven? a. Makes the instruments less rusty and blunt b. Needs more time and affects the proteins of the cell membrane

c. Needs less time and affects the proteins of the cell membrane

d. All the above

3. Infection Control in Dentistry 63. Hot oven relative to to autoclave: a. The same time b. Slightly higher time c. Considerable higher time d. Lower time 64. Which of the following tests is used for differentiate between Streptococcus? a. Fermentation test b. Catalase test c. Amylase test d. Sugar test 65. The stock tray with handle solder at 175 degree will be best sterilize by. a. Autoclave b. Heat sterilization c. Chemical sterilization d. Ultraviolet chamber Which of the following is true about autoclave? a. Autoclave prevents rusting of instruments b. Autoclave is a cold temperature treatment c. In autoclave heat is superheated d. Autoclave took long duration 67. Hot oven relative to autoclave: a. The same time b. Slightly higher time c. Considerable higher time d. Lower time 68. Radial Walker test is a. For disinfectant b. For antibiotics c. For dry heat sterilization d. For moist heat sterilization 69. Moist heat sterilization compared to dry heat sterilization works mainly on: a. Kills bacteria by dissolving of cell wall b. Coagulation and denaturation of protein d. Protein degeneration and oxidative damage c. Corrosion products 70. Giving sufficient time the degree of ethanol alcohol disinfection: b. 60% a. 50% d. 80% c/ 70% 71. Test for determinig the efficiency of sterilizing agent is: b. Virus a Fungi d. Bacterial spores c. Bacteria 72. Sterilization means killing of: b. Fungi a. Virus d. Virus, fungi, bacteria, bacteria spores c. Bacteria e. Virus, fungi, bacteria 73. Autoclave relative to 100 degree temperature, in the dry oven: b. Slightly higher time. a. The same time. d. Less time. c. Considerable higher time. 74. Which takes longer time in sterilization? a. Dry heat b. Moist heat

d. None of the above

c. Chemiclave

75. Staphylococcus aureus are killed if exposure to moist heat at 60 degree C for:

a. 20 minutes.

b. 30 minutes.

c. 50 minutes.

d. 60 minutes.

76. Patient infected by anthrax after examination, doctor should disinfect with:

a. 12% chlorhexidine

b. Antibacterial hand scrub

c. Non antimicrobilal soap

d. Running water hand wash

77. Killing bacteria is:

a. Bacteriostatic

b. Bactericidal.

c. Sterilization

d. None of the above

78. For autoclave sterilization, burrs can be protected by keeping them submerged in:

a. 2% Sodium nitrite.

b. 5.26% Sodium hypochlorite.

c. 2% Chlorhexidine.

d. 10.2% Sodium nitrates.



Control in Dentistry

EXPLANATION

	A CONOR. 6
	Answer: c
	Answer: a
	Answer: c
	Answer: b
5.	Answer: d
6.	Answer: c
	Reference: Damles' Textbook of Pediatric Dentistry, page 201
7.	Answer: d
	Reference: http://www.ada.org/sections/professionalResources/pdfs/cdc_sterilization.pdf
8.	Answer: c
9.	Answer: d
10.	Answer: d
11.	Answer: a
12.	Answer: c
13.	Answer: a
14.	Answer: c
	Normal chlorhexidine percentage must be 0.1-0.2%
15.	Answer: a
16.	Answer: a
17.	Answer: a
18.	Answer: a
19.	Answer: c
20.	Answer: b
21.	Answer: a
22.	Answer: a
23.	Answer: b
24.	Answer: b
25.	Answer: b
26.	Answer: b
27.	Answer: a
28.	Answer: c
29.	Answer: b
30.	Answer: b
2.1	Answer: 9

- 32. Answer: a
- 33. Answer: c
- 34. Answer: b
- 35. Answer: b
- 36. Answer: d
- 37. Answer: c
- 38. Answer: d
- 39. Answer: c
- 40. Answer: a
- 41. Answer: b

In autoclave the steam heat is producing under pressure. This will break the protein cell membrane of all microorganisms

- 42. Answer: c
- 43. Answer: b
- 44. Answer: a
- 45. Answer: d
- 46. Answer: d

Antiseptic soap, sometimes called antibacterial soap or anti-fungal soap, is regular soap in liquid or solid form that contains some kind of ingredient that reduces the chance of infection when applied to the skin. These products also have antimicrobial properties, meaning they kill or inhibit the growth of microbes like bacteria, virus, or fungi. Alcohol, triclosan, and tetrasodium EDTA are three antiseptics commonly used in soap, and they are all examples of antibacterial antiseptics, meaning they are proven to be effective against bacteria.

- 47. Answer: a
- 48. Answer: d
- 49. Answer: b
- 50. Answer: d
- 51. Answer: b
- 52. Answer: b

Dental high-speed turbines and handpieces can take up and expel microorganisms during operation and thus need regular sterilization. This study established a method for validating devices used to sterilize high-speed turbines and handpieces. The air and water channels and turbine chambers were contaminated with suspensions of Streptococcus salivarius orendospores of Bacillus stearothermophilus. The effect of flushing and/or autoclaving performed by a new device combining both procedures was evaluated by counting the number of viable bacteria recovered from these devices. Further, the effect on clinically used handpieces was evaluated. In an initial experiment, the device partially reduced S. salivarius, and the endospores survived. In a second experiment

- 53. Answer: b
- 54. Answer: b
- 55. Answer: d

3. Infection Control in Dentistry

56. Answer: a

The high volume suction line deposits on the inner wall of the evacuation line are mainly composed of heterogeneous microcolonies (arrows) composed principally of bacteria and extensive polysaccharide material and tissue debris. The majority of recovered bacteria are Pseudomonas species and staphylococci. The presence of recognizable cells and tissue elements in these biofilms shows that human material can persist in these systems for an extended period of time and can even be trapped within biofilms. Since some bloodborne pathogens can survive for a long time in the environment, these systems must be cleaned and disinfected after each patient.

- 57. Answer: b
- 58. Answer: d
- 59. Answer: b

Reference: Ingle's Endodontics, page 139

60. Answer: b

Mechanism of autoclave:

Autoclave uses saturated steam under pressure

Saturated steam enters the top of the chamber by a steam pressure control valve. As the steam enters, it pushes the air out through a trap in the drain line. Once all the air is evacuated, the trap closes. Steam continues to fill the autoclave chamber until a preset temperature and pressure is reached. Common autoclave operating conditions are 121 °C and 15 pounds per square inch gauge pressure (psig) for 15 to 20 min.

The sterilization procedure consists of three phases. These are the autoclave heat-up time, the contact time, and the cool-down time.

For large loads, a rule of thumb is that if a space greater than six inches is between each item, the run time can be set for the weight of the heaviest item; however, if the items are less than six inches apart, they are considered to be one

Item Weight (Lbs.)	Sterilization Time (Min.)
<5	30
5 – 15	60
>15	90

- a. Sterilization Times Required for Given Weights of Solid Materials
- 61. Answer: b
- 62. Answer: c
- 63. Answer: c

(Hot dry oven: 160°C in 2 hours, 200°C in 1 hour.

Autoclave: 127°C in 15-25 minutes,134°C 3-5 minutes.)

64. Answer: a

Fermentation – differential between types of streptococi

Catalase - streptococi activity

- 65. Answer: a
- 66. Answer: c
- 67. Answer: c

- 68. Answer: a 69. Answer: b 70. Answer: c Reference: http://www.cdc.gov/hicpac/disinfection_sterilization/6_0disinfection.html 71. Answer: d 72. Answer: d 73. Answer: d 74. Answer: a 75. Answer: d Reference: Ananthanarayanan and Paniker's Textbook of Microbiology, page 26 76. Answer: a
- 77. Answer: b
- 78. Answer: a
 - Reference: Sturdevant's Art and Science of Operative Dentistry, page 372