



12. Periodontics

1. *All these are right ways to grasp the hand instruments?*
 - a. Modified pen handle.
 - b. Inverted pen.
 - c. Palm and thumb.
 - d. All the above
2. *Purulent exudation from gingival sulci is an indication of:*
 - a. Deep pockets.
 - b. Severe periodontal attachment loss.
 - c. Nature of inflammatory changes in the pocket wall.
 - d. Shallow pockets.
3. *How will you takeout the broken periodontal instrument (tips) from the gingival?*
 - a. Ultrasonic tips.
 - b. H files.
 - c. Barbed broaches
 - d. None of the above
4. *What is the primary goal of gingivectomy?*
 - a. Pseudo pocket
 - b. Infra bony pocket
 - c. Pigmentation removal
 - d. Gi ngival growth
5. *Bundles of well formed collagen fibres with a scattering of fibriocytes and a variable vascularity are seen in which tumors of gingival?*
 - a. Fibroma.
 - b. Papilloma.
 - c. Peripheral giant cell granuloma.
 - d. Central giant cell granuloma.
6. *Which of the following may create gingival deformities that require gingivoplasty to eliminate the defects?*
 - a. Erosive lichen planus.
 - b. Desquamative gingivitis.
 - c. Acute herpetic gingivostomatitis.
 - d. Necrotising ulcerative gingivitis.
7. *Implant is contraindicated in a patient with*
 - a. Smokers
 - b. Diabetic patient
 - c. HIV patient
 - d. Hepatitis patient
8. *Clinical feature of herpatic type I is:*
 - a. Ulcers
 - b. Cold sores
 - c. Chancre
 - d. Bullous
9. *Localized aggressive periodontitis is associated with:*
 - a. A. Actinomycetemcomitans.
 - b. P. gingivalis.
 - c. Defective neutrophil function.
 - d. a and c.
10. *After scaling and root planning, the healing of periodontal tissues occur by following process?*
 - a. Connective tissue attachment.
 - b. Long junctional epithelium.
 - c. New bone and connective tissue formation.
 - d. New attached periodontal ligament fibers.

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11. *The periodontal tissues comprise, which of the following tissues?*
- Gingiva and the PDL.
 - Gingiva, PDL, and alveolar bone.
 - Gingiva, PDL, alveolar bone and cementum.
 - Gingiva, PDL, alveolar bone, cementum, and enamel.
12. *Root planning treatment of periodontally involved root surface must be:*
- Remove the attached plaque and calculus.
 - Remove necrotic cementum.
 - Change the root surface so it becomes biocompatible.
 - a and b are correct.
13. *A patient presented to you having gingival recession in his canine tooth. He has pain when you are doing probe gently on the exposed root surface. What is the diagnosis?*
- Dentin hypersensitivity
 - Reversible pulpitis.
 - Irreversible pulpitis.
 - Apical periodontitis.
14. *Which of the following gingival conditions occur in an young adult who has poor oral hygiene?*
- ANUG,
 - AHGS
 - Apthous ulcer
 - Gingivitis
15. *Which of the following is a feature of chronic suppurative periodontitis?*
- Patient complains from moderate pain
 - Fistula with drain
 - Pulp polyp in open coronal carious lesion
 - none of the above
16. *Clinical feature of acute periodontal abscess is:*
- Fistula present
 - Swelling enlargement in tooth site
 - Variable in pain
 - Establishing I & D
 - None of the above
17. *Subgingival scaling and root planing is done by which of the following instruments?*
- Gracey curette
 - Hoe
 - Chisel
 - Hatchet
18. *Dental plaque is composed mainly of:*
- Bacteria
 - Inorganic material
19. *The existence of an intra- oral transmission of bacteria from one arch to another is called as:*
- Translocation.
 - Cross infection.
 - Both of the above
 - Transmission
20. *Which of the fibers only present in cementum?*
- Oblique fibers
 - Sharpey's fibers
 - Transeptal fibers
 - PDL fibers
21. *The drug which induce gingival enlargement except:*
- Phenatoin,
 - Nefidipaine,
 - Calcium channel blockersd.
 - Mefenamic acid
22. *Balanced instrument is:*
- Blade is perpendicular to long axis of instrument
 - Blade is parallel to long axis of the instrument
 - 3 mm close to shank
 - a+c
23. *A patient came to you with coloration bluish and black in the gingival margins. He said that he has gasteriointensinal problem. This is caused because of:*
- Mercury
 - Lead
 - Bismuth
 - Arsenal
24. *The tissue response to oral hygiene instruction is detected by:*
- Probe pocket depth
 - Less bleeding
 - Gingival condour
 - Stripping of gingiva

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25. *The status of the pocket formation around the ankylosed teeth is:*
- a. Faster than normal.
 - b. Slower than normal.
 - c. True periodontal pocket will not form.
 - d. Both at same rate.
26. *Periodontal pocket differs most significantly from gingival pocket with respect to:*
- a. Depth.
 - b. Tendency to bleed on gentle probing.
 - c. The location of the bone of the pocket.
 - d. All of the above.
27. *Use of Gracey 13/14 instrument:*
- a. Posterior mesial
 - b. Posterior distal
 - c. Anterior mesial
 - d. Anterior distal
28. *Gingival hyperplasia related to phenytoin therapy is:*
- a. Most common on lingual surface.
 - b. Most common in older patient
 - c. Strongly related to phenytoin dosage.
 - d. Strongly related to poor oral hygiene.
29. *Which of the following statements is true for the reported relationship of periodontal disease and diabetes mellitus:*
- a. The reported incidence of periodontal disease in the diabetes is less than that for nondiabetic.
 - b. Patients with history of diabetes of less than 10 years have more periodontal disease destruction than those with history of longer than 10 years.
 - c. The prevalence of periodontal disease increase with the advancing age of the diabetic.
 - d. The prevalence of periodontal disease increase with the better metabolic coronal of the diabetic state.
30. *What's the best implant type allowing osseointegration?*
- a. Subperiosteal implant.
 - b. Transosteal implant.
 - c. Root-form endosseous implant.
 - d. Epithelial implant.
31. *Which one of the following is least likely to contribute to oral bad breath?*
- a. Periodontal disease.
 - b. Denture
 - c. Faulty restoration.
 - d. Carious lesions.
32. *Each of the following is correct except which one?*
- a. Bad breath appears to be largely bacteria in origin.
 - b. Bad breath originating from the gastrointestinal tract is quite common.
 - c. Self-perceptions of bad breath appear to be unreliable.
 - d. Fear of having bad breath may be a severe problem for some people.
33. *A patient with severe pain in lower left mandibular molar, examination positive pulp test, percussion test, no radiographic abnormality,*
- a. Chronic apical periodontitis
 - b. Acute apical periodontitis
 - c. Apical abscess
 - d. None of the above
34. *Intraorally, the best biocompatible metal:*
- a. Cobalt chromium
 - b. Nickle chromium
 - c. Gold
 - d. Titanium
35. *Supragingival and subgingival calculus:*
- a. Supragingival is more mineralized.
 - b. Subgingival calculus is mineralized after absorption of calcium from GCF.
 - c. Subgingival is easy to detach
 - d. Supragingival is difficult to detach

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36. *Most common disease of human mouth is:*
a. Gingivitis, b. Periodontitis c. Gingival hyperplasia d. Aphthous ulcer
37. *The teeth has no response to heat, cold or electric pulp test and no swelling present but TOP positive:*
a. Irreversible pulpitis b. Reversible pulpitis
c. Acute apical periodontitis d. Acute suppurative periodontitis
38. *Supragingival calculus, all true except:*
a. Hard and rough b. Easy to detach c. Yellowish in colour d. All the above
39. *Which condition is an apical lesion that develop acute exacerbation of chronic apical abscess?*
a. Granuloma b. Phoenix abscess. c. Cyst d. None of the above
40. *Acute exacerbation of chronic pulpitis:*
a. Reversible pulpitis. b. Irreversible pulpitis.
c. Acute periodontitis. d. Acute exacerbation of chronic pulpitis
41. *Main reason for surgical pocket therapy:*
a. Remove gingivitis b. Remove supragingival calculus
c. Removal of sub gingival calculus d. None of the above
42. *Biological width of healthy gingival is:*
a. 1 mm b. 2 mm c. 3 mm d. 4 mm
43. *Periodontal attachment contain:*
a. Epithilum, b. Sulcus, c. Connective-tissue. d. All the above
44. *Periodontally involved root surface must be root planed to:*
a. Remove the attached plaque and calculus b. Remove the necrotic cementum.
c. Change the root surface to biocompatible d. a & b only
e. All of the above.
45. *Best measurement of periodontitis by:*
a. Pocket depth. b. Bleeding. c. Attachment level. d. All the above
46. *How will you differenciate periodontal pocket from gingival pocket?*
a. Tendency to bleed b. Depth
c. The location of the bone of the pocket. d. All of the above.
47. *What is the dominant type of fibers found in cementum?*
a. Longitudinal b. Transeptal
c. Circular d. Sharpey's fiber
48. *Fibers which are completely embedded in cementation and pass from cementation of one tooth to the cementation of adjacent tooth is:*
a. Sharpey's fiber. b. Transseptal fibers.
c. Longitudinal fibers. d. Circular
49. *Treatment of traumatic gingivitis caused by faulty oral hygiene is mainly:*
a. To achieve the patients to change their faulty habits immediately.
b. Reassure the patients that it will disappear by itself.
c. To buy a new toothbrush.
d. All the above

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50. *Epthileial lining of oral cavity:*
- a. Stratified squamous epithelium
 - b. Ciliated columnar epithelium
 - c. Non keratinized sqamous epithelium
 - d. Stratified ciliated columnar epithelium
51. *Which of the following statement is true regarding dental calculus?*
- a. It is composed entirely of inorganic material.
 - b. It is dens in nature and has a rough surface.
 - c. It is mineralized dental plaque.
 - d. All of the above.
 - e. b & c only.
 - f. None of the above.
52. *Main use of dental floss:*
- a. Remove calculus.
 - b. Remove overhang.
 - c. Remove bacterial plaque.
 - d. Remove food debris.
53. *Bone graft material from same species is called:*
- a. Homo graft
 - b. Auto graft
 - c. Xeno graft
 - d. Hetero graft
54. *Plaque consists of:*
- a. Bacteria
 - b. Inorganic material
 - c. Food
 - d. Salivary products
55. *To prevent periodontal problem most effective method is:*
- a. Community program.
 - b. Removal of plaque.
 - c. Patient education.
 - d. All the above
56. *Sharpening the curette and sickle scaler, the cutting edge should be at angle:*
- a. 50-60.
 - b. 70-80.
 - c. 80-90.
 - d. 60-70.
57. *Floss used to:*
- a. Remove interproximal plaque.
 - b. Remove overhangs
 - c. Stimulate gingival
 - d. Remove calculus.
58. *Main use of dental floss:*
- a. Remove calculus
 - b. Remove over hang
 - c. Remove bacterial plaque
 - d. Remove food debris
59. *Gingivectomy is not contraindicated in:*
- a. Suprabony pockets.
 - b. Infrabony pockets.
 - c. Pockets extending beyond MGJ.
 - d. Any of the above.
60. *PDL formed from:*
- a. Dental papilla
 - b. Dental sac
 - c. Epitheilal remanents
 - d. all the above
61. *A patient has a gingival trauma from faulty oral hygiene. What is the treatment for this?*
- a. Reassure the patient that it will disappear by itself
 - b. To buy a new brush.
 - c. To advice the patient to change their faulty habits immediately
 - d. All the above
62. *An 8 year old child has calculus and gingival recession related to upper molar what is the reason for this condition?*
- a. Periodontitis.
 - b. Viral infection.
 - c. Local aggressive periodontitis.
 - d. Gingivitis

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63. *Isolated periodontal pocket in:*
- a. Vertical root fracture.
 - b. Palato gingival groove.
 - c. Endo origin lesion.
 - d. All.
64. *You should treat ANUG (acute necrotizing ulcerative gingivitis) until the disease is completely removed. Otherwise, it will change to necrotic ulcerative periodontitis:*
- a. Both sentences are true.
 - b. Both sentences are false.
 - c. 1st true, 2nd false.
 - d. 1st false, 2nd true.
65. *Plaque bacillus is:*
- a. Aerobic.
 - b. Anaerobic.
 - c. Aerobic and facultatively anaerobic.
 - d. Anaerobic and facultatively aerobic.
66. *In persons with normal healthy gingiva, the proper device for cleaning interproximal surfaces is the:*
- a. Dental floss.
 - b. Interproximal brush.
 - c. Powered (electric) toothbrush.
 - d. Hand toothbrush.
 - e. Water irrigation device.
67. *The best method for plaque control is:*
- a. Through mechanical tooth cleaning.
 - b. By the use of chemical agents once\day.
 - c. By the use of effective water rinse
 - d. None of the above
68. *Removing of dentine in dangerous zone to cementum is:*
- a. Perforation.
 - b. Ledge.
 - c. Stripping.
 - d. Zipping.
69. *The predominant cell type in gingival (crevicular) fluid is the:*
- a. Mast cell.
 - b. Plasma cell.
 - c. Macrophage.
 - d. Polymorphonuclear leukocyte.
70. *Majority of oral micro organisms are:*
- a. Strict anaerobes.
 - b. Gram positive bacilli.
 - c. Spirochetes.
 - d. Facultative anaerobes.
71. *Pontics are classified according to their surface toward the gingiva, and the ridge of the missing tooth:*
- a. Both statments are true
 - b. Both are false
 - c. 2nd is false 1st is true
 - d. 1st false, 2nd true
72. *Bone graft material from another species is called:*
- a. Allograft
 - b. Auto graft
 - c. Xeno graft
 - d. Hetero graft
73. *Color of normal gingiva in interplay between:*
- a. Keratin
 - b. Blood vessels
 - c. Melanin
 - d. Epithelial thickness
 - e. All the above
74. *In periodontal surgery the electro surgery rate is:*
- a. 1.5 -7.5 million cycle per seconds.
 - b. 7.5 -10 million cycle per seconds.
 - c. 10 -25 million cycle per seconds.
 - d. 30 million cycle per seconds.
75. *Which of the following is/ are used for ridge augmentation?*
- a. Tantalum gauge filled with bone chips.
 - b. Hydroxyl apatite.
 - c. Acrylic implants.
 - d. All of the above.
76. *Coronal cementum contain which of the following?*
- a. Acellular intrinsic fiber
 - b. Acellular extrinsic fiber
 - c. Cellular mixed fibers
 - d. Intermediate cementum

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77. *Least successful in osseous defect resolution is:*
- a. Osseous coagulum graft
 - b. Resective surgery.
 - c. Alloplasts without GTR membranes.
 - d. Reattachment procedure.
78. *Chronic suppurative periodontitis in patient will have following signs and symptoms:*
- a. Moderate pain
 - b. Pulp polyp
 - c. Fistula with pus discharge
 - d. All the above
79. *The fibroblast are reduced in size and numbers; but the collagen fibres are increased in number and size because of a increase in the collagen solubility:*
- a. Both are false
 - b. Both are correct
 - c. First is correct
 - d. Second is correct
80. *The function of the periodontal ligament include:*
- a. Mechanical function
 - b. Formative function
 - c. Nutritive function
 - d. Sensory function
 - e. All of the above.
81. *Which of the following are important factors that must be evaluated before performing a laterally repositioned flap?*
- a. The presence of bone on the facial surface of the donor tooth
 - b. The thickness of the gingiva at the donor site
 - c. The width of attached gingiva at the donor site
 - d. All of the above
82. *A child aged 6 - 16 year old consumes drinking water with the fluoride concentration of more than 0.6 ppm. The fluoride supplement dosage should be:*
- a. 0 mg
 - b. 0.25 mg
 - c. 0.50 mg
 - d. 1 mg
83. *Dental floss help in community prevention of dental caries:*
- a. True.
 - b. False.
84. *The major route of spread of inflammation of the buccal surface of the bone is:*
- a. Directly into the bone.
 - b. Along the muscle fibres.
 - c. Along the epithelium and connective tissue junction.
 - d. Along the perivascular tissue.
85. *The depth of penetration of the probe in the connective tissue apical to the junctional epithelium in pocket is:*
- a. 1 mm.
 - b. 0.5 mm.
 - c. 0.9 mm.
 - d. 0.3 mm.
86. *A tooth very painful to percussion. What is the most probable diagnosis?*
- a. Reversible pulpitis.
 - b. Irreversible pulpitis.
 - c. Acute apical periodontitis.
 - d. Chronic periodontitis
87. *A periodontal probe is helpful to:*
- a. Check prepared canal length.
 - b. Identify the canal orifice
 - c. Condensation of material in canal
 - d. All the above
88. *Isolated pocket in:*
- a. Vertical root fracture
 - b. Palato gingival groove
 - c. Endoorigine lesion
 - d. All
89. *Implant contraindicated in which of the following patients?*
- a. HIV
 - b. Severe bruxismus
 - c. Uncontrol diabetic patient
 - d. All the above

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90. Which of the following are features of acquired pellicle except:
- a. Structures layer to protect tooth.
 - b. Aid in remineralization
 - c. Made of glycoprotein
 - d. Forms immediately after tooth brushing
91. During examination first lower premolar shows gingival recession buccally. What are the possible reasons?
- a. Frenum attachment
 - b. Patient is right hand brusher
 - c. Inadequate gingiva
 - d. All the above
92. Which is contraindicated in gingivoplasty?
- a. Periodontal knife.
 - b. Rotary coarse diamond burs.
 - c. Electrodes.
 - d. None of the above.
93. Acute necrotizing ulcerative gingivitis is most commonly seen in the age group of:
- a. 1-5 years,
 - b. 6-12 years,
 - c. All age groups are equally affected.
 - d. None of the above
94. Best way to remove calculus in a patient who has got 5 mm pocket is:
- a. Scaling.
 - b. Curettage.
 - c. Surgically by flap elevation and scaling
 - d. Root planing
95. To remove a broken periodontal instrument from the gingival sulcus:
- a. Schwartz Periotriever
 - b. Tissue forceps
 - c. Stills forceps
 - d. Addisons forceps
96. Among following least anaphylaxis is seen with:
- a. Streptokinase.
 - b. Urokinase.
 - c. Anisolated streptokinase
 - d. tPA.
97. Contraindication of gingivectomy:
- a. Periodontal abscess
 - b. Gingival hyperplasia
 - c. Poor oral hygiene
 - d. All the above
98. Which of the following are contraindication for gingivectomy?
- a. Periodontal abscess
 - b. Last trimester in pregnancy
 - c. Uncontrolled diabetic
 - d. All the above
99. Which of the following is true about sub gingival calculus?
- a. Hard and rough
 - b. Easy to detect
 - c. Has component of saliva
 - d. All the above
100. Subgingival scaling and root planing is done by:
- a. Hoe.
 - b. Chisel.
 - c. Gracey curette.
 - d. All the above
101. Which one of the following is likely to cause oral bad breath:
- a. Periodontal disease.
 - b. Faulty restoration.
 - c. Carious lesions.
 - d. All the above
102. Tobacco should be considered a risk factor when planning treatment for patient who require:
- a. Implants.
 - b. Periodontal surgery.
 - c. Oral surgery.
 - d. Esthetic treatment.
 - e. All of the above.
103. Which one of the following sentences is correct?
- a. Bad breath appears to be largely bacteria in origin.
 - b. Bad breath originating from the gastrointestinal tract is quite common.
 - c. Fear of having bad breath may be a severe problem for some people.
 - d. All the above

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104. *What's the most common feature to be found in tailor's teeth?*
a. Abrasion b. Erosion c. Attrition d. Abfarcation
105. *Contraindication of implant:*
a. Bruxism b. Malignancy c. Radiation therapy d. All the above
106. *Which causes gingival enlargement?*
a. Cyclosporines b. Calcium channel blocker,
c. Oral contraceptive, d. Phenytoin e. All the above
107. *Color of normal gingiva in interplay is between:*
a. Keratin and melanin only
b. Blood vessels and epithelial thickness
c. Keratin, blood vessels, melanin and epithelial thickness
d. Presence of minor salivary glands
108. *Difference between Gracy curette & universal curette:*
a. Cross section in Gracey is semicircular and in universal is triangular.
b. Gracey has one cutting edge while universal has two cutting edges.
c. Gracey has a certain site to work on per instrument, while universal can be applied any where in the dentition
d. Gracey has offset of 60°, while universal has offset of 90°
e. All of the above.
f. b, c, d
109. *Width of attached gingival on facial aspect of mandibular incisor region is:*
a. 3.1 to 3.5 mm. b. 3.3 to 3.9 mm. c. 3.6 to 4.1 mm. d. 3.9 to 4.3 mm.
110. *Gracey curette 11/12 is used for:*
a. Mesial posterior b. Distal posterior c. Buccal posterior d. Anterior
111. *Gracey curette 5/6 is used for:*
a. Mesial posterior b. Distal posterior c. Buccal posterior d. Anterior
112. *Dental floss is used to prevent:*
a. Discolouration of teeth b. Sensitivity in teeth
c. Caries in teeth d. Interproximal plaque formation
113. *Cusp that cause food impaction is called:*
a. Plunger cusp. b. Talon cusp. c. Plumber cusp. d. Traumatic cusp.
114. *Student, came to clinic with severe pain. Clinical examination shows interdental papilla is inflamed, that student has exams after 2 days. He is a heavy smoker, and has poor nutrition also. What will be your diagnosis?*
a. Gingivitis b. ANUG c. Periodontitis d. AHGS
115. *Breakdown of periodontal fibers in periodontitis is due to bacterial enzyme:*
a. Collagenase b. Hyaluronidase. c. Coagulase. d. None of the above.
116. *Non keratized epithelium is present in:*
a. Sulcular epithelium b. Gingival epithelium c. Attached epithelium d. All the above

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117. *Water irrigators are used for:*
- a. Plaque removes.
 - b. Remove debris between teeth.
 - c. Stain removal
 - d. Remove excess restorative material
118. *The pattern of bone in trauma from occlusion is:*
- a. Bizzare pattern of bone loss.
 - b. Horizontal bone loss.
 - c. Vertical bone loss.
 - d. Combined bone loss.
119. *The vertical fracture of the tooth is detected by:*
- a. Periodontal pocket
 - b. Radiographically.
 - c. Vertical percussion
 - d. All the above
120. *Tooth number 26, had a root canal treatment since two years. Upon x-ray you found radiolucency with bone resorption along one of the roots:*
- a. Ca (OH)₂.
 - b. Resection of the whole root
 - c. Redo RCT.
 - d. Periodontal curettage.
121. *Not removing calculus leads to periodontal disease, due to:*
- a. Calculus is the first antigen
 - b. It accumulate more plaque to its surface
 - c. It release calcium
 - d. All the above
122. *The carbon dioxide lasers used in dentistry have wavelength:*
- a. 1064 nm.
 - b. 10,600 nm
 - c. 1064 Å
 - d. 10,600 Å
123. *The main link between the pulp and the the periodontium is:*
- a. Apical foramen
 - b. Dentinal tubules
 - c. Accessory canals
 - d. PDL
124. *How will you take the broken instrument during periodontal surgical procedure?*
- a. Twizzer
 - b. Needle holder
 - c. Schwartz player
 - d. Ultrasonic intrument
125. *Currently the only effective preventive measure for periodontal disease (apart from limited use of antiseptic solutions) is:*
- a. Regular and rough removal of dental plaque.
 - b. Salt fluoridation
 - c. Dental health education.
 - d. All the above
126. *What kind of periodontal probe is used in the furcation area?*
- a. WHO
 - b. Nabers probe
 - c. UNC 15
 - d. Michigan
127. *A) Interdental bone is perpendicular to the imaginary line drawn at CEJ of adjacent tooth
B) If the CEJ of the adjacent tooth is variable than the interdental bone will be angulated towards the line:*
- a. a & b both are correct
 - b. Both are wrong
 - c. a only correct
 - d. b only correct
128. *Bluish black pigmentation on oral mucosa:*
- a. Arsenic poisoning
 - b. Mercury poisoning
 - c. Lead poisoning
 - d. Bismuth poisoning

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129. *During root planing and curettage an instrument is broken down at furcation level in bone. The instrument used to retrieve that broken instrument is:*
- a. Ultrasonic tips.
 - b. H files.
 - c. Schwartz Periotriever
 - d. Barbed broaches
130. *The reason for gingival enlargement during pregnancy is:*
- a. Estrogen
 - b. Progesterone
 - c. a+b
 - d. None of the above
131. *What is the treatment for furcation I*
- a. Guided tissue regeneration
 - b. Bone osteoplasty
 - c. Scaling and curettage
 - d. Alveoplasty
132. *The major connection (communication) between the pulp and the periodontal is through:*
- a. Apical foramen.
 - b. Lateral accessory canal.
 - c. Dentinal tubes.
 - d. Periodontal ligaments.
133. *Purpose of subgingival scaling is:*
- a. To remove calculus.
 - b. To remove nicotine cementum.
 - c. To make root surface biocompatible.
 - d. a and b only.
134. *Which statement best describes plaque?*
- a. It is a soft film composed mainly of food debris and cannot be rinsed off the teeth
 - b. It is a soft film composed mainly of food debris and can be rinsed off the teeth
 - c. It is a soft film composed mainly of bacteria and can be rinsed off the teeth
 - d. It is a soft film composed mainly of bacteria and can not be rinsed off the teeth
135. *The ability of the ankylosed teeth and periodontium to adapt to altered force levels or direction of force is:*
- a. Greater than normal teeth.
 - b. Lower than normal teeth
 - c. It does not changed remains the same.
 - d. It depends upon the severity of force
136. *During perio surgery for a patient with chronic periodontitis we found carter. How will you remove that carter?*
- a. Osteotomy
 - b. Osteoplasty
 - c. Gingivectomy
 - d. Alveoplasty
137. *Wall defect in perio. What is the best graft to treat this defect?*
- a. Cortical freeze dried bone allograft
 - b. Cancellous freeze dried bone allograft
 - c. All are the same
 - d. None of the above
138. *A patient returns one week after scaling and prophylaxis, hard black deposits of calculus are noted near the gingival margin. This indicates that:*
- a. The patient is a heavy tea drinker.
 - b. Shrinkage occurred after instrumentation.
 - c. Home care is poor and new calculus formed.
 - d. After scaling blood clotted on the tooth surface.
139. *Best position for apically displaced flap is:*
- a. At the alveolar crest.
 - b. At 2 mm apical to alveolar crest.
 - c. At 1 mm apical to alveolar crest.
 - d. At 1 mm coronal to alveolar crest.
140. *After placing a free gingival graft, the graft epithelium undergoes which of the following alterations:*
- a. Dysplasia.
 - b. Degeneration.
 - c. Proliferation.
 - d. Orthokeratinization.
141. *Difference between Gracey and Universal curettes:*
- a. Section of gracey is semicircular and universal is triangular
 - b. Gracey has one cutting edge while universal has 2 cutting edges
 - c. Gracey used for cutting in specific areas while universal is in any area
 - d. Universal 90 not offset, Gracey 60 offset

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Select the appropriate combination

1. a + d

2. b+d

3. a + b + c

4. b + c +d

142. *All of the following about Down's syndrome are true, except:*

- a. PDL degeneration takes place.
- b. Tooth never exfoliates though there is advanced PDL loss.
- c. Deep periodontal pockets associated with a substantial plaque.
- d. Acute necrotizing lesions are a frequent finding.

143. *One of these is less exposed to extensive dental caries:*

- a. Obesity, malnourished
- b. Patient has xerostomia
- c. Less plaque score
- d. Poor oral hygiene

144. *Calculus induce further periodontal lesion due to:*

- a. Directly stimulates inflammation
- b. More plaque adhere to it
- c. Calcium deposition will cause gingival irritation
- d. All the above

145. *To prevent perio problem most effective method is:*

- a. Community program.
- b. Removal of plaque
- c. Patient education.
- d. Water fluoridation

146. *Criteria to check prognosis of oral prophylaxis*

- a. Reduced BOP
- b. Stripping of gingiva
- c. Reduced sensitivity of tooth
- d. Reduced stains

147. *Biological depth:*

- a. Crestal bone to gingival sulcus
- b. Gingival sulcus to gingival margin
- c. Gingival margin to crestal bone
- d. All the above

148. *The best method for tooth brush is Bass method, because:*

- a. It enter to interproximal area
- b. Can be used by patients with gingival recession and it rotainary advices to all types of patients.
- c. The both sentences are correct.
- d. a is correct b is wrong

149. *Bass brushing has the advantage of the bristles entering in the cervical area, and it is recommended for all patients:*

- a. Both statements are true.
- b. Both statements are false
- c. First is true ,second is wrong
- d. First is wrong, second is true

150. *Patient comes to you with edematous gingiva, inflamed, loss of gingival contour and recession. What's the best tooth brushing technique?*

- a. Modified bass
- b. Modified stillman.
- c. Charter
- d. Scrub

151. *Isolated pocket can be seen in:*

- a. Vertical root fracture
- b. Palato gingival groove
- c. Endoorigine lesion
- d. All.

152. *What is the benefit of rinsing the mouth with water?*

- a. Plaque removal
- b. Clculus removal
- c. Washing the food debris
- d. Stains removal

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166. An 18 year old complains of pain and bad breath and gingival bleeding. This happened over the weekend while studying for her final exam. Her oral hygiene is overall good. What is the condition?
- ANUG
 - Periodontitis
 - Periodontosis
 - Rapidly progressive periodontitis
167. "Corn cob" appearance is seen in:
- Supragingival calculus.
 - Sub gingival calculus.
 - Supragingival plaque.
 - Sub gingival plaque.
168. Subgingival calculus has higher _____ than supragingival calculus:
- Hydroxyapatite.
 - Magnesium whitlockite.
 - Brushite.
 - Octacalcium phosphate.
169. Water irrigation is used for: *
- Dilution of bacterial products
 - Plaque control
 - Plaque removal
 - All the above
170. Uses of incidence rates are all, except:
- Helps in taking action to control the disease.
 - Gives clues to research into the etiology and pathogenesis of disease.
 - Useful in evaluating the efficacy of preventive and therapeutic measures.
 - Helps in estimating the magnitude of disease or health problems in the community
171. Important factor in long term success of perio treatment:
- Skill of the operator
 - Perio maintenance
 - a+b
 - None of the above
172. Which of the following causes gingival enlargement?
- Cyclosporines
 - NSAIDs
 - penicillin
 - Erythromycin
173. Gingival curettage is indicated in the treatment of:
- Inflamed and edematous gingiva.
 - Fibrotic gingiva.
 - Bleeding gingiva.
 - None of the above.
174. Study the signs and symptoms:
1. Increasing mobility 2. Pathologic migration 3. Inflamed gingiva. 4. Alveolar bone loss
Which of these are associated with secondary occlusal traumatism?
- 1, 2, 3.
 - 1, 2, 4.
 - 1, 3, 4.
 - All of the above.
175. Best diagnostic test for assessment of periodontal disease is:
- Periodontal probe
 - X-ray
 - Plaque intex
 - All the above
176. Hand instrument used for removal of subgingival calculus is:
- Sickle
 - Hoe.
 - Curette
 - Curved probe
177. Difference between periodontitis and periodontosis:
- Periodontosis is chronic periodontitis
 - Periodontosis is juvenile periodontitis
 - Periodontosis is aggressive form of periodontitis
 - Periodontosis is acute periodontitis
178. Localised lesions of bone loss on individual tooth. What could be the cause?
- Periodontitis
 - Trauma from occlusion.
 - Localized gingivitis
 - Root caries
179. What is infrabony pocket?
- Attachment of epithelium below the crest of alveolar bone.

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- b. Attachment of epithelium above the crest of alveolar bone.
c. Attachment of epithelium at the level of crest of alveolar bone.
d. None of the above
180. *Most common oral disease in adults:*
a. Gingivitis, b. Periodontitis c. Periodontosis d. Caries
181. *What is pellicle?*
a. A glycoprotein which is made of saliva composed mainly of protein,
b. A glycoprotein made up of saliva composed mainly of carbohydrate.
c. a+b
d. None of the above
182. *Supragingival calculus — all true except:*
a. Easy to detach b. Above the gingival margin
c. Present in buccal side of maxillary 1st molar d. Present in lingual side lower anterior
e. All the above
183. *Foster Miller probe are capable of measuring:*
a. Pocket depth. b. CEJ junction. c. Both. d. None.
184. *Which are the following are features of ankylosis of tooth:*
a. No PDL b. Caused by trauma c. Extracted surgically d. All of the above
185. *A 25 years old pregnant patient has swollen gingiva. It shows bleeding on probing, location is on papilla of anterior area of the maxilla, and it is isolated?*
a. Gingival hyperplasia b. Pyogenic granuloma c. Gingival abscess d. All the above
186. *All of the following drugs cause gingival enlargement except:*
a. Cyclosporine b. Phenytoin c. Nifedipine d. Aspirin
187. *Main aim of root planing is to remove:*
a. Plaque b. Calculus c. Necrotic cementum d. All of the above
188. *Surgical pocket therapy is used to:*
a. Expose the roots for scaling and root planning b. Remove supragingival calculus
c. Remove stains d. Remove gingivitis
189. *Biological zone of healthy gingiva is*
a. 1 mm b. 2 mm c. 3 mm d. 4 mm
190. *Toothbrushing and dental floss used in community prevention of periodontal disease:*
a. True. b. False.
191. *Hypercementosis is not seen with:*
a. Excessive orthodontic pressure. b. Low-grade periapical infection.
c. Absence of antagonist. d. Excessive occlusal forces
192. *What is the benefit of rinsing the mouth with water?*
a. Plaque removal. b. Prevent the formation of plaque.
c. Dilute the concentration of bacteria.

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193. *The water rinse devices for periodontal therapy has a main goal which is:*
- a. Remove plaque.
 - b. Prevent plaque attachment.
 - c. Dilute bacterial toxin.
 - d. Remove dental pocket.
194. *Calculus induces further periodontal lesion due to:*
- a. Directly stimulates inflammation.
 - b. More plaque adhere to it.
 - c. Irritate the gingiva.
 - d. Change the colour of gingiva
195. *To prevent perio problem, most effective method is:*
- a. Community program.
 - b. Removal of plaque.
 - c. Patient education.
 - d. Water floridation.
196. *Cementum in cervical 2/3rd has:*
- a. Acellular intrinsic fiber.
 - b. Acellular extrinsic fiber.
 - c. Cellular mixed fibers.
 - d. Intermediate cementum.
197. *Which material has best biocompatibility intraorally:*
- a. Cobalt chromium.
 - b. Titanium.
 - c. Nickle chromium.
 - d. Gold palladium.
198. *What is the complex that lead to gingivitis or what micro organisms initiate periodontal plaque?*
- a. Orange complex B.
 - b. Red complex
 - c. Black complex
 - d. Purple complex
199. *Periodontally involved root surface must be root planed to?*
- a. Remove the attached plaque and calculus
 - b. Removes necrotic cementum
 - c. Changes the root surface to become biocompatible
 - d. a and b only
 - e. All of the above
200. *Which part of instrument should be parallel during calculus removal?*
- a. Shank
 - b. Blade
 - c. Cutting edge
 - d. Handle
201. *A patient comes with diabetes and hypertension. You will find:*
- a. General gingival recession
 - b. Gingival abscess
 - c. Necrotizing gingiva
 - d. Periodontal abscess
202. *Treatment of juvenile periodontitis:*
- a. Tetracycline
 - b. Sulfanilamide
203. *Patient with recession gingiva in ant. teeth and feels pain with cold? What will you do for him?*
- a. Fluoride varnish
 - b. Fluoride gel
 - c. Fluride tooth paste
 - d. GIC
204. *An 18 years old patient, the bacterial complex present in his mouth is:*
- a. Red complex
 - b. Green complex
 - c. Purple complex
205. *What type of flap can be used to change unattached gingiva to attached?*
- a. Apical reposition flab
 - b. Coronal
206. *Patient with gingivectomy, which type of dressing?*
- a. Non eugenol dressing
 - b. Eugenol dressing
 - c. Phosphate dressing
 - d. It doesn't matter

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207. *Blade of PDL instrument should be:*
a. Perpendicular to long access
b. Parallel to long access
c. Perpendicular to shank
208. *A patient with gingivectomy surgery. After surgery, xenogram was placed with bioresorbable sutures. Which dressing is placed over it?*
a. Eugenol dressing
b. Non-eugenol based
c. Antibiotic dressing
209. *The subgingival scaler to be safe, it should be:*
a. Universal
b. The head should be 90% with shank
c. Gracey curette
210. *In order to activate on of periodontal instruments, the blade should make angle with facial surface of the tooth:*
a. 45:90
b. 90:180
c. 15:30
211. *When to use proxy brush?*
a. Embrasure type 1
b. Embrasure type 2
c. Embrasure type 3
d. Embrasure type 4
212. *A pregnant women with lesion:*
a. Pyogenic granuloma
b. Periapical abscess
c. Gingival abscess
d. Pulpitis
213. *Which is used for special area:*
a. Gracey
b. Universal scaler
214. *Normal range in gingival depth (epithelial attachment) in health mouth:*
a. 1 to 2
b. 2 to 3
c. 0 to 3
d. 0 to 5
215. *A healthy sulcular depth is 3 millimeters or less. However, in certain situations, gingivectomy is necessary to reduce the gingival pocket depths to a healthy:*
a. 1-3 mm.
b. 3-5 mm
c. 5-7 mm
d. 7-9 mm
216. *After perio surgery we wait for 5-6 months in order to:*
a. Complete re-epithelial
b. Complete maturation
217. *Active bristle brush:*
a. Modified stillman
b. Stillman's
c. Scrub tech
218. *Probiotic is:*
a. Bacteria
b. Virus
c. Fungus
d. All the above
219. *Bone between 2 roots parallel:*
a. To gingiva
b. To PDL
c. To roots
d. To blood vessels
220. *Which pathogen(s) are found in primary apical periodontitis?*
a. Pseudomonas fastuslies
b. Many microbial spa
c. Aerobic
221. *Crater in the interdental area indicate which of the following:*
a. One wall bone defect
b. 2 Wall bone defect
c. 3 Wall bone defect
d. Combined 1&3 wall

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222. A 14 years patient, excessive plaque and calculus. What is the best ultrasonic to be used?
a. Piezoelectric b. Magnetostrictive c. Ultrasonics
223. Elliptical motion:
a. Magnetostrictive b. Sonic c. Ultrasonic
224. A patient has periodontal diseases in lower six, has furcation grade 2, and mobility grade 2. The treatment prognosis is:
a. Poor b. Fair c. Good d. Very good
225. Gingival hyperplasia related to phenytoin therapy is:
a. Most common in lingual surface b. Most common in older pt.
c. Strongly related to phenytoin dosage d. Strongly related to poor oral hygiene
226. Affects periodontal ligament injection in pulpal blood circulation:
a. Increase b. Decrease c. No change d. No relation to this
227. Parakeratinized:
a. Not found in gingiva b. In alveolar mucosa c. Contains cell like with keratin nuclei
228. Why do we make dermal graft in disc perforation?
a. Preserve integrity b. Make fibrous connective tissue growth
c. Degenerate the fibrous C.T d. Prevent adhesion of disc to glenoid fossa
229. The difference between the alveolar epithelium and the gingiva epithelium is:
a. Absence of stratum spinosum b. Absence of stratum granulosum
c. Absence of stratum corneum
230. The determinant of periodontal treatment outcome in addition to patient compliance:
a. Patient age b. Description of systemic antibiotics
c. Proper scaling and planing of root
231. Improper occlusal harmony in restoration will cause:
a. Pulp fibrosis b. Pulp degeneration c. Lateral load and affect periodontal health
232. A patient comes with pain on chewing. Cold test is normal but tooth sensitive and pain on biting
a. Normal pulp with normal PDL
b. Normal pulp with symptomatic periodontitis
c. Asymptomatic reversible pulpitis with symptomatic periodontitis
d. Asymptomatic irreversible pulpitis with asymptomatic periodontitis
233. Most common acute injury during flossing:
a. Injury of inter dental papilla b. Loss of attachment in palatal of posterior upper
234. Names of caries system:
a. MTD b. MDF c. DM F
245. Which of the following is a common osseous lesion in periodontitis?
a. Exostosis b. Crater c. Buttressing bone d. Hemiseptum
236. Coronoplasty should be carried out in patients with:
a. Occlusal prematurities b. Parafunction habits
c. Signs of trauma from occlusion d. All of the above

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237. Flap used to fix bonyun attached pocket to be attached again:
- a. Coronal repositioned
 - b. Apical reposition
 - c. Modified Widman
 - d. Not displaced flap
238. A patient comes to you with edematous gingiva, inflamed, loss of gingival contour and recession. What's the best tooth brushing technique?
- a. Modified bass
 - b. Modified Stillman.
 - c. Charter.
 - d. Scrub.
239. Zirconium post has:
- a. High compressive strength and low tensile strength.
 - b. Low compressive strength and low tensile strength
 - c. High compressive strength and high tensile strength
 - d. Low compressive low tensile
240. Periodontal flaps, what is important?
- a. Acute pericoronitis treatment
 - b. Antibiotic
 - c. Remove occlusion force sub gingival
 - d. Rinsing
241. After removal of plaque teeth, whether good and healthy, how do you know?
- a. Probing on pocked
 - b. Blood decrease
 - c. Gingival form
242. Isolated Miller upper canine has grade II recession:
- a. Full flap with full flap
 - b. full flap with strip flap
 - c. Connective tissue graft with full flap
 - d. CT graft with strip flap
243. Brushing method in which side parts of bristles are activated:
- a. Bass
 - b. Charter
 - c. Modified Stillman
244. Embrasure grade III:
- a. GTR
 - b. Proxy brush
 - c. Unitufted brush
 - d. Floss
245. Aluminium foil test to detect:
- a. Ultrasonic cleaners
 - b. Autoclaving
246. Characteristic surface texture found on the buccal surface of permanent teeth is a result of which of the following?
- a. Hunter-Shrugger bands
 - b. Stricia of retzius
 - c. Perikymata
 - d. Enamel lamellae
247. Type of bone best for implants:
- a. Type 1
 - b. Type 2
 - c. Type 3
 - d. Type 4
248. Oral surgeon referred an implant patient for crown placement. The implant is placed since 3 months and everything is perfect. The only problem is that, there is only 4 mm vertical space for the crown replacement.
- a. Screw design
 - b. Refer to the oral surgeon
 - c. Make it out of contact
 - d. Make esthetic abutment
249. How to retract flap of upper lip with bland-end scissors?
- a. Metzenbaum scissors
 - b. Dcans retract scissors
 - c. Retract scissors
 - d. Iris - retract scissors

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250. *Property of titanium that lead to fracture:*
- a. Axial fatigue
 - b. Tensile strength
 - c. Compressive strength
 - d. Tear resistance
251. *A patient is 44 years old with peri-implantitis, the best instrument used:*
- a. Carbon fiber
 - b. Stainless steel
 - c. Ultrasonic scaler
 - d. Hand scaler
252. *Material fatigue means:*
- a. Repeated loaded
 - b. Plastic deformation
 - c. Resistance to fracture
 - d. Plastic deformation with fracture resistance
253. *A patient came complaining from bad odor. Although on exam, good oral hygiene, no caries. Ideal measurement of bad odor is by?*
- a. Heliometers
 - b. Clinical examination
 - c. Alcohol meter
 - d. None of the above
254. *After perio-surgery pack antibiotic:*
- a. Amoxillin
 - b. Metrodazyl
 - c. Clindamycin
255. *Best floss is:*
- a. Cotton
 - b. Waxed nylon
 - c. Plain nylon
 - d. Plasic
256. *Instrument used to retract cheek + flap at same is:*
- a. Minnesota retractor
 - b. Weirder
 - c. Periosteal elevator
257. *Which temp. can cause damage to bone cells?*
- a. 30° for 1 min
 - b. 46° for 1 min
 - c. 30° for 2 min
 - d. 46° for 2 min
258. *Type of inter dental clean device depends on:*
- a. Age of patient
 - b. Type of pathology
 - c. Type of gingival embrasure
259. *The common goal for periodontal flap is:*
- a. Remove granulation tissue
 - b. Access to diseased root surface
 - c. Adjust mucogingival preparation
 - d. All of the above
260. *Canine you want to do root coverage using (Lanzer's) tech. What is this tech?*
- a. Half thickness flap without split
 - b. Full thickness flap without split
 - c. Full thickness flap with spilt
 - d. Half thickness flap with split
261. *How to retract flap of upper lip with bland-end scissor:*
- a. metzenbaum scissor
 - b. Deans retract scissor
 - c. K- retract scissor
 - d. Iris-retract scissor
262. *How to use Miswak and toothbrush?*
- a. Toothbrush after meals and Miswak at prayer time and when out of home
 - b. Toothbrush and Miswak must be used together
 - c. Miswak must be used and toothbrush is not
 - d. Niswak only enough
263. *Gracey curette 7/8 is used for:*
- a. Mesial posterior
 - b. Distal posterior
 - c. buccal posterior
 - d. anterior

EXPLANATION

1. Answer: d
Reference: Sturdevant's Art and Science of Operative Dentistry, 4th ed, page 315
2. Answer: c
Reference: Carranza's Clinical Periodontology, 10th ed, page 442
3. Answer: d
Schwartz Periotriever is the specific instrument used for taking out of broken perio instruments from the gingiva.
4. Answer: a
5. Answer: a
Reference: Carranza's Clinical Periodontology, page 384
6. Answer: d
Reference: Carranza's Clinical Periodontology, page 750, 751
7. Answer: c
Reference: Guyton and Hall's Textbook of Medical Physiology, page 447
8. Answer: b
Reference: Carranza's Clinical Periodontology
Cold sores or fever blisters, is an infection of the face or mouth.
9. Answer: d
Reference: Carranza's Clinical Periodontology 10th ed, page 129
10. Answer: b
Reference: Oxford Handbook of Clinical Dentistry, 4th ed, page 234
11. Answer: c
12. Answer: d
Reference: Oxford Handbook of Clinical Dentistry, 4th ed, page 234
Reference: Carranza's Clinical Periodontology
Changing the root surface of the affected tooth for making it biocompatible is considered as periodontal surgery
13. Answer: a
14. Answer: a
Reference: Carranza's Clinical Periodontology
15. Answer: b
16. Answer: b
17. Answer: a
Reference: Oxford Handbook of Clinical Dentistry, 4th ed, page 234
Reference: Carranza's Clinical Periodontology

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18. Answer: a

19. Answer: c

Reference: Glickman Clinical Periodontology, 10th ed, page 151

20. Answer: c

Reference: Orban's Oral Histology and Embryology, page 149

Sharpey's fibers are present also in bone.

21. Answer: d

The drugs which cause gingival overgrowth are:

Anticonvulsants:

Phenytoin, phenobarbital, lamotrigine, valproate, vigabatrin, ethosuximide, topiramate and primidone.

Calcium channel blockers:

Nifedipine, amlodipine, and verapamil.

The dihydropyridine derivative isradipidine can replace nifedipine and does not induce gingival overgrowth. cyclosporine, an immunosuppressant.

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

22. Answer: a

23. Answer: c

All of these elements can cause discoloration.

Overexposure to bismuth can result in the formation of a black deposit on the gingiva, known as a bismuth line.

Bismuth poisoning exists and mostly affects the kidney, liver, and bladder. Skin and respiratory irritation can also follow exposure to respective organs.

24. Answer: b

Reference: Oxford Handbook of Clinical Dentistry, 4th ed, page-216

– Carranza's Clinical Periodontology

Probing to elicit bleeding (which is the single most useful indicator of disease activity), measuring pocket depth attachment levels, and detecting subgingival calculus.

25. Answer: c

Reference: Carranza's Clinical Periodontology, page 79

26. Answer: c

Reference: Oxford Handbook of Clinical Dentistry, 4th ed, page 218

Chronic gingivitis is, as the name suggests, inflammation of the gingival tissues. It is not associated with alveolar bone resorption or apical migration of the junctional epithelium. Pockets > 2 mm can occur in chronic gingivitis due to an increase in gingival size because of edema or hyperplasia (false pockets).

27. Answer: b

Reference: http://en.wikipedia.org/wiki/Periodontal_curette

28. Answer: d

Reference: Carranza's Clinical Periodontology

29. Answer: c

Reference: Carranza's Clinical Periodontology

30. Answer: c

Reference: Skinner's Science of Dental Materials, page 761

31. Answer: b

32. Answer: c

Reference: Damles' Textbook of Pediatric Dentistry

33. Answer: b

34. Answer: d

35. Answer: b

Reference: Carranza's Clinical Periodontology, page 172

36. Answer: a

Reference: Carranza's Clinical Periodontology

37. Answer: c

38. Answer: a

Reference: Oxford Handbook of Clinical Dentistry, 4th ed, page 204

Supragingival calculus is less harder, clay in nature, white or yellowish in color, its component is mostly from saliva, Sub gingival calculus is hard, dark in color (green on black), most of its component from cervical fluid, difficult to detect.

39. Answer: b

Reference: Oxford Handbook of Clinical Dentistry, 4th ed, page 332
Dental Decks, 2nd ed, page 165

40. Answer: c

41. Answer: d

Reference: Oxford Handbook of Clinical Dentistry, 4th ed, page 234

42. Answer: b

Reference: Carranza's Clinical Periodontology

Biologic width – 2.04 mm (junctional epithelium 0.97 mm + connective tissue (attachment 1.07 mm

43. Answer: d

Reference: Carranza's Clinical Periodontology

44. Answer: d

Reference: Carranza's Clinical Periodontology

<http://www.asnanak.net/ar/article.php?sid=152>: Periodontal debridement

45. Answer: b

Reference: Oxford Handbook of Clinical Dentistry, 4th ed, page 216

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Probing to elicit bleeding which is the single most useful indicator of disease activity, measuring pocket depth attachment levels, and detecting subgingival calculus.

46. Answer: c

Reference: Oxford Handbook of Clinical Dentistry, 4th ed, page 218

47. Answer: d

Reference: Orban's Oral Histology and Embryology, page 149

48. Answer: b

Reference: Orban's Oral Histology and Embryology, page 149

49. Answer: a

50. Answer: a

51. Answer: e

Reference: Oxford Handbook of Clinical Dentistry, 4th ed, page 204

Carranza's Clinical Periodontology

Calculus composition: inorganic content and organic content

52. Answer: c

Reference: Oxford Handbook of Clinical Dentistry, 4th ed, page 226

Carranza's Clinical Periodontology, page 179

Dental floss has been shown to be the most effective way to remove bacterial plaque and other debris from otherwise inaccessible areas, the proximal surfaces of the teeth.

53. Answer: a

Reference: Laskin's Clinician's Handbook of Oral and Maxillofacial Surgery 2nd ed, page 316

54. Answer: a

Reference: Carranza's Clinical Periodontology, page 179

Dental plaque is composite of primarily microorganisms. One gram of plaque contains 2×10^{11} bacteria.

The intracellular matrix estimated to account for 20% to 30% of the plaque mass consists of organic and nonorganic materials.

55. Answer: b

Reference: Oxford Handbook of Clinical Dentistry, 4th ed, page 226

Carranza's Clinical Periodontology, page 179

56. Answer: b

57. Answer: a

Reference: Oxford Handbook of Clinical Dentistry, 4th ed, page 226

58. Answer: c

Reference: Oxford Handbook of Clinical Dentistry, 4th ed, page 226

59. Answer: a

Reference: Glickman's Periodontology, 9th ed, page 749

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60. Answer: b

61. Answer: c

62. Answer: c

Reference: Dental Decks, 2nd ed, page 776

63. Answer: d

Reference: Carranza's Clinical Periodontology

64. Answer: a

Reference: Burket, Oral medicine, page 63

The patient must be made aware that, unless the local etiologic factors of the disease are removed, ANUG may return or become chronic and lead to periodontal disease of necrotic ulcerative gingivitis NUG.

65. Answer: c

Reference: Ananthanarayanan and Paniker's Textbook of Microbiology, page 324

66. Answer: a

67. Answer: a

Reference: Oxford Handbook of Clinical Dentistry, 4th ed, page 226

68. Answer: c

69. Answer: d

Reference: Carranza's Clinical Periodontology, 1st ed, page 347

70. Answer: d

Reference: Carranza's Clinical Periodontology, 10th ed, page 156

71. Answer: c

Reference: Dental Decks 2nd ed, page 484

72. Answer: d

Hetero graft is a bone graft from different species.

73. Answer: e

74. Answer: a

Reference: Caranza Periodontology, page 582

75. Answer: d

Reference: Neelima Anil Malik's Textbook of Oral and Maxillofacial Surgery, 1st, page 395

76. Answer: a

Reference: Orban's Oral Histology and Embryology

77. Answer: d

Reference: Glickman, 9th ed, page 787

78. Answer: c

79. Answer: b

80. Answer: e

Reference: Clinical Periodontology, 9th ed, page 39

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81. Answer: d
Reference: Glickman, 9th ed, page 871
82. Answer: a
Reference: Hiremath's Textbook of Preventive and Community Dentistry, page 356
83. Answer: b
Dental floss prevents periodontal disease
84. Answer: d
Reference: Carranza's Clinical Periodontology, page 355
85. Answer: d
Reference: Glickman, 10th ed, page 552
86. Answer: c
87. Answer: a
Reference: Oxford Handbook of Clinical Dentistry, 4th ed, page 154
88. Answer: d
89. Answer: d
Reference: Guyton and Hall's Textbook of Medical Physiology, page 447
(is a significant relative contraindication. There must be sufficient alveolar bone above the mandibular canal and mental foramen to protect nerves. Implants are contraindicated for some patients who take intravenous bisphosphonates. Bruxism (tooth clenching or grinding) is another consideration which may reduce the prognosis).
90. Answer: b
Reference: Oxford Handbook of Clinical Dentistry, 4th ed, page 202
91. Answer: d
92. Answer: d
Reference: Glickman, 9th ed, page 751
93. Answer: d
Acute necrotizing ulcerative gingivitis (ANUG) is most commonly in 15-20 years
94. Answer: b
95. Answer: a
96. Answer: d
Reference: Carranza's Clinical Periodontology, page 347
97. Answer: a
Reference: Glickman, 9th ed, page 749
98. Answer: d
Reference: Glickman, 9th ed, page 749
99. Answer: a

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100. Answer: c
Reference: Oxford Handbook of Clinical Dentistry, 4th ed, page 234
(hoe, chisel – supragingival)
101. Answer: d
102. Answer: e
103. Answer: d
104. Answer: a
105. Answer: d
Reference: Guyton and Hall's Textbook of Medical Physiology, page 447
106. Answer: e
107. Answer: c
108. Answer: f
Reference: http://en.wikipedia.org/wiki/Periodontal_curette
(But text books say the angle of gracey is 70 degrees not 60)
109. Answer: b
Reference: Carranza's clinical periodontology-47
110. Answer: a
Reference: http://en.wikipedia.org/wiki/Periodontal_curette
Gracey curettes 1/2, 3/4, 5/6 are used on the anterior sextants of teeth. 7/8 and 9/10 are used on the buccal and lingual portions of posterior teeth. 11/12 and 15/16 are used on the mesial portions of posterior teeth. 13/14 and 17/18 are used on the distal portions of posterior teeth.
111. Answer: d
112. Answer: d
Reference: Oxford Handbook of Clinical Dentistry, 4th ed, page 226
113. Answer: a
Reference: Carranza's Clinical Periodontology, 10th ed, page 178
114. Answer: b
Reference: Oxford Handbook of Clinical Dentistry, 4th ed, page 222
115. Answer: a
Reference: Carranza's Clinical Periodontology, 10th ed, page 233
116. Answer: a
Reference: Oxford Handbook of Clinical Dentistry, 4th ed, page 234
117. Answer: b
Reference: Oxford Handbook of Clinical Dentistry, 4th ed, page 226

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118. Answer: c
Reference: Glickman, 10th ed, page 458
119. Answer: a
120. Answer: b
121. Answer: b
Reference: Oxford Handbook of Clinical Dentistry, 4th ed, page 204
122. Answer: b
Reference: Carranza's Clinical Periodontology, 10th ed, page 915
123. Answer: c
124. Answer: c
125. Answer: a
Reference: Oxford Handbook of Clinical Dentistry, 4th ed, page 226
126. Answer: b
127. Answer: a
128. Answer: d
129. Answer: c
130. Answer: c
131. Answer: c
(Treatment of Grade I furcation involvement usually involved sealing and curettage or by gingivectomy)
Reference: Glickman, 9th ed, page 749
132. Answer: a
133. Answer: a
Reference: Carranza's Clinical Periodontology, page 172
134. Answer: d
Reference: Oxford Handbook of Clinical Dentistry, 4th ed, page 226
135. Answer: b
Reference: Glickman, 10th ed, page 79
136. Answer: a
137. Answer: a
138. Answer: b
Reference: Carranza's Clinical Periodontology, page 607
139. Answer: b
Reference: Carranza's Clinical Periodontology, page 851-858
140. Answer: b
Reference: Carranza's Clinical Periodontology, page 856

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141. Answer: d
Reference: http://en.wikipedia.org/wiki/Periodontal_curette
142. Answer: b
Reference: Carranza's Clinical Periodontology, page 406,407
143. Answer: c
144. Answer: b
Reference: Oxford Handbook of Clinical Dentistry, 4th ed, page 204
145. Answer: b
Reference: Oxford Handbook of Clinical Dentistry, 4th ed, page 226
146. Answer: a
147. Answer: a
Its physiologic dimension of epithelium and connective tissue attachment (sulcus + epithelium+ connective tissue) = 2.04 mm
148. Answer: c
149. Answer: a
Reference: Carranza's Clinical Periodontology, page 658
Bass method advantages:
It concentrates the cleaning action on the cervical and interproximal portions of the teeth.
The Bass technique is efficient and can be recommended for any patient with or without periodontal involvement.
150. Answer: b
Reference: Carranza's Clinical Periodontology, page 659
The brushing technique which is recommended after periodontal surgery is Charter
The brushing technique which is recommended for areas with progression gingival recession is modified Stillman.
151. Answer: d
Reference: <http://www.mmcpub.com/pdf/1998ppa/19...av10n3p369.pdf>
Vertical root fractures: Clinical and radiographic diagnosis — Cohen et al. 134 (4): 434 The Journal of the American Dental Association
152. Answer: c
Reference: Oxford Handbook of Clinical Dentistry, 4th ed, page 226
153. Answer: a
Reference: Carranza's Clinical Periodontology, page 96
154. Answer: b
Reference: Carranza's Clinical Periodontology, page 288
155. Answer: b
Reference: National Board Dental Examination, July-1979

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156. Answer: b
Reference: Carranza's Clinical Periodontology, page 357
157. Answer: c
Reference: Carranza's Clinical Periodontology, page 967, 773
158. Answer: e
Reference: Oxford Handbook of Clinical Dentistry, 4th ed, page 204
159. Answer: d
Remember: We use water with synthetic stones, and oil with natural stones.
160. Answer: a
Reference: Oxford Handbook of Clinical Dentistry, 4th ed, page 222
ANUG will be in interdental gingival and lining mucosa. AHGS will be in palatal mucosa.
161. Answer: d
Reference: Glickman, 10th ed, page 69
162. Answer: d
Reference: Glickman, 10th ed, page 632
163. Answer: a
Reference: Orban's Oral Histology and Embryology, page 149
164. Answer: a
Reference: Carranza's Clinical Periodontology, 10th ed, page 469
165. Answer: d
Reference: National Board Dental Examination, July-1981
166. Answer: a
Reference: Oxford Handbook of Clinical Dentistry, 4th ed, page 222
167. Answer: c
Reference: Glickman, 10th ed, page 143
168. Answer: b
Reference source: Carranza's Clinical Periodontology, page 172
169. Answer: a
Reference: Oxford Handbook of Clinical Dentistry, 4th ed, page 226
170. Answer: d
Reference: Park's Textbook of Preventive and Social Medicine, page 55-57
171. Answer: b
172. Answer: a
173. Answer: a
Reference: National Board Dental Examination. Dec-1978

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174. Answer: b
Reference: Glickman, 9th ed, page 376
175. Answer: a
176. Answer: c
Reference: Carranza's Clinical Periodontology, page 172
177. Answer: b
178. Answer: b
179. Answer: a
180. Answer: a
181. Answer: a
Reference: Oxford Handbook of Clinical Dentistry, 4th ed, page 202
182. Answer: e
Reference: Oxford Handbook of Clinical Dentistry, 4th ed, page 204
183. Answer: c
Reference: Glickman, 10th ed, page 584
184. Answer: d
185. Answer: b
Reference: Oxford Handbook of Clinical Dentistry - 4th Ed. (2008) page 414
186. Answer: d
187. Answer: d
188. Answer: a
The objective for pocket therapy is:
Increase the accessibility to the root surface, making it possible to remove all irritants
Reduce or eliminate pocket depth, making it possible for the patient to maintain the root surface free of plaque shape, soft and hard tissues to attain a harmonious topography.
189. Answer: c
Biologic zone - 2.73 mm (junctional epithelium 0.97 mm + connective tissue (attachment 1.07 mm + gingival sulcus 0.69 mm
190. Answer: a
191. Answer: a
Reference: Glickman, 9th ed, page 43
192. Answer: b
193. Answer: b
194. Answer: b
195. Answer: b
196. Answer: b

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197. Answer: b
 198. Answer: d
Reference: Carranza's Clinical Periodontology
 199. Answer: e
 200. Answer: a
Reference: Carranza's Clinical Periodontology, Instrumental Chapter
 201. Answer: d
 202. Answer: a
 203. Answer: a
 204. Answer: c
 Red or pink colors – gingivitis and periodontist
 calculus complex on young patient – yellow or purple
 calculus complex on elderly patient – black
 pocket – orange
 205. Answer: a
 206. Answer: a
 207. Answer: c
 208. Answer: b
 209. Answer: c
 210. Answer: a
 211. Answer: b
 212. Answer: a
 213. Answer: a
 214. Answer: b
 215. Answer: a
 216. Answer: b
 217. Answer: a
 218. Answer: a
 219. Answer: a
 Parallel to marginal gingiva
 220. Answer: b
 221. Answer: b
 222. Answer: a
 223. Answer: a
 224. Answer: b
 225. Answer: d

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226. Answer: b
 Limited blood circulation at the injection site for the periodontal ligament technique, so it is decreased.
 227. Answer: c
 228. Answer: b
 229. Answer: c
 230. Answer: c
 231. Answer: c
 232. Answer: b
 233. Answer: a
 234. Answer: c
 235. Answer: b
 236. Answer: d
 237. Answer: b
 238. Answer: b
 239. Answer: c
 240. Answer: d
 241. Answer: b
 242. Answer: d
 243. Answer: b
 244. Answer: c
 Type-1 embrasure with light contact zones and intact papilla Floss
 Type-2 embrasure with concave interproximal surface and Moderate papillary recession ! Interdental or Proxy brush
 Type-3 embrasure with complete loss of papillae ! Unifurled brush
 245. Answer: a
 246. Answer: c
 247. Answer: b
 248. Answer: a
 Minimum clearance required is 7mm, if not then a screw supported prosthesis can be placed, instead of abutment screw.
 249. Answer: a
 250. Answer: a
 251. Answer: a
 252. Answer: a
 253. Answer: a
 254. Answer: c

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- 255. Answer: b
- 256. Answer: a
- 257. Answer: b
- 258. Answer: c
- 259. Answer: b
- 260. Answer: c
- 261. Answer: a
- 262. Answer: a
- 263. Answer: c