



11. Pedodontics

1. *Stimulus response theory is also known as:*
 - a. Physical restraint.
 - b. Aversive conditioning.
 - c. Behavior shaping.
 - d. TLC.
2. *The most rapid growth in humans occur during:*
 - a. Prenatal period.
 - b. 6 to 12 months after birth.
 - c. 3 to 5 years of life.
 - d. 6 to 12 years old.
3. *At 7 yrs old with thumb sucking, how to start treatment:*
 - a. Consulting
 - b. Psychiatric
 - c. Orthodontic
4. *Which of the following causes remineralization in odontogenesis?*
 - a. Inner epithelium
 - b. Outer epithelium
 - c. Stratum intermedium
5. *Main cause of serial extraction is to primary extraction of:*
 - a. C
 - b. D
 - c. 4
 - d. 5
6. *Upper molars developed in tuberosity, occlusal surface will be tilted:*
 - a. Distal
 - b. Mesial
 - c. Buccal
 - d. Palatal
7. *A 4 year old patient visits your hospital after bicycle accident, In clinical examination you found the primary tooth intruded into the permanent follicle. What is the effect it will cause to permanent tooth?*
 - a. Dens in dente
 - b. Dens evanegenatus
 - c. Turner's hypoplasia
 - d. Ankylosis
8. *Mixed dentition period in children occur in between the eruption of following teeth..*
 - a. First permanent molar and canine
 - b. First permanent molar and premolar
 - c. Canine and second permanent molar
 - d. First permanent molar and third molar
9. *A child with caries in the incisors. We call this caries:*
 - a. Rampant caries.
 - b. Nursing caries.
 - c. Children caries
 - d. Arrested caries
10. *A child 6 years old having thumb sucking problem, brought by his parents to you, and it already caused dental problem to that patient. What will you do?*
 - a. Nothing to do, because its normal
 - b. Psychological treatment.
 - c. Advise the patient
 - d. Early habit breaking appliance.
11. *Twins come to your clinic. During routine examination you found great change in behavior between both of them. This is due to:*
 - a. Gender.
 - b. Environment.
 - c. Maturation.
 - d. None.

Section II: Topicwise Questions / Answers

12. *A child with vesicle on the hard palate with history of malaise for 3 days. What is the possible diagnosis?*
- a. Herpes simplex infection. b. Erythematic multiform
c. Aphthous ulcer d. Traumatic ulcer
13. *A child 8 years old, patient with separation, he is unable to name color or his name. This stage likely to be:*
- a. 3 years old. b. 4 years old. c. 10 years old. d. 6 years old
14. *Flush terminal plane will most likely result in:*
- a. Class I occlusion. b. Class II occlusion. c. Class III occlusion. d. Any of the above.
15. *A child comes to your clinic after fall down from stairs. During examination you have found the child has teeth which have no mobility but have luxation. Best treatment is:*
- a. Acrylic splint. b. Flexible fixation. c. Rigid fixation. d. No need for treatment
16. *A 6 years old child came to your clinic with grossly decayed 74 and 84. You have extracted 74 and 84, and the first permanent molar was erupted. Which is the best space maintainer in this case?*
- a. Lingual arch b. Bilateral band and loop.
c. Bilateral distal shoe. d. No need for space maintainer.
17. *Epileptic children on medication can be classified according to American Society of Anesthesiologists as:*
- a. ASA I b. ASA II c. ASA III d. ASA IV
18. *A 14 years old patient came to your clinic with avulsed incisor tooth. You replant the tooth in the socket and splint for:*
- a. 1 – 2 weeks. b. 2 – 3 weeks. c. 3 – 4 weeks. d. 4 – 5 weeks.
19. *If you are taking periapical X-ray for immature tooth, what will be information you get?*
- a. Generally conclusive. b. Simply inconclusive.
c. Should be compared with contralateral and adjacent tooth. d. None of the above
20. *A patient came to you after a bicycle accident with trauma of the central incisor. Radiologic examinations show open apex of the tooth, clinical examination revealed cut of blood supply to the tooth. What is your next step?*
- a. Extraction. b. Endontic management
c. Observe over time. d. Pulpotomy
21. *A child patient came to you with gray discoloration of the deciduous incisor also seen on radiographic exam. There is dilation of follicle of the permanent successor. What will be your treatment plan?*
- a. Extract the deciduous tooth. b. Endodontic treatment for infected tooth.
c. Observe over time. d. None of the above
22. *Stomodeum and foregut are separated by:*
- a. Oropharyngeal membrane b. Ectodermal cleft
c. Epithelial crest d. Frontal bulge
23. *A father of 12 year old child patient asked you about, the age for the amalgam restoration, which you have done on his child. What will you tell him?*
- a. 2 years. b. 9 years. c. 2 decade. d. All life.
24. *Why the caries progression in children is more rapid than adults?*
- a. Difference in PH. b. Because of open apex
c. Children has less immunology d. Generalized dentine sclerosis by age

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25. Parents come with their twin children to your clinic. During routine examination, you found great change of behavior between the boy and the girl. This is due to:
- | | | | |
|----------------|-----------------|---------------|-------------|
| a. Hereditary. | b. Environment. | c. Maturation | d. Learning |
| 1. a+b | 2. b+c | 3. b+d | 4. a+b+c |
26. A 7 year old pedo patient lost his 75. What kind of space maintainer you will provide?
- | | | | |
|------------------|--------------------|-------------------|----------------|
| a. Band and loop | b. Nance appliance | c. Crown and loop | d. Distal shoe |
|------------------|--------------------|-------------------|----------------|
27. Band and loop space maintainers is most suitable for the maintenance of space after premature loss of:
- | | |
|-----------------------------------|-----------------------|
| a. Single primary molar | b. Two primary molars |
| c. A canine and a lateral incisor | d. All of the above |
28. A child patient brought to clinic after accident. In clinical and radiological examination you found the primary tooth intruded in to the permanent follicle. What will be the effect it cause to permanent tooth?
- | | |
|------------------------|-----------------------------|
| a. Dens in dente | b. Dens evagenatus |
| c. Turner's hypoplasia | d. Dentinogenesis imperfect |
29. A 4 year old child patient, visiting your dental office with some dental problem. The patient needs inferior alveolar nerve block for dental procedures.
- | | |
|---|---|
| a. You should give 30 -50% nitrous oxide | b. You should give nitrous oxide before the inferior alveolar block by LA |
| c. Nitrous oxide should not be given to child patient | d. There is no use of nitrous oxide in dental office |
30. A 1 year old child came to your dental hospital along with parents. The child has upper central incisor in his mouth. When will be the root formation complete for that tooth?
- | | | | |
|-------------------|-------------------|--------------------|-------------------|
| a. After 6 months | b. After 9 months | c. After 18 months | d. After 3 months |
|-------------------|-------------------|--------------------|-------------------|
31. Indirect pulp capping is done in which of the following?
- | | | | |
|-------------------|---------------------|--------------------|-----------------------|
| a. Primary molar. | b. Primary incisor. | c. Permanent molar | d. None of the above. |
|-------------------|---------------------|--------------------|-----------------------|
32. 5 years old patient lost his primary first maxillary molar the best retainer is:
- | | | | |
|-------------------|--------------------|------------------|---------------------|
| a. Band and loop. | b. Crown and loop. | c. Lingual arch. | d. Nance appliance. |
|-------------------|--------------------|------------------|---------------------|
33. A child patient with swelling in the buccal and palatal maxillary anterior area few days ago. The pathology of the lesion tells there is a giant cell. What is the diagnosis?
- | | | | |
|--------------------------|-----------------|----------------------|----------------------------|
| a. Giant cell granuloma. | b. Hemanginoma. | c. Nasopalatine cyst | d. Squamous cell carcinoma |
|--------------------------|-----------------|----------------------|----------------------------|
34. First evidence of calcification of primary anterior teeth begins approximately between:
- | | |
|-----------------------------|-----------------------------|
| a. 14 to 17 weeks in utero. | b. 9 to 12 weeks in utero. |
| c. 6 to 9 weeks in utero. | d. 17 to 20 weeks in utero. |
35. A 6 years old child with bilateral loss of lower deciduous molars. The patient's anterior teeth not erupted yet. The space maintainer for choice is:
- | | |
|---|------------------------------|
| a. Lingual arch | b. Bilateral band and loop |
| c. Bilateral band and loop with distal shoe | d. Removable partial denture |
36. Mandibular foramen is located:
- | | |
|---------------------------------------|-------------------------------------|
| a. At the same occlusal line in adult | b. Above occlusal line in children |
| c. Below occlusal line in old | d. Below the occlusal line in child |

Section II: Topicwise Questions / Answers

37. A 6 years old child lost his upper right 1st primary molar. What will be your management?
 a. Lingual bar. b. Crown and loop. c. Band and loop. d. FPD
38. A child's personality is controlled by _____ in oral stage of Freud's psychoanalytical theory:
 a. Id. b. Ego. c. Supergo. d. Id and ego.
39. One of the main causes of malocclusion:
 a. Ugly duckling stage b. Premature loss of primary teeth
 c. Caries d. Poor oral hygiene
40. A child has bruxism, to be treated with sedative:
 a. Cusp capping b. Vinyl plastic bite guard. c. Occlusal splint d. full crown
41. An 8 years old child, suffered a trauma at the TMJ region as infant, complaining now from limitation in movement of the mandible. Diagnosis is:
 a. Sub luxation b. Ankylosis. c. Trismus d. Muscular contraction
42. The most successful technique used with children:
 a. TSD b. Hand over mouth c. Punishment d. Physical restrain
43. In primary teeth, the ideal occlusal scheme is:
 a. Flush terminal. b. Mesial step. c. Distal step. d. Lingual step
44. When you give a child a gift for good behavior, this is called:
 a. Positive reinforcement. b. Negative reinforcement.
 c. All the above d. None of the above
45. Best treatment of choice for carious exposure of a primary molar in a 3 year old child who complains of toothache during and after food taking:
 a. Direct pulp capping with CaOH. b. Direct pulp capping with ZOE paste.
 c. Formocresol pulpotomy. d. CaOH pulpotomy.
46. Ugly duckling stage:
 a. 6-9 years old b. 9-11 years old. c. 13-15 years old. d. 7-9 years old.
47. Eruption of primary dentition starts from:
 a. 6-7 months. b. 1 year. c. 9 months. d. 3 months
48. Which of the following primary tooth does not resemble any other tooth in primary for permanent dentition?
 a. Primary maxillary second molar. b. Primary mandibular 1st molar.
 c. Primary mandibular 2nd molar. d. All of the above.
49. A 6 years old patient received trauma in his maxillary primary incisor, the tooth is intruded. The permanent incisors are expected to have:
 a. Yellowish discoloration. b. Displacement.
 c. Malformation. d. Cracks in enamel.
50. Maxillary sinus developed:
 a. 10th week of IUL b. 8th week of IUL
 c. 14th week of IUL d. 19th week of IUL

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51. *A 1 year old neonate, has a lesion on the centrum of the tongue with the eruption of the 1st tooth:*
- Riga-Fede disease.
 - Geographic tongue
 - Candidiasis
 - Russels disease
52. *Mandibular foramen in 3 year old children is:*
- At level of occlusal plane.
 - Above the level of occlusal plane.
 - Anterior the level of occlusal plane.
 - Below the level of occlusal plane.
53. *Pulpitis in deciduous teeth in radiograph seen related to:*
- Furcation area
 - Apex of root
 - Lateral to root
 - All the above
54. *In deciduous tooth the first radiographic changes will be seen in:*
- Bifurcation area.
 - Apical area.
 - External root resorption
 - None of the above
55. *"Eruption hematoma" can be treated by:*
- No treatment.
 - Immediate incision.
 - Complete uncoverage
 - Observe for one week then incise
56. *A 10 years old child presents with bilateral swelling of submandibular area. What could be the disease?*
- Fibrous dysphasia.
 - Cherubism
 - Polymorphic adenoma.
57. *A patient came to your clinic complaining of pain; upon examination you couldn't find a clue. What's the next logical step to do in investigation?*
- MRI.
 - Panoramic x-ray.
 - CT scan:
 - Regular tomography.
58. *Hand over mouth technique is used in the management of which child?*
- Mentally retarded.
 - Positive resistance.
 - Uncooperative.
 - Child less than 2 years
 - None of the above
59. *Infants must be weaned at an age of:*
- 10 to 12 months.
 - 12 to 14 months.
 - 14 to 16 months.
 - 16 to 18 months.
60. *Odontogenic infection is more dangerous in children than adult because:*
- Marrow spaces are wide
 - Affect growth centre
 - Hypo calcification in enamel
 - Immunity is less
61. *Surgical removal of the primary incisor in child patient will be done in which of the following conditions?*
- Primary incisor entered the follicle of the permanent incisor
 - External root resorption
 - Internal root resorption
 - All the above
62. *Adult dose 500 mg B.D. for cephalosporin for severe soft tissue infection. Calculate the dose for child of age 7:*
- 150 mg B.D.
 - 175 mg B.D.
 - 200 mg B.D.
 - 225 mg B.D.
63. *An 18 year old girl with occlusal wear in her tooth. What is the best treatment?*
- Orthodontic correction
 - Restoration
 - Teeth capping
 - Full crown
64. *A child with mental disorder, suffering from orofacial trauma, brought to the hospital by his parents. The child is in panic and irritable. The treatment should do under:*
- Local anesthesia.
 - General anesthesia.
 - Gas sedation.
 - Intravenous sedation.

Section II: Topicwise Questions / Answers

65. *Riga-Fede disease occurs in infant patients:*
 a. Tongue b. Palate c. Buccal mucosa d. Salivary gland
66. *Space maintainer for bilateral loss of mandibular molar in a six year old child:*
 a. Lingual arch space maintainer b. Distal shoe
 c. Band and loop d. RPD
67. *Following can be caused by nitrous oxide sedation except:*
 a. Diffusion hypoxia
 b. Spontaneous abortion on long-term use.
 c. Bone marrow depression after prolonged use
 d. Increases cardiac output and produce cardiac arrhythmias
68. *If the child has premature loss of a single primary molar, which space maintainers you will use?*
 a. Band and loop space maintainers b. Distal shoe space maintainers
 c. Lingual arch space maintainers d. RPD
69. *In an inferior alveolar nerve block given to a child, the position of the needle as compared to that in an adult is more:*
 a. Superior. b. Inferior. c. Buccal. d. Lingual.
70. *A person who is unable to differentiate the colors, and can tell his name, or address he is acting like:*
 a. 3 years old. b. 5 years old. c. 8 years old. d. 10 years old
71. *An 8 years old patient had trauma to I1. He was presented to you after 30 minute of injury. He had crown fracture with incipient pulp exposure. What do you do?*
 a. Direct pulp capping b. Pulpotomy. c. Pulpctomy. d. Observe.
72. *A 10 years child with congenital heart disease came for extraction of his lower 1st molar. The antibiotic for choice for prevention of infective endocarditic is:*
 a. Ampicelline 30 mg /kg orally 1 hour before procedure.
 b. Amoxicillin 50 mg/kg orally 1 hour before procedure.
 c. Cephalixine 50 mg/kg orally 1 hour before procedure
 d. Clindamicine 20 mg/kg orally 1 hour before procedure.
73. *The organism that is found in a newborn mouth:*
 a. Streptococcus salivarius. b. E. coli. c. Skin bacteria. d. All the above
74. *In Ellis classification of injured teeth , a class IV represents:*
 a. Non vital tooth. b. Avulsed tooth.
 c. Fracture involving only the enamel. d. Fracture of crown en mass.
75. *A child patient came to your clinic with vesicle on its hard palate and also having the history of malaise for 3 days. What is the reason?*
 a. Erythema multiforme b. ANUG c. H. simplex d. Aphthous ulcer
76. *A 5 years old patient had extraction of the lower primary molar. He had fracture of the apex of the tooth. What is the best treatment?*
 a. Aggressive remove b. Visualization & remove
 c. Visualization & leave d. To prevent injury to tooth bud
77. *A 7 year old boy came to the clinic in the right maxillary central incisor with large pulp exposure:*
 a. Pulpectomy with Ca(OH)₂ b. Pulpotomy with Ca(OH)₂
 c. Direct pulp capping d. Leave it e. Partial pulpotomy

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78. A dentist performing services for children should expect some youngsters to be frightened of dental procedures. The best way to help the patient to overcome his fear is to:
- Ignore the fear.
 - Identify the fear.
 - Shift the patient's attention.
 - Ridicule the child for being frightened
79. Maxilla during growth:
- Increase in height by continuous growth of alveolar bone
 - Increase in width by mid palatine suture
 - Increase in depth occurs by apposition at anterior surface and tuberosity
 - All the above
80. The organism that is not found in newborn mouth:
- Streptococcus mutans
 - Streptococcus salivaris
 - E. coli
 - Skin bacteria
81. For a newly erupted tooth, the most bacteria found around the tooth is:
- Streptococcus mutans
 - Streptococcus salivaris
 - E. coli
 - Skin bacteria
82. Inter incisal angle in primary teeth is:
- 115 degrees.
 - 123 degrees.
 - 130 degrees.
 - 137 degrees
83. Baby born is without which bacteria:
- Streptococcus mutans
 - Streptococcus salivaris
 - Staphylococcus
 - E. coli
84. Primary teeth's tooth germ arise from:
- Dental follicle
 - Epithelial cells of malassez
 - Enamel organ
 - Dental lamina
85. Mandibular foramen in a 2 year old children is:
- At level of occlusal plane.
 - Above the level of occlusal plane.
 - Anterior the level of occlusal plane.
 - Below the level of occlusal plane.
86. In primary teeth the ideal occlusal scheme is:
- Flush terminal
 - Mesial step
 - Distal step
 - None of the above
87. When you give inferior dental block for pedo patient the angulations for the needle:
- 7 mm below the occlusal plane.
 - 5 mm below the occlusal plane.
 - 7 mm above the occlusal plane.
 - At the occlusal plane.
88. An 8 year old has got caries of lower left second molar and needs extraction. What appliance would you like to give for space maintenance?
- Band and loop,
 - Crown and loop,
 - Nance appliance,
 - Lingual appliance
89. An irreversible pulpitis of primary tooth will be treated by?
- Root canal treatment and ZOE filling.
 - Extract the tooth
 - RCT with GP
 - Extract the tooth and give space maintainer
90. A 5 year old child patient has fractured his incisor while playing which has led to 0.5 mm exposure of pulp with fractured fragment of tooth in his hand. What will you do?
- Pulpotomy
 - Pulpectomy
 - Pulp capping and attach the fractured tooth fragment to the tooth.

Section II: Topicwise Questions / Answers

91. *What is the thickness of layer of prismless enamel found in primary teeth?*
 a. 30 micrometer. b. 50 micrometer. c. 75 micrometer d. 100 micrometer.
92. *Hand over mouth technique is used in the management of which child?*
 a. Mentally retarded. b. Positive resistance. c. Uncooperative. d. Hysterical.
93. *A 10 year old child patient has fractured his incisor while playing which has led to 0.5 mm exposure of pulp with fractured fragment of tooth in his hand. What will you do?*
 a. Extraction b. Pulpotomy,
 c. Pulpectomy, d. Pulp capping and attach the fractured tooth fragment to the tooth.
94. *In primary teeth, pulpal infections in radiographs are always seen in:*
 a. Periapical area. b. Furcation area.
 c. Alveolar crest d. At base of developing teeth
95. *Rampant caries in adult anterior teeth restored by:*
 a. Glass ionomer b. Zinc oxide eugenol c. Amalgam d. Calcium hydroxide
96. *Endodontic treatment of avulsed teeth with closed apex and with 15 minutes extraoral dry time of 15 minutes should be done within:*
 a. 7 to 10 days. b. 10 to 14 days.
 c. Immediately extraorally. d. Observe for 6 months.
97. *An 8 year old boy received a traumatic injury to a maxillary central incisor. One day later, the tooth failed to respond to electric and thermal vitality tests. This finding dictates:*
 a. Pulpectomy. b. Apexification.
 c. Calcium hydroxide pulpotomy. d. Delay for the purpose of re-evaluation.
98. *The most common injury in a child is:*
 a. Tooth fracture b. Root fracture
 c. Intrusion of the tooth inside the socket well d. All the above
99. *In 7th week intra uterine life the oral epithelium is stratified squamous epithelium will be thickened and give dental lamina:*
 a. True b. False
100. *Fracture of upper central incisor in 8 year old child results in pulp exposure. How will you manage this case?*
 a. Apexification b. Apexogenesis
 c. RCT d. Extraction
101. *When should a child be first exposed for using tooth brush?*
 a. 6 -9 months b. 1 year c. 2 years d. Primary school year
102. *Early loss of posterior teeth in child patient will cause:*
 a. Affects phonetics b. Affects aesthetics c. Causes space loss d. a + b
 e. All of the above
103. *Home is used in the management of which kind of the following children?*
 a. Mentally retarded b. Positive resistance c. Uncooperative d. None of the above
104. *Long term doxycycline treatment was given to a 7½ years old child. Which teeth are likely to be affected by staining?*
 a. Molars. b. Premolar. c. Molars & premolars d. None

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105. *Effect of long term antibiotic treatment in a child patient will lead to:*
a. Aphthous ulcers b. Candidiasis c. Leukoplakia d. Gingival hypertrophy
106. *An 8 year old child has a sinus opposite molar tooth which is asymptomatic otherwise. What is your treatment plan?*
a. Extraction. b. Pulpotomy
c. Pulpectomy with GP d. Pulpectomy and fill with calcium hydroxide.
107. *A child has flush terminal plane malocclusion with upper lateral incisors tilted. What is the treatment plan?*
a. Fixed orthodontic treatment b. Removable orthodontic appliance
c. Extraction of tilted lateral incisors d. Don't do anything
108. *A child patient is obviously anxious while entering into dental clinic. What behavior modification strategy should be adopted by the dentist?*
a. HOME b. Promote a dialogue between child and dentist.
c. TSD d. Physical restrains
109. *The child should not be told that fillings are not going to hurt at all because:*
a. It leads to create fear b. It leads to mistrust between child and dentist.
c. It will make the child un cooperative d. All the above
110. *In primary teeth you don't do direct pulp capping because of:*
a. External resorption may occur b. Internal resorption may occur.
c. Ankylosis of tooth will occur d. It will affect the permanent tooth formation
111. *An 8 year old child has got caries of lower left second molar and X-ray shows irreversible pulpitis. What is your treatment plan?*
a. Extract the tooth, b. Pulpectomy
c. Extract the tooth and give space maintainer, d. Root canal treatment and zinc oxide eugenol filling.
112. *A child with a fever of 102 degrees F and vesicles in the oral cavity is probably suffering from:*
a. Herpes simplex type -1. b. Juvenile periodontitis.
c. Acute herpetic gingivostomatitis. d. Neutropenia.
113. *A 4 years old fraternal twins came for routine dental check-up. You notice complete difference in the behaviour. What is the reason?*
a. Gender, b. Maturation c. Environments d. None of the above
114. *An 8 year old child came with 1 year old fractured central incisor. How will you manage this case?*
a. RCT. b. Direct pulp capping. c. Indirect pulp capping. d. Apexification.
115. *Rubber dam is not used in:*
a. Children with fixed orthodontic appliance. b. Children with nasal obstruction problem.
c. Children with latex allergy d. All the above
116. *The injection level of inferior alveolar nerve block anesthesia in children:*
a. 5 mm below the occlusal plane b. 7 mm. below the occlusal plane
c. 5 mm Above the occlusal plane d. 7 mm. below the occlusal plane
117. *Which of the following occlusal plane in children may cause class II malocclusion?*
a. Flush terminal b. Distal step. c. Mesial step.

118. *Primary incisor starts erupting on:*

- a. 9 months. b. At birth c. 6-7 months. d. 12 months

119. *A child patient takes oral sedation before appointment and presents with physical volt. What should the dentist do?*

- a. Conscious sedation. b. Redo sedation.
c. Tie with bamboos board. d. Tie in unite with bandage.

120. *Which of the following is true about herpex ulcers?*

- a. Leave scars b. Childrens c. Smaller in size d. All the above

121. *HSV1 infection is more dangerous in children than adults because:*

- a. Immature calcification b. Wide bone Marrow spaces
c. Less immunity d. All the above

122. *All of the following are disadvantages of halothane anesthesia except:*

- a. Has poor analgesic properties.
b. Hepatic dysfunction has been reported.
c. Induces bronchoconstriction, contraindicated in asthmatic patients.
d. Sensitizes heart tissues to adrenaline increasing risk of arrhythmia.

123. *A 7 year old boy came to the clinic with the fracture of the right maxillary central incisor with large pulp exposure. What will you do?*

- a. Pulpectomy with $\text{Ca}(\text{OH})_2$ b. Pulptomy with $\text{Ca}(\text{OH})_2$
c. Direct pulp capping d. Leave it

124. *Rampant caries in adults restore by:*

- a. Composite b. GIC c. Amalgam d. Calcium hydroxide

125. *Best provisional restoration coverage for anterior teeth is:*

- a. Tooth colored poly carbonate crown b. Metal crown
c. Acrylic temporary crown d. Ceramic crown

126. *Which of the following need pit and fissure sealants, as indicated to prevent dental caries in:*

- a. Medically compromised childrens
b. Physically or mentally disabled
c. Children with extensive caries in their primary teeth should have all permanent molars
d. All the above

127. *An 8 year old patient, all first molars, carious and suspected pit and fissure areas of the second molars. Treatment plan:*

- a. Restore all first molars and observe second molars.
b. Restore all first molars and topical fluoride on second molars.
c. Restore all first molars and seal pits and fissures of second molars.
d. Restore first and second molars with composite.
e. Restore first and second molars with amalgam.

128. *Procedure done before applying pit and fissure sealant:*

- a. Acid etch by phosphoric acid b. Acid itch by polyacrylic acid
c. Place rubber dam d. All the above

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129. *When you punish a child for bad behavior this is called:*
- Positive reinforcement.
 - Negative reinforcement.
 - Learning
 - Punishment
130. *In primary teeth the occlusal scheme will lead to class III malocclusion is:*
- Flush terminal.
 - Mesial step.
 - Distal step.
131. *The most used technique with children:*
- TSD
 - Hand over mouth
 - Positive reinforcement
 - Punishment
132. *A child with mental disorder, suffers from orofacial trauma, brought to the hospital by his parents. The child is in panic and irritable. The treatment should be done under:*
- Local anesthesia
 - General anesthesia
 - Gas sedation
 - Intravenous sedation
133. *Fracture before 1 year of upper central incisor reach the pulp in 8 year old child. How will you manage this case?*
- RCT
 - Apexification
 - Direct pulp capping
 - Indirect pulp capping
134. *A child with 10 years age came with trauma on the center incisor from a year ago, and have discoloring on it. In examination, no vitality in this tooth, and in the x-ray there is fracture from the edge of the incisal to the pulp, and wide open apex. The best treatment is:*
- Calcification
 - RCT with guttapercha
 - Extraction
 - Capping
135. *After falling from school steps, the child has tooth which has no mobility but have contusion. Best treatment is:*
- Acrylic splint
 - Non rigid fixation
 - Rigid fixation
 - No treatment
136. *A child with absence of primary and permanent teeth, and no history of extraction:*
- Achondroplasia
 - Dentinogenesis imperfect
 - Paget disease
 - Hereditary ectodermal dysplasia
137. *Which one of the following is not indicated for pedo patient?*
- Resin-bonded partial dentures,
 - Osseointegrated implants
 - Traditional fixed partial dentures,
 - Removable partial dentures
138. *Dentigerous cyst will prevent eruption of teeth by:*
- Apply negative pressure on the tooth
 - Push the tooth towards the bone
 - Affect the blood supply of the tooth
 - All the above
139. *All the permanent teeth have tendency to erupt occlusally and:*
- Buccally
 - Mesially
 - Distally
 - Lingually
140. *A child with traumatized lip, no tooth mobility. What will you do first?*
- Radiograph to check if there is foreign body
 - Refer to the physician for sensitivity test
 - Prescribe antibiotic and anti inflammatory medicines
 - All the above
141. *Options available to replace missing anterior teeth in child are all the following except:*
- Resin-bonded partial dentures,
 - Traditional fixed partial dentures,
 - Removable partial dentures
 - Osseointegrated implants

Section II: Topicwise Questions / Answers

142. *A child comes to you with grey discoloration of the deciduous incisor. Also on radiographic exam, there is dilation of follicle of the permanent successor. What will you do?*
- a. Extract the deciduous tooth
 - b. Start endo
 - c. Observe over time
 - d. Start orthodontic treatment
143. *You have given sedation to a child for treatment but the child is showing signs of physical restraint. What would you do?*
- a. Increase the dose of sedation
 - b. Tie child with bandage to chair
 - c. Use Papoose board
 - d. Postpone the treatment
144. *A child is having multiple carious lesions and has been drinking a lot of juices. What is your diagnosis?*
- a. Early childhood caries (ECC)
 - b. Arrested caries
 - c. Rampant caries
 - d. All the above
145. *A child has a habit of finger sucking and starts to show orodental changes. The child needs:*
- a. Early appliance
 - b. Psychological therapy
 - c. Both
 - d. None of the above
146. *Shy and submissive child is the result of parents who are:*
- a. Over indulgent.
 - b. Over protective.
 - c. Unaffectionate.
 - d. Empathetic.
147. *A 4 year child comes to restore his lower, first molar with destruction in 3 to 4 surfaces. The best restoration:*
- a. Amalgam
 - b. Full porcelain crown
 - c. Full metal crown
 - d. Extraction
148. *A 10 years old child with congenital heart disease came for extraction of his lower 1st molar. The antibiotic for choice for prevention of infective endocarditis is:*
- a. Ampicillin 30 mg /kg orally 1 hour before procedure
 - b. Cephalixine 50 mg/kg orally 1 hour before procedure
 - c. Clindamycin 20 mg/kg orally 1 hour before procedure
 - d. Amoxicillin 50 mg/kg orally 1 hour before procedure
149. *A 5 year old child having severe plaque and attachment loss in his lower second primary molar. The diagnosis is:*
- a. Periodontitis
 - b. Localized aggressive periodontitis
 - c. Periodontosis
 - d. None of the above
150. *Parents of 1 week old infant are concerned with the presence of mandibular incisors which are highly mobile and mother is not having problem in nursing. Your concern of treatment is:*
- a. No extraction because it will shedding by its own
 - b. No extraction because no problem with nursing
 - c. Immediate extraction because there is a chances of teeth inhalation into lungs
 - d. Extraction because of it is supernumery teeth
151. *Vitality test don't give correct results in primary teeth, because:*
- a. Delayed release of A fibers
 - b. Delayed release of C fibers
 - c. Early release of A fibers
 - d. Early release of C fibers
152. *The following dimension of the face at birth is close to the adult size:*
- a. Width
 - b. Depth
 - c. Height
 - d. All of the above
153. *Effects of pacifier is*
- a. Delayed eruption of incisors
 - b. Protrusion of incisors
 - c. Upper arch narrows
 - d. Posterior cross bite
 - e. All the above

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154. A 2 year old child with anterior decayed tooth came to the dental clinic for resoration. Probable reason for caries is?
- a. Nursing caries b. Bottle caries c. Rampant caries d. Childhood caries
155. There is distal bulging present in primary second lower molar which is preventing the eruption of mandibular first molar. What is your treatment plan?
- a. Extraction of primary second molar
b. Extraction of permanent first molar
c. Slicing of distal buldge and guide the molar eruption
156. Fixed appliance for deciduous teeth is indicated for:
- a. Space maintance b. Correction of malocclusion
c. Habit breaking d. All the above
157. The pedo patient behavior after 1st visit is affected by which environmental factor?
- a. Behavior shaping b. At home c. Doctor & nurse showing great care
d. Learning
158. An 8 year old patient swallowed 10 ml of 10% fluoride. What is the immediate action?
- a. Ingest milk b. Hospitalization
c. Nothing to worry d. Consult physician
159. What is the diagnosis of the child with clinical features of anodontia and loss of body hair?
- a. Down's syndrome. b. Ectodermal dysplasia.
c. Dentinal dysplasia d. Diabetic
160. The period of infancy usually refers to:
- a. First 2 years after birth. b. First 1 year after birth.
c. First 6 months after birth. d. First 18 months after birth.
161. A child 3 years old came to clinic after falling on his chin. You found that the primary incisor intruded the follicle for the permanent incisor. What you will do?
- a. Surgical removal of the follicle. b. Leave it.
c. Surgically removal of the primary incisor. d. None of the above
162. After a minor accident a 7 year old boy came to the clinic with fracture of the right maxillary central incisor with large pulp exposure: What is the treatment plan?
- a. Pulpectomy with Ca (OH)₂. b. Direct pulp capping.
c. Leave it. d. Extraction
163. Maxillary sinus reaches its normal adult size by the age of:
- a. 12 years. b. 15 years. c. 18 years. d. 21 years.
164. Mandibular foramen in young children is:
- a. At level of occlusal plane. b. Above the level of occlusal plane.
c. Anterior to the level of occlusal plane. d. Below the level of occlusal plane
165. When we do endodontic treatment in children the rubber dam must be used. Because the rubber dam will help in:
- a. For increase visibility and accessibility.
b. To protect patient against swallowing and foreign material.
c. For sterile field.
d. a+b

Section II: Topicwise Questions / Answers

166. *In primary teeth, pathologic changes in radiographs are always seen in:*
a. Periapical area. b. Furcation area. c. Alveolar crest. d. At base of developing teeth.
167. *Eruption cyst can be treated by:*
a. No treatment is needed. b. Immediate incision.
c. Complete uncoverage. d. Observe for one week then incise.
168. *Primary tooth with destruction of 3 to 4 surfaces. The best restoration is:*
a. Amalgam b. Full porcelain crown c. Full metal crown d. Extraction
169. *On trauma to a primary tooth, it is depressed into socket and on radiograph, it is pushed into permanent tooth follicle. Treatment of choice:*
a) Wait for the tooth to erupt b) Suture the wound
c) Forcefully extraction of the tooth d) Orthodontically extrude
170. *Trauma to primary tooth close to the permanent tooth may cause:*
a) Dilaceration b) Enamel concavities
c) Turner's hypoplasia d) Ankylosis
171. *Trauma to primary tooth will cause:*
a) Fracture of tooth b) Fracture of root
c) Intrusion d) Nothing will happen
172. *A child 3 years old came to clinic after falling on his chin. You found that the primary incisor entered the follicle for the permanent incisor. What you will do?*
a. Surgical removal of the follicle b. Surgicall removal of the primary incisor.
c. Leave it d. Antibiotic coverage
173. *The first macroscopic indication of morphologic development of primary incisors occurs approximately at:*
a. 11 weeks in utero. b. 14 weeks in utero.
c. 16 weeks in utero. d. 6 weeks in utero.
174. *Early loss of anterior tooth in children will cause:*
a. Affect phonetic. b. Affect esthetics. c. Cause space loss. d. a and b.
e. All the above.
175. *Pulpotomy was done in relation to right mandibular molar of child one day before. Patient comes back with ulcers on right lower lip. What could be the reason?*
a. Recurrent aphthous stomatitis b. Masticatory trauma
c. HSV d. Cant remember
176. *Light meal should be avoided for _____ hrs before procedure in general anesthesia in children:*
a. 2 hrs b. 4 hrs c. 5 hrs d. 6 hrs
177. *A 2 years old child with caries in the incisors we call this caries:*
a. Rampant caries. b. Nursing caries
c. Children caries. d. All the above
178. *Young with open apex examination test:*
a. Reliable. b. Non reliable. c. None of the above. d. All the above

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179. *Primary teeth had trauma, tooth change in color become white yellowish. What should you tell the parents?*
- a. Pulp is dead b. Inflammation of pulp. c. Calcification of dentin. d. b & c.
180. *The use of low speed handpiece in removal of soft caries in children, because of:*
- a. Less vibration. b. Less pulp exposure . c. Better than high speed. d. More removal of caries
181. *A 14 years old patient with avulsed incisors 11 and 21. We can use a splint for:*
- a. 10 -15 days. b. 20 -25 days. c. 30 -35 days d. 40 -45 days
182. *Primary anterior teeth intruded after a traumatic injury may often erupt within:*
- a. 3 to 4 weeks. b. 8 to 12 weeks. c. 6 to 8 weeks. d. 7 to 10 days.
183. *Ugly duckling stage of dentition in children is corrected by the eruption of which tooth?*
- a. Central incisor. b. Lateral incisor. c. Canine. d. Second molar.
184. *Three year old child, has anodontia. What would you do:*
- a. Full denture b. Implant c. Space maintainer d. No intervention
185. *A child patient who demonstrates resistance in the dental office is usually manifesting:*
- a. Anger. b. Anxiety. c. Immaturity. d. Inborn fear.
186. *A patient 6 years old, came to your clinic after he had bicycle accident one day after, with swelling at his lower lip. Clinical examination shows, teeth are not hurt. What will you do?*
- a. X-ray. b. Endo for lower incisors. c. Pulpotomy. d. Observe over a period of time
187. *A child at dentition age is suffering from:*
- a. Diarrhea. b. Sleep disorders. c. Increased salivation d. All the above
188. *A child suffering a trauma resulting in a complete avulsion. The more successful replantation is when?*
- a. Immediate. b. After 1 hr c. After 2 hrs d. After 24 hour.
189. *Genetic influences on physical growth of a child are:*
- a. Apparent from examination of the parents
b. Apparent from examination of the siblings.
c. Easily isolated by examination of the child
d. Not necessarily apparent from examination of the parents or the siblings.
190. *A 7 years patient comes with untreated trauma to tooth that became yellow in colour. What you should tell the parents?*
- a. Pulp is dead b. Pulp become calcified c. The tooth will absorb normally
1. a and b 2. a and c 3. b and c 4. All of the above
191. *Development of dentition starts as early as:*
- a. 21 days. b. 25 days. c. 26 days. d. 28 days.
192. *A child patient with obliteration in the central permanent incisor. What will you do?*
- a. RCT b. Pulpotomy c. Pulpectomy d. Careful monitoring
193. *In 6 weeks intra-uterine life the development starts. The oral epithelium is stratified squamous epithelium will be thickened and gives dental lamina*
- a. True b. False

Section II: Topicwise Questions / Answers

194. *Immature tooth has less sensation of cold and hot due to:*
a. Short root b. Incomplete innervations c. Wide pulp chamber d. All the above
195. *A child has tooth which has no mobility but has luxation. Best treatment is:*
a. Acrylic splint. b. Non rigid fixation. c. Rigid fixation. d. None of the above
196. *A pedo patient has trauma in II, half an hour ago, there was a slight apical exposure. Radiographic examination shows there is open apex. What is the treatment?*
a. Pulpotomy with formacresol b. Apexification
c. DPC d. Extraction
197. *Caries progress in children is more than adults. It is due to:*
a. Difference in pH b. Generalized dentin sclerosing by age
c. Increasing in organic content of tubular dentin by age d. All the above
198. *A 6 year old child living in area where fluoride in water is 0.2 mg/L. What dose of fluoride tablets should be given to patient?*
a. 0.25 mg daily b. 0.5 mg daily c. 1 mg daily d. 2 mg daily
199. *A child with hypo plastic enamel and dentin. What treatment would you suggest?*
a. Porcelain crown for teeth b. Acrylic crown
c. Metal crown d. Zinc polycarbonate crown
200. *A child patient has trauma to primary tooth and it has turned yellow. Tooth is asymptomatic and there are no periapical radiolucency on X-ray. What would be your treatment?*
a. Extract the tooth b. Pulpotomy
c. Start pulpectomy d. Don't do anything
201. *Low cariogenic food should be having following characteristic:*
a. Low buffering capacity b. pH low than 3
c. Contain mineral d. Sticky consistency
202. *When does the first sign of deciduous teeth appear in ectoderm?*
a. 27th day of intrauterine life b. 27th week of intrauterine life
c. 7th day of intrauterine life d. 7th week of intrauterine life
203. *In infants mental foramen is located at:*
a. Near lower margin of body of mandible.
b. Near alveolar margin of body of mandible.
c. Midway between upper and lower margin of body of mandible.
d. Either 2 or 3. mandible.
204. *In pedo the use of rubber dam is for:*
a. Improve visibility and access b. Lowers risk of swallowing
c. Sterile field d. a & b.
205. *A child 5 year old drinks 10 cc of 10% fluoride by mistake, What you will do immediatly?*
a. Take him to physician. b. Hospitalization
c. Give him some milk to drink. d. No need to worry, nothing will happen.

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206. *When a child must be first exposed to the use of the toothbrush?*
- Of age of 2 years.
 - Of age of 4 years.
 - After the eruption of first primary tooth.
 - After the eruption of permanent tooth
207. *The use of rubber dam in child patient is:*
- Provide clean field
 - Improve visibility and access
 - Lowers risk of swallowing
 - All the above
208. *Which of the following methods is most suitable for functional analysis of postural rest position in children?*
- Phonetic method.
 - Command method.
 - Non command method.
 - Combined method.
209. *Hand over mouth exercise is a technique for managing:*
- Unsuitable behavior that cannot be modified by the more straight forward techniques.
 - It is often used with inhalation sedation.
 - A healthy child who is able to understand and co-operate, but who exhibits obstreperous or hysterical avoidance behaviors.
 - Special children
210. *Uses of pits and fissure sealants are:*
- Deep pits and fissure.
 - Newly erupted teeth.
 - All the above
 - None of the above
211. *Flush terminal plane will most likely result in:*
- Class I occlusion.
 - Class II occlusion.
 - Class III occlusion.
 - Any of the above.
212. *After a minor accident, the child has tooth which has no mobility but has intrusive luxation. Best treatment:*
- Acrylic splint
 - Non rigid fixation
 - Rigid fixation
 - Extraction
213. *Growth of middle cranial fossa resulting in displacement of maxillary complex independent of growth maxilla is:*
- Primary displacement
 - Secondary displacement
 - Tertiary displacement.
 - None of the above.
214. *Teething may cause:*
- Fever.
 - Diarrhea.
 - Convulsions.
 - All of the above
215. *In a child, maxillary CI is impacted, and associated with mixed radiolucency. Histologically some dental hard tissue like features are seen. What could be the diagnosis?*
- Compound odontoma
 - Complex odontoma
 - AOT
 - CEOT
216. *A patient at the age of 11 years, 2nd molar erupting, clinical probe catches at the pit of molar. What would be the treatment?*
- Pit and fissure sealent
 - Fluoride application
 - Amalgam restoration
 - GIC restoration
217. *A child with hypoplastic enamel and dentin. The treatment is:*
- Amalgam
 - Composite
 - GIC
 - Full crown

Section II: Topicwise Questions / Answers

218. A 5 year old child has palmer keratosis on his hand. The diagnosis is:
a. Albright syndrome
b. Eagle syndrome
c. Papillon Lefevre syndrome
d. Peterson Kelly syndrome
219. A pedo patient with physical retardation and negative behavior. The inappropriate thing to do is:
a. Send him home
b. Use mouth prope
c. Belt
d. Board
220. A pedo patient with extremely negative behavior to restrain the extremity:
a. Use mouth prope
b. Belt
c. Board
d. Punishment
221. A 5 year old child radiograph shows no evidence of calcification of 2nd premolar. What is the treatment plan?
a. Its too early to peredict the condition
b. Recall after few months for check up
c. Start the treatment immediately
d. None of the above
222. Best material for direct pulp capping for a primary tooth:
a. Calcium hydroxide
b. ZOE
c. Formecresol
d. MTA
223. When does child should be first exposed for using tooth brush?
a. As eruption of first tooth.
b. One year old.
c. Two years old.
d. Primary school year.
224. When a child must be first exposed to the use of the tooth brush?
a. Of age of 2 years.
b. Of age of 4 years.
c. After eruption of primary teeth.
d. After eruption of permanent tooth
225. When tooth paste is used, the child is advised:
a. Not to swallow.
b. Swallow a small amount.
c. Do not drinse.
d. None.
226. Fluoridated toothpaste for 3 years child is:
a. Recommended.
b. Not recommended.
c. Common.
d. Non of above.
227. Fluoride which we use in the clinic doesn't cause fluorosis because:
a. It's not the same fluoride that cause fluorosis.
b. Teeth already calcified.
c. Calcium in the mouth counter.
d. Saliva wasn't out.
228. Mentally ill child, the best way to apply fluoride:
a. Acidulated phosphate fluoride.
b. Natural sodium fluoride.
c. Fluoride varnish.
d. Stannous fluoride.
229. Pulpitis in deciduous teeth in radiograph seen related to:
a. Furcation.
b. Apex of root.
c. Lateral to root.
230. In deciduous tooth, the first radiographic changes will be seen in:
a. Bifurcation area.
b. Apical area.
c. External root resoption.
231. A patient presented to you with trauma of the central incisor with open apex. Clinical examination revealed cut of blood supply to the tooth. What is the next step:
a. Extraction.
b. Endo.
c. Observe over time
232. Traumatically fractured crown of central incisor in an 8 years old child with pulp exposure (more than 1 mm) half hour ago, medical history is non-contributory and the tooth is not displaced. What is your management?
a. Endodontics-pulpectomy and obturation.
b. Direct pulp cap with CaOH and composite.
c. CaOH pulpotomy.
d. Total extirpation of pulp and CaOH.

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233. *Infection is more dangerous in children than adult because:*
- Marrow spaces are wide.
 - Affect growth center.
 - Hypocalcification in enamel.
 - Unspecific
234. *Pulp test for newly erupted tooth:*
- Reliable
 - Unreliable
 - Same as permanent
 - Unspecific
235. *A child has deciduous teeth not affected by fluoride but permanent teeth are affected. What does it mean?*
- Is dose not cross placenta
 - Calcification
 - Hypomineralization
 - Hypocalcification
236. *An 8 years old child with apical radiolucent. The treatment is:*
- Extraction
 - Pulpotomy
 - Pulpectomy
 - No need for treatment
237. *An 8 years child, has no erupted teeth. This case is called:*
- Ectodermic dysplasia
 - Anadontia
 - Hypodontia
 - Hyperdontia
238. *A high caries child, 9 years old, multiple caries on his primary teeth. Mother needs treatment to protect his newly partial erupted tooth. What can we do?*
- Fluoride varnish
 - Bit and fissure sealant
 - Wait until fully erupted then bit and fissure sealant.
 - None of the above
239. *During intra-uterine life, embryo becomes fetus after:*
- 1st week
 - 1st month
 - 2nd month
 - 3rd month
240. *Fluoride supplements for child 9 yrs.:*
- 1 mg tablet per day
 - 2 mg tablet per day
 - 1.5 mg tablet per day
 - 5 mg tablet per day
241. *A child has mild tetracycline discoloration in permanent tooth. What is the proper treatment?*
- Composite veneer
 - Home bleaching
 - Pumice micro abrasion
 - Porcelain veneer
242. *A child lives in an area with water fluoridation if 0.2 ppm. What is the most appropriate management?*
- Give daily oral tablets 0.5 mg
 - Give daily oral tablets 1 mg
 - Give daily fluoride mouthwash
 - Perform pits and fissure sealants
243. *A child, 6 years has abnormal enamel, dentin and pulp in quadrant. Your diagnosis is:*
- Hypoplasia
 - Regional odontoplasia
 - Dentinogenesis imperfect
 - Amelogenesis imperfect
244. *Bacteria not present in child mouth:*
- St. arues
 - E. coli
 - Staph. salivaris
 - Streptococcus mutans
245. *How to hold extremities for hyperactive child during dental treatment:*
- Papoose board
 - Hand over mouth
 - Hand cuff
 - None of the above
246. *Picture of young girl has skeletal class 2. When to treat?*
- From 5-9 yrs
 - From 9-12 yrs
 - From 13-18 yrs
 - After 18 yrs
247. *A 10 years child presented with space between maxillary incisors and has problem in overjet. Treatment?*
- Fixed appliance
 - Removable appliance
 - Normal, no treatment required
 - None of the above

Section II: Topicwise Questions / Answers

248. *Age of most traumatic injury to primary teeth:*
a. 2:3 b. Less 2 c. 5:6 d. 7:8
249. *A child requires graft in his alveolus what is the best graft:*
a. Autogenous cancellous b. Freeze dried
c. Autogenous corticocancellous
250. *A 9 yrs. child with swelling due to badly decayed lower right C with no crowding:*
a. Extract canine b. Extract the two canines
251. *A 4 yrs. child has trauma causing intrusion:*
a. Extraction b. Don't touch it for comfortable
252. *A child takes 50 mg fluoride:*
a. Go to emergency b. Give milk
c. No need to worry
253. *A child 4 years has renal disorder. What is the recommend analgesic for dental pain?*
a. 250 mg aspirin b. 100 mg ibuprofen
c. Acetaminophen
254. *A child, 6 years has abnormal enamel dentin and pulp in A quadrant. Your diagnosis is:*
a. Hypoplasia b. Regional odontoplasia
c. Dentinogenesis imperfect d. Amelogenesis imperfecta
255. *A child with extracted upper 6s. What type of RPD?*
a. Leave it b. Interim partial denture
c. No RPD should be given
256. *Small caries in between lower E & D in 3 yrs old child under GA. What do you do?*
a. Composite filling b. Amalgam filling
c. Pulpotomy + crowns
257. *A 11 yrs old girl had trauma on # 11 before 2 yrs. And now comes to the dentist. Dentist decides to do revascularization. What is the criteria to do revascularization?*
a. Primary teeth with vital pulp
b. Permanent tooth with open apex and necrotic pulp
c. Permanent tooth with open apex and vital pulp
d. Primary tooth with necrotic pulp
258. *At the age of 10 yrs, what is the permanent teeth present?*
a. All incisors, and 1st molars
b. All incisors, 1st molars, lower canine & maxillary first premolar
c. All incisors & 1st molars 7 lower canine.
259. *A child on swing and he dropped on his chin. This will cause what?*
a. Green stick bilateral condylar fracture b. Tooth fracture
c. Mandibular body fracture d. Nothing will happen
260. *A child has cross bite unilateral posterior. What's the reason?*
a. Shifted b. Bad chewing c. Bad mastication d. Muscles

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261. *A child with rubber dam. Which one will you choose whole?*
a. Smallest b. Largest c. Whole d. Not matter
262. *Best plan of thumb breaking habit:*
a. Encourage from parents
b. Stop before eruption of upper permanent central incisor
c. Stop before eruption of lower first molar
263. *Necrosis in primary teeth is seen in:*
a. Furcation b. Apical c. Buccal d. Periapical
264. *The punch hole in the rubber dam for anterior in child?*
a. small b. Medium c. Large d. It doesn't matter
265. *A 4 year old child took antibiotic for 8 months. Which teeth are effected?*
a. Central and lateral and canine b. Central and lateral and six
c. Central lateral six canine
266. *A patient 9 years old come to clinic with his cousin:*
a. History of cousin b. Takes history patient.
c. Call the parents d. No treatment without parents
267. *To measure the width of bizygomatic of unsatisfied patient:*
a. Facebow b. Willis c. Pappas board
268. *For a child with thumb sucking habit, the time for correction by ortho takes:*
a. 6 months b. 7 months c. 9 months d. 4 months
269. *A patient come to you suffering with palatal cleft. In which age will that happen:*
a. In 8th weeks b. In 9th weeks c. In 12th weeks d. In 16th weeks
270. *A 3 years old child pt. with tuberculosis of lung, active septum. What will you do?*
a. Postpone treatment b. Ask all the team wear mask
c. Extreme precaution
271. *A nine years old patient with missing mandibular primary canines bilaterally with otherwise normal dentition for his age and low caries incidence. What is the most probable cause of missing teeth?*
a. Previous extraction b. Congenitally missing c. Trauma and avulsion
272. *A 12 yrs. old boy with mobile upper central and upper 6 and so bad oral hygiene with severely inflamed gingiva and radiograph shows massive loss of alveolar bone:*
a. Early periodontitis b. Papanicolaou syndrome PLS
c. Chronic periodontitis
273. *An 8 yrs pt. complains from diastema, 2 mm on examination you found paleness on incisive papilla. Diagnosis:*
a. Eruption cyst b. Small teeth in large jaw c. Supernumery tooth
274. *A child came to you after anterior trauma on clinical examination the 4 anterior was unalignment:*
a. Luxation b. Subluxation c. Dentoalveolar fracture
275. *Lateral permanent incisor is in place for 1 year, root formation in permanent centrals and first molars nearly completed. Root formation in permanent maxillary canine and second premolars just begun. Dental age is:*
a. 8 b. 9 c. 11 d. 12

Section II: Topicwise Questions / Answers

276. *A child patient whose medical condition does not permit him to take treatment in supine position and needs to sit erect in the dental chair. What is the underlying condition?*
 a. Diabetes b. Bronchial asthma c. Cardiac disease d. Epileptic seizures
277. *A 10 year old child had wound with necrotic soft tissue and tetanus immunization at 5 years of age. What immunization to give now?*
 a. Toxoid b. No immunization
 c. Toxoid and antitoxoid immediately d. Toxoid and antitoxin after 1 week
278. *A child less than 8 years of age has a pulse but is breathless. What is the recommended rate of rescue breathing?*
 a. Once every 3 secs b. Once every 5 secs c. Once every 8 secs d. Once every 10 secs
279. *Bluegrass grass appliance used for:*
 a. Tongue thrusting b. Mouth breathing c. Thump sucking d. Correct swallowing
280. *Best time for treating 4 years old child pt. in dental clinic:*
 a. Morning b. Afternoon c. Evening d. Late evening
281. *Ectopic eruption of first permanent molar causing a resorption of distal root of 'E'. What is the best way for treatment?*
 a. Wait - observe b. Extraction #E c. Diastalization
282. *A patient 2½ years old. Upon exam selective caries in maxillary central incisor and primary molar. What you should asked the parents?*
 a. Any one in family has same b. Do you give him milk bottle at night
 c. Does he eat chocolate d. Does his siblings has the same?
283. *A 10 year old patient came with no evidence of calcification of lower 2nd PM. What do you tell the patient?*
 a. Root formed
 b. Crown will be malformed
 c. It will erupted within 6 months
 d. Extract lower 2nd PM to allow 1st molar move for mesialy
284. *Tooth number 6 erupting mesially, causing resorption of E:*
 a. Watch only
 b. Band on E, let # 6 erupt
 c. Ligature wire to direct eruption of #6
285. *A patient whoes behavior is very co-operative in the presences of parents*
 a. Afraid of dentists b. Benefit presence of parents
 c. Benefit presence of dentists d. Afraid of parents
286. *A 2 months pedo patient, ulcer in ventral surface of the tongue during eruption of mandibular teeth. What is the name of the disease?*
 a. Erythema emultiform b. Aphthous ulcer
 c. Riga fade disease
287. *A pedo patient, history of taking medication in the first 8 months of life. If the medication affects enamel hypoplasia, it will appear in which teeth?*
 a. Maxillary & mandibular incisors b. Maxillary & mandibular first molar

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- c. Maxillary & mandibular incisor and first molar
d. No teeth will be affected
288. *A pedo patient with vague pain and can't locate it. What test is used to locate the pain?*
a. Anesthetic test b. Test cavity c. Electric test d. Percussion test
289. *A pedo patient came to the dental clinic has malnutrition and dirty clothes. This is:*
a. Physically neglected b. Emotionally neglected
c. Physically abuse d. Emotionally abuse
290. *A patient 7 years, erupted 6, comes to the antagonist of opposing:*
a. Clinical crown is $\frac{3}{4}$ anatomical crown + gingival sulcus on enamel + junctional epithelia of cementum
b. Clinical crown is $\frac{3}{4}$ anatomical crown + gingival sulcus on CEJ + junctional epithelia of cementum
c. Clinical crown is $\frac{3}{4}$ anatomical crown + gingival sulcus on enamel + junctional epithelia of CEJ
d. Clinical crown is $\frac{1}{2}$ anatomical crown + gingival sulcus on enamel + junctional epithelia of cementum
291. *A 2 years old patient with spot on facial surface. What treatment plan to do:*
a. Parent counseling b. Anticipatory guidance
c. Nutritive analysis d. Caries examination
292. *Frankel classification of pedo is co-operative:*
a. Grade 1 b. Grade 2 c. Grade 3 d. Grade 4
293. *Pedo patient enjoys dental treatment:*
a. Frankel classification 1 b. Frankel classification 2
c. Frankel classification 3 d. Frankel classification 4
294. *A child will show equal number of primary and permanent teeth in his mouth (12 primary 12 permanent) at an age of:*
a. 7.5 b. 8.5 c. 10.5 d. 9-10
295. *A tooth in x-ray shows 1 quarter of its root form. So when does the tooth emerge in the oral cavity:*
a. $\frac{1}{4}$ of its root will be formed b. $\frac{1}{2}$ of its root will be formed
c. $\frac{3}{4}$ of its root will be formed d. After complete root formed

EXPLANATION

1. **Answer: c**
Reference: McDonald's Dentistry for the Child and Adolescent.
2. **Answer: a**
Reference: McDonald's Dentistry for the Child and Adolescent, page 626
3. **Answer: b**
4. **Answer: c**
Because it has alkaline phosphatase
5. **Answer: a**
6. **Answer: a**
7. **Answer: c**
Reference: Shafer's Textbook of Oral Pathology, 4th ed, page 55
The traumatized tooth, which is usually a maxillary central incisor, is pushed into the developing tooth underneath it and consequently affects the formation of enamel.
8. **Answer: b**
Reference: McDonald's Dentistry for the Child and Adolescent
9. **Answer: b**
Reference: Oxford Handbook of Clinical Dentistry, 4th ed, page-94
Nursing caries occur in children, who use feeding bottle. The most affected teeth are maxillary incisors
10. **Answer: d**
11. **Answer: b**
Reference: McDonald's Dentistry for the Child and Adolescent
<http://social.jrank.org/pages/666/Twin-Studies.html>
Human twins are of two basic types: monozygotic (or identical) twins resulting from a single ovum fertilized by a single sperm, and dizygotic (or fraternal) twins resulting from fertilization of two ova by two sperm.
It also follows that difference between monozygotic twins result from environmental differences whereas those between dizygotic twins result from differences in both heredity and environment.
12. **Answer: a**
Herpes simplex infection. (primary herpetic gingivostomatitis) The symptoms can be mild or severe and may include:
 - Not able to chew or swallow
 - Sores on the inside of the cheeks or gums
 - Fever, anorexia, irritability, malaise and headache,
 - General discomfort, uneasiness, or ill feeling
 - Very sore mouth with no desire to eat
 - Halitosis (bad breath)

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13. **Answer: a**
Reference: McDonald's Dentistry for the Child and Adolescent
14. **Answer: a**
Reference: Damles' Textbook of Pediatric Dentistry, page 119
15. **Answer: b**
Reference: Handbook of Dental Trauma, page 71
16. **Answer: b**
Reference: Damles' Textbook of Pediatric Dentistry
17. **Answer: b**
Reference: Damles' Textbook of Pediatric Dentistry, page 391
18. **Answer: a**
Reference: Oxford Handbook of Clinical Dentistry, 4th ed, page-118
19. **Answer: c**
20. **Answer: c**
21. **Answer: b**
Endodontic treatment with obturation by $\text{Ca}(\text{OH})_2$
22. **Answer: a**
Stomodeum is separated from the ectoderm (which forms the cranium and brain) the buccopharyngeal membrane which separates the stomodeum from the end of the pharyngeal gut oropharyngeal membrane otherwise called buccopharyngeal membrane.
23. **Answer: c**
24. **Answer: d**
Generalized dentine sclerosis by age. = (physiological dentin sclerosis) Increasing organic content of tubular dentine by age.
25. **Answer: 1**
Reference: Dentistry for Child and Adolescent
Reference: <http://social.jrank.org/pages/666/Twin-Studies.html> dizygotic (or fraternal) twins behavior change result from differences in both heredity and environment factors
26. **Answer: a**
Reference: Damles' Textbook of Pediatric Dentistry
27. **Answer: a**
Reference: Damles' Textbook of Pediatric Dentistry
28. **Answer: c**
Reference: Shafer's Textbook of Oral Pathology, 4th ed, page 55
29. **Answer: b**
For younger children who are afraid of needles, this option should be used in conjunction with nitrous oxide and/or oral conscious sedation. Young children are often unpredictable and can become restless and fearful without warning. For a variety of reasons, some children may become frightened (i.e., noise from the dental drill (tooth whistle) or from the strange sensation of their numb tooth, teeth or tongue). For this reason, we

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recommend at least nitrous oxide' and in some instances conscious oral sedation, for children under 5 who require local anesthesia to fix their teeth.

30. Answer: a

Human tooth development timeline

The following tables present the development timeline of human teeth. Times for the initial calcification of primary teeth are for weeks in utero. Abbreviations: wk = weeks; mo = months; year = years.

Maxillary (upper) teeth					
Primary teeth	Central incisor	Lateral incisor	Canine	First molar	Second molar
Initial calcification	14 wk I.U.	16 wk I.U.	17 wk I.U.	15.5 wk I.U.	19 wk I.U.
Crown completed	1.5 mon	2.5 mon	9 mon	6 mon	11 mon
Root completed	1.5 yr	2 yr	3.25 yr	2.5 yr	3 yr

Mandibular (lower) teeth					
Primary teeth	Central incisor	Lateral incisor	Canine	First molar	Second molar
Initial calcification	14 wk I.U.	16 wk I.U.	17 wk I.U.	15.5 wk I.U.	18 wk I.U.
Crown completed	2.5 mon	3 mo	9 mon	5.5 mon	10 mon
Root completed	1.5 yr	1.5 yr	3.25 yr	2.5 yr	3 yr

Maxillary (upper) teeth								
Permanent teeth	Central incisor	Lateral incisor	First Canine	Second premolar	First premolar	Second molar	Third molar	molar
Initial calcification	3-4 mon	10-12 mon	4-5 mon	1.5-1.75 yr	2-2.25 yr	At birth	2.5-3 yr	7-9 yr
Crown completed	4-5 yr	4-5 yr	6-7 yr	5-6 yr	6-7 yr	2.5-3 yr	7-8 yr	12-16 yr
Root completed	10 yr	11 yr	13-15 yr	12-13 yr	12-14 yr	9-10 yr	14-16 yr	18-25 yr

Mandibular (lower) teeth								
Permanent teeth	Central incisor	Lateral incisor	First Canine	Second premolar	First premolar	Second molar	Third molar	molar
Initial calcification	3-4 mon	3-4 mon	4-5 mon	1.5-2 yr	2.25-2.5 yr	at birth	2.5-3 yr	8-10 yr
Crown completed	4-5 yr	4-5 yr	6-7 yr	5-6 yr	6-7 yr	2.5-3 yr	7-8 yr	12-16 yr
Root completed	9 yr	10 yr	12-14 yr	12-13 yr	13-14 yr	9-10 yr	14-15 yr	18-25 yr

31. Answer: c

32. Answer: a

Reference: Damles' Textbook of Pediatric Dentistry

33. Answer: a

Reference: Shafer's Textbook of Oral Pathology

34. Answer: a

Reference: Wheeler's Dental Anatomy Physiology and Occlusion, 5th ed, page 53

35. Answer: a

Reference: Damles' Textbook of Pediatric Dentistry

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36. Answer: d

Reference: McDonald's Dentistry for the Child and Adolescent

In the child the mandibular foramen is below the occlusal plane, while in the adult it is above it.

37. Answer: c

Reference: Damles' Textbook of Pediatric Dentistry

38. Answer: a

Reference:: Damles' Textbook of Pediatric Dentistry, page 10

39. Answer: b

Reference: McDonald's Dentistry for the Child and Adolescent

40. Answer: b

Reference: McDonald's "Dentistry for Child and Adolescent, page 646"

A vinyl plastic bite guard that covers the occlusal surfaces of all teeth plus 2 mm of the buccal and lingual surfaces can be worn at night to prevent continuing abrasion. The occlusal surface of the bite guard should be flat to avoid occlusal interference.

41. Answer: b

Reference: Neelima Anil Malik's Textbook of Oral and Maxillofacial Surgery 1st ed, page 207

42. Answer: a

Reference: McDonald's Dentistry for the Child and Adolescent

TSD = Tell Show Do

43. Answer: b

Reference: Damles' Textbook of Pediatric Dentistry

44. Answer: a

Reference: Damles' Textbook of Pediatric Dentistry

45. Answer: c

Reference: McDonald's Dentistry for the Child and Adolescent

46. Answer: b

Reference: Bhalaji Orthodontics the Art and Science, page 48

47. Answer: a

Reference: McDonald's Dentistry for the Child and Adolescent

48. Answer: b

Wheeler's Dental Anatomy Physiology and Occlusion, 5th ed, page 91

49. Answer: a

Reference: Shafer's Textbook of Oral Pathology's 4th ed, page 55.

Yellowish or whitish discoloration with hypoplasia. Turner's hypoplasia

Reference: Atlas of Oral Medicine, page 151

Enamel hypoplasia: Trauma or infections of developing teeth.

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50. Answer: c

Reference: McDonald's Dentistry for the Child and Adolescent, page 54

51. Answer: a

Reference: Mosby Medical Dictionary

Riga-Fede disease: a tumor of the tongue (lingual frenum) in some infants. It is caused by early teeth rubbing on it. Also called Fede's disease.

52. Answer: d

The mandibular foramen is located 4.12 mm below the occlusal plane at the age of 3. It subsequently moves upward with age. By the age of 9, it had reached approximately the same level as the occlusal plane. The foramen continues to move upward to 4.16 mm above the occlusal plane in the adult group.

53. Answer: a

Reference: McDonald's Dentistry for the Child and Adolescent

54. Answer: c

Reference: McDonald's Dentistry for the Child and Adolescent

55. Answer: a

Reference: Oxford Handbook of Clinical Dentistry, 4th ed, page 68

Eruption cysts and eruption hematomas are usually asymptomatic and resolve with eruption of the tooth. The lesions should not be incised as this may increase the potential for infection.

56. Answer: b

Reference: Shafer's Textbook of Oral Pathology, 4th ed, page 701

Oxford Handbook of Clinical Dentistry, 4th ed, page 416

57. Answer: b

58. Answer: e

Reference: Damles' Textbook of Pediatric Dentistry

59. Answer: b

Reference: Damles' Textbook of Pediatric Dentistry, page 62

60. Answer: a

61. Answer: a

Reference: Dental Decks, page 1626

If the intruded incisor is contacting the permanent tooth bud, the primary tooth should be extracted.

62. Answer: b

Reference: Damles' Textbook of Pediatric Dentistry, page 404

63. Answer: c

Reference: McDonald's Dentistry for the Child and Adolescent, page 646

64. Answer: b

65. Answer: a

Reference: Mosby Medical Dictionary

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66. Answer: a

Reference: Damles' Textbook of Pediatric Dentistry

67. Answer: d

Reference: Damles' Textbook of Pediatric Dentistry, page 394

68. Answer: a

Reference: Damles' Textbook of Pediatric Dentistry

69. Answer: b

Reference: Shoba Tandon, Textbook of Pedodontics, 2nd ed, page 532

70. Answer: a

71. Answer: a

Direct pulp capping can be done up to 24 hours

72. Answer: b

Ampicelline 30 mg /kg orally 1 hour before procedure. It will be given IM/IV.

Cephalexine 50 mg/kg orally 1 hour before procedure. It will be given if the patient is allergic to amox/ampi).

Clindamicine 20 mg/kg orally 1 hour before procedure. It will be given IV.

73. Answer: d

Reference: [Http://jdr.sagepub.com/content/49/2/415.full.pdf](http://jdr.sagepub.com/content/49/2/415.full.pdf)

74. Answer: a

Reference: Shoba Tandon, Textbook of Pedodontics, 2nd ed, page 569

75. Answer: c

76. Answer: c

77. Answer: a

78. Answer: b

Reference: National Board Dental Examination April 1985.

79. Answer: d

80. Answer: a

Reference: [Http://jdr.sagepub.com/content/49/2/415.full.pdf](http://jdr.sagepub.com/content/49/2/415.full.pdf)

81. Answer: a

Reference: Dental Decks, 2nd ed, page 774

82. Answer: b

Reference: Damles' Textbook of Pediatric Dentistry, page 120

83. Answer: a

Reference: Dental Decks, 2nd ed, page 774

84. Answer: d

85. Answer: d

Reference: Paediatric Dentistry 3rd ed, page 98

In children, the mandibular foramen is low in relation to the occlusal plane.

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86. Answer: b

Reference: Dental Decks, 2nd ed, page 252

87. Answer: d

Reference: Paediatric dentistry, 3rd ed, page 98

Inferior alveolar and lingual nerve blocks:

The height of insertion is about 5 mm above the mandibular occlusal plane, although in young children entry at the height of the occlusal plane should also be successful.

Reference: Restorative Techniques in Pediatric Dentistry, page 25

The needle enters the tissues at a point midway between the external oblique ridge and the pterygomandibular raphe at the level of the occlusal plane.

Reference: Pediatric Dentistry Infancy through Adolescence, Pinkham, 3rd ed, page 416

Needle must be inserted at the level of occlusal plane

Reference: McDonald's Dentistry for the Child and Adolescent 7th ed, page 285

The mandibular foramen is situated at a level lower than the occlusal plane of the primary teeth, therefore the injection must be made slightly lower and more posteriorly than for an adult patient.

88. Answer: a

Reference: Damles' Textbook of Pediatric Dentistry

89. Answer: a

90. Answer: a

91. Answer: a

Reference: Orban's Oral Histology and Embryology, page 51

92. Answer: d

Reference: Damles' Textbook of Pediatric Dentistry

Hand over mouth exercise is a technique for managing unsuitable behavior that cannot be modified by the more straightforward techniques. It is often used with inhalation sedation (conscious sedation).

Indications: A healthy child who is able to understand and co-operate, but who exhibits obstreperous or hysterical avoidance behaviors

93. Answer: d

94. Answer: b

Reference: McDonald's Dentistry for the Child and Adolescent

95. Answer: a

96. Answer: b

Reference: Damles' Textbook of Pediatric Dentistry, page 366

97. Answer: d

Reference: Grossman's Endodontic Practice

98. Answer: a

99. Answer: b

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100. Answer: b
101. Answer: a
102. Answer: c
103. Answer: d
Reference: Damles' Textbook of Pediatric Dentistry
HOME = Hand over mouth exercise is used in hysterical child
104. Answer: d
105. Answer: b
106. Answer: d
Reference: Clinical Endodontics Tronstad, page 224
107. Answer: d
Reference: Damles' Textbook of Pediatric Dentistry, page 119
108. Answer: b
(HOME – Hand over mouth exercise, TSD – Tell Show Do)
109. Answer: b
110. Answer: b
111. Answer: d
112. Answer: c
Reference: Shoba Tandon, Textbook of Pedodontics, 2nd ed, page 771
113. Answer: c
Reference: McDonald's Dentistry for the Child and Adolescent
<http://social.jrank.org/pages/666/Twin-Studies.html>
114. Answer: d
115. Answer: d
116. Answer: a
Reference: Shoba Tandon, Textbook of Pedodontics, 2nd ed, page 532
117. Answer: c
Reference: Damles' Textbook of Pediatric Dentistry, page 119
118. Answer: c
Reference: McDonald's Dentistry for the Child and Adolescent
119. Answer: a
Conscious sedation. = Inhaled sedation = Nitrous oxide sedation
120. Answer: d
121. Answer: b

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122. Answer: c
Reference: Damles' Textbook of Pediatric Dentistry, page 396
123. Answer: a
(Pulpotomy/ Apexogenesis – in case of healthy pulp tissue small exposure. Pulpectomy – in case of infected pulp / Large exposure. Apexification – in case of open apex with infected / dead pulp.)
124. Answer: b
125. Answer: a
126. Answer: d
Dental Decks, 2nd ed, page 2250
127. Answer: c
Any child with occlusal caries in one first permanent molar should have the fissures of the sound first permanent molars sealed. Occlusal caries affecting one or more first permanent molars indicates a need to seal the second permanent molars as soon as they have erupted sufficiently.
128. Answer: a
Reference: Dental Decks, 2nd ed, page 2224
129. Answer: b
Reference: McDonald's Dentistry for the Child and Adolescent
130. Answer: c
131. Answer: a
132. Answer: b
133. Answer: b
134. Answer: a
135. Answer: d
If lateral luxation and no mobility, reestablish previous - occlusion then apply non rigid fixation with an adjacent tooth.
If luxation as in contusion no treatment, only if primary consider intrusive luxation and pressure over the tooth bud of the permanent
136. Answer: d
137. Answer: b
138. Answer: b
139. Answer: a
(The upper permanent molars develop in the maxillary tuberosity with their occlusal surfaces facing distally and buccally as well as occlusally.)
140. Answer: a
141. Answer: d
Osseointegrated implants are contraindicated in children
142. Answer: b

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143. Answer: c
In case of management of handicapped child restraining devices, bite props and Pappose boards all are used.
144. Answer: a
Reference: Oxford Handbook of Clinical Dentistry, 4th ed, page 94
145. Answer: a
Reference: Oxford Handbook of Clinical Dentistry, 4th ed, page-148
146. Answer: b
Reference: Shoba Tandon Textbook of Pedodontics, 2nd ed, page 147
147. Answer: c
148. Answer: d
Reference: Damle's Textbook of Pediatric Dentistry, page 465
149. Answer: b
150. Answer: c
151. Answer: a
Reference: Rosenstiel's Contemporary Fixed Prosthodontics, page 20
152. Answer: a
Reference: Proffit's Contemporary Orthodontics, page 100
153. Answer: c
154. Answer: a
Reference: Oxford Handbook of Clinical Dentistry, 4th ed, page 94
155. Answer: c
156. Answer: a
157. Answer: c
158. Answer: a
Reference: Oxford Handbook of Clinical Dentistry, 4th ed, page 33
159. Answer: b
160. Answer: b
Reference: McDonald's Dentistry for the Child and Adolescent
161. Answer: c
162. Answer: a
A 7 year old patient will be having incomplete central incisor. So pulpectomy with Ca (OH)₂ will help to maintain the apexogenesis of the tooth.
163. Answer: b
Reference: Neelima Anil Malik's Textbook of Oral and Maxillofacial Surgery, page 564
164. Answer: d

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165. Answer: d
Reference: Dental Decks, 2nd ed, page 2220
166. Answer: b
Reference: McDonald's Dentistry for the Child and Adolescent
167. Answer: a
Reference: Oxford Handbook of Clinical Dentistry, 4th ed., page-68
168. Answer: c
169. Answer: c
170. Answer: c
171. Answer: a
172. Answer: b
173. Answer: d
Reference: McDonald's Dentistry for the Child and Adolescent, page 54
174. Answer: d
175. Answer: b
176. Answer: d
Reference: Damle's Textbook of Pediatric Dentistry, page 392
177. Answer: b
Reference: Oxford Handbook of Clinical Dentistry, 4th ed, page-94
178. Answer: b
179. Answer: d
180. Answer: b
181. Answer: a
Reference: Oxford Handbook of Clinical Dentistry, 4th ed, page-118
182. Answer: a
Reference: McDonald's Dentistry for the Child and Adolescent, page 521
183. Answer: c
Reference: Bhalaji, Orthodontics The Art and Science, page 48
184. Answer: a
Reference: Paediatric Dentistry, 3rd ed, page 294
In cases of anodontia, full dentures are required. These can be provided, albeit with likely limited success, from about 3 years of age, with the possibility of implant support for prostheses provided in adulthood.
185. Answer: b
Reference: National Board Dental Examination, Apr-1979
186. Answer: a
187. Answer: c

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188. Answer: b

The most important factor for healing is immediate (<5 min) replantation will give good prognosis.

189. Answer: d

Reference: National Board Dental Examination, Apr-1985

190. Answer: 1

Tooth in this age still not complete root formation, yellowish color indicate calcification

191. Answer: d

Reference: Damle's Textbook of Pediatric Dentistry, page 111

192. Answer: d

193. Answer: a

194. Answer: b

195. Answer: b

Reference: Handbook of Dental Trauma, page 71

Luxation with immobilization treatment:

Non-rigid 'physiological' splinting should be applied for a period of no more than two weeks. The various splinting methods are discussed.

196. Answer: c

(DPC - direct pulp capping)

197. Answer: b

198. Answer: b

Age Interval	Domestic water fluoride concentration
6 months to less than 4 years	Less than 0.3 mg/l
4 to 8 Years	0.25
8 years +	more than 0.3 - 0.5 mg/l

199. Answer: a

200. Answer: d

Just wait till radiographs show periapical findings

201. Answer: c

High Carcinogenicity	Low
High fermentable carbohydrate content	Carbogenicity
(starch, sugars, or a mixture)	Relatively high protein
Sticky consistency	Moderate amounts of fat
Breaks into small particles in the mouth	Minimal amounts of carbohydrate
Causes pH to fall below 5.5	High concentration of calcium and phosphorus
Highly processed	pH greater than 6
	Stimulates saliva secretion

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202. Answer: d

Primary (baby) teeth start to form between the sixth and eighth weeks.

Permanent teeth begin to form the 20th week.

	Primary	Permanent
CI	7 weeks in utero	5 to 5.25 months in utero
LI	7	5-5.25
Canine	7.5	5.5-6
First PM		birth
Secd. PM		7.25 to 8
First M	8	3.5 to 4
Secd. M	10	8.5 to 9
Third M		3.5 to 4 years

203. Answer: a

Reference: Shafer's Textbook of Oral Pathology, page 1216

204. Answer: d

Reference: Dental Decks, 2nd ed, page 2270

205. Answer: c

Reference: Oxford Handbook of Clinical Dentistry, 4th ed, page-33

Lactose in milk reacts with fluoride and forms insoluble fluoride component. This will prevent the absorption of fluoride in systemic circulation.

Fluorosis occurs at 3 PPM

Certainly lethal dose (CLD) of fluoride = 5-10 g NaF = 32-64 mg F/Kg

Safety tolerated dose (STD) = 1/3 CLD = 1.25-2.5 mg F/Kg = 8-16 mg F/Kg

Lethal dose of fluoride in children = 0.6 g = 60 mg.

206. Answer: c

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

National Fluoride Information Centre - Guide to Fluoride: Fluoridated toothpaste for 3 years children is recommended but under supervision in small pea-sized amount

Brushing using a fluoride toothpaste should start as soon as the first teeth erupt (about 6 months of age). Parents should supervise brushing up to at least 7 years of age to avoid over-ingestion of toothpaste and ensure adequate plaque removal.

207. Answer: d

Reference: Dental Decks, 2nd ed, page 2220

208. Answer: d

Reference: Gunjeerat Singh's Textbook of Orthodontics, page 69

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209. Answer: c
210. Answer: c
211. Answer: a
Reference: Damles' Textbook of Pediatric Dentistry, page 119
212. Answer: d
213. Answer: b
Reference: Damles' Textbook of Pediatric Dentistry, page 102
214. Answer: d
Reference: Damles' Textbook of Pediatric Dentistry, page 236
215. Answer: c
Reference: http://en.wikipedia.org/wiki/Adenomatoid_odontogenic_tumor
216. Answer: a
Reference: Oxford Handbook of Clinical Dentistry, 4th ed, page 38-39
217. Answer: d
218. Answer: c
Reference: Oxford Handbook of Clinical Dentistry, 4th ed, page 759-760
219. Answer: a
220. Answer: c
221. Answer: b
The 2nd premolars are one of the commonly missing tooth. So in any case if there is no evidence of calcification then we should keep a space maintainer for future FPD or implant.
222. Answer: d
Reference: <http://www.slideshare.net/SAMOUAWAD/direct-pulp-capping>
223. Answer: a
224. Answer: c
225. Answer: a
226. Answer: a
227. Answer: b
228. Answer: c
229. Answer: a
230. Answer: c
231. Answer: c
232. Answer: c
233. Answer: a
234. Answer: b
Reference: Grossman's Endodontic Practice, 12th ed, page 68

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235. Answer: a
236. Answer: c
237. Answer: b
238. Answer: c
239. Answer: d
Reference: J.P Singh's, Embryology, page 396
240. Answer: a
241. Answer: b
242. Answer: d
243. Answer: b
244. Answer: d
245. Answer: a
246. Answer: b
If we want to use functional appliance, for girls 10-12 yrs., for boys 12-14 yrs.
247. Answer: c
(Its ugly duckling stage)
248. Answer: a
249. Answer: c
250. Answer: b
251. Answer: b
252. Answer: a
253. Answer: c
254. Answer: b
255. Answer: b
256. Answer: a
257. Answer: c
258. Answer: b
259. Answer: a
260. Answer: a
261. Answer: a
262. Answer: b
263. Answer: a
264. Answer: a
265. Answer: b
266. Answer: c
Any medical conditions should take information from the parents

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267. Answer: a

268. Answer: a

If asking about age for correction at 7 years... but here, they mean how much time it takes > 6 months

269. Answer: a

270. Answer: a

271. Answer: b

272. Answer: a

273. Answer: b

274. Answer: c

275. Answer: b

276. Answer: b

277. Answer: c

278. Answer: c

279. Answer: c

280. Answer: a

281. Answer: c

282. Answer: b

283. Answer: d

284. Answer: c

285. Answer: b

286. Answer: c

287. Answer: c

288. Answer: a

289. Answer: a

290. Answer: b

291. Answer: b

292. Answer: d

293. Answer: d

294. Answer: d

295. Answer: c