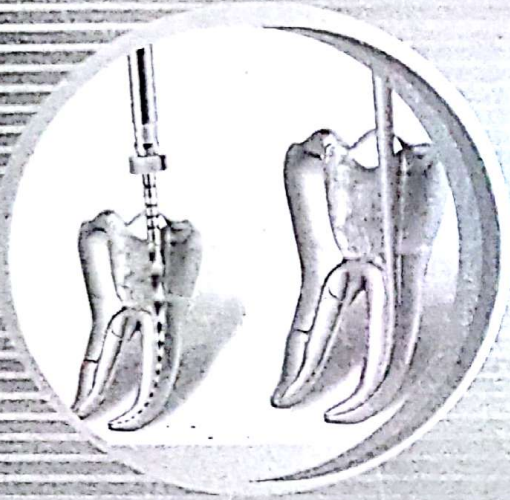


8. Endodontics



- All these are right ways to grasp the hand instruments:*
 - Modified pen handle.
 - Inverted pen.
 - Palm and thumb.
 - All the above
- One of the following has no effect on the life span of handpiece:*
 - Low air in the compressor.
 - Trauma to the head of the hand piece
 - Pressure during operating handpiece
 - Non application of lubricant oil
- Files and its sharpening instrument angle:*
 - 80-70
 - 90-100
 - 130-150
 - 180
- Pulp polyp:*
 - Irreversible pulpitis
 - Reversible pulpitis
 - Chronic periodontitis
 - Acute pulpitis
- Fiber optic diagnosis is:*
 - Quantitive only
 - Qualitative only
 - Quantitive and qualitative
- The most used material for intracoronaral bleech:*
 - Hydrogen peroxide
 - Sodium perborate
 - Sodium peroxide
 - All the above
- In weeping canal we use:*
 - Gutta percha.
 - CaOH.
 - Formocresol.
 - ZnOEug
- Rubber dam application in patient during endodontic treatment is important, because it will:*
 - Improves safety.
 - Looks scientific.
 - Improves suction.
 - Provide sterile field
- Gentotoxicity tests come under:*
 - Primary tests.
 - Secondary tests.
 - Preclinical usage tests.
 - None of the above.
- After patient came to your clinic and gave you the symptoms, history and complaints, what's your next ideal step in treatment process?*
 - Clinical examination.
 - Start endo.
 - Restore the teeth.
 - Take X-ray

8. Endodontics

11. *A patient came to you with pain on tooth number 15, but this tooth underwent with RCT 10 days back but he still has pain on percussion. What do you suspect?*
- a. Primary apical periodontitis.
 - b. Secondary apical periodontitis.
 - c. Over instrumentation.
 - d. Over medicate.
12. *Cracked tooth syndrome is best diagnosed by:*
- a. Radiograph.
 - b. Subjective symptoms and horizontal percussion.
 - c. Palpation and vertical percussion.
 - d. Pulp testing.
13. *The composition of the plaque formed on all types of restorative materials is similar except:*
- a. Self curing acrylics.
 - b. Silicates.
 - c. Porcelain.
 - d. GIC.
14. *RCT teeth with very less crown support and you want to use post, for core build up. Which post is the least to cause root fracture?*
- a. Readymade post.
 - b. Casted post.
 - c. Fiber post.
 - d. Prefabricated post.
15. *Depending on which of the following conditions of the root canal treated tooth, will make you decide to plan for post and amalgam core build up?*
- a. Remaining coronal structure.
 - b. Root divergence.
 - c. Presence of wide root.
 - d. Others.
16. *Single rooted anterior teeth has undergone endodontic treatment. and substantial amount of coronal structure is missing in the tooth. What is the best way to treat that?*
- a. Casted post and core.
 - b. Preformed post and composite.
 - c. Perform post and amalgam.
 - d. Composite post and core.
17. *What are the following features of endomethazone which will be used as root canal sealer:*
- a. Dissolved in fluid so it weakens the root canal filling.
 - b. Very toxic,
 - c. Contain formaldehyde.
 - d. Contain corticosteroids.
 - e. All the above.
18. *What is the use of root canal sealer in endodontics?*
- a. Fill the voids
 - b. Increase strength of RC filling.
 - c. Disinfect the canal.
 - d. Irrigation of canal
19. *About apicosectomy, what is the right statement?*
- a. Incisor with an adequate RCT and 9 mm lesion.
 - b. Lateral incisor with good condensing RCT but swelling and pain 14 days after the treatment,
 - c. The tooth asymptomatic before the obturation.
 - d. First upper premolar with lesion on the bucal root
20. *The shape of access opening for the mandibular second molar is:*
- a. Triangle and the base toward the mesial.
 - b. Triangle and the base toward the buccal.
 - c. Triangle and the base toward the lingual.
 - d. Triangle and the base toward the distal.
21. *Bitewing x-ray examination method is used to diagnose except:*
- a. Proximal caries.
 - b. Secondary caries.
 - c. Plaque and gingival status.
 - d. Periapical abscess.

Section II: Topicwise Questions / Answers

22. *The low speed handpiece is preferably used in the removal of soft caries in children than high speeding handpiece, because the reason is:*
- a. Less vibration.
 b. Less pulp exposure.
 c. Better than high speed.
 d. Children like low speed
23. *A patient comes to you after a bicycle accident with trauma of the central incisor. Radiologic examinations shows 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
24. *Child patient came to you with gray discoloration of the deciduous incisor also 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
25. *Calcium hydroxide Ca(OH) is used in weeping canal:*
- a. As restorative material of the canal
 b. As a disinfectant of the canal
 c. As a irrigation of the canal
 d. As a sealer of the canal
26. *Irrigation solution for RCT that cause protein coagulation is:*
- a. Iodine potassium
 b. Aaline
 c. Distilled water
 d. None of the above
27. *When you decided to post and core preparation for the RCT tooth. The core must be:*
- a. Extend to contrabevel
 b. Extend to full length tooth preparation
 c. Take same shape of natural tooth
 d. Take shape of preparation abutment
1. a & d
 2. a & b
 3. a & c
 4. a, b & c
28. *Micro abscess on vital pulp: start necrosis of small part and sequelae of destruction cycle and full repair:*
- a. True
 b. False
29. *Pulp chamber in lower 1st molar is mesially located:*
- a. True
 b. False
30. *Presence of radio opacity at the apex of a tooth which has chronic pulpitis is?*
- a. Condensing osteitis
 b. Cemental dysplasia
 c. Periapical granuloma
 d. Cementoma
31. *If any extra canal present in mandibular incisor, then it will be normally in*
- a. Lingual
 b. Distal
 c. Mesial
 d. Buccal
32. *The most common cause of endodontic pathosis is bacteria:*
- a. True
 b. False
33. *Palatal canal of upper first molar is curved in which following direction?*
- a. Buccally
 b. Palatally
 c. Distally
 d. Mesially
34. *Which of the following may be used to disinfect gutta percha points?*
- a. Boiling.
 b. Autoclave.
 c. Chemical solutions.
 d. Dry heat sterilization.

8. Endodontics

35. A young patient comes to your clinic with pain in his tooth. On your clinical examination you found that tooth shows No response to heat, cold or electric pulp test and no swelling present but TOP positive. What will be your diagnosis?
- a. Irreversible pulpitis
b. Reversible pulpitis
c. Acute apical periodontitis
d. Acute suppurative periodontitis
36. Internal resorption of tooth. Which of the following is true?
- a. In x-rays it looks moth eaten appearance
b. RCT will control it
c. Initiated with infection
d. Initiated with trauma
1. a & b 2. b & c 3. b & d 4. A & D
37. When a post graduated student use MTA in retrograde filling, the prognosis depends on which of the following?
- a. Immediate suture.
b. Using a flap.
c. Disturbance during closure of wound.
d. antibiotic medications
38. You are using camphor mono-chlorophenol as root canal dressing, it contains phenol in what concentration?
- a. 0.5%. b. 35% c. 65%. d. 5%.
39. RCT contraindicated in:
- a. Vertical fracture of root.
b. Diabetic patient.
c. Unrestored teeth.
d. Periodontally involved teeth.
40. Gutta percha contains mainly:
- a. Gutta percha.
b. Zinc oxide.
c. Zinc phosphate.
d. Wax
41. 12.5 is the pH of:
- a. $\text{Ca}(\text{OH})_2$ b. GIC c. Zinc phosphate d. Phenol
42. BMP is done mainly for:
- a. Increase the diameter of root canal
b. To remove the pulp
c. To place the GP at apex of canal
d. All the above
43. Which of the following lasers is used in endodontic treatment procedure?
- a. CO_2 . b. Nd (YAG). c. Led. d. Argon
44. All the following are irrigations except:
- a. Sodium hypochlorite.
b. Saline.
c. RC prep.
d. Hydrogen peroxide.
45. Composite restoration can be done after completion of bleaching by:
- a. One week.
b. Tow weeks.
c. Three weeks.
d. Tow months.
46. GP contains:
- a. Zinc oxide more GP.
b. GP more than zinc oxide.
c. Calcium sulfate.
d. GP and $\text{Ca}(\text{OH})_2$

Section II: Topicwise Questions / Answers

47. 4th canal in upper first molar is found:
- a. Lingual to MBC.
 - b. Buccal to MBC.
 - c. Distal to MBC.
 - d. Misiolingual
48. To get file size 24, the following length should be cut from file size 20:
- a. 1 mm
 - b. 2 mm
 - c. 3 mm
 - d. 4 mm
49. The narrowest canal found in a three root maxillary first molar is the:
- a. Mesio-buccal canal.
 - b. Disto-buccal canal.
 - c. Palatal canal.
 - d. Disto-palatal canal.
 - e. Mesio-palatal canal.
50. The following canals may be found in an upper molar:
- 1. Mesio-buccal.
 - 2. Disto-buccal.
 - 3. Mesio-palatal.
 - 4. Disto-lingual.
 - 5. Palatal.
- a. 1+2+4.
 - b. 1+2+4+5.
 - c. 2+3+4+5.
 - d. 1+2+3+5.
51. Which of the following posts will least cause root fracture?
- a. Ready made post.
 - b. Casted post.
 - c. Fiber post.
 - d. Prefabricated post.
52. What is the best restoration to the anterior teeth with RCT and minimal tooth structure loss?
- a. Retained post metal ceramic.
 - b. Retained post Jacket crown.
 - c. Composite.
 - d. Amalagam
53. What is the least reliable way to do pulp test?
- a. Cold test.
 - b. Hot test.
 - c. Electric test
 - d. Stimulation the dentine.
54. Root perforation in mid root level is treated by:
- a. MTA
 - b. Ca (OH)₂.
 - c. Root canal with GP.
 - d. GIC
55. The easiest endodontic retreatment is:
- a. Over obturation with GP.
 - b. Under obturation with GP.
 - c. Weeping canals.
 - d. Obturated with silver cone.
56. A patient has severe throbbing pain with the tooth which does not respond to heat or cold test or pulp vitality test, no radiographic alterations but there is pain during tooth percussion.
- a. Reversible pulpitis
 - b. Irreversible pulpitis
 - c. Acute periodontitis
 - d. Suppurative periodontal
57. A patient visits your clinic with severe pain in his lower left mandibular molar. Clinical examination shows positive pulp test and percussion test, but no radiographic abnormality, upper right side he has recent FPD. What will be your diagnosis?
- a. Chronic apical periodontitis
 - b. Actue apical periodontitis
 - c. Apical abscess
 - d. None of the above.
58. Barbed broach in endodontics is used for pulp extirpation in relatively straight canals:
- a. True
 - b. False
59. In endodontics, file #40 means:
- a. 0.40 is the diameter at d1
 - b. 0.40 is from d1 to d16
 - c. 0.40 is the diameter at d16
 - d. None of the above

8. Endodontics

60. *Walking non vital bleaching contains which of the following?*
- H₂O₂ with calcium hydroxide
 - Hydrogen peroxide with sodium perborate
 - Superexol with sodium perborate
 - Superexol with calcium hydroxide
61. *The use of salivary acquired pellicle:*
- Proteinaceous structures layer to protect tooth surface
 - Protect enamel from erosion
 - Aid in remineralization
 - All the above
62. *Cracked enamel is best diagnosed in clinic by:*
- Methylene blue dye
 - Fiber-optic light
 - a + b
 - None of the above
63. *After you did RCT, your patient came back to the clinic after few days with severe pain on biting. You did x-ray and it revealed that the RCT filling is very good, but you saw radiopaque, thin film like spot on the lateral border of the root. What is the most probable diagnosis?*
- Accessory canal
 - Vertical root canal fracture.
 - Lateral canal
 - Periapical pathology
64. *The indications for perioradicular surgery include all of the following except which one?*
- Procedural accidents during previous non-surgical endodontic treatment.
 - Irretrievable separated files in the canal.
 - Failed non-surgical endodontic treatment and persisting radiolucency.
 - Treatment of a non restorable tooth.
65. *A patient came complaining of severe pain on biting, related to a certain tooth. Upon examination there were no pulpal or periodontal findings, and pulpal vitality is positive. Your diagnosis is:*
- Cracked tooth syndrome
 - Acute apical periodontitis
 - Chronic apical periodontitis
 - Periapical abscess
66. *Nightguard vital bleaching contains following materials:*
- 35-50% hydrogen peroxide
 - 5-22% carbamide peroxide
 - 35-50% carbamide peroxide
 - 5-22% hydrogen peroxide
67. *Which of the following methods will be using to remove over extended GP?*
- Ultrasonic vibrating.
 - Dissolving agent.
 - Rotary or round bur
 - Surgery
68. *Irrigation solution for RCT, when there is infection and draining from the canal is:*
- Sodium hypochlorite
 - Iodine potassium
 - Sodium hypochlorite and iodine potassium.
 - None of the above
69. *Which of these is not likely to occur in the absence of a good coronal flare?*
- Zip perforation
 - Elbow
 - Wall grooving
 - Apical over-instrumentation
70. *During post removal the first thing to do is:*
- Remove the old G.P
 - Remove all the old restoration & undermined enamel & caries.
 - Insertion of post immediately
 - All the above
71. *A female patient came to your clinic with continuous severe pain related to 1st maxillary molar. After examination you diagnose the tooth is carious and has irreversible pulpitis. He decides to do RCT. After enough time for anaesthisation, the patient doesn't allow the dentist to touch the tooth due to severe pain. Dentist should:*
- Give another appointment to the patient with description of antibiotics.
 - Extraction.
 - Intra-pulpal anaesthesia.
 - Refer the patient to specialist

Section II: Topicwise Questions / Answers

72. *Patency filling in endodontics is:*
- Push the file apically to remove any block at the apex
 - Rotate the file circumferentially at the walls to remove any block of lateral canals.
 - Rotary files circumferentially at the walls to remove any block of lateral canals.
 - File with bleaching agent.
73. *The most commonly used irrigant in endodontics, sodium hypochlorite (NaOCl) is used in the concentration of:*
- 1%.
 - 2.6%.
 - 5.25%.
 - All of the above.
74. *The basic difference between K files and reamers is:*
- The number of spirals or flutes per unit length.
 - The geometric cross section
 - The depth of flutes.
 - The direction of the spirals.
75. *It is recommended to avoid an intraligamental injection when the planned dental treatment is:*
- Pulp extirpation.
 - Pulpotomy.
 - Full crown preparation.
 - a and b.
76. *Which one of the following is a disadvantage of autoclaving endodontics instruments?*
- It can dull the sharp edges of instruments
 - All forms of bacteria are not destroyed by it.
 - Compared to other technique it takes too long to sterilize.
 - None of the above.
77. *The root canal treated teeth has the best prognosis when the root canal is instrumented and obturated:*
- To the radiograph apex.
 - 1 mm beyond the radiograph apex.
 - 1 mm beyond the radiograph apex.
 - 3-4 mm short of the radiograph apex.
78. *Which of the following would be clinically unacceptable as a primary of isolating a tooth for sealant placement:*
- Cotton roll.
 - Rubber dam.
 - Vacuum ejector moisture control system.
 - None of the above.
79. *File #60 means:*
- 0.60 is the diameter at d1
 - 0.60 is from d1 to d16
 - 60 mm distance between D1 and D16
 - None of the above
80. *To locate the apical orifice use:*
- Endo spreader
 - Straight probe
 - Endo file with curved tip
 - Round bur
81. *Contraindication for endo treatment except:*
- Non strategic tooth
 - Non restorable teeth
 - Vertical fracture teeth
 - Tooth with large periapical lesion
82. *Pre curving of dental files is done by:*
- Bare hands
 - Plier
 - Tweezer
 - Gauze sponge
83. *How to confirm, two canals in a same root:*
- 2 Files in canal and radiograph
 - Location of tooth and root
 - Clinical examination
 - Pulp test
84. *Component of gutta percha:*
- 70% Gp & 30% ZOE
 - 90% Gp & 10% ZOE
 - 50% Gp & 50% ZOE
 - 20% Gp & 70% ZOE.

8. Endodontics

85. *All are irrigation for canals except:*

- a. Saline.
- b. Hydrogen peroxide.
- c. NaOCl
- d. RC prep
- e. EDTA

86. *For post preparation we should leave GP of:*

- a. 10 mm
- b. 5 mm.
- c. 2 mm
- d. 15 mm

87. *X-ray show large pulp chamber, thin dentine layer and enamel:*

- a. Dentogerosus imperfecta
- b. Dentinal dysplasia.
- c. Amelogenesis imperfecta
- d. None of the above

88. *Properties of ideal endoobturation material are all except:*

- a. Biocompatible.
- b. Antibiotic action
- c. Easy to remove during reRCT
- d. Radiolucent

89. *Very important part in endo treatment:*

- a. Complete debridement of the canal
- b. Obturation of canal
- c. Access opening
- d. Pulp extirpitation

90. *Perioendo lesion the primary treatment should start with:*

- a. Endo treatment.
- b. Deep scaling and root planning.
- c. Periodontal surgery
- d. All the above

91. *Formacresol is used in:*

- a. Full concentration
- b. 5th concentration
- c. One fifth concentration
- d. half concentration

92. *Non odontogenic lesion similar to endo lesion:*

- a. Hyperparathyroidism
- b. Initial stage of cemental dysplasia.
- c. Ossifying Fibroma
- d. Dentigeaus cyst
- e. Ameloblastoma

93. *A patient comes with caries tooth which has sinus opening. When you make GP tracing and take radiograph the GP appears in lateral surface of the root. What is the diagnosis?*

- a. Periodontal abscess
- b. Periodontitis
- c. Lateral accessory canal
- d. Vertical fracture

94. *A patient came with severe pain related to right 1st mandibular molar, there's no related swelling, pulp test is negative, no evidence in radiograph. Diagnosis is:*

- a. Irreversible pulpitis
- b. Acute periodontal abscess.
- c. Suppurative periodontal abscess
- d. None of the above

95. *NaOCl is used in RCT:*

- a. Oxidative effect.
- b. Ordinary irrigant solution.
- c. Better used diluted.
- d. Better result when used combined with alcohol.

96. *Indirect pulp capping done in:*

- a. Primary molar.
- b. Premolar and molar.
- c. Incisors.
- d. All the above.

97. *Cracked tooth syndrome is best diagnosed by:*

- a. Radiograph
- b. Subjective symptoms and horizontal percussion
- c. Palpation and vertical percussion
- d. Pulp testing

Section II: Topicwise Questions / Answers

98. *RCT is contraindicated in:*
- a. Vertical fracture of root.
 - b. Diabetic Pt.
 - c. Horizontal fracture of teeth.
 - d. Cardiac patient
99. *Post fracture decrease with:*
- a. Prefabricated post
 - b. Ready made post
 - c. Casted post
 - d. Metal post
100. *Teeth with RCT and you want two use posts. Which post is the least cause to fracture:*
- a. Ready made post.
 - b. Casted post.
 - c. Fiber post.
 - d. Prefabricated post.
101. *Pain of short duration is:*
- a. Hyperemia
 - b. Apical periodontitis
 - c. Irreversible pulpitis
 - d. Dentinal sensitivity
102. *With children rubber dam is not used with:*
- a. Hyperactive patient
 - b. Obstructive nose.
 - c. Patient with fixed orthoappliance
 - d. Mildly handicapped and uncooperative
103. *Formocresol when used should be:*
- a. Full saturated.
 - b. Half saturated.
 - c. Fifth saturated.
 - d. None of the above.
104. *True apex of the root will be presented:*
- a. 0.5-1 mm shorter than radiographic apex
 - b. 0.5-1 mm beyond radiographic apex.
 - c. Same as radiographic apex
 - d. None of the above
105. *Obturation of the root canal must be:*
- a. 0.5-1 mm shorter than radiographic apex
 - b. 0.5-1 mm beyond radiographic apex.
 - c. Should be in radiological apex
 - d. None of the above
106. *A child 10 years comes to your clinic with discolored central incisor tooth. He had a history of trauma in that tooth year ago. In the clinical examination there is, 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 present. What is the best treatment?*
- a. Apexification.
 - b. RCT with guttapercha.
 - c. Extract.
 - d. Capping.
107. *All these are contraindicated to RCT except:*
- a. Non restorable tooth.
 - b. Vertical root fracture.
 - c. Tooth with insufficient tooth support.
 - d. Patient who has hypertension.
108. *Lateral canal is detected by:*
- a. PA radiograph
 - b. Tactile sensation
 - c. By clinical examination
 - d. None of the above
109. *Disinfection of GP is done by:*
- a. Autoclave
 - b. Dry heat
 - c. Sodium hypochlorite
 - d. Glass bead sterilization
110. *Instrument is broken during RCT, the best prognosis if broken at:*
- a. Apical 1/3
 - b. Middle 1/3
 - c. Cervical 1/3
 - d. None of the above

8. Endodontics

111. Which of the following may be used to disinfect gutta percha points
a. Boiling b. Autoclave c. Chemical solutions d. Dry heat sterilization
112. The radiographic criteria used for evaluating the successes of endodontic therapy:
a. Reduction of the size of the periapical lesion
b. No response to percussion and palpation test
c. Extension of the sealer cement through lateral canals
d. None of the above
113. Laser used in endodontic is:
a. CO₂ b. Nd (YAG). c. Both d. None of the above
114. CMCP contains phenol in concentration of:
a. 0.5% b. 35 % c. 65 % d. 5 %
115. What is the disadvantages of McSpadden technique in:
a. Obturation by thermocompaction b. Requires much practice to perfect.
c. Expensive d. Cause fracture
116. Thermo mechanical technique of RC obturation is:
a. Thermafil b. Obtura c. Ultrafil d. McSpadden
117. At which temperature that guttapercha reach the alpha temp:
a. 42-48° C b. 50-60° C c. 70-80° C d. 100° C
118. During clinical examination the patient had pain when the-exposed root dentine is touched. It is due to:
a. Reversible pulpitis b. Dentine hypersensitivity
c. Irreversible pulpitis d. Periapical periodontitis
119. The most superior way to test the vitality of the tooth is with:
a. Ice pack b. Chloro ethyl
c. Endo special ice d. Cold water spray
120. Electric pulp tester on the adults is not accurate because:
a. Late appearance of fibers A b. Late appearance of fibers C
c. Early appearance of fibers A d. Early appearance of fibers C
121. Dentist provided bleaching which is also known as home bleaching. This contains:
a. 35-50% hydrogen peroxide b. 5-22% carbamide peroxide
c. 5-22% hydrogen peroxide d. 35-50% carbamide peroxide
122. An 8 year old comes with fractured maxillary incisor tooth with incipient exposed pulp after 30 min of the trauma. What's the suitable treatment
a. Pulpotomy b. Direct pulp capping
c. Pulpectomy d. Apexification
123. During RCT what is the most surface of distal root of lower molar will have tendency of perforation?
a. Medial surface. b. Distal surface.
c. Buccal surface. d. Lingual surface.
124. Acceptable theory for dental pain:
a. Hydrodynamic. b. Fluid movement
c. Direct transduction d. All the above

Section II: Topicwise Questions / Answers

125. You make ledge in the canal. You want to correct this. What is the most important complication to occur in this step:
- a. Creation false canal
b. Apical zip
c. Stripping
d. Perforation
126. After completion of orthodontic treatment patient came complaining of pain in his anterior tooth radiograph shows absorption in the middle third of the root of upper anterior tooth. What is the treatment?
- a. Do RCT in a single visit
b. Apply CaOH at the site of resorption.
c. Extract the tooth & reimplant it
d. Extract the tooth & do implantation
127. The etiology of external resorption is:
- a. Excessive orthodontic forces,
b. Periradicular inflammation,
c. Dental trauma,
d. Impacted teeth
e. All the above
128. Best treatment for weeping canal is:
- a. GP filling
b. Antibiotic coverage
c. CaOH
d. Pulp extirpation
129. Sharp pain is due to which type of fibers?
- a. A fibers.
b. B fibers
c. C Fibers
d. D Fibers
130. The best way to remove silver point:
- a. Steiglitz pliers
b. Ultrasonic tips
c. H files
d. Hatchet
131. Most important sealer criteria to be success:
- a. High viscosity
b. High retention
c. High strength
d. High resilience
e. C+D
132. Which of the following is the reason for discoloration of RC treated tooth?
- a. Hemorrhage after trauma
b. Incomplete remove GP from the pulp chamber
c. Incomplete removal of pulp tissue
d. All the above
133. Accidental exposure of pulp during removing of moist carious dentin. Which is the best treatment among the following?
- a. Do direct pulp capping
b. Do indirect pulp capping
c. Prepare for endodontic treatment
d. Extraction
134. A tooth slooth is used to detect:
- a. Caries
b. Fractured teeth
c. P.A. area
d. Color
135. A defect in the epithelial root sheath a failure in the induction of dentinogenesis, or the presence of small blood vessel produces a:
- a. An extra root
b. HB2
c. Accessory canal
d. A shortened root
136. 3rd Generation of apex locator: (Endex)
- a. Use with all patient.
b. Need more research.
c. Increase chair time.
d. Decrease radiographic film need.
137. Least heat is generated in:
- a. Diamond bur.
b. Steel bur.
c. Carbide bur.
d. Titanium bur.
138. Application rubber dam in the endodontic:
- a. Necessary.
b. Patient comfort.
c. Established rule.
d. Extra cost.

8. Endodontics

139. *Best treatment for tooth with necrotic pulp and open root apex*
- Calcium hydroxide.
 - Calcific barrier.
 - Apexification with gutta.
 - Gutta percha filling.
140. *A patient suffering from cracked enamel and his chief complains is pain on:*
- Hot stimuli.
 - Cold stimuli.
 - A&B.
 - Electric test.
141. *Tracing of GP used for:*
- Source of periapical pathosis.
 - Acute periapical periodontitis.
 - Periodontal abscess.
 - None.
142. *Dental student using thermoplasticized G.P. What is the main problem he may face:*
- Extrusion of G.P. from the canal.
 - Inability to fill the proper length.
 - Failure to use master cone at proper length.
 - all of the above
143. *What are the disadvantages of McSpadden technique in obturation?*
- Increase time.
 - Increase steps.
 - Difficult in curved canals.
 - All the above.
144. *Mechanochemical preparation during RCT main aim:*
- Widening of the apex.
 - Removal of infected pulp
 - Master cone reaches the radiographic apex.
 - Proper debridement of the apical part of the canal.
145. *Which of the following is continuous condensation technique in RCT obturation?*
- Ultrafill.
 - System B.
 - Obtura I.
 - Obtura II.
146. *Material of choice for perforation during RCT in molar tooth?*
- Zinc oxide
 - Calcium hydroxide
 - MTA
 - EDTA
147. *Waves and waves of condensation method is used in:*
- Obtura I.
 - Obtura II.
 - Ultrafill.
 - System B
148. *An abnormal response to heat thermal pulp test indicates:*
- Pulpal and periapical disorder
 - Vital pulp
 - Non vital pulp
 - None of the above
149. *A restoration of anterior teeth with RCT, abraded incisal edge & small M&D caries is done by:*
- Ceramo-metal crown
 - Composite
 - Laminated veneer
 - None of the above
150. *What is the concept of pro-taper system?*
- Step down technique.
 - Step back technique
 - Crown down technique
 - Crown back technique
151. *Diagnosis prior to RCT should always be based on:*
- A good medical and dental history.
 - Proper clinical examination.
 - Results of pulp vitality tests.
 - A periapical radiographs.
 - All the above.
152. *Treatment of internal resorption involves:*
- Complete extirpation of the pulp to arrest the resorption process.
 - Enlarging the canal apical to the resorbed area for better access.
 - Utilizing a silver cone and sealer to fill the irregularities in the resorbed area.

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- d. Filling the canal and defect with amalgam.
e. Sealing sodium hypochlorite in the canal to remove inflammatory tissue.
153. *The most superior cold test for pulp:*
a. Ethyl chloride b. Ice block c. Dold spray d. All the above
154. *In maxillary upper first molar, fourth canal is in the:*
a. Mesio buccal root. b. Distobuccal. c. Mesio lingual. d. Palatal
155. *Few days after endodontic treatment patient is complaining of pain with percussion what do you suspect?*
a. Apical periodontitis. b. Secondary apical periodontitis.
c. Over instrumentation. d. Over medicate
156. *Crown and root perforation can be best treated by which of the following?*
a. GIC b. MTA. c. RC filling. d. None
157. *Which intracanal medicament causes protein coagulation?*
a. NaOCl b. Ca(OH)₂ c. Formocresol. d. all the above
158. *In a curved root you bent a file by:*
a. Put gauze on the file & bend it by hand. b. Bends the file by pliers.
c. By bare figure. d. By twister.
159. *On a carbide bur, a greater number of cutting blades indicates:*
a. Less efficient cutting and a smoother surface. b. Less efficient cutting and a rougher surface.
c. More efficient cutting and a smoother surface. d. More efficient cutting and a rougher surface
160. *At which temperature gutta percha reaches alpha phase:*
a. 42 – 49° C. b. 50 – 60° C. c. 70 – 80° C. d. 100° C.
161. *Dull pain is due to which type of fibers:*
a. A fibers. b. delta fibers c. B fibers. d. C fibers
162. *Best root canal material for primary central incisor*
a. Idoform b. Guttapercha c. Formacresol d. Calcium hydroxide
163. *Guttapercha can be effectively sterilized by:*
a. Hot salt sterilizer. b. Autoclaving. c. Chemical solutions d. Dry heat.
164. *While excavating soft dentin you exposed the pulp, treatment is?*
a. Direct pulp capping. b. RCT. c. Pulpotomy d. Others.
165. *Adding of surfactant to irrigation solution during RCT to increase wet ability of canal walls by:*
a. Lowering surface tension. b. Increasing surface tension.
c. Passing through dentinal tubules. d. None of the above
166. *A patient comes with pain tooth. When he drinks hot tea, pain continues for 10 minutes. Diagnosis is:*
a. Irreversible pulpitis b. Reversible pulpitis
c. Dentinal hypersensitivity d. Periodontitis
167. *Pulp with age:*
a. Reduce collagen fiber b. Increase volume
c. Increase cellular in pulp d. Decrease pulp chamber size

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168. *Over extended GP should remove using:*
- a. Ultrasonic vibrating
 - b. Dissolving agent
 - c. Rotary or round bur
 - d. Surgery
 - e. All the above
169. *Ideal properties of RC filling material is the following except:*
- a. Radiolucent in radiograph
 - b. Not irritate the surrounding tissue
 - c. Easily removable when retreatment is necessary
 - d. Stable and less dimensional change after insertion
170. *A patient came to your clinic with dull pain in the #6, no response to the pulp tester. In radiograph it shows 3 mm of radiolucency at the apex of the root. Diagnosis is:*
- a. Chronic apical periodontitis
 - b. Acute apical periodontitis
 - c. Acute periodontitis with abscess
 - d. Pulpitis
171. *The best method for core build up is:*
- a. Amalgam.
 - b. Reinforced glass ionomer
 - c. Composite
 - d. Cast metal
172. *Follow up of RCT after 3 years, RC failed best treatment is to:*
- a. Extraction of the tooth
 - b. Redo the RCT
 - c. Apicectomy
 - d. All the above
173. *Picture of the tooth shows divergence of the mesial and distal*
- a. Not correct, it should be convergence
 - b. Equal to 1.6 mm
 - c. More than 1.6 mm
 - d. Less than 1.6 mm
174. *Best core material receiving a crown on molar:*
- a. Amalgam.
 - b. Reinforced glass ionomer.
 - c. Composite
 - d. Compomer
175. *When removing moist carious dentin which exposes the pulp, dentist should:*
- a. DPC
 - b. IDPC
 - c. RCT
 - d. Extraction
176. *Junction between 2 neurons is called:*
- a. Synapse
 - b. Nerve ending
 - c. Axon
 - d. Dendrite
177. *The retainer of rubber dam:*
- a. Four points of contact two buccally and two lingually without rocking.
 - b. Four points of contact two buccally and two lingually above the height of contour
 - c. Four points of contact two mesially and two distally
 - d. Zero points
178. *A patient came with pain in his tooth, when you start RCT in that tooth, there is infection and draining from the root canal. Which of the following material you will use for irrigation?*
- a. Sodium hypochlorite
 - b. Iodine potassium
 - c. Sodium hypochlorite and iodine potassium.
 - d. Saline
179. *To get file size 44, the following length should be cut from file size 40:*
- a. 1 mm.
 - b. 2 mm.
 - c. 3 mm.
 - d. 4 mm.
180. *The following canals may be found in an upper molar:*
- a. Mesio-buccal.
 - b. Disto-buccal.
 - c. Mesio-palatal.
 - d. Palatal.
 - e. All the above

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181. *False negative response of an electric pulp test given:*
- a. After trauma
 - b. Pre-medicated with analgesic,
 - c. Calcification
 - d. Premature apex
 - e. All the above
182. *AH26 is composed of:*
- a. ZOE
 - b. CaOH
 - c. Epoxy resin
 - d. Hydrogen peroxide
183. *When compared to the bisecting angle technique, the advantages of the paralleling technique in endodontic radiology include all of the following except:*
- a. A significant decrease in patient radiation.
 - b. A more accurate image of the tooth's dimensions.
 - c. That it is easier to reproduce radiographs at similar angles to assess healing after treatment.
 - d. The most accurate image of all the tooth's dimensions and its relationship to surrounding anatomic structures
184. *Small access opening in upper central incisor in necrotic pulp leads to:*
- a. Complete removal of the pulp tissue
 - b. Incomplete removal of the pulp
 - c. Better conservation
 - d. None of the above
185. *Extra canal in mandibular incisor will be present usually in:*
- a. Distal.
 - b. Lingual.
 - c. Mesial
 - d. Buccal
186. *The access opening in lower incisor:*
- a. Round.
 - b. Oval.
 - c. Triangular.
 - d. Square
187. *Bacteria in endodontic pathosis mostly is:*
- a. Porphyromonas endodontalis obligate anaerobe
 - b. Streptococcus mutans.
 - c. Streptococcus anaerobius.
 - d. All the above
188. *The normal response of a vital pulp to the thermal testing is:*
- a. No response.
 - b. Lingering painful response.
 - c. Hypersensitive painful response.
 - d. Painful response that disappears soon after stimulus is removed.
189. *Asymptomatic tooth has a necrotic pulp, a broken lamina dura, and circumscribed radiolucency of long duration. The periradicular diagnosis:*
- a. Acute apical pulpitis
 - b. Chronic apical pulpitis
 - c. Acute apical periodontitis.
 - d. Chronic apical periodontitis.
190. *Traumatically fractured crown of central incisor in an 8-year-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 pulpcap with Ca(OH)_2 and composite.
 - c. Ca(OH)_2 pulpotomy.
 - d. Total extirpation of pulp and Ca(OH)_2
191. *Endomethasone is a root canal sealer that:*
- a. Dissolves in fluid, so it weakens the root canal filling.
 - b. Very toxic, contain formaldehyde.
 - c. Contain corticosteroids.
 - d. All the above.
192. *The accesses opening for a maxillary premolar is most frequently:*
- a. Oval.
 - b. Square.
 - c. Triangular.
 - d. None of the above.

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193. *The normal response of a vital pulp to the electric pulp testing is:*

- a. No response.
- b. Higher than that of the control teeth.
- c. Lower than that of the control teeth.
- d. In a range similar to that of the control teeth.

194. *A patient with severe periradicular pain has a necrotic pulp, a broken lamina dura, and circumscribed radiolucency of long duration. The periradicular diagnosis:*

- a. Acute apical periodontitis.
- b. Chronic apical periodontitis.
- c. Acute exacerbation of chronic apical periodontitis.
- d. Abscess.

195. *If the tooth has combined endoperio problem?*

- a. Start with endodontic treatment
- b. Start with periodontic treatment
- c. Both together
- d. Extraction of tooth

196. *A 20 years old male patient came with severe pain on chewing related to lower molars. Intraoral examination reveals no caries, good oral hygiene, no change in radiograph. patient give history of bridge cementation 3 days ago. Diagnosis:*

- a. Pulp necrosis.
- b. Acute apical periodontitis.
- c. Chronic apical abscess.
- d. None of the above.

197. *Which one of the following is a major disadvantage of autoclaving endodontics instruments?*

- a. It can dull the sharp edges.
- b. All forms of bacteria are not destroyed by it.
- c. Compared to other technique it takes too long to sterilize.
- d. None of the above.

198. *Considerations for successful in RCT is to seal:*

- a. Apical 1/3rd.
- b. Middle 1/3rd.
- c. Cervical 1/3rd.
- d. None of the above

199. *The normal response of a inflamed pulp to the thermal testing is:*

- a. No response.
- b. Lingering painful response.
- c. Hypersensitive painful response.
- d. Painful response that disappears soon after stimulus is removed.

200. *Which of the following statements regarding internal root resorption is accurate?*

- a. It is more common in permanent than deciduous teeth.
- b. It is simple to differentiate from other types of resorption.
- c. It is characterized histologically by inflammatory tissue with multinucleated giant cells.
- d. It is ruled out when there is no response to pulptesting.

201. *Pain in central incisors from:*

- a. Central & lateral incisors
- b. Lateral & canine
- c. Canine & premolar
- d. Premolar & molar

202. *To get file size 34, the following length should be cut from file size 30:*

- a. 1 mm.
- b. 2 mm.
- c. 3 mm.
- d. 4 mm.

203. *Very small access opening in maxillary central incisor will lead to:*

- a. Most conservative to tooth.
- b. Insufficient removal of necrotic pulp.
- c. Excellent obturation.
- d. Good accessibility for instrument.

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204. *Clamp of rubber dam must touch tooth:*
- a. Adapted well to all tooth surface.
 - b. Touch 4 points engaging mesial + distal.
 - c. Touch 4 points in buccal + lingual.
 - d. On occlusal.
205. *Clinical measurement done in recall of RCT is:*
- a. Reduce size of path lesion
 - b. No pain at percussion and palpation.
 - c. Presence of acute inflammatory cell.
 - d. All the above
206. *Which of the following will cause pain during RCT?*
- a. Debris packed in canal
 - b. Old restoration
 - c. Pulp remnants
 - d. Irrigation solutions
207. *What is the basis for the current endotherapy of periapical lesion?*
- a. Due to rich collateral circulation system the periapical area usually heals despite the condition of the root canal.
 - b. If the source of periapical irritation is removed the potential for periapical healing is good.
 - c. Strong intra canal medications are required to sterilize the canal and the periapical area to promote healing.
 - d. Periapical lesions especially apical cyst must be Rx by surgical intervention.
208. *Vitality tests determine only:*
- a. Efferent nerve supply
 - b. Blood supply
 - c. Afferent nerve supply
 - d. CNS
209. *The best prognosis of RCT will be achieved by:*
- a. Obturation at radiograph apex.
 - b. Obturation at 1 mm beyond the radiograph apex.
 - c. Obturation at 1-2 mm short of the radiograph apex.
 - d. Obturation at 3-4 mm short of the radiograph apex.
210. *Sensitivity to palpation and percussion indicates:*
- a. Reversible pulpitis.
 - b. Irreversible pulpitis.
 - c. Neurotic pulp.
 - d. Hyperplastic pulpitis.
 - e. Inflammation of the periradicular tissues.
211. *Hydrogen peroxide is the ideal bleaching agent because:*
- a. It bleaches effectively at natural pH.
 - b. It bleaches faster than carbamide peroxide.
 - c. Protection for sensitive tissues can be incorporated into the hydrogen gel.
 - d. All of the above.
212. *Contraindication for endodontic treatment:*
- a. Non strategic tooth
 - b. Non restorable teeth
 - c. Vertical fracture teeth
 - d. All the above
213. *Hyperemia results in:*
- a. Trauma of occlusion
 - b. Pain of short duration.
 - c. Radiographic changes.
 - d. All of short duration.
214. *Microbial virulent produced by root canal bacteria is collagenase from spirochetes:*
- a. True
 - b. False
215. *After traumatic injury, as time progresses, the chances of successfully maintaining a healthy pulp:*
- a. Increases.
 - b. First increases than decreases.
 - c. Decreases.
 - d. First decreases than increases.

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216. A patient came after 24 months of tooth replantation, which had ankylosis with no root resorption. It most likely to develop root resorption is
- a. Reduce greatly
c. After 2 years
- b. Increase
d. After 4 years
217. The tip of size 20 endo file is:
- a. 0.02 mm
b. 0.2 mm
c. 0.4 mm
d. 0.04 mm
218. Root canal irrigant is used to kill *E. faecalis*
- a. NaOH
b. MTA
c. Saline
d. None of the above
219. The temperature of melting gutta percha
- a. 40-50° C
b. 50-60° C
c. 70-160
d. None of the above
220. The most common professional use of fluoride in pedo are:
- a. Acidulated phosphate fluoride (APF)
c. Strancium fluoride
- b. NaF₂
d. All the above
221. What is the use of allis forceps?
- a. Helps in flap surgery
c. Remove epulisfissuratum
- b. Suturing the tissues
d. Third molar surgery
222. Which of the following will be mixed in walking non vital bleaching?
- a. H₂O₂ with phosphate
c. Superexol with calicium hydroxide
- b. Superexol with sodium perborate
d. H₂O₂ with sodium perborate
223. Trauma caused fracture of the root at junction between middle cervical and apical third
- a. Do endo for coronal part only
c. Leave
- b. RCT for both
d. Extraction
224. Tooth with root and bone resorption requires RCT. Terminate RCT at:
- a. Radiographic apex
c. 1-1.5 mm short of radiographic apex
- b. 0.5-1 mm short of radiographic apex
d. 2 mm short of radiographic apex
225. RCT is contraindicated in:
- a. Vertical fracture of root
c. Periodontally involved teeth
- b. Unrestored teeth
d. All the above
226. Irrigation solutions are used in endodontics to:
- a. Lubricate the canals
c. Bactericidal effect
- b. Flushes the debris
d. All the above
227. The antibiotic of choice in endodontics
- a. Metronidazole
c. Tetracycline
- b. Penicillin
d. all the above
228. AH26 is used as:
- a. Root canal sealer
c. Restorative material
- b. RC irrigant
d. RC preparation
229. Ideal properties of RC filling material is the following:
- a. Biocompatible
c. Easily removable when retreatment is necessary
- b. Radioopaque
d. All the above

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230. RCT will be considered failure, in which of the following conditions?
- Size of the pathological lesion remain same after 6 months
 - Pain at percussion & palpation
 - Presence of acute inflammatory cells
 - All the above
231. Tooth with root resorption requires RCT. Terminate RCT at:
- Radiographic apex
 - 0.5-1 mm short of radiographic apex
 - 1-1.5 mm short of radiographic apex
 - 2 mm short of radiographic apex
232. Apexogenesis can be done in which of the following conditions?
- Accidental exposure of pulp with open apex
 - Caries exposure of pulp with open apex
 - Fracture of tooth in root apex
 - All the above
233. The smallest diameter in the root canal system:
- Canal orifice
 - Pulp chamber
 - Apical construction
 - Access opening
234. Which of the following statements best describes pulpal A-delta fibers when compared to C fibers?
- Larger unmyelinated nerve fibers with slower conduction velocities.
 - Larger myelinated nerve fibers with faster conduction velocities.
 - Smaller myelinated nerve fibers with slower conduction velocities.
 - Smaller unmyelinated nerve fibers with faster conduction velocities.
235. CMCP contains camphor in concentration of:
- 0.5%
 - 35%
 - 65%
 - 5%
- (CMCP – Camphorated mono chlorophenol)
236. Apexification can be done in which of the following condition?
- Accidental exposure of pulp with open apex
 - Caries exposure of pulp with open apex
 - Fracture of tooth in root apex
 - All the above
237. Tissue pressure of pulp is approximately:
- 14 mm H₂O
 - 20 mmH₂O/15 mm Hg
 - 25 mm H₂O/18 mm Hg
 - None
238. During filing of RCT by Ni/Ti, it gets fractured due the property of:
- Rigidity
 - Axial fatigue
 - Torque
 - Toughness
239. How many canals can be present in mandibular second molars:
- 1, 2, 3 or 4
 - 2, 3 or 4.
 - 3 or 4.
 - 3.
240. If the initial working length film shows the tip of a file to be greater than 1 mm from the ideal location, the clinician should:
- Correct the length and begin instrumentation.
 - Move the file to 1 mm short of the ideal length and expose a film.
 - Interpolate the variance, correct the position of the stop to this distance, and expose the film.
 - Confirm the working length with an apex locator.
 - Position the file at the root apex and expose a film.

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241. Which of the following endodontic failure may be retreated only with surgery?

- a. Missed major canal.
- b. Persistent inter appointment pain.
- c. Post and core.
- d. Short canal filling.

242. Hydrogen peroxide is the ideal bleaching agent because of all, except:

- a. It bleaches effectively at natural pH.
- b. It bleaches faster than carbamide peroxide.
- c. Protection for sensitive tissues can be incorporated into the hydrogen gel.
- d. None of the above.

243. Which of the following endodontic failures may be treated nonsurgically?

- a. Post filling that has removed.
- b. Severe apical perforation.
- c. Very narrow canal with a periapical lesion and the apex can not be reached.
- d. None of the above

244. Apexification is a procedure that:

- a. Finds the most apical stop of the guttpercha in RCT.
- b. Induces the formation of a mineral barrier in the apical region of incompletely root.
- c. Is new in the endodontic field. Involves the surgical removal of the apical region of the root and placement of a retrograde filling material
- d. None of the above

245. The preferred material used in apexification is:

- a. Zinc phosphate cement.
- b. MTA
- c. Zinc polycarboxylate cement.
- d. Calcium hydroxide.

246. Pulp testing a tooth with porcelain fused to metal crown is done by which of the following way?

- a. Cold test
- b. Hot test
- c. Cold and hot
- d. Cold with rubber dam

247. A patient comes to your clinic with severe pain. There is a J-shaped lesion along the root of RCT tooth in X ray. What is the diagnosis?

- a. Periodontal pocket
- b. Vertical fracture
- c. Lateral canal
- d. Secondary periodontitis

248. To distinguish periapical and periodontal abscess we use:

- a. X-ray examination
- b. Clinical examination
- c. Vitality of the pulp
- d. All the above

249. Radiopacity attached to root of vital non-carious mandibular molar. What is the diagnosis?

- a. Ossifying fibroma.
- b. Hypercementosis.
- c. Periapicalcemental dysplasia.
- d. Ossifying cementoma

250. Broken instrument during RCT, best prognosis if broken at:

- a. Apical 1/3rd
- b. Middle 2/3rd
- c. Cervical 3/3rd
- d. All the above

251. Pulp stone can be all the following except:

- a. Present freely in the pulp
- b. Cause discomfort & pain to the patient
- c. In radiographs, small spheroidal radioopaque
- d. False stone occurs due to dystrophic dentin

252. The fundamental rule in the endodontic emergencies is:

- a. Give antibiotic
- b. Control pain by inflammatory non steroid.
- c. Diagnosis is certain.
- d. All the above

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253. *Among the reasons that molar teeth are more difficult to treat endodontically than anterior teeth:*
- Molar have more complex canal configuration.
 - Molar tend to have greater canal curvature.
 - a and b.
 - None of the above.
254. *Phoenix abscess is an acute exacerbation of which of the following?*
- Chronic apical abscess
 - Chronic periodontitis.
 - Chronic pulpitis
 - None of above.
255. *Pulp stone can be the following:*
- Present freely in the pulp
 - In radiographs, small spheroidal radioopaque
 - False stone occurs due to dystrophic dentin
 - All the above
256. *What is the basis for the current endodontic therapy of periapical lesion?*
- Due to reach collateral circulation system, the periapical area usually heals despite the condition of the root canal.
 - If the pulpal source of periapical irritation is removed, the potential for complete periapical healing is present.
 - Strong intracanal medications are required to sterilize the canal and the periapical area to promote healing.
 - Periapical lesions, especially apical apical cyst must be treated by surgical intervention.
257. *Acute periapical abscess is characterized by:*
- Varying degree of pain.
 - Varying degree of swelling.
 - Some time not shown on the radiograph.
 - All the above.
258. *Which of the following canals in # 14 is most difficult to locate?*
- Palatal
 - Distobuccal
 - Mesiobuccal.
 - All of above
259. *Ideally, what control tooth/ teeth should be utilized when testing a suspected pulpally involved tooth:*
- Adjacent teeth only.
 - Opposing teeth and adjacent teeth.
 - Contralateral tooth and opposing teeth.
 - Adjacent teeth and contralateral tooth.
260. *A 10 years old patient comes with necrotic pulp in upper central with root apex not close yet. Best treatment is:*
- Calcium hydroxide-calcific barrier
 - Apexfication with guttapercha filling
 - Guttapercha filling-calcific barrier
 - Extraction
261. *A patient came with tooth trauma. He brought the fracture segment of the tooth along with him. on examination you found that the pulp is not exposed and you can only see dentine. How do you manage this?*
- To get rid of the fragment & fill with composite
 - To reattach the fragment with composite and later cover with veneer
 - Fill with GIC
 - No treatment needed
262. *A patient came to you with severe pain and symptoms of acute apical abscess. The most important aspect of treating this patient is:*
- Prescribing antibiotics,
 - Relief of pain,
 - Drainage of pus by incision,
 - Removal of necrotic debris from root canal.
263. *A patient had pulp capping two months back but no radiographic changes are observed after 2 months. Reason could be:*
- Apical periodontitis
 - Secondary apical periodontitis

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- c) Pulpitis
d) Periodontal abscess
264. *Wide pulp chamber is present in:*
a. Dentinogenesis imperfect.
b. Regionalodonto dysplasia
c. Amelogenesis imperfect
d. Dentinal dysplasia
265. *Radiograph shows accessory canal in middle third of the upper central incisor with periapical translucency in the accessory canal. RCT has been done and obturated, but there is no material in that accessory canal. What will you do?*
a. Redo RCT and do special tech to fill the accessory canal
b. Surgically resect the root at the accessory canal level
c. Surgically clean the root surface
d. Wait and observe for next 6 to 12 months
266. *At the cervical cross-section the maxillary first premolar has which characteristic shape:*
a. Horseshoe shaped.
b. Dumb bell shape.
c. Kidney shape.
d. Oval shape.
267. *Which of the following is the feature of internal resorption?*
a. RCT will control it
b. Initiated with trauma
c. Un known etiology
d. All of the above
268. *Tug back of guttapercha is due to:*
a. Tensile strength
b. Retention in apical 1/3rd
c. Condensation
d. Elasticity
269. *Internal resorption. Which is true?*
a. In x-rays it looks moth eaten appearance
b. RCT will control it
c. Initiated with infection
d. all the Above
270. *A 10 year old patient has a white yellowish tooth. With radiographic examination, big pulp chamber, thin dentine and enamel give appearance of ghost teeth. Diagnosis is:*
a. Dentinogenesis imperfect
b. Amelogenesis imperfect
c. Odontodysplasia
d. None of the above
271. *A patient after ortho treatment, on x-ray there's resorption in the middle of the root. What will you do?*
a. Fill the resorption with $\text{Ca}(\text{OH})_2$
b. Extract and reimplant
c. Extract and do implant
d. Extraction
272. *Wetting the root canal surface with EDTA:*
a. Increase pH.
b. Increase surface tension.
c. Decrease surface tension.
d. Decrease PH.
273. *Which of the following canals in upper left first molar is most difficult to locate?*
a. Palatal
b. Distobuccal
c. MB canal
d. All of above
274. *Asteogenesis during endodontic surgery is aimed to prevent:*
a. Growth factor.
b. Formation of clot
c. Fibrous in growth.
d. All the above
275. *During endo, patient is complaining of pain with percussion, no fluid extrusion. What do you suspect?*
a. Apical periodontitis.
b. Secondary apical periodontitis.
c. Over instrumentation.
d. Over medication.

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276. After completion of orthodontic treatment he came complaining of pain in 11 tooth. Radiograph shows resorption in the middle third of the root of 11. What is the proper management?
- a. Apply CaOH at the site of resorption
b. Do R.C T in a single visit
c. Extract the tooth & reimplant it
d. Extract the tooth & do implantation
277. What's the technique of endo filling. Where do we use continuous condensation?
- a. Ultrafill
b. Obtura I
c. Obtura II
d. System-B
278. Tooth with a fracture between the apical and the middle third. What's your management?
- a. RCT for the coronal part only.
b. RCT for both
c. Splint the two parts together.
d. Extraction
279. A young female patient came with a tooth which had gone root canal treatment two years before, upon x-ray examination you found a radiolucency along one of the roots. What is your management?
- a. Ca(OH)₂.
b. Resection of the whole root.
c. redo RCT.
d. Periodontal curettage.
280. Which of the following are properties of RC filling material?
- a. Radio opaque in radiograph
b. Not irritate the surrounding tissue
c. Easily removable when retreatment is necessary
d. Stable and less dimensional change after insertion
e. All the above
281. In endodontics, after completing the examination of the tooth the next step is,
- a. Start local anesthesia
b. Excavate the dentin
c. Testing the tooth with the pulp tester
282. In post and core, it is important to:
- a. End the core at contra bevel to produce ferrule effect
b. End the core at the cervical finish line
c. The core take the same shape of a natural tooth
d. The core take the same shape of prepared tooth
1. A only 2. B&D 3. A&C 4. A&D
283. The retainer of rubber dam should contact tooth by:
- a. 4 points of contact 2 mesially and 2 distally
b. 4 points of contact 2 buccally and 2 lingually
c. 2 points contact buccal and lingual
d. 2 point contact mesial and distal
284. In the pulp:
- a. Cell rich zone inner most pulp layer which contain fibroblast
b. Cell free zone rich with capilleres and nerve networks
c. Odontoblastic layer which contain odontoblast
d. All of the above
285. A patient had pulp capping two months back. He returns with pain, but no radiographic changes are observed after 2 months. Reason could be:
- a. Apical periodontitis
b. Secondary apical periodontitis
c. Pulpitis
d. Periapical abcess

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286. A patient came to dentist with severe pain on endodontically treated lower molar tooth. Radiographic features show "leaky cement" on the lateral side of the root and perfectly obturated root canal. What will be your diagnosis?
- a. Accessory canals
b. Perforation
c. Vertical fracture
d. Apical periodontitis
287. Which of the following is the most commonly used bleaching agent for endodontically treated teeth?
- a. Ether. b. Superoxol. c. Chloroform. d. Sodium hypochlorite.
288. After 1 year of endodontic treatment the radiolucency remain same at periapical area:
- a. Re RCT
b. Periapical surgery
c. Enucleation and marsupialization
d. No treatment need
289. Products of microorganism, which is responsible for endodontic pathology is:
- a. Dentin from bacteroids
b. Collagenase by spirochets and bacteria
c. Fungus
d. All the above
290. Endodontically treated right maxillary central incisor. In an accident more than half of its crown was fractured. The first step for post and crown preparation is
- a. Removal of GP with hot plunger
b. Prepare the remaining tooth
c. Widening the RC by gates glidden
291. Internal resorption in maxillary central incisor can be treated with:
- a. Ca(OH)₂
b. Guttapercha single sitting
c. ZOE
d. Silver cone
292. How electric pulp works?
- a. By measuring blood flow
b. By pulp volume calculation
c. By calculating nerve emerging
d. By A delta fibers
293. Which of the following will not respond to electric pulp test?
- a. A delta fiber b. C fibers c. Blood supply of pulp d. None of the above
294. What would be the reason for rapid regeneration in newly erupted teeth after trauma with open apex?
- a. High Hb level in pulp compare to adult
b. More dentine thickness
c. During trauma nerve not damage
d. All the above
295. The main reason for vertical fracture of the RCT tooth:
- a. Occlusal trauma
b. Condensation force during GP obturation
c. Cast and post cementation
d. All the above
296. Sensory nerve supply of pulp consists of A delta fiber and C Fiber. Which of them is faster conducting myelinated and slower conducting unmyelinated?
1. A delta is faster 2. C fiber is faster
3. A delta is slower 4. C fiber is slower
- a. a+b b. b+c c. a+d d. b+d
297. What shape is the access cavity for upper incisors?
- a. Triangular b. Ovoid c. Round d. Oblong
298. If a canal is prepared to a 5% taper, why not use a 5% master cone instead of the standard 2%?
- a. Cold lateral condensation would be very difficult
b. Sealant would be expressed through the apex
c. It would be too rigid to negotiate curved canals
d. They are very expensive.

Section II: Topicwise Questions / Answers

299. *Most acceptable material for retrograde filling is:*

- a. Silver amalgam.
- b. Zinc free silver amalgam.
- c. Silver glass ionomer cement.
- d. MTA.

300. *An adult patient came to your dental office with pain on the upper right area, and the patient cannot tell the tooth which causes the pain. What is the least reliable way to do test pulp?*

- a. Cold test.
- b. Hot test.
- c. Electric test.
- d. Stimulation the dentine

301. *Rubber dam is important because it:*

- a. Improves safety.
- b. Looks scientific.
- c. Improves suction.
- d. Provide sterile field

302. *Pain of short duration started by hot and cold stimuli it is most probably due to:*

- a. Irreversible pulpitis.
- b. Pulp necrosis.
- c. Dentin hypersensitivity
- d. Chronic pulpitis

303. *Emergency endodontic treatment should not started before*

- a. Establishing a treatment plan
- b. Clinical examination
- c. Check restorability of the tooth
- d. Establishing diagnosis

304. *The 4th canal of maxillary first molar is found in:*

- a. MB root.
- b. DB root.
- c. Palatal root.
- d. None of the above

305. *After trauma a tooth become yellowish in color. This is due to:*

- a. Necrotic pulp.
- b. Irreversible pulpitis.
- c. Pulp is partially or completely obliterated.
- d. Hemorrhage in pulp.

306. *Length of the post is directly proportional to:*

- a. Retention
- b. Resistant
- c. Strength of restoration
- d. Esthetic

307. *Which of the following is easy to do re RCT?*

- a. Over obturated RCT
- b. Obturated with silver cone
- c. Under obturated RCT
- d. RCT with broken instrument in canal

308. *All these are contraindicated to RCT except:*

- a. Non restorable tooth
- b. Vertical root fracture
- c. Tooth with insufficient tooth support
- d. Patient who has diabetes

309. *Actual destruction of micro-organisms in the root canal is attributed mainly to:*

- a. Proper antibiotic thereby.
- b. Effective use of medicament.
- c. Mechanical preparation and irrigation of the canal.
- d. None of the above.

310. *The minimally acceptable restoration for an endodontically treated maxillary first premolar is:*

- a. An onlay.
- b. MOD amalgam.
- c. A full cast crown.
- d. An occlusal amalgam.

311. *Apicoectomy is done in:*

- a. Single cone obturation of maxillary CI & 9 mm radiolucency at apex postoperatively which was absent earlier
- b. Premolar, first root has radiolucency 2×3 mm but the other root is fine
- c. Lateral incisor which is densely packed and root canal treated
- d. Periapical radiolucency in lower first molar after RCT

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312. Which of the following is a common cause of pain during RCT?
- Pulp remnants
 - Debris packed in canal
 - Filing materials
 - None of the above
313. False negative response of an electric pulp test given:
- After trauma
 - Periodontal disease
 - In teenager.
 - All the above
314. You notice internal resorption on IOPAX-ray on a tooth which is otherwise asymptomatic. What should be your treatment plan?
- Pulpectomy,
 - Pulpotomy,
 - Extract the tooth
 - RCT with calcium hydroxide filling
315. Risk of vertical root fracture is a disadvantage of:
- Vertical condensation.
 - Lateral condensation.
 - Compaction method.
 - Sectional method.
316. Dull pain in tooth is due to which type of fibers?
- A fibers.
 - B fibers
 - C fibers
 - D fibers
317. After RCT, for insertion of post dowel:
- Post applied under pressure.
 - Post should be loose.
 - Insert it without pressure but with retention.
 - None of the above
318. A patient came have distal root having periapical radiolucency denoting the need for endo but patient is financially restrained and wants to extract the tooth. What do you do?
- Tell him to go to another dentist.
 - Follow the patient and extract the tooth.
 - Explain benefit of do nothing, endo and extraction.
 - Explain the patient benefits of do endo, as saving of the tooth then if he restrains, write that in his chart (record) and extract the tooth.
319. Orthodontically treatment tooth having resorption in the canal. What to do?
- Repeated dressing with calcium hydroxide.
 - Single visit endo.
 - Extraction
 - No treatment needed
320. Confirmative occlusion refers to:
- Occlusion of restoration at centric relation
 - Occlusion of restoration at intercuspal position
 - Occlusion at centric slide
 - All of the above
321. During endo space preparation what is the most surface of distal root of lower molar will have tendency of perforation:
- M surface.
 - D surface.
 - B surface.
 - L surface.
322. A patient come with sinus. You make tracing and take radiograph. The GP appears in lateral surface of the root:
- Gingival abscess
 - Periodontal abscess.
 - Periodontitis.
 - Lateral accessory canal.
323. What is AH-26?
- Epoxy resin
 - Composite material
 - Polishing bur
 - None of the above

Section II: Topicwise Questions / Answers

324. *Immature pulp is not suitable for pulp testing, because?*
- a. Chance of pulp damage
 - b. Chance of false negative
 - c. Chance of severe pain
 - d. All the above
325. *Reaction to cold thermal pulp test indicates?*
- a. Vital pulp
 - b. Non vital pulp
 - c. Apical pathology
 - d. None of the above
326. *The outline form of upper maxillary molar access opening is triangular. The base of this triangle is directed toward:*
- a. Buccal.
 - b. Palatal.
 - c. Mesial.
 - d. Distal.
327. *The most frequent cause of pulpal inflammation is:*
- a. Trauma.
 - b. Bacteria.
 - c. Chemicals.
 - d. Iatrogenic.
328. *In a young pulp following is true:*
- a. Repairing capabilities are less due to open apex
 - b. More acellular
 - c. High vascularity
 - d. High calcium and phosphorus content
329. *While you were preparing a canal you did a ledge, then you used EDTA with the file, this may lead to:*
- a. Perforation.
 - b. Correction of ledge
 - c. False canal
 - d. Fracture of root
330. *Pulpal edema:*
- a. Has no effect on vascular system
 - b. Fluid is compressed in the vessels limiting the intercellular pressure
 - c. Interstitial pressure increased due to increased vascularity
 - d. Cause necrosis of the pulp tissues
331. *Master cone doesn't reach the apex:*
- a. Ledge formation
 - b. Residual remnants
 - c. Both
 - d. None of the above
332. *A patient with radio-opacity in the periapical area of a 1st mandibular molar with a wide carious lesion and a bad periodontal condition is:*
- a. Periapical abscess
 - b. Condensing osteosis
 - c. Hypercementosis
 - d. Ankylosis
333. *A patient wants to extract his tooth but the diagnosis is RCT. He can't afford the RCT. What's your action?*
- a. Ask him to go to another dentist
 - b. Give the advantage of keeping his tooth and how important it is and record his decision in his chart treat him as he wishes
 - c. Extract exactly
 - d. Do RCT only
334. *Which of the following root fractures have excellent prognosis?*
- a. Apical third.
 - b. Middle third.
 - c. Coronal third.
 - d. None.
335. *A patient came with tooth trauma and he brought the fractured segment & on examination you found that the pulp is not exposed and only you can see dentine. How do you manage?*
- a. To get rid of the fragment & fill with composite

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- b. To reattach the fragment with composite and latter cover with veneer
c. Indirect pulp capping
d. No treatment needed
336. *A patient came with pain, awakening her from sleep at 2 A.M. And could'nt sleep later. What is the diagnosis?*
- a. Reversible pulpitis
b. Irreversible pulpitis
c. Periodontal pain
d. Periapicalabcess
337. *Which of the following is correct about 'internal resorption'?*
- a. Painful.
b. Seldom differentiated from external resorption.
c. Can occur in primary teeth.
d. No treatment
338. *Which of the following are related to denticles?*
- a. Causes discomfort and pain.
b. Free in pulp chamber.
c. All the above
d. None of the above.
339. *How can you test crack tooth?*
- a. X-ray
b. Electric test
c. Ethylene dye test.
d. Percussion test
340. *Tug back refers to:*
- a. Retention of GP inside the canal.
b. Fluibility of GP
c. Inability of GP reaching apex
d. None of the above
341. *The dentist new to clinical practice using thermoplastized G.P. Which is the main problem he may face?*
- a. Extrusion of G.P. from the canal
b. Inability to fill the proper
c. Failure to use maser cone at proper length ledge
342. *A patient is having pulp hyperemia. What findings are likely to be seen?*
- a. Pain of short duration
b. Sensitivity to cold
c. No radiological findings
d. Condition is reversible
- a. a, b, c, d
b. b, c, d
c. a, c, d
d. c, d
343. *A patient is having old crown which was placed on vital tooth. Now it is having of long duration. What diagnostic test you would perform?*
- a. Electric pulp testing
b. Cold test on rubber dam application
c. Hot and cold test
d. Radiograph
344. *Outline cavity of R.C.T preparation should be:*
- a. Converging outwards
b. Diverging outwards
c. Parallel
d. It doesn't matter
345. *Tooth with apical swelling and dull pain of long duration with periapical radiolucent lesion of 3 cm. What is your diagnosis?*
- a. Chronic apical periodontitis with associated swelling
b. Acute apical periodontitis with associated swelling
c. Chronic pulpitis with associated swelling
d. None of the above
346. *Thermal pulp test principle of:*
- a. Blood supply of pulp
b. Nerve supply of pulp
c. AO fibers
d. All the above

Section II: Topicwise Questions / Answers

347. *Why do you do biomechanical preparation of canal in apical 1/3rd of canal?*

- a. To push irrigating solution through the apex
 b. To put gutta-percha in the apical 1/3rd of canal
 c. To clean beyond the root apex
 d. None of the above

348. *Which of the following are contraindicated to RCT?*

- a. Non restorable tooth
 b. Vertical root fracture
 c. Tooth with insufficient tooth support
 d. All the above

349. *EDTA:*

- a. Remove smear layer.
 b. Can act as a lubricant to help the file bypass the ledge
 c. Both
 d. None of the above

350. *Irrigant that kills e-foccalis:*

- a. NaOH
 b. MTAD
 c. Saline
 d. Chlorohexidine

351. *Tooth with bone resorption requires RCT. Terminate RCT at:*

- a. Radiographic apex
 b. 0.5-1 mm short of radiographic apex
 c. 0.5-1 mm beyond radiographic apex
 d. None of the above

352. *When removing a rubber dam, the first step is to:*

- a. Remove the clamp.
 b. Release the holder.
 c. Apply a water soluble lubricant.
 d. Cut the interseptal rubber with scissors.

353. *Prognosis of a tooth with a broken instrument located 3 mm from the apex is probably best if the tooth has a:*

- a. Vital pulp with a periapical lesion.
 b. Vital pulp without a periapical lesion.
 c. Necrotic pulp with a periapical lesion.
 d. Necrotic pulp without a periapical lesion.

354. *Purple colored reamer is numbered:*

- a. 08.
 b. 10
 c. 15.
 d. 30.

355. *Crown and root perforation:*

- a. Respond to MTA
 b. Use matrix with hydroxiapatite and seal with G I
 c. a+b
 d. Root canal filling

356. *Amount of G.P should after post preparation:*

- a. 1 mm.
 b. 4-5 mm.
 c. 10 mm
 d. None of the above.

357. *Root fracture decrease when we use:*

- a. Ready made post.
 b. Casted post.
 c. Metal post.
 d. Fiber post

358. *The aim of biomechanical process during endodontic is to allow:*

- a. GP reach the apex.
 b. Debridement root canal materials
 c. Removal of infected pulp tissue
 d. All the above

359. *Tooth with full PFM crown need RCT. You did the RCT through the crown. What is the best restoration to maintain the resistance of the crown?*

- a. Amalgam
 b. Composite
 c. GIC
 d. a+b

360. *While doing posterior excess cavity preparation of molar, the initial outline form should be:*

- a. Rhomboid.
 b. Triangular.
 c. Oval.
 d. Either a or b.

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361. *At what stage is endodontic treatment considered complete?*
- When a temporary restoration is placed and the rubber dam removed.
 - When canals are sealed off and plugged.
 - When the coronal restoration is completed
 - When the patient is asymptomatic
362. *An 18 year old patient having severe, sharp pain during touching the cementum. By probing pain is present for short duration. What is the diagnosis?*
- Reversible pulpitis
 - Irreversible pulpitis
 - Dentinal hypersensitivity
 - Periapical abscess
363. *Which of the following is not an indication to use solvent softened custom cones?*
- "Tug back" with in 1 mm of working length.
 - Lack of an apical stop.
 - An abnormally large apical portion of the canal.
 - An irregular apical portion of the canal
364. *When symptoms and clinical tests show the presence of pulpal pathosis in a posterior tooth and the radiograph shows no decay or restoration in any proximity to the pulp, this is virtually pathognomonic of:*
- Condensing osteitis.
 - Vertical fracture of the tooth.
 - Periodontal abscess.
 - Secondary occlusal trauma.
365. *MTA is used for:*
- Apexification
 - Apexogenesis
 - RCT
 - Tissue healing
366. *Perforation in mesio buccal root of molar treated with:*
- MTA
 - ZOE
 - Ca(OH)₂
 - GIC
367. *The easiest endo retreatment in:*
- Over obturation with GP
 - Under obturation with GP
 - Weeping canals
 - Obtured with silver cone
368. *Pulpal pain may not be referred from:*
- The right maxilla to the left maxilla.
 - The third molar to the ear.
 - A max. molar to the sinus.
 - An incompletely fractured tooth.
 - A max. cuspid to ear.
369. *We distinguish between periapical and periodontal abscess:*
- X-ray examination.
 - Clinical examination.
 - Vitality of the pulp.
370. *To locate the canal orifice use:*
- Barite probe.
 - Endo spreader.
 - Endo file with curved tip.
 - Round bur.
371. *Obturation tooth with preiapical lesion in RCT. The obturation should:*
- Obturation till superior end of lesion
 - 0:5 - 1 mm shorter of radiographic apex
 - 1 mm beyond radiographic apex
 - End at radiographic apex
372. *A patient came with RCT done before 5 years. Upon examination poor (failure) RCT^{1st}. Choice of treatment is:*
- Extraction
 - Apicectomy
 - Re-endo
 - Medication

Section II: Topicwise Questions / Answers

373. *Endo failure is mainly due to which organism:*
- a. Staphylococcus onerous
 - b. Actinomycen and entrococaus
 - c. Streptococcus
 - d. E coli
374. *An 8 year old child, trauma of maxillary incisor the material used for first visit apexification:*
- a. Ca(OH) + CMCP
 - b. MTA
 - c. ZOE
 - d. Formocresol
375. *CMCP contains:*
- a. 65% camphor, 35% phenol
 - b. 45% camphor, 55% phenol
 - c. 35% camphor, 65% phenol
 - d. 55% camphor, 45% phenol
376. *Sign of infection in oral cavity:*
- a. Limited mouth opening
 - b. High cervical lymph nodes
 - c. Pain
 - d. All of the above
377. *How to do bleaching on RCT tooth?*
- a. Micro abrasion
 - b. Hydrogen peroxide (H₂O₂)
 - c. Crown
 - d. Veneer
378. *A patient comes with poor endo, done 3 years ago. The treatment is:*
- A. Re- endo
 - B. Endo-surgery
 - C. Extraction
 - D. ab & analgesic
379. *A patient comes with mild pain on biting in his lower right seven, treated RCT before 3 months On bitewing: caries under restoration -on periapical: radiolucent on periapical area. Your pulpal and perio diagnosis?*
- a. Previous treated with acute apical abscess
 - b. Previous treated with chronic apical abscess
 - c. Previous treated with chronic apical periodontitis
 - d. Previous treated with acute apical periodontitis
380. *Length of the files in endo:*
- a. 20 & 24 & 28
 - b. 20 & 25
 - c. 21 & 25
 - d. 21 & 25 & 31
381. *About the ISO instruments file:*
- a. Length of handle
 - b. Widths of file tip
382. *Which one is flexible?*
- a. K file
 - b. Reamers
 - c. Hedstorm
 - d. Barbed broach
383. *EDTA removes:*
- a. Calcified tissue
 - b. Micro organism
 - c. Debris
 - d. Old restorations
384. *What is GG#1 file length means:*
- a. 20 mm
 - b. 30 mm
 - c. 50 mm
 - d. 60 mm
385. *Acute abscess is:*
- a. Cavity lined by epithelium
 - b. Cavity containing pus cells
 - c. Cavity containing blood cells
 - d. Cavity containing fluid

Section II: Topicwise Questions / Answers

400. *Successful of rotary in endo is achieved by:*
a. Use EDTA
b. Pre enlarged coronary
c. Proper irrigation
d. Small perforation. Below crest of ridge
401. *Good prognosis endodontic perforation:*
a. Large perforation. Above crest of ridge
b. Small perforation. Below crest of ridge
c. Large perforation. Below crest of ridge
d. Small perforation. Above crest of ridge
402. *Periodontal abscess most commonly affect:*
a. Incisors
b. Premolar
c. Canine
d. Molars
403. *Hyperplastic pulp tissue:*
a. Reversible pulpitis
b. Irreversible pulpitis
c. Necrotic
404. *A patient came to your clinic with pain in his mouth but he cannot localize which is the jaw. Which test is useful?*
a. Thermal test
b. Percussion test
c. Anesthetic test
d. Cavity test
405. *Patient comes with pain but he can't localize the tooth what is the best test:*
a. Thermal test
b. Percussion test
c. Cavity test
d. Anesthesia test
406. *The best way to make pulp vitality test of a tooth with PFM crown:*
a. Cold test
b. Cold and hot
c. Cold with or (under) rubber dam.
d. Electric test
407. *A patient complains from cold. The best test is:*
a. Electric test
b. Cold test
c. Percussion test
d. Periodontal probe
408. *GG#1 diameter:*
a. 0.5 mm
b. 1 mm
c. 1.5 mm
d. 2 mm
409. *Simple method of pulp treatment?*
a. Pulpotomy
b. Pulp capping
c. Pulpectomy
d. Apexification
410. *The first step to remove gutta-percha:*
a. Solvent
b. New hedstorm
c. Board brush
d. Reamer
411. *Sodium chloride has role in endodontic treatment kill:*
a. Organic tissue
b. Inorganic
c. Soft tissue
412. *Indication of thermal obturation:*
a. Open apex
b. Narrow canal
413. *Standardization of endo file is according to:*
a. Length of blade
b. Thickness
c. Materials
d. Diameter of tip
414. *Patency file:*
a. Reach apically
b. Cleaning the canal
c. Removing the debris
d. Locating accessory canal

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415. *Ultrasonic in endo has advantages than provisional method:*
- a. Faster
 - b. Debridement better
 - c. Best access cavity
416. *After trauma tooth had discoloration with no radiolucency:*
- a. Endo
 - b. Crown
 - c. Restorations
417. *Parapost system:*
- a. Parallel threaded
 - b. Tapper threaded
 - c. Serrated
418. *A patient has carious tooth on diagnosis. Cold test 15 seconds hot test 10 seconds, electric test pain after 10 seconds and that of controlled tooth cold test 5 sec, hot test 5 sec. What is management of that tooth?*
- a. Extraction
 - b. Pulp capping
 - c. Restoration
 - d. Complete root canal treatment
419. *MTA is a single visit treatment have the only advantage that is:*
- a. It provides a high seal ability than conventional method
 - b. Have high tensile strength
 - c. Have high shear strength
 - d. Provide good relief of pain
420. *The main use of dental floss before rubber dam application:*
- a. Open contact between teeth for application
 - b. Verify the roughness and the tightness of the contact
 - c. Ligate tooth for the rubber dam application
 - d. Remove entrapped food debris in contact area
421. *The trauma that has less effect in pulp:*
- a. Concussion
 - b. Infraction
 - c. Complicated crown root fracture
 - d. Non complicated crown root fracture
422. *Lower 6 with carious lesion, cold test 5 sec. control tooth 4 sec. hot 4 sec, 3 sec electric test 20 sec, 18 sec Not sensitive to percussion so the pulp state is:*
- a. Healthy pulp
 - b. Reversible pulpitis
 - c. Irreversible pulpitis
 - d. Necrotic
423. *Root resorption is due to force:*
- a. Magnitude
 - b. Duration
 - c. Direction
424. *What's the maximum size of pulp exposure that will mostly cause failure to do direct pulp capping?*
- a. 0.5
 - b. 0.7
 - c. 0.9
425. *You want to prepare post space, best method to maintain obturation material integrity and less perforation risk is:*
- a. Mechanically
 - b. Chemically
 - c. Ultrasonically
 - d. Thermally
426. *If the root canal is left open in mouth, what happens?*
- a. Calcification of canal
 - b. Irritation of canal
 - c. Caries of canal
 - d. Fracture of canal
427. *MTA:*
- a. Mineral trioxide aggregate
 - b. Metal trioxide aggregate
 - c. Mineral tetraoxide aggregate

Section II: Topicwise Questions / Answers

428. *For ideal RCT spreader most be:*

- a. 1-2 mm short of apex or 1-2 mm below working length
- b. At the apex
- c. Same as working length

429. *Regarding cavity tests:*

- a. Most common
- b. Non aggressive
- c. Last resort
- d. Use to detect periapical condition

430. *Anesthetic test used to locate the pain in:*

- a. Maxilla or mandible
- b. Across mid line
- c. Single tooth

431. *MAF (master apical file) is:*

- a. File used to reciprocate
- b. 1st file bind to working length
- c. File to measure working length
- d. Last file used to determine diameter of canal

432. *H-files has more cutting efficiency compared to k-files due to:*

- a. More negative rake angle
- b. More positive rake angle
- c. More cutting tip

433. *Infection in root canal system:*

- a. Aerobic
- b. Non aerobic
- c. Aerobic and non aerobic

434. *Cavity test:*

- a. Consider non aggressive
- b. Common diagnostic test
- c. To see necrosis.

EXPLANATION

1. Answer: d

Reference: Sturdevant's Art and Science of Operative Dentistry, 4th ed, page 315

2. Answer: a

3. Answer: b

4. Answer: a

5. Answer: b

6. Answer: a

7. Answer: b

Clinical Endodontics, Tronstad, page 224

Calcium hydroxide in weeping canals

Sometimes a tooth undergoing root canal treatment shows constant clear or reddish exudate associated with periapical radiolucency. Tooth can be asymptomatic or tender on percussion. When opened in next appointment, exudates stops but it again reappears in next appointment. This is known as "weeping canal".

In these cases tooth with exudates is not ready for filling, since culture reports normally show negative bacterial growth, so antibiotics are of no help. For such teeth dry the canals with sterile absorbant paper points and place calcium hydroxide in canal. It happens because pH of periapical tissues is acidic in weeping stage which gets converted into basic pH by calcium hydroxide.

8. Answer: a

Reference: Dental Decks, 2nd ed, page 2220

9. Answer: a

Reference: Phillips Science of Dental Materials, 11th ed, page-174

10. Answer: a

11. Answer: b

12. Answer: b

Reference: Pickard's Manual of Operative Dentistry, 8th ed, page 213

Reference: Oxford Handbook of Clinical Dentistry, 4th ed. page-260

13. Answer: b

Reference: Glickman, 10th ed. page-179

14. Answer: c

Reference: Dental Secrets by Stephen T. Sonis, 9th ed, Prosthodontics

15. Answer: a

Reference: Dental Secrets by Stephen T. Sonis, 9th ed, Prosthodontics

16. Answer: a

17. Answer: e

18. Answer: a

Root canal sealer – fill the void in between root canal walls and gutta points

19. Answer: a
20. Answer: a
21. Answer: d
22. Answer: b
23. Answer: c
24. Answer: b

Endodontic treatment with obturation by $\text{Ca}(\text{OH})_2$

25. Answer: b

Reference: Clinical Endodontics Textbook, Tronstad, page 224

26. Answer: d

27. Answer: 3

28. Answer: b

29. Answer: a

Reference: Endodontics: Problem solving in clinical practice 2002"

Ingle's endodontics

30. Answer: a

Reference: Shafer's Textbook of Oral Pathology

Condensing osteitis is otherwise called focal sclerosing osteomyelitis.

31. Answer: a

Reference: "Endodontics: Problem solving in clinical practice 2002"

32. Answer: a

Reference: Ingle's Endodontics

33. Answer: A

Reference: Wheeler's Dental Anatomy Physiology and Occlusion

34. Answer: C

Reference: Textbook of Endodontics, 4th ed, page 126-128

The primary GP point selected should be sterilized with NaOCl or H_2O_2 or chlorhexidine.

35. Answer: c

36. Answer: 3

RCT will control it.

Initiated with trauma.

Internal resorption: The cause can sometimes be attributed to trauma to the tooth, but other times there is unknown etiology. If the condition is discovered prior to perforation of the crown or root has occurred, endodontic therapy (root canal therapy) may be carried out with the expectation of a fairly high success rate.

37. Answer: c

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38. **Answer: b**
Paramonochlorphenol 35% and camphor 65%.
39. **Answer: a**
Reference: Ingle's Endodontics
40. **Answer: b**
Reference: Ingle's Endodontics, page 372
41. **Answer: a**
42. **Answer: c**
43. **Answer: b**
Reference: [Http://www.biolase.com/clinicalarticles/Chen_DT_reprint1.pdf](http://www.biolase.com/clinicalarticles/Chen_DT_reprint1.pdf) [Http://www.healthmantra.com/reviews/lasers&Endo.htm](http://www.healthmantra.com/reviews/lasers&Endo.htm)
CO₂ laser is used in periapical surgeries, new advances in Nd(YAG) laser for intracanal uses.
Both can be used in endodontics
44. **Answer: c**
(RC Prep an effective lubricating and cleaning agent for root canals (chelator)
45. **Answer: a**
Any bonding procedure should be delayed by at least 1 week after the completion of bleaching.
Treating the bleached dentin surfaces with sodium ascorbate as an alternative to delaying bonding when a restoration must be completed immediately after bleaching.
46. **Answer: a**
Reference: Ingle's Endodontics, page 372
GP contains: = ZOE & barium sulfate inorganic 75%
Gutta percha transpolyisoprene organic 23%
47. **Answer: a**
Reference: Ingle's Endodontics
48. **Answer: b**
Reference: Oxford Handbook of Clinical Dentistry, 4th ed, page 770
Reference: Grossman's Endodontic Practice
49. **Answer: a**
Reference: Ingle's Endodontics
50. **Answer: d**
Reference: Ingle's Endodontics
51. **Answer: c**
52. **Answer: c**
53. **Answer: d**

Section II: Topicwise Questions / Answers

54. **Answer: a**
Some of the most investigated materials for perforation repair include amalgam, calcium hydroxide, IRM, Super EBA, gutta-percha, MTA, other materials tried for repair include dentin chips, hydroxyapatite, glass ionomer cements and plaster of paris.
55. **Answer: b**
56. **Answer: c**
57. **Answer: b**
58. **Answer: a**
Reference: Grossman's Endodontic Practice
59. **Answer: a**
Reference: Oxford Handbook of Clinical Dentistry, 4th ed, page 770
Reference: Grossman's Endodontic Practice
60. **Answer: b**
Reference: Oxford Handbook of Clinical Dentistry, 4th ed, page-316-317
Walking bleach technique: This technique calls for a thick paste of hydrogen peroxide, sodium perborate, or a combination of the two to be placed in the coronal portion of the non-vital tooth.
61. **Answer: d**
Reference: Oxford Handbook of Clinical Dentistry, 4th ed, page 202.
62. **Answer: c**
Reference: Pickard's Manual of Operative Dentistry, 8th ed, Oxford, page 213
The use of a fiber-optic light to transilluminate a fracture line and staining the fracture with a dye, such as methylene blue, are valuable aids.
63. **Answer: b**
64. **Answer: d**
Reference: Grossman's Endodontic Practice
65. **Answer: a**
Reference: Pickard's Manual of Operative Dentistry, 8th ed, Oxford page 213
Reference: Oxford Handbook of Clinical Dentistry, 4th ed, page-260
66. **Answer: b**
Reference: Oxford Handbook of Clinical Dentistry 4th ed, page-316
67. **Answer: c**
68. **Answer: c**
Reference: Pocket Atlas of Endodontics page 154
69. **Answer: d**
Reference: Grossman's Endodontic Practice
70. **Answer: b**
71. **Answer: a**
72. **Answer: a**

73. **Answer: d**

Reference: Grossman's Endodontic Practice

74. **Answer: b**

Reference: Grossman's Endodontic Practice

75. **Answer: b**

76. **Answer: a**

Reference: Dental Secrets by Stephen T. Sonis

77. **Answer: c**

78. **Answer: d**

79. **Answer: a**

Reference: Oxford Handbook of Clinical Dentistry, 4th ed. page 770

Reference: Grossman's Endodontic Practice

80. **Answer: c**

Reference: Color atlas of Endodontics, page 14

Conventional stainless steel files can be precurved and "hooked" into canals.

Reference: Pathway of the Pulp, 9th ed, 1st Part, page 197-215-227

Examining the pulp chamber floor with a sharp explorer. (maxillary molar)

An oval orifice must be explored with apically curved small-instruments. The clinician should place the file tip in the orifice with the tip to buccal when trying to locate the buccal canal. A curved file tip is placed toward the palate to explore for the palatal canal.

Micro-openers (DentsplyMaillefer, Tulsa, OK) are excellent instruments for locating canal orifices when a dental dam has not been placed. An endodontic explorer is used to search for canal orifices.

81. **Answer: c**

Reference: Grossman's Endodontic Practice

82. **Answer: d**

83. **Answer: a**

84. **Answer: d**

Reference: Ingle's Endodontics, page 372

ZOE & barium sulfate inorganic 75%

Gutta percha transpolyisoprene organic 23%

85. **Answer: d**

86. **Answer: b**

87. **Answer: a**

Reference: Oxford Handbook of Clinical Dentistry, 4th ed, page 73

Shafer's Textbook of Oral Pathology

88. **Answer: d**

89. **Answer: a**

Section II: Topicwise Questions / Answers-

90. Answer: a

Reference: Grossman's Endodontic Practice

91. Answer: c

92. Answer: b

Reference: White and Pharoah's Oral Radiology, 4th ed, page 451

In the early radiolucent stage periapical cemental dysplasia PCD lesions, the most important differential diagnosis is the periapical rarefying osteitis.

93. Answer: c

94. Answer: b

95. Answer: c

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

Pocket Atlas of Endodontics, page 154"

Dilute sodium hypochlorite is generally considered to be the best irrigant as it is bacteriocidal and dissolves organic debris.

96. Answer: d

Reference: Pinkham Pediatric Dentistry, 5th ed, chapter 22 recommended if no signs and symptoms in the pulp

97. Answer: b

Reference: Pickard's Manual of Operative Dentistry, 8th ed, oxford - page 213

Oxford Handbook of Clinical Dentistry, 4th ed, page 261

98. Answer: a

99. Answer: c

100. Answer: c

101. Answer: a

102. Answer: b

103. Answer: c

Reference: Pediatric Dentistry: Infancy through adolescence, Pinkham, 3rd ed, page 348

104. Answer: a

0.5 - 1 mm shorter than radiographic apex at the DCJ of the root.

105. Answer: a

106. Answer: a

107. Answer: d

Reference: Grossman's Endodontic Practice

108. Answer: a

109. Answer: c

110. Answer: a

111. Answer: c

112. Answer: a

Reference: Grossman's Endodontic Practice

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113. Answer: c

114. Answer: b

115. Answer: b

Reference: Oxford Handbook of Clinical Dentistry, 4th ed, page 330

116. Answer: d

Reference: Oxford Handbook of Clinical Dentistry, 4th ed, page 330

Source: Endodontic Obturation Materials

117. Answer: a

Reference: Ingle's Endodontics, page 372

118. Answer: b

119. Answer: c

Reference: http://www.realworldendo.com/eng/lib_diagnosis_procedures.html

Once we have determined that a particular tooth is indeed percussive, the next step is to determine the pulp status of that tooth (vital or non-vital). Without question, the method most commonly employed by endodontists is the thermal test. When doing a cold ice", (an refrigerant)be sprayed on cottonpellet and then placed on a dry tooth. This test, along with the percussion test are the two most important tests in diagnosis. If the patient feels nothing and there is no response from the tooth, we must assume this tooth to be necrotic (non vital).

120. Answer: a

Reference: "Pathway of Pulp, 6th ed, page 314"

The relatively late appearance of A fibers in the pulp helps to explain why the electric pulp test tends to be unreliable in young teeth.

121. Answer: b

Reference: Oxford Handbook of Clinical Dentistry, 4th ed, page 316

A solution of 10% carbamide peroxide in a soft splint has been advocated for home bleaching

122. Answer: b

123. Answer: a

Reference: Dental Decks 2nd ed, page 144

124. Answer: a

Reference: Dental Decks 2nd ed, page 2234

The most accepted theory to explain the unusual sensitivity and response of exposed root surfaces to various stimuli is the hydrodynamic theory.

Reference: "Sturdevant's Art and Science of Operative Dentistry, 2000" page 257

Most authorities agree that the hydrodynamic theory best explains dentin hypersensitivity. The equivalency of various hydrodynamic stimuli has been evaluated from measurements of the fluid movement induced in vitro and relating this to the hydraulic conductance of the same dentin specimen."

125. Answer: d

126. Answer: b

Reference: Dental Decks, 2nd ed, part 2, page 236

Section II: Topicwise Questions / Answers

Bowl-shaped area of resorption involving cementum dentin characterize external inflammatory root resorption. This type of external resorption is rapidly progressive and will continue if treatment is not instituted. The process can be arrested by immediate root canal treatment with calcium hydroxide paste. Remember the etiology of external resorption : excessive orthodontic forces, periradicular inflammation, dental trauma, impacted teeth.

127. **Answer: e**

Reference: Dental Decks, 2nd ed. part 2 page 236

128. **Answer: c**

Reference: Clinical Endodontics, Tronstad, page 224

129. **Answer: a**

Reference: Wheeler's Dental Anatomy, Physiology and Occlusion

A-delta fibers – small, myelinated fibers that transmit sharp pain

C-fibers – small unmyelinated nerve fibers that transmit dull or aching pain.

130. **Answer: a**

Endodontics problem solving in clinical practice, page 142

Cement can be removed carefully from around the point using a Piezon ultrasonic unit and CT4 tip or sealer tip. Great care must be taken not to sever the point and damage the coronal end. The point is withdrawn using Stieglitz forceps or small-ended artery forceps.

131. **Answer: e**

132. **Answer: d**

Reference: Pocket Atlas of Endodontics, page 178

In order to prevent discoloration of the tooth crown by components of the root canal filling material, a heated instrument must be used to sever the filling material 2mm apical to the cemento-enamel junction.

Reference: Pocket Atlas of Endodontics, page 88

It must be sufficiently extended mesially and distally so that the pulp horns can be completely accessed and all necrotic tissue removed. Tissues that are left behind can lead later on to discoloration of the clinical crown.

Reference: Pathway of the Pulp 9th ed, page 231

Blood recombines and Hb gets converted to haemosiderin, which enters the dentinal tubules and causes the typical black discoloration after trauma. Similarly, after a root canal, if the biomech is not done well and insufficient usage of irrigants like hypochlorite and hydrogen peroxide, the same flows into the tubules and a tooth which looked normal suddenly looks black after root canal.

The access cavity is positioned too far to the gingival with no incisal extension. This can lead to bur and file breakage, coronal discoloration because the pulp horns remain.

133. **Answer: c**

Reference: Dental Secrets by Stephen T. Sonis, page 167

There is general agreement that carious exposure of a mature permanent tooth generally requires endodontic therapy. Carious exposure generally implies bacterial invasion of the pulp, with toxic products involving much of the pulp.

However, partial pulpotomy and pulp capping of a carious exposure in a tooth with an immature apex have a higher chance of working.

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Reference: Dental Pulp 2002, page 335

Cavity Cleansing, Disinfection, and Hemorrhage Control

A clinical review failed to support direct pulpcapping or pulpotomy procedures in teeth when a mechanical exposure pushes infected carious operative debris into the subjacent pulp. Because of the stigma of long-term failures, our profession generally selects traditional endodontic treatment. Only in the treatment of pulp exposures in fractured young anterior teeth with open apices does the literature discuss pulpotomy or direct pulp-capping with $\text{Ca}(\text{OH})_2$.

134. Answer: b

135. Answer: c

136. Answer: c

137. Answer: c

138. Answer: c

139. Answer: a

Reference: Clinical Endodontics Textbook, Tronstad, page 224

140. Answer: c

Reference: Pickard's Manual of Operative Dentistry, 8th ed, oxford, page 213

141. Answer: a

142. Answer: b

Reference: Oxford Handbook of Clinical Dentistry, 4th ed, page 330

143. Answer: c

Disadvantages of McSpadden Tech:

Use of speed higher than recommended. It will cause poor seal.

Extrusion of the filling material.

Fracture of thermocompactor.

Gouging of the canal wall.

Inability to use the technique in curved canals.

Heat generation may lead to PDL damage, resorption and ankylosis.

Voids in final filling

And

If the file is turning in reverse, it can screw itself into the canal and periapical tissues – Endodontic obturation

144. Answer: d

145. Answer: b

146. Answer: c

Reference: Ingle's Endodontics, page 278

147. Answer: d

148. Answer: a

Heat test is not a test of pulp vitality. It will show the presence of pulpal and periapical disorder.

149. Answer: a

150. Answer: c

151. Answer: e

152. Answer: a

153. Answer: b

Cause it's localized to one tooth only.

Ice block. = CO₂ ice stick – frozen CO₂ – dry ice – CO₂ snow.

Ethyl chloridè taken in cotton pellets and saturated with it.

Cold spray. is a refrigerant spray that contains tetrafluoroethane. It is a most popular method.

154. Answer: a

155. Answer: b

156. Answer: b

Reference: Ingle's Endodontics, page 278

157. Answer: c

158. Answer: a

159. Answer: a

Reference: Sturdevant's Art and Science of Operative Dentistry, 5th ed. page 1983

160. Answer: a

Reference: Ingle's Endodontics, page 372

161. Answer: d

162. Answer: c

163. Answer: c

Reference: Grossman's Endodontic Practice, 11th ed, page 140

164. Answer: a

165. Answer: a

166. Answer: a

167. Answer: d

Specific changes occur in dental pulp with age. Cell death results in a decreased number of cells. The surviving fibroblasts respond by producing more fibrous matrix (increased type I over type II collagen) but less ground substance that contains less water. So with age the pulp becomes less cellular b) more fibrous overall reduction in volume due to the continued deposition (of dentin (secondary/reactive)).

168. Answer: e

169. Answer: a

170. Answer: a

171. Answer: a

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

Shillingburg's fundamental of fixed prosthodontics—page 185

http://dfd.atauni.edu.tr/UploadsCild/files/2007-1/2007_1_4%20.pdf

light-cure composite resin (President) and amalgam (Cavexavalloy) were statistically different than the other materials tested. They are stronger than compomer followed by resin modified glass ionomer and conventional glass ionomer core materials.

172. **Answer: b**

173. **Answer: c**

Reference: Dental Decks, 2nd ed, page 2298

174. **Answer: a**

Oxford Handbook of Clinical Dentistry, 4th ed, page 288-289

175. **Answer: c**

Reference: "Dental Secrets, Stephen T. Sonis page 167"

"Dental pulp 2002 –page 335"

176. **Answer: a**

177. **Answer: a**

Reference: Dental Decks, 2nd ed, page 2220

Elastomeric cord for retaining a dental dam, cord dispenser and related combinations and methods - Patent 5104317

Dental dam retainer clamp is that the four prongs must contact the tooth, if they do not, the clamp may need to be ground. A properly selected retainer should contact the tooth in four areas—two on the facial surface and two on the lingual surface. This four-point contact prevents rocking or tilting of the retainer.

178. **Answer: c**

Reference: "Pocket Atlas of Endodontics, page 154"

179. **Answer: b**

Reference: Oxford Handbook of Clinical Dentistry, 4th ed, page-770

180. **Answer: e**

181. **Answer: e**

182. **Answer: c**

Composition

AH 26, powder: Bismuth oxide, Methenamine, Silver, Titanium dioxide AH 26 silver free, powder: Bismuth oxide, Methenamine

AH 26 resin: Epoxy resin

Indications

Permanent obturation of root canals of teeth of the secondary dentition with or without the aid of obturation points

183. **Answer: a**

Reference: Grossman's Endodontic Practice

184. Answer: b

185. Answer: b

Reference: "Endodontics Problem Solving in Clinical Practice, 2002"

186. Answer: b

Reference: Dental Decks, 2nd ed, page 152

187. Answer: a

188. Answer: d

189. Answer: d

190. Answer: c

191. Answer: d

192. Answer: a

Reference: Dental Decks, 2nd ed, page 152

193. Answer: d

194. Answer: c

195. Answer: a

196. Answer: b

197. Answer: a

Reference: Dental Secrets, Stephen T. Sonis

198. Answer: a

Reference: Grossman's Endodontic Practice

It is generally agreed that one of the most important considerations for successful endodontic treatment is the complete obturation and seal of the apical third of the root canal.

199. Answer: b

200. Answer: c

201. Answer: a

202. Answer: b

Reference: Oxford Handbook of Clinical Dentistry, 4th ed, page 770

203. Answer: b

Reference: Ingle's Endodontics

204. Answer: c

Reference: Dental Decks, 2nd ed, page 2220

To remain stable, a rubber dam clamp must contact the anchor tooth gingival to the height of contour.

All four points must be sharp.

All four points must contact the tooth.

The bow must be directed to the distal side of the tooth.

205. Answer: b

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206. Answer: c

207. Answer: b

208. Answer: c

Reference: Rosenstiel's Contemporary Fixed Prosthodontics, page 20

209. Answer: c

Reference: "Clinical Endodontics, Tronstad"

210. Answer: e

211. Answer: d

212. Answer: d

Reference: Sturdevant's Art and Science of Operative Dentistry, page 171

213. Answer: b

214. Answer: a

215. Answer: c

Reference: Ingle's Endodontics, page 616

216. Answer: a

217. Answer: b

Reference: Oxford Handbook of Clinical Dentistry, 4th ed, page 770

218. Answer: b

Reference: Ingle's Endodontics, page 278

219. Answer: c

Reference: Ingle's Endodontics, page 372

220. Answer: a

221. Answer: c

222. Answer: d

Oxford Handbook of Clinical Dentistry, 4th ed, page 316

223. Answer: a

224. Answer: d

Reference: Endodontics, 5th ed, page 515"

Weine's recommendations for determining with root/bone resorption.

If no root or bone resorption is evident, preparation should terminate 1 mm from the apical foramen.

If bone resorption is apparent but there is no root resorption, shorten the length by 1.5 mm.

If both root and bone resorption are apparent, shorten the length by 2.0 mm.

Color atlas of endodontics –page 54

Some researchers suggest calculating the working length 1 mm short of the radiographic apex with normal apical anatomy, 1.5 mm short with bone but no root resorption, and 2 mm short with bone and root resorption.

225. Answer: d

226. Answer: d

227. Answer: b

228. Answer: a

229. Answer: d

230. Answer: d

231. Answer: c

Reference: Ingle's Endodontics, 5th ed, page 515

232. Answer: a

233. Answer: c

234. Answer: b

Reference: Grossman's Endodontic Practice

235. Answer: c

(CMCP = Camphorated Mono Chlorophenol)

236. Answer: b

237. Answer: c

238. Answer: b

Reference: Proffit's Contemporary Orthodontics, page 329

239. Answer: c

240. Answer: d

241. Answer: c

242. Answer: d

243. Answer: a

244. Answer: b

Reference: Ingle's Endodontics, page 278

(Use mineral trioxide aggregate (MTA) as an artificial root-end barrier)

245. Answer: b

246. Answer: d

247. Answer: b

248. Answer: c

249. Answer: c

250. Answer: c

(In this question prognosis means retrieval of the broken instrument)

251. Answer: b

252. Answer: c

253. Answer: c

254. Answer: a

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Reference: Oxford Handbook of Clinical Dentistry, 4th ed, page 332

Dental Decks, 2nd ed, page 165

255. Answer: d

256. Answer: b

257. Answer: d

258. Answer: c

259. Answer: d

Reference: National Board Dental Examination, Dec-1978

260. Answer: a

Reference: Clinical Endodontics Textbook Tronstad, page 224

261. Answer: b

262. Answer: d

263. Answer: c

264. Answer: a

Reference: Oxford Handbook of Clinical Dentistry, 4th ed, page 73

265. Answer: d

266. Answer: c

Reference: Wheeler's Dental Anatomy Physiology and Occlusion, 5th ed, page 345

267. Answer: d

(Internal resorption: The cause can sometimes be attributed to trauma to the tooth, but other times there is a known etiology. If the condition is discovered prior to perforation of the crown or root has occurred, endodontic therapy (root canal therapy) may be carried out with the expectation of a fairly high success rate.)

268. Answer: b

Reference: Tug back refer to apical seal fit of master cone. The obturation material should provide tight apical seal or fluid free seal to prevent percolation of oral fluid into periapical area.

Grossman's Endodontic Practice 12th ed, page 283

269. Answer: b

270. Answer: c

Reference: Oxford Handbook of Clinical Dentistry, 4th ed, page 73

271. Answer: a

272. Answer: c

273. Answer: c

274. Answer: c

275. Answer: c

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

Pain following instrumentation: This is usually due to instruments or irrigants, or to debris being forced into the apical tissues.

Section II: Topicwise Questions / Answers

Reference: "Pathway of the Pulp 9th, ed, 1st Part, page 217"

Postoperative discomfort generally is greater when this area (apical constriction) is violated by instruments or filling materials, and the healing process may be compromised.

276. Answer: a

Reference: Dental Decks, 2nd ed, Part 2, page 236

277. Answer: d

278. Answer: a

If there is no separation cap between the fracture parts then RCT for coronal part and regular followup is the treatment.

If there is a separation between the fracture segments or periapical infection, then extraction is the treatment.

279. Answer: c

280. Answer: e

281. Answer: c

282. Answer: 4

283. Answer: b

Reference: Dental Decks, 2nd ed, page 2220

284. Answer: d

Pulpal core = which is in the center of the pulp chamber with many cells and an extensive vascular supply, except for its location is similar to cell rich zone.

Cell rich zone = which contains fibroblasts and undifferentiated mesenchymal cells.

Cell free zone = which is rich in both capillaries and nerve networks.

Odontoblastic layer = which contains odontoblasts and lies next to predentin and mature dentin.

285. Answer: c

286. Answer: c

287. Answer: b

Reference: Oxford Handbook of Clinical Dentistry, 4th ed, page 316-317

Grossman's Endodontic Practice

288. Answer: a

Re RCT is the first choice of treatment. If it's a cyst the enucleation and marsupialization. If it is granuloma then periapical surgery is needed with apexectomy and retrograde filling.

289. Answer: b

290. Answer: d

291. Answer: b

292. Answer: d

293. Answer: b

294. Answer: a

295. Answer: d

296. Answer: c

Reference: Color Atlas of Endodontis, Kishore Gulabivala, 2nd ed, page 6.

A delta is faster conducting myelinated are thought to be responsible for sharp pain.

C fiber is thought to give rise to duller, throbbing less localized pain

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297. Answer: a
Reference: Dental Decks, 2nd ed, page 152
298. Answer: a
Reference: Grossman's Endodontic Practice
299. Answer: d
Reference: Ingle's Endodontics, page 278
300. Answer: d
301. Answer: a
Reference: Dental Decks, 2nd ed, page 2220
302. Answer: c
303. Answer: d
304. Answer: a
305. Answer: c
Reference: Endo Principles and Practice of Endodontics, Walton, page 45
yellowish discoloration of the crown is often a manifestation of calcific metamorphosis.
306. Answer: a
307. Answer: c
308. Answer: d
309. Answer: c
310. Answer: a
Reference: Sturdevant's Art and Science of Operative Dentistry, page 836
311. Answer: a
312. Answer: a
313. Answer: a
314. Answer: d
Reference: Clinical Endodontics Textbook, Tronstad, page 224
315. Answer: a
Reference: Grossman's Endodontic Practice, 11th ed, page-247
316. Answer: c
317. Answer: c
318. Answer: d
319. Answer: a
Reference: Clinical Endodontics Textbook, Tronstad, page 224
320. Answer: b
321. Answer: a
Reference: Dental Decks, 2nd ed, page-144

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322. Answer: d
323. Answer: a
324. Answer: b
325. Answer: a
326. Answer: a
327. Answer: b
Reference: National Board Dental Examination, Dec-1978
328. Answer: c
329. Answer: a
330. Answer: c
331. Answer: c
Reference: Endodontics Problem Solving in Clinical Practice, page 135
- Master Cone Will Not Fit to Length:**
- *Dentine chips* packed into the apical extent of the root canal preparation will lead to a decrease in working length, and consequently the master cone will appear to be short. This can be avoided by using copious amounts of irrigant during preparation.
 - *A ledge in the root canal wall* can prevent correct placement of the cone. If the cone hits an obstruction during placement then the end may appear crinkled. It may be possible to remove or smooth a ledge by refining the preparation with a greater taper instrument.
- If the canal is insufficiently tapered, binding against the canal walls coronally or in the mid-third. The completed root canal preparation should follow a gradual taper along its entire length. Further preparation may be required with Gates-Glidden burs, orifice shapers or a greater taper instrument.
332. Answer: b
333. Answer: b
334. Answer: a
Reference: Damles' Textbook of Pediatric Dentistry, page 361
335. Answer: b
336. Answer: b
337. Answer: b
338. Answer: b
A pulp stone (denticles) may be free in the pulp chamber or it may be attached to the dentinal wall.
339. Answer: c
340. Answer: a
Reference: Tugback refers to apical seal fit of master cone. The obturation material should provide tight apical seal or fluid free seal to prevent percolation of oral fluid into periapical area.
Grossman's Endodontic Practice, 12th ed, page 283
341. Answer: b
Reference: Oxford Handbook of Clinical Dentistry, 4th ed.

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It is difficult to control the apical extent of the root filling and in addition some contraction of the GP occurs on cooling.

Useful for irregular canal defects

342. Answer: a

343. Answer: c

344. Answer: b

345. Answer: a

346. Answer: a

347. Answer: b

348. Answer: d

349. Answer: c

350. Answer: b

Reference: Pathway to the pulp

New irrigants are being developed in an attempt to address some of the shortcomings of past and current materials. MTAD is a mixture of a tetracycline isomer (i.e., doxycycline), an acid, and a detergent. In an in vitro study, MTAD was found to be an effective solution for killing *E. faecalis*.

351. Answer: b

Reference: Ingle's Endodontics, 5th ed, page 515

352. Answer: d

Reference: Sturdevant's Art and Science of Operative Dentistry, 5th ed, page 479

353. Answer: b

Reference: National Board Dental Examination, April 1989

354. Answer: b

Reference: Grossman's Endodontic Practice 11th ed, page 195

355. Answer: a

Reference: Ingle's Endodontics, page 278

356. Answer: B

Reference: Oxford Handbook of Clinical Dentistry, 4th ed, page 154

As a general guide the post should be at least equal to the anticipated crown height, but a minimum of 4 mm of well-condensed GP should be left. A periodontal probe is helpful to check prepared canal length.

357. Answer: d

358. Answer: b

359. Answer: a

360. Answer: d

Reference: Ingle's Endodontics, page 178

361. Answer: c

Reference: Grossman's Endodontic Practice

Section II: Topicwise Questions / Answers

362. Answer: c

363. Answer: a

Reference: Tug back refer to apical seal fit of master cone. The obturation material should provide tight apical seal or fluid free seal to prevent percolation of oral fluid into periapical area

Grossman's Endodontic Practice, 12th ed, page 283

364. Answer: b

Reference: Grossman's Endodontic Practice

365. Answer: a

366. Answer: a

367. Answer: b

368. Answer: a

369. Answer: c

370. Answer: c

Also, endodontic explorer is used to search for canal orifices

371. Answer: b

Reference: Grossman's Endodontic Practice, 12^o ed, page 247

372. Answer: c

Reference: Grossman's Endodontic Practice, 12^o ed, ch-10

373. Answer: b

Reference: Grossman's Endodontic Practice, 12^o ed, ch-10

374. Answer: b

MTA: Mineral Trioxide Aggregate.

Reference: Shoba Tandon, Textbook of Pedodontics, 1^o ed, page 362

375. Answer: a

CMCP: Camphor- Mono- Chloro- Phenol.

Reference: Shoba Tandon, Textbook of Pedodontics, 1^o ed, page 353

376. Answer: d

Reference: Sturdevant's Art and Science of Operative Dentistry 5th ed, page 391

377. Answer: b

Reference: Grossman's Endodontic Practice, 12^o ed, page 346

378. Answer: a

Reference: Nishagarg, Endodontics, page 396

379. Answer: c

380. Answer: d

381. Answer: b

382. Answer: b

8. Endodontics

- 383. Answer: a
- 384. Answer: a
- 385. Answer: b
- 386. Answer: a
- 387. Answer: a
- 388. Answer: b
- 389. Answer: c
- 390. Answer: a
- 391. Answer: b
- 392. Answer: d
- 393. Answer: a
- 394. Answer: b
- 395. Answer: b
- 396. Answer: c
- 397. Answer: c
- 398. Answer: a
- 399. Answer: d
- 400. Answer: b
- 401. Answer: d
- 402. Answer: d
- 403. Answer: b
- 404. Answer: c
- 405. Answer: a
- 406. Answer: c
- 407. Answer: b
- 408. Answer: a
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- 409. Answer: b
- 410. Answer: a
- 411. Answer: a
- 412. Answer: a
- 413. Answer: d
- 414. Answer: a
- 415. Answer: a
- 416. Answer: a
- 417. Answer: c

- 418. Answer: d
- 419. Answer: a
- 420. Answer: b
- 421. Answer: b
- 422. Answer: b
- 423. Answer: b
- 424. Answer: c
- 425. Answer: d
- 426. Answer: b
- 427. Answer: a
- 428. Answer: a
- 429. Answer: c
- 430. Answer: a
- 431. Answer: d
- 432. Answer: b
- 433. Answer: c