1. CS. In what year was the OMF surgery department established in Moldova?

A. 1961

B. 1984

C. 1953

D. 1991

2. CS. The clinical examination includes:

A. Inspection

B. Radiography

C. Biopsy

D. thermometry

E. transillumination

3. CS. The subjective exam includes:

A. Palpation

B. Inspection

C. Anamnesis

D. auscultation

E. Antibiogram

4. CS. Which of the teeth has the longest root?

A. central incisor

B. lateral incisor

C. Canines

D. premolars

E. molars

5. SC. The mandibular incisure is located between:

A. Alveolar and coronoid processes

B. Alveolar and articular processes

C. Articular and coronoid processes

D. Articular process and mandible body

E. None of the above

6.CS Where is the mental foramen located?

A. Between the canine and the first premolar

B. Between the lateral incisor and canine

C. Between the first and second premolar

D. Between the second premolar and the first molar

E. Under the first molar

7. CS. The only odd facial bone is:

A. maxilla

B. Mandible

C. Zygomatic bone

D. Nasal bone

E. Palatinal bone

8. CS. The thickest and strongest part of the mandible is:

A. The mandible ramus

B. The coronoid process

C. The mandible body

D. Condylar process

E. mental region

9. CS. How many walls the maxillary sinus has?

A. 3

B. 4

C. 5

D. 6

E. 8

10. CS. The maxillary sinus is shaped:

A. pyramidal

B. Foursquare

C. Triangular

D. Oval

E. Round

  11. CS. What are the minimum requirements for 1 dental chairs in surgical cabinets [in square meters]?

A. 10m 7m for each extra chair.

B. 14m 7m for each extra chair.

C. 20m 7m for each extra chair.

D. 25m 7m for each extra chair.

E. 30m 7m for each extra chair.

12. CS. Which of the skull bones is mobile?

A. maxilla.

B. Zygomatic bone.

C. mandible.

D. Nasal bone.

E. palata

13. CS. How many walls does the maxilla have?

A. 4;

B. 5;

C. 6;

D. 7;

E. 8.

14. CS. The walls of the maxillary sinus are covered with:

A. Pluristrated ciliary epithelium,

B. Cubic epithelium;

C. flat epitelium;

D. Prismatic epithelium;

E. Follicular epithelium.

15. CS. The maxillary sinus communicates with:

A. Nasal cavity.

B. Oral Cavity.

C. Orbit.

D. pharynx.

E. Infratemporal Fossa

16. CS. Volume of maxillary sinus (in cm3).

A. 14-25 cm3 3

B. 15-40 cm3

C. 10-20 cm3

D. 7-15 cm3

E. 20-25 cm3

17. CS. The maxillary sinus communicates with the nasal cavity by:

A. Superior nasal meatus.

B. Medium nasal meatus.

C. Inferior nasal meatus.

D. Ethmoidal cells.

E. All the answers are correct.

18. CS. Which of the walls of the maxillary sinus is intersected by the infraorbital vasculo-nervous pack:

A. anterior.

B. medial.

C. superior.

D. lateral.

E. posterior

19. CS. How many roots superior molars have?

A. 3 roots.

B. 2 roots.

C. 1 root.

D. 4-5, depending on the case.

E. All the answers are correct.

20. CS. How many roots does the first premolar have?

A. 1 root;

B. 2 Roots;

C. 3 roots;

D. 3-4 Roots;

E. 1 root with 2 apex.

21. CS. The mandible has the form:

A. square.

B. Semi-oval.

C. Horseshoe.

D. Triangle.

E. It depends on the age.

22. CS. Which channel passes through the mandible?

A. infraorbital.

B. Nasopalatin.

C. anterior palatinal.

D. mandibular.

E. All the answers are correct.

23. CS. The roots of the lower molars are positioned:

A mesial-distal;

B. vestibular-oral;

C. Lingual;

D. Vestibular;

E. None of the answers.

24. CS. The temporo-mandibular joint is a:

A. diarthrosis;

B. Monoartrosis;

C. Triartrosis;

D. The most advanced joint;

E. All the answers are correct.

25. CS. The glenoid fosa is part of the bone:

A. Temporal;

B. Spheno-palatal;

C. maxilla;

D. Frontal bone;

E. mandible.

26. CS. The articular disc (disc) has the form of:

A. Biconcave lens;

B. concave lens;

C. Flat lens;

D. Convex lens;

E. Biconvex lens.

27. C.S. The mandible's muscles are:

A. Muscle Masseter.

B. The temporal muscles.

C. Median pterygoid muscle.

D. Pterygoidian lateral muscle.

E. Digastric muscle.

28. CS. One of the muscles listed has two ends:

A. The temporal muscle.

B. Muscle Masseter.

C. Pterygoidian lateral muscle.

D. Milohyoid muscle;

E. Digastric muscle.

29. CS. The OMF region is vascularized by:

A. Facial artery;

B. Maxillary artery;

C. Superficial temporal artery;

D. lingual artery;

E. All correct answers.

30. CS. The facial artery is the branch of:

A. Common carotid artery;

B. Upward aorta;

C. External artery carotid artery;

D. Internal carotid Artery;

E. The ascending pharynx artery.

31. CS. The main artery that supplies the lower teeth is:

A. lingual artery;

B. Descending palatal artery;

C. Spheno-palatal artery;

D. Inferior alveolar artery;

E. Infraorbital artery.

32. CS. The mimic muscles are inervated by:

A. Trigeminal nerve;

B. Hypogloss nerve;

C. Nervus vagus;

D. Facial nerve;

E. None of the listed.

33. CS. One of the branches of the trigeminal nerve contains motor fibers:

A. Maxillary nerve;

B. Ophthalmic nerve;

C. Mandibular nerve;

D. Pterygopalatine nerve;

E. The lingual nerve.

32. CS. The mimic muscles are inervated by:

A. Trigeminal nerve;

B. Hypoglossal nerve;

C. Nervus vagus;

D. Facial nerve;

E. None of the listed.

33. CS. One of the branches of the trigeminal nerve contains motor fibers:

A. Maxillary nerve;

B. Ophthalmic nerve;

C. Mandibular nerve;

D. Pterygopalatal nerve;

E. The lingual nerve.

34. CS. The mandibular nerve leaves the cavity of the skull through the foramen:

A. occipital;

B. Round;

C. Oval;

D. Ophthalmic;

E. Spinal.

35. CS. The maxillary nerve leaves the skull cavity through the foramen:

A. Spinal;

B. Round;

C. Ophthalmic;

D. Oval;

E. occipital.

36. CS. Exooral examination is done by:

A. Histological examination;

B. Radiography with contrast agents;

C. NMR (Nuclear Magnetic Resonance);

D. Inspection and palpation;

E. Computerized tomography.

37. CS. Examination of the lymph nodes is done with:

A. instruments;

B. Special equipment;

C. Comparing with the opposite side;

D. radiography;

E. point.

38. CS. Dental percussion is done with:

A. Special Tools;

B. Percussion equipment;

C. Dental mirror;

D. Handle of the dental probe;

E. Spatula.

39. CS. For determining the general status of the patient, the most important is:

A. History, General Status Exam;

B. Laboratory investigations;

C. Consultation with other specialists;

D. Consultation of medical literature;

E. Radiography.

40. CS. Laboratory investigations are required for:

A. Diagnosis of oro-maxilo-facial diseases;

B. Complete local and general clinical examination;

C. Establishment of the operation plan;

D. Choice of anesthetic substance;

E. Body monitoring after surgery.

41. C.S. Asepsics presents:

A. Measure of abolition of microorganisms in inflammatory processes;

B. All measures used to prevent wound contamination;

C. Sterilization by autoclaving;

D. Preparing the operator field by wiping with alcohol;

E. Tool cleaning through different methods.

42. CS. Sterilization is:

A. Total destruction of all microorganisms on the surface of instruments and surgical materials;

B. Use of disposable instruments;

C. Processing of the operating field;

D. Antibiotic therapy;

E. None of the listed.

43. CS. The most common method of sterilization is:

A boil;

B. irradiators;

C. Use of gases;

D. Warm and dry heat;

E. buckling.

44. CS. By autoclaving it is sterilized:

A. Surgical Instruments;

B. Soft materials (medical gowns, compresses, gauzes, etc.) .;

C. Burs;

D. Solutions;

E. All listed.

45. CS. Autoclaving is done at certain temperature and pressure:

A. 200-250 ° C and 10 atm;

B. 136-140 ° C and 2-2.2 atm;

C. 150-160 ° C and 2-3 atm;

D. 180-190 ° C and 2-5 atm;

E. 200-210 ° C and 2-3 atm.

46. CS. Autoclaving (at 140 ° C and 2.2atm) lasts:

A. 10-15 min;

B. 15-20 min;

C. 20-25 min;

D. 30 min;

E. 60 min.

47. CS. Dry heat sterilization is done at the specified temperature and time:

A. 180 ° C - 60 min;

B. 200 ° C - 30 min;

C. 160 ° C - 15 min;

D. 150 ° C - 120 min;

E. 170 ° C - 80 min.

48. CS. The surgeon's handwashing is done with:

A. Hot soapy water;

B. alcohol;

C. Hot water with soap and brushes 3 min. after that it is treated with 70% alcohol;

D. Water with detergents;

E. Hot water with disinfectants.

49. CS. Sterilization of textile materials (gowns, fields, etc.) is done by:

A. Dry heat;

B. buckling;

C. Formaldehyde vapors;

D. autoclaving;

E. Laser.

50. CS. Disinfection of the oral surgery cabinet is done:

A. Twice a day;

B. Once in the week;

C. 2-3 times a day with disinfectant solutions, weekly - general cleansing;

D. 4-5 times a day with detergents;

E. Airing every hour.

51. CS. Ventilation in the operating room must create room pressure in the stack:

A. Higher than in the adjacent premises;

B. Less than in adjacent rooms;

C. Neutral compared to the adjacent areas;

D. Ventilation is not required;

E. Pressure is not important.

52. CS Normal erythrocyte count in the haemogram consists of:

A. 50-80 g / L;

B. 120-160 g / L;

C. 300-400 g / L;

D. 1000-2000 g / L;

E. 500-600 g / L.

53. The normal amount of leukocytes in the haemogram consists of:

A. 100-200x109;

B. 4-9x109;

C. 0.5-0,9x109;

D. 200-300x109;

E. 30-40x109.

54. CS Normal platelet count in the haemogram consists of:

A. 180-320x109;

B. 4-9x109;

C. 50-90x109;

D. 100-500x109;

E. 330-440x109.

55. CS Normal platelet count in the haemogram consists of:

A. 180-320x109;

B. 4-9x109;

C. 50-90x109;

D. 100-500x109;

E. 330-440x109.

56. CS Normal blood glucose:

A. 180-320 mmol / L;

B. 50-60 mmol / L;

C. 3.3-5.5 mmol / L;

D. 20-30 mmol / L;

E. 15-18 mmol / L.

57. CS Normal blood glucose:

A. 180-320 mmol / L;

B. 50-60 mmol / L;

C. 3.3-5.5 mmol / L;

D. 20-30 mmol / L;

E. 15-18 mmol / L.

58. The periapical radiographic image highlights:

A. Tooth root;

B. Maxillary sinus;

C. Salivary glands;

D. Marginal Gingiva;

E. The coronoid process

59. CS Normal blood glucose:

A. 180-320 mmol / L;

B. 50-60 mmol / L;

C. 3.3-5.5 mmol / L;

D. 20-30 mmol / L;

E. 15-18 mmol / L.

60. Which of the radiological methods has the highest precision:

A. Periapical Radiography;

B. Bite-wing radiographs;

C. Computer tomography;

D. occlusal radiography;

E. lateral cephalometric.

61. CS The allergic examination shall be carried out by:

A. Laboratory tests (in vitro);

B. Submucosal test;

C. Intrasomal test;

D. Intramuscular trial;

E. Intravenous test.

62. CS Computed tomography has the following advantages:

A. High accuracy;

B. Minimal irradiation;

C. Low cost;

D. The ease of interpretation;

E. Simple instruments.

63. CS Antiseptic methods are:

A. Mechanical

B. Physical;

C. Chemical;

D. Mixed;

E. All listed above.

64. CS Physical method of antisepsis involves:

A. Drainage of wound

B. Washing with water and soap;

C. Alcohol treatment;

D. Chlorhexidine treatment;

E. All listed above.

65. CS Concentration of NaCl used in hypertonic solution:

A. 20-30%;

B. 0.9%;

C. 50%;

D. 5-10%,

E. 12%.

66. CS Biological method of antisepsis involves administration of:

A. Glucose

B. Proteins;

C. Antibiotics;

D. aldehydes;

E. Hypertonic solution.

67. CS: Complex antisepsy begins with the following method:

A. Mechanical

B. Physics;

C. Chemical;

D. Biological;

E. Combination

68. The Advantages of Antibiotics as a Method of Anti-Sepsis:

A. Lack of contraindications

B. Broad spectrum of action;

C. Do not create resistant forms;

D. Permanent new substances are discovered;

E. All listed above.

69. UV Ultraviolet disinfection is done for:

A. Sterilization of the instruments;

B. Drug Sterilization;

C. Sterilization of rooms;

D. Sterilization of gowns;

E. Liquid Sterilization.

70. CS Ethyl alcohol is used as an antiseptic in the concentration of:

A. 96%;

B 70%;

C. 40%;

D. 3%;

E. 10%.

71. CS Hydrogen peroxide is used as an antiseptic in the concentration of:

A 3%;

B 10%;

C. 20%;

D. 35%;

E. 96%.

72. CS Chlorhexidine is used as an antiseptic in the concentration of:

A. 10%;

B. 3%;

C. 0.05%;

D. 0.5%;

E. 15%.

73. CS Aseptic is a method of:

A. Therapeutic treatment;

B. Surgical Treatment;

C. Prophylacsys;

D. disinfection;

E. None of the above.

74. CS Sterilization involves the destruction of:

A. Bacteria;

B viruses;

C. fungi;

D. spores;

E. All listed above.

75. CS Chemical sterilization tests have a melting point at:

A. 100 ° C;

B. 120oC;

C. 200oC;

D. 250 ° C;

E. 300oC.

76. CS Gamma rays are used for sterilization:

A. in the dental office;

B. Stationary;

C. At Home;

D. industrial;

E. Not to be used.

77. EN Preparing the patient for surgery involves:

A. Psychological training;

B. Physical training;

C. Biological training;

D. Pre-medication;

E. All listed above.

78. EN Physical training of the patient involves:

A. Administration of antibiotics;

B. Hygiene of the operator field;

C. Blood glucose assessment;

D. Appreciation of blood pressure;

E. Not necessary.

79. EN Preoperative patient preparation aims at:

A. Reduction of anxiety;

B. Fighting complications;

C. Stabilization of vital indices;

D. Prevention of infection;

E. All listed above.

80. CS Methods of sterilization quality control:

A. Physical;

B. Chemical;

C. Mechanical;

D. antiseptic;

E. Visual.

1. MC. Choose the right statements about maxillary sinus:
2. It is the only sinus that is present at birth
3. It is localized in the upper meatus
4. It develops till 25 years old
5. The shape of the sinus is according to the shape of the face
6. In adults its shape is triangular pyramid
7. MC. Clinical examination consists of:
8. Inspection
9. X-ray
10. Palpation
11. Anamnesis
12. Blood test
13. MC. Anamnesis consists of:
14. History of the disease
15. Complains
16. Anamnesis (????)
17. Auscultation
18. Antibiotic resistance test
19. MC. Which teeth have 2 roots?
20. Central incisors
21. Upper molars
22. Canines
23. First upper premolar
24. Inferior molars
25. MC. Choose the right statements about maxillary sinus:
26. It is the largest sinus
27. It is a pneumatic cavity
28. It is located in the body of the maxilla
29. It is located in the processes of the maxilla
30. None of variants from above
31. MC. Where is mental foramen located?
32. On the same vertical line with infraorbital foramen
33. Between lateral incisor and canine
34. Between premolars
35. Between second premolar and first molar
36. In elders it is located closer to the alveolar process edge
37. MC. Choose the bones that form the orbit:
38. Palatal
39. Maxilla
40. Mandible
41. Zygomatic
42. Frontal
43. MC. Mandible is formed by:
44. Ramus
45. Coronoid process
46. Glenoid fossa
47. Body of the mandible
48. Zygomatic process
49. MC. Which teeth might be in contact with maxillary sinus?
50. Second upper molar
51. Third upper molar
52. Second upper premolar
53. Upper canine
54. First upper molar
55. MC. Choose the functions of the maxillary sinus:
56. Humidifying the air
57. Temperature adjustment
58. Reduce the weight of the facial skeleton
59. Resonance
60. Air filtration
61. MC. Choose the muscles that elevates the mandible:
62. Temporalis
63. Masseter
64. Genioglossus
65. Medial pterygoid
66. Digastric
67. MC. Choose the muscles that depress the mandible:
68. Masseter
69. Mylohyoid
70. Digastric
71. Geniohyoid
72. Temporalis
73. MC. Choose the mimic muscles:
74. Orbicularis oris
75. Risorius
76. Levator anguli oris
77. Masseter
78. Temporalis
79. MC. Mimic muscles are classified in:
80. Buccal group
81. Orbital group
82. Mandibular group
83. Lingual group
84. Genian group
85. MC. What are the branches of the trigeminal nerve:
86. Mandibular
87. Ophthalmic
88. Facial
89. Alveolar
90. Maxillary
91. MC. Biopsy is used to identify:
92. Benign tumors
93. Malign tumors
94. Inflammatory processes
95. Pathologic processes of an unclear etiology
96. Any pathology in OMF area
97. MC. Biopsy is done by:
98. Injection
99. Illumination
100. Incision
101. Aspiration
102. Excision
103. MC. Advantages of OPG x-ray test:
104. All teeth are visible
105. All mandible is visible
106. Mental foramen is visible
107. Mandibular canal is visible
108. Frontal sinus is visible
109. MC. How many roots the upper premolars have?
110. 3
111. 2
112. 1
113. 4-5
114. all variants are correct
115. MC. Choose the types of surgical dental treatment:
116. Prophylactic treatment
117. Planed treatment
118. Secondary treatment
119. Loco-region treatment
120. Emergency treatment
121. MC. What are the processes of the mandible?
122. Zygomatic
123. Frontal
124. Coronoid
125. Articular
126. All variants ae correct
127. MC. Select the canal that passes through the mandible:
128. Incisive
129. Nasopalatine
130. Anterior palatine
131. Mandibular
132. All variants are correct
133. MC. OMF surgery is closely cooperating with following departments:
134. ENT (ear, nose and throat)
135. Anesthesiology
136. Cardiology
137. Neurology
138. Traumatology
139. MC. What are the requirements for the walls in OMF surgery department?
140. Washable
141. Light colored
142. Painted
143. Dark colored
144. All variants are correct
145. MC. Choose the mandatory equipment for the oral surgery room:
146. Dental chair
147. TV
148. Ventilation
149. Surgical suction
150. Addition light source
151. MC. Surgeons hands should match following requirements:
152. Clean
153. No jewelers
154. Short nails
155. Long fingers
156. Small size
157. MC. What are the levels of the face:
158. Superior
159. Lateral left
160. Lateral right
161. Inferior
162. Posterior
163. MC. Choose the bones of the facial skeleton:
164. Maxilla
165. Zygomatic
166. Occipital
167. Temporal
168. Frontal
169. MC. What are the fasciae of OMF region:
170. Superficial fascia of the face
171. Fascia propria of the face (facial fascia)
172. Parotid-masseteric fascia
173. Buccopharyngeal fascia
174. Inter-pterygoid fascia
175. MC. Choose the muscles of the neck:
176. Sternocleidomastoid
177. Omo-hyoid
178. Masseter
179. Sternothyroid
180. Thyrohyoid
181. MC. What are functions of mimic muscles:
182. Breathing
183. Speaking
184. Protects the orifices of the face
185. Changes the expression of the face
186. Swallowing
187. MC. Choose the nerves that innervates the maxilla:
188. Infraorbital
189. Auriculotemporal
190. Buccal
191. Nasopalatine
192. Mental
193. MC. What are the sensitive branches of the trigeminal nerve?
194. Ophthalmic
195. Maxillary
196. Mandibular
197. Facial
198. Lingual
199. MC. Through which foramen the branches of trigeminal nerve leave the skull:
200. Occipital
201. Ovale
202. Ophthalmic
203. Rotundum
204. Spinosum
205. MC. Choose the processes of the maxilla:
206. Alveolar
207. Zygomatic
208. Mandibular
209. Frontal
210. Palatine
211. MC. Clinical examination is made by:
212. Palpation
213. Endo-oral examination
214. Extra-oral examination
215. Inspection
216. CT
217. MC. What arteries provide vascularization to OMF region?
218. Facial
219. Maxillary
220. External carotid
221. Middle meningeal
222. Sphenopalatine
223. MC. What are the steps of clinical examination?
224. Subjective examination
225. Endo-oral examination
226. Exo-oral examination
227. Objective examination
228. X-ray examination
229. MC. Methods of subjective examination:
230. Questionnaire
231. Discussion
232. Palpation
233. Mixed
234. Biopsy
235. MC. Paraclinical examination are:
236. Blood test
237. X-ray
238. Transillumination
239. Allergic anamnesis
240. Exo-oral examination
241. MC. Lab tests required for an OMF pathology diagnosis:
242. Hemogram (complete blood count (CBC))
243. Glycemia
244. Time of bleeding
245. Time of coagulation
246. Hematocrit
247. MC. By sterilization we can destroy:
248. Viruses
249. Microorganism
250. Spores
251. Toxins
252. All answers are correct
253. MC. The most efficient methods of sterilization are:
254. Dry and moist heat
255. Irradiation
256. Gas
257. Boiling
258. Open flame
259. MC. Requirements that antiseptic solutions must match:
260. To be able to kill bacteria
261. To be transparent
262. To be harmless for live tissue
263. To nave no odor
264. All variants above
265. MC. What are stages of pre-sterilization:
266. Drying
267. Wrapping
268. Expose to open flame
269. Rinsing
270. Mechanical cleaning
271. MC. Want is required for pre-sterilization:
272. Gloves
273. Contaminated instruments
274. Autoclave
275. Hot/cold water
276. UV lamp
277. MC. Methods of dry heat sterilization:
278. Explosion to open flame
279. Overheating
280. Hot air
281. Autoclave
282. Boiling
283. MC. Methods of moist heat sterilization:
284. Boiling
285. Pasteurization
286. Vapors under pressure
287. Water with soap
288. Water with antiseptic solutions
289. MC. By exposing to open flame we can sterilize:
290. Test tubes
291. Glass containers
292. Scalpel blades
293. Needles
294. All mentioned above
295. MC. Oral surgery room is disinfected:
296. Twice a day
297. Once a week a complete cleaning day
298. 2-3 times a day with disinfectant solutions
299. With complex disinfectant solutions
300. Ventilation at every hour
301. MC. Choose chemicals used for sterilization control:
302. Para-quinone (1,4-Benzoquinone)
303. Mercury (Hg)
304. Sulfur (S)
305. Benzoic acid
306. Lead (Pb)
307. MC. X-ray with contrast substance is used for diagnosis of:
308. Salivary glands
309. Fractures
310. TMJ
311. Caries
312. Neuralgia
313. MC. Endo-oral x-ray investigations are:
314. Occlusal x-ray
315. OPG
316. CT
317. Bitewing
318. Teleradiography
319. MC. Choose the correct statements for CT:
320. High precision
321. No contraindication
322. Requires hi-tech equipment
323. Requires simple, common equipment
324. Low dose of irradiation
325. MC. Choose the correct values for thrombocytes (platelet) in blood test:
326. 200x109
327. 100-500
328. 250x109
329. 50-90
330. 4-9x109
331. MC. Name the stages of prevention in OMF surgery:
332. Primary
333. National
334. Local
335. Third
336. Planed
337. MC. Choose the correct statements for Antisepsis:
338. Its goal is to kill microorganism inside the wound
339. Its goal is to kill microorganism on the instruments
340. It’s a treatment method
341. It’s a method of prevention
342. Is done with disinfectant substances
343. MC. Choose the correct statements for periapical x-ray:
344. Easy to perform
345. Minimal irradiation
346. Limited area of examination
347. Easy to read the results
348. None of the variants mentioned above
349. MC. Mechanism of action of antiseptic solutions:
350. Mechanical destruction
351. Protein denaturation
352. Cellular enzymes block
353. Tensioactive action
354. All variants mentioned above
355. MC. Select extra-oral x-ray methods:
356. CT
357. Periapical
358. Teleradiography
359. Occlusal
360. Bitewing
361. MC. Allergy examination is done by:
362. Blood test
363. Intravenous test
364. Intradermal test
365. Oral administration (per os)
366. Intramuscular test
367. MC. Choose groups of antiseptic solutions:
368. Halogens
369. Detergents
370. Chlorine based substances
371. Alcohols
372. Oxidants
373. MC. Choose substances that eliminates oxygen:
374. Hydrogen peroxide
375. Chlorhexidine
376. Boric acid
377. Potassium permanganate
378. Iodine
379. MC. Physical method of antisepsis is:
380. Exudate evacuation
381. Washing with chlorhexidine
382. Washing with detergents
383. Lowering the level of toxins inside the wound
384. All mentioned above
385. MC. Halogens are represented by:
386. Potassium permanganate
387. Iodine
388. Betadine
389. Sodium hypochlorite
390. Lugol solution
391. MC. Biological method of antisepsis is:
392. Vaccines
393. Bacteriophages
394. Immunoglobulins
395. Anatoxins
396. Antibiotics
397. MC. Complex (combined) method of antisepsis simultaneously uses:
398. Mechanical method
399. Physical method
400. Chemical method
401. Biological method
402. Sterilization
403. MC. Disadvantages of antibiotic administration:
404. Dysbiosis (dysbacteriosis)
405. A broad-spectrum of activity
406. Creates resistant forms of bacteria
407. Multiple side effects
408. All mentioned above
409. MC. Methods of antiseptic solution administration:
410. On the skin
411. Inside the wound
412. Intravenous
413. Intramuscular
414. Oral administration (per os)
415. MC. Methods of antisepsis:
416. Mechanical
417. Physical
418. Biological
419. Dry heat
420. Moist heat
421. MC. The role of mechanical antisepsis is:
422. To remove bacteria from the wound
423. To remove foreign bodies from the wound
424. Treatment with alcohol
425. Excision of necrotic tissues
426. Hand washing
427. MC. Choose examples of physic antisepsis:
428. Wound drainage
429. UV light usage
430. Laser usage
431. Hygroscopic gauzes
432. Antiseptic solution usage
433. MC. What is used for wound drainage:
434. Isotonic solutions
435. Cotton gauzes
436. Rubber sheets
437. Plastic tubes
438. Laser
439. MC. Disinfectant substances are:
440. Chloramine
441. Chlorhexidine
442. Aldehydes
443. Alcohols
444. All listed above
445. MC. Methods of sterilization control:
446. Chemical
447. Visual
448. Biological
449. Manual
450. All listed above
451. MC. Possible complications in patients with liver diseases:
452. Toxic complications
453. Hyperglycemic coma
454. Allergic complications
455. Bleeding
456. Neurologic complications
457. MC. Patients preparations for surgery consist of:
458. Physical preparation
459. Hand washing
460. Biological preparation
461. Premedication
462. Psychological preparation
463. MC. Physical preparation of the patient is:
464. Reflex checking
465. Jewelry being removed
466. Blood pressure check
467. Pre-surgical skin surface preparation
468. Muscle tonus check
469. MC. Pre-surgical patient preparation is performed to:
470. Infection prevention
471. Glycemia checking
472. Avoiding possible complications
473. Checking general health status
474. Surgeon preparation for the surgery

160. MC Select the possible accidents in patients with allergic field:

A. Hives;

B. Diplopia.

C. Quincke Edema;

D. Anaphylactic shock;

E. Diarrhea;

161 MC. Name the boundaries of the OMF territory:

1. Superior orbital rebounds
2. Hair growth line
3. Hioid bone
4. Thyroid Cartilage
5. Mental protuberance

162 MC. Select the regions of the OMF territory:

1. Nasal
2. Mental
3. Labial
4. Infraorbital
5. Buccal
6. MC. . What are the general principles of surgical techniques?
	1. The needles are manipulated with the forceps;
	2. The incisions must be big.
	3. The instruments must be checked
	4. To keep records of the used compresses;
	5. Only disposable instruments are used;
7. MC. Medical Documentation in OMF Surgery
	1. Outpatient Card (F143);
	2. Patient Survey.
	3. Stationary observation sheet
	4. Job post;
	5. Sterilization schedule;
8. MC. Select the neck fascia:
	1. Superficial neck fascia
	2. Neck fascia
	3. Submandibular fascia;
	4. Parotid Fascia.
	5. Endocervical Fascia
9. MC. Select the Osteo-fascial spaces and lodges
	1. Maseteric-mandibular space;
	2. Parietal space.
	3. Pterygo-mandibular space;
	4. Pterygopalatin fosse;
	5. Sinus area;
10. MC What are the bones forming the facial skeleton
	1. maxilla;
	2. Vomer.
	3. Zigomatic bone;
	4. Temporal bone;
	5. Mandibula;
11. MC. Which of the following are mimic muscles?
	1. Milohioid muscle;
	2. Orbicularis oris;
	3. Masseter.
	4. Small zygomatic muscle;
	5. Temporal Muscle;
12. MC. Select the functions of the lateral pterygoid muscle:
	1. Mandibular prolapse at bilateral contraction;

b..Mandible lifting at bilateral contraction.

c.. Lowering of the mandible at bilateral contraction;

d. Deviation from the medial line of the mandible in unilateral contraction;

e.Does not affect the mandible bone;

1. MC. Articular disc:
	1. It has a flat lens shape.
	2. Facilitates movements in the joint;
	3. Divide the intra-articular space into two floors;
	4. It has the shape of a biconcave lens;
	5. Not present in children;
2. MC. Terminals of the jaw nerve:
	1. N. nasal exterior;
	2. N. zygomatic.
	3. N. inferior palpebral;
	4. N. Alveolar superior posterior;
	5. N. Lower alveolar;
3. MC. Select the functions of the articular meniscus:
	1. Mechanical role;
	2. To drive the sound to the middle ear.
	3. Proprioceptive role;
	4. Morphogenic role;
	5. Eases the facial skeleton;
4. MC.What Passport data are required to establish the patient's identity
	1. Date of birth
	2. Living conditions
	3. Address;
	4. Insurance policy number;
	5. Working conditions;
5. MC. The Advantages of Subjective Examination?
	1. May be done when the patient is unconscious;
	2. No special equipment required;
	3. The data is accurate.
	4. It takes little time;
	5. Establishes the doctor-patient relationship;
6. MC. The main symptoms of patients with OMF diseases are:
	1. Pain;
	2. Discomforts at mastication
	3. Inflammation;
	4. Bleeding;
	5. Loss of hearing;
7. MC. What does the history of the disease include?
	1. The first appearance of the symptoms;
	2. Blood count.
	3. Characteristics of accusations;
	4. Hematocrit test;
	5. Palpation;
8. MC. What does the endobucal examination consist of?
	1. Vestibular mucosa;
	2. The hard palate;
	3. Lymphatic nodules.
	4. temporomandibular joint;
	5. Teeth;
9. MC. Does the hemogram include the following indices?
	1. leukocytes;
	2. Hemoglobin;
	3. Cholesterol.
	4. Platelet;
	5. Erythrocytes;
10. MC. Bleeding and coagulation time is appreciated by performing the following tests:
	1. Lee-White;
	2. Valsalva.
	3. Duke;
	4. Caldwel Luke;
	5. All of them.
11. MC. Name the fractions of the cholesterol:
	1. LDL;
	2. Ionized.
	3. HDL;
	4. Glycosylated;
	5. All of them;
12. MC. The allergic test is done to detect allergies at:
	1. Dressing material.
	2. Titan;
	3. Local anesthetics;
	4. Physiological solution;
	5. Antibiotics;
13. MC. Is ultrasound used to diagnose the diseases of:
	1. Salivary glands;
	2. Dental.
	3. Maxillary sinus;
	4. Lymphatic nodules;
	5. Frontal sinus;
14. MC. Bitewing radiography highlights:
	1. Articular meniscus;
	2. Maxillary sinus;
	3. A group of 4-8 teeth;
	4. Tooth Apex.
	5. Contact points between teeth;
15. MC. Select the types of radiography using contrast?
	1. Angiography;
	2. Scintigraphy.
	3. Fistulography;
	4. Sialography;
	5. Arthrography;
16. MC. The preparation of the surgeon for intervention consists of:
	1. Intellectual Training;
	2. Physical training;
	3. Instrument training.
	4. Mental Training;
	5. Field operator training;
17. MC. Disinfecting the surgeon's hands is done using:
	1. 3% hydrogen peroxide;
	2. Flowing water;
	3. Alcohol 70%
	4. Alcohol 96%.
	5. Sodium hypochlorite;
18. MC. What properties should be in the perfect antiseptic:
	1. Fast action;
	2. Sustained action
	3. To destroy as many pathogens as possible;
	4. Not Toxic;
	5. All of them;
19. MC. Select the alcohols used as antiseptics:
	1. Mezopropyl;
	2. Ethyl
	3. Methyl
	4. Isopropyl
	5. Parapropyl
20. MC. Detergents are represented by:
	1. Bromocet;
	2. Hydrogen peroxide.
	3. Deconex;
	4. Hexanes;
	5. Sufranes;
21. MC. What does the physical preparation of the pacient involve?
	1. Evacuation of the intestine;
	2. Cutting nails
	3. Physical rest assurance
	4. Hygiene of the oral cavity
	5. Psychological rest assurance
22. MC.The local physical preparation of the patient involves
	1. Disinfectant treatment;
	2. Hairskin cut
	3. Mobile dentures will be removed
	4. Premedication
	5. Removal of the odontogenic infection
23. MC. Select the alcohols used as antiseptic:
	1. Mezopropyl;
	2. Ethyl
	3. Methyl
	4. Isopropyl
	5. Parapropyl
24. MC. Select the vital functions that require monitoring during surgery:
	1. Blood pressure;
	2. Pulse
	3. Breath
	4. Body Temperature
	5. Cholesterol level
25. MC. Name the advantages of premedication
	1. Reduces salivary secretion
	2. Reduces anxiety;
	3. Reduces reflex activity
	4. Prolongs the analgesic effect
	5. Induces euphoria
26. MC. Select the components of surgeon's equipment:
	1. Sterile gloves;
	2. Sterile robe
	3. Sterile instruments
	4. Mask
	5. Glasses
27. MC. The history of life involves collecting information about the following:
	1. Current disease
	2. Working conditions;
	3. Living conditions
	4. Previous surgical interventions
	5. Date of birth
28. MC. The General Status Review provides information about:
	1. Cardiovascular system;
	2. Respiratory System
	3. Gastrointestinal System
	4. Central Nervous System
	5. Endocrine system
29. MC. Which of the statements about Vitamin D3 are correct:
	1. It participates in the metabolism of Ca ions
	2. It leads to low blood sugar
	3. It is also called cholecalciferol
	4. It is taken from food
	5. All of them
30. MC. Nuclear magnetic resonance has the following advantages:
	1. No special apparatus required;
	2. High precision
	3. Avoids ionizing radiation
	4. It highlights the soft tissues
	5. All of them
31. MC. Select the levels of prevention:
	1. Primary;
	2. World
	3. National
	4. Municipal
	5. Secondary
32. C.S. Which cranial nerves pair is trigeminal nerve?
	1. IV
	2. V
	3. VI
	4. VII
	5. VIII
33. C.M. Main branches of trigeminal nerve are :
	1. maxilar
	2. alveolar
	3. mandibular
	4. ophthalmic
	5. mental
34. C.M. The superior dental plexus innervates :
35. upper teeth and dento -alveolar conjunctiones
36. vestibular mucosa
37. alveolar bone
38. nasal fossa
39. maxillary sinus
40. C.M. The motor branches of the mandibular nerve includes:
	1. m. masseter
41. m. pterygoid
42. mylohyoid muscles
43. m. tensor of the eardrum
44. m. lifter of the upper eyelid
45. C.S. The upper second molar is innervated by:
	1. superior posterior alveolar
	2. inferior alveolar
	3. lingual
	4. masseter
	5. auriculo- temporal
46. C.S. The mandibular nerve emerge from the cranium
	1. foramen rotundum
	2. occipital foramen
	3. foramen ovale
	4. foramen mandibularis
	5. foramen spinosum
47. C.M. The buccal nerve releases sensitive branches for:
	1. the skin of oral cavity region
	2. the mucosa on the internal face of the buccinators m
	3. buccinatory m.
	4. the posterior part of the buccal mucosa
	5. m. tensor of palatine wave
48. C.S. Masseter nerve issues nerve branches for:
	1. m. temporal
	2. m. buccinatory
	3. m. masseter
	4. m. pterigoidian medial
	5. m. pterigoidian lateral
49. C.S. Masseter muscle is innervated by:
50. temporal n.
51. masseterin n.
52. pterigoidian n.
53. all of the above
54. none
55. C.M. Inferior alveolar nerve contains fibers that innervate:
	1. mandibular teeth
	2. the skin and mucosa of the lower lip
	3. the skin of the mental region
	4. masséter muscles
	5. buccinators muscle
56. C.M. What are the terminal branches of inferior alveolar nerve?
	1. mylohyoid n.
	2. inferior and posterior dental nerve
	3. inferior and middle dental nerve
	4. mental nerve
	5. incisive nerve
57. C.S. The maxillary nerve leaves the cranium by:
	1. Foramen spinosum
	2. mandibullar foramen
	3. foramen rotundum
	4. foramen ovale
	5. mental foramen
58. C.S. In which region descend from Maxillary n. branches superior and posterior alveolar nerve?
	1. in the infraorbital ditch
	2. in the middle cranial fossa
	3. pterygopalatine fossa
	4. at the level of orbit
	5. jugular fossa
59. C.M. Which nerves are responsible for the innervation of the walls of the maxillary sinus?
	1. superior anterior alveolar n
	2. superior posterior dental n
	3. superior-middle alveolar n
	4. zygomatic n
	5. infraorbital n
60. C.M. The inferior alveolar nerve dissociates from the mandibular branch:
	1. 2 cm above the foramen ovale
	2. 2 cm below the foramen ovale
	3. mandibular foramne
	4. at the Stenon duct level
	5. in the pterygoid space of the infratemporal region
61. C.M. What are the terminal branches of the mandibular nerve?
	1. auriculo-temporal
	2. temporo-bucal
	3. temporo maseterin
	4. inferior alveolar
	5. lingual
62. C.M. Superior first and second molars receive nerve threads from:
	1. greater palatine nerve
	2. middle palatine nerve
	3. posterior palatine n.
	4. superior and posterior alveolar n.
	5. superior dental plexus
63. C.M. What are the areas of innervation for the superior and posterior alveolar nerve?
	1. maxillary bone
	2. first, second and third molars
	3. distal periosteum of the zygomatic-alveolar crest
	4. the posterior wall of the maxillary sinus
	5. the gingival and vestibular mucosa near the molars
64. C.M. The maxillary nerve crosses through the following regions:
	1. Zygomatic fossa
	2. pterigopalatine fossa
	3. sfenomaxilar fissure
	4. the infraorbital groove
	5. Pterygoidian fossa
65. C.M. From the mandibular nerve, emerge the following branches:
	1. pterigoidian medial
	2. auriculo-temporal
	3. lingual
	4. inferior alveolar
	5. tympanic
66. C.M. Which of the following anesthesia are used at the lower jaw?
	1. at the mental foramen
	2. interincisival
	3. Spina Spix
	4. inferior plexus
	5. palatin nerve
67. C.S. With which of the following anatomical formations will report the lingual nerve?
	1. the parotid gland
	2. the Warton duct
	3. coronoid process
	4. Pterigomandibular raphe
	5. submandibular gland
68. C.M. The following anesthesia is practiced in the upper jaw:
	1. at Spina Spix
	2. to tuberosity
	3. interincisival
	4. to the mental foramen
	5. all are correct
69. C.M. The superior alveolar nerve is divided according to the region:
	1. alveolar superior-posterior
	2. superior-medium alveolar
	3. superior-anterior alveolar
	4. alveolar infraorbital
	5. supraorbital alveolar
70. C.S. The mandibular branches of the trigeminal is:
	1. strictly sensory
	2. strictly motor
	3. mixed
	4. sometimes sensory
	5. motor random
71. C.S. Which trigeminal branch does not have general dental importance?
	1. ophthalmic
	2. maxillary
	3. mandibular
	4. none
	5. all
72. C.M. Superior dental plexus innervates:
	1. Alveolar maxillary bone
	2. the maxillary sinus
	3. teeth in the upper jaw
	4. nasal fossa
	5. nasal wing
73. C.S. What nerve gets to the inter incisive papilla?
	1. nasopalatin
	2. superior posterior alveolar
	3. the palatine
	4. the frontal
	5. mandibular
74. C.S. What nerves pass through the foramen rotundum?
	1. maxillary
	2. mandibular
	3. superior alveolar
	4. inferior alveolar
	5. all of the above
75. C.S. The anterior palatal nerve is also called:
	1. palatine supero-posterior
	2. has no other name
	3. middle palate
	4. small palatine
	5. greater palatal nerve
76. C.M. The local anesthetic used in dental medicine must have following qualities:
	* + 1. Strong anesthetic effect, ensuring complete anesthesia for all types of dental treatment;
			2. a powerful anesthetic effect that provides complete anesthesia only for certain types of dental treatments;
			3. short induction;
			4. reduced systemic toxicity;
			5. not produce local irritation
77. C.S. Adequate duration of anesthesia for standard dental treatments:
	* + 1. It should vary between 60 and 90 minutes
			2. It should vary between 30 and 60 minutes
			3. It is 180 minutes
			4. It lasts all day
			5. No Correct Answer.
78. C.S. The first known local anesthetic substance is:
	* + 1. Prilocaine
			2. Lidocaïne
			3. Mepivacaine
			4. Cocaine
			5. Articaine
79. C.S First modern amide derivative local anesthetic is represented by:
	* + 1. Mepivacaine
			2. Bupivacaine
			3. Prilocaine
			4. Articaine
			5. Lidocaine
80. C.M Articaine:
	* + 1. today is one of the most used local anesthetics
			2. today is one of the most used general anesthetics
			3. Especially used in dental medicine and oro-maxillo-facial surgery
			4. Synthesized by the chemist Muschaweck
			5. synthesized by Lofgren.
81. C.M For local anesthesia are used the following substances:
	* + 1. The thiopental sodium
			2. Articaine
			3. Bupivacaine
			4. Mepivacaine
			5. Ketamine
82. C.S The following substances belong to the category of local anesthetics, except:
	* + 1. Prilocaine
			2. Mepivacaine
			3. Bupivacaine
			4. Ketamine
			5. Articaine
83. C.M. Cocaine:
	* + 1. the first known local anesthetic substance
	1. b of the second known local anesthetic substance
	2. Was prepared from leaves of the Eritroxilon Coca tree
	3. Kollereste is the first who used cocaine as a local anesthetic in dental medicine
	4. Kollereste is the first who used cocaine as a local anesthetic in ophthalmic surgery
84. C.M. The following substances belong to the category of local anesthetics, except:
	* + 1. Bupivacaine
			2. Articaine
			3. Mepivacaine
			4. Eter
			5. Nitrogen propoxide
85. C.M. Blockage of nerve conduction caused by the local anesthetic:
	* + 1. it will be a suppression of the transmission of the nervous influx.
			2. causes reversible loss of pain sensitivity in an unlimited area.
			3. causes irreversible loss of pain sensitivity in a limited area.
			4. causes reversible loss of pain sensitivity in a limited area.
			5. it is more easily interested in smaller nerve fibers
86. C.M. Blockage of nerve conduction caused by the local anesthetic:
	* + 1. occurs by preventing the excitation-conduction process, without damaging the nerve fiber.
			2. It occurs by preventing the excitation-driving process, with the damage to the nerve fiber.
			3. involves easier nerve fibers with smaller diameter.
			4. involves easier nerve fibers with bigger diameter.
			5. involves easier nerve fibers that are not at all or slightly myelinated
87. C.M. Blockage of nerve conduction caused by the local anesthetic:
	* + 1. involves easier nerve fibers with smaller diameter.
			2. involves easier nerve fibers that are not at all or slightly myelinated.
			3. involves easier myelinated fibers.
			4. involves easier fibers with short axons.
			5. involves easier fiber with a high discharge rate and a potential for sustainable action
88. C.M The local anesthetic, block the following:
	* + 1. Thermal and painful feeling
			2. self-perception
			3. tactile sensitivity
			4. sensitivity of pressure
			5. motor function
89. C.S The power (potency) of local anesthetics depends on:
	* + 1. their liposolubility.
			2. Their hydrophobicity.
			3. Injection rate.
			4. All answers are correct
			5. no correct answer
90. C.S. The intensity of anesthetic effect depends on:
	* + 1. its hydrosolubility.
			2. Injection rate.
			3. its concentration.
			4. All answers are correct.
			5. no correct answer
91. C.S. The anesthetic timing depends on:
	* + 1. its hydro solubility.
			2. Injection rate.
			3. its concentration.
			4. All answers are correct.
			5. No Correct Answer
92. C.S The duration of anesthetic action depends on:
	* + 1. the ability of the substance to bind to carbohydrates.
			2. the ability of the substance to bind to proteins.
			3. the ability of the substance to bind to lipids.
			4. All answers are correct.
			5. No Correct Answer
93. C.M The duration of anesthetic action depends on:
	* + 1. The ability of the substance to bind to proteins.
			2. the concentration of cationic forms around the axon.
			3. Anesthetic capacity of diffusion .
			4. Injection rate.
			5. rate of elimination of the anesthetic
94. C.M. The following statements are correct:
	* + 1. In the structure of any local anesthetic, two essential chemical groups are present: the aromatic radical (anionic component H) and the tertiary amine group (cationic component B +).
			2. By their cationic component, local anesthetics are quaternary ammonium derivatives and can block neuronal synaptic transmission.
			3. By their cationic component, local anesthetics are quaternary sodium derivatives and can block neuronal synaptic transmission.
			4. The aromatic radical gives the local anesthetic substances the character of lipophilic, which makes it possible to cross the axonal perineural membrane.
			5. The aromatic radical gives the local anesthetic substances the hydrophilic character that makes it possible to cross the axonal perineural membrane.
95. C.M. The following statements are correct except:
	* + 1. In the structure of any local anesthetic, two essential chemical groups are present: the aromatic radical (anionic component H) and the tertiary amine group (cationic component B +).
			2. By their cationic component, local anesthetics are quaternary ammonium derivatives and can block neuronal synaptic transmission.
			3. By their cationic component, local anesthetics are quaternary sodium derivatives and can block neuronal synaptic transmission.
			4. The aromatic radical gives the local anesthetic substances the character of lipophilic, which makes it possible to cross the axonal perineural membrane.
			5. The aromatic radical gives the local anesthetic substances the hydrophilic character that makes it possible to cross the axonal perineural membrane.
96. C.M. The anesthetic power of the anesthetic substance is favored by:
	* + 1. the alkaline environment.
			2. Low p H.
			3. Increased p H.
			4. the acidic environment.
			5. No Correct Answer
97. C.S. Patients with heart disease, treated with drugs such as beta blockers, calcium blockers, antiarrhythmic:
	* + 1. overdose accidents can not occur after administration of a local anesthetic.
			2. The local anesthetic fraction will increase in circulation and general over dosage accidents may occur, even within the range of usual anesthetic dosages.
			3. The free (unbound) local anesthetic fraction will increase in circulation and general over dosage accidents may occur even within the range of usual anesthetic dosages.
			4. The free (unbound) local anesthetic fraction will increase in circulation and general over dosage accidents may occur only after high doses of anesthetic.
			5. No Correct Answer.
98. C.M. Anesthetic of the amides category,
	* + 1. Cocaine
			2. Mepivacaine
			3. Bupivacaine
			4. Lidocaine
			5. Prilocaine
99. C.M. Anesthetics from amides group are:
	* + 1. Chlorprocaine
			2. Mepivacaine
			3. Bupivacaine
			4. Lidocaine
			5. Butacaine
100. C.M. Select the anesthetics from the esters group:
101. Procaine (novocaine, neocain)
102. Chlorprocaine (noncaine)
103. Propoxicine
104. Cocaine
105. Tetracaine
106. C.S. Choose ester anesthetics substances:
	* + 1. Butacaine
			2. Chlorprocaine
			3. Cocaine
			4. Tetracaine
			5. All answers are correct
107. C.S. The following substances are included in the amide group, excepting :
	* + 1. Articaine
			2. Mepivacaine
			3. Bupivacaine
			4. Lidocaine
			5. Procaine
108. C.S. Select the local anesthetic substances with superior qualities
	* + 1. Mepivacaine
			2. Lidocaine
			3. Articaine
			4. All of the above answers are correct.
			5. No correct answer.
109. C.M. The following substances are local anesthetics of superior quality, excepting:
	* + 1. Lidocaine
			2. Articaine
			3. Mepivacaine
			4. Benzocaine
			5. Procaine
110. C.M. The anesthetic substance used in local anesthesia in dental medicine pass the:
	* + 1. Nerves tissue
			2. blood flow
			3. lungs
			4. liver
			5. kidneys
111. C.S. The anesthetic substance used in local anesthesia in dental medicine pass the:
	* + 1. Nerves tissue
			2. blood flow
			3. liver
			4. kidneys
			5. All answers are correct.
112. C.M. The following substances were replaced in practice by substances of superior quality, currently having only documentary interest:
	* + 1. Procaine
			2. Ametocaine
			3. Chlorprocaine
			4. Piperocain
			5. Lidocaine
113. C.S. The following substances have been replaced in practice by substances of superior quality, with the exception of:
	* + 1. Procaine
			2. Ametocaine
			3. Chlorprocaine
			4. Piperocaine
			5. Mepivacaine
114. C.M. Anesthetic substances with superior qualities are:
	* + 1. Ametocaine
			2. Articaine
			3. Procaina
			4. Lidocaine
			5. Mepivacaine
115. C.M. Lidocaine:
	* + 1. From a chemical point of view, it is an acetamide.
			2. has a pH of about 6.5.
			3. marketed as aqueous, isotonic, sterile, apygene solutions containing anesthetic agent.
			4. It is marked with or without adrenaline.
			5. in no case contains preservatives that can induce allergic reactions
116. C.M. Lidocaine:
	* + 1. is marketed as aqueous, isotonic, sterile, apygene solutions containing anesthetic agent.
			2. Only commercially available without adrenaline.
			3. It is marked with or without adrenaline.
			4. It is marked only with adrenaline.
			5. The solution often contains a preservative called methyl paraben
117. C.M. The following statements are correct:
	* + 1. Lidocaine hydrochloride is partially absorbed after parenteral administration.
			2. Lidocaine hydrochloride is completely absorbed after parenteral administration.
			3. The rate of absorption in the blood stream is primarily dependent on the presence or absence of the vasoconstrictor.
			4. The rate of absorption in the blood stream is dependent on the body weight of the patient.
			5. The proportion of plasma-related lidocaine hydrochloride depends on the concentration of the administered solution.
118. C.M. The following statements are false:
	* + 1. Renal impairment affects the pharmacokinetics of lidocaine
			2. The substance is metabolized rapidly at approximately 90% in the liver.
			3. Metabolites and the remaining 10% of the non-metabolized substance are renal elimination.
			4. Most liver disorders do not influence the pharmacokinetics of lidocaine.
			5. Lidocaine hydrochloride passes the blood-brain barrier, most likely by passive diffusion.
119. C.M. The following statements are correct:
	* + 1. Lidocaine hydrochloride crosses the blood-brain barrier, most likely by passive diffusion.
			2. The substance is rapidly metabolized at approximately 90% in the liver.
			3. Metabolites and the remaining 10% of the non-metabolized substance are renal elimination.
			4. Renal diseases do not influence the pharmacokinetics of lidocaine, but can lead to the accumulation of metabolites.
			5. Most liver disorders more or less influence the pharmacokinetics of lidocaine.
120. C.M. Lidocaine products marketed as a spray or gel:
	* + 1. contains adrénaline.
			2. do not contain adrenaline.
			3. used for topical anesthesia.
			4. used for general anesthesia.
			5. are not used in dental medicine
121. C.M. Method of administration of lidocaine:
	* + 1. It is recommended to inject a minimum dose of anesthetic to allow effective anesthesia.
			2. It is recommended to inject as much anesthetic as possible to achieve effective anesthesia.
			3. In dental medicine and oro - maxillofacial surgery, the usual dose for local anesthesia is 20-100 mg lidocaine, so 1-5 ml 2% solution.
			4. In dental medicine and oro – maxillofacial surgery, the usual dose for local anesthesia is 20-200 mg lidocaine, so 1-10 ml of 1% solution.
			5. In dental medicine and oro-maxillo-facial surgery, the usual dose for local anesthesia is 25-100 mg lidocaine, so 1-4 ml of 2% solution.
122. C.S. Healthy adults, the maximum dose of lidocaine without adrenaline is:
	* + 1. 2.5 mg / kg body weight, not exceeding 300 mg;
			2. 5, 5 mg / kg body weight, not exceeding 300 mg;
			3. 7, 5 mg / kg body, not exceeding 300 mg;
			4. 4, 5 mg / kg body weight, not exceeding 300 mg;
			5. No Correct Answer.
123. C.S. Healthy adults, the maximum dose of lidocaine, with adrenaline, is:
	* + 1. 7 mg / kg body, not exceeding 500 mg.
			2. 6 mg / kg body weight, not exceeding 500 mg.
			3. 2 mg / kg body, not exceeding 500 mg.
			4. 10 mg / kg body, not exceeding 500 mg.
			5. No Correct Answer.
124. C.S. Children over 3 years of normal development, the maximum dose of lidocaine without adrenaline is:
	* + 1. 5-6 mg / kg body.
			2. 3-4 mg / kg body.
			3. 2-3 mg / kg body.
			4. 7-8 mg / kg body.
			5. No Correct Answer.
125. C.M. The following statements are correct:
	* + 1. In healthy adults, the maximum adrenaline-free lidocaine dose is 4, 5 mg / kg bodyweight, not exceeding 300 mg;
			2. In healthy adults, the maximum adrenaline-free lidocaine dose is 5, 5 mg / kg bodyweight, not exceeding 300 mg;
			3. In healthy adults the maximum adrenaline lidocaine dose is 7 mg / kg body weight, not exceeding 500 mg;
			4. In children over 3 years of normal development, the maximum dose of lidocaine without adrenaline is 3-4 mg / kg body.
			5. For children over 3 years of normal development, the maximum adrenaline-free lidocaine dose is 6 mg / kg body weight
126. C.M. The following statements are correct except:
	* + 1. In children over 3 years of normal development, the maximum dose of lidocaine without adrenaline is 6 mg / kg body weight.
			2. For children over 3 years of normal development, the maximum dose of lidocaine without adrenaline is 3-4 mg / kg body.
			3. In healthy adults, the maximum adrenaline-free lidocaine dose is 4, 5 mg / kg bodyweight, not exceeding 300 mg;
			4. In healthy adults, the maximum adrenaline-free lidocaine dose is 5, 5 mg / kg body weight, not exceeding 300 mg;
			5. For healthy adults the maximum adrenaline lidocaine dose is 7 mg / kg bodyweight, not to exceed 500 mg;
127. C.S. The following statements are correct:
	* + 1. It is recommended to inject a minimum dose of anesthetic to allow effective anesthesia.
			2. In dental medicine and oro-maxillo-facial surgery, the usual dose for local anesthesia is 20-100 mg lidocaine, so 1-5 ml of 2% solution.
			3. Make sure that the maximum dose for a meeting is not exceeded.
			4. All answers are correct.
			5. No right answer.
128. C.M. Precautions for lidocaine administration:
	* + 1. It is contraindicated to patients hypersensitive to amidic local anesthetics.
			2. Intravascular injection should be avoided.
			3. Aspiration prior to injection of the substance is required.
			4. No aspiration is required before injection of the substance.
			5. It is recommended that a minimum effective dose of anesthetic be administered
129. C.M. The following statements are correct except:
	* + 1. Lidocaine anesthesia is contraindicated in patients known to be hypersensitive to amidic local anesthetics.
			2. Lidocaine injection is given intravascular.
			3. Aspiration prior to injection of the substance is required.
			4. No aspiration is required before injection of the substance.
			5. It is recommended that a minimum effective dose of anesthetic be administered
130. C.M. The following statements are correct within precautions in lidocaine administration:
	* + 1. It is contraindicated in patients known to be hypersensitive to amidic local anesthetics.
			2. Intravascular injection should be avoided.
			3. Aspiration prior to injection of the substance is required.
			4. The allergenic risk is due to paraben and sulfite preservatives in adrenaline products, respectively.
			5. It is recommended that a minimum effective dose of anesthetic be administered.
131. C.M. They will be permanently monitored after lidocaine anesthesia:
	* + 1. heart rate.
			2. Respiratory rhythm.
			3. Patient consciousness.
			4. patient's blood glucose.
			5. patient's body temperature
132. C.M. Early signs of central neurotoxicity after lidocaine anesthesia are:
	* + 1. agitation, anxiety
			2. tinnitus
			3. Dizziness
			4. Visual disturbances
			5. trembles
133. C.M. Administration of lidocaine during pregnancy:
	* + 1. Lidocaine has a teratogenic effect
			2. It falls into the toxicity class A.
			3. It falls into the toxicity class B.
			4. It is recommended to delay the administration to pregnant women during the first trimester of pregnancy.
			5. It is recommended to delay the administration of pregnant women during the last trimester of pregnancy.
134. C.S. Administration of lidocaine during pregnancy:
	* + 1. Pregnancy is recommended in the first trimester of pregnancy.
			2. It is recommended to delay the administration of pregnant women during the second trimester of pregnancy.
			3. It is recommended that pregnancy be delayed during the last trimester of pregnancy.
			4. It can be given to pregnant women during pregnancy.
			5. No Correct Answer.
135. C.M. Administration of lidocaine during pregnancy and lactation:
	* + 1. Fetal heart rate monitoring is advisable given that lidocaine penetrates the placental barrier.
			2. Hypotension may occur in rare cases in patients with advanced pregnancy after administration of lidocaine.
			3. Pregnancy hypertension may occur in rare cases in patients with advanced pregnancy after administration of lidocaine.
			4. Replacement of breastfeeding for 24 hours is recommended for patients who have been given local anesthetic with lidocaine with or without adrenaline.
			5. It has not been clear that lidocaine should be eliminated in breast milk
136. C.M. The following statements are false in relation to the administration of lidocaine during pregnancy and lactation:
	* + 1. Fetal heart rate monitoring is advisable given that lidocaine penetrates the placental barrier.
			2. It has been clearly shown that lidocaine is excreted in breast milk.
			3. Hypotension may occur in rare cases in patients with advanced pregnancy after administration of lidocaine.
			4. Replacement of breastfeeding for 24 hours is recommended for patients who have been given local anesthetic with lidocaine with or without adrenaline.
			5. It is not recommended to replace breastfeeding for 24 hours in the case of patients who have had local anesthesia with lidocaine with or without adrenaline
137. C.M. The following statements are correct:
	* + 1. Administration of local anesthetic solutions with adrenaline or noradrenaline in patients undergoing treatment with tricyclic antidepressants may induce persistent severe hypertension.
			2. Phenothiazines and butyrophenones may reduce or eliminate the vasoconstrictor effect of adrenaline.
			3. Phenothiazines and butyrophenones can not reduce or eliminate the vasoconstrictor effect of adrenaline.
			4. The interaction of lidocaine with vasopressor medication can lead to persistent hypertension.
			5. Interaction of lidocaine with ergotamine ocitococcal medication can lead to persistent hypertension or even strokes
138. C.M. The following drugs may interact with lidocaine:
	* + 1. tricyclic antidepressants
			2. phenothiazines
			3. Butyrophenones
			4. vasopressors
			5. ocotoccal ergotamine
139. C.S. The following medicines may interact with lidocaine:
	* + 1. tricyclic antidepressants
			2. phenothiazines
			3. Butyrophenones
			4. vasopressors
			5. All answers are correct
140. C.M. The following statements are false:
	* + 1. Administration of local anesthetic solutions with adrenaline or noradrenaline in patients undergoing treatment with tricyclic antidepressants may induce persistent severe hypotension.
			2. Phenothiazines and butyrophenones may reduce or eliminate the vasoconstrictor effect of adrenaline.
			3. Phenothiazines and butyrophenones can not reduce or eliminate the vasoconstrictor effect of adrenaline.
			4. The interaction of lidocaine with vasopressor medication can lead to persistent hypotension.
			5. Interaction of lidocaine with ergotamine ocitococcal medication can in no case lead to stroke.
141. C.M. The following statements are correct:
	* + 1. When lidocaine is administered to pregnant women, fetal heart rate monitoring is advisable given that lidocaine penetrates the placental barrier.
			2. Phenothiazines and butyrophenones may reduce or eliminate the vasoconstrictor effect of adrenaline.
			3. Replacement of breastfeeding for 24 hours is recommended in the case of local anesthetic patients with lidocaine with or without adrenaline.
			4. Administration of local anesthetic solutions with adrenaline or noradrenaline in patients undergoing MAOI or tricyclic antidepressants may induce persistent severe hypertension.
			5. It is recommended that lidocaine should be used in pregnancy in the last trimester of pregnancy.
142. C.M. Adverse reactions following administration of lidocaine are rare and are related to elevated levels of free lidocaine caused by:
	* + 1. Overdose
			2. slow absorption
			3. rapid absorption
			4. Intravascular injection
			5. idiosyncratic phenomena.
143. C.M. In adverse reactions following lidocaine administration, CNS manifestations are cortical excitatory and / or inhibitory type, which have the following clinical manifestations:
	* + 1. Feeling hot or cold
			2. Paresthesia
			3. nervousness
			4. euphoria, drowsiness
			5. nausea and vomiting
144. C.M. In adverse reactions following lidocaine administration, CNS manifestations are cortical excitatory and / or inhibitory type, which have the following clinical manifestations:
	* + 1. Paresthesia
			2. Double or unclear view
			3. tinnitus
			4. seizures
			5. Even cardio-respiratory arrest
145. C.S. In adverse reactions following lidocaine administration, CNS manifestations are cortical excitatory and / or inhibitory type, which have the following clinical manifestations:
	* + 1. Paresthesia
			2. nervousness
			3. euphoria
			4. drowsiness
			5. All answers are correct.
146. C.M. Cardiovascular manifestations in adverse reactions following administration of lidocaine include:
	* + 1. Bradycardia
			2. hypotension
			3. hypertension
			4. rarely cardiovascular collapse
			5. rare cardio-respiratory stop
147. C.S. Allergic manifestations in adverse reactions following lidocaine administration include:
	* + 1. edema
			2. hives
			3. anaphylactoid reactions
			4. All of the above answers are correct
			5. No Correct Answer
148. C.M. The following statements are correct:
	* + 1. Allergic reactions after lidocaine administration are rare and are due to the methylparaben preservative.
			2. Clinical evaluation of sensitivity to anesthetic by intradermal or subcutaneous injection is of strong value.
			3. Clinical evaluation of sensitivity to anesthetic by intradermal or subcutaneous injection is questionable.
			4. Allergic manifestations following lidocaine administration include chills, papules, shingles.
			5. Allergic manifestations following administration of lidocaine include: edema, hives, anaphylactoid reactions.
149. C.S. The therapeutic attitude in overdose of lidocaine:
	* + 1. Cardio-respiratory monitoring
			2. monitoring the state of consciousness
			3. oxygen therapy
			4. If the symptoms do not resolve, call a specialist service immediately.
			5. All answers are correct
150. C.M. The therapeutic overdose of lidocaine includes:
	* + 1. First of all, a preventive attitude is required, limiting the amount of injected substance.
			2. Cardio-respiratory monitoring.
			3. Body temperature monitoring.
			4. In the event of any signs of overdose, oxygen therapy will be used first.
			5. If the symptoms are not resolved, the patient is sent home.
151. CS. Lidocaine is contraindicated for following groups of patients:
152. Patients with hyper sensibility to amid group local anesthetics
153. All patients
154. Patients with hyper sensibility to ester group local anesthetics
155. Patients with kidney diseases
156. All variants are wrong
157. CS. Local anesthetic is injected:
158. Intravascular
159. Intravascular injection is avoided
160. There is no rule how it is injected
161. Intra-arterial
162. Intra-venous
163. CS. Introduction of local anesthetic:
164. Is accompanied by aspiration
165. Aspiration is not done
166. Aspiration is done after the injection of anesthetic substance
167. Aspiration is done before the injection of anesthetic substance
168. Injection of anesthetic substance is done as quickly as possible
169. CS. Recommended dose for local anesthetic is:
170. Maximal dose that assures the effect
171. 50 ml/kg-body weight
172. Minimal dose that assures the effect
173. Average dose that assures the effect
174. 3 cartridges for intervention
175. CM. What are the firs clinical signs of central neurotoxicity?
176. Agitation (anxiety)
177. Tinnitus (ringing or buzzing in the ears)
178. Visual disorders
179. Bradycardia (abnormally slow heart action)
180. Tachypnea (abnormally rapid breathing)
181. CM. Firs clinical signs of central neurotoxicity are:
182. Bruxism
183. Anxiety
184. Dizziness
185. Euphoria
186. Shaking
187. CM. What are the firs clinical signs of central neurotoxicity?
188. Depression and sleepiness
189. Tachycardia (abnormally rapid heart action) and bradypnea (abnormally slow breathing)
190. Reduced diuresis (production of urine)
191. Hyper sweeting
192. All variants
193. CS. Amidic group anesthetic substances are administrated with caution to patients with:
194. Rheumatoid diseases
195. Hip fracture
196. Liver diseases
197. Kidney lithiasis (stones)
198. Prostates adenoma
199. CM. After the local anesthetic injection the following parameters will be observed:
200. Diuresis (production of urine)
201. Cardiac rhythm
202. ESR (erythrocytes sedimentation rate)
203. Breathing rhythm
204. State of consciousness
205. CS. Amidic group local anesthetics are metabolized in:
206. Spleen
207. Liver
208. Pancreas
209. Kidneys
210. None of the variants
211. CM. What are the side effects of local anesthetics on central nervous system:
212. Convulsions
213. Nausea and vomiting
214. Paresthesia
215. Photophobia (extreme sensitivity to light)
216. Bile colic
217. CM. What are the effects of local anesthetics on cardio vascular system:
218. Bradycardia (abnormally slow heart action)
219. Hypotension
220. Pulmonary edema
221. Cardio-respiratory stop
222. Cardiac failure
223. CM. Allergic reactions after the administration of local anesthetic are:
224. Purpura (a rash of purple spots on the skin)
225. Urticarial (a rash of round, red weals on the skin which itch intensely)
226. Edema
227. Nystagmus (rapid involuntary movements of the eyes)
228. Anaphylactoid reactions
229. CS. In case of over dosage of local anesthetics:
230. Administration of diazepam
231. O2 therapy
232. Administration of fibrinolytics
233. Administration of adrenaline
234. None of the variants
235. CS. Articaine effect is:
236. 60-75 min
237. 85-100 min
238. 30 min
239. 40 min
240. 15-20 min
241. CS. For plexal anesthesia, what quantity of Articaine is used (1 cartridge = 1.7 ml):
242. 1 cartridge
243. 2-3 cartridges
244. 3 cartridges
245. 5 cartridges
246. 6-7 cartridges
247. CS. For troncular anesthesia, what quantity of Articaine is used (1 cartridge = 1.7 ml):
248. 4-5 cartridges
249. 6 cartridges
250. 1-2 cartridges
251. 7 cartridges
252. 3 cartridges
253. CS. Maximal dose of Articaine in healthy persons is:
254. 5 ml
255. 6 ml
256. 8 ml
257. 10 ml
258. 12.5 ml
259. CS. Articaine is contraindicated for children under:
260. 6 years
261. 4 years
262. 8 years
263. 10 years
264. 9 years
265. CM. Articaine is administrated with caution for patients with:
266. Liver diseases
267. Kidney diseases
268. Digestive diseases
269. Psychological diseases
270. Osteoarticular diseases
271. CS. Administration of Articaine alongside with beta-blocators leads to:
272. Decrease of blood pressure
273. Keeping the blood pressure
274. Increase of blood pressure
275. Dermatological reactions
276. Digestive disorders
277. CS. Major rick in case of fast administration of large quantity of local anesthetics is:
278. Headache
279. Nausea
280. Visual disorders
281. Apnea (temporary stopping of breathing)
282. Local necrosis
283. CM. In case of over dosage with Articaine:
284. O2 therapy
285. Do not administrate any drugs
286. In case of necessity – anticonvulsant drugs
287. Call the emergency
288. Administration of beta-blocatots
289. CM. The effects of vasoconstrictor in local anesthetics are:
290. Slow resorption of anesthetic substance
291. Increase the effect and time of action
292. Decrease the effect and time of action
293. Increase the risk of toxicity
294. Has no effect at all
295. CM. The effects of vasoconstrictor in local anesthetics are:
296. Increase the risk of local bleeding
297. Decrease the risk of local bleeding
298. Decrease the risk of toxicity
299. Decrease the effect of anesthetic substance
300. Decrease the time of action
301. CM. Which are the substances with vasoconstrictor effect:
302. Adrenaline
303. Noradrenaline
304. Nitroglycerine
305. Nifedipine
306. Felipresine
307. CS. The most effective vasoconstrictor used in local anesthesia is:
308. Noradrenaline
309. Felipresine
310. Adrenaline
311. Neo-cebefrin
312. Nitroglycerine
313. CM. Local effect of adrenaline is:
314. Fast hemostasis
315. Induce bleeding
316. Reduce resorption of anesthetic substance
317. Increase the effect of anesthetic substance
318. Decrease the effect of anesthetic substance
319. CM. The effect of adrenaline in patients with cardiovascular disorders:
320. Induce hyper tension
321. Induce tachycardia
322. Induce bradycardia
323. Has no affect
324. Induce tachycardia and bradycardia
325. CS. Patients with asthma:
326. Administration of anesthetics with adrenaline is avoided
327. Administration of anesthetics with adrenaline is indicated
328. There are no risks of using vasoconstrictors
329. Administration of anesthetics with vasoconstrictors is mandatory
330. No variant is correct
331. CS. To patients with diabetes:
332. Administration of anesthetics with adrenaline is avoided
333. Administration of anesthetics with adrenaline is indicated
334. There are no risks of using vasoconstrictors
335. Administration of anesthetics with vasoconstrictors is mandatory
336. No variant is correct
337. CS. In case of a patient that is allergic to sulphites:
338. Administration of Lidocaine is avoided
339. Administration of Bupivocaine is avoided
340. Administration of Adrenaline is avoided
341. Administration of Prilocaine is avoided
342. Administration of Articaine is avoided
343. CS. In case of pregnancy, when is indicated to administrate anesthetic with vasoconstrictors:
344. In the first trimester
345. In the last trimester
346. In the second trimester
347. In all pregnancy period
348. Is totally forbidden
349. CM. Administration of anesthetics with vasoconstrictors during the last trimester of pregnancy:
350. Decreases the rick of childbirth
351. Increases the risk of childbirth
352. Induces contraction of uterus
353. Induces malformations to the fetus
354. Must be avoided
355. CM. What are general rules of plexal anesthesia:
356. Use sterile needles
357. Use multiple use needles
358. Use disposable needles
359. Position of the patient must be adequate to the anesthesia that will be performed
360. Anesthetic substance must be injected as quickly as possible
361. CM. What are general rules of plexal anesthesia:
362. Injection point must be moist
363. Injection point must be dry
364. Mucosa must be antiseptically treated before injection
365. Mucosa must be antiseptically treated after injection
366. Do not use topical anesthetic before injection
367. CM. What are general rules of plexal anesthesia:
368. Apply topical anesthetic before injection
369. A good grip of the hands must be assured
370. The hand with the syringe must be in contact with the patient
371. Do not use gloves
372. Anesthesia effect must be at least for 2 hours
373. CM. What are general rules of plexal anesthesia:
374. Patients must not see the syringe
375. Needle is inserted with the bevel toward the bone
376. Needle must touch the cheek first
377. Needle should touch anything besides injection point
378. Needle in introduced slowly
379. CM. What are general rules of plexal anesthesia:
380. We must inject the substance during the progression of the needle through the soft tissues
381. All the substance must be administrated in the in injection point
382. Aspiration is recommended
383. During troncular anesthesia aspiration is mandatory
384. Anesthetic substance is administrated fast
385. CM. For contact anesthesia are used:
386. Substances with lower concentration than for plexal
387. Substances with higher concentration than for plexal
388. Substances with the same concentration than for plexal
389. Lidocaine based substances
390. Articaine based substances
391. CM. Which procedure requires only topical anesthesia:
392. Pulpectomia
393. Scaling
394. Crown preparation at the level of gingival sulcus
395. Dental filling polishing at the level of gingival sulcus
396. Granuloma removal
397. CM. Which procedure requires only topical anesthesia:
398. Apical resection
399. Wisdom tooth extraction
400. Gag reflex diminishing during treatment
401. Gag reflex diminishing during x-ray at the level of molars
402. Scaling
403. CS. Which procedure requires only topical anesthesia:
404. Extraction of milk teeth with high mobility
405. Extraction of permanent incisors
406. Extraction of first molars
407. Deep abscesses treatment
408. Vital pulpectomia
409. CS. Which procedure requires only topical anesthesia:
410. Superficial mucosal abscesses treatment
411. Extraction of permanent incisors
412. Extraction of first molars
413. Deep abscesses treatment
414. Vital pulpectomia
415. CM. Topical anesthesia is done with:
416. Cream
417. Spray
418. Gel
419. Injection
420. None of the variants
421. CM. Topical anesthetic substance anesthetize:
422. Tooth
423. Soft tissues
424. Hard tissues
425. Bone
426. Nervous terminal branches
427. CM. Plexal anesthesia is:
428. Using a syringe for the anesthesia
429. Apply the substance on the surface
430. Deploy the substance at a distance from the nerve
431. Deploy the substance near the nerve
432. All variants a correct
433. CS. Injection for plexal anesthesia of the oral mucosa is done:
434. Intradermic
435. Intramucosal
436. Intradermic then intramucosal
437. Submucosal
438. Subcutaneous
439. CM. Injection for plexal anesthesia of the extra oral area is done:
440. Intradermic
441. Subcutaneous
442. Submucosal
443. Intraoseos
444. None of the variants is correct
445. CM. Plexal anesthesia are:
446. Supraperiosteal
447. Intraligamentary
448. Spray
449. Intraoseos
450. Troncular peripheric
451. CM. Submucosal anesthesia:
452. For deep abscesses
453. The needle is inserted only under the mucosa
454. For submucosal abscesses
455. The needle is inserted above the abscess
456. Anesthetic substance in administrated alongside the future incision line
457. CM. Plexal anesthesia is used:
458. Whole maxilla
459. Maxilla with the exception of the first molar
460. Whole mandible
461. Mandible in the frontal area
462. Mandible only in the wisdom teeth area
463. CM. Plexal anesthesia is more effective in:
464. Elder people
465. Children
466. Young people
467. In case of a more dens cortical bone
468. In case of a more expressed spongy bone
469. CM. Plexal anesthesia anesthetize:
470. Vestibular mucosa
471. 1-2 teeth in the area of anesthesia
472. All the teeth on the hemiarch
473. Periostium and the bone in the area of anesthesia
474. All dental arch
475. CM. Indication for plexal anesthesia:
476. Extraction
477. Apical surgery
478. Implant placement
479. Tumor removal
480. Cyst removal
481. CM. Contraindication for plexal anesthesia:
482. Tumor removal
483. Abscesses at the level of injection
484. Ulcers at the level of injection
485. Anesthesia for lateral teeth on the mandible
486. Anesthesia for the first maxillary molar
487. CM. Injection point in case of plexal anesthesia is made:
488. Oral vestibulum, at the level of attached and mobile mucosa
489. Through the bone
490. Inside the spongy bone
491. With the needle bevel towards the bone
492. Above the tooth apex
493. CM. Advantages of intraligamentary anesthesia are:
494. Possibility to anesthetize only one tooth
495. Fast anesthetic effect (20-40 sec)
496. Small amount of anesthetic substance used
497. Requirement for special syringes and needles
498. Possibility to anesthetize more than one tooth without overdosage risk
499. CM. Disadvantages of intraligamentary anesthesia are:
500. Requirement for special syringes and needles
501. Dry socket appears more often
502. Large amount of anesthetic substance used
503. Local pain after anesthesia
504. None of the variants are correct
505. CM. Indications for intraligamentary anesthesia are:
506. Patients with high risk of bleeding
507. Liver diseases
508. Patients under anti-coagulant therapy
509. Temporary teeth
510. Infection process at the level of injection
511. CM: Contraindications for intraligamentary anesthesia are:
512. Patients with high risk of bleeding
513. Temporary teeth
514. Inflammation process at the level of injection
515. Infection process at the level of injection
516. Liver diseases
517. CM. Troncular peripheric anesthesia is:
518. Loss of conductibility of the nerve
519. Anesthesia on the area of innervation of one nerve
520. Anesthesia of terminal branches of the nerve
521. Anesthesia of the axon of the nerve and terminal branches
522. None of the variants are correct
523. CM. Troncular peripheric anesthesia:
524. Has a prolonged time of action
525. Has a shorter time of action
526. Deform the area of anesthesia
527. Do not deform the area of anesthesia
528. Allows an intervention on wide are for a prolonged time
529. CM. Area of anesthesia after tuberosity anesthesia
530. Superior molars
531. Alveolar bone
532. Vestibular mucosa
533. Posterior wall of the maxillary sinus
534. Mucosa of the maxillary sinus
535. CM. Tuberosity anesthesia anesthetize:
536. Superior molars
537. Sometimes, mesiovestibular root of the first maxillary molar
538. Totally or partially premolar area
539. Superior frontal teeth
540. Inferior frontal teeth
541. CM. indication for tuberosity anesthesia:
542. Superior frontal teeth surgery
543. Inferior frontal teeth surgery
544. Superior molars surgery
545. In case on unsuccessful plexal anesthesia
546. None of the variants is correct
547. CS. Alveolar superior-posterior nerve block:
548. Can be done extraoraly
549. Can be done intraoraly
550. Can be done through the skin
551. Through the skin is rarely used
552. All the variants are correct
553. CM. Tuberosity anesthesia extraoraly:
554. Is rarely used
555. Injection point is anterior to the maseter
556. Injection point is under the inferior margin of the zygomatic bone
557. Oral mucosa is not punctured by the needle
558. Oral mucosa is punctured by the needle
559. CM. Landmarks for intraoral tuberosity anesthesia:
560. Occlusal plane of the lower molars
561. Zygomatico-alveolar ridge
562. Distal root ot the second molar
563. Mesial root of the second molar
564. Muco-bucal fold
565. CM. Position of the patient for tuberosity anesthesia:
566. Patients sits in the dental chair
567. With the head in a slight extension
568. Mouth is half open
569. Mouth is wide open
570. Mandible is slightly deviated toward the side of the anesthesia
571. CM. In tuberosity anesthesia, soft tissues are retracted with:
572. Index of the left hand, in case of anesthesia on the right side
573. Thumb, in case of anesthesia on the left side
574. With the index we palpate the bone
575. Index of the left hand, in case of anesthesia on the left side
576. None of the variants is correct
577. CM. Puncture point in tuberosity intraoral anesthesia is:
578. In the mobile mucosa
579. In the attached mucosa
580. Above the distal root of the first upper molar
581. Above the mesial root of the first upper molar
582. Distal to zygomatico-alveolar ridge
583. CM. Nasopalatine anesthesia:
584. Is associated with plexal ansthesia for surgical treatment on the frontal upper teeth
585. Anesthetize 1/3 of anterior palatal mucosa
586. Puncture point is at the level of interincisival papilla
587. Puncture point is at the level of vestibular mucosa
588. Is associated with infraoribal ansthesia for surgical treatment on the frontal upper teeth
589. CM. Puncture point in nasopalatine anesthesia is:
590. Middle of the incisive papilla
591. Palatal, between the superior incisors
592. In one of the palatal rugae
593. Vestibular, at the level of the tooth
594. At 0.5 cm posterior and above the neck of the central superior incisor
595. CM. Nasopalatine anesthesia:
596. Is painful due to the rich intervention of the papilla
597. Is painful due to the adhesion of the mucosa
598. Is painful due to the lack of submucosal layer
599. Requires topic anesthesia
600. Requires administration of 0.2-0.5 ml of substance
601. CM. Nasopalatine anesthesia can be done:
602. Vestibular, at the level of moars
603. At the level of the lingula
604. Floor of the nasal cavity
605. Hoffer technique
606. Escat technique
607. CS. Palatal mucosa posterior to the canines is innervated by:
608. Greater palatal nerve
609. Incisival nerve
610. Lesser palatal nerve
611. Inferior alveolar nerve
612. Buccal nerve
613. CM. Greater palatal nerve is indicated:
614. Anterior 1/3 of the palatal mucosa
615. Posterior 1/3 of the palatal mucosa
616. All palatal mucosa
617. Molar and premolar mucosa
618. Posterior 2/3 of the palatal mucosa
619. CM. Greater palatal nerve is indicated
620. Superior incisors treatment
621. Inferior molar treatment
622. Additionally to tuberosity anesthesia
623. Additionally to plexal anesthesia for superior premolar treatment
624. Additionally to plexal anesthesia for superior molar treatment
625. CM. Greater palatal nerve block landmarks:
626. 1 cm above the neck of the last molar
627. 0.5 cm anterior to the posterior margin of the hard palate, at the junction point between palatal and alveolar processes
628. 5 cm in front of internal wing of the pterygoid process
629. Interincisival papilla
630. None of the variants is correct
631. CM. In greater palatal nerve block:
632. Do not need to enter in the canal
633. Usually 50-100 ml solution is administrated
634. Puncture is made at the level of the second molar
635. Trajectory of the needle is upward, backward and slightly external
636. The syringe is placed at the opposite corner of the mouth
637. CM. Complications during greater palatal nerve block:
638. Bleeding
639. Fast administration of anesthetic substance
640. Mucoperiosteum reflection with necrosis
641. Soft palate infiltration
642. Soft palate edema
643. CM. Fast administration of substance during greater palatal nerve block will lead to:
644. Mucoperiosteum reflection
645. Increased risk of palatal mucosa necrosis
646. Mucoperiosteum distension
647. No changes
648. All the variants are correct
649. CM. Area of anesthesia after infraorbital block:
650. Mandible
651. Nose
652. Superior frontal teeth
653. Alveolar process from the medial line till the first premolar
654. All variants are correct
655. CM. Area of anesthesia after infraorbital block:
656. Superior incisors and canines
657. Inferior eyelid
658. Nose
659. Vestibular mucosa and the periosteum from the medial line till the first premolar
660. Vestibular mucosa and the periosteum from the third molar area
661. CM. Area of anesthesia after infraorbital block:
662. Posterior wall of the sinus and sinus membrane
663. Superior alveolar process behind medial line
664. Half of the superior lip
665. Inferior eyelid
666. Superior frontal teeth
667. CM. Infraorbital nerve block:
668. Treatment in the area of superior frontal teeth
669. For surgical treatment, requires additional plexal anesthesia of the hard palate
670. Requires additional nasopalatine anesthesia for central incisors treatment
671. Doesn’t affect superior eyelid
672. Is done intraoral
673. CM. Infraorbital foramen is located:
674. At 80 mm below inferior orbital ridge
675. At 6-8 mm below inferior orbital ridge
676. At 5 mm medial to mediopupilar line
677. On the same line that passes through supraorbital and mental foramen
678. None of the variants are correct
679. CM. Infraorbital foramen is located:
680. At 6-8 mm below inferior orbital ridge
681. At 5 mm external to mediopupilar line
682. At the joint point of 1/3 internal and 2/3 external inferior orbital ridge
683. On the same line that passes through supraorbital and mental foramen
684. All the variants are correct
685. CM. Puncture point in intraoral infraorbital anesthesia is:
686. Canine fossa
687. Mobile mucosa
688. Above and laterally to canine apex
689. Incisive canal
690. All the variants are correct
691. CM. Landmarks for extraoral infraorbital anesthesia:
692. Medially and superior to infraorbital foramen
693. Medially and inferior to infraorbital foramen
694. At the level of the nose wing
695. 0.5-1 cm lateral to nasogenian fold
696. All the variants are correct
697. CM. To avoid penetrating the orbit with the needle in case of extraoral infraorbital nerve block:
698. Insert the needle in the canal not more than 0.5-1 cm
699. Insert the needle in the canal not more than 5-10 cm
700. The index of the left hand is placed at the level of the inferior margin of the orbit
701. It can never occur
702. It can’t be avoided
703. CM. What can happen in case of penetrating the orbit with the needle, in extraoral infraorbital nerve block:
704. Infiltration of the orbital adipose tissue
705. Transitory diplopia (double vision)
706. Total and permanent loss of sight
707. Anesthesia of the inferior branch of oculomotor nerve
708. Temporary loss of sight
709. CS. What can happen in case of penetrating the orbit with the needle, in extraoral infraorbital nerve block:
710. Permanent diplopia (double vision)
711. Total and permanent loss of sight
712. Buccal nerve block
713. Temporary loss of sight
714. None of the variants is correct
715. CS. In case of an palatal abscess at the level of the second left molar, what anesthesia will be used:
716. Intraligamentary with the puncture directly through the abscess
717. Plexal from the vestibulum at the level of the second molar
718. Inferior alveolar nerve block
719. Nasopalatine nerve block
720. Greater palatal nerve block
721. CS. Landmarks for greater palatal nerve block:
722. Lingula
723. Ramus of the mandible
724. Tooth neck of the superior incisors
725. 5 cm above the neck of the last molar
726. None of the variants is correct
727. CS. Indications for tuberosity anesthesia:
728. Surgical treatment at the level of superior frontal teeth
729. Treatment at the level of inferior frontal teeth
730. Treatment at the level of superior molars
731. In case of insufficient plexal anesthesia
732. Root canal treatment of the lower molars
733. CM. Contraindications for tuberosity anesthesia:
734. Treatment at the level of inferior frontal teeth
735. In case of insufficient plexal anesthesia
736. Treatment at the level of superior molars
737. Tumors at the level of puncture
738. Abscesses at the level of puncture
739. CM. In case of bone contact loss during tuberosity anesthesia increases the risk of:
740. Infection in the area
741. Insufficient anesthesia
742. Puncture of a blood vessel
743. There are no risks
744. Hematoma
745. CM. In case of a hematoma during tuberosity anesthesia the following maneuvers are performed:
746. Compression of the cheek below the zygomatic bone
747. Compression of the cheek on the opposite side
748. Administration of anticoagulants
749. Intraoral compression with a cotton gauze in the inferior mucobuccal fold
750. Intraoral compression with a cotton gauze in the supperior mucobuccal fold
751. C.M.Anesthesia at incisive foramen:
	1. is indicated in combination with plexus anesthesia for lateral group interventions;
	2. interested palatine fibromycosis in the posterior third;
	3. assumes puncture at the level of incisive papilla;
	4. involves puncture in the buccal fold;
	5. is indicated in association with peripheral troncular anesthesia of the infraorbital nerves for interventions at the frontal group
752. C.M. The anesthetized territory of alveolar inferior nerve anesthesia is:
	* + - 1. The bone;
				2. Theeth;
				3. Vestibular gingivomucosa;
				4. Labiomentoniere soft tissues from the mental foramen till the midian line;
				5. Soft tissues from the 3 molar to the mental foramen.
753. C.M. The methods of performing the alveolar inferior nerve anesthesia are:
	* + - 1. Oral way at spina spix;
				2. Cutaneous submandibular way;
				3. Cutaneous retromandibular and superior;
				4. Cutaneous retomandibular and inferior;
				5. Cutaneous subzigomatic.
754. C.M. When alveolar inferior nerve anesthesia is practiced by cutaneous way:
755. Inflammatory processes;
756. Tumors
757. Trismus
758. When the access to the puncture site is not allowed
759. When the patient wants
760. C.M. The landmarks for Spina Spix are:
	* + - 1. The temporal crest, medial and posterior of anterior margin of mandibular ramus;
				2. The pterygomandibular raphe lying along the anterior margin of the internal pterygoid muscle;
				3. The occlusion plan of lower molars
				4. The pterygomandibular raphe located along the posterior margin of the internal pterigoid muscle;
				5. The occlusion plan of superior molars
761. C.M. In alveolar inferior nerve anesthesia the puncture site is:

A . between the temporal crest and the pterygomandibular raphe

B . 1 cm above the lower molar occlusion plane in the dental patient

C. 1.5 cm from the lower edged ridge

D. 1 cm below the occlusion plane of the upper molars in the dental patient

E. 1.5 cm from the superior edged ridge

1. C.M. In spina Spix anesthesia:
	* + - 1. 1 cm in depth anaesthesize the lingual nerve
				2. 1.5-2 cm posterior, the alveolar inferior nerve
				3. 0.5 cm deeper the bucal nerve
				4. 2 cm in depth anaesthesize the lingual nerve
				5. At 2.5-3 cm posterior the alveolar inferior nerv
2. C.M. The technical mistakes that lead to the non-installation of spina spix anesthesia are:
	* + - 1. The puncture performed below will not intercept the inferior alveolar nerve at the entrance to the mandible
				2. The puncture performed above will cause auriculotemporal nerve anesthesia
				3. Puncture performed too lateral (outward) will lead to needle propping in the anterior edge of the mandible
				4. Puncture performed too medially (inside) of the pterygomandibular raphe will cause an lateropharyngeal anesthesia
				5. Puncture performed too deep (2.5-3 cm) will infiltrate the parotid gland with facial nerve anesthesia
3. C.M. Accidents of anesthetic puncture at spina Spix
	* + - 1. Needle Breaking
				2. Punching of the vascular pack with the production of either a hemorrhage and a hematoma
				3. The penetration of the anesthetic substance into the vessel will lead to tachycardia, palpitations, lipothymias
				4. Punching of the nervous pack that leads to transient nevrites
				5. Installing immediate anesthesia
4. C.M. In addition to the classical technique of inferior alveolar nerve anesthesia, alternative techniques are:
	* + - 1. Veisbrem
				2. Gaw-gates
				3. Akinos
				4. Dan theodorescu
				5. Applegate
5. C.M. The lingual nerve may also be anesthetized where it is more superficial in the mouth.
	* + - 1. In the mandibulo lingual groove
				2. Near the third molar
				3. Before going under the milohioidian muscle into the submandibular space
				4. Near the second molar
				5. After the milohioidian muscle in the submandibular spase
6. C.M. Anesthesia of the lingual nerve comprises
	* + - 1. half of the tongue
				2. half of the palate
				3. mucosa of the alveolar crest from the lingual side
				4. mucosa of the alveolar crest from the vestibular side
				5. Floor of the mouth
7. C.M. Anesthesia at the mental foramen is performed for interventions on the following teeth:
	* + - 1. Canine
				2. lateral Incisiv
				3. central Incisiv
				4. first premolar
				5. second molar
8. C.M. Anesthesia at the mental foramen includes:
	* + - 1. Alveolar process between the mental foramen and the median line
				2. Vestibular fibromucosa between the mental foramen and the median line
				3. Half of inferior lip
				4. The skin of the mental region on that side
				5. Second premolar
9. C.M. Anesthesia of mental and incisor nerve is indicated for:
	* + - 1. Completing inferior alveolar nerve anesthesia when therapeutic procedures are in the median line region, through infiltration at mental foramen
				2. Labio·mental surgical interventions when local anesthesia by infiltration deforms the soft tissues.
				3. Completing inferior alveolar nerve anesthesia when therapeutic procedures at the median line through infiltration at the mental foramen
				4. As additional anesthesia
				5. Anesthesia of frontal inferior teeth
10. C.M. Mention the main methods of obtaining anesthesia in the presence of regional tissue inflammation
	* + - 1. Administration of the local anesthetic at a distance from the inflamed area
				2. Peripheral troncular anesthesia
				3. Inject a larger amount of anesthetic into the region through an anesthesia in the dam
				4. topic anesthesia
				5. intraligamental anesthesia
11. C.M. The local accidents of loco-regional anesthesia are:
	* + - 1. Necrosis of mucosa
				2. Long time trismus
				3. Pain
				4. Facial transitory paresis
				5. Needle breaking
12. C.M. Imediate local accidents of loco-regional anesthesia include:
	* + - 1. Vaso-vagal syncope
				2. Pain
				3. Postextractional alveolitis
				4. Facial transitory paresis
				5. Epithelial desquamation
13. C.M. Emergency treatment of upper airway edema implies:
	* + - 1. Oxygenotherapy
				2. Administration of adrenaline 0.3-0.5 mg of 1/1000 subcutaneous sol
				3. Metaproterenol administration 0.3 ml sol. 5% with 2.5-3 ml physiological saline sol
				4. Administration of epinephrine in bronchospasm
				5. Antibiotic administration in laryngeal edema
14. C.M. The clinical signs of the general hypertension accident are :
	* + - 1. Unmotivated state of agitation
				2. Dry skin
				3. The feeling of nausea
				4. Intense headache
				5. Shiver
15. C.M. The treatment of angina pectoris consists of:
	* + - 1. The declive position of the patient
				2. Aspiration of secretions from the oral cavity
				3. Administration of a coronary vasodilator
				4. Stopping dental surgery
				5. Administration of anti oedematous per os
16. C.M. Troncular peripheral anesthesia of inferior alveolar nerve spina Spix includes:
	* + - 1. Mandibular teeth on the same side, up to the median line plus one tooth on the opposite side
				2. The vestibular muco-periosteum located anterior the first molar
				3. The half of the lip and the chin on the side of anesthesia
				4. The mandibular body and the inferior portion of the ascendent branch of the mandible
				5. Anterior 2/3 of the tongue and mouth floor
17. C.M. The desadvantages of troncular anesthesia are:
	* + - 1. The need for an increased dose of anesthetic;
				2. There is a risk of pricking the blood vessels near the major nerve trunks;
				3. Complete anesthesia of several nerves;
				4. Long duration of anesthesia, with the risk of accidental injury, when, after treatment, the anesthetic effect is still present;
				5. Difficult technique.
18. C.M.In the case of patients with clotting disorders:
	* + - 1. The number of anesthetic punctions is limited;
				2. Avoiding deep peripheral troncular anesthesia techniques;
				3. The time of the dental work is established in collaboration with the haematologist or cardiologist;
				4. There are no restrictions on local anesthesia;
				5. the dose of vasoconstrictor associated with anesthetics is up to 1: 50000.
19. C.M. In patients with chronic bronchitis and pulmonary emphysema, the following considerations should be given for the administration of local anesthesia:
	* + - 1. The dose of vasoconstrictor in the anesthetic solution should be at most 1: 200,000;
				2. There are no restrictions on the concentration of vasoconstrictor in the anesthetic solution;
				3. Do not perform bilateral anesthesia of the alveolar inferior nerve or greater palatine nerve;
				4. Avoiding the use of "deep" peripheral troncular anesthesia techniques;
				5. Anxiolytic premedication is recommended.
20. C.M. The prophylaxis of pain in loco-regional anesthesia is done by:
	* + - 1. Slow and without pressure injection of the anesthetic substance;
				2. Avoiding peripheral troncular anesthesia techniques;
				3. Performing topical anesthesia prior to injection;
				4. Use of short, thin and sharp needles;
				5. Superficial, submucosal injection of the anesthetic solution.
21. C.M. In case of anaphylactic shock, the cardiovascular collapse is manifested by:
	* + - 1. Laryngeal edema;
				2. bronchospasm;
				3. tachycardia
				4. Cardiac arrhythmia
				5. Hypertension
22. C.M. Clinical signs of overdosing with adrenaline or other vasoconstrictor are:
	* + - 1. palpitations
				2. trembling
				3. difficulty in breathing;
				4. Decreased heart rate;
				5. Sudden decrease in systolic blood pressure.
23. C.S. The clinical sign of anesthetic overdose at low anesthetic concentrations is:
	* + - 1. Loss of consciousness;
				2. Agitation;
				3. Visual disturbances;
				4. Cardiac depression
				5. Difficulties in breathing;
24. C.M. In the initial phase of anaphylactic shock, the following clinical manifestations appear:
	* + - 1. erythema;
				2. Intense pruritus;
				3. Dyspnea;
				4. Diarrhea;
				5. Conjunctivitis.
25. C.S. In the hypertensive crisis as an accident of loco-regional anesthesia, Emergency treatment consists of administering:
	* + - 1. VIII factor;
				2. Sublingual nitroglycerin;
				3. Aspirin;
				4. Hydrocortisone hemisuccinate;
				5. Adrenaline injectable.
26. C.M. Which of the following pathologies are considered post-anesthetic complications in dental medicine:
	1. prolonged trismus
	2. pneumonia
	3. post-extractional alveolities

d)necrosis of mucosa

e)paresteziile persistente

1. C.M. Post-anesthetic trismus:
	1. is an inflammation of the trigeminal nerve
	2. is a cardiovascular disease
	3. the local anesthetic in large quantities produces tissue distension and then trismus
	4. can be given by large amounts of local anesthetics

 e) is a form of cancer

1. C.M. General post-anesthesia accidents most commonly encountered in the dentistry are represented by:
	1. trismus
	2. respiratory manifestations
	3. postextractional alveolities

d) vaso-vagal sincope

e) angina pectoris

1. C.M. Fainting is manifested:

a) by a general weakness

b) loss of postural tone

c) patient's inability to maintain orthostatism

d) fever 39-41 degrees C

e) fever and shiver

1. C.M. Fainting is manifested:
	1. sweating
	2. pallor
	3. decrease muscle strength
	4. dizziness

e) keeping consciousness

1. C.S. Treatment in vasovagal syncope :
	1. aims to improve the normalization of irrigation and cerebral oxygenation

b) aims to vitaminize the patient

c) aims to keep the Achilles reflex

d) aims to reduce brain irrigation

e) all variants are correct

1. C.M. Treatment in the asthma crisis:

a) antibiotic

b) probiotic

c) interruption of dental surgery

d) bisulfites

e) the patient remains seated

1. C.M. In the asthma crisis, the treatment consists of:
	1. inhalatory bronchodilators
	2. never the patient's medication
	3. patient's own medication
	4. do not administer O2

 e)epinefrine

1. C.M. Treatment of asthma:

a) monitoring serum calcium

b) monitoring TA

c) saturation O2 monitoring

d) pulse monitoring

e)administration of O2

1. C.M. General hypoglycemic accident :
	1. usually occurs in the insulin-dependent diabetic patient
	2. may, however, also occur in non-insulin dependent patients
	3. to insulin dependent occurs through accidental overdose with insulin
	4. there have been no cases

e) always occurs in children

1. C.M. To prevent hypoglycemic accident:

a) antibiotics are taken

b) the patient is scheduled in the morning

c) a source of glucose is prepared

d) a rigorous anamnesis is made

e) ranitidine is administered

1. C.M. General hypertensive accident:
	1. is recorded in hypertensive neglected patients
	2. is recorded in hypertensive patients not taking their medication
	3. stress, pain, infection are the causes of the HTA

d) occurs hypotensives patients

e) occurs old people only

1. C.M. Clinical signs in the general hypertensive accident:
	1. intense headache
	2. unmotivated state of agitation
	3. feeling nauseated
	4. disorders of state of consciousness, of sight

e) signs of angina pectoris

1. C.M. The hypertension crisis:
	1. Blood pressure values> 180/110 require the doctor's intervention
	2. values> 200/130 require prompt action
	3. as treatment is administered antihypertensive, diuretic medication
	4. the patient must remain in the seated position with the limbs down
	5. nifedipine and furosemide are given
2. C.M. Choosing the anesthetic method depends on:
3. The general and mental state of the patient;
4. Age;
5. The type and probable duration of the operation;
6. General and local pathological changes;
7. Place of intervention, conditions of technical endowment, competence and experience of cadres;
8. C.M. The advantages of loco-regional anesthesia are:
9. Easy to administer without special training;
10. It does not require specially trained personnel or special equipment;
11. Offers possibility of collaboration with the patient;
12. It's not expensive;
13. It can be administered to any patient in interventions of any magnitude.
14. C.M. Loco-regional anesthesia in some cases is contraindicated :
15. Allergic patients to local anesthetics;
16. Patients with organic deficiencies;
17. Patients with long, laborious, long-term surgery;
18. In the absence of general anesthesia equipment;
19. Patients with pathological processes in the needle puncture place .
20. C.S. Preanesthesia represent:
21. The totality of the psychological, physical and medicinal preparations of the patient for anesthesia;
22. Reducing excitability of the central nervous system;
23. Sanitation of the oral cavity, antiseptic treatment;
24. Total examination of the patient;
25. All together.
26. C.M. Pre anesthesia includes:
27. Specifying passport data;
28. Patient interrogation;
29. Psychological preparation;
30. Physical preparation;
31. Drug preparation (premedication).
32. C.M. The factors to be taken into account for assessing the risk of anesthesia are:
	1. insuficient anamnesis;
33. The veracity of the diagnosis;
34. Selection of patients for this type of anesthesia;
35. Cabinet endowment and doctor's degree of technicians;
36. Anesthetic risk
37. C.M. The importance of the anesthetic act and the operator act should not exceed the functional reserves of the body, otherwise the anesthetic risk and the operator dependent on:
38. The importance of anesthetic act;
39. The importance of the surgical act;
40. Functional reserves of the body;
41. Anesthetic risk;
42. Operative risk.
43. C.M. Difficulties in assessing anesthetic risk are:
44. A lot of techniques;
45. Numerous anesthetic substances;
46. polypharmacy;
47. Not knowing the complete elimination of anesthetics;
48. Incorrect reasoning in the indication.
49. C.M. The psychological preparation of the patient in the oro-maxilo-facial surgery cabinet includes:
50. Creating an atmosphere of calm, trust and benevolent attitude;
51. The appearance of the cabinet and medical staff;
52. Explaning and pacifying the patient to suppress his feeling of fear;
53. The calm, authoritative attitude of the physician in terms of therapeutic conduct;
54. None of these.
55. C.M. Physical preparation for anesthesia and surgery in the oral surgery room includes the following:
56. Compliance with general and individual hygiene rules (oral cavity hygiene);
57. It is advisable for the patient to have the bladder empty and to do other physiological needs;
58. In case of wearing mobile prostheses, remove them;
59. Place the patient in a correct and comfortable position in the dental armchair or on the operating table;
60. Closed neck clothes with objects that could distract distant breath (tie, cords, belts, bras, etc.)
61. C.M. Drug preparation (premedication) should be:
62. Complex and appropriate to specific pathology;
63. After individual peculiarities;
64. The size and duration of the operation;
65. The place where is get - ambulatory or hospital;
66. None of them.
67. C.M. Drug preparation is:
68. The combination of drugs that combat the state of restlessness, agitation and pre-operative fear;
69. Drug administration that can occur in accidents for patients with a specific field (allergic, cardiovascular, neuroleptic etc.);
70. Convenient patient placement in the armchair;
71. Removing obstacles from the oral cavity;
72. All these.
73. C.M. The goals of a complete premedication in oro-maxillo-facial surgery are as follows:
74. Removing fear;
75. Lowering the metabolic level;
76. Depression of reflex activity, decreased secretions;
77. Potentialization of anesthetic agents;
78. Anti-edemic actions and protection against toxic effects.
79. C.M. The medicines used in premedication are:
80. Barbiturics (luminal, fenobarbital, nembutal, etc.);
81. Opioid analgesics (dipidolog, fentanil, mialgin etc.);
82. parasympatholytics (atropine, scopolamine etc );
83. Antihistaminics (dimedrol, pipolfen, tavegil, suprastin etc.);
84. All.
85. C.M. Of the medicines listed below in ambulatory premedication it is indicated :
86. Medium and long acting barbiturates;
87. hypnotic tranquillizers;
88. Analgesics with high action;
89. Hypnotic tranquillizers and vagolitics;
90. All these medicines.
91. C.M. Which of the following maneuvers are required to prepare the operator field for oral anesthesia by infiltration:
92. lavage of the oral cavity with antiseptic solutions;
93. spotting the puncture site with the left hand finger;
94. Removing deposits from mucous membranes;
95. Badging the mucosa with alcohol;
96. A few moments are expected to dry the mucosa.
97. C.M.Premedication in ambulatory conditions is given :
98. 24 hours before surgery;
99. 12 hours before surgery;
100. 6-8 hours before surgery;
101. 30-45 minutes before surgery;
102. During the operation.
103. C.M.The preanesthetic medication of neurovegetative dystonia patients and neuropsychiatric anxiety disorders comprises :
104. atropine;
105. chlorpromazine;
106. meprobamate;
107. magnesium sulphate;
108. diazepam.
109. C.M. Sedative premedication is indicated for:
110. Mentally labile patient;
111. patients with heart disease ;
112. patients with psychomotor disability;
113. Children;
114. pregnant.
115. C.M. Premedication is mandatory for:
116. All patients;
117. Children;
118. In the elderly;
119. Emotional patients;
120. Patients with exaggerated reflections.
121. C.M. Premedication is reducing the:
122. Pain;
123. Central nervous system excitability;
124. Fear;
125. Saliva secretion;
126. None of them.
127. C.M.The following medications are used for premedication :
128. anestetic substances ;
129. antiseptic substances;
130. Sedatives and neuroleptics;
131. Vagolitics;
132. Analgezics.
133. C.M. Choosing premedication is always based on:
134. Age and patient's land;
135. Anesthesia method used (local, general);
136. Operational circumstances (duration and severity of the intervention);
137. Place of intervention (ambulatory or stationary);
138. Not one of them.
139. C.S. For ambulatory patients is used premedication:
140. Light;
141. Forte;
142. Medium;
143. Long term;
144. With a deep sleep.
145. C.S. For hospitalized patients is used premedication:
146. Light;
147. Forte;
148. Medium;
149. Proportional with the importance and duration of the intervention;;
150. All.
151. C.M. To get a poor (light) premedication in ambulatory conditions are used:
152. Minor non-hypnotic tranquilizers (diazepam, atarax);
153. Vagolitics (atropine);
154. Analgezics (dipidolor, phentanil);
155. antihistamines (dimedrol, suprastin, tavegil);
156. From case to case some of them.
157. C.M. When we choose the way of premedication and the drugs needed in ambulatory conditions we follow:
158. Do not have unpleasant side effects;
159. To be administered gently (per os);
160. That the patient leaves the office after 2-3 hours without abnormal reactions;
161. Reduce anesthetic and surgery risk;
162. All these.
163. C.S. The moral and legal responsibility for anesthesia and the surgery always belongs to:
164. The treating physician;
165. team of anesthetists;
166. patient;
167. The staff of the oral surgery cabinet;;
168. All.
169. C.M. Steps of any type of general anesthesia are:
170. induction;
171. maintaining;
172. Awakening;
173. relaxation;
174. Hypnosis.
175. C.M. The particularities of general anesthesia in dentistry and oro-maxillo-facial surgery are:
176. The field of activity of the dentist and anesthetist is common;
177. Some pathological processes (suppurations, tumors, fractures, etc.) are closely related to the upper airways, deform the region's anatomy, flood the oral cavity with blood, secretions, exacerbate reflexes;
178. Limiting mouth opening through trismus, temporomandibular constrictions, ankylosis, lead to the adoption of special narcotic techniques (tracheostomy, intravenous);
179. Free airway maintenance is difficult to achieve (blood, secretions, foreign bodies, compressions etc.);
180. Anesthesiologist must leave the head and neck for surgeon and choose another way.
181. C.M. In the indication and choice of general anesthetic substances, types of anesthesia, the recovery of protective reflexes is an important objective, namely:
182. Dentists treat all ages, with various types of central nervous system, which explains the need for in-depth knowledge of general anesthesia;
183. Specificity of speciality often leads to various risks of general anesthesia;;
184. Some risk factors are determined by the specificity of the oro-maxilo-facial region, the semi-sedentary position, blood, saliva, pus, etc .;
185. Changes in the airways (edema, tumor, etc.) lead to difficult tracheal intubations, vagal reflections;
186. Often patients have chronic general disorders, insufficiently investigated etc.
187. C.M. General anesthesia especially in oro-maxillo-facial surgery is indicated:
188. For the children;
189. For patients with allergic or intolerant local anesthesia;;
190. For patients with neuropsychiatric and neuromotor deficiencies;
191. In septic evolutionary processes where local anesthesia can not be used;;
192. Patient desire.
193. C.M. The quadruple of modern general anesthesia is:
194. analgesia;
195. Amnesia - Hypnosis;
196. Muscle relaxation;
197. Providing general homeostasis;
198. Awakening.
199. C.M. The basic in preparing the patient for general anesthesia is:
200. Detailed history and complete patient examination;
201. Psychological preparation;
202. Physical preparation;
203. Drug preparation (premedication);
204. Narcoza.
205. C.M. Methods of administration of general anesthesia are :
206. The inhalation method;
207. The intravenous method;
208. The intrarectal method;
209. The intramuscular method;
210. Combining multiple methods.