

**CASE WESTERN RESERVE UNIVERSITY  
SCHOOL OF DENTISTRY  
DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY**

*Basic Oral Surgery  
DEND 354  
Mid-term 2007*

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Course Director*

1. The most common true salivary gland neoplasm is
  - a. Mucocele
  - b. Ranula
  - c. Pleomorphic adenoma
  - d. Allomorphic adenoma
  
2. Necrotizing sialometaplasia
  - a. Is considered an allergic reaction
  - b. Is precancerous
  - c. May easily be mistaken for squamous cell carcinoma on exam
  - d. B and C
  
3. Masupialization
  - a. Is an inadequate therapy as it does not allow for biopsy
  - b. Is inadequate as it leaves part of the lesion behind
  - c. Is useful in the treatment of ranulas
  - d. Is the same as an excisional biopsy
  
4. If a salivary gland lesion has not returned within five years of removal it will not reoccur.<sup>up to 20</sup>
  - a. True
  - b. False
  
5. Sialoliths occur with about the same frequency in all the major salivary glands.  
*SUBTINGUAND PLOT*
  - a. True
  - b. False
  
6. One of the most commonly used procedures to treat cleft lips is
  - a. The Seldon Technique
  - b. The Millard Procedure
  - c. The Goldberg Jersey Inverted Flap
  - d. Tongue Based Pedicle Flap
  
7. Teratogens implicated in facial clefting include
  - a. Alcohol
  - b. Cortisone
  - c. Nicotine
  - d. Caffeine
  - e. All of the above



- = 8. The first priority in the newborn facial cleft patient is
- Graft the cleft to provide a barrier between the nose and mouth
  - Antibiotic coverage to prevent sinusitis
  - C A feeding tube which will help form the arch
  - Intubation to insure an adequate airway
9. Clefting occurs in the second trimester and represents a failure of fusion. *6 weeks*
- True
  - B False
10. The maxillary sinus opening is
- Below the inferior nasal concha *Above*
  - B Close to the roof of the sinus
  - Into the inferior meatus *MIDDLE*
  - Into the superior end of the semilunar hiatus
- 11. As the maxillary sinus develops it replaces the alveolar process of the maxilla vacated by the eruption of teeth
- A True
  - False
12. Transillumination of the maxillary sinuses in unilateral disease results in
- A The involved sinus shows decreased transmission of light
  - The involved sinus shows increased transmission of light
  - The accumulation of fluid results in an increased transmission of light
  - A thickened mucosal lining does not affect the transmission of light
13. The sinusitis most commonly odontogenic in nature is
- Frontal
  - B Maxillary
  - Paranasal
  - Ethmoidal
  - Sphenoidal
- 184
- 14. Chronic maxillary sinusitis is usually the result of all except
- A Odontogenic infection *USUALLY ACUTE*
  - Recurrent fungal infection
  - Obstructive nasal disease
  - Allergy
15. Untreated maxillary sinusitis may progress to all except
- A Cystic degeneration
  - Orbital cellulitis
  - Cavernous sinus thrombosis
  - Osteomyelitis
  - Intracranial abscess



16. A patient presents with acute maxillary sinusitis. Radiographs reveal a radiopaque area on the floor of the sinus. The diagnosis is probably
- Mucosal cyst
  - Pyocele *42509*
  - Cyst of odontogenic origin
  - Antral polyp
  - Benign neoplasm
17. Causes of oroantral communications include
- When a maxillary molar with widely divergent roots that is adjacent to edentulous spaces requires extraction
  - Sinus floor destruction by periapical lesions
  - Perforation of sinus membrane secondary to instrumentation
  - A and C only
  - All of the above
18. After an oroantral exposure, a patient is prescribed antihistamines to
- Prevent infection *increase + anti*
  - Shrink mucous membranes
  - book c*  Lessen nasal and sinus secretions
  - B and C only
  - All of the above
19. The semilunar flap design is used exclusively for endodontic root-end surgery.
- True
  - False *probably repositioned FIM*
20. Indications for endodontic surgery include
- Unresolved periapical pathosis
  - Need for biopsy
  - Excess sealer removal *(upside)*
  - Excess gutta-percha removal
  - Necrotic tooth with porcelain crown
- 1,2,3,5
  - 1,4 only
  - 1,2,4
  - 1,2 only
  - All of the above
21. A previously treated tooth with a non-resolving periapical lesion has a better prognosis with non-surgical root canal re-treatment and surgical endodontic therapy than having only surgery.
- True
  - False



22. The following is true regarding endodontic surgery except
- † a. The canine eminence should not be involved on the vertical incision
  - b. More scarring is observed on the submarginal flap
  - ⓐ Undermining elevation should start with the horizontal incision *vertical*
  - d. Full thickness mucoperiosteal flap is always used for endo surgery
- ✓ 23. Ultrasonic root end preparation
- ⓐ Permits the clinicians to include irregularities of the canal in the preparation *433*
  - b. Permits the clinicians to use acute bevels during root end surgery
  - ⓐ Requires a larger osseous window when compared to the microhandpiece
  - d. Is performed dry to permit visualization and accurate preparation
- ✓ 24. Periapical curettage include the following except
- a. Aid in confirmation of diagnosis (biopsy)
  - ⓐ Increased hemorrhage with removal of inflamed tissue *432 Book*
  - ⓐ Decreased hemorrhage with removal of inflamed tissue *ENDS PACKET*
  - d. Better access and visibility
25. All of the following are diagnostic signs of a mandibular fracture except
- a. Swelling
  - † b. Malocclusion
  - ⓐ Purulent drainage *- NEED BACTERIA*
  - † d. Bleeding between teeth
  - † e. Numbness of the lip and chin
26. In repair of facial fractures, the most important outcome is
- ⓐ Reestablishment of the occlusion
  - ⓐ Perfect alignment of all the bony fragments
  - ⓐ Ability to return to a normal diet within three weeks
  - d. Avoidance of any facial scars
  - e. That there be no movement at the fracture site prior to wiring the teeth together
27. A Leforte I fracture would be found
- a. High in the condylar region
  - b. In the mandibular midline
  - ⓐ In the area of the maxilla
  - d. In the zygomatic arch
- 28. All of the following are important in the closure of a through and through laceration of the lip except
- a. Reapproximation of Vermillion border
  - ⓐ Antibiotic therapy
  - ⓐ Removal of hair in the area
  - d. Multilayered closure
  - e. Inspection of teeth for damage



29. An open fracture is

*Includes root*

- a. A fracture not between two teeth
- b. A fracture in communication with the oral cavity
- c. A fracture with a gap greater than 2mm between bone fragments
- d. A fracture that will require an open surgical procedure to repair

30. Indications for biopsy include

- a. Any lesion that is present for more than 2 weeks with no known cause
- b. All lesions which can be observed on an x-ray
- c. Any inflammatory lesion that is present 72 hours after removing the causative irritant
- d. Two of the above

31. Erythroplasia is more likely to be benign than white lesions

- a. True
- b. False

32. A biopsy which samples part of a lesion is called a/an

- a. Random biopsy
- b. Excisional biopsy
- c. Incisional biopsy
- d. Frozen section

33. All intraosseous lesions should be

- a. Treated by total resection
- b. Washed with silver nitrate after removal to kill any cells left behind
- c. Aspirated before surgical exploration
- d. Examined by C-T scan before treatment
- e. Two of the above

34. A composite resection includes

- a. Bone
- b. Adjacent soft tissue
- c. Contiguous lymph nodes
- d. All of the above

35. Adjacent structures allow tumors of which jaw to grow asymptotically to large sizes without symptoms *ging - bet lost*

- a. Maxilla
- b. Mandible

BONUS QUESTION\*\*\*ALL ATTEMPTS WILL GET CREDIT

What are the four last names of the six Three Stooges?

ADAM      BENJAMIN      CALEB      DANIEL



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Basic Oral Surgery-Second Half  
DEND 354 RM. NOA 290  
Wednesday, 8:00-8:50am

Dr. Andrew Berman  
Course Director  
Spring 2007

<u>2007</u>	<u>Topic</u>	<u>Lecturer</u>	<u>Chapter</u>
February 28	Management of the Radiotherapy, Chemotherapy, and Biphosphonate Patient	Dr. Perhavec	18
March 7	Dentofacial Deformities	Dr. Quereshy	25
<b>March 14</b>	<b>No Class</b>		
<b>March 21</b>	<b>No Class</b>		
March 28	Surgical Reconstruction of Defects of the Jaw	Dr. Neary	27
April 4	TMJ Disorders	To be announced	29
April 11	Facial Esthetic Surgery	Dr. Quereshy	25
April 18	Management of Hospitalized Patient-Review of Medical History	Dr. Berman	31 Review 1
April 25	Facial Neuropathy Neurologic Problems	Dr. Hauser	28
<b>May 1</b>	<b>Final Exam</b>		

Course goals:

- To expose the student to a wide variety of oral and maxillofacial surgery problems and treatments.
- To instruct the student in oral and maxillofacial evaluation and surgical procedures that are appropriate for the general dental office.
- To instruct the student as to what cases are appropriate to refer to an Oral and Maxillofacial Surgeon.

Chapters refer to "Contemporary Oral & Maxillofacial Surgery" by Larry Peterson-Second Edition. Chapters may vary in later additions.

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