

BDS FINAL PROFESSIONAL EXAMINATION 2007

ORAL SURGERY

(MCQs)

Model Paper

Marks: 45

Time: 45 minutes

Total No. of MCQs 45

One mark for each

Q-1: Long term effect of radiotherapy to oral mucosa is characterized by:

- a) Epithelium becomes more keratinized.
- b) Sub mucosa becomes highly vascular.
- c) Break down & delayed healing, sub mucosa less vascular.
- d) No sub mucosal fibrosis.
- e) Epithelium becomes thin & there is rapid healing.

Key: c

Reference: Peterson Management of pt undergoing radiotherapy and chemotherapy

Q-2: A patient came with history of sharp, lancinating pain on right side of face, not relieved by anaesthetics. What will be the possible diagnosis?

- a) Acute pulpitis.
- b) Trigeminal neuralgia.
- c) Acute dental abscess.
- d) Dry socket.
- e) Crack tooth syndrome.

KEY: b

REFERENCE: Peterson Facial neuropathology

Q-3: Common sequela after cancer chemotherapy is myelosuppression, which is characterized by:

- a) Anemia & thrombocytopenia.
- b) Thrombocytosis.
- c) Leukocytosis.
- d) Lymphocytosis.
- e) Purpura.

Key: a

Reference: Peterson Management of pt undergoing radiotherapy and chemotherapy

Q-4: Inflammation of most or all of the Para nasal sinuses simultaneously is described as:

- a) Pan sinusitis.
- b) Sinusitis.
- c) Para nasal sinusitis.
- d) Para sinusitis.
- e) Sinus thrombosis.

Key: a

Reference: Peterson Odontogenic diseases of maxillary sinus

Q-5: Maxillary sinus infection of odontogenic origin is most commonly caused by:

- a) Aerobic bacteria.
- b) Anaerobic bacteria.
- c) Fungal.
- d) Viral.
- e) Spirochetes.

Key: b

Reference: Peterson Odontogenic diseases of maxillary sinus

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Q-6: Major duct of submandibular gland is:

- a) Bartholin's duct.
- b) Minor salivary gland's duct.
- c) Stenson's duct.
- d) Wharton's duct.
- e) Lacrimal duct.

Key: d

Reference: Peterson Diagnosis and management of salivary glands disorders

Q-7: In WINTER'S classification, white line tells us:

- a) Depth of the impacted tooth.
- b) Angulation of the impacted tooth.
- c) Point of application for elevator.
- d) Used to classify fracture of the tooth.
- e) No such classification exists.

Key: b

Reference: Minor oral surgery (Geoffrey) Surgical management of impacted 3rd molar

Q-8: Which of the following complication may result from injury to auriculotemporal nerve during removal of parotid tumor is:

- a) Facial palsy.
- b) Gustatory sweating.
- c) Oro lingual paraesthesia.
- d) Anorexia.
- e) Deafness.

Key: b

Reference: Peterson Diagnosis and management of salivary glands disorders

Q-9: Maxillary sinus is usually involved in fractures:

- a) Le fort 1.
- b) Zygomatic arch fracture.
- c) Le fort 3.
- d) Nasoethmoidal fracture.
- e) Symphysis fracture.

Key: a

Reference: Kelley's Fractures of middle third of face

Q-10: Stenson's duct opens opposite the:

- a) Upper 2nd molar.
- b) Upper 3rd molar.
- c) Lower 2nd molar.
- d) Lower 3rd molar.
- e) Upper 1st molar.

Key: a

Reference: Kruger Diseases of maxillary sinus

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Q-11: Which of the following method of sterilization is ineffective?

- a) Ethylene oxide gas.
- b) Gamma radiation.
- c) UV radiation.
- d) Autoclaving.
- e) Hot air oven.

Key: c

Reference: Peterson Infection control in surgical management

Q-12: If patient comes with history of cardiac problem taking aspirin what will be the possible complication if you do extraction:

- a) Increases bleeding time.
- b) Increases prothrombin time.
- c) Increases clotting time.
- d) Increases partial thrombin time.
- e) Decreases bleeding time.

Key: a

Reference: Peterson Prevention & management of surgical complication

Q-13: Cross bar elevator works on mechanical principle of:

- a) Wedge.
- b) Lever.
- c) Wheel & axle.
- d) Pulley.
- e) Hammer & axle.

Key: c

Reference: Peterson Armamentarium for oral surgery

Q-14: While removing an impacted wisdom tooth, if we have to do the apicoectomy of 2nd molar also, which type of incision should be given?

- a) Semilunar.
- b) Ward's.
- c) Extended ward's.
- d) Envelop.
- e) Sub marginal.

Key: c

Reference: Minor oral surgery (Geoffrey) Surgical management of impacted 3rd molar

Q-15: Size of suture used commonly in oral cavity is:

- a) 1/0.
- b) 2/0.
- c) 3/0.
- d) 4/0.
- e) 5/0.

Key: c

Reference: Kruger Armamentarium for basic oral surgery

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Q-16: Lip switch procedure is also called:

- a) Simple alveoloplasty.
- b) Sub mucosal vestibuloplasty.
- c) Labial frenectomy.
- d) Transpositional flap vestibuloplasty.
- e) Maxillary augmentation procedure.

Key: d

Reference: Peterson Pre prosthetic surgery

Q-17: Incidence of sialolithesis is very high in:

- a) Parotid gland
- b) Submandibular gland
- c) Sublingual gland
- d) Minor salivary glands
- e) Sebaceous glands

Key: b

Reference: Kruger Diseases of salivary gland

Q-18: Most commonly needle used for aspiration biopsy is:

- a) 27 gauge.
- b) 30 gauge.
- c) 18 gauge.
- d) 16 gauge.
- e) 25 gauge.

Key: c

Reference: Peterson Principles of management & prevention of odontogenic infections

Q-19: Removal of tissue from living individual for diagnostic purpose is called:

- a) Autopsy.
- a) Biopsy.
- b) Cytology.
- c) Aspiration.
- d) Hematology.

Key: b

Reference: Peterson Principles of differential diagnosis & biopsy

Q-20: The least basic surgical goal for management of oral pathological lesion is:

- a) Eradication of lesion.
- b) Functional rehabilitation of pt.
- c) Aesthetic improvement.
- d) Diagnostic purpose.
- e) Study purpose.

Key: e

Reference: Peterson Surgical management of oral pathological Lesions

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Q-21: Enucleation means:

- a) Creation of surgical window.
- b) Removal of entire lesion without rupture.
- c) Composite resection.
- d) Marginal resection.
- e) Curettage.

Key: b

Reference: Peterson Surgical management of oral pathological lesions

Q-22: Marginal resection means:

- a) Resection of tumor without disruption of continuity of bone.
- b) Resection of tumor by removing full thickness of bone.
- c) Resection of tumor with removal of lymph nodes.
- d) Resection of tumor with removal of lymph nodes & adjacent soft tissue.
- e) Creating surgical window.

Key: a

Reference: Peterson Surgical management of oral pathological lesion

Q-23: If stones are present in salivary duct there are chances of:

- a) Hypertrophy of salivary gland.
- b) Hyperplasia of salivary gland.
- c) Hyperplasia of salivary duct.
- d) Dysplasia of salivary gland.
- e) Metaplasia of lining of salivary duct.

Key: e

Reference: Terse Diseases of salivary glands

Q-24: Surgical blade used for drainage of abcess is:

- a) Blade no.12.
- b) Blade no.11.
- c) Blade no.15.
- d) Blade no.24.
- e) Blade no.22.

Key: b

Reference: Peterson Principles of management & prevention of odontogenic infection

Q-25: Dean's technique is also called:

- a) Inter radicular alveoloplasty
- b) Intra septal alveoloplasty
- c) Simple alveoloplasty
- d) Vestibuloplasty
- e) Lingual frenectomy

Key: b

Reference: Peterson Pre prosthetic surgery

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Q-26: If patient is taking heparin and we have to do surgery immediately, the effects of heparin can be reversed by:

- a) Vitamin K.
- b) Protamine sulfate.
- c) Fresh frozen plasma.
- d) Hydrocortisone.
- e) 5% dextrose.

Key: b

Reference: Peterson Prevention & management of medical Emergencies

Q-27: If a patient is taking cyclosporine-A. What will be its side effect in oral cavity:

- a) Mucosal ulceration.
- b) Gingival hyperplasia.
- c) Mucosal white lesion.
- d) Gingival recession.
- e) No side effect in oral cavity.

Key: b

Reference: Peterson Prevention & management of medical Emergencies

Q-28: If a fracture of jaw bone is communicated to external environment, it is called:

- a) Comminuted fracture.
- b) Compound fracture.
- c) Green stick fracture.
- d) Simple fracture.
- e) Transverse fracture.

Key: b

Reference: Kelly's Fracture of the mandible

Q-29: Le fort 3 fracture is also called:

- a) Horizontal fracture.
- b) Pyramidal fracture.
- c) Transverse fracture.
- d) Simple fracture.
- e) Green stick fracture.

Key: c

Reference: Kruger Management of fractures of the jaw

Q-30: Extracted teeth should be preserved in:

- a) 10% alcohol.
- b) 10% hydrogen per oxide.
- c) Pyodine solution.
- d) Normal saline.
- e) 10% formalin.

Key: e

Reference: minor oral surgery (Geoffrey) Basic principles of surgery

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Q-31: Treatment for patient of cherubism is:

- a) Surgical excision.
- b) Enblock dissection.
- c) Radiation therapy.
- d) Cosmetic surgery.
- e) Do not require any treatment.

Key: d

Reference: Trese Metabolic bone diseases

Q-32: Vasoconstrictor in local anesthetics (LA) solution:

- a) Reduces toxic effects of LA solution.
- b) Decreases depth & duration of LA.
- c) Increases bleeding.
- d) Increases toxic effects of LA.
- e) Has no effect on efficacy of LA solution.

Key: a

Reference: Geoffrey Local anesthesia

Q-33: Reducing agent in LA solution is:

- a) Methyl paraben.
- b) Sodium metabisulphite.
- c) Thymol.
- d) Adrenaline.
- e) Ringer lactate.

Key: b

Reference: Geoffrey Local anesthesia

Q-34: Needle used for infiltration is:

- a) 30 gauge.
- b) 25 gauge.
- c) 27 gauge.
- d) 16 gauge.
- e) 18 gauge.

Key: a

Reference: Geoffrey Local anesthesia

Q-35: When injecting LA solution in maxilla on buccal side. The technique is:

- a) Sub periosteal.
- b) Supra periosteal.
- c) Sub mucosal.
- d) Intra osseous.
- e) Intra septal.

Key: b

Reference: Geoffrey Local anesthesia

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Q-36: Most common complication of posterior Superior alveolar nerve block is:

- a) Trismus.
- b) Hematoma.
- c) Infection.
- d) Facial palsy.
- e) Blanching of the area.

Key: b

Reference: Geoffrey Local anesthesia

Q-37: Disto buccal root of upper 1st molar is supplied by:

- a) Middle superior alveolar nerve.
- b) Posterior superior alveolar nerve.
- c) Infra orbital nerve.
- d) Mental nerve.
- e) Buccal nerve.

Key: b

Reference: Geoffrey Local anesthesia

Q-38: Which of 2 nerves blocked when injection is given in pterygo mandibular space?

- a) Buccal & lingual nerve.
- b) Lingual & inferior alveolar nerve.
- c) Buccal & inferior alveolar nerve.
- d) Buccal nerve & infra orbital nerve.
- e) Inferior alveolar & posterior superior alveolar nerve.

Key: b

Reference: Peterson Principles of uncomplicated exodontias

Q-39: One of the common side effects of Dilantin sodium therapy seen in oral cavity is:

- a) Stains on teeth.
- b) Hairy tongue.
- c) Gingival hyperplasia.
- d) Gingival recession.
- e) Mucosal ulceration.

Key: c

Reference: Peterson Prevention & management of medical emergencies

Q-40: Blanching at the site of injection is caused by:

- a) Increased tissue tension.
- b) Local effects of reducing agent in LA solution.
- c) Decreased tissue tension.
- d) Infection at the site of injection.
- e) Warm LA solution.

Key: a

Reference: Geoffrey Local anesthesia

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Q-41: Most common complication after tooth extraction is:

- a) Bleeding.
- b) Alveolar osteitis.
- c) Condensing osteitis.
- d) Infection.
- e) Swelling.

Key: b

Reference: Peterson Prevention & management of surgical Complication

Q-42: Technique of anesthesia in which local anesthetic solution is injected into the vein is:

- a) Nerve block.
- b) Infiltration anesthesia.
- c) Intra venous regional anesthesia.
- d) Epidural anesthesia.
- e) No such technique exists.

Key: c

Reference: Geoffrey Local anesthesia

Q-43: Most common complication of rheumatoid arthritis involving TMJ is:

- a) Ankylosis.
- b) Subluxation.
- c) Osteoma of condyle.
- d) Recurrent dislocation.
- e) TMJ pain dysfunction syndrome.

Key: a

Reference: Kruger Diseases of TMJ

Q-44: Local anesthetic solution with highest tissue irritancy is:

- a) Procaine.
- b) Lignocaine.
- c) Bupivacaine.
- d) Mepivacaine.
- e) Chlorprocaine.

Key: c

Reference: Geoffrey Local anesthesia

Q-45: In case of multiple extractions, teeth that should be removed last are:

- a) 1st molar & canine.
- b) 2nd molar & canine.
- c) 1st & 2nd molar.
- d) 2nd molar & 1st premolar.
- e) 1st molar & 1st premolar.

Key: a

Reference: Peterson Principles of complicated exodontia