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 analgesics. 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
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 Factures 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
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
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.
   b) Biopsy.
   c) Cytology.
   d) Aspiration.
   e) 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
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 abscess 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
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
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
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
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) Chloroprocaine.
   **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