

BDS THIRD PROFESSIONAL EXAMINATION 2007
PERIODONTOLOGY (MCQs)
Model Paper

Total No. of MCQs 45

Marks: 45

Time 45 minutes

01. In CPITN:

- a. The dentition is divided into five segments.
- b. Pocketing of 4-5 mm, that is, when the gingival margin is on the clear area is code no. 3.
- c. Pocketing of 6mm or more, that is when the gingival margin is on the black area of the probe is code no. 4.
- d. For appropriate treatment plan code 2 requires improvement in home care.
- e. For appropriate treatment plan code 3 require supra and subgingival scaling and improvement in home care.

Key: e

Topic Specification: Epidemiology

Reference: Periodontics by Eley & Manson 5th Ed.

02. U.S. food and drug administration for the adjunctive therapy of periodontitis has approved doxycycline hyclate:

- a. Available as 100mg capsule for use twice daily.
- b. Available as 20mg capsule for use twice daily.
- c. Available 200mg capsule for use twice daily.
- d. Available as 40mg capsule for use twice daily.
- e. Available as 20mg capsule for once daily use.

Key: b

Topic Specification: Chemotherapeutics in Periodontology.

Reference: Carranza's Clinical Peridontology 10th Ed.

03. Root planning is:

- a. Removal of material Alba and stains from root surface.
- b. Removal of soft tissue wall of the periodontal pocket.
- c. Removal of calculus & plaque from root surface.
- d. Removal of food debris from tooth surface.
- e. Removal of diseased cementum along with other root deposits.

Key: e

Topic Specification: Periodontal Instrumentation

Reference: Carranza's Clinical Peridontology 10th Ed.

04. Greater occlusal pressure on the periodontium produces:

- a. Increased resorption of alveolar bone and formation of cementum.
- b. A gradation of changes in periodontal ligament starting with tension of fibers which produce areas of fibrosis.
- c. Injury to fibroblasts and other connective tissue cells lead to necrosis of areas of the ligament.
- d. Disintegration of blood vessels within 30 minutes.
- e. Disintegration of blood vessels within 05 minutes.

Key: c

Topic Specification: Periodontal Diseases: Trauma from Occlusion.

Reference: Carranza's Clinical Peridontology 10th Ed.

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- 05. Endocarditis prophylaxis is recommended in:**
- a. Mitral valve prolapse without valvular regurgitation.
 - b. Previous coronary artery bypass graft surgery
 - c. Cardiac pacemakes.
 - d. Implanted defibrillators.
 - e. Tetralogy of Fallot.

Key: e

Topic Specification: Periodontal Therapy for Medically Compromised.

Reference: Carranza's Clinical Peridontology 10th Ed.

- 06. The mobility of the teeth is graded 3 if:**
- a. The mobility is 1mm.
 - b. The mobility is less than 1mm.
 - c. The mobility is in apicoocclusal direction and 1mm in labiolingual direction.
 - d. The mobility is in apicoocclusal direction and mobility is less than 1mm in labio-lingual direction.
 - e. The mobility is in apicoocclusal direction and mobility in labio-lingual direction is more than 2mm.

Key: e

Topic Specification: Periodontal Diagnosis.

Reference: Carranza's Clinical Peridontology 10th Ed.

- 07. The wavelength of the CO₂ laser used for gingivectomy is:**
- a. 10,600nm.
 - b. 1064nm.
 - c. 10nm.
 - d. 100nm.
 - e. 500nm.

Key: a

Topic Specification: Periodontal Surgery Gingivectomy

Reference: Carranza's Clinical Peridontology 10th Ed.

- 08. Localized aggressive periodontitis is best treated in early stage by:**
- a. Tetracycline 250mg 4 times daily for fourteen days.
 - b. Tetracycline 250mg once daily for 7 days.
 - c. Tetracycline 250mg twice daily for 7 days.
 - d. Tetracycline 250mg 4 times daily for 3 days.
 - e. Tetracycline 250mg 4 times daily for 5 days.

Key: a

Topic Specification: Periodontal Therapy.

Reference: Carranza's Clinical Peridontology 10th Ed.

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09. Furcation involvement is measured by:

- a. WHO probe.
- b. CPITN probe.
- c. Naber's probe.
- d. Michigan "O" probe.
- e. Periodontal explorer.

Key: c

Topic Specification: Furcation Involvement.

Reference: Carranza's Clinical Peridontology 10th Ed.

10. Classically the epithelial rete ridges show a saw tooth appearance, hyperkeratosis or parakeratosis, hydropic degeneration of basal layer and a dense band like infiltrate of Tlymphocytes microscopically in:

- a. Pemphigus.
- b. Pemphigoid.
- c. Linear IgA disease.
- d. Lichen planus.
- e. Chronic ulcerative stomatitis.

Key: d

Topic Specification: Periodontal Diseases: Desquamative Gingivitis

Reference: Carranza's Clinical Peridontology 10th Ed.

11. Vincent's angina is a fusospirochetal infection of:

- a. Marginal gingival.
- b. Oropharynx and throat.
- c. Heart.
- d. Larynx and colon.
- e. Middle ear and small intestine.

Key: b

Topic Specification: Periodontal Diseases: Acute Gingival Infections, Differential Diagnosis of Anug.

Reference: Carranza's Clinical Peridontology 10th Ed.

12. The bacteria detected in localized aggressive periodontitis are:

- a. Borrelia vincenti, medium size spirochetes.
- b. Fusiformis, Tanerella forsythus.
- c. Actinobacillus actinomycetemcomitans, capnocytophaga Spp., Eikenella corrodens, campylobacter rectus, prevotella intermedia.
- d. Mycoplasma, capnocytophaga sputigena, spirocheles.
- e. Treponema denticola, fusobacterium nucleatum, C. rectus, Actinobacillus Actinomycetem comitans.

Key: c

Topic Specification: Periodontal Diseases: Aggressive Periodontitis.

Reference: Carranza's Clinical Peridontology 10th Ed.

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13. Acute periodontal abscess is treated by:

- a. Gingivoplasty.
- b. Gingivectomy.
- c. Periodontal flap procedure.
- d. Antibiotics.
- e. Drainage through the gingival sulcus or by an external incision.

Key: e

Topic Specification: Periodontal Diseases: Gingival Enlargements, Periodontal Abscess.

Reference: Carranza's Clinical Periodontology 10th Ed.

14. Tumor metastasing to gingiva is/are:

- a. Papilloma.
- b. Central giant cell carcinoma of the jaw.
- c. Fibroma.
- d. Lipoma.
- e. Adenocarcinoma of colon, renal cell carcinoma, hypernephroma, lung carcinoma.

Key: e

Topic Specification: Periodontal Diseases: Gingival Enlargement.

Reference: Carranza's Clinical Periodontology 10th Ed.

15. Periodontal destruction is considered moderate when:

- a. 3-4mm of clinical attachment loss has occurred in chronic periodontitis.
- b. 1-2mm of clinical attachment loss has occurred in chronic periodontitis.
- c. 5mm or more of clinical attachment loss has occurred in chronic periodontitis.
- d. 0-1mm of clinical attachment loss has occurred.
- e. 0.5-0.9mm of clinical attachment loss has occurred in chronic periodontitis.

Key: a

Topic Specification: Periodontal Diseases: Chronic Periodontitis.

Reference: Carranza's Clinical Periodontology 10th Ed.

16. Primary endodontic lesion requires:

- a. Minor periodontal treatment only.
- b. Periodontal surgical treatment only.
- c. A combined periodontal and endodontic treatment.
- d. Endodontic treatment only.
- e. A periodontal flap procedure.

Key: d

Topic Specification: Periodontal Diseases: Endo-Perio Lesions.

Reference: Carranza's Clinical Periodontology 10th Ed.

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17. False gingival enlargement is caused by:

- a. Underlying drug induced gingival enlargement.
- b. Underlying inflammation of periodontal ligament.
- c. Underlying dental and osseous structures.
- d. By epulis.
- e. Sarcoidosis.

Key: c

Topic Specification: Periodontal Diseases: Gingival Enlargement.

Reference: Carranza's Clinical Peridontology 10th Ed.

18. Hypophosphatasia is characterized by:

- a. High level of serum alkaline phosphatase and phosphoethanolamine.
- b. Low level of serum alkaline phosphatase and high level of phosphoethanolamine.
- c. Low level of serum alkaline phosphatase and low level of phosphoethanolamine.
- d. High level of alkaline phosphatase and low level of phosphoethanolamine.
- e. Low level of acid phosphatase and alkaline phosphatase.

Key: c

Topic Specification: Periodontal Diseases: Systemic Diseases with Periodontal Manifestation.

Reference: Carranza's Clinical Peridontology 10th Ed.

19. Necrotising ulcerative periodontitis:

- a. Is associated with deep periodontal pockets.
- b. Is associated with a crater like depression at the tip of interdental papilla and vesicle formation.
- c. Is associated with a crater like interdental bony depression.
- d. Is not responsive to any therapy.
- e. Leads to gingival recession because of faulty tooth brushing.

Key: c

Topic Specification: Periodontal Diseases: Necrotising Ulcerative Periodontitis.

Reference: Carranza's Clinical Peridontology 10th Ed.

20. Subclinical gingivitis is:

- a. Characterized by vascular proliferation.
- b. Characterized by predominantly lymphocytes microscopically.
- c. Characterized by predominantly plasma cells microscopically.
- d. Characterized by erythema, bleeding on probing.
- e. Characterized by increased crevicular fluid flow and infiltration of sulcular and junctional epithelium by polymorphonuclear leukocytes.

Key: e

Topic Specification: Periodontal Pathogenesis: Gingival Inflammation.

Reference: Carranza's Clinical Peridontology 10th Ed.

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21. The amount of gingival crevicular fluid is:

- a. Decreased when inflammation is present.
- b. Increase by trauma from occlusion.
- c. Decreased by mastication of coarse foods and smoking.
- d. Decreased by ovulation and hormonal contraceptives.
- e. Increased by tooth brushing and gingival massage.

Key: e

Topic Specification: Periodontal Diseases: Defense Mechanisms of Gingiva: GCF

Reference: Carranza's Clinical Peridontology 10th Ed.

22. Dentogingival unit:

- a. Is sulcular epithelium and gingival fibers.
- b. Is junctional epithelium and gingival fibers.
- c. Is sulcular epithelium and periodontal fibers.
- d. Is junctional epithelium and periodontal fibers.
- e. Is oral epithelium and gingival fibers.

Key: b

Topic Specification: Periodontium in Health.

Reference: Carranza's Clinical Peridontology 10th Ed.

23. Transseptal fibers extend:

- a. Obliquely from the cementum just beneath the junctional epithelium to the alveolar crest.
- b. From the cementum in a coronal direction obliquely to the bone.
- c. From the cementum to cementum in the furcation areas of the multirrooted teeth.
- d. Interproximally over the alveolar crest and are embedded in cementum of adjacent teeth.
- e. At right angles to the long axis of the tooth from cementum to the alveolar bone.

Key: d

Topic Specification: Periodontium in Health

Reference: Carranza's Clinical Peridontology 10th Ed.

24. The growth of porphyromonas gingivalis is enhanced by metabolic by products:

- a. Succinate from campylobacter rectus.
- b. Protoheme from capnocytophaga.
- c. Protoheme from campylobacter rectus.
- d. Succinate from veillonella.
- e. Protoheme from fusobacterium.

Key: c

Topic Specification: Etiology of Periodontal Diseases: Periodontal Microbiology: Metabolic Interactions of Plaque Bacteria.

Reference: Carranza's Clinical Peridontology 10th Ed.

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25. Leukemic gingival enlargement:

- a. Occurs in edentulous areas.
- b. Occurs in chronic leukemia.
- c. Occurs by abnormal accumulation of leukemia cells in dermal and subcutaneous connective tissue.
- d. Occurs by dense cellular accumulation in papillary layer of connective tissue.
- e. Occurs by dense cellular accumulation in reticular layer of connective tissue.

Key: e

Topic Specification: Etiology of Periodontal Diseases: Systemic Factors

Reference: Carranza's Clinical Periodontology 10th Ed.

26. A linear (Burtonian line) steel gray gingival pigmentation associated with local inflammation occurs in:

- a. Bismuth intoxication.
- b. Lead intoxication.
- c. Mercury intoxication.
- d. Arsenic intoxication.
- e. Chromium intoxication.

Key: b

Topic Specification: Etiology of Periodontal Diseases: Systemic Factors.

Reference: Carranza's Clinical Periodontology 10th Ed.

27. The initial colonisers in the dental plaque are:

- a. Fusobacterium nucleatum, Prevotella intermedia.
- b. Capnocytophaga species, Campylobacter rectus.
- c. Tannerella forsythus, Bacterionema maturochottii.
- d. Streptococcus sanguis, Actinomyces viscosus.
- e. Eikenella corrodens, Actinobacillus actinomycetem comitans.

Key: d

Topic Specification: Etiology of Periodontal Disease: Periodontal Microbiology.

Reference: Carranza's Clinical Periodontology 10th Ed.

28. A forcibly embedded tooth brush bristle may be retained in the gingival and cause:

- a. Gingival recession.
- b. Periodontal pocket.
- c. Attachment loss.
- d. Bone loss.
- e. Gingival abscess.

Key: e

Topic Specification: Etiology of Periodontal Diseases: Local Factors.

Reference: Carranza's Clinical Periodontology 10th Ed.

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29. Vitamin B deficiency results in:

- a. Deep periodontal pockets.
- b. Hemorrhagic diathesis in the gingival.
- c. Loss of lamina dura.
- d. Glossitis, glossodynia, gingivitis, inflammation of entire oral mucosa.
- e. Accelerated gingival wound healing.

Key: d

Topic Specification: Etiology of Periodontal Diseases: Systemic Factors: Nutritional Factors.

Reference: Carranza's Clinical Periodontology 10th Ed.

30. There is partial or complete loss of lamina dura in:

- a. Hypoparathyroidism.
- b. Hyperparathyroidism.
- c. Beri beri.
- d. Pellagra.
- e. Hypervitaminosis D.

Key: b

Topic Specification: Etiology of Periodontal Diseases: Systemic Factors.

Reference: Carranza's Clinical Periodontology 10th Ed.

31. Mineralization of plaque may start intracellularly in:

- a. Streptococcus sanguis and actinomyces viscosus species.
- b. Porphyromonas gingivalis and Prevotella intermedia species.
- c. Diptheroids, bacterionema, veillonella species.
- d. Borrelia vincenti and actinobacillus actinoemycetum comitans.
- e. Capnocytophaga and campylobacter rectus and tennerella forsythus.

Key: c

Topic Specification: Etiology of Periodontal Diseases: Dental Calculus.

Reference: Carranza's Clinical Periodontology 10th Ed.

32. Severe generalized periodontitis have been reported in:

- a. Tetralogy of fallot.
- b. Tetralogy of Eisenmenger.
- c. Initial lesion.
- d. Early lesion.
- e. Vitamin A deficiency.

Key: b

Topic Specification: Periodontal Etiology: Systemic Factors.

Reference: Carranza's Clinical Periodontology 10th Ed.

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- 33. Mineral precipitation results from a local rise in the degree of saturation of calcium and phosphate ions because:**
- A decrease in the pH of the saliva cause precipitation of calcium and phosphate ions.
 - An increase in the pH of the saliva cause precipitation of calcium and phosphate ions by lowering of precipitation constant.
 - A decrease in pH of saliva lowers precipitation constant leading to precipitation of calcium and phosphate ion.
 - An increase in the pH of saliva increases precipitation constant leading to precipitation of calcium and phosphate ions.
 - An increase in the pH of saliva with no effect on precipitation constant.

Key: b

Topic Specification: Etiology of Periodontal Diseases: Dental Calculus.

Reference: Carranza's Clinical Peridontology 10th Ed.

- 34. The incidence of lingual recession and pocket formation and radiographic evidence of bone loss among subjects with a mean age of 22 years who wore lingual "barbells" for 2 years or more according to campbell et al is:**
- 97%.
 - 50%.
 - 62%.
 - 10%.
 - 5%.

Key: b

Topic Specification: Etiology of Periodontal Diseases: Local Factors: Oral Jewelry.

Reference: Carranza's Clinical Peridontology 10th Ed.

- 35. Non eugenol periodontal dressing:**
- The retention is by chemically interlocking in the interdental areas.
 - Contact allergy to eugenol has been reported.
 - There is asbestos.
 - Is placed for two weeks.
 - Is placed for one week.

Key: e

Topic Specification: Periodontal Surgery: Periodonatal Dressing.

Reference: Carranza's Clinical Peridontology 10th Ed.

- 36. Synthetic resorbable suturing materials in periodontal surgery is:**
- Polyglycolic.
 - Expanded polytetra fluoroethylene.
 - Nylon.
 - Polyester.
 - Chromic gut.

Key: a

Topic Specification: Periodontal Surgery: Suturing Materials.

Reference: Carranza's Clinical Peridontology 10th Ed.

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37. Excisional new attachment procedure involves:

- a. A periodontal flap.
- b. A free gingival graft.
- c. A regenerative osseous procedure.
- d. Root planning.
- e. Internal bevel incision from the margin of the free gingiva apically to point below bottom of pocket.

Key: e

Topic Specification: Periodontal Surgery.

Reference: Carranza's Clinical Peridontology 10th Ed.

38. Non bone graft materials used in periodontal surgery include:

- a. Cartilage, cementum, xenograft.
- b. Dentin, plaster of paris, allografts.
- c. Ceramics, coral derived materials, autografts.
- d. Cartilage, sclera, dura, dentin, cementum.
- e. Xenografts, dentin

Key: d

Topic Specification: Periodontal Surgery: Osseous Surgery

Reference: Carranza's Clinical Peridontology 10th Ed.

39. Papilla preservation flap:

- a. Is a conventional flap procedures.
- b. Is used when narrow interdental spaces are present.
- c. Is used for teeth with wide interdental spaces.
- d. Is a partial thickness flap.
- e. Is a apically displaced flap.

Key: c

Topic Specification: Periodontal Surgery: Periodontal Flap.

Reference: Carranza's Clinical Peridontology 10th Ed.

40. Guided tissue regeneration involves:

- a. Formation of cementum with recession of gingiva.
- b. Epithelial migration on the cementum surface.
- c. Biomend, a bovine achille's tendon collagen that resorbs in 4-18 weeks.
- d. A resective osseous procedure.
- e. Atrisorb a polyglycolic acid gel.

Key: c

Topic Specification: Periodontal Surgery: Guided Tissue Regeneration.

Reference: Carranza's Clinical Peridontology 10th Ed.

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41. Average human biologic width is:

- a. 3mm.
- b. 2mm.
- c. 4mm.
- d. 1mm.
- e. 0.5mm.

Key: b

Topic Specification: Restorative-Periodontal Interactions.

Reference: Carranza's Clinical Periodontology 10th Ed.

42. Löe et al found the rate of bone loss to average about:

- a. 0.2mm a year for facial surfaces and about 0.3mm a year for proximal surfaces.
- b. 0.3mm a year for facial surfaces and about 0.2mm a year for proximal surfaces.
- c. 0.5mm a year for facial surfaces and about 0.05mm a year for proximal surfaces.
- d. 0.1mm a year for facial surfaces and about 1.00mm a year for proximal surfaces.
- e. 0.5mm a year for facial surfaces and about 1.5mm a year for proximal surfaces.

Key: a

Topic Specification: Periodontal Pathogenesis: Bone Loss & Pattern's of Bone Loss.

Reference: Carranza's Clinical Periodontology 10th Ed.

43. The distance between the apical extent of the calculus and alveolar crest in human periodontal pockets is:

- a. 0.2mm.
- b. 3mm.
- c. 1.97mm (=33.16%).
- d. 4mm.
- e. 0.02mm.

Key: c

Topic Specification: Periodontal Pathogenesis: Periodontal Pocket.

Reference: Carranza's Clinical Periodontology 10th Ed.

44. Horizontal bone loss is present in:

- a. Localized aggressive periodontitis.
- b. Generalized aggressive periodontitis.
- c. Infrabony pockets.
- d. Chronic periodontitis.
- e. Acute necrotizing ulcerative gingivitis.

Key: d

Topic Specification: Periodontal Pathogenesis: Bone Loss 7 Patterns of Bone Loss.

Reference: Carranza's Clinical Periodontology 10th Ed.

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45. **Regional lymphnode enlargement is present in:**
- a. Acute pericronitis.
 - b. Lichen planus.
 - c. Pemphigoid.
 - d. Pemphigus vulgaris.
 - e. Chronic ulcerative stomatitis.

Key: a

Topic Specification: Periodontal Diseases.

Reference: Carranza's Clinical Peridontology 10th Ed.