

Federal State Budgetary Educational Institution of Higher Education
"Privolzhsky Research Medical University"
Ministry of Health of the Russian Federation

BANK OF ASSESSMENT TOOLS FOR DISCIPLINE

ORAL SURGERY

Training program (specialty): 31.05.03 DENTISTRY
Department: ORAL AND MAXILLOFACIAL SURGERY
Mode of study FULL-TIME

Nizhniy Novgorod
2021

1. Bank of assessment tools for the current monitoring of academic performance, mid-term assessment of students in the discipline

This Bank of Assessment Tools (BAT) for the discipline "Oral Surgery" is an integral appendix to the working program of the discipline "Oral Surgery". All the details of the approval submitted in the WPD for this discipline apply to this BAT.

(Banks of assessment tools allow us to evaluate the achievement of the planned results stated in the educational program.

Assessment tools are a bank of control tasks, as well as a description of forms and procedures designed to determine the quality of mastering study material by students.)

2. List of assessment tools

The following assessment tools are used to determine the quality of mastering the academic material by students in the discipline/ practice:

No.	Assessment tool	Brief description of the assessment tool	Presentation of the assessment tool in the BAT
1	Test	A system of standardized tasks that allows you to automate the procedure of measuring the level of knowledge and skills of a student	Bank of test tasks
2	Situational tasks	A method of control that allows you to assess the criticality of thinking and the degree of the material comprehension, the ability to apply theoretical knowledge in practice.	List of tasks

3. A list of competencies indicating the stages of their formation in the process of mastering the educational program and the types of evaluation tools

Code and formulation of competence	Stage of competence formation	Controlled sections of the discipline	Assessment tools
UC-1 Ability to abstract thinking, analysis, synthesis	Current Mid-term	Section 1 <i>The department of surgical dentistry.</i> Section 13 <i>History, current status and prospects of dental implantology.</i>	<i>Test</i> <i>Situational tasks</i>
GPC-6 Willingness to conduct medical documentation	Current Mid-term	Section 1 <i>The department of surgical dentistry.</i>	<i>Test</i> <i>Situational tasks</i>
PC-5 To collect complaints, anamnesis of the patient's life and illness, results of the pathological and anatomical	Current Mid-term	Section 1 <i>The department of surgical dentistry.</i> Section 10 <i>Classification of periodontal diseases. The examination of a patient with periodontal diseases.</i> <i>Additional diagnostic methods.</i> <i>Emergency conditions in periodontal diseases.</i>	<i>Test</i> <i>Situational tasks</i>

<p>examination for the recognition of states or establishing the presence or absence of dental disease</p>		<p>Section 13 <i>History, current status and prospects of dental implantology.</i> Section 14 <i>Indications and contraindications (limitations) of dental rehabilitation with dental implants.</i> <i>Implant diagnosis and planning instrumentation, medical perioperative support.</i> Section 16 <i>Diseases and injuries of the maxillofacial nerves</i></p>	
<p>PC-6 The identification of a patient's of pathological conditions, symptoms, syndromes of dental diseases, nosological forms according to the ICD-10 and the related health problems</p>	<p>Current Mid-term</p>	<p>Section 1 <i>The department of surgical dentistry.</i> Section 3 <i>Teething diseases.</i> Section 4 <i>Odontogenic inflammatory diseases of the jaw (periodontitis, periostitis, odontogenic osteomyelitis).</i> Section 5 <i>The odontogenic maxillary sinusitis. Perforation and fistula of the maxillary.</i> Section 6 <i>Adenopathy of the face and neck.</i> Section 7 <i>Specific inflammatory process (actinomycosis, tuberculosis, syphilis, HIV-infection).</i> Section 8 <i>Facial anthrax and furuncle. Erysipelatous inflammation.</i> Section 9 <i>Diseases of the salivary glands.</i> Section 10 <i>Classification of periodontal diseases. The examination of a patient with periodontal diseases. Additional diagnostic methods. Emergency conditions in periodontal diseases.</i> Section 11 <i>The main method of surgery periodontal treatment. The auxiliary periodontal operations. Tooth preservation.</i> Section 16 <i>Diseases and injuries of the maxillofacial nerves</i></p>	<p>Test Situational tasks</p>
<p>PC-8 Determine the algorithm for managing patients with different dental diseases</p>	<p>Current Mid-term</p>	<p>Section 2 <i>Tooth extraction surgery.</i> Section 3 <i>Teething diseases.</i> Section 4 <i>Odontogenic inflammatory diseases of the jaw (periodontitis, periostitis, odontogenic osteomyelitis).</i> Section 5 <i>The odontogenic maxillary sinusitis. Perforation and fistula of the maxillary.</i> Section 6 <i>Adenopathy of the face and neck.</i> Section 7 <i>Specific inflammatory process (actinomycosis, tuberculosis, syphilis, HIV-infection).</i> Section 8 <i>Facial anthrax and furuncle. Erysipelatous inflammation.</i> Section 9 <i>Diseases of the salivary glands.</i> Section 10 <i>Classification of periodontal</i></p>	<p>Test Situational tasks</p>

		<p>diseases. The examination of a patient with periodontal diseases. Additional diagnostic methods. Emergency conditions in periodontal diseases. Section 11 The main method of surgery periodontal treatment. The auxiliary periodontal operations. Tooth preservation. Section 14 Indications and contraindications (limitations) of dental rehabilitation with dental implants. Implant diagnosis and planning instrumentation, medical perioperative support. Section 15 Methods of dental implantation. Prevention and treatment of dental implantation complications. Section 16 Diseases and injuries of the maxillofacial nerves</p>	
<p>PC-9 Willingness to manage and treat patients with dental diseases in outpatient and day-care settings</p>	<p>Current Mid-term</p>	<p>Section 2 Tooth extraction surgery. Section 3 Teething diseases. Section 4 Odontogenic inflammatory diseases of the jaw (periodontitis, periostitis, odontogenic osteomyelitis). Section 5 The odontogenic maxillary sinusitis. Perforation and fistula of the maxillary. Section 6 Adenopathy of the face and neck. Section 7 Specific inflammatory process (actinomycosis, tuberculosis, syphilis, HIV-infection). Section 8 Facial anthrax and furuncle. Erysipelatous inflammation. Section 9 Diseases of the salivary glands. Section 10 Classification of periodontal diseases. The examination of a patient with periodontal diseases. Additional diagnostic methods. Emergency conditions in periodontal diseases. Section 11 The main method of surgery periodontal treatment. The auxiliary periodontal operations. Tooth preservation. Section 12 Directed periodontal tissue regeneration, osteoplastic materials in periodontology. Section 15 Methods of dental implantation. Prevention and treatment of dental implantation complications.</p>	<p>Test Situational tasks</p>

4. The content of the assessment tools of entry, current control

Current control is carried out by the discipline teacher when conducting classes in the form of: *Test, situational tasks.*

Test

1. INDICATIONS FOR TOOTH EXTRACTION ARE:

1. **Chronic periodontitis without opportunity to treat of root canals**
2. Acute inflammation
3. Gangrenous pulpitis, caries
4. Pain in the lower jaw
5. Injury of the tooth crown
6. Radicular cyst

2. THE FEATURES OF THE PREPARATION OF A PATIENT WITH CARDIOVASCULAR DISEASES ARE:

1. In consultation with a neurologist
2. In general and clinical analyses
3. **In consultation with a cardiologist, electrocardiogram, premedication, clinical tests**
4. In psychological training
5. In blood transfusion

3. ALVEOLITIS TREATMENT METHODS INCLUDE:

1. Curettage of the socket
2. **Curettage of the well, washing with antiseptics and loose tamponade of the socket**
3. Tight tamponade of the socket
4. Washing the socket with antiseptics and tamponade
5. Physical therapy

4. THE MAIN TYPE OF ANESTHESIA USED DURING TOOTH EXTRACTION SURGERY IS:

1. **Local**
2. General
3. Combined
4. Neuroleptanalgesia
5. Mask general anesthesia

5. THE LOWER JAW IS INNERVATED BY A BRANCH OF THE TRIGEMINAL NERVE:

1. I
2. II
3. **III**

6. DURING ANESTHESIA OF THE LINGUAL NERVE, A NEEDLE INJECTION IS MADE IN THE AREA OF:

1. The first molar
2. The second molar
3. **The third molar**
4. The canine
5. The second premolar

7. WITH INTRAPULPAR ANESTHESIA, THE ANESTHETISED ZONE IS:

1. Teeth
2. The whole half of the jaw
3. The mucous membrane of the jaw

4. Tooth pulp

5. Periosteum

8. FAINTING IS:

1. Manifestation of vascular insufficiency with preservation of consciousness

2. Allergic reaction to the antigen

3. Loss of consciousness with lack of muscle tone

4. Manifestation of vascular insufficiency

5. Delayed allergic reaction

9. A POSSIBLE COMPLICATION THAT OCCURS DURING TOOTH EXTRACTION IS:

1. Mumps

2. Fracture of the upper jaw tuber

3. Trigeminal neuralgia

4. Arthritis of the temporomandibular joint

5. Ankylosis of the temporomandibular joint

10. ANGLED FORCEPS WITH GAP ARE USED TO REMOVE:

1. roots 3.1, 3.2, 4.1, 4.2

2. 2.8, 1.8

3. 1.6, 1.7, 2.6, 2.7

4. 3.6, 3.7, 4.6, 4.8

5. roots 3.8, 4.8

11. TO REMOVE THE ROOTS OF THE TEETH OF THE UPPER JAW, FORCEPS ARE USED:

1. Angled forceps without gap

2. S-shaped forceps with a thorn

3. Angled forceps with gap

4. Horizontal

5. Bayonet forceps

12. THE MOST COMMON LOCALIZATION OF A FRACTURE OF THE LOWER JAW DURING TRAUMATIC TOOTH EXTRACTION IS:

1. The alveolar part

2. Jaw body

3. Condyle process

4. Angle of the lower jaw

13. FIRST AID FOR DISLOCATION OF THE LOWER JAW DURING TOOTH EXTRACTION:

1. Application of a bandage

2. Reduction of dislocation, imposition of a bandage

3. Reduction of dislocation

4. Anesthesia, imposition of a bandage

5. Admit the patient to the hospital

14. IF A PATIENT IS SUSPECTED OF DEVELOPING ANAPHYLACTIC SHOCK TO THE INJECTED ANESTHETIC, THE THERAPY SHOULD INCLUDE THE FOLLOWING DRUGS:

1. Analeptics

2. Hormonal

3. Antihistamines

4. Antihistamines and analeptics

5. Antihistamines and hormones

6. Antihistamines, analeptics and hormonal

15. THE CAUSE OF RECURRENCE OF THE RADICULAR CYST OF THE JAW AFTER CYSTECTOMY IS:

1. Hematoma

2. Duration of cyst existence

3. Postoperative wound inflammation

4. The cyst sac is not completely removed

16. THE CAUSE OF THE DEVELOPMENT OF ACUTE ODONTOGENIC OSTEOMYELITIS OF THE JAWS IS:

1. Acute mumps

2. Fracture of the jaw

3. Acute lymphadenitis

4. Reduced reactivity of the body

5. Injury with a poorly made prosthesis

17. IN CASE OF PERFORATION OF THE FLOOR OF THE MAXILLARY SINUS AFTER TOOTH EXTRACTION AND THE ABSENCE OF INFLAMMATORY PHENOMENA IN IT, IT IS NECESSARY TO:

1. Perform an maxillary sinusotomy

2. Dynamic observation

3. Rinse the sinus with antiseptic

4. Close the perforation hole with a flap from the cheek

5. Tampon the hole with iodoform turunda

18. THE CAUSE OF PERIOSTITIS IS:

1. Alveolitis

2. Contusion of the soft tissues of the face

3. Fibroma of the alveolar process

4. Exacerbation of chronic sinusitis

5. Fracture of the condylar process of the lower jaw

19. ODONTOGENIC OSTEOMYELITIS IS:

1. Inflammatory process in cellular spaces

2. The inflammatory process in the periodontium

3. Infectious, purulent-necrotic process in the jaw

4. Infectious and inflammatory process in the periodontium with spread to the periosteum

5. Infectious and inflammatory process in the tooth pulp

20. THE REASON OF THE DEVELOPMENT OF TRAUMATIC OSTEOMYELITIS OF THE JAWS IS:

1. The age of the patient

2. Acute lymphadenitis

3. Unsatisfactory immobilization of fragments

4. Injury with a poorly made prosthesis

5. The force and direction of the damaging factor

21. WITH PERIOSTITIS, THE PURULENT PROCESS IS LOCALIZED UNDER:

1. Skin

2. Muscle

3. Periosteum

4. The outer cortical plate of the jaw

5. The mucous membrane of the alveolar process

22. AN ADDITIONAL METHOD OF TREATMENT BEFORE SEQUESTRECTOMY SURGERY FOR CHRONIC OSTEOMYELITIS IS:

1. Cryotherapy
- 2. HBO therapy**
3. Chemotherapy
4. X-ray therapy
5. Electrocoagulation

23. THE CAUSE OF THE DEVELOPMENT OF ACUTE PURULENT PERIOSTITIS OF THE JAW IS:

1. Exacerbation of maxillary sinusitis
- 2. Exacerbation of chronic periodontitis**
3. Radicular cyst
4. Acute pulpitis
5. Exostosis

24. A LOCAL COMPLICATION OF DIFFICULT ERUPTION OF THE THIRD MOLAR IS:

1. Neuralgia
2. Microstome
3. Xerostomia
- 4. Pericoronitis**
5. Narrowing of the lower jaw

25. THE COMPLEX OF TREATMENT OF INFLAMMATORY PROCESSES OF MAXOLLO-FACIAL AREA INCLUDES:

1. Radiation therapy
2. Sedative therapy
3. Manual therapy
4. Hypotensive therapy
- 5. Antibacterial therapy**

26. THE COMPLEX OF TREATMENT OF ACUTE ODONTOGENIC OSTEOMYELITIS INCLUDES:

1. Radiation therapy
2. Sedative therapy
3. Manual therapy
- 4. Physical therapy**
5. Hypotensive therapy

27. WITH UNFAVORABLE TREATMENT OF ACUTE ODONTOGENIC OSTEOMYELITIS OF THE JAW, THE COMPLICATION IS:

1. Xerostomia
2. Salivary fistulas
3. Scar contracture
4. Facial nerve paralysis
- 5. Transition to a chronic form**

28. VINCENT'S SYMPTOM OCCURS WHEN:

1. Periostitis of the lower jaw
- 2. Osteomyelitis of the lower jaw**
3. Exacerbation of chronic periodontitis of the lower molars

4. Osteomyelitis of the upper jaw
5. Periostitis of the upper jaw

29. THE CLINICAL SIGN OF PERIOSTITIS IS:

1. Facial hematoma
2. Mobility of all teeth
3. Difficulty opening the mouth
4. Bulging of sublingual rollers
- 5. Hyperemia of the mucous membrane and edema along the transitional fold**

30. THE SURGICAL TREATMENT OF RADICULAR CYSTS OF THE JAWS IN THE AREA OF THE INFECTED TOOTH IS:

1. Application
2. Cannel sealing
3. Endodontal electrophoresis
- 4. Root apex resection**
5. Curettage of the gingival pocket

31. THE DIAGNOSIS OF CHRONIC ODONTOGENIC OSTEOMYELITIS OF THE JAW IS BASED ON

1. Patient complaints
2. Patient survey
3. Clinical data
- 4. Clinical and radiological picture**
5. Data from laboratory research methods

32. THE LOCAL COMPLICATION OF THE DIFFICULT ERUPTION OF THE THIRD MOLAR IS:

- 1. Trism**
2. Neuralgia
- Z. Microstoma
4. Xerostomia
5. Narrowing of the lower jaw

33. FOR THE TREATMENT OF ACUTE ODONTOGENIC OSTEOMYELITIS OF THE JAW, A DRUG WITH AN OSTEOTROPIC EFFECT IS USED:

1. Kanamycin
2. Ampicillin
- 3. Lincomycin**
4. Penicillin
5. Erythromycin

34. THE CAUSE OF THE DEVELOPMENT OF PERIOSTITIS IS:

- 1. Pericoronitis**
2. Contusion of the soft tissues of the face
3. Fibroma of the alveolar process
4. Exacerbation of chronic maxillary sinusitis

35. PERIOSTITIS OF THE JAWS MUST BE DIFFERENTIATED FROM:

1. Trism
2. Tooth fracture
3. Acute sialodochitis
4. Chronic maxillary sinusitis
- 5. Exacerbation of chronic periodontitis**

36. ESTABLISH THE CORRECT SEQUENCE OF STAGES OF THE UPPER LIP FRENULUM SURGERY:

- 1) anesthesia
 - 2) decortication of the compact plate of the alveolar process of the upper jaw
 - 3) incision of the mucous membrane of the upper lip and the formation of triangular flaps
 - 4) separation of the mucous membrane of the upper lip
 - 5) suturing
- 1, 4, 2, 3, 5**

37. OSSEOINTEGRATION IS

- 1) **direct structural and functional relationship between highly differentiated living bone and the surface of the supporting implant, detected at the level of light microscopy**
- 2) the body's reaction to the introduction of a foreign body consists in the formation of a fibrous capsule around it
- 3) the process of formation of connective tissue on the implant surface
- 4) the reaction of the bone to a foreign body that is encapsulated by a bone scar
- 5) reduction of the total volume of bone tissue

38. BIOINERT MATERIALS INCLUDE

- 1) stainless steel
- 2) chromocobalt alloys
- 3) **titanium, zirconium**
- 4) hydroxyapatite
- 5) silver-palladium alloys

39. THE CAUSE OF PARESTHESIA OF THE LOWER LIP AFTER IMPLANTATION ON THE LOWER JAW MAY BE:

- 1) injury of the inferior alveolar nerve during the formation of the implant bed
- 2) compression of the nerve trunk with an installed implant
- 3) injectable injury of the nerve trunk
- 4) injury of the chin nerve with a retractor during an assistant work
- 5) all the listed factors

40. A PREREQUISITE FOR THE ALLOCATION OF OSTEOINDUCTIVE FACTORS IS:

- 1) bone demineralization and inhibitor activation
- 2) bone mineralization and inhibitor removal
- 3) bone mineralization and inhibitor activation
- 4) **bone demineralization and inhibitor removal**
- 5) bone regeneration and activator intensification

41. THE MAIN SYMPTOM OF TRIGEMINAL NEURALGIA:

- 1) Vincent's symptom
- 2) prolonged paresthesia
- 3) prolonged aching pains
- 4) short-term paresthesia
- 5) **severe short-term paroxysmal pains**

4.1. Tasks for the assessment of competence UC-1, GPC-6, PC-5, PC-6, PC-8, PC-9.

Task 1. The patient, 30 years old, complained of pain in the area of the removed 4.6 tooth. The tooth was removed three days ago, the pain radiates into the ear, into the temple. Bad breath. Status localis: the mucous membrane in the area of the removed 4.6 is hyperemic, edematous, the painful sharp edges of the socket are palpated. The socket is covered with a gray plaque.

Questions:

1. Make a diagnosis.
2. What are the causes of the complication?
3. The doctor's tactics for this complication. Is it possible to use intraligamental anesthesia in this case?
4. What methods of physiotherapy will you prescribe?

Task 2. The patient, 35 years old, complained about the mobility of 2.1, 2.3, 2.4 teeth, the presence of fistula with purulent discharge, subfebrile body temperature.

It is known from the anamnesis that a month ago, after hypothermia, severe pain appeared in the upper jaw area on the left and a sharp increase of body temperature. In the polyclinic at his place of residence an incision was made along the transitional fold of the upper jaw on the left and the destroyed tooth was removed, antibiotics were prescribed. General condition improved, the pain decreased. In the future, he did not go to the doctor, fistula passages in the area of 2.1, 2.2, 2.3, 2.4 appeared two weeks ago.

The condition is satisfactory. Body temperature 37.1 °. On palpation, the left submandibular lymph nodes are enlarged and slightly painful. Mouth opening is free. In the oral cavity: 2.1, 2.3, 2.4 teeth - 2-3 degrees of mobility, the mucous membrane of this area is slightly edematous, hyperemic, two fistulous passages with purulent discharge are determined by the transitional fold.

Questions:

1. Make a preliminary diagnosis.
2. What additional information is needed to make a final diagnosis? What additional examination should be carried out?
3. Make a differential diagnosis.
4. Describe a treatment plan

Task 3. A 35-year-old patient complained of sharp pains in her 2.4 tooth when biting, deterioration of general condition, body temperature 37.1 ° C. From the anamnesis, it was established that the tooth was treated two years ago for complicated caries.

Objectively: the configuration of the face has been changed due to a slight swelling of the left infraorbital region, 2.4 teeth under the filling, percussion is sharply painful, mobility of the 1st degree, the mucous membrane of the alveolar process on the vestibular side is hyperemic, painful when palpated from the vestibular side. On the X-Ray in the area of the root apex there is a bone destruction without clear boundaries of 0.3 X 0.4 cm, the root canals are sealed by 3/4.

Questions:

1. Make a diagnosis.
2. Make a treatment plan for the patient.
3. Name the options for local anesthesia in the treatment of this patient.

Task 4. The patient, 30 years old, complained about the presence of a fistula in the area of the alveolar process from the vestibular side at the level of the apex of the root 2.2. The tooth has not been previously treated.

Objectively: 2.2 the tooth is changed in color, the percussion is painless. X-ray examination in the area of the tip of the root of the 2.2 tooth determines bone destruction tissue without clear boundaries in the form of "flames" with a diameter of 0.7 cm.

Questions:

1. Make a diagnosis.
2. Make a treatment plan for 22 teeth, specify possible options for surgical treatment
3. What methods of anesthesia are indicated in this case?
4. Name the local anesthetics, the use of which is indicated in this case
5. What modern osteoplastic materials do you know?

Task 5. The patient, 48 years old, complained of the presence of a destroyed 2.7, nasal congestion, heaviness when tilting the head in the maxillary sinus area on the left.

Objectively: there is a destroyed crown part of the 2.7 tooth, X-ray examination determines the bone destruction at the apex of the distal buccal root of the 2.7 tooth with clear contours, 7 mm in diameter. Under infiltration anesthesia, the roots of 2.7 teeth were removed, during the revision of the socket, a perforation with the maxillary sinus on the left was found, abundant purulent discharge was noted from the socket.

Questions:

1. Make a diagnosis.
2. What symptoms of perforation of the floor of the maxillary sinus do you know?
3. How to diagnose clinically the presence of perforation?
4. The doctor's tactics in this case.

Task 6. Patient K., 50 years old, during the extraction of the roots of the 1.6 tooth, the palatine root was pushed into the maxillary sinus. Status localis: the socket of the tooth 1.6 is empty, there is a communication with the maxillary sinus. X-ray examination determines the shadow of a foreign body (tooth root) in the area of the floor of the right maxillary sinus.

Questions:

1. Make a diagnosis.
2. What are the causes of this complication?
3. Make a treatment plan for the patient.
4. What methods of closing the perforation do you know?

Task 7. Patient S., 32 years old, complains of constant pain in the anterior part of the upper jaw, swelling of the upper lip, slight weakness, malaise, fever. He got sick 3 days ago, when there were pains when biting on 1.1 teeth. The tooth was treated several years ago for deep caries. The patient used a hot water bottle at home. After the appearance of swelling of the upper lip, the pain when biting on the tooth became less. Objectively: the general condition of the patient is satisfactory. The temperature is 37.5. There is changes of the configuration of the face due to significant swelling of the soft tissues of the upper lip. In the oral cavity: hyperemia and swelling of the mucous membrane, smoothness of the transitional fold, i a painful infiltrate with clear boundaries of 2.5 cm in size is determined. 1.1 tooth is under the filling, its percussion is slightly painful. The adjacent teeth are intact, stable, and their percussion is painful. On the radiograph, there is a bone destruction without clear boundaries in the area of the apex of the 1.1 tooth.

Questions:

1. Make a diagnosis.
2. Prescribe and treat the patient.
3. Your tactics in relation to the 1.1 tooth.
4. Name the indications for the operation of root apex resection of the tooth.
5. What type of anesthesia is necessary for the surgical treatment of this patient?
6. Make the choice of an anesthetic to perform anesthesia.
7. Where it is necessary to treat this patient.
8. Describe the procedure of root apex resection of the tooth.

Task 8. Patient M., 24, complains of pain in the lower jaw area on the left. He was sick for 3 days, 4.6 teeth got painful. The next day, soft tissue swelling appeared in the lower jaw area on the left. On examination: soft tissue edema in the lower jaw area on the left is moderately pronounced. There is infiltration along the transitional fold in the area of 4.5, 4.6, 4.7 teeth, the mucous membrane is edematous, hyperemic. 4.6 tooth is destroyed, percussion is painful.

Questions:

1. Make a diagnosis.
2. Make a treatment plan.
3. What kind of anesthesia should be performed?

Task 9. A 27-year-old patient comes to the dentist with complaints of tooth mobility, absence of teeth 1.1, 2.1, 3.1, bleeding gums, pus discharge, pain, unpleasant odor from the oral cavity,

frequent cases of gum swelling, which are accompanied by pain and an increase in body temperature to 37.9 degrees. In anamnesis: diabetes mellitus, the level of glucose in the peripheral blood on an empty stomach is 7.5 mmol/l. External examination: skin without visible changes, regional lymph nodes are not palpated. Examination of the oral cavity: the mucous membrane of the lips, cheeks without pathological changes. The gingiva in the area of teeth is stagnantly hyperemic, purulent discharge from periodontal pockets is noted. Periodontal pockets 6-9 mm, pathological mobility of teeth of I-III degree.

Questions:

1. Name the groups of periodontal diseases to which this pathology may relate.
2. Name the anamnesis data that you need to clarify the diagnosis.
3. Name the examination methods necessary to clarify the diagnosis. Make a preliminary diagnosis.
4. Make a plan of therapeutic measures.
5. Justify the long-term prognosis of the disease.

Task 10. Patient K., 56 years old, was admitted to the surgical department for consultation on planning and conducting treatment with dental implants. He complained about the absence of teeth in the upper jaw, difficulty chewing food.

In the anamnesis – acute respiratory viral infections, acute respiratory infections, childhood diseases, Botkin's disease at the age of 15. Increased gag reflex. Teeth on the upper jaw were extracted during life due to chronic inflammatory processes. A complete removable prosthesis was made for the patient, but satisfactory fixation of the prosthesis was not achieved, as well as due to an increased gag reflex, the patient cannot use the prosthesis.

Objectively: an external examination reveals a sinking of the upper lip, a violation of diction during conversation. Examination the oral cavity: the mucous membrane is pale pink in color, moderately moistened. There is a defect and deformation of the posterior regions of the alveolar ridge of the upper jaw. Missing teeth: 1.8-1.1, 2.1-2.8, 3.5, 4.4, 4.6. The bite is not fixed.

On the X-ray, defects of the alveolar ridge of the upper jaw are noted in the area of missing 1.7-1.5, 2.4-2.8. In the area of missing 1.4-2.3, no bone tissue deficiency was detected. In the area of teeth 3.1, 4.1, in the projection of the root apex, there is a focus of destruction of bone tissue with a size of 1.5 / 1.0 cm, with clear boundaries.

Questions:

1. Make a diagnosis.
2. Specify which prosthesis is needed in this clinical situation and explain why?

Task 11. The patient, 55 years old, came to the clinic with complaints of paroxysmal pains in the left half of the face, arising when touching the left cheek with a hand, towel, clothes, etc. and lasting for 3-4 seconds, burning pains, spread to the temple, the back of the head. In anamnesis: two months ago he suffered from acute respiratory viral infection with a high fever, two weeks after the onset of acute respiratory viral infection, the first attack of pain in the left half of the face lasting 1-2 seconds, then the attacks began to last up to 1 minute. He went to the doctor for the first time. Of the transferred diseases, it indicates childhood infections, colds. The general condition is satisfactory. On examination, the face is asymmetrical due to the swelling of the left half. Palpation of the exit points of the II-th (infraorbital foramen) and III-th (mental foramen) branches of the trigeminal nerve on the face is more painful on the left. Palpation of the buccal region on the left caused a pain attack lasting 3 seconds. The oral cavity has been sanitized, no pathological changes have been detected.

Questions:

1. Conduct a justification of the diagnosis?
2. Make a diagnosis?
3. Outline a treatment plan?
4. Did the transferred acute respiratory viral infection matter for the occurrence of this disease?
5. Is the swelling of half of the face a pathognomonic sign for neuralgia of the II-III branches of the trigeminal nerve?

Task 12. The patient, 37 years old, complained of constant aching pains in the lower jaw area on the right, numbness in the lower lip area on the right. Anamnesis: the pain appeared a month ago after the treatment of 4.6 teeth for pulpitis. The configuration of the face has not been changed, the area of hypesthesia in the lower lip area on the right is determined. X-ray examination of the lower jaw on the right shows a radiopaque shadow, measuring 0.2x0.1 cm, in the mandibular canal below the distal root of the 4.6 tooth.

Questions:

1. Conduct a justification of the diagnosis?
2. Make a diagnosis?
3. Make a treatment plan?
4. What conditions must be observed to prevent such a complication?
5. List the main stages of surgical intervention that can be indicated in this case?

5. The content of the assessment tools of mid-term assessment

Mid-term assessment is carried out in the form of a credit

5.1 The list of control tasks and other materials necessary for the assessment of knowledge, skills and work experience

5.1.1. Questions for the discipline exam *Oral Surgery*

Question	Competence code (according to the WPD)
1. The subject and matter of surgery. The stages of oral surgery development.	UC-1
2. Asepsis and antisepsis in case facial surgery. The peculiarities of cleaning (pre-sterilisation phase) of instruments after their use in patients with tuberculosis, HIV and viral hepatitis.	UC-1, GPC-6
3. The examination of a stomatological patient in the oral surgery department in the out-patient stomatological clinic. Deontology and doctor's ethics.	UC-1, PC-5
4. The types of local anaesthesia in surgical interventions (injectable, non-injectable).	PC-6, PC-9
5. The types of local anaesthesia in surgical interventions. The choice of local anaesthesia methods and preparation for dental surgery in case of tooth extraction.	PC-6, PC-9
6. The choice of local anaesthesia methods and preparation for dental surgery in case of inflammation focus.	PC-5, PC-6, PC-9
7. The choice of local anaesthesia methods and preparation for dental surgery in case with accompanying diseases (cardiovascular diseases, allergy reactions).	PC-5, PC-6, PC-9
8. The choice of local anaesthesia methods and preparation for dental surgery in case with accompanying diseases (diseases of endocrine and respiratory systems).	PC-5, PC-6, PC-9
9. Main groups of local anaesthetics used in dentistry. Comparative characteristics of pharmacological properties (metabolism, potency and duration, efficacy, toxicity).	PC-6, PC-9
10. Local anaesthetics used for local anaesthesia in oral surgery, their comparative characteristics. The composition of carpulla anaesthetics. Indications and contraindications to their application.	PC-6, PC-9
11. Vasonconstrictors. The mechanism of their action. Indications and contraindications to their application. Complications.	PC-6, PC-9
12. General anaesthesia in dentistry. Indications, contraindications to general anaesthesia in outpatient stomatological clinic.	PC-6, PC-9
13. Local anaesthesia in the maxillary region. Methods of blockade of	PC-6, PC-9

nasopalatini nerves. Zones of anaesthesia, technique and complications.	
14. Local anaesthesia in the maxillary region. Methods of blockade of palatines major nerves. Zones of anaesthesia, technique and complications.	PC-6, PC-9
15. Local anaesthesia in the maxillary region. Anaesthesia near tuber of the maxillary. Zones of anaesthesia, technique, complications and their prevention.	PC-6, PC-9
16. Local anaesthesia in the maxillary region. Infraorbital anaesthesia. Zones of anaesthesia, technique, complications and their prevention.	PC-6, PC-9
17. Methods of blockade of II and III rami of the trigeminal nerve. Complications and their prevention.	PC-6, PC-9
18. Local anaesthesia in the mandibular region. Mandibular anaesthesia (intraoral and extraoral methods). Indications, zones of anaesthesia, technique, complications and their prevention.	PC-6, PC-9
19. Local anaesthesia in the mandibular region. Torus anaesthesia. Zones of anaesthesia, technique, complication.	PC-6, PC-9
20. Local anaesthesia in the mandibular region. Methods of blockade of buccal, lingual, nerves.	PC-6, PC-9
21. Local anaesthesia in the mandibular region. Methods of blockade of mental nerves.	PC-6, PC-9
22. Local complications during the local anaesthesia in maxillary region. Etiology, clinical pictures, treatment, prophylaxis.	PC-6, PC-9
23. Local complications during the local anaesthesia in mandibular region. Etiology, clinical pictures, treatment, prophylaxis.	PC-6, PC-9
24. Intoxication by local anaesthetics. Causes, the clinical picture, diagnosis, treatment and prophylaxis.	PC-6, PC-9
25. General complications during tooth extraction under local anaesthesia of patients with in accompanying diseases (blood system diseases and cardiovascular system diseases). Clinical picture, differential diagnosis, treatment, prophylaxis.	PC-5, PC-6, PC-8, PC-9
26. General complications during tooth extraction under local anaesthesia of patients with in accompanying diseases (the endocrine system diseases). Clinical picture, differential diagnosis, treatment, prophylaxis.	PC-5, PC-6, PC-8, PC-9
27. Anaphylactic shock. Classification, the clinical picture, treatment and prophylaxis.	PC-5, PC-6, PC-8, PC-9
28. Quincke's edema. The clinical picture, diagnosis, treatment and prophylaxis.	PC-5, PC-6, PC-8, PC-9
29. The types of allergic reactions. Urticaria. Clinical picture, emergency aid.	PC-5, PC-6, PC-8, PC-9
30. Collapse. The clinical picture, emergency aid.	PC-5, PC-6, PC-8, PC-9
31. Faint. The clinical picture, emergency aid.	PC-5, PC-6, PC-8, PC-9
32. The operation "The tooth extraction". Indications and contraindications.	PC-5, PC-6, PC-8, PC-9
33. Preparation of a patient for tooth extraction. The wound healing after tooth extraction.	PC-5, PC-6, PC-8, PC-9
34. The stages of tooth extraction. Instruments for teeth extraction.	PC-5, PC-6, PC-8, PC-9
35. The peculiarities of teeth and roots extraction on the upper jaw. The choice of forceps. The technique. complications and prophylaxis.	PC-5, PC-6, PC-8, PC-9
36. The complications during the extraction of teeth and roots on the upper jaw. Clinical pictures and prophylaxis.	PC-5, PC-6, PC-8, PC-9
37. The peculiarities of teeth and roots extraction on the lower jaw. The choice of forceps. The technique, complications and prophylaxis.	PC-5, PC-6, PC-8, PC-9

38. The complications during the extraction of teeth and roots on the lower jaw. Clinical pictures and prophylaxis.	PC-5, PC-6, PC-8, PC-9
39. The peculiarities of “wisdom” teeth extraction on the upper jaw. The technique, complications and their prophylaxis.	PC-5, PC-6, PC-8, PC-9
40. The peculiarities of “wisdom” teeth extraction on the lower jaw. The technique, complications and their prophylaxis.	PC-5, PC-6, PC-8, PC-9
41. Acute perforating maxillary sinusitis (oroantral communication). Etiology, pathogenesis, peculiarities of clinical picture, diagnosis and treatment.	PC-5, PC-6, PC-8, PC-9
42. Complicated teeth and roots extraction, instruments (bur-machine, with flap design). The technique, complications and their prophylaxis.	PC-5, PC-6, PC-8, PC-9
43. The peculiarities of tooth extraction in patients with accompanying diseases (blood system diseases. The choice of forceps. The technique, complications and prophylaxis.	PC-5, PC-6, PC-8, PC-9
44. Local complications during upper jaw teeth extraction. Causes, clinical picture, diagnostics and treatment. Prophylaxis.	PC-5, PC-6, PC-8, PC-9
45. Local complications during lower jaw teeth extraction. Causes, clinical picture, diagnostics and treatment. Prophylaxis.	PC-5, PC-6, PC-8, PC-9
46. Acute perforating maxillary sinusitis during the tooth extraction. Etiology, pathogenesis, peculiarities of clinical picture, diagnosis and treatment.	PC-5, PC-6, PC-8, PC-9
47. Local complications after tooth extraction. Postextraction bleeding. Causes, clinical picture and treatment. Prophylaxis.	PC-5, PC-6, PC-8, PC-9
48. Local complications after tooth extraction. Alveolitis. Etiology, clinical picture, treatment and prophylaxis.	PC-5, PC-6, PC-8, PC-9
49. Periodontitis. Classification of periodontitis. Etiology, pathogenesis, peculiarities of clinical picture, methods of diagnosis.	PC-5, PC-6, PC-8, PC-9
50. Acute purulent periodontitis, chronic periodontitis in the stage of exacerbation. The clinical picture, diagnostics, differential diagnosis and treatment.	PC-5, PC-6, PC-8, PC-9
51. Chronic periodontitis. The clinical picture, diagnostics, morphology picture, differential diagnosis.	PC-5, PC-6, PC-8, PC-9
52. Root amputation. Indications and contraindications. The technique. Complications.	PC-5, PC-6, PC-8, PC-9
53. Coronal-ridicular separation. Indications. The technique. Complications.	PC-5, PC-6, PC-8, PC-9
54. Hemysection. Indications. The tooth preparation before operation. The technique of hemysection. Complications.	PC-5, PC-6, PC-8, PC-9
55. Apicoectomy. Indications. The tooth preparation before operation, technique, complications and prophylaxis.	PC-5, PC-6, PC-8, PC-9
56. The operation of granulectomy, features of surgery procedure in the both jaws. The flaps design. Complications and prophylaxis.	PC-5, PC-6, PC-8, PC-9
57. The tooth replantation. Indications and contraindications. Preparation of tooth to operation, technique and complications.	PC-5, PC-6, PC-8, PC-9
58. Mistakes and complications in chronic periodontitis surgery, prophylaxis.	PC-5, PC-6, PC-8, PC-9
59. Acute odontogenic periostitis. The clinical picture, diagnostics, differential diagnosis and treatment.	PC-5, PC-6, PC-8, PC-9
60. The doctor’s tactics to the “causal” tooth in acute periostitis. The peculiarities of periostotomy on vestibular, lingual and palatal surface.	PC-5, PC-6, PC-8, PC-9
61. The odontogenic abscess of hard palate. The clinical picture, diagnostics and the peculiarities of surgical treatment.	PC-5, PC-6, PC-8, PC-9
62. Acute odontogenic osteomyelitis of jaws. The clinical picture, diagnostics and the peculiarities of course on mandibular.	PC-5, PC-6, PC-8, PC-9

63. Subacute odontogenic osteomyelitis of jaws. The clinical picture, diagnostics and treatment. Prognosis.	PC-5, PC-6, PC-8, PC-9
64. Chronic odontogenic osteomyelitis of jaws. Classification, the clinical and X-rays pictures of the different forms of chronic osteomyelitis.	PC-5, PC-6, PC-8, PC-9
65. Treatment of chronic odontogenic osteomyelitis of jaws. The peculiarities of surgical treatment on maxillary and mandibula.	PC-5, PC-6, PC-8, PC-9
66. Differential diagnosis of acute periodontitis, acute periostitis and acute osteomyelitis.	PC-5, PC-6, PC-8, PC-9
67. Diseases of unerupted teeth. Causes, the clinical picture, diagnostics and treatment.	PC-5, PC-6, PC-8, PC-9
68. Diseases of unerupted teeth. Dystopia, retention. The clinical picture, diagnostics and treatment.	PC-5, PC-6, PC-8, PC-9
69. Difficulty of third mandibular molar teething. The clinical picture, diagnosis. The ways of infection spreading from the third mandibular molar, complications and treatment.	PC-5, PC-6, PC-8, PC-9
70. The acute odontogenic maxillary sinusitis. Classification, etiology, pathogenesis, the clinical picture and diagnosis.	PC-5, PC-6, PC-8, PC-9
71. The peculiarities of conservative and surgical treatment of acute odontogenic maxillary sinusitis.	PC-5, PC-6, PC-8, PC-9
72. The chronic odontogenic maxillary sinusitis. Classification, etiology, pathogenesis, the clinical picture, X-ray features of all chronic forms, and diagnosis.	PC-5, PC-6, PC-8, PC-9
73. The chronic odontogenic maxillary sinusitis. Indications for surgical treatment. The technic of surgical treatment.	PC-5, PC-6, PC-8, PC-9
74. Acute odontogenic lymphadenitis of a face and neck. The clinical picture, diagnosis, differential diagnosis and treatment.	PC-5, PC-6, PC-8, PC-9
75. Chronic odontogenic lymphadenitis of a face and neck. The clinical picture, diagnosis, differential diagnosis and treatment.	PC-5, PC-6, PC-8, PC-9
76. Differential diagnosis of specific and nonspecific lymphadenitis of a face and neck.	PC-5, PC-6, PC-8, PC-9
77. Furuncle and carbuncle on a face. The clinical picture, diagnosis, differential diagnosis and treatment.	PC-5, PC-6, PC-8, PC-9
78. Rose on a face. The clinical picture, diagnosis, differential diagnosis and treatment.	PC-5, PC-6, PC-8, PC-9
79. Rose on a face. The predisposing factors, classification, clinical picture, diagnosis, differential diagnosis and treatment.	PC-5, PC-6, PC-8, PC-9
80. Noma. Etiology, pathogenesis, the clinical picture, diagnostics, treatment and prognosis.	PC-5, PC-6, PC-8, PC-9
81. Definition of «odontogenic infection». Interaction of odontogenic infection with general pathology.	PC-5, PC-6, PC-8, PC-9
82. Etiology and pathogenesis of inflammatory diseases of maxillo-facial region. Classification by A.G. Shorgorodskiy.	PC-5, PC-6, PC-8, PC-9
83. The three types of immunological reactivities. (norm, hyper, hypoergical).	PC-5, PC-6, PC-8, PC-9
84. The routes of penetration and spreading of odontogenic abscess and flegmons in maxillo-facial region.	PC-5, PC-6, PC-8, PC-9
85. The phlegmon of temporal region: Etiology, topographic localization, the routes of penetration and spreading of infections, operative access.	PC-5, PC-6, PC-8, PC-9
86. The phlegmon of temporal region: Etiology, topographic localization, clinical picture, design of operative access, the routes of penetration and spreading of infections.	PC-5, PC-6, PC-8, PC-9
87. Abscess and phlegmon of orbital region: Etiology, topographic localization, the routes of penetration and spreading of infections, operative access.	PC-5, PC-6, PC-8, PC-9

88. Odontogenic abscess and phlegmon of suborbital region: Etiology, topographic localization, the routes of penetration and spreading of infections, operative access.	PC-5, PC-6, PC-8, PC-9
89. Odontogenic abscess and phlegmon of zygomatic region: Etiology, topographic localization, the routes of penetration and spreading of infections, operative access.	PC-5, PC-6, PC-8, PC-9
90. Odontogenic abscess and phlegmon of retromandibular region: Etiology, topographic localization, the routes of penetration and spreading of infections, operative access.	PC-5, PC-6, PC-8, PC-9
91. Phlegmons of subtemporal and pterygopalatine regions: Etiology, topographic localization, the routes of penetration and spreading of infections, operative access.	PC-5, PC-6, PC-8, PC-9
92. Odontogenic abscess and phlegmon of pterygomandibular region: Etiology, topographic localization, the routes of penetration and spreading of infections, operative access.	PC-5, PC-6, PC-8, PC-9
93. Odontogenic abscess and phlegmon of submandibular region: Etiology, topographic localization, the routes of penetration and spreading of infections, operative access.	PC-5, PC-6, PC-8, PC-9
94. Odontogenic abscess and phlegmon of sublingual region: Etiology, topographic localization, the routes of penetration and spreading of infections, operative access.	PC-5, PC-6, PC-8, PC-9
95. Odontogenic abscess of the jaw-tongue groove: Etiology, topographic localization, the routes of penetration and spreading of infections, operative access.	PC-5, PC-6, PC-8, PC-9
96. Abscess and phlegmon of the body and the root of the tongue: Etiology, topographic localization, the routes of penetration and spreading of infections, operative access.	PC-5, PC-6, PC-8, PC-9
97. Odontogenic abscess and phlegmon of submental region: Etiology, topographic localization, the routes of penetration and spreading of infections, operative access.	PC-5, PC-6, PC-8, PC-9
98. Odontogenic abscess and phlegmon of parotid-masticatory region: Etiology, topographic localization, the routes of penetration and spreading of infections, operative access.	PC-5, PC-6, PC-8, PC-9
99. Abscess and phlegmon of buccal region: Etiology, topographic localization, the routes of penetration and spreading of infections, operative access.	PC-5, PC-6, PC-8, PC-9
100. Phlegmon of the floor of the mouth. Etiology, topographic localization, the routes of penetration and spreading of infections, operative access.	PC-5, PC-6, PC-8, PC-9
101. The ulser-necrotic Ludwig's angina. Etiology, topographic localization, the routes of penetration and spreading of infections, operative access. Complications.	PC-5, PC-6, PC-8, PC-9
102. Phlegmon of the peripharyngeal region: Etiology, topographic localization, the routes of penetration and spreading of infections, operative access.	PC-5, PC-6, PC-8, PC-9
103. The general principles of the treatment of abscesses and phlegmons of the face and the neck. Methods of conservative (drugs) treatment.	PC-5, PC-6, PC-8, PC-9
104. The general principles of the treatment of abscesses and phlegmons of the face and the neck. The physical therapy and rehabilitation .	PC-5, PC-6, PC-8, PC-9
105. The general principles of the treatment of abscesses and phlegmons of the face and the neck. Methods of detoxication (desintoxication) therapy. Principles of controlled haemodelution. General principles of transfusion therapy.	PC-5, PC-6, PC-8, PC-9
106. The general principles of the treatment of abscesses and phlegmons of the face and the neck. Methods of antibacterial and anti-	PC-5, PC-6, PC-8, PC-9

	inflammatory therapy. Scheme of antibacterial therapy.	
107.	The general principles of the treatment of abscesses and phlegmons of the face and the neck. Anatomical features of operative accesses in the maxilla-facial region.	PC-5, PC-6, PC-8, PC-9
108.	Odontogenic mediastinitis. Etiology, topographic localization, clinical picture, diagnosis, differential diagnosis, operative access.	PC-5, PC-6, PC-8, PC-9
109.	Thrombophlebitis of facial veins. Clinical features, diagnosis, differential diagnosis, treatment. Complications.	PC-5, PC-6, PC-8, PC-9
110.	The anatomical features of facial venosis system. Phlebitis of facial veins: etiology, clinical picture, diagnosis, differential diagnosis, treatment, prophylaxis.	PC-5, PC-6, PC-8, PC-9
111.	The complications of abscesses and phlegmons. Sinus-thrombosis and meningitis complications.	PC-5, PC-6, PC-8, PC-9
112.	The complications of abscesses and phlegmons. Sepsis: etiology, clinical picture, diagnosis, differential diagnosis, treatment, prophylaxis.	PC-5, PC-6, PC-8, PC-9
113.	Methods of examination of a patient with salivary glands diseases. Classification of salivary glands diseases.	PC-5, PC-6, PC-8, PC-9
114.	Degenerative salivary glands diseases. Sjogren's diseases and syndrome. The clinical picture, diagnosis, differential diagnosis and treatment.	PC-5, PC-6, PC-8, PC-9
115.	Degenerative salivary glands diseases. Mikulicz diseases and syndrome. The clinical picture, diagnosis, differential diagnosis and treatment.	PC-5, PC-6, PC-8, PC-9
116.	Acute sialadenitis, classification, etiology, pathogenesis, the clinical picture, diagnosis, differential diagnosis and treatment and prophylaxis.	PC-5, PC-6, PC-8, PC-9
117.	Hyper- and hyposalivations. Etiology, the clinical picture, diagnosis and treatment.	PC-5, PC-6, PC-8, PC-9
118.	Acute viral sialadenitis, classification, etiology, pathogenesis, the clinical picture, diagnosis, differential diagnosis and treatment and prophylaxis.	PC-5, PC-6, PC-8, PC-9
119.	Acute bacterial sialadenitis, classification, etiology, pathogenesis, the clinical picture, diagnosis, differential diagnosis and treatment and prophylaxis.	PC-5, PC-6, PC-8, PC-9
120.	Chronic parenchymal (parenchimatouse) sialadenitis. Classification. Etiology, the clinical picture, diagnosis and treatment.	PC-5, PC-6, PC-8, PC-9
121.	Chronic interstitial sialadenitis. Angiosialitis. Classification. Etiology, the clinical picture, diagnosis and treatment.	PC-5, PC-6, PC-8, PC-9
122.	Sialolithiasis. The clinical picture, diagnosis and treatment.	PC-5, PC-6, PC-8, PC-9
123.	The complex treatment of chronic sialadenitis. The methods and resources.	PC-5, PC-6, PC-8, PC-9
124.	The specific inflammatory diseases of the maxillo-facial region: tuberculosis. Classification, clinical picture, diagnostics, differential diagnosis and treatment.	PC-5, PC-6, PC-8, PC-9
125.	The specific inflammatory diseases of the maxillo-facial region: tuberculosis. Clinical features in the oral cavity, differential diagnosis and treatment.	PC-5, PC-6, PC-8, PC-9
126.	The specific inflammatory diseases of the maxillo-facial region: syphilis. Classification, clinical features in the oral cavity, diagnostics, differential diagnostics and treatment.	PC-5, PC-6, PC-8, PC-9
127.	The specific inflammatory diseases of the maxillo-facial region: syphilis. Etiology, pathogenesis, the ways of infection. Nonspecific clinical features in the oral cavity.	PC-5, PC-6, PC-8, PC-9
128.	The specific inflammatory diseases of the maxillo-facial region: actinomycosis. Etiology and pathogenesis, the routes of penetration and	PC-5, PC-6, PC-8, PC-9

	spreading of infections.	
129.	The specific inflammatory diseases of the maxillo-facial region: actinomycosis. Classification, clinical forms, diagnostics, differential diagnosis, treatment.	PC-5, PC-6, PC-8, PC-9
130.	Radiology. X-ray features of teeth and jaws the diseases.	PC-5, PC-6, PC-8, PC-9

6. Criteria for evaluating learning outcomes

For exam:

Learning outcomes	Assessment of competence developed			
	unsatisfactory	satisfactory	good	excellent
Completeness of knowledge	The level of knowledge is below the minimum requirements. There were bad mistakes	The minimum acceptable level of knowledge. A lot of light mistakes were made	The level of knowledge in the volume corresponding to the training program. A few light mistakes were made	The level of knowledge in the volume corresponding to the training program, without errors
Availability of skills	Basic skills are not demonstrated when solving standard tasks. There were bad mistakes	Basic skills are demonstrated. Typical problems with light mistakes have been solved. All tasks have been completed, but not in full.	All basic skills are demonstrated. All the main tasks have been solved with light mistakes. All tasks have been completed, in full, but some of them with shortcomings	All the basic skills were demonstrated, all the main tasks were solved with some minor shortcomings, all the tasks were completed in full
Availability of skills (possession of experience)	Basic skills are not demonstrated when solving standard tasks. There were bad mistakes	There is a minimal set of skills for solving standard tasks with some shortcomings	Basic skills in solving standard tasks with some shortcomings are demonstrated	Skills in solving non-standard tasks without mistakes and shortcomings are demonstrated
Characteristics of competence formation*	The competence is not fully formed. The available knowledge and skills are not enough to solve professional tasks. Repeated training is required	The formation of competence meets the minimum requirements. The available knowledge and abilities are generally sufficient to solve professional tasks, but additional practice is required for most practical tasks	The formation of competence generally meets the requirements, but there are shortcomings. The available knowledge, skills and motivation are generally sufficient to solve professional tasks, but	The formation of competence fully meets the requirements. The available knowledge, skills and motivation are fully sufficient to solve complex professional tasks

Learning outcomes	Assessment of competence developed			
	unsatisfactory	satisfactory	good	excellent
			additional practice is required for some professional tasks	
The level of competence formation*	Low	Below average	Intermediate	High

For testing:

Mark "5" (Excellent) - points (100-90%)

Mark"4" (Good) - points (89-80%)

Mark "3" (Satisfactory) - points (79-70%)

Less than 70% – Unsatisfactory – Mark "2"

Developer(s):

Durnovo Evgeniia Aleksandrovna, M.D., Ph.D., Professor, Head of the Department of Oral and Maxillofacial Surgery, Director of the Institute of Dentistry of FSBEI HE «PRMU» MOH Russia

Runova Natalia Borisovna, M.D., Ph.D., Associate Professor of the Department of Oral and Maxillofacial Surgery, FSBEI HE «PRMU» MOH Russia

Korsakova Alena Igorevna, M.D., Teaching Assistant of the Department of Oral and Maxillofacial Surgery, FSBEI HE «PRMU» MOH Russia