

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
MODERN ASPECTS OF ODONTOGENIC INFLAMMATION

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 " Modern aspects of odontogenic inflammation " is an integral appendix to the working program of the discipline " Modern aspects of odontogenic inflammation ". 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 №1 Test №2	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>Features of blood supply and innervation of the maxillofacial area. Structure of lymphatic system and muscular system of maxillofacial region.</i> Section 2 <i>General Principles of Treatment of Inflammatory Diseases of maxilla-facial region. Detoxification therapy.</i> Section 3 <i>X-ray diagnostics in dentistry</i> Section 4 <i>Physiotherapeutic methods of treating diseases</i>	<i>Test</i> <i>Situational tasks</i> <i>Credit</i>
PC-6 The identification of a patient's of pathological conditions, symptoms, syndromes of	Current Mid-term	Section 1 <i>Odontogenic osteomyelitis. Classification, etiology, pathogenesis. Clinical picture. Diagnosis. General principles of treatment.</i> Section 2 <i>Odontogenic maxillary sinusitis. Classification, etiology,</i>	<i>Test</i> <i>Situational tasks</i> <i>Credit</i>

<p>dental diseases, nosological forms according to the ICD-10 and the related health problems</p>		<p><i>pathogenesis. Clinical picture. Diagnosis. General principles of treatment.</i> Section 3 <i>General Principles of Treatment of Inflammatory Diseases of maxilla-facial region. Detoxification therapy.</i> Section 4 <i>Lymphadenitis. Anatomical features of the structure of the lymphatic system of the maxillofacial region. Specific lymphadenitis.</i></p>	
<p>PC-7 Ability to determine the tactics of management of patients with various dental diseases in accordance with clinical recommendations of other regulatory documents of the Ministry of Health of the Russian Federation in outpatient and day hospital conditions, taking into account age patient.</p>	<p>Current Mid-term</p>	<p>Section 1 <i>Odontogenic osteomyelitis. Classification, etiology, pathogenesis. Clinical picture. Diagnosis. General principles of treatment.</i> Section 2 <i>Odontogenic maxillary sinusitis. Classification, etiology, pathogenesis. Clinical picture. Diagnosis. General principles of treatment.</i> Section 3 <i>General Principles of Treatment of Inflammatory Diseases of maxilla-facial region. Detoxification therapy.</i> Section 4 <i>Lymphadenitis. Anatomical features of the structure of the lymphatic system of the maxillofacial region. Specific lymphadenitis.</i></p>	<p><i>Test</i> <i>Situational tasks</i> <i>Credit</i></p>

* - not provided for postgraduate programs

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. PRIMARY PATHOLOGICAL PROCESSES THAT ARE SOURCES OF INFLAMMATORY DEVELOPMENT ARE:

- a) the chronic pulpitis
- b) the caries
- c) the gingivitis
- d) the exacerbation of the chronic periodontitis**
- e) the periostitis**

2. MECHANISM FOR TISSUE DAMAGE IN THE DEVELOPMENT OF A ODONTOGENIC INFECTIOUS INFLAMMATORY PROCESS INCLUDES:

- a) single exo- and endotoxin intake
- b) production of antibodies in response to antigens entering the body**
- c) formation of antigen+antibody complexes**
- d) no fixation of antigen+antibody complexes on the walls of the endothelium vessels

3. ON ANATOMICAL TOPOGRAPHIC LOCALIZATION CAN BE DISTINGUISHED FLEGMONS:

- a) paramandibular**
- b) paramaxillary**
- c) zygomatic and orbital regions
- d) temporal region

4. LOCALIZED TO UPPER JAW FLEGMONS RELATES:

- a) subtemporal**
- b) pterygopalatine fossa**
- c) parotid
- d) parafaryngeal
- e) zygomatic**

5. LOCALIZED TO LOWER JAW FLEGMONS RELATES:

- a) submandibular**
- b) retromandibular**
- c) temporal
- d) buccal
- e) zygomatic

6. SURFACE PHLEGMON:

- a) infraorbital**
- b) subtemporal
- c) parafaryngeal
- d) sublingual
- e) submandibular**

7. DEEP FLEGMON

- a) pterygomandibular**
- b) parafaryngeal**
- c) buccal
- d) infraorbital
- e) submental

8. BECAUSE OF DEVELOPMENT ABSCESSSES AND FLEGMONS ARE DIVIDED INTO:

- a) osteogenic**
- b) odontogenic**
- c) toxic-allergic
- d) adenoflegmon**
- e) bacterial

9. COMMON REASONS FOR THE DEVELOPMENT OF ABSCESSSES AND PHLEGMON ARE:

- a) chronic trauma
- b) hormonal diseases**
- c) postoperative condition**
- d) acute trauma

e) **exacerbation of a chronic disease**

10. DISTINGUISHING FEATURE OF THE PURULENT PERIOSTITIS OF THE UPPER JAW FROM THE EPIPHARYNGEAL ABSCESS:

- a) pronounced intoxication
- b) pronounced body temperature
- c) **presence of smoothness (swelling) of the mucous membrane along the transient fold**
- d) fluctuation

11. THE CELLULAR SPACE OF THE ZYGOMATIC REGION IS REPORTED:

- a) infraorbital region
- b) temporal region
- c) buccal region
- d) parotid region
- e) **pterygomandibular region**

12. THE MAIN DIAGNOSTIC METHODS ARE:

- a) **medical history**
- b) **objective examination**
- c) computed tomography
- d) X-ray diagnostic

13. MUSCLE ATTACHED TO THE ZYGOMATIC ARCH AND BONE:

- a) medial pterygoid, lateral pterygoid, masseter
- b) temporal, medial pterygoid, lateral pterygoid
- c) masseter, temporal, lateral pterygoid
- d) **masseter, temporal**
- e) masseter, medial pterygoid

14. ACUTE ARTHRITIS OF TMJ NEEDS TO DIFFERENTIATE WITH

- a) **acute otitis**
- b) acute maxillary sinusitis
- c) parotid hypophyrosis
- d) maxilla fracture
- e) flegmon of submandibular region

15. MAXILLARY SINUSITIS HAS:

- a) 3 walls
- b) **4 walls**
- c) 5 walls
- d) 6 walls

16. LYMPH NODE BELONGS TO:

- a) central organs of hematopathy and immune protection
- b) **peripheral organs of hematopathy and immune protection**
- c) reticulo-endothelial system derivative
- d) endocrine system organs
- e) histiocytic system derivatives

17. LYMPHANGITIS IS:

- a) **inflammation of lymphatic vessels harvesting lymph from the primary hearth**
- b) inflammation of the blood vessels that supply the lymph node
- c) synonymous with lymphadenitis
- d) widespread lymphadenitis, that is, inflammation covering several groups of lymph nodes

e) synonym for specific lymphadenitis

18. ON THE DAY OF TREATMENT FOR ACUTE PUS LYMPHADENITIS IS NECESSARY:

- a) **opening a purulent focus**
- b) **prescribe medication, incl. antibacterial therapy**
- c) make a novocaine blockade
- d) prescribe physiotherapy treatment
- e) inject intramuscular respiratory analeptics

19. ADENOPLEGMONS DEVELOP AS A RESULT:

- a) abscessed furuncle
- b) periapical inflammation
- c) parenchymatous sialoadenitis
- d) the spread of inflammatory process from other areas
- e) **inflammatory spreading beyond the lymph node**

21. ADENOFLEGMONE THERAPY PACKAGE INCLUDES:

- a) radiation
- b) **antibacterial**
- c) manual
- c) hypotensive
- d) **disintoxication**

4.1. Tasks for the assessment of competence "UC-1":

Task 1. The patient, 46 years old, complained of moderate aching pain in the upper jaw area on the left, radiating to the left occipital region, temple. It also worries about pain when swallowing and opening the mouth. Body temperature increased to 37.5 ° C. From the anamnesis, it was revealed that 2.7 fell ill a week ago. He was worried about constant aching pain, which worsens when biting. The patient did not go to the doctor, independently applied warm soda rinses. Within four days, the pain in the tooth was gone, but on the eve of going to the doctor, there was pain when swallowing and opening the mouth. I turned to an otolaryngologist, after examining which pathology was not revealed, I was sent for a consultation with a dentist. On examination: a single, enlarged, painful lymph node in the submandibular region on the left is determined. Slight swelling of soft tissues above the zygomatic arch on the left. The opening of the mouth is limited to 1.0 cm between the incisors, sharply painful. Intraoral examination revealed: crown 2.7 is partially destroyed, its percussion is slightly painful, mobility of the II degree is noted. The transitional fold on the vestibular side at the level of 2.6, 2.7, 2.8 is edematous, hyperemic, smoothed. When pressing on the tissue in the projection of the upper jaw hillock on the left, a sharply painful inflammatory infiltrate is determined. X-ray examination 2.7 shows areas of bone rarefaction in the root area and bifurcation with indistinct contours, deep bone pockets.

1. Make a diagnosis and a treatment plan.
2. Describe the method of surgical intervention.
3. Indicate what causes such clinical symptoms as restricted mouth opening and pain when swallowing.

Task 2. Eight hours ago, after examination in the emergency room of a multidisciplinary hospital, Patient Sh., 36 years old, was diagnosed with a boil in the right buccal region complicated by thrombophlebitis of the angular vein on the right, primary surgical treatment of a purulent focus was performed and the following treatment was prescribed:

- 1) daily dressings;
- 2) broad-spectrum antibiotics;
- 3) nonsteroidal anti-inflammatory drugs;
- 4) antihistamines;

5) aspirin is prescribed as an indirect anticoagulant.

However, despite the treatment at the time of your examination, the patient complains of chills. Edema and infiltration of tissues along the angular vein of the face are objectively ascertained. Edema spreads beyond the infiltrate. A sharp soreness is determined in the infiltration site. The painful area has a bluish tinge. The rest of the skin is pale. The patient's body temperature is 38.4 °C. The blood test determines a pronounced shift of the leukocyte formula to the left, accelerated ESR, shortening of blood clotting time, the appearance of the "fibrinogen" fraction B, increased activity of factor XIII, inhibition of fibrinolysis, the prothrombin index was within normal limits.

1. How should the complex treatment of this patient be adjusted?

4.2 Tasks for the assessment of competence "PC-6"

Task 1. A 43-year-old patient was examined and found to have a sharply painful inflammatory infiltrate in the left temporal region, occupying the anterior 2/3 of this area. The skin above it is hyperemic, it is not going to fold. In the anterior parts of the infiltrate, the symptom of fluctuation is determined. The opening of the mouth and lateral movements of the jaw are limited, sharply painful. The oral cavity is not sanitized.

1. What data is missing to make a final diagnosis?
2. Make a presumptive diagnosis based on the available data.
3. Which localization of the inflammatory process should be excluded or confirmed in this case in the first place and why? Based on what signs?
4. What circumstances should be taken into account when drawing up a treatment plan?

Task 2. The patient, 37 years old, was admitted to the clinic with complaints of severe, constant pain in the right half of the head, pain when swallowing and opening the mouth, visual disturbances. Symptoms of intoxication are expressed: an increase in body temperature to 39.0-39.5 °C, dizziness, nausea, vomiting, chills, disruption of the gastrointestinal tract. From the anamnesis it was revealed that 1.8 fell ill three days ago. I was worried about the constant, aching pain, which worsened when biting. I didn't go to the doctor, I took analgesics. Two days ago, the pain spread to the entire right half of the upper jaw, radiated into the ear, into the temple. There was pain when swallowing and opening the mouth. The symptoms increased rapidly, and soon there were symptoms of visual impairment: diplopia, decreased visual acuity of the right eye. On examination: edema is determined in the parotid-masticatory and temporal areas on the right, an hourglass symptom is noted. Palpation in these areas is painless. The swelling of the eyelids on the right is significantly pronounced, the eye is completely closed. The conjunctiva of both eyelids is hyperemic. The swelling of the eyelids of the left eye is also determined. With symmetrical pressure on the eyeballs, sharp soreness on the right is determined. The opening of the mouth is completely limited, there is a deep carious cavity in the mouth, percussion is sharply painful, mobility of the II degree. The mucous membrane along the transitional fold and gums from the vestibular side at the level of the molars is hyperemic, edematous, edema is determined in the area of the pterygoid-mandibular fold on the right. When pressing on soft tissues in the direction of the upper jaw hillock on the right, a painful infiltration is determined. X-ray examination in the area of 1.8 determines the rarefaction of bone tissue in the area of the root tips with clear contours, measuring 0.4-0.5 cm.

1. Make a diagnosis.
2. Perform a differential diagnosis.
3. What is the reason for the presence of edema of both eyelids of the left eye?
4. Which specialists are needed in the treatment of such a patient?

4.3 Tasks for the assessment of competence "PC-7"

Task 1. In patient K., 50 years old, during the removal of the roots of the 1.6 tooth, the palatine root was pushed into the maxillary sinus. Locally: the hole 1.6 of the tooth 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 bottom of the right maxillary sinus.

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 hole do you know?

Task 2. The patient, 46 years old, complained of moderate aching pain in the upper jaw area on the left, radiating to the left occipital region, temple. It also worries about pain when swallowing and opening the mouth. Body temperature increased to 37.5 ° C. From the anamnesis, it was revealed that 2.7 fell ill a week ago. He was worried about constant aching pain, which worsens when biting. The patient did not go to the doctor, independently applied warm soda rinses. Within four days, the pain in the tooth was gone, but on the eve of going to the doctor, there was pain when swallowing and opening the mouth. I turned to an otolaryngologist, after examining which pathology was not revealed, I was sent for a consultation with a dentist. On examination: a single, enlarged, painful lymph node in the submandibular region on the left is determined. Slight swelling of soft tissues above the zygomatic arch on the left. The opening of the mouth is limited to 1.0 cm between the incisors, sharply painful. Intraoral examination revealed: crown 2.7 is partially destroyed, its percussion is slightly painful, mobility of the II degree is noted. The transitional fold on the vestibular side at the level of 2.6, 2.7, 2.8 is edematous, hyperemic, smoothed. When pressing on the tissue in the projection of the upper jaw hillock on the left, a sharply painful inflammatory infiltrate is determined. X-ray examination 2.7 shows areas of bone rarefaction in the root area and bifurcation with indistinct contours, deep bone pockets.

1. Make a diagnosis and a treatment plan.
2. Describe the method of surgical intervention.
3. Indicate what causes such clinical symptoms as restricted mouth opening and pain when swallowing.

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 credit in the discipline _____ (if there is a credit)

Question	Competence code (according to the WPD)
1. Features of blood supply and innervation of the maxillofacial area.	UC-1
2. Structure of lymphatic system and muscular system of maxillofacial region	UC-1
3. General Principles of Treatment of Inflammatory Diseases of maxillofacial region. Detoxification therapy.	UC-1
4. X-ray diagnostics in dentistry	UC-1
5. Physiotherapeutic methods of treating diseases	UC-1
6. Odontogenic osteomyelitis. Classification,	PC-6; PC-7

etiology, pathogenesis. Clinical picture. Diagnosis. General principles of treatment.	
7. Odontogenic maxillary sinusitis. Classification, etiology, pathogenesis. Clinical picture. Diagnosis. General principles of treatment.	PC-6; PC-7
8. General Principles of Treatment of Inflammatory Diseases of maxillofacial region. Detoxification therapy.	PC-6; PC-7
9. Lymphadenitis. Anatomical features of the structure of the lymphatic system of the maxillofacial region. Specific lymphadenitis.	PC-6; PC-7

6. Criteria for evaluating learning outcomes

Learning outcomes	Evaluation criteria	
	Not passed	Passed
Completeness of knowledge	The level of knowledge is below the minimum requirements. There were bad mistakes.	The level of knowledge in the volume corresponding to the training program. Minor mistakes may be made
Availability of skills	Basic skills are not demonstrated when solving standard tasks. There were bad mistakes.	Basic skills are demonstrated. Typical tasks have been solved, all tasks have been completed. Minor mistakes may be made.
Availability of skills (possession of experience)	Basic skills are not demonstrated when solving standard tasks. There were bad mistakes.	Basic skills in solving standard tasks are demonstrated. Minor mistakes may be made.
Motivation (personal attitude)	Educational activity and motivation are poorly expressed, there is no willingness to solve the tasks qualitatively	Educational activity and motivation are manifested, readiness to perform assigned tasks is demonstrated.

Characteristics of competence formation*	The competence is not fully formed. The available knowledge and skills are not enough to solve practical (professional) tasks. Repeated training is required	The competence developed meets the requirements. The available knowledge, skills and motivation are generally sufficient to solve practical (professional) tasks.
The level of competence formation*	Low	Medium/High

** - not provided for postgraduate programs*

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"

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