

Application to the work program

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

**BANK OF ASSESSMENT TOOLS
IN THE DISCIPLINE "Therapeutic dentistry"**

Direction of training (specialty): 31.05.03 "Dentistry"

Department: Therapeutic Dentistry

Mode of study: full-time

Nizhny Novgorod
2021

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

This Bank of Assessment Tools (BAT) in the discipline "therapeutic dentistry" is an integral application to the work program of the discipline "therapeutic dentistry". This FOS is subject to all the details of the approval presented in the RPD for this discipline.

(Funds of evaluation funds allow you to evaluate the achievement of the planned results stated in the educational program.

Evaluation means - a fund of control tasks, as well as a description of the forms and procedures designed to determine the quality of learning by students of educational material.)

2. List of evaluation tools

To determine the quality of learning by students of educational material in the discipline "therapeutic dentistry" the following evaluation tools are used:

No. p / p	Estimator	Brief description of the evaluation tool	Presentation of the evaluation tool in the BAT
1	Test	A system of standardized tasks that allows you to automate the procedure measuring the level of knowledge and skills of the student	test bank assignments
2	Situational tasks	A method of control that allows you to assess the criticality of thinking and the degree of assimilation of the material, the ability to apply theoretical knowledge in practice.	Task List
3	Colloquium	A means of monitoring the assimilation of the educational material of a topic, section or sections of a discipline, organized as a training session in the form of an interview between a teacher and students.	Questions on topics / sections of the discipline

3. List of competencies indicating the stages of their formation in the process of mastering the educational program and types of assessment tools

Competence code and wording*	Stage formation of competence	Controlled sections of the discipline	Assessment tools
UK-1 (the ability to carry out a critical analysis of problem situations based on a systematic approach, to develop an action strategy)	Current, Intermediate	Section 1 Cariesology (4th semester) Section 2 Cariesology (5th semester) Section 3 Pulpitis (semester 6) Section 4 Periodontitis (Semester 7) Section 5 Periodontal disease. Non-carious lesions (8 semester) Section 6 Diseases of the oral mucosa and lips, physiotherapy of dental diseases (9 semester) Section 10 Diseases of the oral mucosa and lips (10 semester)	Test Situational tasks Colloquium offset

<p>PC-2 (with the ability and readiness to conduct preventive medical examinations, medical examination of various categories of citizens and the implementation of dispensary observation of patients with dental pathology)</p>	<p>Current, Intermediate</p>	<p>Section 1 Cariesology (4th semester) Section 2 Cariesology (5th semester) Section 3 Pulpitis (semester 6) Section 4 Periodontitis (Semester 7) Section 5 Periodontal disease. Non-carious lesions (8 semester) Section 6 Diseases of the oral mucosa and lips, physiotherapy of dental diseases (9 semester) Section 10 Diseases of the oral mucosa and lips (10 semester)</p>	<p>Test Situational tasks Colloquium offset</p>
<p>PC-6 (willingness to collect, analyze complaints and other information from the patient (relatives / legal representatives), his medical history, interpretation of the results of the examination, laboratory, instrumental, pathoanatomical and other studies in order to recognize the condition or establish the presence or absence of a dental disease, symptoms, syndromes of dental diseases, the establishment of nosological forms in accordance with the International Statistical Classification of Diseases and Related Health Problems, and other regulatory documents of the Ministry of Health of the Russian Federation (Procedure for the provision of medical care, Standard of Medical Care, Clinical Recommendations on the provision of medical care, etc. .))</p>	<p>Current, Intermediate</p>	<p>Section 1 Cariesology (4th semester) Section 2 Cariesology (5th semester) Section 3 Pulpitis (semester 6) Section 4 Periodontitis (Semester 7) Section 5 Periodontal disease. Non-carious lesions (8 semester) Section 6 Diseases of the oral mucosa and lips, physiotherapy of dental diseases (9 semester) Section 10 Diseases of the oral mucosa and lips (10 semester)</p>	<p>Test Situational tasks Colloquium offset</p>
<p>PC-7 (with the ability to determine the tactics of managing patients with various dental diseases in accordance with the Clinical recommendations and other regulatory documents of the</p>	<p>Current, Intermediate</p>	<p>Section 1 Cariesology (4th semester) Section 2 Cariesology (5th semester) Section 3 Pulpitis (semester 6) Section 4 Periodontitis (Semester 7) Section 5 Periodontal disease. Non-carious lesions (8 semester) Section 6 Diseases of the oral mucosa and lips, physiotherapy of dental</p>	<p>Test Situational tasks Colloquium offset</p>

Ministry of Health of the Russian Federation on an outpatient basis and in day hospital conditions, taking into account the age of the patient)		diseases (9 semester) Section 10 Diseases of the oral mucosa and lips (10 semester)	
PC-12 (willingness to participate in scientific research, analysis and public presentation of medical information based on evidence-based medicine and to participate in the implementation of new methods and techniques aimed at protecting public health and reducing dental morbidity)	Current, Intermediate	Section 1 Cariesology (4th semester) Section 2 Cariesology (5th semester) Section 3 Pulpitis (semester 6) Section 4 Periodontitis (Semester 7) Section 5 Periodontal disease. Non-carious lesions (8 semester) Section 6 Diseases of the oral mucosa and lips, physiotherapy of dental diseases (9 semester) Section 10 Diseases of the oral mucosa and lips (10 semester)	Test Situational tasks Colloquium offset

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

Input / current control is carried out by the teacher of the discipline when conducting classes in the form of: testing, solving situational problems, colloquium.

4.1. Tasks for assessing the competence of " PC-12":

Task 1

Patient M., 31 years old, went to the dentist with complaints of food getting between her teeth. From the anamnesis: a week ago, tooth 3.6 was treated for caries.

OBJECTIVE: on the anterior contact-chewing surface of tooth 3.6 there is a filling made of light-curing composite filling material, tooth 3.5 is intact. The interdental papilla is hyperemic, edematous, bleeds on probing.

QUESTIONS:

Make a diagnosis

1. Your tactics
2. List the features of the preparation of cavities under the CPM
3. Types of contact points. Indications for the creation of different types of contact points.
4. Types of matrices. Work technique

Task 2

Patient P., 32 years old, was treated by a dentist for caries. On the same day after treatment, there was a moderate aching pain. The patient was forced to return to the doctor the next day.

ENTRY TO ICS : no complaints. *OBJECTIVELY:* on the contact surface of the tooth 2.2 there is a carious cavity within its own dentin. The bottom and walls are dense, light. *DIAGNOSIS:* 22 - medium caries. *TREATMENT:* under infiltration anesthesia Sol. Septanesti 0.9 ml preparation and drug treatment of the cavity. Sealing " Definite ".

QUESTIONS:

1. Causes of post-filling pain.
2. How to avoid pain in the tooth after filling.
3. What class does the Definite PM belong to?
4. What types of adhesive systems do you know.

Task 3

Patient O., 30 years old, was treated for caries of tooth 3.3.

DYRACT composite filling material A.P. " After 2 days, there were complaints of pain when brushing teeth and from cold irritants.

OBJECTIVE: tooth 3.3 is a filling in the cervical region with a good marginal fit. Probing the enamel along the perimeter is sharply painful.

QUESTIONS:

1. Make a preliminary diagnosis.

2. List possible errors of the doctor.
3. What class of KPM does DYRACT belong to? A.P. " Properties and advantages when filling the V class of Black.
4. Physician tactics.

Task 4

Patient K., 16 years old, applied to the dental clinic for the purpose of sanitation of the oral cavity.

ENTRY IN ICS : diagnosis: tooth 1.6 - superficial caries. Treatment: preparation, drug treatment with distilled water. Filling "Herculite XRV".

QUESTIONS:

1. Describe the clinical picture.
2. Perform differential diagnosis.
3. Methods and preparations for the treatment of superficial caries of milk and permanent teeth.

Task 5

Patient Z., 25 years old, three years ago was treated by a dentist for tooth 4.7 due to caries. At the moment, the patient presents for the presence of a defect in the filling in the tooth 4.7.

OBJECTIVE: there is a shallow carious cavity on the distal contact-masticatory surface, probing is painful along the walls. When conducting a "cold" test - the pain is quickly passing.

QUESTIONS:

1. Make a preliminary diagnosis.
2. Perform differential diagnosis.
3. The choice of filling material for Black class II cavities.
4. List possible medical errors.
5. Rules for the reflection of filling material.

Task 6

Patient N., 30 years old, at the dentist's appointment, had a restoration of tooth 2.1 according to Black's class V from a heliocomposite ("Prismafil").

After 2 days, the patient returned to the doctor with complaints of pain in the tooth when brushing teeth and chewing solid food.

OBJECTIVE: tooth 2.1 is a filling on the labial surface with a good marginal fit. Probing the enamel along the perimeter of the filling is sharply painful. Percussion is painless.

QUESTIONS:

1. Make a diagnosis.
2. What mistakes did the dentist make when placing a filling?
3. Your tactics for this tooth.

Task 7

Patient M., 40 years old, came to the clinic with complaints of pain in the lower jaw on the left.

OBJECTIVE: gingival mucosa is hyperemic, edematous, bleeding on probing. Tooth 3.6 has a deep carious cavity filled with food debris. EOD - 20 μ A, tooth 3.5 - intact, II degree mobility, swelling of the gums, pathological periodontal pocket 7 mm, pus is released, percussion is painful.

QUESTIONS:

1. Make a preliminary diagnosis.
2. Perform differential diagnostics.
3. Make an examination plan.
4. Your treatment tactics.
5. Choice of anesthesia method.

Task 8

Patient S., 30 years old, came to the dental clinic with complaints of pain in the upper jaw to the right of the cold.

History: allergic reaction to lidocaine.

OBJECTIVELY: tooth 1.5 is intact, tooth 1.4 is under a crown (according to the patient, it was prosthetized 10 years ago, not depulped), percussion is painless. Tooth 1.3 - there is a filling on the distal surface, changed in color.

QUESTIONS:

1. Make a plan for examining the patient and make a preliminary diagnosis.
2. What additional methods of examination are needed for the final diagnosis.
3. Choice of anesthesia method.
4. Doctor's tactics.
5. Choice of filling material.

Task 9

Patient U., 38 years old, came to the dentist with complaints of pain in the region of the upper jaw on the left, aggravated in the evening and at night. From the anamnesis it turned out that the patient had been suffering from left-sided chronic sinusitis for 3 years.

OBJECTIVE: Objectively: there is a deep carious cavity on the masticatory surface of 26, probing is sharply painful at one point, the pulp is bleeding. 27 - there is a filling on the chewing surface, the tooth is discolored, percussion is slightly painful.

QUESTIONS:

1. Make a diagnosis of 26, 27 using basic and additional examination methods.
2. Perform differential diagnostics.
3. Suggest treatment.
4. Methods of passage of root canals.

Task 10

Patient V., aged 25, came to the dental clinic complaining of bleeding gums when brushing her teeth.

Objectively: the mucous membrane of the marginal gingiva is slightly edematous, congestively hyperemic. There is a large amount of soft plaque and supragingival tartar. The patient needs to correct oral hygiene.

Questions.

1. Make a preliminary diagnosis.
2. Your treatment tactics.

Task 11

Patient A., aged 12, was called to the house by a pediatrician. The boy's body temperature is 39 °C, his general condition is moderate.

When examining the oral cavity on the hyperemic, edematous mucous membrane of the tonsils, the pharynx, an off-white membranous plaque, passing to the soft palate. Tonsils are sharply enlarged, sugary smell from the mouth. The submandibular lymph nodes are enlarged, dense, painful, the subcutaneous tissue surrounding them is edematous.

Questions.

1. Make the most likely diagnosis.
2. Your tactics.

Task 12

Patient Ch., 56 years old, came to the clinic with complaints of swelling of the gums in area 12. During the examination of the oral cavity, the mobility of all frontal teeth of the upper and lower jaws was found. Subgingival calculus in the area of all remaining teeth. The mucous membrane of the gums in the area of 21 is edematous, hyperemic, there is a fluctuation of the infiltrate, purulent discharge from the periodontal pockets.

Questions.

1. What additional symptoms can be revealed during the examination of this patient?
2. Make a preliminary diagnosis.
3. Prescribe a treatment.

Task 13

Patient K., aged 40, complained of bleeding gums, bad breath. Bleeding gums periodically worries for 5 years. The patient had not previously been treated for this pathology.

Objectively: the mucous membrane of the gums is slightly edematous, congestively hyperemic, bleeds easily when touched with an instrument. Dental pockets 4-5 mm deep. Abundant deposition of tartar. Mobility of teeth I degree.

Questions.

1. Name the most likely diagnosis. What etiological factors cause this pathology?
2. Confirm the preliminary diagnosis with data from the problem statement.
3. Describe the x-ray picture confirming this diagnosis.
4. Make a plan for the examination and treatment of the patient.

Task 14

Patient P., 25 years old, came to the clinic with complaints of bleeding gums, pain in the mouth when eating, bad breath. From the anamnesis: she suffered from influenza, as well as pericoronitis 38.

Objectively: regional lymph nodes are enlarged, dense in consistency, not soldered to the skin. Body temperature 38 °C, a large amount of soft plaque, carious cavities in 31,35,36,37, the mucous membrane of the retromolar region is hyperemic, edematous, there is a gray necrotic plaque on the gingival mucosa 35,36,37.

Questions.

1. Make a preliminary diagnosis.
2. What additional research methods need to be carried out?
3. Carry out differential diagnostics.
4. Assign a treatment plan.

Tasks for assessing the competence of "PC-7":

Task 1

A 42-year-old patient went to the dentist with complaints of aching pain in the upper jaw on the right. As a result of taking an anamnesis, it was found out that during the previous week she had the flu.

OBJECTIVE: in teeth 1.7, 1.5 carious cavities of medium depth were found. EOD - within 10-12 μ A. The mucous membrane of the gums in the area of teeth 1.7, 1.5 is hyperemic, edematous.

QUESTIONS:

1. Make a preliminary diagnosis.
2. What additional research methods would you suggest to clarify the diagnosis?
3. Make a final diagnosis.

Task 2

Patient Z., 25 years old, three years ago was treated by a dentist for tooth 4.7 due to caries. At the moment, the patient presents for the presence of a defect in the filling in the tooth 4.7.

OBJECTIVE: there is a shallow carious cavity on the distal contact-masticatory surface, probing is painful along the walls. When conducting a "cold" test - the pain is quickly passing.

QUESTIONS:

1. Make a preliminary diagnosis.
2. Perform differential diagnosis.
3. The choice of filling material for Black class II cavities.
4. List possible medical errors.
5. Rules for the reflection of filling material.

Task 3

Patient M., aged 12, complained of a cavity in tooth 3.6 in the lower jaw. The tooth had not previously hurt, no treatment was carried out.

OBJECTIVE: on the chewing surface of tooth 3.6 there is a carious cavity within its own dentin, probing is painful along the enamel-dentin border. After preparation and drug treatment with a 3% hydrogen peroxide solution, the CPM was restored.

QUESTIONS:

1. Make a diagnosis.
2. Whether a mistake was made during the treatment.
3. Define a smear layer.

Task 4

Patient P., 24 years old, applied to the dental clinic for the purpose of sanitation of the oral cavity.

OBJECTIVE: there are fillings on the chewing surfaces of teeth 1.6 and 1.7, the marginal fit is broken. After the removal of fillings in tooth 1.6 - a deep carious cavity, probing is painful along the bottom. In tooth 1.7 there is a deep carious cavity, during the preparation the pulp horn was opened, the pulp bleeds.

QUESTIONS:

1. Make a preliminary diagnosis.
2. Your treatment strategy
3. Forecast.

Task 5

Patient R., aged 54, went to the clinic for the purpose of sanitation of the oral cavity.

OBJECTIVE: on the chewing surface of tooth 2.6 there is a carious cavity within its own dentin, the walls and bottom are pigmented. Probing the bottom and walls of the carious cavity is painless. Exposure to cold water does not cause pain.

QUESTIONS:

1. List the diseases that are likely with this symptomatology.
2. Name the most likely diagnosis.
3. What additional research methods and their results can finally confirm the diagnosis.

Task 6

Patient K., aged 30, came to the clinic with a complaint of spontaneous, paroxysmal pain in tooth 2.6, which appeared 3 days ago. The attack of pain is repeated every 2-3 hours and lasts 30-40 minutes.

OBJECTIVE: on the chewing surface 26 there is a deep carious cavity communicating with the tooth cavity.

QUESTIONS:

1. List the diseases that are likely with this symptomatology.
2. Perform a differential diagnosis of acute diffuse pulpitis and chronic in the acute stage.
3. Name the most likely diagnosis.
4. Choose a method of treatment 26 and describe the technique of its implementation.

Task 7

Patient B. was diagnosed with tooth 1.6 - chronic gangrenous pulpitis.

QUESTIONS:

1. The clinical picture of this disease.
2. objective data.
3. Features of treatment.
4. Perform a differential diagnosis of chronic gangrenous pulpitis with chronic periodontitis and chronic fibrous pulpitis.

Task 8

Patient M., 14 years old, went to the dentist with complaints of aching pain, aggravated by chewing in the region of the upper jaw on the right. 2 days ago (on Saturday) she went to the emergency dental clinic with acute pain, where she was put on arsenic paste at 15 under the "oil dentin" bandage for 48 hours, warning that the tooth might hurt.

Objectively: 15 - there is a temporary filling on the posterior chewing surface. Horizontal percussion is more painful than vertical. Transitional fold in area 15 - no pathology. The gingival papilla in area 16 is gray, painful on probing. Gray plaque passes from the papilla to the alveolar part of the gum.

Questions.

1. Make a diagnosis.
2. Mistakes of a dentist when applying arsenic paste.
3. Treat. Arsenic antidotes.
4. Prognosis of the disease.

Task 9

Patient G. complains of constant aching pain at 38, aggravated by biting. Two months ago, 38 was filled with acrylic oxide because of caries. The filling interfered with eating, but the patient did not go to the doctor. At the moment, during examination, there is hyperemia of the mucous membrane of the gums in the projection of the roots 38.

Percussion of the tooth is painful.

Questions.

1. Make a preliminary diagnosis.
2. What is the cause of the disease?
3. What is the electrical excitability of the pulp in deep caries?

Task 10

Patient K., aged 26, complained of pain when biting in the area of 37. Arsenic paste was applied back for pulpitis.

Objectively: the 37th tooth is under a bandage of water dentin, percussion is sharply painful.

Questions.

1. What is your diagnosis?
2. What could be the cause of the disease?
3. What drugs should be used first of all in this disease?

Tasks for assessing the competence of "PC-6":

Task 1

When examining patient T., the dentist used the Kulazhenko apparatus. In subsequent visits, the doctor also used the device.

Questions.

1. For what purpose did the doctor use the device during the first visit during the examination of the patient?
2. For what purpose did the doctor use the device during subsequent visits?

Task 2

Patient K. turned to the dentist with complaints of bleeding of the gums of the lower jaw on the right. Examination of the oral cavity revealed the presence of three teeth with complicated caries on the right lower jaw and abundant deposits of supragingival calculus in the masticatory group of teeth on this side. On the opposite side, the teeth are intact, there are no dental deposits.

Questions.

1. Make a preliminary diagnosis.

2. Explain the etiology of the disease.
3. Your treatment tactics.

Task 3

Patient N., 19 years old, went to the dentist for a physical examination. Makes no complaints. Brushes teeth 2 times a day.

Objectively: in areas 13, 12, 11, 21, 22, 23 on the palatal side, in areas 16, 26 - on the buccal side, tartar is found. When probing the gingival margin, bleeding is noted.

Questions.

1. Make a preliminary diagnosis, using additional research methods if necessary.
2. Treat.

Task 4

Patient P., 23 years old, underwent oral cavity sanitation a few months ago. At present, he went to the reception about bleeding in the area of 36, 37, pain when chewing on this side.

Objectively: the overhanging edges of the fillings on the contact surfaces 36, 37. The gingival papilla in the area 36, 37 is swollen, hyperemic, bleeds when touched with an instrument.

Questions.

1. Make a preliminary diagnosis.
2. Your treatment tactics.

Task 5

A 20-year-old patient complains of periodic inflammation of the gums in the region of the anterior part of the lower jaw.

Objectively: in area 41, 31 the gingival papilla is swollen, hyperemic, bleeds when touched. There is tartar in the interdental space. There is a high attachment of the frenulum of the lower lip.

Questions.

1. What diseases can be assumed?
2. Make a treatment plan.
3. What can be the prognosis of the disease without treatment?

Task 6

Patient N., 29 years old, complains of gum bleeding that occurs when eating, talking, brushing teeth, as well as pain while eating. Prosthesis 2 weeks ago.

Objectively: 21.12 - under plastic crowns. The gingival margin in this area is swollen, sharply hyperemic, bleeds when touched. In other areas, the gingival mucosa is without pathological changes.

Questions.

1. Make a preliminary diagnosis.
2. Explain the possible causes of the disease.
3. Your tactics in treatment.

Task 7

Patient D., aged 32, went to the dentist with complaints of bleeding gums. It was recommended to rinse the mouth with maraslavin and calendula. However, a month later, the patient again complained of bleeding gums when brushing his teeth and biting off food.

Objectively: the presence of supra- and subgingival tartar, the presence of pathological periodontal pockets. Hygiene index according to Fedorov-Volodkina 4.5 points.

Questions.

1. Make a preliminary diagnosis.
2. What mistake was made by the dentist during the first visit?
3. Appoint a full course of treatment.

Task 8

A 22-year-old patient complains of bleeding gums while brushing his teeth.

Objectively: cyanosis of the entire gingival margin, dental deposits; IG = 4 points. The teeth are intact. Bite orthognathic.

Questions.

1. Make a preliminary diagnosis.
2. Specify the necessary research methods for the final diagnosis.
3. Make a treatment plan.

Task 9

Patient N., 50 years old, applied to a dentist for the purpose of sanitation of the oral cavity. When examining the oral cavity: the gingival margin is not changed in color, but the papillae of the gums are significantly enlarged in size, dense to the touch, do not bleed when touched.

Questions.

1. Make a preliminary diagnosis
2. Conduct a differential diagnosis with similar nosological forms.

Tasks for assessing the competence of "PC-2":

Task 1

Patient N., 30 years old, at the dentist's appointment, had a restoration of tooth 2.1 according to Black's class V from a heliocomposite ("Prismafil"). After 2 days, the patient returned to the doctor with complaints of pain in the tooth when brushing teeth and chewing solid food.

OBJECTIVE: tooth 2.1 is a filling on the labial surface with a good marginal fit. Probing the enamel along the perimeter of the filling is sharply painful. Percussion is painless.

QUESTIONS:

1. Make a diagnosis.
2. What mistakes did the dentist make when placing a filling?
3. Your tactics for this tooth.

Task 2

The child is 14 years old. Complains of aching pain in the area of the tooth 3.6.

OBJECTIVE: tooth 3.6 has a metal filling on the occlusal-distal surface with a broken marginal fit.

QUESTIONS:

1. Make a preliminary diagnosis.
2. What additional methods of examination should be carried out?
3. Your tactics.

Task 3

The child is 3 years old. Mom went to the dental clinic in the morning with complaints of night pain in the area of tooth 6.4 in a child. According to the mother, the child ate a candy before going to bed.

OBJECTIVE: in 64 - a medium-sized carious cavity. Percussion of the tooth is painless, the mucous membrane without pathological changes.

QUESTIONS:

1. Make a preliminary diagnosis.
2. Perform differential diagnostics.
3. Your treatment.

Task 4

Patient S., aged 20, complained of spontaneous short-term pain in the lower jaw on the right, when eating cold food, the pain disappears within a few seconds.

HISTORY: the patient suffers from chronic pyelonephritis.

OBJECTIVE: on the chewing surface of tooth 4.6 there is a carious cavity filled with pigmented dentin, the tooth cavity is not opened, percussion is painless. EOD = 18 μ A.

QUESTIONS:

1. Make a preliminary diagnosis.
2. Perform differential diagnostics.

Task 5

Patient U., aged 23, complained of acute short-term pain in tooth 2.5 when eating (sweet, hot, cold).

OBJECTIVE: on the chewing surface of tooth 2.5 there is a deep carious cavity filled with light, softened dentin. Probing the bottom of the carious cavity is painful at one point, percussion is painless. The patient has been suffering from chronic gastritis with low acidity for 3 years.

QUESTIONS:

1. List the diseases that are likely with this symptomatology.
2. Name the most likely diagnosis.
3. What are the main features of the treatment of this disease?

Task 6

The child is 4 years old. Complains of sharp pain in area 64 when chewing solid food.

OBJECTIVELY: when examining the oral cavity: CP = 1.0, IG = 2.0. Tooth 6.4 - on the chewing surface there is a carious cavity that communicates with the cavity of the tooth, the pulp bleeds.

QUESTIONS:

1. Make a preliminary diagnosis.
2. What method of treatment would you suggest?

Task 7

Patient M., 40 years old, came to the clinic with complaints of pain in the lower jaw on the left.

OBJECTIVE: gingival mucosa is hyperemic, edematous, bleeding on probing. Tooth 3.6 has a deep carious cavity filled with food debris. EOD - 20 μ A, tooth 3.5 - intact, II degree mobility, swelling of the gums, pathological periodontal pocket 7 mm, pus is released, percussion is painful.

QUESTIONS:

1. Make a preliminary diagnosis.
2. Perform differential diagnostics.
3. Make an examination plan.
4. Your treatment tactics.
5. Choice of anesthesia method.

Task 8

Patient S., 30 years old, came to the dental clinic with complaints of pain in the upper jaw to the right of the cold.

History: allergic reaction to lidocaine.

OBJECTIVELY: tooth 1.5 is intact, tooth 1.4 is under a crown (according to the patient, it was prosthetized 10 years ago, not depulped), percussion is painless. Tooth 1.3 - there is a filling on the distal surface, changed in color.

QUESTIONS:

1. Make a plan for examining the patient and make a preliminary diagnosis.
2. What additional methods of examination are needed for the final diagnosis.
3. Choice of anesthesia method.
4. Doctor's tactics.
5. Choice of filling material.

Task 9

Patient K., aged 25, complains of pain from hot in the region of the lower jaw on the right.

FROM ANAMNESIS: teeth 4.6, 4.7 - were cured for pulpitis for 2 months. back. R -study after treatment was not conducted.

OBJECTIVE: teeth 4.6, 4.7 - there are fillings on the chewing surfaces.

QUESTIONS:

1. What diagnosis can be assumed?
2. What additional methods will help clarify the diagnosis?
3. Your further tactics.

Task 10

Patient K., aged 20, complained of short-term pain from sweets in the tooth on the upper jaw on the right.

OBJECTIVE: in tooth 1.4 on the anterior chewing surface, enamel discoloration. Probing revealed a shallow carious cavity in the interdental space. The doctor prepared a carious cavity on a turbine unit under infiltration anesthesia and accidentally opened the buccal horn of the pulp.

QUESTIONS:

1. Make a diagnosis.
2. Could this complication have been avoided? What should be taken into account during the work?
3. What is the further tactics of the doctor?
4. Contraindications to the biological method of treatment.

Tasks for assessing the competence of "UK-1":

Task 1

The patient is 5 years old. The patient complains about the presence of a cavity in the tooth in the lower jaw. The tooth has never hurt before. Treatment was not carried out.

OBJECTIVE: the face is symmetrical. In tooth 8.5 there is a carious cavity on the chewing surface of medium depth, filled with food remnants. The gingival mucosa in the area of teeth 8.5, 8.4, 8.3 is pale pink. When probing tooth 8.5, a dense bottom of the carious cavity is determined. The reaction to the cold does not cause pain. Comparative percussion of teeth 8.5, 8.4, 8.3 is painless. Mobility is not noted. When preparing tooth 8.5, pain occurs along the enamel-dentin border. CP=7.

QUESTIONS:

1. What diseases can you think of?
2. Name the most likely diagnosis.

3. What additional research methods are needed to clarify the diagnosis?
4. What data of anamnesis and research methods confirm the diagnosis?
5. What kind of treatment should be carried out?

Task 2

Patient M. complained of pain in area 47.

OBJECTIVE: there is a filling on the medial-occlusal surface of tooth 4.7 and the distal surface of tooth 4.6. There is no contact point. Percussion of teeth 4.6, 4.7 is slightly painful. With light probing, the periodontal papilla bleeds.

QUESTIONS:

1. Make a preliminary diagnosis.
2. What is the cause of this disease?
3. Your further tactics.

Task 3

Patient P., aged 40, was treated for caries of tooth 2.6 three years ago. However, 2 days ago, the filling fell out, and the patient complained of pain when eating.

OBJECTIVE: on the distal surface of tooth 2.6 there is a deep carious cavity, probing the bottom of the cavity is painful. The pain is sharp, but quickly passing during the "cold" test.

QUESTIONS:

1. Make a diagnosis.
2. Is there enough data to make a final diagnosis?
3. What additional research methods should be carried out to clarify the diagnosis?

Task 4

Student S., 21 years old, complains of pain in tooth 1.6 when eating sweet food, which quickly disappears after rinsing the mouth with water.

QUESTIONS:

1. What diagnosis can be assumed without conducting an examination?
2. What clinical data correspond to this disease?
3. What kind of treatment should be carried out?

Task 5

A 42-year-old patient went to the dentist with complaints of aching pain in the upper jaw on the right. As a result of taking an anamnesis, it was found out that during the previous week she had the flu.

OBJECTIVE: in teeth 1.7, 1.5 carious cavities of medium depth were found. EOD - within 10-12 μ A. The mucous membrane of the gums in the area of teeth 1.7, 1.5 is hyperemic, edematous.

QUESTIONS:

1. Make a preliminary diagnosis.
2. What additional research methods would you suggest to clarify the diagnosis?
3. Make a final diagnosis.

Task 5

Patient M., 18 years old, came to the dental clinic for the purpose of sanitation of the oral cavity.

OBJECTIVE: in the oral cavity multiple carious cavities, abundant dental plaque. CPU = 22.

QUESTIONS:

1. Tactics of a dentist.
2. List the activities of public prevention of caries.
3. List the activities of endogenous caries prevention.
4. List the activities of exogenous caries prevention.

4.2. Tests for assessing the competence of "PC-12" :

EXAMINATION OF THE PATIENT START WITH THE APPLICATION OF METHODS:

radiological
laboratory thermometric
major
cytological

THE MAIN SURVEY METHODS ARE:

interview, x-ray
survey, inspection
inspection, EDI

EDI, radiography
percussion, EDI

INTERVIEWING A PATIENT BEGINS WITH FINDING OUT:

life stories
medical history
past illnesses
complaints
allergy history

THE MUCOSA OF THE ORAL CAVITY IS NORMAL:

pale, dry
pale pink, dry
pale pink, evenly hydrated
bright red, richly moisturised
hyperemic, edematous

EXAMINATION OF THE PATIENT BEGINS WITH:

filling in the dental formula
bite definitions
external examination
examination of the dentition
percussion teeth

WHEN EXAMINING LYMPH NODES, THE METHOD IS USED:

percussion
sounding
palpation
radiography
auscultation

AT PALPATION OF THE SUBMANILLIBLE LYMPH NODES, THE PATIENT'S HEAD SHOULD BE:

tilted back
deflected to the left
deflected to the right
tilted forward
tilted back and to the left

FLUIT DEPTH EQUAL (MM):

0.1-0.2
0.5-1
2-3
3-4
4-5

DURING EXTERNAL EXAMINATION OF THE PATIENT'S FACE, THE DOCTOR NOTES:

skin turgor, eye color
facial symmetry, nasolabial folds, skin color
nose shape, eye color
age spots, hair color
integrity of the dentition

WHEN EXAMINING THE ORAL CAVITY, PROBING OF THE TEETH IS CARRIED OUT:

on all surfaces
in the cervical region
in the area of contact surfaces
in fissures
in the region of the tubercles

COLORING OF THE POINT OF ENAMEL DEMINERALIZATION WITH A SOLUTION OF METHYLENE BLUE OCCURRS AS A RESULT OF

lowering the pH of plaque
increase the permeability of enamel in the affected area

violations of the Ca / P ratio of enamel
destruction of the surface layer of enamel
colonization of bacteria on the tooth surface

IN DENTAL PRACTICE FOR THE PRIMARY EXAMINATION THE INSTRUMENTS ARE USED:

mirror, ironing board
mirror, probe
mirror, tweezers
tweezers, probe
probe, plugger

ANGLE BURS ARE LONG (CM):

3.0
2.7
2.5
2.2
1.0

EXCAVATOR DIMENSIONS:

0-3
0-4
0-8
1-4
1-8

ADDITIONAL EXAMINATION METHODS INCLUDED

x-ray examination
definition of EDI
sounding
palpation

ORDER THE PATIENT EXAMINATION SCHEME IN THE RIGHT ORDER

1 - history of present illness
2 - patient complaints
3 - official history
4 - data from an objective study
5 - preliminary diagnosis
6 - anamnesis of the patient's life
7 - treatment plan and its examination
8 - differential diagnosis
9 - clinical (final) diagnosis
10 - diary
11 - additional research methods
12 - forecast
13 - epicrisis

correct answer is 3,2,1,6,4,5,11,8,9,7,10,12,13

DENTAL PATIENT MEDICAL CARD FORM

028/u
037-1/y
039-2/u-88
043/y
030/y

TERM OF STORAGE OF THE MEDICAL CARD IN THE REGISTRY

2 years
5 years
7 years
10 years
15 years

FORM OF A CONSOLIDATED STATEMENT OF ACCOUNT OF THE WORK OF A DENTIST

028/u

037-1/y
039-2/u-88
043/y
030/y

CARRY OUT THE RELATIONSHIP OF ACCOUNTING AND REPORTING DOCUMENTATION BY FORMS

- 1 - a summary record of the work of a dentist
- 2 - a sheet of daily records of the work of a dentist
- 3 - referral for consultation and support institutions
- 4 - medical card of a dental patient

A - 028/u
B - 037-1/y
B - 039-2/u-88
G - 043/u

correct answer 1-c, 2-b, 3-a, 4-d

A DIAGNOSTIC METHOD BASED ON THE PROPERTY OF TISSUES AND THEIR CELLULAR ELEMENTS UNDER THE EXPOSURE OF UV RAYS (WOOD'S RAYS) TO CHANGE ITS COLOR

stomatoscopy
diascopy
galvanometry
luminescent study
biopsy

WHEN CYTOLOGICAL STUDY WITH PEMULS, THEY ARE DETECTED

Tzank cells
atypical cells
giant multinucleated cells
pattern of non-specific inflammation
Langhans cells

AT CYTOLOGICAL EXAMINATION IN TUBERCULOSIS THEY ARE DETECTED

Tzank cells
atypical cells
giant multinucleated cells
pattern of non-specific inflammation
Langhans cells

AT CYTOLOGICAL STUDY IN CANCER DISEASES ARE DETECTED

Tzank cells
atypical cells
giant multinucleated cells
pattern of non-specific inflammation
Langhans cells

PERMISSIBLE VALUE OF POTENTIAL DIFFERENCE IN THE ORAL CAVITY

3 uA
5uA
8uA
10uA
15uA

FORM OF IRREGULAR keratinization CHARACTERIZED BY PATHOLOGICAL KERATINIZATION OF INDIVIDUAL EPITHELIAL CELLS:

dyskeratosis
parakeratosis
hyperkeratosis
acanthosis
acantholysis

THE SECONDARY ELEMENT IS:

vial
abscess
crack
abscess
blister

THE PRIMARY ELEMENTS ARE:

erosion
aphtha
ulcer
abscess
crack

FORMATION CONSISTING OF MICROORGANISMS, FIBRINUS FILM AND LAYERS OF RELATED EPITHELIUM:

plaque
flake
crust
scale-crust
scar

MELTING OF INTERCELLULAR BRIDGES BETWEEN THE CELLS OF THE SPINNED LAYER

acanthosis
spongiosis
acantholysis
hyperkeratosis
vacuolar dystrophy

Tests for assessing the competence of "PC-2" :

DENTAL SERVICE IN RUSSIA PLANS, ORGANIZES, DIRECTS AND CONTROLS

health department
chief dentist of the Russian Federation
Ministry of Health of the Russian Federation
Moscow State University of Medicine and Dentistry

DENTAL CARE TO THE POPULATION IS PROVIDED

In republican (regional, regional) dental clinics
City dental clinics
Regional dental clinics
In departmental hospitals
In research institutes

THE AREA OF THE DENTAL OFFICE SHOULD BE MINIMUM FOR ONE CHAIR (M²):

18
16.5
15
14
9

THE CEILING HEIGHT IN THE DENTAL ROOM SHOULD BE NOT LESS THAN (M²):

4.5
3.3
3.0
2.8
2.0

THE COEFFICIENT OF LIGHT REFLECTION FROM WALL SURFACES IN THE DENTAL OFFICE SHOULD NOT BE LOWER (%):

10
20
thirty

40

50

TEMPERATURE CONDITION MAINTAINED IN THE DENTAL OFFICE DURING THE COLD SEASON (DEGREES):

15-16

17-18

18-23

23-28

28-30

THE PURPOSE OF USING THE DEVICE "ASSISTINA" IS:

handpiece sterilization

pre-sterilization cleaning and lubrication of handpieces

bur disinfection

disinfection of endodontic instruments

bur sterilization

INSTRUMENT IS REQUIRED FOR INTRODUCING AMALGAM INTO THE CARIOUS CAVITY:

plugger

putty knife

finisher

polisher

amalgamator

TOOTH MOBILITY IS DETERMINED WITH THE HELP OF A TOOL:

mirrors

angle probe

tweezers

excavator

spatula

THE WALLS IN THE DENTAL OFFICE, ACCORDING TO THE EXISTING REGULATIONS, COVER:

wallpaper

whitewash

ceramic tiles

tapestry

plastic

WINDOWS IN THE DENTAL OFFICE ARE ORIENTED ON:

south

north

East

west

southwest

THE DENTAL EXCAVATOR IS USED FOR:

fillings

removal of dental deposits and necrectomy

formation of seals

sounding

seal finishing

IN DENTAL PRACTICE, THE STRONGER IS USED FOR:

necrectomy

necrectomy, filling modeling

fillings and their formation

placing and removing fillings

curettage

LIGHT COEFFICIENT (RATIO OF GLASSED WINDOW SURFACE TO FLOOR AREA) SHOULD BE

1:2 - 1:3

1:3 - 1:4

1:4 - 1:5

1:5 - 1:6

1:2 - 1:4

NORMS OF CONDITIONAL UNITS OF LABOR OUTPUT (UT) FOR ONE DENTIST PER DAY

20

25

thirty

35

40

A SCIENCE STUDYING A HUMAN (GROUP OF PEOPLE) IN SPECIFIC CONDITIONS OF HIS (Their) ACTIVITY IN MODERN PRODUCTION

anthropology

sociology

ergonomics

psychology

bioethics

FORMS OF ORAL SANITATION:

unscheduled

individual

comprehensive

periodical

planned

THE FOUNDER OF DENTAL SANITATION IS:

Limberg A.K.

Lukomsky I.G.

Borovsky E.V.

Evdokimov A.I.

Vinogradova T.V.

METHODS FOR ORAL SANITATION:

Limited

Centralized

Decentralized

unorganized

Group

A COMPLEX OF MEASURES FOR THE IMPROVEMENT OF THE ORAL CAVITY, INVOLVING THE TREATMENT OF AFFECTED TEETH, THE REMOVAL OF TEETH THAT CANNOT BE SAVE, THE TREATMENT OF PERIODONTAL DISEASES AND DISEASES OF THE MUCOSA OF THE MOUTH, AS WELL AS ORTHOPEDIC AND ORTHOS DONTIC INTERVENTION:

Clinical examination

Sanation

Prevention

Survey

Diagnostics

IN THE APPEARANCE OF DENTAL CARIES THE LEADING ROLE BELONG TO MICROORGANISMS:

actinomycetes

viruses

streptococcus

staphylococcus

veillonella

WHEN THE AMOUNT OF SOFT PLAQUE IN THE ORAL CAVITY INCREASES, THE REACTION OF SALIVA IS SHIFTED TO THE SIDE:

sour

alkaline

neutral

does not change
variable

IN THE APPEARANCE OF CARIES, THE PROPERTY OF MICROORGANISMS PLAYS AN IMPORTANT ROLE:

antibiotic resistance
formation of organic acids
ability to cause dysbiosis
ability to colonize on the tooth surface
excretion of exotoxins

THE PH VALUE OF PLAQUE, RATED AS CRITICAL, IS:

3.5-4.0
5.5-5.7
6.5-7.0
7.0-7.5
9.5-10.0

THE CONCENTRATION OF MINERALS IN THE ENAMEL OF THE TEETH IS HIGHER IN THE AREA:

cervical
fissures and pits
tubercles and cutting edge
contact surfaces
the same in all parts of the tooth

THE GREATEST ENAMEL PERMEABILITY IS NOTICED:

in the cervical region, pits, fissures
in the area of the tubercles, cutting edge
on contact surfaces
on the vestibular and lingual surfaces
the same in all parts of the enamel

REMINERALIZATION IS:

partial restoration of the density of damaged enamel
loss of calcium, phosphorus, magnesium from the damaged subsurface area of enamel
increasing the frequency of carbohydrate intake
destruction of the enamel structure under the action of organic acids
bacterial invasion of periodontal tissue

PROCESSES OF MINERALIZATION AND REMINERALIZATION OF ENAMEL ARE PROVIDED DUE TO THE INCOME FROM THE ORAL FLUID:

proteins, vitamins
oxygen, hydrogen
calcium, phosphate, fluoride
proteins, oxygen
organic acids

REDUCING THE CONCENTRATION OF MINERAL ELEMENTS IN SALIVA PROMOTES:

change in the viscosity of saliva
enamel remineralization
increase the resistance of enamel to the action of acids
reducing the resistance of enamel to the action of acids
increase the rate of plaque formation

CARBOHYDRATES HAVE THE GREATEST CARIOGENIC ACTION:

maltose
galactose
sucrose
glycogen
starch

THE END PRODUCT OF SUGAR METABOLISM IS

dextran

organic acid

Levans

glycans

glucose

ACCORDING TO WHO RECOMMENDATIONS, THE DAILY INTAKE OF SUGAR IN PRESCHOOL CHILDREN SHOULD BE (G):

10

20

40

50

100

Tests for assessing the competence of "PC-6" :

A DIAGNOSTIC METHOD BASED ON THE PROPERTY OF TISSUES AND THEIR CELLULAR ELEMENTS UNDER THE EXPOSURE OF UV RAYS (WOOD'S RAYS) TO CHANGE ITS COLOR

stomatoscopy

diascopy

galvanometry

luminescent study

biopsy

WHEN CYTOLOGICAL STUDY WITH PEMULS, THEY ARE DETECTED

Tzank cells

atypical cells

giant multinucleated cells

pattern of non-specific inflammation

Langhans cells

AT CYTOLOGICAL EXAMINATION IN TUBERCULOSIS THEY ARE DETECTED

Tzank cells

atypical cells

giant multinucleated cells

pattern of non-specific inflammation

Langhans cells

AT CYTOLOGICAL STUDY IN CANCER DISEASES ARE DETECTED

Tzank cells

atypical cells

giant multinucleated cells

pattern of non-specific inflammation

Langhans cells

PERMISSIBLE VALUE OF POTENTIAL DIFFERENCE IN THE ORAL CAVITY

3 uA

5uA

8uA

10uA

15uA

FORM OF IRREGULAR keratinization CHARACTERIZED BY PATHOLOGICAL KERATINIZATION OF INDIVIDUAL EPITHELIAL CELLS:

dyskeratosis

parakeratosis

hyperkeratosis

acanthosis

acantholysis

THE SECONDARY ELEMENT IS:

vial

abscess

crack
abscess
blister

THE PRIMARY ELEMENTS ARE:

erosion
aphtha
ulcer
abscess
crack

FORMATION CONSISTING OF MICROORGANISMS, FIBRINUS FILM AND LAYERS OF RELATED EPITHELIUM:

plaque
flake
crust
scale-crust
scar

MELTING OF INTERCELLULAR BRIDGES BETWEEN THE CELLS OF THE SPINNED LAYER

acanthosis
spongiosis
acantholysis
hyperkeratosis
vacuolar dystrophy

EXCESSIVE THICKENING OF THE stratum corneum - **HYPERKERATOSIS**

IN CHRONIC INJURIES OF THE MUCOSA OF THE ORAL CAVITY, THE PATHOLOGICAL PROCESS IS OBSERVED:

acantholysis
vacuolar dystrophy
spongiosis
ballooning dystrophy
papillomatosis

ETIOLOGY OF ACUTE MECHANICAL INJURY:

- hit, bite, wound with a cutting or sharp object
- long-term trauma of the mucous membrane with sharp edges of the teeth, poorly made or outdated prostheses
- impact on the mucous membrane of high temperature
- radiation therapy
- concentrated solutions of alkalis/acids

WHAT GROUP OF DRUGS DOES 5% SOLUTION OF AMINOCAPROIC ACID BELONG TO:

antibiotics
antiseptics
keratoplasty
hemostatic preparations
hormonal preparations

IN WHAT CASES IN ACUTE MECHANICAL INJURY ARE SUTURES APPLIED:

if the wound is deep
the wound does not heal for a long time
at the request of the patient
with suppuration of the wound
in all of the above

DIFFERENTIAL DIAGNOSIS OF DECUBITAL ULCER:

cancerous ulcer
tuberculous ulcer
chancre
trophic ulcer

all of the above

THE MOST IMPORTANT ASPECT IN THE TREATMENT OF CHRONIC MECHANICAL INJURY:

anesthesia
application of keratoplasty
elimination of the traumatic factor
professional hygiene
antiseptic treatment

COMPLAINTS OF THE PATIENT IN THE FIRST PERIOD OF DEVELOPMENT OF RADIATION SICKNESS:

dry mouth, loss of taste and sensitivity of the mucous membrane
makes no complaints
for burning and dryness in the mouth and throat
for bad breath
for pain when swallowing

COMPLAINTS OF THE PATIENT IN THE SECOND PERIOD OF DEVELOPMENT OF RADIATION SICKNESS:

dry mouth, loss of taste and sensitivity of the mucous membrane
makes no complaints
for burning and dryness in the mouth and throat
for bad breath
for pain when swallowing

COMPLAINTS OF THE PATIENT IN THE THIRD PERIOD OF DEVELOPMENT OF RADIATION SICKNESS:

dry mouth, loss of taste and sensitivity of the mucous membrane
makes no complaints
for burning and dryness in the mouth and throat
for bad breath
for pain when swallowing

ETIOLOGY OF ACUTE CHEMICAL DAMAGE TO THE OD:

- concentrated solutions of alkalis, acids
- exposure to substances used for dental treatment (silver nitrate, resorcinol-formalin mixture, arsenic paste, etc.)
- wearing removable dentures made of insufficiently polymerized plastic
- independent use of drugs by patients with acute toothache with direct application of the drug to the tooth

-all of the above

ANTIDOTE OF ARSENIC PASTE:

1% unithiol
50% ethyl alcohol
1% calcium carbonate solution
0.5% acetic acid solution
St. John's wort

PHENOL ANTIDOTE:

5% unithiol
2% sulfuric acid solution
6% hydrogen peroxide solution
50% ethyl alcohol
all of the above

THE PRIMARY ELEMENT OF THE DEFEAT IN LEUKOPLAKIA - SPOT

FORMS OF LEUKOPLAKIA:

typical, exudative-hyperemic, erosive-ulcerative, hyperkeratotic
flat, verrucous, erosive-ulcerative, mild, smoker's leukoplakia
acute, chronic
primary, secondary
bullous, atypical, infiltrating

DIFFERENTIAL DIAGNOSIS OF FLAT LEUKOPLAKIA:

typical LP, typical chronic lupus erythematosus, mild leukoplakia
hyperplastic form of candidiasis, secondary syphilis
precancerous cheilitis of Manganotti, MEE
erosive and ulcerative form of LP, mild leukoplakia
typical form of LP, hyperplastic form of candidiasis

LOCALIZATION OF LESIONS IN TAPPEINER LEUKOPLAKIA:

buccal mucosa
lateral surfaces of the tongue
mucosa of the hard palate, anterior soft palate
oral mucosa
red border of lips

FORMS OF VERRUCOSE LEUKOPLAKIA:

acute, chronic
plaque, warty
primary, secondary
light, medium, heavy
typical, atypical

AGE AND GENDER OF PATIENTS IN WHICH EROSIIVE AND ULCERENT LEUKOPLAKIA IS MORE MORE:

men 45-70 years old
women 45-70 years old
men 12-45 years old
women 12-45 years old
age and gender do not matter

FORMS OF SOFT LEUKOPLAKIA:

plaque, warty
acute, chronic
primary, secondary
light, medium, heavy
typical, atypical

THE PRIMARY ELEMENT OF THE DEFEAT IN LEUKOPLAKIA - SPOT

WHICH FORM OF LEUKOPLAKIA IS PRESENT IN THE PICTURE?



flat
verrucous
erosive and ulcerative
soft
smoker's leukoplakia

WHICH FORM OF LEUKOPLAKIA IS PRESENT IN THE PICTURE?



flat
verrucous
erosive and ulcerative
soft
smoker's leukoplakia

PERIODONT INCLUDES (CHOOSE THE MOST COMPLETE ANSWER):

gums, periodontium, bone tissue of alveoli
gingiva, cementum of the tooth root, bone tissue of the alveoli, periodontal attachment
gingiva, periodontium, alveolar bone, cementum of the tooth root
gingiva, periodontium, periodontal attachment, cementum of the tooth root
gum, bone tissue of the alveoli, cementum of the tooth root.

GROWTH DEPTH

0.5-2mm
up to 0.5 mm
1-3mm
1.5-3mm
more than 3 mm

Tests for assessing the competence of "PC-7":

AVOID METHODS NOT SUITABLE FOR HANDS PROCESSING BEFORE WORKING START

washing the skin of the hands with toilet soap
hands are dried with an individual towel
put on clean gloves and wash with soap under running water
gloves are wiped with an individual towel
double treatment with a sterile cotton-gauze swab with a solution of chlorhexidine
none of the methods apply

INTERPRETATION OF THE ORAL HYGIENE INDEX J . C. _ GREEN, J. _ R. _ VERMILLION (IGR-U)

A - 0.0-1.2
B - 3.1-6.0
B - 0.3-1.9
G - 1.9-2.8
D - 2.8-3.9
E - 1.3-3.0
1 - good
2 - satisfactory
3 - bad

correct answer 1-a, 2-e, 3-b

DOES NOT AFFECT PLAQUE FORMATION

anatomical structure of the tooth
diet
oral hygiene
the presence of seals
hormonal background

PLAQUE CONTAINS

viruses

protozoa
streptococci
meningococci
bacteriophages

WHICH LAYER IS CALLED "ZONE OF MAXIMUM CHANGES" IN CARIES

transparent dentine
surface
subsurface
interior
central

AT WHAT CARIES THERE IS A ZONE OF CHANGES IN THE DENTAL PULP

caries in the stain stage
enamel caries
dentine caries
for any caries
does not exist

IN WHAT CARIES IS A SHALLOW DEFECT LOCATED WITHIN THE ENAMEL

caries in the white spot stage
enamel caries
dentine caries
other unspecified caries
no

IN WHAT CARIES DEMINERALIZATION APPEARS AS A COLOR CHANGE IN A LIMITED AREA

caries in the white spot stage
enamel caries
dentine caries
other unspecified caries
no

FOR WHAT CARIES REMOTERAPY IS EFFECTIVE

caries in the white spot stage
enamel caries
dentine caries
other unspecified caries
no

IN WHAT CARIES PROBING IS PAINFUL ON THE ENAMEL-DENTINE JOINT AND ON THE ENTIRE BOTTOM OF THE CARIOUS CAVITY

caries in the white spot stage
enamel caries
dentine caries
other unspecified caries
no

IN WHAT CARIES DID THE TOOTH PULP RESPONSE TO A CURRENT OF 2-12 μ A

caries in the white spot stage
enamel caries
dentine caries
other unspecified caries
no

AT WHAT CARIES SHOULD BE DIFFERENTIAL DIAGNOSIS WITH ENDEMIC FLUOROSIS AND ENAMEL HYPOPLASIA

enamel caries
dentine caries
other unspecified caries
no

AT WHAT CRIES IS IT NECESSARY TO CARRY OUT A DIFFERENTIAL DIAGNOSTICS WITH A Wedge-shaped DEFECT AND CHRONIC APICAL PERIODONTITIS

caries in the white spot stage
enamel caries
dentine caries
other unspecified caries
no

WHAT DOES NOT APPLY TO ETIOPATOGENETIC THERAPY FOR DENTAL CARIES

immunity correction
taking vitamins
taking hypersalivants
taking antibiotics
taking fluoride and calcium supplements
increase carbohydrate intake

WHAT IS THE SYMPTOMATIC TREATMENT OF DENTAL CARIES

filling
reduction in carbohydrate intake
professional oral hygiene
taking vitamins

WHAT DOES NOT APPLY TO COMPLICATIONS DURING SURGERY TREATMENT OF THE CARIOUS CAVITY

formation of an additional platform
perforation of the bottom of the carious cavity
perforation of the cavity wall
fracture of the cavity wall
gum injury

AT STABILIZATION OF THE CARIOUS PROCESS

decreased rate of salivation
increases the rate of salivation
increases the viscosity of saliva
decreased amount of saliva
does not affect

ANATOMICAL CLASSIFICATION OF CARIES

caries of dentin, enamel
caries of enamel, cement
caries of dentin, enamel, cement
caries of dentin, cement
does not exist

CLASSIFICATION OF CARIES BY LOCALIZATION

fissure, proximal, cervical
fissure, proximal
proximal, cervical
fissure, proximal, vestibular
does not exist

"IRREGULATORY DENTIN" - THIS

substitutive
infected
demineralized
artificial
does not exist

WHAT IS THE DEONTOLOGICAL PRINCIPLE

professional, ethical, moral, legal standards
compassion
subordination
inaction

anesthesia

A RAPIDLY PROGRESSIVE FORM OF ENAMEL DEMINERALIZATION IS FREQUENTLY OBSERVED IN PATIENTS

with a pronounced inhibition of nonspecific resistance of the body

smokers

excessive consumption of sour

with poor hygiene

not visiting the dentist

Tests for assessing the competence of "UK-1":

EXAMINATION OF THE PATIENT START WITH THE APPLICATION OF METHODS:

radiological

laboratory thermometric

major

cytological

THE MAIN SURVEY METHODS ARE:

interview, x-ray

survey, inspection

inspection, EDI

EDI, radiography

percussion, EDI

INTERVIEWING A PATIENT BEGINS WITH FINDING OUT:

life stories

medical history

past illnesses

complaints

allergy history

THE MUCOSA OF THE ORAL CAVITY IS NORMAL:

pale, dry

pale pink, dry

pale pink, evenly hydrated

bright red, richly moisturised

hyperemic, edematous

EXAMINATION OF THE PATIENT BEGINS WITH:

filling in the dental formula

bite definitions

external examination

examination of the dentition

percussion teeth

WHEN EXAMINING LYMPH NODES, THE METHOD IS USED:

percussion

sounding

palpation

radiography

auscultation

AT PALPATION OF THE SUBMANILLIBLE LYMPH NODES, THE PATIENT'S HEAD SHOULD BE:

tilted back

deflected to the left

deflected to the right

tilted forward

tilted back and to the left

ADDITIONAL EXAMINATION METHODS INCLUDED

x-ray examination

definition of EDI

sounding

palpation

ORDER THE PATIENT EXAMINATION SCHEME IN THE RIGHT ORDER

1 - history of present illness

2 - patient complaints

3 - official history

4 - data from an objective study

5 - preliminary diagnosis

6 - anamnesis of the patient's life

7 - treatment plan and its examination

8 - differential diagnosis

9 - clinical (final) diagnosis

10 - diary

11 - additional research methods

12 - forecast

13 - epicrisis

correct answer is 3,2,1,6,4,5,11,8,9,7,10,12,13

EMERGENCY CONDITIONS (URGENT) IN DENTISTRY IS:

fainting;

papillitis;

post-filling pain;

anaphylactic shock;

collapse.

TO ELIMINATE POST-FILLING PAIN THE METHODS OF PHYSIOTHERAPEUTIC TREATMENT ARE USED:

electrophoresis;

laser therapy;

fluorization;

coagulation;

FTL is not used.

COLOR CHANGES OF THE TOOTH CROWN AFTER TREATMENT IS POSSIBLE DUE TO:

poor drug treatment of canals;

low-quality necrectomy;

papillitis;

filling of root canals with resorcinol-formalin paste;

breakage of the instrument in the root canal.

WHEN THE INSTRUMENT IS BROKEN BEHIND THE ROOT TIP IN THE PERIAPICAL TISSUES, IT IS NECESSARY TO CARRY OUT:

resection of the root apex;

leave the fragment in the canal and seal the canal with resorcinol-formalin paste;

use the ultrasonic tip to get the instrument;

the lasso technique;

the technique of using a hollow needle and an H-file.

MATERIAL FOR CLOSURE OF PERFORATIONS IS:

" Calcept "

"Proroot AIT "

"MTA Angelus"

Metapex _ _

Trioxident

TRAUMATIC NEURITIS OF THE MANIBORDIAL NERVE IS MANIFESTED AS A SYMPTOM:

hematoma;

numbness of the lower lip

chin

difficulty opening the mouth;

swelling of the lower lip and chin.

ORGANIZATIONAL ERRORS ARE:

misdiagnosis;

aspiration and swallowing of the endodontic instrument;

non-observance of asepsis and antisepsis

non-observance by the personnel of moral, ethical and deontological standards;

all of the above.

EXIT AND ACCUMULATION OF AIR INTO THE SURROUNDING CELLULAR SPACES OF THE FACE, NECK, DUE TO DRYING OF THE TOOTH CAVITY WITH A HARD, MASSIVE JET OF AIR IS CALLED:

mediastinitis;

emphysema;

vessel thromboembolism;

abscess;

edema.

EMERGENCY AID FOR FINDING IS:

give alcohol vapor inhalation;

the position of Tradelenburg;

unfasten tight clothing;

Shut off access to fresh air;

ANAPHYLACTIC SHOCK IS A REACTION:

immediate type;

slow type;

mixed type;

both types;

depending on the etiology.

4.3. Questions for colloquia, interviews:

Chapter. Cariesology (4th semester). Starting lesson.

1. Define therapeutic dentistry as a discipline (UK-1, PC-12).
2. The purpose of therapeutic dentistry (UK-1, PC-12).
3. The main achievements of therapeutic dentistry (UK-1, PC-12).
4. The main stages of processing dental instruments, the purpose of each stage (PC-2, PC-6, PC-7).
5. What properties of the disinfectant solution must be maintained for complete disinfection (PC-2, PC-6, PC-7, PC-12).
6. Methods of pre-sterilization cleaning (PC-2, PC-6, PC-7).
7. The main methods of sterilization (PC-2, PC-6, PC-7).
8. Basic operating modes of class B autoclave (temperature, pressure, time) (PK-2, PK-6, PK-7).
9. The frequency of general cleaning (PK-2, PK-6, PK-7).
10. The main methods of examination of a dental patient by a dentist therapist (UK-1, PC-2, PC-6, PC-7).
11. The sequence of examination of the patient at the appointment of a dentist-therapist (UK-1, PC-2, PC-6, PC-7).
12. How is vestibule depth measured? The gradation of the depth of the vestibule (UK-1, PC-2, PC-6, PC-7).
13. W
14. W
15. W
16. What additional methods of examination should be carried out for patients with
17. List the main types of dyes and their purpose for diagnostics in therapeutic dentistry (PC-2, PC-6, PC-7).
18. Define caries (PC-2, PC-6, PC-7).

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19. List the main etiological causes of the carious process (PC-2, PC-6, PC-7).
20. W
21. What is a cariogenic situation, its clinical manifestations?
22. Stages of professional hygiene (PC-2, PC-6, PC-7).
23. Stages of professional cleaning (PC-2, PC-6, PC-7).
24. Methods and means used at each stage of professional cleaning (PC-2, PC-6, PC-7).
25. List the abrasives used in the composition of pastes for removing dental plaque (PC-2, PC-6, PC-7).
26. List the main abrasives in the composition of powders for the air-abrasive method of removing dental plaque (PC-2, PC-6, PC-7 , PC-12).
27. The main contraindications for ultrasonic cleaning of teeth (PC-2, PC-6, PC-7).
28. The main contraindications to the air-abrasive method of removing dental plaque (PC-2, PC-6, PC-7).
29. What types of prevention do you know (by purpose, by age, by method of receipt, by the use of drugs) (PC-2, PC-6, PC-7 , PC-12).
30. What is remotherapy, indications, methods of conducting in the office and at home (list the drugs used, schemes for their use and methods) (PC-2, PC-6, PC-7 , PC-12).
31. The use of fluorine for prevention (PC-2, PC-6, PC-7 , PC-12).

Final test on the website of SDO "PIMU"

<https://sdo.pimunn.net/mod/resource/view.php?id=193821>

<https://sdo.pimunn.net/mod/resource/view.php?id=193820>

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Chapter. Cariesology (5th semester). Starting lesson.

1. Tooth caries. Etiology, pathogenesis. Classification, pathology, morphological changes in tooth tissues at various stages of development of the carious process (PC-2, PC-6, PC-7, PC-12).
2. Miller's chemical-parasitic theory of caries. Positive and negative aspects of the theory (PC-2, PC-6, PC-7).
3. Theory of dental caries by A.E. Sharpenak and Schatz-Martin. Positive and negative aspects of the theory (PC-2, PC-6, PC-7).
4. Physical and chemical theory of dental caries D.A. Entin. Positive and negative aspects of the theory (PC-2, PC-6, PC-7).
5. Working concept of the pathogenesis of dental caries A.I. Rybakov. Positive and negative aspects of the theory (PC-2, PC-6, PC-7).
6. Cariogenic situation in the oral cavity. Methods for its detection and elimination (UK-1, PC-2, PC-6, PC-7).
7. Modern concept of dental caries. Caries resistance and caries susceptibility (PC-2, PC-6, PC-7, PC-12).
8. Caries in the stain stage. Clinic, diagnostics, differential diagnostics, complex etiopathogenetic treatment, modern methods of treatment (UK-1, PC-2, PC-6, PC-7 , PC-12).
9. Initial caries. Clinic, diagnostics, differential diagnostics, modern methods of treatment. Etiotropic and pathogenetic treatment. Ways to increase the resistance of enamel (UK-1, PC-2, PC-6, PC-7 , PC-12).
10. Enamel caries. Clinic, diagnostics, differential diagnostics, modern methods of treatment (UK-1, PC-2, PC-6, PC-7 , PC-12).
11. Dentin caries. Clinic, diagnostics, differential diagnostics, etiopathogenetic and symptomatic methods of treatment, modern methods of treatment (UK-1, PC-2, PC-6, PC-7 , PC-12).
12. Cement caries. Clinic, diagnostics, differential diagnostics, modern methods of treatment, choice of treatment method (UK-1, PC-2, PC-6, PC-7 , PC-12).
13. Mistakes and complications in the diagnosis and treatment of dental caries. Methods for their prevention and elimination (UK-1, PC-2, PC-6, PC-7, PC-12).
14. Principles and stages of preparation of carious cavities (UK-1, PC-2, PC-6, PC-7 , PC-12).

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15. Features of preparation and filling of carious cavities 1, 2, 3, 4, 5, 6 Black classes (UK-1, PC-2, PC-6, PC-7 , **PC-12**) .

Final test on the website of SDO "PIMU" <https://sdo.pimunn.net/mod/resource/view.php?id=155273>
<https://sdo.pimunn.net/mod/resource/view.php?id=155271>

Chapter. Pulpitis (semester 6). Starting lesson.

1. Periodont. Anatomical and histological structure, innervation, blood supply, functions (PC-2, PC-6, PC-7, PC-12).
2. Periodontitis. Etiology, pathogenesis, classification , clinic, diagnosis, differential diagnosis, choice of treatment method (PC-2, PC-6, PC-7, PC-12).
3. Acute apical periodontitis. Clinic, differential diagnosis, modern methods of treatment (UK-1, PC-2, PC-6, PC-7 , PC-12) .
4. Chronic periodontitis. Clinic, differential diagnosis, treatment. Errors and complications in treatment, methods for their prevention and elimination (UK-1, PC-2, PC-6, PC-7 , PC-12) .
5. Periapical abscess without fistula. Clinic, differential diagnosis, treatment. Errors and complications, methods for their prevention and elimination (UK-1, PC-2, PC-6, PC-7 , PC-12) .
6. Periapical abscess with fistula. Clinic, differential diagnosis, treatment. Errors and complications in the treatment, methods for their prevention and elimination (UK-1, PC-2, PC-6, PC-7 , PC-12) .
7. Enamel hypoplasia. Etiology, clinic, diagnosis, differential diagnosis, treatment, prevention (UK-1, PC-2, PC-6, PC-7 , PC-12) .
8. Fluorosis. Etiology, clinic, diagnosis, differential diagnosis, treatment, prevention (UK-1, PC-2, PC-6, PC-7 , PC-12) .
9. Imperfect amelo- and dentinogenesis. Clinic, diagnostics, differential diagnostics , treatment (UK-1, PC-2, PC-6, PC-7 , PC-12) .
10. Enamel erosion. Etiology, clinic, differential diagnosis, treatment, prevention.
11. Wedge-shaped defect of hard tissues of the tooth. Etiology, clinic, differential diagnosis, treatment, prevention (UK-1, PC-2, PC-6, PC-7 , PC-12) .
12. Hyperesthesia of hard tissues of the tooth. Etiology, clinic, differential diagnosis, treatment, prevention (UK-1, PC-2, PC-6, PC-7 , PC-12) .

Final test on the PIMU website <https://sdo.pimunn.net/mod/resource/view.php?id=155273>
<https://sdo.pimunn.net/mod/resource/view.php?id=155271>

Chapter. Periodontitis (semester 7). Starting lesson.

1. Periodont. Anatomical and histological structure, innervation, blood supply, functions (PC-2, PC-6, PC-7, PC-12).
2. Periodontitis. Etiology, pathogenesis, classification, clinic, diagnosis, differential diagnosis, choice of treatment method (PC-2, PC-6, PC-7, PC-12).
3. Acute apical periodontitis. Clinic, differential diagnostics, modern methods of treatment. (UK-1, PC-2, PC-6, PC-7 , PC-12) .
4. Chronic periodontitis. Clinic, differential diagnosis, treatment. Errors and complications in treatment, methods for their prevention and elimination (UK-1, PC-2, PC-6, PC-7 , PC-12) .
5. Periapical abscess without fistula. Clinic, differential diagnosis, treatment. Errors and complications, methods for their prevention and elimination (UK-1, PC-2, PC-6, PC-7 , PC-12) .
6. Periapical abscess with fistula. Clinic, differential diagnosis, treatment. Errors and complications in the treatment, methods for their prevention and elimination (UK-1, PC-2, PC-6, PC-7 , PC-12) .
7. Enamel hypoplasia. Etiology, clinic, diagnosis, differential diagnosis, treatment, prevention (UK-1, PC-2, PC-6, PC-7 , PC-12) .
8. Fluorosis. Etiology, clinic, diagnostics, differential diagnostics, treatment, prevention (UK-1, PC-2, PC-6, PC-7, PC-12).
9. Imperfect amelo- and dentinogenesis. Clinic, diagnostics, differential diagnostics , treatment (UK-1, PC-2, PC-6, PC-7 , PC-12) .
10. Enamel erosion. Etiology, clinic, differential diagnosis, treatment, prevention (UK-1, PC-2, PC-6, PC-7 , PC-12) .
11. Wedge-shaped defect of hard tissues of the tooth. Etiology, clinic, differential diagnosis, treatment,

prevention (UK-1, PC-2, PC-6, PC-7 , PC-12).

12. Hyperesthesia of hard tissues of the tooth. Etiology, clinic, differential diagnosis, treatment, prevention (UK-1, PC-2, PC-6, PC-7 , PC-12).

Final test on the website of SDO "PIMU"

<https://sdo.pimunn.net/mod/resource/view.php?id=85920>

<https://sdo.pimunn.net/mod/resource/view.php?id=85919>

Chapter: Periodontal diseases. (8 semester). Starting lesson.

1. Periodont. Anatomical and histological structure, periodontal functions (PC-2, PC-6, PC-7).
2. Periodontal disease . Modern ideas about etiology and pathogenesis. Examination of a patient with periodontal pathology. Criteria for assessing the condition of the periodontium. (PC-2, PC-6, PC-7).
3. Periodontology as a branch of dentistry. Prevalence, terminology, classification of periodontal diseases (UK-1, PC-2, PC-6, PC-7).
4. Catarrhal gingivitis. Etiology, pathogenesis, clinic, differential diagnosis, modern methods of treatment (UK-1, PC-2, PC-6, PC-7 , PC-12).
5. Hypertrophic gingivitis. Etiology, pathogenesis, clinic, diagnosis, differential diagnosis, modern methods of treatment (UK-1, PC-2, PC-6, PC-7 , PC-12).
6. Ulcerative gingivitis. Etiology, pathogenesis, clinic, diagnosis, differential diagnosis, modern methods of treatment (UK-1, PC-2, PC-6, PC-7 , PC-12).
7. Periodontitis. Etiology, pathogenesis, pathomorphology, clinic, diagnostics, differential diagnostics, modern methods of treatment (UK-1, PC-2, PC-6, PC-7 , PC-12).
8. The principle of complex treatment of periodontal diseases . Indications for the choice of methods and means of local and general treatment, depending on the severity of periodontal disease (UK-1, PC-2, PC-6, PC-7 , PC-12).
9. Idiopathic periodontal diseases. Clinic, diagnostics, differential diagnostics, treatment (UK-1, PC-2, PC-6, PC-7 , PC-12).
10. Periodontosis. Etiology, pathogenesis, clinic, differential diagnosis, modern methods of treatment (UK-1, PC-2, PC-6, PC-7 , PC-12).
11. Prevention of periodontal diseases. Methods and means. Organization of medical and preventive care for patients with periodontal pathology. Clinical examination (UK-1, PC-2, PC-6, PC-7, PC-12).
12. The value of oral hygiene in the prevention and treatment of periodontal diseases (UK-1, PC-2, PC-6, PC-7 , PC-12).
13. Physical methods for the prevention, diagnosis and treatment of caries (UK-1, PC-2, PC-6, PC-7, PC-12).
14. The use of physical factors for the diagnosis and treatment of pulpitis and periodontitis (UK-1, PC-2, PC-6, PC-7 , PC-12).
15. Physical methods of prevention, diagnosis and treatment of non-carious lesions of hard tissues of the tooth (UK-1, PC-2, PC-6, PC-7).
16. Physiotherapy of periodontal diseases (UK-1, PC-2, PC-6, PC-7 , PC-12).
17. The use of physical methods of treatment for dental diseases that occur with the presence of pain (UK-1, PC-2, PC-6, PC-7 , PC-12).
18. X-ray methods for examining dental patients (UK-1, PC-2, PC-6, PC-7 , PC-12).
19. Dental and odontogenic foci of infection. Focal diseases. Clinic, diagnostics, differential diagnostics, treatment, prevention (UK-1, PC-2, PC-6, PC-7, PC-12).

Final test on the website of SDO "PIMU" <https://sdo.pimunn.net/mod/resource/view.php?id=193835>

<https://sdo.pimunn.net/mod/resource/view.php?id=193834>

Chapter: Diseases of the oral mucosa and lips (9 semester). Starting lesson.

1. Pathological processes in the oral mucosa. Damage elements (primary and secondary) (UK-1, PC-2, PC-6, PC-7, PC-12).
2. Leukoplakia. Etiology, clinic, diagnosis, differential diagnosis, treatment, prevention (UK-1, PC-2, PC-6, PC-7, PC-12).
3. Simple herpes. Etiology, clinic, diagnostics, differential diagnostics, treatment, prevention. (UK-1, PC-2, PC-6, PC-7, PC-12).
4. Manifestation of HIV infection in the oral cavity, diagnosis, differential diagnosis, treatment, prevention (UK-1, PC-2, PC-6, PC-7, PC-12).

5. Ulcerative-necrotic gingivo-stomatitis of Vincent. Etiology, clinic, diagnosis, differential diagnosis, treatment (UK-1, PC-2, PC-6, PC-7, PC-12).
 6. Acute pseudomembranous candidiasis. Clinic, diagnostics, differential diagnostics, treatment (UK-1, PC-2, PC-6, PC-7, PC-12).
 7. Acute and chronic atrophic candidiasis. Etiology, clinic, diagnosis, differential diagnosis, treatment, prevention (UK-1, PC-2, PC-6, PC-7, PC-12).
 8. Chronic hyperplastic candidiasis. Etiology, clinic, diagnosis, differential diagnosis, treatment, prevention (UK-1, PC-2, PC-6, PC-7, PC-12).
 9. Manifestation of syphilis in the oral cavity. Clinic, diagnostics, differential diagnostics, treatment. Features of the behavior of a dentist when receiving this group of patients (UK-1, PC-2, PC-6, PC-7, PC-12).
 10. Chronic recurrent aphthous stomatitis. Etiology, clinic, diagnosis, differential diagnosis, treatment, prevention (UK-1, PC-2, PC-6, PC-7, PC-12).
 11. Multiform exudative erythema. Etiology, clinic, diagnosis, differential diagnosis, treatment (UK-1, PC-2, PC-6, PC-7, PC-12).
 12. Damage to the oral mucosa in diseases of the gastrointestinal tract, hypo - and beriberi. Clinic, diagnostics, differential diagnostics, treatment (UK-1, PC-2, PC-6, PC-7, PC-12).
 13. Damage to the oral mucosa in diseases of the endocrine and cardiovascular systems. Clinic, diagnostics, differential diagnostics, treatment (UK-1, PC-2, PC-6, PC-7, PC-12) (UK-1, PC-2, PC-6, PC-7, PC-12) .
 14. Damage to the oral mucosa in blood diseases. Clinic, diagnostics, differential diagnostics, treatment (UK-1, PC-2, PC-6, PC-7, PC-12).
 15. Glossalgia. Etiology, clinic, diagnostics, differential diagnostics, treatment.
 16. Lichen planus. Etiology, pathogenesis, clinic, diagnostics, differential diagnostics, prevention (UK-1, PC-2, PC-6, PC-7, PC-12).
 17. Pemphigus. Etiology, pathogenesis, clinic, diagnostics, differential diagnostics, treatment.
 18. Desquamative glossitis. Etiology, pathogenesis, clinic, diagnosis, differential diagnosis, treatment, prevention (UK-1, PC-2, PC-6, PC-7, PC-12).
 19. Black hairy tongue. Etiology, pathogenesis, clinic, diagnosis, differential diagnosis, treatment, prevention (UK-1, PC-2, PC-6, PC-7, PC-12).
 20. Cheilitis exfoliative. Etiology, pathogenesis, clinic, diagnosis, differential diagnosis, treatment, prevention (UK-1, PC-2, PC-6, PC-7, PC-12).
 21. Glandular cheilitis. Etiology, pathogenesis, clinic, diagnosis, differential diagnosis, treatment, prevention (UK-1, PC-2, PC-6, PC-7, PC-12).
 22. Cheilitis eczematous. Etiology, pathogenesis, clinic, diagnosis, differential diagnosis, treatment, prevention (UK-1, PC-2, PC-6, PC-7, PC-12).
 23. Macrocheilitis. Etiology, clinic, diagnosis, differential diagnosis, treatment (UK-1, PC-2, PC-6, PC-7, PC-12).
 24. Chronic fissure of the lip. Etiology, clinic, diagnosis, differential diagnosis, treatment (UK-1, PC-2, PC-6, PC-7, PC-12).
 25. Heilit Manganotti. Etiology, clinic, diagnostics, differential diagnostics, treatment.
- Dental and odontogenic foci of infection. Focal diseases. Clinic, diagnostics, differential diagnostics, treatment, prevention. (UK-1, PC-2, PC-6, PC-7, PC-12).
- Final test on the PIMU website <https://sdo.pimunn.net/mod/resource/view.php?id=165655>
<https://sdo.pimunn.net/mod/resource/view.php?id=165653>

Chapter. Diseases of the oral mucosa and lips (10 semester). Starting lesson.

1. Pathological processes in the oral mucosa. Damage elements (primary and secondary) (UK-1, PC-2, PC-6, PC-7, PC-12).
2. Leukoplakia. Etiology, clinic, diagnosis, differential diagnosis, treatment, prevention (UK-1, PC-2, PC-6, PC-7, PC-12).
3. Simple herpes. Etiology, clinic, diagnostics, differential diagnostics, treatment, prevention. (UK-1, PC-2, PC-6, PC-7, PC-12).
4. Manifestation of HIV infection in the oral cavity, diagnosis, differential diagnosis, treatment, prevention (UK-1, PC-2, PC-6, PC-7, PC-12).
5. Ulcerative-necrotic gingivo-stomatitis of Vincent. Etiology, clinic, diagnosis, differential diagnosis, treatment (UK-1, PC-2, PC-6, PC-7, PC-12).

6. Acute pseudomembranous candidiasis. Clinic, diagnostics, differential diagnostics, treatment (UK-1, PC-2, PC-6, PC-7, PC-12).
 7. Acute and chronic atrophic candidiasis. Etiology, clinic, diagnosis, differential diagnosis, treatment, prevention (UK-1, PC-2, PC-6, PC-7, PC-12).
 8. Chronic hyperplastic candidiasis. Etiology, clinic, diagnosis, differential diagnosis, treatment, prevention (UK-1, PC-2, PC-6, PC-7, PC-12).
 9. Manifestation of syphilis in the oral cavity. Clinic, diagnostics, differential diagnostics, treatment. Features of the behavior of a dentist when receiving this group of patients (UK-1, PC-2, PC-6, PC-7, PC-12).
 10. Chronic recurrent aphthous stomatitis. Etiology, clinic, diagnosis, differential diagnosis, treatment, prevention (UK-1, PC-2, PC-6, PC-7, PC-12).
 11. Multiform exudative erythema. Etiology, clinic, diagnosis, differential diagnosis, treatment (UK-1, PC-2, PC-6, PC-7, PC-12).
 12. Damage to the oral mucosa in diseases of the gastrointestinal tract, hypo - and beriberi. Clinic, diagnostics, differential diagnostics, treatment (UK-1, PC-2, PC-6, PC-7, PC-12).
 13. Damage to the oral mucosa in diseases of the endocrine and cardiovascular systems. Clinic, diagnostics, differential diagnostics, treatment (UK-1, PC-2, PC-6, PC-7, PC-12) (UK-1, PC-2, PC-6, PC-7, PC-12) .
 14. Damage to the oral mucosa in blood diseases. Clinic, diagnostics, differential diagnostics, treatment (UK-1, PC-2, PC-6, PC-7, PC-12).
 15. Glossalgia. Etiology, clinic, diagnostics, differential diagnostics, treatment.
 16. Lichen planus. Etiology, pathogenesis, clinic, diagnostics, differential diagnostics, prevention (UK-1, PC-2, PC-6, PC-7, PC-12).
 17. Pemphigus. Etiology, pathogenesis, clinic, diagnostics, differential diagnostics, treatment.
 18. Desquamative glossitis. Etiology, pathogenesis, clinic, diagnosis, differential diagnosis, treatment, prevention (UK-1, PC-2, PC-6, PC-7, PC-12).
 19. Black hairy tongue. Etiology, pathogenesis, clinic, diagnosis, differential diagnosis, treatment, prevention (UK-1, PC-2, PC-6, PC-7, PC-12).
 20. Cheilitis exfoliative. Etiology, pathogenesis, clinic, diagnosis, differential diagnosis, treatment, prevention (UK-1, PC-2, PC-6, PC-7, PC-12).
 21. Glandular cheilitis. Etiology, pathogenesis, clinic, diagnosis, differential diagnosis, treatment, prevention (UK-1, PC-2, PC-6, PC-7, PC-12).
 22. Cheilitis eczematous. Etiology, pathogenesis, clinic, diagnosis, differential diagnosis, treatment, prevention (UK-1, PC-2, PC-6, PC-7, PC-12).
 23. Macrocheilitis. Etiology, clinic, diagnosis, differential diagnosis, treatment (UK-1, PC-2, PC-6, PC-7, PC-12).
 24. Chronic fissure of the lip. Etiology, clinic, diagnosis, differential diagnosis, treatment (UK-1, PC-2, PC-6, PC-7, PC-12).
 25. Heilit Manganotti. Etiology, clinic, diagnostics, differential diagnostics, treatment.
- Dental and odontogenic foci of infection. Focal diseases. Clinic, diagnostics, differential diagnostics, treatment, prevention. (UK-1, PC-2, PC-6, PC-7, PC-12).
- Final test on the PIMU website <https://sdo.pimunn.net/mod/resource/view.php?id=165228>
<https://sdo.pimunn.net/mod/resource/view.php?id=165228>

4.4. Tasks (assessment tools) submitted for the exam / test

Exam tasks for assessing the competence of "PC-7" :

Situational task in therapeutic dentistry No. 50

Patient K., 31 years old, came to the dental clinic with a complaint of spontaneous aching pain in tooth 2.6 that occurs in the evening, and a feeling of discomfort after eating in the area of the lateral group of teeth on the upper jaw on the left.

From the anamnesis : teeth 2.4, 2.5 and 2.6 were previously treated. Allergological status is not burdened. She has been observed by a gastroenterologist for 7 years.

Objectively : on the medio-occlusal surface of tooth 2.6 there is a filling with a broken marginal fit. After the filling was removed, a carious cavity was found within the peripulpal dentin, communicating with the tooth cavity, probing at this point is sharply painful, the pulp bleeds. Percussion of tooth 2.6 is slightly painful. In teeth 2.4, 2.5 there are fillings with a marginal fit

defect according to Black's class II , percussion is painless. On the radiograph of teeth 2.5, 2.6 uniform expansion of the periodontal gap throughout. Bone tissue resorption in the area of teeth 2.4, 2.5, 2.6; a decrease in the height of the interalveolar septa by 1/3 of the length of the roots. On the back and lateral surfaces of the tongue on the right and left, there are areas of bright red color, devoid of filiform papillae.



Questions:

1. Make a preliminary diagnosis.
2. Perform differential diagnosis.
3. Make a final diagnosis.
4. Make a treatment plan.
5. Chronic periodontitis. Clinic, diagnostics, differential diagnostics, choice of treatment method, modern methods of treatment.

Situational task in therapeutic dentistry No. 49

Patient Z., aged 28, complained of severe pain when eating and talking in the submandibular region, profuse salivation, and multiple rashes in the oral cavity.

From the anamnesis : the disease is accompanied by fever up to 38 ° C, malaise, headache. Considers himself sick for 4 days. Previously, the disease of the oral mucosa was not noted.

Objectively : the submandibular lymph nodes are enlarged, painful on palpation. The mucous membrane of the oral cavity is hyperemic, edematous. On the buccal mucosa and hard palate, point erosions covered with fibrinous plaque are determined, sharply painful when touched. The papillary and marginal gums are hyperemic and edematous. Carious cavities in teeth 1.6, 2.6, 3.7, 3.6, 4.6 according to Black's class II . On the vestibular surface in the cervical region of teeth 1.5, 1.4, 2.4, 2.5 there are defects in hard tissues with dense, smooth walls converging at an angle, probing is painless. Oral hygiene = 3.5 Green-Vermillion points .



Questions:

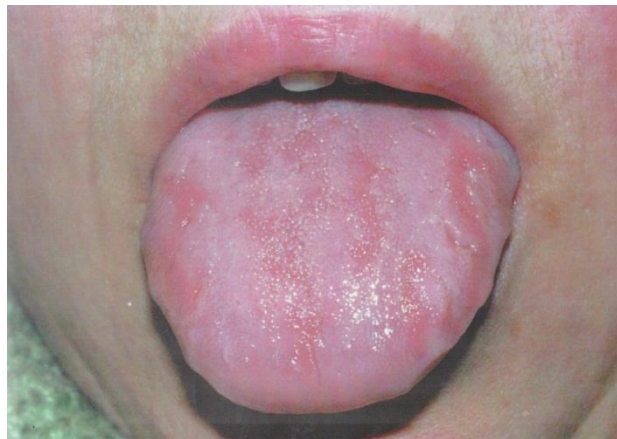
1. Make a preliminary diagnosis.
2. Perform differential diagnosis.
3. Make a final diagnosis.
4. Make a treatment plan.
5. Periodontitis. Etiology, clinic, diagnostics, differential diagnostics, modern methods of treatment, prevention.

Situational task in therapeutic dentistry No. 48

Patient F., 42 years old, a high school teacher, complains of a burning sensation in the tongue that disappears when eating, increased sensitivity to sour, salty and hot foods, which has been bothering her for 6 years. Marks pink spots on the tongue, which periodically disappear and reappear.

From the anamnesis : for 10 years she has been suffering from hyperacid gastritis, notes an allergy to a number of drugs.

Objectively : the tongue is slightly swollen, soft, painless on palpation. On the back of the tongue and the lateral surface of the tongue on the left, there are two areas of bright red color, devoid of papillae, 15x20 mm in size, surrounded by a whitish rim. In the cervical region of teeth 1.1, 2.1 cup-shaped defects with smooth surfaces were found, the bottom is dense. On the chewing surface of the tooth 1.6 there is a carious cavity, probing along the walls is painless, on the distal-occlusal surface of the tooth 1.7 there is a filling with a broken marginal fit.



Questions:

1. Make a preliminary diagnosis.
2. Perform differential diagnosis.
3. Make a final diagnosis.
4. Make a treatment plan.
5. Manifestations in the oral cavity in diseases of the gastrointestinal tract, clinic, diagnosis, differential diagnosis, treatment, prevention.

Situational task in therapeutic dentistry No. 47

Patient Zh., aged 18, complains of general weakness, fever up to 38 ° C, malaise, bad breath.

Objectively : the skin is pale. The mucous membrane of the gums is edematous, hyperemic, covered with a gray coating, the removal of which reveals a bleeding ulcerative surface. Abundant plaque on teeth. On the mucous membrane of the cheeks, tongue, against the background of hyperemic mucous membrane, there are foci with a whitish, cheesy coating, easily removed with a spatula when scraping. Regional lymph nodes are enlarged, painful on palpation. Clinical analysis of blood: shift of the leukocyte formula to the left, increased number of leukocytes. Fissure on the lateral surface of the upper lip, which bleeds when the mouth is opened.



Questions:

1. Make a preliminary diagnosis.
2. Perform differential diagnosis.
3. Make a final diagnosis.
4. Make a treatment plan.
5. Manifestations in the oral cavity with hypo- and avitaminosis. Clinic, diagnostics, differential diagnostics, modern methods of treatment.

Situational task in therapeutic dentistry No. 46

Patient M., 43 years old, went to the dentist with complaints of roughness, a feeling of "tightness" of the oral mucosa, discomfort when eating hot food. Chewing is difficult due to the absence of lateral teeth. Metallic taste. Currently, she suffers from chronic hyperacid gastritis,

underwent cholecystectomy six years ago, after the operation she refused spicy and fatty foods. Complaints the patient associates with prosthetics with artificial crowns of teeth 1.1, 1.2, 1.3, 1.4, 2.1, 2.2, 2.3, 2.4 three years ago. I did not go to the dentist because there was no pain.

From the anamnesis - smoking since 20 years.

Objectively : a decrease in the height of the lower third of the face. Regional lymph nodes are not palpable. The mucous membrane of the lips, vestibule and oral cavity of physiological color, sufficiently moistened. On the mucous membrane of the left lateral surface of the tongue, a gray-white lesion was found, rising above the surrounding mucous membrane. A whitish focus 30x20 mm in size, not removed by scraping. Palpation of the focus of pain and compaction at the base is not determined. The bite is orthognathic. Teeth 1.4., 1.3, 2.3, 2.4 are covered with artificial metal crowns, 1.1, 1.2, 2.1., 2.2 - with plastic lining. Missing teeth 1.8., 1.7., 1.6, 1.5, 2.6, 2.5, 3.1, 3.8, 4.8., 4.6, 4.5. Carious cavities were revealed in teeth 3.4 and 4.4, defects in fillings in teeth 3.5, 3.6 and 4.7. The crown of tooth 2.8 is significantly destroyed, palpation along the transitional crease is slightly painful. Hygiene index according to Green - Vermillion = 2.3 points. Mobility of teeth 3.2, 4.1, 4.2 - the second degree.



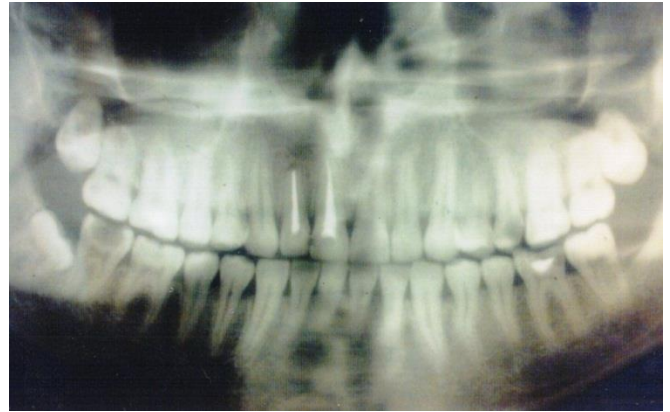
Questions:

1. Make a preliminary diagnosis.
2. Perform differential diagnosis.
3. Make a final diagnosis.
4. Make a treatment plan.
5. Glossalgia. Etiology, clinic, diagnostics, differential diagnostics, treatment.

Situational task in therapeutic dentistry No. 45

Patient T., 24 years old, turned to the dental clinic with complaints of bleeding gums, pain in the gums, aggravated by eating.

Objectively : pregnancy is 17 weeks. In the area of the anterior group of teeth of the upper and lower jaws, there is a significant growth of the gums. Dentogingival papillae overlap the vestibular and oral surfaces of the teeth by 1/3 of the height of the crowns of the teeth of the lower jaw and by 2/3 of the height of the crowns of the teeth of the upper jaw, the papillae are edematous, hyperemic, and bleed when touched. GI = 3.5 points according to Green - Vermillion . The Schiller-Pisarev test is positive. Carious cavities according to Black's class 1 in teeth 4.6, 4.7. In tooth 4.6 there is a carious cavity of medium depth, probing is painless. In tooth 4.7 there is a deep carious cavity, pain when probing the bottom at one point, a prolonged pain reaction to a cold temperature stimulus. On the distal-occlusal surface of tooth 2.5 there is a deep carious cavity. The tooth cavity is opened, surface probing is painless, putrid smell from the tooth cavity.



Questions:

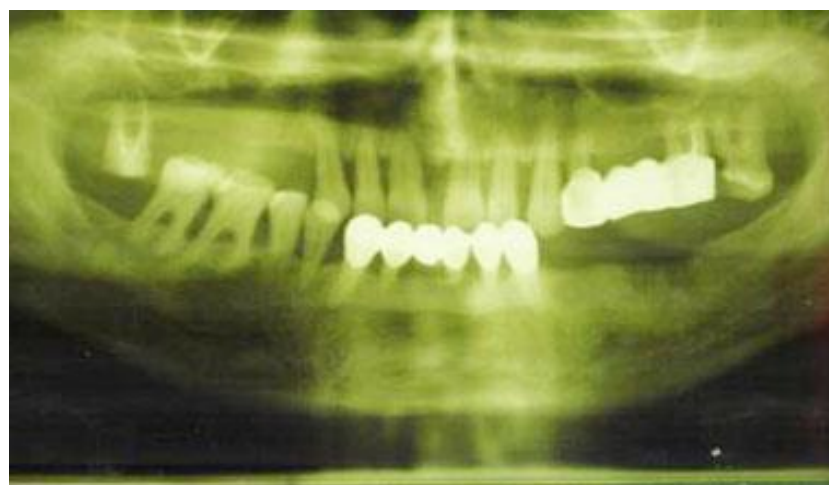
1. Make a preliminary diagnosis.
2. Perform differential diagnosis.
3. Make a final diagnosis.
4. Make a treatment plan.
5. Chronic ulcerative pulpitis. Etiology, pathogenesis, clinic, diagnostics, differential diagnostics, modern methods of treatment.

Situational task in therapeutic dentistry No. 44

Patient N., 65 years old, applied to the dental clinic with complaints of bleeding gums and an unpleasant odor from the oral cavity.

Objectively : teeth 1.7, 1.6, 1.5, 1.4, 2.5, 2.6, 3.4, 3.5, 3.6, 3.7, 3.8, 4.1, 4.8 are missing; , 4.3. The mucous membrane of the gums is edematous, hyperemic, bleeds easily when touched with an instrument. Deep periodontal pockets in the area of all groups of teeth. Abundant supra- and subgingival dental deposits. PMA index=80%.

On the orthopantomogram: the cortical plate is preserved along the holes of the teeth 1.1, 1.2, 1.3, 3.3, 4.3, 4.2; mixed type of bone tissue destruction with a predominance of vertical, the height of the interdental septa is reduced by 2/3, foci of osteoporosis. Tooth 2.4 was previously treated, no filling material can be seen in the canals, in tooth 2.7 the distal buccal canal is 2/3 filled, there is no filling material in the palatine and medial buccal canals, the root canals of teeth 3.3, 4.3 are filled 1/3 of the length, loosely.



Questions:

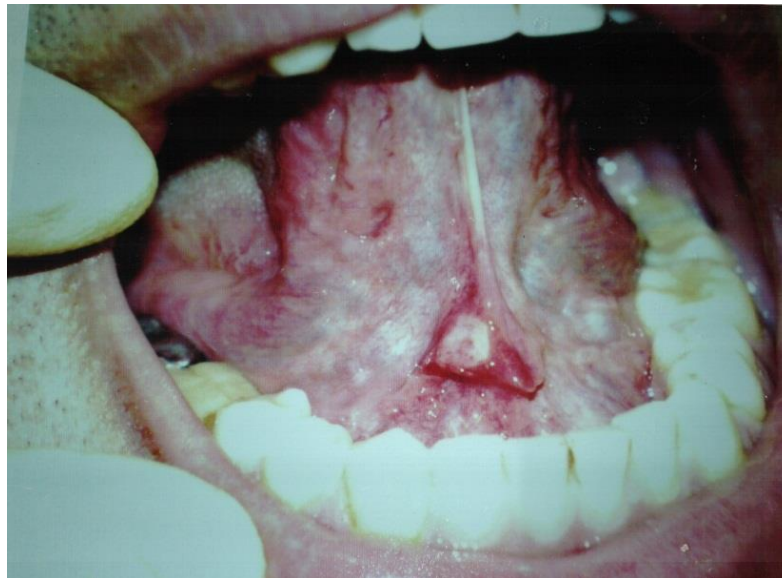
1. Make a preliminary diagnosis.
2. Perform differential diagnosis.
3. Make a final diagnosis.
4. Make a treatment plan.
5. Examine a patient with periodontal pathology. Criteria for assessing the condition of the periodontium.

Situational task in therapeutic dentistry No. 43

Patient L., 40 years old, turned to the dental clinic with a complaint of discomfort in the oral cavity, pain under the tongue when eating and talking.

From the anamnesis : the patient has been on a diet for a long time in order to reduce weight.

Objectively : the mucous membrane of the oral cavity is pale pink in color, moderately moistened, in the region of the frenulum of the tongue on the right there is an oval-shaped mucosal defect located against the background of an area of hyperemia, erosion is covered with fibrinous plaque, painful on palpation. When examining the dentition: teeth 4.6, 3.6, 3.7 were previously sealed, the marginal fit was broken; teeth 1.6, 1.8, 2.8, 2.7 are absent. On the medial-occlusal surface of tooth 2.6, there is a deep carious cavity filled with pigmented dentin, percussion is painless. Palpation of the submental lymph nodes is slightly painful.



Questions:

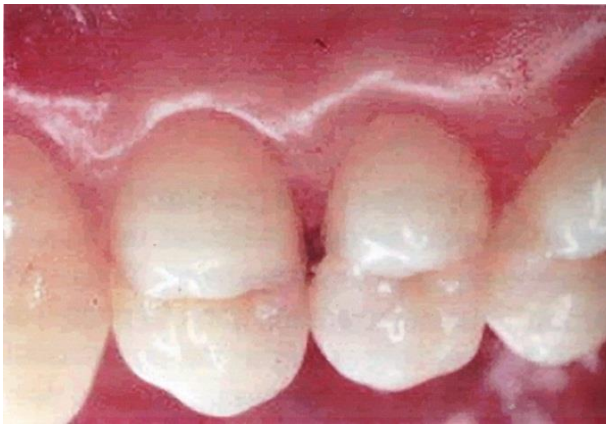
1. Make a preliminary diagnosis.
2. Perform differential diagnosis.
3. Make a final diagnosis.
4. Make a treatment plan.
5. Manifestations in the oral cavity in diseases of the blood and blood-forming organs. Clinic, diagnostics, differential diagnostics, treatment, prevention.

Situational task in therapeutic dentistry No. 42

Patient A., aged 23, complained of pain when eating in the region of the lower jaw on the right.

Objectively : when examining the oral cavity on the mucous membrane of the cheeks along the line of closing of the teeth on the right and left, loose, porous areas of the mucous membrane of a whitish color, loose, swollen, without clear boundaries are visible. The surface layer of the epithelium is scraped off with a spatula without erosion. There is pigmentation on the medial contact surface of tooth 1.4. After the removal of the carious cavity on the chewing surface, a

carious cavity filled with softened pigmented dentin is determined. Percussion is painless, probing is painless.



Questions:

1. Make a preliminary diagnosis.
2. Perform differential diagnosis.
3. Make a final diagnosis.
4. Make a treatment plan.
5. Chronic mechanical injury. Clinic, diagnostics, differential diagnostics, treatment, prevention.

Situational task in therapeutic dentistry No. 41

Patient N., 27 years old, complained of general malaise, pain in the oral cavity, which is aggravated by eating any food, inability to brush teeth, loss of appetite.

Objectively: the body temperature is 38.5°C, the skin is gray, the submandibular and anterior cervical lymph nodes are enlarged, painful on palpation. On the upper lip on the right is an erosion with uneven contours covered with fibrinous plaque. Opening of the mouth is free, swallowing is painful. On the upper jaw on the right, the gum is hyperemic, edematous, the interdental papillae in the area of teeth 1.4-1.8 are ulcerated, partially covered with a dirty gray coating, individual periodontal papillae and their fragments are absent. On the mucous membrane of the palate in the region of teeth 1.4-1.6, the lesion of the mucous membrane of an irregular oval shape with punctate erosive fragments is partially covered with fibrinous plaque. In the gingival region of teeth 1.4-1.7 there is abundant soft plaque. The gum of the lower jaw in the area of teeth 3.2-4.3 is hyperemic, edematous, there is a V-shaped defect of the gingival margin in the area of teeth 4.1, 4.2 with protruding granulations. Teeth 3.1, 4.1, 4.2 have temporary fillings, percussion is slightly painful, pathological tooth mobility 4.1, 4.2 II degree.



Questions:

1. Make a preliminary diagnosis.
2. Perform differential diagnosis.
3. Make a final diagnosis.
4. Make a treatment plan.
5. Prevention of periodontal diseases. Methods and means. Organization of medical and preventive care for patients with periodontal pathology. Medical examination.

Situational task in therapeutic dentistry No. 40

Patient S., 70 years old, complained of pain in the oral cavity when eating, talking and at rest, as well as the presence of a permanent injury to the tongue from the sharp edges of the enamel of the anterior teeth of the lower jaw.

From the anamnesis : the patient suffers from chronic gastritis, chronic pancreatitis, hypertension, coronary heart disease, diabetes mellitus, hyperthyroidism. He considers himself ill for about 6 months, when discomfort in the oral cavity first appeared when eating irritating food. The patient notes that rinsing with antiseptics did not bring relief.

Objectively : the configuration of the face is not changed, regional lymph nodes are not palpable. The opening of the mouth is free. The mucous membrane of the oral cavity is hyperemic, edematous. Multiple papules of a gray-white color are located on the mucous membrane of the cheeks from the line of closing of the teeth up and down, from the corner of the mouth to the retromolar region on the right and left, when scraping, the papules are not removed. In the area of the projection of the tooth 3.7, erosion 4x5 mm in size, covered with fibrinous plaque, painful. Multiple glands of Fordyce. Bridge prosthesis based on teeth 1.2, 1.3, 2.3. Exposure of dentin of teeth 4.3, 4.2, 4.1, 3.1, 3.2, 3.3 in the form of a "bowl", multiple sharp edges of enamel along the cutting edge of teeth 4.3 - 3.3. In tooth 1.6, a filling according to Black's class 2 with a violation of the marginal fit, percussion of the tooth is painless, EDI = 28 μ A. Tooth 1.7 is covered with an artificial metal-ceramic crown that does not reach the level of the marginal gingiva.



Questions:

1. Make a preliminary diagnosis.
2. List the theories of the alleged disease.
3. Perform differential diagnosis.
4. Make a treatment plan.
5. Postoperative sensitivity in the restored tooth. Etiology, pathogenesis, clinic, diagnostics, differential diagnostics, modern methods of treatment.

Situational task in therapeutic dentistry No. 39

Patient S., 50 years old, went to the dentist with a complaint of pain when taking hot, spicy and rough food.

From the anamnesis : 2 years ago she divorced her husband, a month ago she was fired from her job. Suffering from arterial hypertension.

Objectively : shallow linear cracks in the corners of the mouth, bleeding slightly when opening the mouth, painful. On the hyperemic edematous mucous membrane of the left cheek, gray-white nodules with polygonal contours that merge with each other form an openwork pattern in the form of "fern leaves". On the forearms and palms there are purple papules with hyperkeratosis, of a dense consistency, with polygonal contours. Tooth convergence 3.7. On the chewing surface of tooth 3.7, there is a filling with a violation of the marginal fit, percussion is painless. Tooth 3.6 is missing. Teeth 3.4, 3.5 are intact.



Questions:

1. Make a preliminary diagnosis.
2. Perform differential diagnosis.
3. Make a final diagnosis.
4. Make a treatment plan.
5. List measures to prevent recurrence of this disease.

Situational task in therapeutic dentistry No. 38

Patient M., 42 years old, complained of recurrent swelling of the lower lip, sharp sensitivity to sour and cold food in teeth 1.3, 2.3, 3.3, 4.3.

From the anamnesis : swelling of the lower lip is preceded by hypothermia, viral infection, overwork or stress. The onset of the disease is acute, in a short time swelling of one or both lips may develop. Considers himself a patient for more than 5 years.

Objectively : swelling of the lower lip, multiple small cracks. The red border of the lower lip is hyperemic, edematous, with a bluish tint. The symptom of vasoparesis is positive. The mucous membrane of the oral cavity is pale pink in color, sufficiently moistened, clean. On the tongue, foci of desquamation of the epithelium of a polygonal shape with clear boundaries are determined, areas of atrophy are interspersed with areas of para- and hyperkeratosis, resembling a "geographic map". The necks of the teeth are exposed, pigmented, sharp pain on probing. On the vestibular surface, in the projection of the necks of teeth 1.3, 2.3, 3.3, 4.3, defects in the hard tissues of the tooth are determined in the form of a wedge, probing is painful, the dentin is dense, crepites. When treating wedge-shaped defects of teeth 1.3, 2.3, 3.3, 4.3 Caries marker hard fabrics are not stained.



Questions:

1. Make a preliminary diagnosis.
2. Perform differential diagnosis.
3. Make a final diagnosis.
4. Make a treatment plan.
5. Which group of light-curing composite filling materials is indicated for use in the restoration of the above-described defects in hard dental tissues?
Filling features.

Situational task in therapeutic dentistry No. 37

Patient P., aged 51, complained of pain in the oral cavity when eating and talking.

From the anamnesis: the patient has been suffering from chronic gastritis, chronic pancreatitis for many years. The first complaints appeared 2 weeks ago and were associated with the appearance of a bubble in the tongue, which gradually increases in size. According to the patient, rinsing with antiseptic solutions did not bring any improvement. The patient associates the onset of the disease with a stressful situation 1 month ago.

Objectively: the configuration of the face is not changed, the regional lymph nodes are enlarged, mobile, painless on palpation. The mucous membrane of the oral cavity is hyperemic, edematous, multiple gray-white papules are located on the hyperemic base of the mucous membrane of the right and left cheeks, merging papules form an openwork pattern in the form of "frost". On the left lateral surface of the tongue, there are remnants of a collapsed bladder measuring 20x15 mm with a thick lid, and there are solitary papules around. Nikolsky's symptom is negative. Koebner's sign is positive. In tooth 4.6, there is a carious cavity according to Black's class 2, filled with pigmented dentin and scarlet granulation tissue. Probing is painful, bleeding

appears. EOD = 60 μ A. On the chewing surface of tooth 4.7 there is a carious cavity within its own dentin, probing is painful along the enamel-dentin border. Wasserman's reaction is positive.



Questions:

1. Make a preliminary diagnosis.
2. Perform differential diagnosis.
3. Make a final diagnosis.
4. Make a treatment plan.
5. Manifestation of syphilis in the oral cavity. Clinic, diagnostics, differential diagnostics, tactics of a dentist.

Exam tasks for assessing the competence of "PC-6":

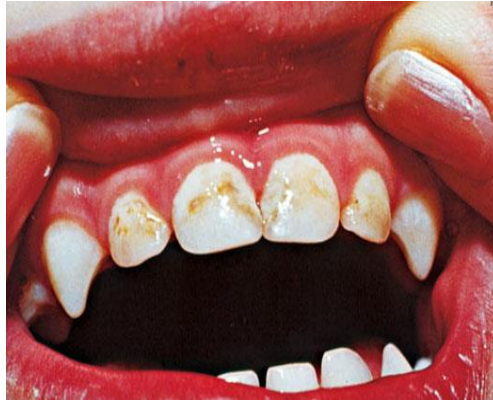
Situational task in therapeutic dentistry No. 36

Patient K., 18 years old, was referred by the Shakhun CRH to the dental clinic of Nizhny State Medical Academy for the purpose of consultation, treatment and dynamic observation.

From the anamnesis: over the past 4 years, she has been observed by an allergist, the patient periodically, especially in the autumn, has rashes in the popliteal cavities, accompanied by severe itching.

Objectively: the red border of the lips is infiltrated, flaky with small scales, there are multiple radial grooves and cracks. The skin of the face is dry, flaky. The enamel of the teeth of the upper and lower jaw has a matte tint with multiple symmetrical matte white and yellow-brown spots, there is a loss of transparency. Probing of lesions is accompanied by characteristic crepitus. Lesions do not stain with Caries marker.





Questions:

1. Make a preliminary diagnosis.
2. Perform differential diagnosis.
3. Make a final diagnosis.
4. Make a treatment plan.
5. Fluorine, its role in the prevention of dental caries.

Situational task in therapeutic dentistry No. 35

Patient N., aged 38, came to the dental clinic with a complaint of short-term pain when brushing his teeth, when inhaling cold air. The pain is aggravated by sour and spicy foods (apples, lemons, ketchup).

From the anamnesis: I discovered a progressive loss of hard tissues of the teeth more than 5 years ago. Didn't go to doctors.

Objectively: there is a carious cavity in tooth 1.2 according to Black's class IV, probing along the walls is painful. On the vestibular surfaces of teeth 1.1, 1.2, 2.1, 2.2, there is an oval-shaped enamel loss with shiny, smooth walls, a slightly yellowish bottom, 3x4 mm in size. Probing, temperature test of teeth 1.1, 1.2, 2.1, 2.2 are painful. On the vestibular surfaces of teeth 1.3, 2.3, the loss of oval-shaped enamel 2x3 mm in size, the bottom is smooth and shiny, probing and temperature test are painful. There is a filling on the oral surface of tooth 4.1, the color of the tooth is changed, percussion is painless. On the teeth of the lower jaw, there are abundant soft and hard dental deposits, pigmented plaque, foci of demineralization and caries of the dentin on the vestibular surfaces of the cervical area. Probing is painless, cold test is slightly painful. Dentogingival attachment in the area of all groups of teeth is not broken.



Questions:

1. Make a preliminary diagnosis.
2. Perform differential diagnosis.
3. Make a final diagnosis.
4. Make a treatment plan.

5. List the X-ray methods of examination of dental patients with periodontal diseases. Describe the x-ray picture in chronic generalized periodontitis of moderate severity.

Situational task in therapeutic dentistry No. 34

Patient K., 42 years old, turned to the dental clinic with complaints of defects in the necks of her teeth, intermittent, transient pain from thermal and mechanical stimuli, and dryness in the oral cavity.

From the anamnesis: he works at a confectionery factory in the technical control department.

Objectively: the gum is pale pink, closely adjacent to the surfaces of the crowns of the teeth, the gum recession is in the anterior region, the necks of the teeth are exposed, the height of the clinical crown of the teeth is 1.5, 1.4, 1.3, 1.2, 1.1, 2.1, 2.2, 2.3, 2.4, 2.5, 3.5, 3.4, 3.3, 3.2, 3.1, 4.1, 4.2, 4.3, 4.4 increased. In the cervical region of teeth 1.5, 1.3, 2.2, 2.3, 2.4, 2.5, 3.5, 3.4, 4.4, there are deep defects in hard tissues, the walls of which are located at an angle, probing is slightly painful, the walls are dense, smooth, shiny. In the cervical region of teeth 1.4, 3.3, 4.3, there are fillings with an unsatisfactory marginal fit. In tooth 4.6 there is a carious cavity on the buccal surface, the enamel is demineralized. Tooth 1.7 is missing. Diastema and multiple tremas. The tongue is hyperemic, edematous, on the dorsal surface there is a gray-white coating, which is partially removed when scraped.



Questions:

1. Make a preliminary diagnosis.
2. Perform differential diagnosis.
3. List the diagnostic methods that allow you to make an accurate diagnosis.
4. Make a final diagnosis.
5. Make a treatment plan.

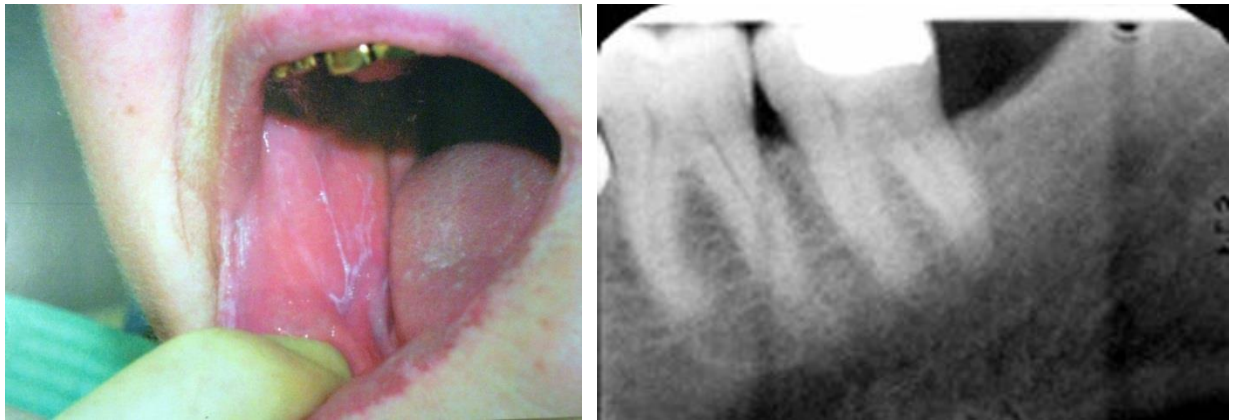
Situational task in therapeutic dentistry No. 33

Patient M., 54 years old, turned to the dental clinic with a complaint of periodic pain in the teeth of the lower jaw on the right.

From the anamnesis: the last time I treated the teeth of the lower jaw 2 weeks ago. He suffers from chronic pancreatitis. He notes high blood pressure, the therapist does not observe it, he independently takes the drug Kapoten.

Objectively: in the upper jaw there are bridges supported by teeth 1.4, 1.7, 2.4, 2.7 and single metal crowns on teeth 1.3, 1.2, 1.1, 2.1, 2.2, 2.3 with titanium nitrite coating. Teeth 1.8, 2.8, 3.8, 4.6, 4.7, 4.8 are missing. In tooth 4.7, a filling according to Black's class II. In teeth 3.5, 3.4, 4.4, 4.5 there are carious cavities on adjacent proximal surfaces. In teeth 3.3, 4.3 there are carious cavities in the cervical area. Necks of teeth 3.2, 3.1, 4.1, 4.2 are bare, mobility I - II degree. Abundant soft plaque, tartar, hygiene index according to Green - Vermillion = 3.5 points. On the

mucous membrane of the right cheek in the distal section and on the back of the tongue closer to the right lateral surface of a gray-white linear pattern. On the mucous membrane of the left cheek at the level of tooth 2.7, single white papules of a polygonal shape, slightly elevated above the level of the mucous membrane, are not scraped off.



Questions:

1. Make a preliminary diagnosis.
2. List the possible etiological factors for the development of this disease.
3. Perform differential diagnosis.
4. Make a final diagnosis.
5. Create a treatment plan for your patient.

Situational task in therapeutic dentistry No. 32

Patient A., 39 years old, came to the dental clinic with complaints of dryness and pain in her lower lip.

From the anamnesis: a week ago I returned from a vacation spent at a ski resort.

Objectively: the configuration of the face is not changed, the skin is clean, the red border of the lower lip is dry, hyperemic, with many small erosions and scaly crusts. The red border of the upper lip is dry, there are no lesions. Teeth 4.6, 3.5 are covered with ceramic-metal crowns; in teeth 3.6, 3.7 there are fillings on the proximal-occlusal surfaces, there are no contact points between teeth 3.5, 3.6, 3.7. In the cervical area of the teeth 3.3, 3.2, 3.1, 4.1, 4.2, 4.3, 4.4 from the oral surface there is abundant soft plaque and supragingival tartar. Hygiene index according to Green - Vermillion = 3 points.





Questions:

1. Make a preliminary diagnosis.
2. Perform differential diagnosis.
3. Make a final diagnosis.
4. Describe the intraoral radiographs of the teeth of patient A, 39 years old.
5. Make a plan for complex etiopathogenetic treatment.

Situational task in therapeutic dentistry No. 31

Patient V., 45 years old, came to the dental clinic with complaints of pain in the oral cavity when eating and talking, bleeding gums when brushing teeth.

From the anamnesis: a week ago she had an acute respiratory disease.

Objectively: the free gum of the upper and lower jaws is hyperemic, edematous, bleeds on probing, Mühlemann grade 3, periodontal pockets up to 3.0 mm deep. In the cervical region and on the proximal surfaces of the teeth, there are significant deposits of soft dental plaque, supragingival tartar, hygiene index according to Green - Vermillion = 3 points. Halitosis. Teeth 1.8, 1.7, 1.6 are absent, tooth 2.5 was previously filled, the state of restoration is satisfactory, tooth 2.7 was previously filled, there is a defect in the marginal fit of the filling, in tooth 4.6 there is dentin caries, EDI = 18 μ A.

On the mucous membrane of the posterior part of the hard palate and soft palate, large erosive surfaces merging with each other, irregular in shape with clear contours, covered with fragments of the bladder cover. Along the perimeter of erosions, the mucous membrane is hyperemic.



Questions:

1. Make a preliminary diagnosis.
2. Perform differential diagnosis.
3. Make a final diagnosis.
4. Make a treatment plan.

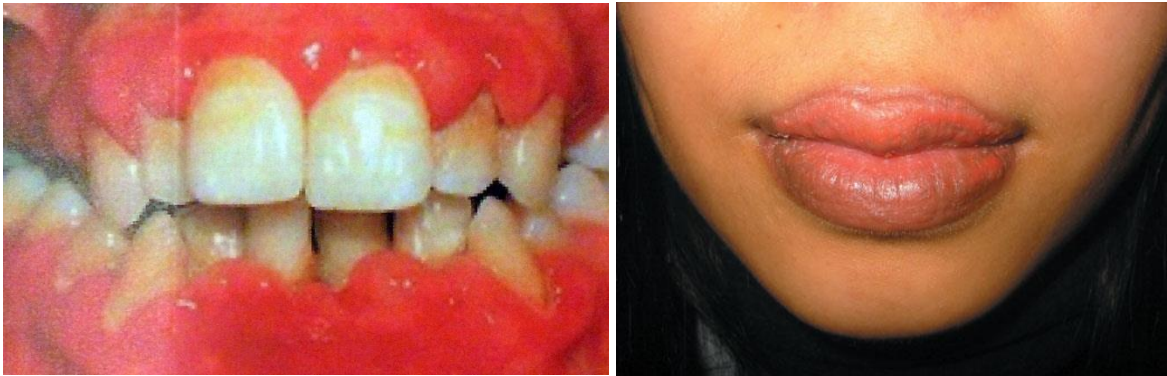
5. Specify, on the basis of what clinical signs it is possible to determine the severity of this disease?

Situational task in therapeutic dentistry No. 30

Patient M. 24 years old, turned to a dentist with complaints of pain and bleeding of the gums, aggravated during meals, bad breath from the mouth, burning and soreness of the lips.

From the anamnesis: the lips acquired a real look about 3 days ago after the tattoo procedure.

Objectively: the skin is of physiological color. The red border of the upper and lower lips is edematous, hyperemic, bumpy. The gums are hyperemic, edematous, when probing - intense bleeding, periodontal pockets up to 3.5 mm. Dentogingival papillae in the area of teeth 3.3, 3.2, 3.1, 4.1, 4.2, 4.3 are deformed, barrel-shaped, easily lag behind the surface of the crowns of the teeth, the symptom of vasoparesis is positive. On all surfaces of the teeth, there are abundant deposits of soft dental plaque, dental plaque, tartar. IG = 3.4 points for Green - Vermillion. The close position of the teeth in the anterior part of the upper and lower jaws. Teeth 2.6, 3.7, 4.6 were previously sealed, the fillings were partially destroyed; in tooth 1.5 there is a carious cavity on the distal surface, tooth 3.6 is missing, teeth 1.8, 4.8 have not erupted.



Questions:

1. Make a preliminary diagnosis.
2. Perform differential diagnosis.
3. Make a final diagnosis.
4. Make a treatment plan.
5. Hypertrophic gingivitis. Etiology, clinic, diagnostics, differential diagnostics, modern methods of treatment.
6. Local immunity of the oral cavity. The role of immune mechanisms in the pathogenesis of oral diseases.

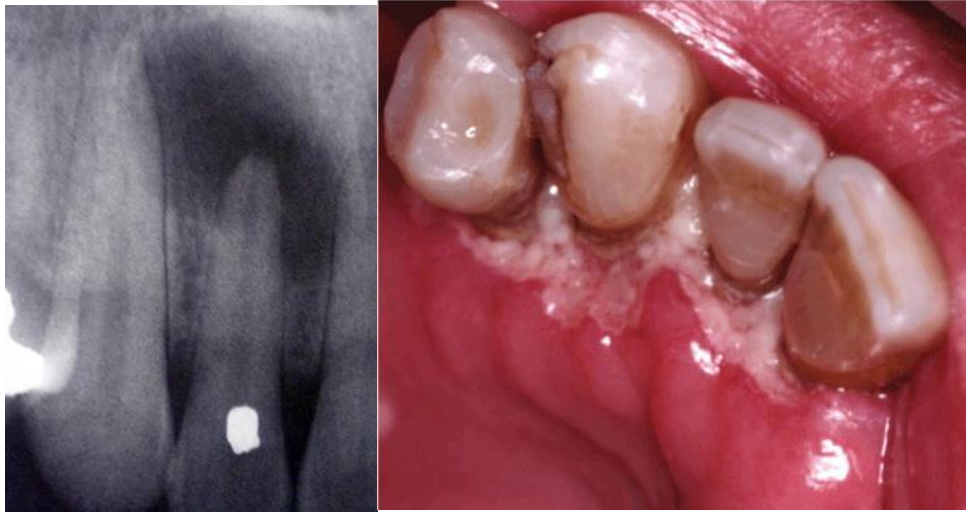
Exam tasks for assessing the competence of "PC-12":

Situational task in therapeutic dentistry No. 29

Patient M. came to the dental clinic, **28 years old**, complaining of pain in the gums when eating and brushing teeth.

From the anamnesis: he considers himself ill for a month, two months ago he was treated in an infectious diseases hospital for mononucleosis.

Objectively: body temperature is 38 °C, free gums on the upper and lower jaws are hyperemic, edematous, covered with necrotic plaque; probing is sharply painful, periodontal attachment is preserved. Abundant soft plaque, dental plaque, supragingival calculus. Halitosis. According to the patient, oral care is difficult due to severe pain when touching the gums with a toothbrush. On the occlusal surfaces of teeth 1.7, 2.6, 3.7, 3.6, 4.6, 4.7 fillings, the condition of the fillings is satisfactory. The crown of tooth 1.2 is changed in color, traumatic chipping of the distal angle of the crown, percussion is painless. The submandibular lymph nodes on the right and left are enlarged, mobile, slightly painful.



Questions:

1. Make a preliminary diagnosis.
2. Perform differential diagnosis.
3. Describe the x-ray.
4. Make a final diagnosis.
5. Make a treatment plan.
6. HIV infection. Manifestations in the oral cavity.
7. Professional oral hygiene. Methods for identifying and eliminating dental deposits.

Situational task in therapeutic dentistry No. 28

Patient S., 25 years old, turned to the dental clinic with complaints of bleeding gums and pain in the teeth, aggravated by eating and brushing teeth.

From the anamnesis: the woman is pregnant, 28 weeks. A change in the configuration of the gingival margin has been noted over the past two months. Before pregnancy, I was periodically worried about bleeding gums when brushing my teeth.

Objectively: in the upper jaw in the area from tooth 1.5 to tooth 2.5 and in the lower jaw from tooth 3.4 to tooth 4.4 there is a pronounced deformation of the gingival margin due to the growth of periodontal papillae overlapping the crowns of the teeth by $\frac{1}{2}$. Modified periodontal papillae have a rounded shape, are easily separated from the surface of the crowns of the teeth, bleed when touched, the symptom of vasoparesis is positive. On the surfaces of the crowns of the teeth, there are abundant deposits of soft dental plaque. Hygiene index = 3.0 Green - Vermillion points. On buccal surfaces of teeth 1.7, 2.7; approximal surfaces 3.6, 3.7, 4.6, 4.7 carious cavities, in the cervical region 3.3, 4.3 - foci of demineralization. In the posterior third, along the midline of the dorsal surface of the tongue, an intense pink focus with clear contours is determined.



Questions:

1. Make a preliminary diagnosis.
2. Perform differential diagnosis.
3. Make a final diagnosis.
4. Make a treatment plan.
5. Microbial flora of the oral cavity and its role in the development of pathological processes.

Situational task in therapeutic dentistry No. 27

Patient K., 65 years old, turned to the dental clinic with complaints of burning, dryness in the corners of her mouth, tightening of her lips. Considers himself ill for a month.

From the anamnesis: ischemic heart disease, insulin-dependent diabetes mellitus. 8 years ago, orthopedic treatment was carried out with stamped-brazed crowns; a partial removable lamellar denture for the lower jaw, which the patient uses irregularly, and a complete removable denture for the upper jaw, used occasionally, were made.

Objectively: during external examination, the height of the lower third of the face is reduced, there are deep folds in the corners of the mouth, the skin around the corners of the mouth is dry. The lower lip is thickened, slightly hyperemic, dry. When opening the mouth, accompanied by pain, on both sides there are small, slightly weeping erosions on an erythematous background, covered with delicate crusts and surrounded by thin gray scales. The mucous membrane of the oral cavity is pale pink in color, sufficiently moistened, clean. On the upper jaw there is a complete removable lamellar denture, on the lower jaw there is a partial removable lamellar denture with clasp fixation, teeth 3.3, 3.2, 3.1, 4.1, 4.2, 4.3, 4.5, 4.6 under metal crowns with nitrite-titanium coating. Crowns have overhanging edges over the gum margin. In the area of teeth 3.3, 3.2, 3.1, 4.1, 4.2, 4.3, 4.5, 4.6 food remains, the marginal gum is hyperemic.



Questions:

1. Make a preliminary diagnosis.
2. Perform differential diagnosis.
3. Describe the x-ray.
4. Make a final diagnosis.
5. Make a treatment plan.
6. Describe the x-ray picture shown in the picture. Treat tooth 3.5.

Situational task in therapeutic dentistry No. 26

Patient S. came to the dental clinic, **57 years old**, with complaints of pain in the oral mucosa, aggravated during meals, as well as pain in the teeth when brushing teeth and from cold drinks.

From the anamnesis: considers himself ill for three months. During the illness, she applied to the dental clinic at the place of residence, where applications were recommended and prescribed for the oral mucosa of an oily solution of vitamin A, a solution of chlorhexidine for rinsing the mouth, and decoctions of chamomile and sage were used independently. The measures taken did not have a positive effect.

The patient suffers from chronic cholecystitis, spastic colitis, and notes high blood pressure.

At the time of the visit, the patient is emotionally labile, cancerophobia is pronounced.

Objectively: the free part of the gums on the upper and lower jaws is hyperemic, with a cyanotic tint, edematous, periodontal pockets 5-5.5 mm deep are determined during probing, bleeding of the gums of III degree according to Mühlemann. Hygiene index = 3.5 points according to Green - Vermillion. Upper jaw missing teeth 1.8, 1.7, 2.5, 2.8; on the lower jaw - 3.8, 3.7, 3.6. Teeth 1.6, 2.7 were filled earlier, the roots are 1/3 exposed; tooth 2.6 is covered with a cast crown. In teeth 3.5, 3.4 there are fillings on adjacent proximal surfaces. Teeth 3.2, 3.1, 4.1, 4.2, 4.7, 4.8 are movable I degree, necks of incisors are bare. Sharp edges of teeth 1.6, 1.5, 1.4, 2.7, 3.5, 3.4, 4.5, 4.6, 4.7. The buccal mucosa in the distal sections extending to the transitional fold is hyperemic, edematous; against this background, individual gray-white papules are visible. On the right, at the level of tooth 4.7, there is a small erosion of irregular shape, covered with fibrinous plaque, painful on palpation, the plaque is not removed.



Questions:

1. Make a preliminary diagnosis.
2. Perform differential diagnosis.
3. Make a final diagnosis.
4. Make a treatment plan.
5. Halitosis. Local and general causes of halitosis. Modern elimination methods.
6. Motivation, its place, role and importance in the optimization and intensification of oral hygiene.

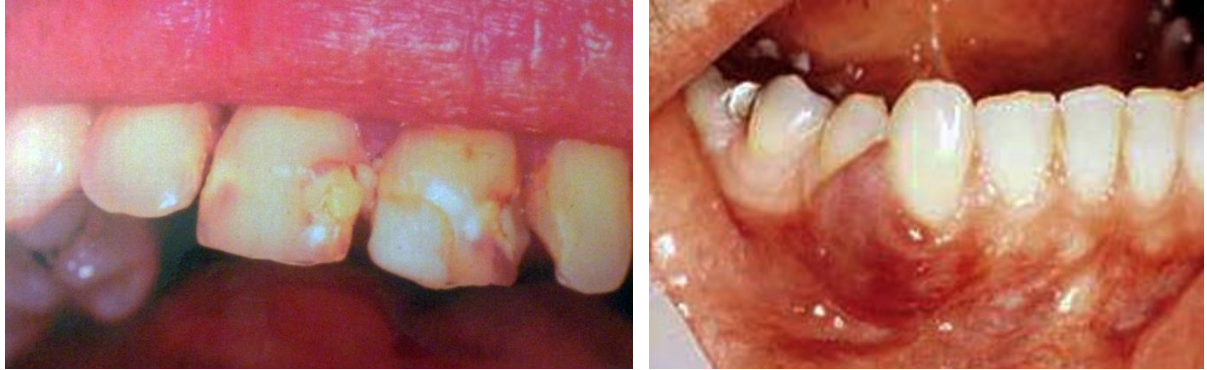
Situational task in therapeutic dentistry No. 25

Patient N., 30 years old, went to the dentist with complaints of an aesthetic defect of teeth 1.1, 2.1, 2.2 and hyperemia and swelling of the gums in the area of teeth 4.4-4.6.

From the anamnesis: teeth 1.1, 2.1 and 2.2 were sealed about 5 years ago. Teeth 4.5 and 4.6 were treated 2 days ago for caries.

Objectively: in teeth 1.1, 2.1 and 2.2 there are fillings with a violation of the marginal fit. After the removal of the filling from tooth 1.1, a carious cavity communicating with the cavity of the

tooth is determined, probing is painful, the pulp bleeds. After removing the filling from tooth 2.1, a carious cavity is determined within the peripulpal dentin, probing the walls and bottom of the carious cavity is painless. The mucosa of the transitional fold without pathological changes. In teeth 4.5 and 4.6 amalgam fillings on contact adjacent surfaces. Percussion of teeth 4.5, 4.6 is slightly painful, EDI = 6 μ A and 3 μ A, respectively. When probing, the overhanging edge of the filling is determined, the periodontal attachment is not disturbed.



Questions:

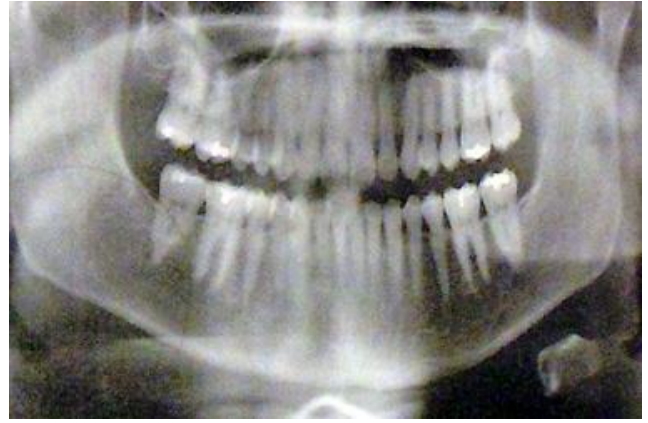
1. Make a preliminary diagnosis.
2. Perform differential diagnosis.
3. Make a final diagnosis.
4. Make a treatment plan.
5. Polymerization shrinkage of composite filling material. The role and significance of polymerization shrinkage in the restoration of cavities of 1, 2, 3, 4, 5, 6 Black classes.

Situational task in therapeutic dentistry No. 24

Patient B., 22 years old, complains of bleeding and soreness of the gums when brushing her teeth and eating hard food. The gum bleeds from the age of 16, was treated with herbal rinses, after giving birth 2 years ago, bleeding became constant, pain appeared when eating hard food. The patient noticed an increase in gum volume.

From the anamnesis: childhood infections; frequent SARS; other diseases, according to the conclusion of the therapist, were not identified.

Objectively: appearance without features. Submandibular lymph nodes are slightly enlarged, painful on palpation. There is a close position of teeth 1.2, 1.1, 2.1, 2.2, 2.3 and 3.5, 3.4, 3.3, 3.2, 3.1, 4.1, 4.2, 4.3, 4.4, 4.5. Hygiene index according to Green - Vermillion = 3.5 points, the abundance of supragingival tartar is determined. Edema and deformity of the periodontal papillae. Hypertrophied gum covers the crown part of the tooth by $\frac{1}{2}$ of the height in the area of teeth 1.2, 1.1, 2.1, 2.2, 2.3 and 3.5, 3.4, 3.3, 3.2, 3.1, 4.1, 4.2, 4.3, 4.4, 4.5. Carious cavities on the proximal surfaces of teeth 3.2, 3.1 and 4.1, 4.2. On the orthopantomographic image, a compact plate of the tops of the interalveolar septa is preserved.



Questions:

1. Make a preliminary diagnosis.
2. Perform differential diagnosis.
3. Describe the orthopantomogram.
4. Make a final diagnosis.
5. Make a treatment plan.
6. Prevention of periodontal diseases. Types of motivations. Items and means of hygiene.

Situational task in therapeutic dentistry No. 23

Patient A., aged 44, was referred by a factory polyclinic doctor for a consultation at the Department of Therapeutic Dentistry.

From the anamnesis: notes intolerance to sulfanilamide drugs. He is on sick leave for this disease for the 4th time this year. After the next discharge to work, an exacerbation occurred again, which the patient associates with hypothermia and acute respiratory infections.

The disease each time began with a sudden rise in temperature to 39 °C, weakness, aches in the joints and muscles, rashes appeared on the mucous membrane of the mouth and nose, as well as on the skin of the back surface of the arms and legs.

Has been working in the paint and varnish industry for 12 years.

Objectively: body temperature is 38.7 °C. The skin is pale. There are erosions on the red border of the lips, covered with bloody crusts, cracks in the corners of the mouth. On the mucous membrane of the cheeks, the bottom of the mouth, the lateral surface of the tongue, extensive erosions covered with a grayish-yellow coating, halitosis. Hygiene index according to Green-Vermillion = 4 points.



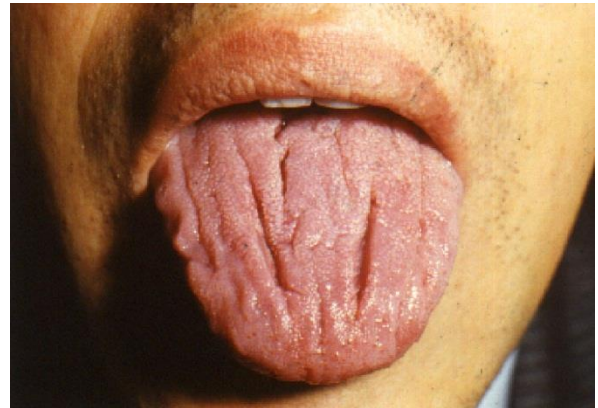
Questions:

1. Make a preliminary diagnosis.
2. Perform differential diagnosis.
3. Make a final diagnosis.
4. Make a treatment plan.
5. Dental and odontogenic foci of infection. Focal diseases. Clinic, diagnostics, differential diagnostics, treatment, prevention.

Situational task in therapeutic dentistry No. 22

Patient B., aged 35, came to the dental clinic with a complaint of pain in the lower jaw on the right when eating food at contrasting temperatures.

Objectively: There is a filling on the chewing surface of tooth 4.7. On the chewing surface of the tooth 4.6 there is a seal with a broken marginal fit, after the removal of which communication with the tooth cavity is determined. Probing is painless. Palpation along the transitional fold is painless, the gingival papilla between teeth 4.6 and 4.7 is swollen, hyperemic, and bleeds on probing. EOD of tooth 4.6 - 60 μ A. On the roentgenogram: a focus of destruction of the bone tissue of a rounded shape with clear contours, localized in the region of the apex of the distal tooth root 4.6. On the dorsal surface of the tongue there are longitudinal and transverse folds of various depths. Teeth marks on the lateral surfaces of the tongue. Bad breath. The lymphatic submandibular nodes on the right are enlarged, slightly painful on palpation.



Questions:

1. Make a preliminary diagnosis.
2. Perform differential diagnosis.
3. Make a final diagnosis.
4. Make a treatment plan.
5. Basic principles of asepsis in therapeutic dentistry. Sanitary-epidemic mode of work of a dentist and measures to prevent HIV infection and hepatitis.

Situational task in therapeutic dentistry No. 21

Patient R., aged 45, came to the dental clinic with complaints of an aesthetic defect in the region of the left corner of her mouth, dry mouth, and burning sensation in her tongue.

Objectively: there is a linear erosion in the left corner of the mouth, covered with yellowish-brown crusts, when forcibly removed, a painful, bleeding surface is exposed. On the red border of the lips there are small erosions and small scales. The skin in the area of the defect is hyperemic, edematous, infiltrated. On the teeth of the upper and lower jaws, soft plaque, hard supra- and subgingival dental deposits in the area of teeth 1.3, 1.6, 2.6, 3.4, 3.3, 3.2, 3.1, 4.1, 4.2, 4.3, 4.4. Hygiene Index = 4.5 Green - Vermillion. In teeth 1.6, 1.7, 2.4, 2.6, 3.7, 2.1, 2.2, 2.5 there are carious cavities. The crown parts of teeth 4.7 and 1.5 are completely destroyed. The interdental gingival papillae are edematous, hyperemic, and bleed on probing. The oral fluid is viscous, viscous.



Questions:

1. Make a preliminary diagnosis.
2. Perform differential diagnosis.
3. Make a final diagnosis.
4. Make a treatment plan.
5. Microbial flora of the oral cavity and its role in the development of pathological processes.

Exam tasks for assessing the competence of "PC-2":

Situational task in therapeutic dentistry No. 20

Patient A., 26 years old, in February 2014 came to the dental clinic with a complaint about the aesthetic defect of the tooth 2.1.

From the anamnesis: tooth 2.1 was previously treated for caries. Sometime after the treatment, pain appeared when eating food at contrasting temperatures, which disappeared with time. Bad habits - smokes from the age of 17.

Objectively: the red border of the lips is dry, covered with numerous small scales. On the red border of the lower lip, there are multiple longitudinal linear cracks of various depths that do not affect the skin of the lip. On the medial contact surface of tooth 2.1, there is a filling with a broken marginal fit, a pronounced discoloration of the enamel. There is no reaction to temperature stimuli of tooth 2.1, comparative percussion is painless. The mucous membrane along the transitional fold in the area of the projection of the root of the tooth 2.1 without visible changes. At the tip of the tongue there is an area of desquamation of the epithelium measuring 10x10 mm.



Questions:

1. Make a preliminary diagnosis.
2. Perform differential diagnosis.
3. Make a final diagnosis.
4. Make a treatment plan.
5. The modern concept of dental caries. Caries resistance and caries susceptibility. Cariogenic situation in the oral cavity. Methods for its detection and elimination.

Situational task in therapeutic dentistry No. 19

Patient V., aged 26, complained of the destruction of tooth 3.5, bleeding when brushing teeth, pain on the left side when eating hard food, food “sticking” between teeth 3.5 and 3.4.

From the anamnesis: tooth 3.5 was previously treated for caries, the filling fell out about a year ago.

Objectively: on the chewing surface of tooth 3.5 there is a carious cavity filled with pigmented dentin and pale pink growths. When probing, bleeding and soreness are determined. The consistency of the hypertrophied tissue is dense. There is a carious cavity on the chewing surface of tooth 3.6, probing is painful along the enamel-dentin border, percussion is painless, EOD=6 μ A. The mucous membrane of the oral cavity is pale pink in color, sufficiently moistened, on the left lateral surface of the tongue there is a single ulcer, surrounded by an inflammatory infiltrate, covered with a fibrinous coating. Regional lymph nodes on the left are enlarged, painful on palpation.



1. Make a preliminary diagnosis.
2. Perform differential diagnosis.
3. Make a final diagnosis.
4. Make a treatment plan.
5. List the errors and, as a result, complications that arise when working in the root canal. Methods for their prevention and elimination. What is the working length of a tooth? Methods for determining the working length of a tooth.

Situational task in therapeutic dentistry No. 18

Patient K., 49 years old, applied to the dental clinic for the purpose of sanitation of the oral cavity.

From the anamnesis: the defect of the lower lip has been bothering the patient for two years, the treatment was not carried out.

The doctor drew attention to the patient's bad habit of licking his lips.

Objectively: the red border of the lips is dry, covered with small scales, in the central part of the lower lip there is a deep linear defect, at the base of which there is infiltrate and induration, the edges of the crack are thickened, on the upper lip on the left there is a small crack up to 3 mm in size, located from the line of closing of the lips to cupid lines.

In the oral cavity: teeth 1.6, 1.5, 2.6, 2.7, 2.8, 3.4, 3.5 are absent, in the cervical region of teeth 4.2, 4.3, 4.4 there are defects in hard tissues, having the shape of a bowl, dark brown, when probing the walls of the defect are soft, in the teeth 1.7, 4.5, 4.6, 4.7, 3.6 composite fillings. In

the area of the necks of teeth 4.1, 4.2, 3.1, there is a recession of the gums by 1 mm of the length of the roots. McCall's rollers in the area of teeth 4.2, 4.3, 4.4 are edematous, bleed during probing (III degree according to Mühlemann).



Questions:

1. Make a preliminary diagnosis.
2. Perform differential diagnosis.
3. Make a final diagnosis.
4. Make a treatment plan.
5. What does the restoration of a tooth, as a full-fledged organ, mean from an anatomical, functional and aesthetic point of view? Make a choice of filling material that meets the requirements of etiopathogenetic treatment.

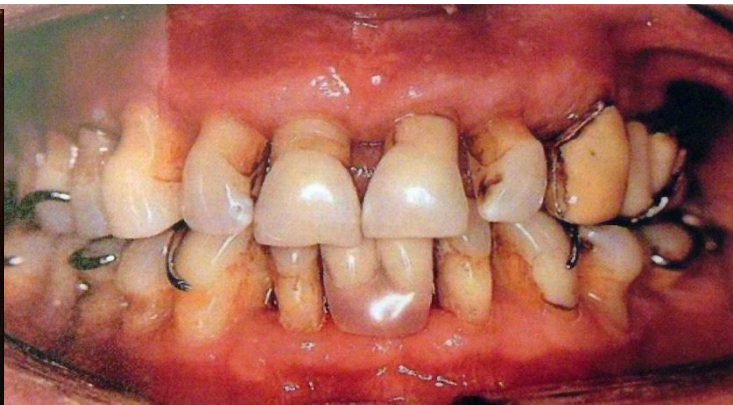
Situational task in therapeutic dentistry No. 17

Patient S., aged 55, complained of a sharp pain in the teeth from temperature stimuli and when brushing teeth, dryness in the oral cavity and a violation of taste sensations.

From the anamnesis: the patient suffers from iron deficiency anemia, hypertension and atherosclerosis of cerebral vessels. Bad habit "smoking".

On external examination: the configuration of the face is not changed, regional lymph nodes are not palpable, mouth opening is free.

Objectively: there are partially removable plate dentures on the upper and lower jaws, with fixation of wire clasps on teeth 1.5, 2.5, 3.3, 3.5, 4.3, 4.5, 4.7. The mucous membrane of the oral cavity is pale pink, moderately moistened, clean. The gingiva is pale pink in color, the gingival attachment is not broken, the gingival recession is 3 mm. The roots of the teeth are exposed for $\frac{1}{3}$ of the length, probing is painful, the mobility of the teeth is I degree. Oral hygiene is satisfactory, hygiene index according to Green - Vermillion = 2.3 points. Pigmented plaque on the teeth. The defect of the marginal fit of the veneer in tooth 2.3, percussion of the tooth is painless, EOD=10 μ A. On the dorsal surface of the tongue, there is hyperplasia of the filiform papillae, the color of the papillae is changed from the base to the top, respectively, from light to darker.



Questions:

1. Make a preliminary diagnosis.
2. Perform differential diagnosis.
3. Make a final diagnosis.
4. Make a treatment plan.

5. Electrochemical disorders in the oral cavity. Modern ideas about the etiology and pathogenesis of the identified disease, clinic, treatment.

Situational task in therapeutic dentistry No. 16

Patient D., aged 54, went to the dentist with a complaint of itching in the gums in the region of the anterior teeth of the lower jaw.

Objectively: the mucous membrane of the gums and oral cavity is pale, the periodontal papillae are pale, well attached to the teeth, their configuration is not changed, they do not bleed when touched, the periodontal attachment is not disturbed, periodontal pockets are absent. Exposure of the necks of the teeth by 1/4 of the length of the roots on the lower jaw, gaping of the interdental spaces. The presence of fillings in the teeth 1.3, 1.2, 1.1, 2.1, 2.2, 2.3. In teeth 3.1, 3.2, 3.3, 3.4, 3.5, 4.1, 4.2, 4.3, 4.4, 4.5 wedge-shaped defects with areas of demineralization. Pain on touching the necks of the teeth. There is no tooth mobility. PMA index = 6%. Hygiene index 1.9 points according to Green - Vermillion. CPU = 7.

On the orthopantomogram: horizontal destruction of bone tissue, a decrease in the height of the interalveolar septa by 1/4 of the length of the roots of the teeth of the lower jaw, areas of osteosclerosis prevail, the bone structure of the small- and medium-looped compact plate is preserved.



Questions:

1. Make a preliminary diagnosis.
2. Perform differential diagnosis.
3. Make a final diagnosis.
4. Make a treatment plan. Modern methods of treatment.
5. Etiopathogenetic treatment of dentine caries.

Situational task in therapeutic dentistry No. 15

Patient D., aged 30, complained of pain and bleeding gums in the area of teeth 4.6, 4.7 when eating and brushing teeth.

From the anamnesis: tooth 4.6 was previously treated for caries, tooth 4.7 - for complications of caries.

Objectively: teeth 4.6, 4.7 were previously restored, fillings according to Black class I, with a violation of the marginal fit, there are carious cavities on the proximal surfaces of teeth 4.6 and 4.7, the preparation of teeth 4.6 and 4.7 is painless. Horizontal percussion is slightly painful. The mucous membrane of the cheek in the area of the projection of teeth 4.3-4.7 and the retromolar region is pale pink in color, a whitish lacy pattern is visible on its surface. Teeth 1.3, 1.6, 1.7, 3.6 are covered with ceramic-metal crowns. On the vestibular surfaces of teeth 1.2, 1.1, 2.1, 2.2, hard tissue defects are rounded, dark brown in color, the walls are smooth, shiny, painful on probing. Hygiene index according to Green - Vermillion = 1.5 points.



Questions:

1. Make a preliminary diagnosis.
2. Perform differential diagnosis.
3. Make a final diagnosis.
4. Make a treatment plan.
5. Pathological processes and morphological elements of the lesion identified in this disease.

Situational task in therapeutic dentistry No. 14

Patient I., 52 years old, came to the dental clinic with complaints of burning, tingling, feeling of “scalding” of the tongue and lips. At times there is dryness in the mouth. All sensations are intensified towards the end of the day, at night and during meals. Chewing food is difficult due to the partial absence of teeth. After hypothermia there is swelling of the right cheek.

From the anamnesis: suffers from chronic gastritis, chronic calculous cholecystitis, hemorrhoids. For the first time, a burning sensation arose a year and a half ago after returning from the resort. Lately sleep, appetite worsened, weight decreased. The patient carries a mirror in his pocket and examines his tongue frequently. Twice, at the insistence of the patient himself, he was examined in the dermatovenerological dispensary. All reactions to venereal diseases are negative. In a conversation, he is aggressive, rude, pronounced depression manifests itself, the patient is fixed on his feelings. Severe carcinophobia and syphilophobia.

Objectively: anxious-tense facial expression, the height of the lower part of the face is reduced. The submandibular lymph nodes are enlarged, painful on palpation, soft in texture, not soldered to the underlying tissues. The mucous membrane of the oral cavity is moderately moistened. Atrophy of the filiform papillae of the back and lateral surfaces of the tongue, imprints of teeth on the lateral surfaces of the tongue. The mucous membrane of the upper lip, adjacent to the artificial crowns, is slightly hyperemic and edematous. Teeth 2.1, 2.2 are covered with artificial metal crowns with plastic lining. In teeth 1.1, 1.2 there are plastic fillings, painless swelling is determined by the transitional fold in the projection of teeth 1.1, 1.2. Crowns of teeth 1.7, 1.6, 2.6, 3.7, 3.6, 4.6 are destroyed. The marginal gum is hyperemic, edematous. Oral hygiene is poor. On the intraoral radiograph in the root canals of teeth 1.1, 1.2 there are traces of filling material, at the top of the root of tooth 1.2 there is rarefaction of bone tissue with clear contours with a diameter of 7x8 mm.



Questions:

1. Make a preliminary diagnosis.

2. Perform a differential diagnosis and make a definitive diagnosis.
3. Make a treatment plan.
4. List the methods of root canal obturation. Classification of filling materials for root canal obturation.
5. Local immunity of the oral cavity. The role of immune mechanisms in the pathogenesis of diseases of the oral mucosa.

Exam tasks for assessing the competence of "UK-1":

Situational task in therapeutic dentistry No. 13

Patient N., 64 years old, went to the dentist with complaints of bleeding gums, bad breath, soreness in tooth 2.5 when chewing hard food, pain in the tongue that disappears during meals, dryness in the oral cavity. The patient complains of fatigue, malaise, recurrent headache, chills, muscle and joint pain. The patient is easily excitable, touchy.

From history: rheumatoid arthritis, chronic pyelonephritis.

Objectively: there are numerous furrows on the back and sides of the tongue, filiform and fungiform papillae of the tongue in the depths of the folds. The mucous membrane of the tongue is pale pink, moderately moist, clean. The marginal gingiva is hyperemic with a cyanotic shade, edematous, periodontal pockets up to 5 mm deep, hygiene index = 3.5 points according to Green - Vermillion. Regional lymph nodes are enlarged, painful, mobile, soft-elastic consistency. Tooth 2.5 is covered with an artificial crown, percussion is painful. The mucous membrane in the area of teeth 2.5, 2.6 is edematous, hyperemic, painful on palpation, fluctuation along the transitional fold.



Questions:

1. Make a preliminary diagnosis.
2. Perform differential diagnosis.
3. Make a final diagnosis.
4. Make a treatment plan.
5. Oral hygiene products. Rational, individual and controlled oral hygiene. Means of indication of plaque.

Situational task in therapeutic dentistry No. 12

Patient K., 45 years old, an accountant by profession, applied to the Department of Therapeutic Dentistry with complaints of dryness and burning of the lips, pain in the mucous membrane of the tongue on the right, aggravated by talking and eating.

Objectively : regional lymph nodes are enlarged, painful, mobile, soft-elastic consistency, the red border of the upper and lower lips is hyperemic, edematous, covered with small grayish scales. On the mucous membrane of the tongue on the right there is an ulcer with uneven edges, covered with fibrinous plaque, painful on palpation. The crowns of teeth 1.5, 1.6 have deep carious cavities and sharp edges of the tubercles, percussion is positive, the mucous membrane in the area of the projection of the tops of teeth 1.5, 1.6 is hyperemic, edematous. EDI of tooth 1.5 - 60 μ A, tooth 1.6. - 50 μ A.



Questions:

1. Make a preliminary diagnosis.
2. Perform differential diagnosis.
3. Make a final diagnosis.
4. Make a treatment plan.
5. Oral fluid, its composition, properties, role and significance for the oral cavity. The value of saliva as a medium surrounding the tooth. Factors affecting the formation and mineralization of hard tissues of the tooth.

Situational task in therapeutic dentistry No. 11

Patient V., 49 years old, went to the dentist with complaints of dry mouth, pain when eating, talking and at rest, burning sensation and taste perversion.

From the anamnesis: biliary dyskinesia, rheumatoid arthritis.

Objectively: the mucous membrane of the tongue is atrophic, the papillae are smoothed, the tongue is smooth and bright red. The submandibular and cervical lymph nodes are enlarged, painful, pasty, not soldered to each other and the skin. Exposure of the necks of the teeth for $\frac{1}{4}$ of the length of the roots, the presence of defects in hard tissues on the vestibular surface of the teeth 1.3, 1.4, 2.3, 2.4, 3.1, 3.2, 3.3, 3.4 in the form of a wedge, the probing of which is sharply painful. PMA index = 30%. Hygiene index 1.3 points according to Green - Vermillion.



Questions:

1. Make a preliminary diagnosis.
2. Perform differential diagnosis.
3. Make a final diagnosis.
4. Make a treatment plan.
5. Examine a patient with periodontal pathology. Criteria for assessing the condition of the periodontium. Indexes, tests. Modern diagnostic methods.

Situational task in therapeutic dentistry No. 10

Patient K., 47 years old, complains of bleeding gums when eating hard food and while brushing his teeth, bad breath, and tooth mobility.

From the anamnesis: diabetes mellitus type II, hypertension II degree, hypoacid gastritis.

Objectively: the gingival mucosa is edematous, hyperemic, periodontal papillae are cyanotic, barrel-shaped, bleed when touched, Mühlemann score 4. Positive Schiller-Pisarev test. Abundant soft plaque, supra- and subgingival dental deposits. Hygiene Index = 4 Green - Vermillion points. Halitosis. Dentogingival attachment is broken, periodontal pockets in the area of teeth 2.7, 2.8, 3.4, 3.3, 3.2, 3.1, 4.1, 4.2, 4.3, 4.4 - 5 mm, in the area of teeth 1.6, 1.5, 1.3, 1.2, 2.2, 2.3, 4.5, 4.8 - 6 mm, in the area of teeth 3.5, 3.6 - 10 mm. Abundant serous-purulent discharge is released from periodontal pockets. Pathological tooth mobility 1.6, 3.5, 3.6 - III degree. Bridge prosthesis based on teeth 4.4, 4.5, 4.8, pathological mobility. Exposing necks and roots of all teeth. Wedge-shaped defects in the area of all groups of teeth.



Questions:

1. What methods of examination can you offer to clarify the diagnosis.
2. Describe the orthopantomogram.
3. Perform differential diagnosis.
4. Make a final diagnosis.
5. Treat this disease.
6. Name the methods of index evaluation of gingival bleeding.
7. Halitosis. Local and general causes of halitosis. Modern elimination methods.

Situational task in therapeutic dentistry No. 9

Patient O., 36 years old, turned to the dental clinic with complaints of itching, burning, soreness, dry lips. Complaints appeared about a week ago after using a new lipstick.

From the anamnesis: ulcerative colitis, biliary dyskinesia.

Objectively: the red border of the lips is hyperemic, edematous, dry, with a large number of scales, small grooves and cracks. The mucous membrane of the marginal gums of the upper and lower jaws is hyperemic, with a cyanotic tinge, edematous, bleeds on probing, grade 3 according to Mühlemann, a large amount of dental deposits, the hygienic index according to Green - Vermillion 3.5 points. Periodontal pockets in the area of teeth 3.3, 3.2, 3.1, 4.1, 4.2, 4.3 - 4 mm deep, mobility of all teeth of the I degree. In tooth 2.4, there is a shallow carious cavity on the medial surface, EDI 5 μ A, on the vestibular surface of tooth 2.6 there is a white spot, probing and percussion are painless, EDI 2 μ A, on the medio-occlusal surface of tooth 1.7 there is a deep carious cavity within the peripulpal dentin, cold irritant leads to the onset of transient pain.



Questions:

1. Make a preliminary diagnosis.
2. Perform differential diagnosis.
3. Make a final diagnosis.
4. Make a treatment plan.
5. Describe the orthopantomogram for this disease.
6. List the rules for filling out a medical record of a dental patient.

Situational task in therapeutic dentistry No. 8

Patient T., 63 years old, went to the dentist with complaints of dryness and burning sensation in the oral cavity.

From the anamnesis : for almost 7 years she has been using partial removable dentures for the lower and upper jaws. Suffering from chronic constipation.

Objectively : the skin is pale, when the mouth is opened, linear erosions are detected, covered with translucent soft scales. The red border of the upper and lower lips is dry, hyperemic. Oral mucosa of physiological color, clean, dry, hyperplasia of fungiform and filiform papillae. Teeth 2.3, 3.3 are covered with stamped crowns, the necks of the teeth are exposed, probing is slightly painful.



Questions:

1. Make a preliminary diagnosis.
2. Perform differential diagnosis.
3. Make a final diagnosis.
4. Make a treatment plan.
5. Oral fluid, its composition, properties, role and significance for the oral cavity.
6. What remedies can be recommended for dry mouth and hyperesthesia of hard tooth tissues?

Situational task in therapeutic dentistry No. 7

Patient E., aged 37, complained of elevated body temperature up to 38 °C, headache, malaise, pain in the joints and muscles, blisters in the oral cavity. Bursting blisters turned into extensive wound surfaces. Eating is sharply painful.

From the anamnesis : for several years the disease recurs due to wet and windy weather. The patient often suffers from respiratory diseases and tonsillitis.

Objectively : there are bloody yellow crusts on the red border of the lips and in the corners of the mouth, difficulty opening the mouth, significant swelling of the lips, buccal mucosa and tongue. Extensive confluent erosion on an erythematous background, covered with a fibrinous coating. Nikolsky's symptom is negative. Abundant dental deposits. On the back surface of the hands, the skin of the forearms there are bluish-red spots, up to 8 mm in size, round in shape, single bluish-violet papules with dark crusts in the center.



Questions:

1. Make a preliminary diagnosis.
2. Perform differential diagnosis.
3. Make a final diagnosis.
4. Make a treatment plan.
5. What pathological processes in the oral mucosa and lesions (primary and secondary) are observed in this disease?
6. What does true and false polymorphism of lesion elements mean?

Situational task in therapeutic dentistry No. 6

Patient A., 65 years old, turned to the dental clinic with complaints of a sensation of roughness in the oral cavity that arose about a year ago, and pain when eating hard food in the region of the upper jaw on the left.

From the anamnesis : about 9 months ago, the patient was made a complete removable plate denture for the upper jaw and a partial removable denture for the lower jaw.

Objectively : there are no teeth in the upper jaw, teeth 3.1, 3.2, 3.3, 3.4, 4.1 are covered with stamped crowns with titanium nitride coating. Halitosis. Erasure of the cutting edges of the enamel with exposure of the dentin of teeth 4.2, 4.3. On the mucous membrane of the floor of the mouth and the ventral surface of the tongue there is a white spot, which is not removed when scraped off with a spatula, palpation is painless, the surrounding mucous membrane is of a physiological color, moderately moistened. In the region of the transitional fold of the upper jaw on the left, a deep linear defect of the mucous membrane is determined, which is painful on palpation. On the mucous membrane of the alveolar process, the growth of the gums is determined.



Questions:

1. Make a preliminary diagnosis.
2. Perform differential diagnosis.
3. Make a final diagnosis.
4. Make a treatment plan.
5. Halitosis. Local and general causes of halitosis. Modern elimination methods.
6. Diagnose galvanic syndrome in the oral cavity.

Situational task in therapeutic dentistry No. 5

Patient P., aged 51, applied to the Department of Therapeutic Dentistry with a complaint of pain when eating and talking.

From the anamnesis : chronic gastritis, chronic pancreatitis. The first complaints appeared 2 weeks ago and were associated with the appearance of a bubble on the tongue, which quickly increased and then opened. Rinsing with a decoction of chamomile had no effect. 2 weeks ago, the patient suffered stress related to a traffic accident. Teeth 1.4, 1.6, 1.7 were previously treated for caries, the fillings fell out about a month ago.

Objectively : the configuration of the face is not changed, regional lymph nodes are not palpable. The mucous membrane of the oral cavity is hyperemic, edematous, on the right lateral surface of the tongue there is erosion with the remnants of a collapsed bladder measuring 20x15 mm with a thick tire, Nikolsky's symptom is negative, there are solitary papules around the erosion. On the mucous membrane of the cheeks, closer to the retromolar region, there are gray-white papules, which, merging, form an openwork pattern, Koebner's symptom is positive.



Questions:

1. Make a preliminary diagnosis.
2. Perform differential diagnosis.
3. Make a final diagnosis.
4. Make a treatment plan.
5. Describe the methods for determining Nikolsky's symptom.

6. Your tactics in relation to teeth 1.4, 1.6, 1.7. What modern adhesive systems and filling materials will you use in your work?

Situational task in therapeutic dentistry No. 4

Patient D., 73 years old, complains of pain in the oral cavity when eating and a burning sensation, constant bleeding of the gums during brushing and eating hard food, and bad breath from the oral cavity.

From the anamnesis : diabetes mellitus, hypertension 2 tbsp. The patient notes a decrease in pain in recent years.

Objectively : the configuration of the face is not changed, the regional lymph nodes are not palpable, on the mucous membrane of the left cheek there is an erosion of 20x20 mm, covered with fibrinous plaque, palpation of the erosion is determined by a thickening at the base, along the periphery of the phenomenon of hyperkeratosis. Around the erosion, on a hyperemic and edematous base, there are gray-white papules, which, merging, form an openwork pattern. Teeth 2.8, 3.6, 3.7, 4.6, 4.7, 4.8 are absent. On the skin of the forearm there are papules 3 mm in diameter, purple in color, polygonal in shape, dense in consistency. Koebner's sign is positive. Pathological mobility of all groups of teeth I - II degree is determined. Hygiene index = 1.0 Green - Vermillion score . Periodontal pockets up to 5 mm deep, with abundant serous-purulent discharge.



Questions:

1. Make a preliminary diagnosis.
2. Perform differential diagnosis.
3. Make a final diagnosis.
4. Make a treatment plan.
5. Describe the technique for detecting and removing dental deposits.
6. The principle of complex treatment of periodontal diseases.

Situational task in therapeutic dentistry No. 3

Patient S., 28 years old, came to the clinic with a complaint of spontaneous aching pain in tooth 2.7, aggravated by hot food, as well as a burning sensation, tingling in the left lateral surface of the tongue, aggravated in the evening.

From the anamnesis : tooth 2.7 was treated two years ago due to pulp hyperemia, about 3 months ago the filling fell out. Three months ago he was treated in the gastroenterology department with a diagnosis of cholecystitis.

Objectively : tooth 2.7 is not discolored, there is a deep carious cavity widely communicating with the tooth cavity. Deep probing is painful, an unpleasant smell from the tooth cavity. Percussion is slightly painful. EOD=50 uA. The mucous membrane along the transitional fold in the area of the projection of the buccal roots is hyperemic, edematous, the symptom of vasoparesis is positive. Tooth 2.6 - a carious cavity according to Black's class I, darkening of the distal palatine tubercle is noted. Probing and percussion are painless, EOD=18 μ A. Dryness of

the red border of the lips is noted. In the midline of the lower lip there is a linear defect, painful on palpation. When you open your mouth, a drop of blood appears on its surface.



Questions:

1. Make a preliminary diagnosis.
2. Perform differential diagnosis.
3. Make a final diagnosis.
4. Make a treatment plan.
5. What modern tools and materials will you use in your work?
6. Describe the method of conducting electroodontodiagnostics.

Situational task in therapeutic dentistry No. 2

Patient V., 53 years old, came to the dental clinic with complaints of itching and burning of the lips.

From the anamnesis : the patient has been following various diets for a long time in order to lose weight. She works as a nurse in a treatment room.

Objectively : the red border of the lips and the skin around the mouth are thickened due to inflammatory infiltrate, the skin pattern is pronounced. Nodules, crusts, scales are visible on the infiltrated red border and skin. Palpation of regional lymph nodes is painless. Hygiene index = 2.5 points according to Green - Vermillion , KPU=18. On the distal-occlusal surface of tooth 1.5 there is a deep carious cavity. The tooth cavity is opened, surface probing is painless, putrid smell from the tooth cavity. Teeth 1.6 and 1.8 are absent, the coronal part of tooth 1.7 is completely destroyed.



Questions:

1. Make a preliminary diagnosis.
2. Carry out additional methods of examination.
3. Carry out differential diagnosis .
4. Make a treatment plan.
5. What modern tools and materials will you use in your work?
6. What mistakes and complications are possible when working in root canals. Methods for their prevention and elimination.

Situational task in therapeutic dentistry No. 1

Patient V., aged 25, complained of hypersensitivity from temperature and chemical irritants in the teeth of the upper jaw, pain when brushing teeth. In addition, edema of the upper lip appeared about 3 weeks ago.

From the anamnesis : about a year ago, he got a job in a chemical laboratory.

Objectively : the red border of the lips is dry, hyperemic. The upper lip is swollen, uneven thickening of the upper lip is more pronounced on the right. The edge of the lip is turned out, facial expressions are broken. On the vestibular surface of teeth 1.5, 1.4, 1.3 in the cervical region there are defects in hard tissues with even converging walls, their probing is painful. On the vestibular surface of the teeth 2.2, 2.3 in the cervical region there are defects in the hard tissues of a saucer shape. When probing, slight soreness is noted, the surface is even. Also in the oral cavity there is a cantilever stamped-brazed prosthesis with titanium nitride coating based on tooth 2.4 and artificial tooth 2.3.



Questions:

1. Make a preliminary diagnosis.
2. Perform differential diagnosis.
3. Make a final diagnosis.
4. Make a treatment plan.
5. What modern filling materials will you use in your work?
6. What oral hygiene products would you recommend to a patient?

5. The content of the evaluation means of intermediate certification

Intermediate certification is carried out in the form of an exam.

5.1 List of control tasks and other materials necessary for assessing knowledge, skills and experience (*the teacher indicates only those tasks and other materials that he uses within the framework of this discipline*)

5.1.1. Questions for the exam in the discipline of therapeutic dentistry

1. Therapeutic dentistry, as the main dental discipline. Achievements in therapeutic dentistry. The contribution of scientists to solving urgent problems at the present stage of development of therapeutic dentistry (UK-1, PC-12).
2. Ethical and deontological principles in therapeutic dentistry (UK-1, PC-2, PC-6, PC-7, PC-12).
3. Organization of dental care in Russia. Organizational structure of the dental clinic and dental therapeutic department. Accounting and reporting documentation of a dentist (PK-2, PK-6, PK-7) .
4. Dental office, its equipment. Organization of reception of dental patients. Accounting and reporting medical documentation (PK-2, PK-6, PK-7) .
5. Medical record as the main medical and legal document, as a material for statistical and scientific research. Rules for filling out and storing a medical record of a dental patient (PC-2, PC-6, PC-7) .
6. Ergonomics and scientific organization of labor in dentistry (UK-1, PC-2, PC-6, PC-7).
7. Methods of examination of the dental patient. Dental instruments used to examine a dental patient. Electroodontodiagnostics (UK-1, PC-2, PC-6, PC-7, PC-12) .
8. Methods of examination of patients in the clinic of therapeutic dentistry (basic and additional) (UK-1, PC-2, PC-6, PC-7, PC-12).
9. Epidemiological dental survey of the population. The prevalence and intensity of dental caries (UK-1, PC-2, PC-6, PC-7, PC-12).
10. Disinfection, pre-sterilization cleaning and sterilization of dental instruments in practical dentistry (PC-2, PC-6, PC-7) .
11. Basic principles of asepsis in therapeutic dentistry. Sanitary-epidemic mode of work of a dentist and measures to prevent HIV infection and hepatitis (PK-2, PK-6, PK-7) .
12. Hygienic dental education of the population. Motivation of the population to oral hygiene (UK-1, PC-2, PC-6, PC-7, PC-12).
13. Oral hygiene. Motivation of the population for oral hygiene. Intensification and optimization of hygiene (UK-1, PC-2, PC-6, PC-7, PC-12).
14. Oral hygiene products. Rational and controlled oral hygiene. Means of indication of plaque (UK-1, PC-2, PC-6, PC-7, PC-12).
15. Dental educational work. Methods of organization and forms of conducting. (UK-1, PC-2, PC-6, PC-7, PC-12).
16. Professional oral hygiene. Method for identifying and eliminating dental deposits (UK-1, PC-2, PC-6, PC-7, PC-12).
17. Endogenous prevention of dental caries (PC-2, PC-6, PC-7) .
18. Exogenous prevention of dental caries (PC-2, PC-6, PC-7) .
19. Microbial flora of the oral cavity and its role in the development of pathological processes (PC-2, PC-6, PC-7) .
20. Oral fluid, its composition, properties, role and significance for the oral cavity (PC-2, PC-6, PC-7) .
21. The value of saliva as a medium surrounding the tooth. Factors affecting the formation and mineralization of hard tissues of the tooth (PC-2, PC-6, PC-7) .
22. Local immunity of the oral cavity. The role of immune mechanisms in the pathogenesis of diseases of the oral cavity (PC-2, PC-6, PC-7) .
23. Fluorine, its role in the prevention of dental caries. Mechanism of anticariogenic action of fluorine. (PK-2, PK-6, PK-7) .
24. Dental plaque and its role in the occurrence of dental caries (PC-2, PC-6, PC-7) .
25. Anatomical structure of incisors, canines, premolars and molars of the upper and lower jaws (PC-2, PC-6, PC-7) .
26. Topographic and anatomical features of the structure of the coronal cavities and root canals of incisors, canines, premolars and molars of the upper jaw (PC-2, PC-6, PC-7) .
27. Topographic and anatomical features of the structure of the coronal cavities and root canals of incisors, canines, premolars and molars of the lower jaw (PC-2, PC-6, PC-7) .
28. Contact point. Kinds. Indications and restoration technique for filling incisors, premolars and molars with various filling materials (PK-2, PK-6, PK-7) .
29. Enamel. Structure, chemical composition, functions. Permeability of tooth enamel (PC-2, PC-6, PC-7) .
30. Dentin and cementum. Structure, functions (PC-2, PC-6, PC-7) .
31. Tooth caries. Etiology, pathogenesis. Classification, pathology, morphological changes in tooth tissues at various stages of development of the carious process (PC-2, PC-6, PC-7) .
32. Miller's chemical-parasitic theory of caries. Positive and negative aspects of the theory

- 33.Theory of dental caries by A.E.Sharpenak and Schatz-Martin. Positive and negative sides of the theory (PC-2, PC-6, PC-7) .
- 34.Physico-chemical theory of dental caries D.A. Entina. Positive and negative sides of the theory (PC-2, PC-6, PC-7) .
- 35.Working concept of the pathogenesis of dental caries AI Rybakova. Positive and negative sides of the theory (PC-2, PC-6, PC-7) .
- 36.Cariogenic situation in the oral cavity. Methods for its detection and elimination (UK-1, PC-2, PC-6, PC-7).
- 37.The modern concept of dental caries. Caries resistance and caries susceptibility (UK-1, PC-2, PC-6, PC-7).
- 38.Caries in the stain stage. Clinic, diagnostics, differential diagnostics, complex etiopathogenetic treatment, modern methods of treatment (UK-1, PC-2, PC-6, PC-7).
- 39.initial caries. Clinic, diagnostics, differential diagnostics, modern methods of treatment. Etiotropic and pathogenetic treatment. Ways to increase the resistance of enamel (UK-1, PC-2, PC-6, PC-7).
- 40.superficial caries. Clinic, diagnostics, differential diagnostics, modern methods of treatment (UK-1, PC-2, PC-6, PC-7).
- 41.Dental caries. Clinic, diagnostics, differential diagnostics, etiopathogenetic and symptomatic methods of treatment, modern methods of treatment (UK-1, PC-2, PC-6, PC-7).
- 42.Pulp hyperemia. Clinic, diagnostics, differential diagnostics, modern methods of treatment, choice of treatment method (UC-1, PC-2, PC-6, PC-7).
- 43.Mistakes and complications in the diagnosis and treatment of dental caries. Methods for their prevention and elimination (UK-1, PC-2, PC-6, PC-7) .
- 44.Principles and stages of preparation of carious cavities (UK-1, PC-2, PC-6, PC-7).
- 45.Features of preparation and filling of carious cavities of 1, 2, 3, 4, 5 Black classes (UK-1, PC-2, PC-6, PC-7) .
- 46.Pulp of the tooth. Histological structure, innervation, blood supply, main functions (UK-1, PC-2, PC-6, PC-7).
- 47.Anatomical and topographic features of the structure of the dental pulp. Pulp functions (PC-2, PC-6, PC-7) .
- 48.Pulpitis. Classification. Etiology. Pathogenesis. Pathological anatomy of pulpitis. Differential diagnosis of acute forms of pulpitis (PC-2, PC-6, PC-7, PC-12) .
- 49.The method of vital amputation of the dental pulp. Indications. Methodology (PC-2, PC-6, PC-7) .
- 50.Method of vital extirpation of the dental pulp. Stopping bleeding from the root canal, methods and means (UK-1, PC-2, PC-6, PC-7).
- 51.Devital method of treatment of pulpitis. Indications and contraindications. Mistakes and complications arising in the treatment of pulpitis with the use of arsenic paste. Methods for their prevention and elimination (UK-1, PC-2, PC-6, PC-7).
- 52.Acute pulpitis. Clinic, diagnostics, differential diagnostics, modern methods of treatment, choice of treatment method (UC-1, PC-2, PC-6, PC-7).
- 53.Purulent pulpitis. Clinic, diagnostics, differential diagnostics, modern methods of treatment (UK-1, PC-2, PC-6, PC-7).
- 54.Chronic pulpitis. Clinic, diagnostics, differential diagnostics, modern methods of treatment (UK-1, PC-2, PC-6, PC-7).
- 55.Exacerbation of chronic forms of pulpitis. Clinic, diagnostics, differential diagnostics, choice of treatment method, modern methods of treatment (UK-1, PC-2, PC-6, PC-7).
- 56.Chronic ulcerative pulpitis. Etiology, pathogenesis. Clinic, diagnostics, differential diagnostics, modern methods of treatment (UK-1, PC-2, PC-6, PC-7).
- 57.Chronic hyperplastic pulpitis. Clinic, diagnostics, differential diagnostics, modern methods of treatment (UK-1, PC-2, PC-6, PC-7).
- 58.Complications in the treatment of pulpitis, their prevention and elimination (UK-1, PC-2, PC-6, PC-7).
- 59.Stages and methods of opening and preparing the tooth cavity in incisors, canines, premolars and molars (UK-1, PC-2, PC-6, PC-7).
- 60.Endodontic instruments, classification, methods of application. Creation of the apical stop (UK-1, PC-2, PC-6, PC-7).
- 61.Endodontic treatment of the root canal. Tools for root canal preparation, purpose and rules for their use (UK-1, PC-2, PC-6, PC-7).

62. Medical treatment of the root canal. Drying and degreasing of root canal dentin. Preparations, composition, properties (UK-1, PC-2, PC-6, PC-7).
63. Dental filling materials for root fillings. Classification, composition, properties, indications for use (UK-1, PC-2, PC-6, PC-7).
64. Working length of the tooth. Methods for determining the working length of a tooth (UK-1, PC-2, PC-6, PC-7).
65. Determination of the working length of the root canal (UK-1, PC-2, PC-6, PC-7).
66. Mistakes and complications that arise when working in the root canal. Methods for their prevention and elimination (UK-1, PC-2, PC-6, PC-7).
67. The technique of degreasing and drying the root canal in the practice of therapeutic dentistry. Preparations, composition, properties (PC-2, PC-6, PC-7).
68. Root canal obturation methods. Stages of root canal filling with gutta-percha. Stages of root canal filling with paste (UK-1, PC-2, PC-6, PC-7).
69. Mistakes and complications when working in root canals. Methods for their prevention and elimination (UK-1, PC-2, PC-6, PC-7).
70. Root canal preparation technique from largest to smallest – Crown Down (UK-1, PC-2, PC-6, PC-7).
71. Root canal treatment technique using the “balanced force” method (UK-1, PC-2, PC-6, PC-7).
72. Root canal preparation technique “step back” – Step Back (UK-1, PC-2, PC-6, PC-7).
73. Postfilling pain. Etiology, pathogenesis, clinic, diagnosis, differential diagnosis, methods for preventing and eliminating post-filling pain (UK-1, PC-2, PC-6, PC-7).
74. Features of work in difficult root canals. Preparations and endodontic instruments for working in narrow and poorly passable root canals (UK-1, PC-2, PC-6, PC-7).
75. Composite filling materials of chemical curing. Composition, properties, indications for use, features of sealing (UK-1, PC-2, PC-6, PC-7).
76. Light-curing composite filling materials, composition, properties, indications for use, filling features (UK-1, PC-2, PC-6, PC-7).
77. Hybrid composite filling materials. Classification. Composition, properties, indications for use (UK-1, PC-2, PC-6, PC-7) .
78. Compomers. Composition, properties, indications for use (UK-1, PC-2, PC-6, PC-7).
79. Primer-adhesive systems. Composition, properties, indications for use, technique for introducing into the carious cavity (UK-1, PC-2, PC-6, PC-7).
80. cements. Composition, properties, indications for use. Cooking technique. Features of sealing (UK-1, PC-2, PC-6, PC-7).
81. Amalgam. Composition, properties, indications for use, preparation method, filling features. Advantages and disadvantages of amalgam (UK-1, PC-2, PC-6, PC-7).
82. Fissure sealing. Indications, contraindications, materials used for sealing fissures, technique. Errors and complications in fissure sealing, methods for their prevention and elimination (UK-1, PC-2, PC-6, PC-7).
83. Dental filling materials for medical pads. Composition, properties, indications for use (UK-1, PC-2, PC-6, PC-7).
84. Dental filling materials for insulating pads. Composition, properties, indications for use (UK-1, PC-2, PC-6, PC-7).
85. Acute violations of the general condition of the patient at a therapeutic appointment: fainting, collapse. Their treatment and prevention (UK-1, PC-2, PC-6, PC-7).
86. Anesthesia in the practice of therapeutic dentistry (UK-1, PC-2, PC-6, PC-7).
87. Periodontium. Anatomical and histological structure, innervation, blood supply, functions (PC-2, PC-6, PC-7).
88. Periodontitis. Etiology, pathogenesis, classification, clinic, diagnosis, differential diagnosis, choice of treatment method (PC-2, PC-6, PC-7).
89. Acute apical periodontitis. Clinic, differential diagnostics, modern methods of treatment (UK-1, PC-2, PC-6, PC-7).
90. Chronic periodontitis. Clinic, differential diagnosis, treatment. Errors and complications in treatment, methods for their prevention and elimination (UK-1, PC-2, PC-6, PC-7).
91. Periapical abscess with fistula . Clinic, differential diagnosis, treatment. Errors and complications, methods for their prevention and elimination (UK-1, PC-2, PC-6, PC-7).
92. Periapical abscess without fistula . Clinic, differential diagnosis, treatment. Errors and complications in the treatment, methods for their prevention and elimination (UK-1, PC-2, PC-6, PC-7).

93. Periapical cyst. Clinic, differential diagnosis, treatment. Errors and complications in the treatment, methods for their prevention and elimination (UK-1, PC-2, PC-6, PC-7).
94. Exacerbation of chronic periodontitis. Clinic, differential diagnostics, modern methods of treatment. Mistakes and complications arising during treatment. Methods for their prevention and elimination (UK-1, PC-2, PC-6, PC-7).
95. Hypoplasia. Etiology, clinic, diagnosis, differential diagnosis, treatment, prevention (UK-1, PC-2, PC-6, PC-7).
96. Fluorosis. Etiology, clinic, diagnosis, differential diagnosis, treatment, prevention (UK-1, PC-2, PC-6, PC-7).
97. Imperfect amelo- and dentinogenesis. Clinic, diagnostics, differential diagnostics, treatment (UK-1, PC-2, PC-6, PC-7).
98. Erosion of the enamel. Etiology, clinic, differential diagnosis, treatment, prevention (UK-1, PC-2, PC-6, PC-7).
99. Wedge-shaped defect of hard tissues of the tooth. Etiology, clinic, differential diagnosis, treatment, prevention (UK-1, PC-2, PC-6, PC-7).
100. Hyperesthesia of hard tissues of the tooth. Etiology, clinic, differential diagnosis, treatment, prevention (UK-1, PC-2, PC-6, PC-7).
101. Periodontium. Anatomical and histological structure, functions of the periodontium (PC-2, PC-6, PC-7).
102. Periodontal disease. Modern ideas about etiology and pathogenesis. Criteria for assessing the condition of the periodontium (PC-2, PC-6, PC-7).
103. Periodontology as a branch of dentistry. Prevalence, terminology, classification of periodontal diseases (PC-2, PC-6, PC-7).
104. Examination of a patient with periodontal pathology. Criteria for assessing the condition of the periodontium (UK-1, PC-2, PC-6, PC-7).
105. Catarrhal gingivitis. Etiology, pathogenesis, clinic, differential diagnosis, modern methods of treatment (UK-1, PC-2, PC-6, PC-7).
106. Hypertrophic gingivitis. Etiology, pathogenesis, clinic, differential diagnosis, modern methods of treatment (UK-1, PC-2, PC-6, PC-7).
107. Ulcerative gingivitis. Etiology, pathogenesis, clinic, differential diagnosis, modern methods of treatment (UK-1, PC-2, PC-6, PC-7).
108. Periodontitis. Etiology, pathogenesis, pathomorphology, clinic, differential diagnostics, modern methods of treatment (UK-1, PC-2, PC-6, PC-7).
109. The principle of complex treatment of periodontal diseases. Indications for the choice of methods and means of local and general treatment, depending on the severity of periodontal disease (UK-1, PC-2, PC-6, PC-7).
110. Idiopathic periodontal disease. Clinic, diagnostics, differential diagnostics, treatment (UK-1, PC-2, PC-6, PC-7).
111. Periodontitis. Etiology, pathogenesis, clinic, differential diagnosis, modern methods of treatment (UK-1, PC-2, PC-6, PC-7).
112. Prevention of periodontal diseases. Methods and means. Organization of medical and preventive care for patients with periodontal pathology. Clinical examination (UK-1, PC-2, PC-6, PC-7, PC-12).
113. The value of oral hygiene in the prevention and treatment of periodontal diseases (UK-1, PC-2, PC-6, PC-7).
114. Physical methods of prevention, diagnosis and treatment of caries. (UK-1, PC-2, PC-6, PC-7).
115. The use of physical factors for the diagnosis and treatment of pulpitis and periodontitis (UK-1, PC-2, PC-6, PC-7).
116. Physical methods of prevention, diagnosis and treatment of non-carious lesions of hard tissues of the tooth (UK-1, PC-2, PC-6, PC-7).
117. Physiotherapy of periodontal diseases (UK-1, PC-2, PC-6, PC-7).
118. The use of physical methods of treatment for dental diseases that occur with the presence of pain (UK-1, PC-2, PC-6, PC-7).
119. X-ray methods for examining dental patients (UK-1, PC-2, PC-6, PC-7).
120. Pathological processes in the oral mucosa. Damage elements (primary and secondary) (PC-2, PC-6, PC-7).
121. Leukoplakia. Etiology, clinic, diagnosis, differential diagnosis, treatment, prevention (UK-1, PC-2, PC-6, PC-7).

122. Simple herpes. Etiology, clinic, diagnosis, differential diagnosis, treatment, prevention (UK-1, PC-2, PC-6, PC-7).
123. The manifestation of HIV infection in the oral cavity, diagnosis, differential diagnosis, treatment, prevention (UK-1, PC-2, PC-6, PC-7).
124. Ulcerative necrotic gingivostomatitis Vincent. Etiology, clinic, diagnostics, differential diagnostics, treatment (UK-1, PC-2, PC-6, PC-7).
125. Acute pseudomembranous candidiasis. Clinic, diagnostics, differential diagnostics, treatment (UK-1, PC-2, PC-6, PC-7).
126. Acute and chronic atrophic candidiasis. Etiology, clinic, diagnosis, differential diagnosis, treatment, prevention (UK-1, PC-2, PC-6, PC-7).
127. Chronic hyperplastic candidiasis. Etiology, clinic, diagnosis, differential diagnosis, treatment, prevention (UK-1, PC-2, PC-6, PC-7).
128. Manifestation of syphilis in the oral cavity. Clinic, diagnostics, differential diagnostics, treatment. Features of the behavior of a dentist when receiving this group of patients (UK-1, PC-2, PC-6, PC-7).
129. Chronic recurrent aphthous stomatitis. Etiology, clinic, diagnosis, differential diagnosis, treatment, prevention (UK-1, PC-2, PC-6, PC-7).
130. Multiform exudative erythema. Etiology, clinic, diagnostics, differential diagnostics, treatment (UK-1, PC-2, PC-6, PC-7).
131. Damage to the oral mucosa in diseases of the gastrointestinal tract, hypo - and beriberi. Clinic, diagnostics, differential diagnostics, treatment (UK-1, PC-2, PC-6, PC-7).
132. Damage to the oral mucosa in diseases of the endocrine and cardiovascular systems. Clinic, diagnostics, differential diagnostics, treatment (UK-1, PC-2, PC-6, PC-7).
133. Damage to the oral mucosa in diseases of the blood. Clinic, diagnostics, differential diagnostics, treatment (UK-1, PC-2, PC-6, PC-7).
134. Glossalgia. Etiology, clinic, diagnostics, differential diagnostics, treatment (UK-1, PC-2, PC-6, PC-7).
135. Lichen planus. Etiology, pathogenesis, clinic, diagnosis, differential diagnosis, prevention (UC-1, PC-2, PC-6, PC-7).
136. Pemphigus. Etiology, pathogenesis, clinic, diagnosis, differential diagnosis, treatment (UK-1, PC-2, PC-6, PC-7).
137. Desquamative glossitis. Etiology, pathogenesis, clinic, diagnosis, differential diagnosis, treatment, prevention (UK-1, PC-2, PC-6, PC-7).
138. Black hairy tongue. Etiology, pathogenesis, clinic, diagnosis, differential diagnosis, treatment, prevention (UK-1, PC-2, PC-6, PC-7).
139. Cheilitis exfoliative. Etiology, pathogenesis, clinic, diagnosis, differential diagnosis, treatment, prevention (UK-1, PC-2, PC-6, PC-7).
140. Cheilitis glandular. Etiology, pathogenesis, clinic, diagnosis, differential diagnosis, treatment, prevention (UK-1, PC-2, PC-6, PC-7).
141. Cheilitis eczematous. Etiology, pathogenesis, clinic, diagnosis, differential diagnosis, treatment, prevention (UK-1, PC-2, PC-6, PC-7).
142. Macrocheilitis. Etiology, clinic, diagnostics, differential diagnostics, treatment (UK-1, PC-2, PC-6, PC-7).
143. Chronic fissure of the lip. Etiology, clinic, diagnostics, differential diagnostics, treatment (UK-1, PC-2, PC-6, PC-7).
144. Heilith Manganotti. Etiology, clinic, diagnostics, differential diagnostics, treatment (UK-1, PC-2, PC-6, PC-7).
145. Dental and odontogenic foci of infection. Focal diseases. Clinic, diagnostics, differential diagnostics, treatment, prevention (UK-1, PC-2, PC-6, PC-7).
146. Correction of the acid-base balance of the oral cavity. Methods and means (UK-1, PC-2, PC-6, PC-7, PC-12).
147. Exogenous prevention of dental caries, drug and non-drug (UK-1, PC-2, PC-6, PC-7, PC-12).
148. Endogenous prevention of dental caries, drug and non-drug (UK-1, PC-2, PC-6, PC-7, PC-12).
149. Prevention programs for the 21st century. Basic prevention program. Intensive prevention program (UK-1, PC-2, PC-6, PC-7, PC-12).
150. Polymerization shrinkage of composite filling material. The role and significance of polymerization shrinkage in the restoration of cavities of 1, 2, 3, 4, 5, 6 Black classes.
151. Methods for combating polymerization shrinkage (UK-1, PC-2, PC-6, PC-7).

152. C factor. Give a definition. The value of the C-factor in the restoration of cavities 1, 2, 3, 4, 5, 6 Black classes (UK-1, PC-2, PC-6, PC-7).
153. modulus of elasticity. Give a definition. The role and significance of the modulus of elasticity in the restoration of teeth. (UK-1, PC-2, PC-6, PC-7).
154. The history of the development of therapeutic dentistry. Achievements of therapeutic dentistry (UK-1, PC-2, PC-6, PC-7, PC-12).
155. Cariogenic situation in the oral cavity (PC-6, PC-7, PC-2).
156. Dental plaque, its role in the occurrence of dental caries and periodontal diseases (PC-6, PC-7, PC-2, PC-12).
157. General and individual principles for eliminating a cariogenic situation (PC-6, PC-7, PC-2, PC-12).
158. Ways to increase the resistance of enamel. Individual prevention of dental caries and periodontal diseases (PC-6, PC-7, PC-2, PC-12).
159. Rapidly progressive periodontitis. Clinic, diagnostics, differential diagnostics.
160. Rapidly progressive periodontitis. Modern methods of treatment (UK-1, PC-2, PC-6, PC-7).
161. Chronic generalized periodontitis, abscess phase. Clinic. Modern methods of treatment (UK-1, PC-2, PC-6, PC-7).
162. Halitosis. Local and general causes of halitosis. Modern elimination methods (UK-1, PC-2, PC-6, PC-7).
163. Motivation, its place, role and importance in the optimization and intensification of oral hygiene (UK-1, PC-2, PC-6, PC-7).
164. Correction of the acid-base balance of the oral cavity. Methods and means (UK-1, PC-2, PC-6, PC-7).
165. Pain symptom criteria (UK-1, PC-2, PC-6, PC-7).
166. Method for reading and describing intraoral radiographs in the medical record of a dental patient (UK-1, PC-2, PC-6, PC-7).
167. The method of reading and describing the orthopantomogram in the medical record of a dental patient (UK-1, PC-2, PC-6, PC-7).
168. Rules for filling out a medical card of a dental patient (PC-2, PC-6, PC-7).
169. Errors when filling out a medical card of a dental patient (PC-2, PC-6, PC-7).

5.1.2. Questions for the test in the discipline of therapeutic dentistry

Chapter. Cariesology (4th semester). Starting lesson.

32. Define therapeutic dentistry as a discipline (UK-1, PC-12).
33. The purpose of therapeutic dentistry (UK-1, PC-12).
34. The main achievements of therapeutic dentistry (UK-1, PC-12).
35. The main stages of processing dental instruments, the purpose of each stage (PC-2, PC-6, PC-7).
36. What properties of the disinfectant solution must be maintained for complete disinfection (PC-2, PC-6, PC-7).
37. Methods of pre-sterilization cleaning (PC-2, PC-6, PC-7).
38. The main methods of sterilization (PC-2, PC-6, PC-7).
39. Basic operating modes of class B autoclave (temperature, pressure, time) (PK-2, PK-6, PK-7).
40. The frequency of general cleaning (PK-2, PK-6, PK-7).
41. The main methods of examination of a dental patient by a dentist therapist (UK-1, PC-2, PC-6, PC-7).
42. The sequence of examination of the patient at the appointment of a dentist-therapist (UK-1, PC-2, PC-6, PC-7).
43. How is vestibule depth measured? The gradation of the depth of the vestibule (UK-1, PC-2, PC-6, PC-7).
44. W
45. W
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47. What additional methods of examination should be carried out for patients with

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48. List the main types of dyes and their purpose for diagnostics in therapeutic dentistry (PC-2, PC-6, PC-7).
49. Define caries (PC-2, PC-6, PC-7).
50. List the main etiological causes of the carious process (PC-2, PC-6, PC-7).
51. W
52. What is a cariogenic situation, its clinical manifestations?
53. Stages of professional hygiene (PC-2, PC-6, PC-7).
54. Stages of professional cleaning (PC-2, PC-6, PC-7).
55. Methods and means used at each stage of professional cleaning (PC-2, PC-6, PC-7).
56. List the abrasives used in the composition of pastes for removing dental plaque (PC-2, PC-6, PC-7).
57. List the main abrasives in the composition of powders for the air-abrasive method of removing dental plaque (PC-2, PC-6, PC-7).
58. The main contraindications for ultrasonic cleaning of teeth (PC-2, PC-6, PC-7).
59. The main contraindications to the air-abrasive method of removing dental plaque (PC-2, PC-6, PC-7).
60. What types of prevention do you know (by purpose, by age, by method of receipt, by the use of drugs) (PC-2, PC-6, PC-7).
61. What is remotherapy, indications, methods of conducting in the office and at home (list the drugs used, schemes for their use and methods) (PC-2, PC-6, PC-7).
62. The use of fluorine for prevention (PC-2, PC-6, PC-7).

Final test on the PIMU website <https://sdo.pimunn.net/mod/quiz/view.php?id=204717>

Chapter. Cariesology (5th semester). Starting lesson.

1. Tooth caries. Etiology, pathogenesis. Classification, pathology, morphological changes in tooth tissues at various stages of development of the carious process (PC-2, PC-6, PC-7, PC-12).
2. Miller's chemical-parasitic theory of caries. Positive and negative aspects of the theory (PC-2, PC-6, PC-7).
3. Theory of dental caries by A.E. Sharpenak and Schatz-Martin. Positive and negative aspects of the theory (PC-2, PC-6, PC-7).
4. Physical and chemical theory of dental caries D.A. Entin. Positive and negative aspects of the theory (PC-2, PC-6, PC-7).
5. Working concept of the pathogenesis of dental caries A.I. Rybakov. Positive and negative aspects of the theory (PC-2, PC-6, PC-7).
6. Cariogenic situation in the oral cavity. Methods for its detection and elimination (UK-1, PC-2, PC-6, PC-7).
7. Modern concept of dental caries. Caries resistance and caries susceptibility (PC-2, PC-6, PC-7, PC-12).
8. Caries in the stain stage. Clinic, diagnostics, differential diagnostics, complex etiopathogenetic treatment, modern methods of treatment (UK-1, PC-2, PC-6, PC-7).
9. Initial caries. Clinic, diagnostics, differential diagnostics, modern methods of treatment. Etiotropic and pathogenetic treatment. Ways to increase the resistance of enamel (UK-1, PC-2, PC-6, PC-7).
10. Enamel caries. Clinic, diagnostics, differential diagnostics, modern methods of treatment (UK-1, PC-2, PC-6, PC-7).
11. Dentin caries. Clinic, diagnostics, differential diagnostics, etiopathogenetic and symptomatic methods of treatment, modern methods of treatment (UK-1, PC-2, PC-6, PC-7).
12. Cement caries. Clinic, diagnostics, differential diagnostics, modern methods of treatment, choice of treatment method (UC-1, PC-2, PC-6, PC-7).
13. Mistakes and complications in the diagnosis and treatment of dental caries. Methods for their prevention and elimination (UK-1, PC-2, PC-6, PC-7, PC-12) .
14. Principles and stages of preparation of carious cavities (UK-1, PC-2, PC-6, PC-7).
15. Features of preparation and filling of carious cavities 1, 2, 3, 4, 5, 6 Black classes (UK-1, PC-2, PC-6, PC-7) .

Final test for LMS "PIMU" <https://sdo.pimunn.net/mod/quiz/view.php?id=204708>

Chapter: Pulpitis (semester 6). Starting lesson.

1. Periodont. Anatomical and histological structure, innervation, blood supply, functions (PC-2, PC-6, PC-7, PC-12).
2. Periodontitis. Etiology, pathogenesis, classification, clinic, diagnosis, differential diagnosis, choice of treatment method (PC-2, PC-6, PC-7, PC-12).
3. Acute apical periodontitis. Clinic, differential diagnostics, modern methods of treatment (UK-1, PC-2, PC-6, PC-7).
4. Chronic periodontitis. Clinic, differential diagnosis, treatment. Errors and complications in treatment, methods for their prevention and elimination (UK-1, PC-2, PC-6, PC-7).
5. Periapical abscess without fistula. Clinic, differential diagnosis, treatment. Errors and complications, methods for their prevention and elimination (UK-1, PC-2, PC-6, PC-7).
6. Periapical abscess with fistula. Clinic, differential diagnosis, treatment. Errors and complications in the treatment, methods for their prevention and elimination (UK-1, PC-2, PC-6, PC-7).
7. Enamel hypoplasia. Etiology, clinic, diagnosis, differential diagnosis, treatment, prevention (UK-1, PC-2, PC-6, PC-7).
8. Fluorosis. Etiology, clinic, diagnostics, differential diagnostics, treatment, prevention.
9. Imperfect amelo- and dentinogenesis. Clinic, diagnostics, differential diagnostics, treatment (UK-1, PC-2, PC-6, PC-7).
10. Enamel erosion. Etiology, clinic, differential diagnosis, treatment, prevention.
11. Wedge-shaped defect of hard tissues of the tooth. Etiology, clinic, differential diagnosis, treatment, prevention (UK-1, PC-2, PC-6, PC-7).
12. Hyperesthesia of hard tissues of the tooth. Etiology, clinic, differential diagnosis, treatment, prevention (UK-1, PC-2, PC-6, PC-7).

Final test on the PIMU website <https://sdo.pimunn.net/mod/quiz/view.php?id=204401>

Chapter: Periodontitis (semester 7). Starting lesson.

1. Periodont. Anatomical and histological structure, innervation, blood supply, functions (PC-2, PC-6, PC-7, PC-12).
2. Periodontitis. Etiology, pathogenesis, classification, clinic, diagnosis, differential diagnosis, choice of treatment method (PC-2, PC-6, PC-7, PC-12).
3. Acute apical periodontitis. Clinic, differential diagnostics, modern methods of treatment. (UK-1, PC-2, PC-6, PC-7).
4. Chronic periodontitis. Clinic, differential diagnosis, treatment. Errors and complications in treatment, methods for their prevention and elimination (UK-1, PC-2, PC-6, PC-7).
5. Periapical abscess without fistula. Clinic, differential diagnosis, treatment. Errors and complications, methods for their prevention and elimination (UK-1, PC-2, PC-6, PC-7).
6. Periapical abscess with fistula. Clinic, differential diagnosis, treatment. Errors and complications in the treatment, methods for their prevention and elimination (UK-1, PC-2, PC-6, PC-7).
7. Enamel hypoplasia. Etiology, clinic, diagnosis, differential diagnosis, treatment, prevention (UK-1, PC-2, PC-6, PC-7).
8. Fluorosis. Etiology, clinic, diagnosis, differential diagnosis, treatment, prevention (UK-1, PC-2, PC-6, PC-7, PC-12).
9. Imperfect amelo- and dentinogenesis. Clinic, diagnostics, differential diagnostics, treatment (UK-1, PC-2, PC-6, PC-7).
10. Enamel erosion. Etiology, clinic, differential diagnosis, treatment, prevention (UK-1, PC-2, PC-6, PC-7).
11. Wedge-shaped defect of hard tissues of the tooth. Etiology, clinic, differential diagnosis, treatment, prevention (UK-1, PC-2, PC-6, PC-7).
12. Hyperesthesia of hard tissues of the tooth. Etiology, clinic, differential diagnosis, treatment, prevention (UK-1, PC-2, PC-6, PC-7).

Final test on the PIMU website <https://sdo.pimunn.net/mod/quiz/view.php?id=204238>

Chapter: Periodontal diseases. (8 semester). Starting lesson.

1. Periodont. Anatomical and histological structure, periodontal functions (PC-2, PC-6, PC-7).

2. Periodontal disease . Modern ideas about etiology and pathogenesis. Examination of a patient with periodontal pathology. Criteria for assessing the condition of the periodontium. (PC-2, PC-6, PC-7).
3. Periodontology as a branch of dentistry. Prevalence, terminology, classification of periodontal diseases (UK-1, PC-2, PC-6, PC-7).
4. Catarrhal gingivitis. Etiology, pathogenesis, clinic, differential diagnosis, modern methods of treatment (UK-1, PC-2, PC-6, PC-7).
5. Hypertrophic gingivitis. Etiology, pathogenesis, clinic, diagnostics, differential diagnostics, modern methods of treatment (UK-1, PC-2, PC-6, PC-7).
6. Ulcerative gingivitis. Etiology, pathogenesis, clinic, diagnostics, differential diagnostics, modern methods of treatment (UK-1, PC-2, PC-6, PC-7).
7. Periodontitis. Etiology, pathogenesis, pathomorphology, clinic, diagnostics, differential diagnostics, modern methods of treatment (UC-1, PC-2, PC-6, PC-7).
8. The principle of complex treatment of periodontal diseases . Indications for the choice of methods and means of local and general treatment, depending on the severity of periodontal disease (UK-1, PC-2, PC-6, PC-7).
9. Idiopathic periodontal diseases. Clinic, diagnostics, differential diagnostics, treatment (UK-1, PC-2, PC-6, PC-7).
10. Periodontosis. Etiology, pathogenesis, clinic, differential diagnosis, modern methods of treatment (UK-1, PC-2, PC-6, PC-7).
11. Prevention of periodontal diseases. Methods and means. Organization of medical and preventive care for patients with periodontal pathology. Clinical examination (UK-1, PC-2, PC-6, PC-7, PC-12).
12. The value of oral hygiene in the prevention and treatment of periodontal diseases (UK-1, PC-2, PC-6, PC-7).
13. Physical methods for the prevention, diagnosis and treatment of caries (UK-1, PC-2, PC-6, PC-7, PC-12).
14. The use of physical factors for the diagnosis and treatment of pulpitis and periodontitis (UK-1, PC-2, PC-6, PC-7).
15. Physical methods of prevention, diagnosis and treatment of non-carious lesions of hard tissues of the tooth (UK-1, PC-2, PC-6, PC-7).
16. Physiotherapy of periodontal diseases (UK-1, PC-2, PC-6, PC-7).
17. The use of physical methods of treatment for dental diseases that occur with the presence of pain (UK-1, PC-2, PC-6, PC-7).
18. X-ray methods for examining dental patients (UK-1, PC-2, PC-6, PC-7).
19. Dental and odontogenic foci of infection. Focal diseases. Clinic, diagnostics, differential diagnostics, treatment, prevention (UK-1, PC-2, PC-6, PC-7, PC-12).

Final test on the PIMU website <https://sdo.pimunn.net/mod/quiz/view.php?id=204393>

Chapter: Diseases of the oral mucosa and lips (9 semester). Starting lesson.

1. Pathological processes in the oral mucosa. Damage elements (primary and secondary) (UK-1, PC-2, PC-6, PC-7, PC-12).
2. Leukoplakia. Etiology, clinic, diagnosis, differential diagnosis, treatment, prevention (UK-1, PC-2, PC-6, PC-7, PC-12).
3. Simple herpes. Etiology, clinic, diagnostics, differential diagnostics, treatment, prevention. (UK-1, PC-2, PC-6, PC-7, PC-12).
4. Manifestation of HIV infection in the oral cavity, diagnosis, differential diagnosis, treatment, prevention (UK-1, PC-2, PC-6, PC-7, PC-12).
5. Ulcerative-necrotic gingivo-stomatitis of Vincent. Etiology, clinic, diagnosis, differential diagnosis, treatment (UK-1, PC-2, PC-6, PC-7, PC-12).
6. Acute pseudomembranous candidiasis. Clinic, diagnostics, differential diagnostics, treatment (UK-1, PC-2, PC-6, PC-7, PC-12).
7. Acute and chronic atrophic candidiasis. Etiology, clinic, diagnosis, differential diagnosis, treatment, prevention (UK-1, PC-2, PC-6, PC-7, PC-12).
8. Chronic hyperplastic candidiasis. Etiology, clinic, diagnosis, differential diagnosis, treatment, prevention (UK-1, PC-2, PC-6, PC-7, PC-12).

9. Manifestation of syphilis in the oral cavity. Clinic, diagnostics, differential diagnostics, treatment. Features of the behavior of a dentist when receiving this group of patients (UK-1, PC-2, PC-6, PC-7, PC-12).
 10. Chronic recurrent aphthous stomatitis. Etiology, clinic, diagnosis, differential diagnosis, treatment, prevention (UK-1, PC-2, PC-6, PC-7, PC-12).
 11. Multiform exudative erythema. Etiology, clinic, diagnosis, differential diagnosis, treatment (UK-1, PC-2, PC-6, PC-7, PC-12).
 12. Damage to the oral mucosa in diseases of the gastrointestinal tract, hypo - and beriberi. Clinic, diagnostics, differential diagnostics, treatment (UK-1, PC-2, PC-6, PC-7, PC-12).
 13. Damage to the oral mucosa in diseases of the endocrine and cardiovascular systems. Clinic, diagnostics, differential diagnostics, treatment (UK-1, PC-2, PC-6, PC-7, PC-12) (UK-1, PC-2, PC-6, PC-7, PC-12) .
 14. Damage to the oral mucosa in blood diseases. Clinic, diagnostics, differential diagnostics, treatment (UK-1, PC-2, PC-6, PC-7, PC-12).
 15. Glossalgia. Etiology, clinic, diagnostics, differential diagnostics, treatment.
 16. Lichen planus. Etiology, pathogenesis, clinic, diagnostics, differential diagnostics, prevention (UK-1, PC-2, PC-6, PC-7, PC-12).
 17. Pemphigus. Etiology, pathogenesis, clinic, diagnostics, differential diagnostics, treatment.
 18. Desquamative glossitis. Etiology, pathogenesis, clinic, diagnosis, differential diagnosis, treatment, prevention (UK-1, PC-2, PC-6, PC-7, PC-12).
 19. Black hairy tongue. Etiology, pathogenesis, clinic, diagnosis, differential diagnosis, treatment, prevention (UK-1, PC-2, PC-6, PC-7, PC-12).
 20. Cheilitis exfoliative. Etiology, pathogenesis, clinic, diagnosis, differential diagnosis, treatment, prevention (UK-1, PC-2, PC-6, PC-7, PC-12).
 21. Glandular cheilitis. Etiology, pathogenesis, clinic, diagnosis, differential diagnosis, treatment, prevention (UK-1, PC-2, PC-6, PC-7, PC-12).
 22. Cheilitis eczematous. Etiology, pathogenesis, clinic, diagnosis, differential diagnosis, treatment, prevention (UK-1, PC-2, PC-6, PC-7, PC-12).
 23. Macrocheilitis. Etiology, clinic, diagnosis, differential diagnosis, treatment (UK-1, PC-2, PC-6, PC-7, PC-12).
 24. Chronic fissure of the lip. Etiology, clinic, diagnosis, differential diagnosis, treatment (UK-1, PC-2, PC-6, PC-7, PC-12).
 25. Heilit Manganotti. Etiology, clinic, diagnostics, differential diagnostics, treatment.
- Dental and odontogenic foci of infection. Focal diseases. Clinic, diagnostics, differential diagnostics, treatment, prevention. (UK-1, PC-2, PC-6, PC-7, PC-12).

Final test on the PIMU website <https://sdo.pimunn.net/mod/quiz/view.php?id=204206>

Chapter. Diseases of the oral mucosa and lips (10 semester). Starting lesson.

1. Pathological processes in the oral mucosa. Damage elements (primary and secondary) (UK-1, PC-2, PC-6, PC-7, PC-12).
2. Leukoplakia. Etiology, clinic, diagnosis, differential diagnosis, treatment, prevention (UK-1, PC-2, PC-6, PC-7, PC-12).
3. Simple herpes. Etiology, clinic, diagnostics, differential diagnostics, treatment, prevention. (UK-1, PC-2, PC-6, PC-7, PC-12).
4. Manifestation of HIV infection in the oral cavity, diagnosis, differential diagnosis, treatment, prevention (UK-1, PC-2, PC-6, PC-7, PC-12).
5. Ulcerative-necrotic gingivo-stomatitis of Vincent. Etiology, clinic, diagnosis, differential diagnosis, treatment (UK-1, PC-2, PC-6, PC-7, PC-12).
6. Acute pseudomembranous candidiasis. Clinic, diagnostics, differential diagnostics, treatment (UK-1, PC-2, PC-6, PC-7, PC-12).
7. Acute and chronic atrophic candidiasis. Etiology, clinic, diagnosis, differential diagnosis, treatment, prevention (UK-1, PC-2, PC-6, PC-7, PC-12).
8. Chronic hyperplastic candidiasis. Etiology, clinic, diagnosis, differential diagnosis, treatment, prevention (UK-1, PC-2, PC-6, PC-7, PC-12).
9. Manifestation of syphilis in the oral cavity. Clinic, diagnostics, differential diagnostics, treatment. Features of the behavior of a dentist when receiving this group of patients (UK-1, PC-2, PC-6, PC-7, PC-12).

10. Chronic recurrent aphthous stomatitis. Etiology, clinic, diagnosis, differential diagnosis, treatment, prevention (UK-1, PC-2, PC-6, PC-7, PC-12).
 11. Multiform exudative erythema. Etiology, clinic, diagnosis, differential diagnosis, treatment (UK-1, PC-2, PC-6, PC-7, PC-12).
 12. Damage to the oral mucosa in diseases of the gastrointestinal tract, hypo - and beriberi. Clinic, diagnostics, differential diagnostics, treatment (UK-1, PC-2, PC-6, PC-7, PC-12).
 13. Damage to the oral mucosa in diseases of the endocrine and cardiovascular systems. Clinic, diagnostics, differential diagnostics, treatment (UK-1, PC-2, PC-6, PC-7, PC-12) (UK-1, PC-2, PC-6, PC-7, PC-12) .
 14. Damage to the oral mucosa in blood diseases. Clinic, diagnostics, differential diagnostics, treatment (UK-1, PC-2, PC-6, PC-7, PC-12).
 15. Glossalgia. Etiology, clinic, diagnostics, differential diagnostics, treatment.
 16. Lichen planus. Etiology, pathogenesis, clinic, diagnostics, differential diagnostics, prevention (UK-1, PC-2, PC-6, PC-7, PC-12).
 17. Pemphigus. Etiology, pathogenesis, clinic, diagnostics, differential diagnostics, treatment.
 18. Desquamative glossitis. Etiology, pathogenesis, clinic, diagnosis, differential diagnosis, treatment, prevention (UK-1, PC-2, PC-6, PC-7, PC-12).
 19. Black hairy tongue. Etiology, pathogenesis, clinic, diagnosis, differential diagnosis, treatment, prevention (UK-1, PC-2, PC-6, PC-7, PC-12).
 20. Cheilitis exfoliative. Etiology, pathogenesis, clinic, diagnosis, differential diagnosis, treatment, prevention (UK-1, PC-2, PC-6, PC-7, PC-12).
 21. Glandular cheilitis. Etiology, pathogenesis, clinic, diagnosis, differential diagnosis, treatment, prevention (UK-1, PC-2, PC-6, PC-7, PC-12).
 22. Cheilitis eczematous. Etiology, pathogenesis, clinic, diagnosis, differential diagnosis, treatment, prevention (UK-1, PC-2, PC-6, PC-7, PC-12).
 23. Macrocheilitis. Etiology, clinic, diagnosis, differential diagnosis, treatment (UK-1, PC-2, PC-6, PC-7, PC-12).
 24. Chronic fissure of the lip. Etiology, clinic, diagnosis, differential diagnosis, treatment (UK-1, PC-2, PC-6, PC-7, PC-12).
 25. Heilit Manganotti. Etiology, clinic, diagnostics, differential diagnostics, treatment.
- Dental and odontogenic foci of infection. Focal diseases. Clinic, diagnostics, differential diagnostics, treatment, prevention. (UK-1, PC-2, PC-6, PC-7, PC-12).
- Final test on the PIMU website <https://sdo.pimunn.net/mod/quiz/view.php?id=204404>

6. Criteria for evaluating learning outcomes

For offset

Learning Outcomes	Evaluation criteria	
	Not credited	Passed
Completeness of knowledge	The level of knowledge is below the minimum requirements. There were gross errors.	The level of knowledge in the amount corresponding to the training program. Minor errors may be made
Availability of skills	When solving standard problems, the basic skills were not demonstrated. There were gross errors.	Demonstrated basic skills. Typical tasks are solved, all tasks are completed. Minor errors may be made.
Availability of skills (possession of experience)	When solving standard problems, basic skills were not demonstrated. There were gross errors.	Demonstrated basic skills in solving standard problems. Minor errors may be made.
Motivation (personal attitude)	Educational activity and motivation are poorly expressed, there is no qualitative readiness to solve the assigned tasks	Learning activity and motivation are manifested, readiness to perform the assigned tasks is demonstrated.

Characteristics of the formation of competence*	Competence is not fully formed. The available knowledge, skills and abilities are not enough to solve practical (professional) problems. Re-learning required	The formation of competence meets the requirements. The available knowledge, skills and motivation are generally sufficient to solve practical (professional) problems.
Competence level*	Short	Medium/High

For exam

Learning Outcomes	Assessments of the formation of competencies			
	unsatisfactory	satisfactorily	Fine	Great
Completeness of knowledge	The level of knowledge is below the minimum requirements. There have been gross errors	The minimum acceptable level of knowledge. Made a lot of minor mistakes	The level of knowledge in the amount corresponding to the training program. Several minor errors were made	The level of knowledge in the amount corresponding to the training program, without errors
Availability of skills	When solving standard problems, the basic skills were not demonstrated. There have been gross errors	Demonstrated basic skills. Solved typical problems with minor errors. All tasks were completed, but not in full.	All basic skills are demonstrated. Solved all the main tasks with minor errors. Completed all tasks, in full, but some with shortcomings	All basic skills have been demonstrated, all the main tasks have been solved with some minor shortcomings, all tasks have been completed in full
Availability of skills (possession of experience)	When solving standard problems, basic skills were not demonstrated. There have been gross errors	There is a minimum set of skills for solving standard tasks with some shortcomings	Demonstrated basic skills in solving standard problems with some shortcomings	Demonstrated skills in solving non-standard tasks without errors and shortcomings
Characteristics of the formation of competence*	Competence is not fully formed. The available knowledge, skills and abilities are not enough to solve professional problems. Re-learning required	The formation of competence meets the minimum requirements. The available knowledge, skills, and abilities are generally sufficient to solve professional problems, but	The formation of competence as a whole meets the requirements, but there are shortcomings. The existing	The formation of competence fully complies with the requirements. The available knowledge, skills and motivation are fully sufficient to solve complex professional

Learning Outcomes	Assessments of the formation of competencies			
	unsatisfactory	satisfactorily	Fine	Great
		additional practice is required for most practical problems.	knowledge, skills and motivation are generally sufficient to solve professional problems, but additional practice is required for some professional tasks.	problems
Competence level *	Short	Below middle	Average	High

For testing:

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

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

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

Less than 70% - Unsatisfactory - Grade "2"

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