

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 "Innovative technologies in 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 " Innovative Technologies in Therapeutic Dentistry " is an integral application to the work program of the discipline " Innovative Technologies in 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 assessment 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 fund 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 Innovative methods of examination of the patient. Dental and medical documentation Section 2 Innovative methods and materials for the treatment of dental caries. Methods of modern prevention of dental diseases. Section 3 Innovative methods of treatment of pulp and periodontal diseases. Section 4 Modern innovative methods of treatment of periodontal diseases: gingivitis, periodontal disease, periodontitis, idiopathic diseases. Section 5 Innovative methods for diagnosing diseases of the oral mucosa	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 Innovative methods of examination of the patient. Dental and medical documentation Section 2 Innovative methods and materials for the treatment of dental caries. Methods of modern prevention of dental diseases. Section 3 Innovative methods of treatment of pulp and periodontal diseases. Section 4 Modern innovative methods of treatment of periodontal diseases: gingivitis , periodontal disease, periodontitis, idiopathic diseases. Section 5 Innovative methods for diagnosing diseases of the oral mucosa</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 Innovative methods of examination of the patient. Dental and medical documentation Section 2 Innovative methods and materials for the treatment of dental caries. Methods of modern prevention of dental diseases. Section 3 Innovative methods of treatment of pulp and periodontal diseases. Section 4 Modern innovative methods of treatment of periodontal diseases: gingivitis , periodontal disease, periodontitis, idiopathic diseases. Section 5 Innovative methods for diagnosing diseases of the oral mucosa</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 Ministry of Health of the Russian Federation on an outpatient basis and in day hospital conditions, taking into account the age of the patient)</p>	<p>Current, Intermediate</p>	<p>Section 1 Innovative methods of examination of the patient. Dental and medical documentation Section 2 Innovative methods and materials for the treatment of dental caries. Methods of modern prevention of dental diseases. Section 3 Innovative methods of treatment of pulp and periodontal diseases. Section 4 Modern innovative methods of treatment of periodontal diseases: gingivitis, periodontal disease, periodontitis, idiopathic diseases. Section 5 Innovative methods for diagnosing diseases of the oral mucosa</p>	<p>Test Situational tasks Colloquium offset</p>
<p>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)</p>	<p>Current, Intermediate</p>	<p>Section 1 Innovative methods of examination of the patient. Dental and medical documentation Section 2 Innovative methods and materials for the treatment of dental caries. Methods of modern prevention of dental diseases. Section 3 Innovative methods of treatment of pulp and periodontal diseases. Section 4 Modern innovative methods of treatment of periodontal diseases: gingivitis, periodontal disease, periodontitis, idiopathic diseases. Section 5 Innovative methods for diagnosing diseases of the oral mucosa</p>	<p>Test Situational tasks Colloquium offset</p>

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

Task 1

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 ICSB : 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 2

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 of Black Class V filling .
4. Physician tactics.

Task 3

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 cavities of class II Black .
4. List possible medical errors.
5. Rules for the reflection of filling material.

Task 4

Patient N., 30 years old, underwent restoration of tooth 2.1 according to Class V Black 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 5

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 6

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 7

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 8

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.

Task9

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 10

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

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 2

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 3

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 4

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 5

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 6

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 7

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 8

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**

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 2

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 3

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 4

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 5

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 6

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 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

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

OBJECTIVE: tooth 3.6 - on the occlusal -distal surface, a metal filling 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 2

Patient N., 30 years old, underwent restoration of tooth 2.1 according to Class V Black 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 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 prosthetic 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 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 there is discoloration of the enamel. 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.

Task 10

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.

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" :

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 SUBMANDIBULAR 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

FLUORIDE DEPTH EQUAL (MM):

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

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 OCCURS 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

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

A FORM OF IRREGULAR CARNING 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 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

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

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

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

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
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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

PRIMARY ELEMENT OF LESION 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 EROSION 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

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

"IRREGULATORY DENTIN" - THIS

substitutive
infected
demineralized
artificial
does not exist

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

AT PALPATION OF THE SUBMANDIBULAR 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;
- fluctuorization ;
- 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.

TRAUMATIC NEURITIS OF THE MANDIBULAR 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.

Final test on the SDO "PIMU" portal

<https://sdo.pimunn.net/mod/resource/view.php?id=194112>

<https://sdo.pimunn.net/mod/resource/view.php?id=194113>

4.3. Questions for colloquia, interviews :

1. Organization of dental care in Russia. Organizational structure of the dental clinic and dental therapeutic department. Accounting and reporting documentation of a dentist (UK-1, PC-2, PC-6, PC-7).
2. Dental office, its equipment. Organization of reception of dental patients. Accounting and reporting medical documentation (UK-1, PC-2, PC-6, PC-7).
3. 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 (UK-1, PC-2, PC-6, PC-7, PC-12).
4. Ergonomics and scientific organization of labor in dentistry (UK-1, PC-2, PC-6, PC-7).
5. 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).
6. Methods of examination of patients in the clinic of therapeutic dentistry (basic and additional) (UK-1, PC-2, PC-6, PC-7, PC-12).
7. Epidemiological dental survey of the population. The prevalence and intensity of dental caries (UK-1, PC-2, PC-6, PC-7, PC-12).
8. Disinfection, pre-sterilization cleaning and sterilization of dental instruments in practical dentistry (UK-1, PC-2, PC-6, PC-7, PC-12).
9. Basic principles of asepsis in therapeutic dentistry. Sanitary-epidemic mode of work of a dentist and measures to prevent HIV infection and hepatitis (UK-1, PC-2, PC-6, PC-7, PC-12).
10. Hygienic dental education of the population. Motivation of the population for oral hygiene. Oral hygiene. Intensification and optimization of hygiene (UK-1, PC-2, PC-6, PC-7, PC-12).
11. Oral hygiene products. Rational and controlled oral hygiene. Means of indication of plaque (UK-1, PC-2, PC-6, PC-7, PC-12).
12. Dental educational work. Organization methods and forms of conducting (UK-1, PC-2, PC-6, PC-7, PC-12).
13. Professional oral hygiene. Method for identifying and eliminating dental deposits (UK-1, PC-2, PC-6, PC-7, PC-12).
14. Endogenous prevention of dental caries (UK-1, PC-2, PC-6, PC-7, PC-12).
15. Exogenous prevention of dental caries (UK-1, PC-2, PC-6, PC-7, PC-12).

4.4. Tasks (assessment tools) submitted for credit

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

Situational task in therapeutic dentistry No. 1

Patient R., 37 years old, applied to a dental clinic for an appointment with a dentist with a complaint of food getting stuck in the area of the teeth of the lower jaw on the left, bleeding of the interdental papilla in the area of teeth 3.5, 3.6.

External examination: normosthenic physique, the patient behaves calmly in the chair. HIV, syphilis, hepatitis denies.

Objectively: when examining the oral cavity, the mucous membrane is without visible changes, teeth 1.6, 2.5, 2.6 - on the chewing surface of the filling from the CPM, percussion is painless, the crown of the teeth is not changed in color. Tooth 3.6 - on the medial-chewing surface, an amalgam filling with a broken marginal fit, a gray tooth crown. The gingival papilla in the area of teeth 3.5, 3.6 is edematous, hyperemic, bleeds on probing.

The doctor decided to treat tooth 3.6 under torus anesthesia. At that moment, when the doctor began to conduct the dissection, the patient lost consciousness. An objective examination: a serious condition, consciousness is absent, breathing is noisy, rare, deep. Muscle tone and tone of the eyeballs is reduced, dryness of the skin, mucous membranes and tongue. Blood pressure 90/60 mm Hg.



Questions :

- 1) What mistakes were made by the dentist?
- 2) What emergency condition was received at the appointment? management of this patient.
- 3) Preliminary diagnosis regarding tooth 3.6.
- 4) Perform a differential diagnosis in relation to tooth 3.6.
- 5) Treatment tactics for tooth 3.6
- 6) List the diseases that fit the given symptomatology. Spend differential
- 7) Do you need consultations with related specialists in future treatment?
- 8) Primer -adhesive systems, generations, composition, method of application.

Situational task in therapeutic dentistry No. 2

Patient K., 19 years old, went to see a dentist with complaints of pain when eating in the area of teeth 3.1, 4.1, which quickly disappears when the irritants are eliminated.

From the anamnesis 2 weeks ago she was treated in a private clinic, these teeth were treated for uncomplicated caries. According to the patient's re-admission, she was refused and recommended to go to another clinic.

Objectively, there is no filling in the region of tooth 3.1, a carious cavity within its own dentin is filled with necrodentin, probing is painful along the enamel-dentin border. Tooth 4.1 has a filling on the palatal surface, when probing the boundaries, the probe is stuck, percussion is painless.



Questions :

1. What mistakes did the doctor who took the patient earlier.
2. What could be causing the filling to fall out?
3. preliminary diagnosis.
4. management of this patient.
5. Modern methods of mechanical treatment of the carious cavity.
6. Disinfection, pre-sterilization cleaning , sterilization, types and modes.

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

Situational task in therapeutic dentistry No. 3

Patient A., 40 years old, went to see a dentist with complaints of pain when eating in the area of tooth 3.1, which quickly disappears when the irritants are eliminated.

From the anamnesis: she has not been seen by a dentist for more than 3 years, she has been smoking for 20 years, she notes an allergic reaction to iodine preparations in the form of a rash, redness and itching of the skin.

When examining the oral cavity in the area of tooth 3.1, a carious cavity filled with necrotic dentin was revealed within its own dentin, percussion is painless. On the vestibular and oral surfaces of the teeth of the upper and lower jaws, there is a pigmented plaque of dark brown color, the gums are without features, professional oral hygiene has not been previously performed.



Questions :

1. Make a diagnosis according to the ICD-10 classification. Justify it.
2. Perform differential diagnosis.
3. Choose the tactics of managing this patient.
4. Justify the choice of methods for conducting anesthesia and anesthetic.
5. What filling material will be used to restore tooth 3.1.
6. What types of professional oral hygiene exist? Apparatus and means for its implementation.

Situational task in therapeutic dentistry No. 4

Patient M., aged 36, applied to the Department of Therapeutic Dentistry with complaints of jerking, spontaneous pains in the area of tooth 1.6, aggravated by hot food, and an unpleasant putrid odor from the mouth.

Anamnesis: for the first time, spontaneous, paroxysmal pain in the area of tooth 1.6 occurred 3 months ago, he did not seek help from a dentist, in the last 2 weeks the pain intensified and was not stopped by taking analgesics. During the conversation, the patient is emotionally labile, constantly interested in how the processing of instruments is carried out in the clinic.

Objectively: the face is symmetrical, the skin is clean, of physiological color. The submandibular lymph nodes on the right are enlarged, painful on palpation, mobile. The mucous membrane of the oral cavity without features, the transitional fold in the area of the causative tooth is hyperemic with a cyanotic tint. The crown of tooth 1.6 is gray, the enamel is dull. On the chewing surface, a carious cavity filled with food debris and necrotic dentin, the tooth cavity is opened, probing the carious cavity and coronal pulp is painless, horizontal percussion is slightly painful, the reaction to temperature stimuli is positive (to hot).



Questions :

1. Make a diagnosis of the disease.
2. What is the histological picture of this disease?
3. EOD indications for this pathology.
4. X-ray picture in this pathology.
5. Treatment strategy for this patient.
6. Modern methods of root canal filling.
7. Pulp necrosis. Etiology, pathogenesis, clinic, diagnostics, differential diagnostics.

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

Situational task in therapeutic dentistry No. 5

Patient S., 35 years old, went to see a dentist with complaints of an unpleasant odor from the oral cavity and a sharp severe pain in the lower jaw on the left, radiating to the left temple, the pain after the removal of the stimulus does not go away, the pain first appeared about 2 weeks ago .

From the anamnesis, she had not previously visited the dentist, as she was frightened in childhood. The patient is 4 months pregnant and is registered with a cardiologist, as she has a congenital heart disease.

Examination of the oral cavity revealed the presence of carious cavities on adjacent contact surfaces of teeth 3.4, 3.5, 3.6. Objectively, the carious cavities of teeth 3.5 and 3.6 are located within their own dentin, probing is painful along the enamel-dentin border, percussion is painless, tooth 3.4 is a carious cavity within the peripulpal dentin , probing is sharply painful along the entire bottom, there is no communication with the tooth cavity, percussion is painless.



Questions :

1. Make a diagnosis regarding teeth 3.4, 3.5, 3.6.
2. Perform differential diagnosis.

3. Treatment tactics.
4. Select the type of anesthesia and anesthetic.
5. What advice should be given to the patient?
6. Premedication . Preparations for premedication of this patient .
7. Chronic pulpitis. Clinic, diagnostics, differential diagnostics, modern methods of treatment.

Situational task in therapeutic dentistry No. 6

Patient V., 43 years old, came to the dental clinic "PIMU" with complaints of constant aching pain in the area of tooth 4.7, aggravated by biting . The patient has a copy of the medical record of the dental patient from the clinic , in which the treatment was previously carried out.

From the record in the map , it was established that 8 days ago this tooth was treated for chronic ulcerative pulpitis of tooth 4.7 by applying arsenic paste. A follow-up visit was scheduled 2 days later, the patient did not show up for an appointment. Tooth 4.6 was treated for dentin caries.

Objectively, when examining the oral cavity on the medial chewing surface of tooth 4.7, there is a temporary filling of water dentin, percussion is sharply painful, the gingival papilla in the area of 4.7 and 4.6 is brown with signs of necrosis, bleeds on palpation and is sharply painful. The submandibular lymph nodes on the right are enlarged, painful, mobile. Tooth 4.6 on the occlusal -distal surface of the filling, the marginal fit is broken, percussion is painless, probing is painless.



Questions :

1. Make a final diagnosis regarding teeth 4.6, 4.7
2. What is the error of the doctor who previously treated.
3. Additional methods of examination.
4. What is the management of this patient.
5. Indications and contraindications for the use of arsenic paste. Kinds. Arsenic paste application technique.
6. Enamel caries. Etiology, pathogenesis, diagnosis, differential diagnosis.

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

Situational task in therapeutic dentistry No. 7

Patient K, 16 years old, came to the dental clinic with complaints about the presence of stains on the central teeth of the upper jaw.

From the anamnesis: the spots appeared about a year ago, they increase in size, she brushes her teeth once a day, sometimes less often, with the help of tooth powder, which was advised to her by a dentist at the place of residence. According to the mother, the patient suffers from an allergy to cow's milk proteins.

When examining the oral cavity in the cervical region on the vestibular surface of teeth 1.1 and 2.1, chalk -like spots, dull, smooth when probing, with uneven but clear boundaries, are stained when exposed to a 1% aqueous solution of methylene blue. There is a large amount of soft plaque on the teeth of the upper and lower jaws.



Questions :

1. Make a diagnosis regarding teeth 1.1, 2.1.
2. Causes of this pathology.
3. Perform differential diagnosis.
4. management of this patient.
5. Choose your personal care products.
6. The method of vital staining of enamel (L.A. Aksamit). The purpose of this technique, the method of implementation and evaluation of the results.
7. The history of the development of therapeutic dentistry.

Situational task in therapeutic dentistry No. 9

Patient S., 34 years old, came to the dental clinic with complaints of a neoplasm on the gums, which she noticed by chance.

From the anamnesis, about a year ago, the patient had a car accident, suffered a trauma to her face and anterior part of the upper jaw, and received treatment in the MLS department. Throughout the year, in the area of tooth 1.1, aching pain periodically occurred, aggravated during biting.

When examining the oral cavity: tooth 1.1, the tooth crown is intact, the color of the crown is changed, mobility of the 1st degree is determined, on the vestibular surface in the projection of the apex of the tooth root there is a fistula with purulent exudate, vertical percussion is painless, EOD is more than 100 μ A. Tooth 4.6 - a carious cavity on the chewing surface and in the cervical region on the vestibular surface, filled with softened dentin, probing is painfully even throughout the bottom, EDI was 6 μ A.



Question :

1. Make diagnoses according to the ICD-10 classification. Justify.
2. Additional diagnostic methods.
3. Differential diagnosis.
4. Treatment tactics. Exodus.
5. What measures should be taken to prevent the development of this disease.
6. Temporary filling materials for work in root canals, composition, properties, application.

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

Situational task in therapeutic dentistry No. 10

Patient O., 37 years old, came to the dental clinic with a complaint about the loss of a filling in the area of tooth 2.1.

From the anamnesis, the patient has been working at a chemical plant since the age of 24.

Objectively: there is a carious cavity on the vestibular surface of tooth 2.1 within its own dentin, probing is painless, EDI 5 μ A. In the alimentary region on the vestibular surface of teeth 1.3, 1.2, 1.2, 2.2, 2.3 there are saucer-shaped hard tissue defects within the enamel, pigmented at the bottom, smooth on probing.



Questions :

1. Make a diagnosis.
2. Explain painless probing in the area of tooth 2.1.
3. Perform differential diagnosis.
4. Choose the treatment strategy for this patient. Prevention.

5. Primer -adhesive systems, composition, properties, generations, methods of application.

Situational task in therapeutic dentistry No. 11

Patient R., aged 45, turned to the Department of Therapeutic Dentistry for a consultation about the swelling of the mucous membrane on the vestibular surface of the lower jaw on the right in the projection of teeth 4.6, 4.7, also notes food jamming and the occurrence of short-term pain in this area from temperature stimuli.

From the anamnesis, the treatment of these teeth was carried out more than 10 years ago in a dental clinic at the place of residence. He has been suffering from hypertension for 2 years, takes drugs to lower blood pressure regularly, has been suffering from hepatitis B for 15 years, and is also receiving treatment.

Objectively: the crowns of teeth 4.6 and 4.7 were restored with filling material by more than ½ of the volume, caries recurrence, probing is painless, vertical percussion is painless, a tympanic sound is obtained, palpation of the transitional fold along the vestibular surface in the projection of the teeth is painless, a parchment crunch is obtained. On the contact-distal surface of tooth 4.5 there is a carious cavity within its own dentin, probing could not be carried out due to the tight position of the teeth.



Questions :

1. Make possible diagnoses. Justify.
2. Describe the x-ray shown.
3. Perform differential diagnosis.
4. Determine the treatment strategy.
5. How is the reception of this patient and the selection of an anesthetic.
6. Idiopathic periodontal disease. Etiology, clinic, diagnostics, modern methods of treatment.

5. The content of the evaluation means of intermediate certification

Intermediate certification is carried out in the form of a credit lesson.

5.1 List of control tasks and other materials required to assess knowledge, skills, abilities and experience

5.1.2. Questions for the test in the discipline " Innovative technologies in therapeutic dentistry "

1. Organization of dental care in Russia. Organizational structure of the dental clinic and dental therapeutic department. Accounting and reporting documentation of a dentist (UK-1, PC-2, PC-6, PC-7).
2. Dental office, its equipment. Organization of reception of dental patients. Accounting and reporting medical documentation (UK-1, PC-2, PC-6, PC-7).
3. 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 (UK-1, PC-2, PC-6, PC-7, PC-12).
4. Ergonomics and scientific organization of labor in dentistry (UK-1, PC-2, PC-6, PC-7).
5. Methods of examination of a dental patient. Dental instruments used to examine a dental patient. Electroodontodiagnostics (UK-1, PC-2, PC-6, PC-7, PC-12).
6. Methods of examination of patients in the clinic of therapeutic dentistry (basic and additional) (UK-1, PC-2, PC-6, PC-7, PC-12).
7. Epidemiological dental examination of the population. The prevalence and intensity of dental caries (UK-1, PC-2, PC-6, PC-7, PC-12).
8. Disinfection, pre-sterilization cleaning and sterilization of dental instruments in practical dentistry (UK-1, PC-2, PC-6, PC-7, PC-12).
9. Basic principles of asepsis in therapeutic dentistry. Sanitary-epidemic mode of work of a dentist and measures to prevent HIV infection and hepatitis (UK-1, PC-2, PC-6, PC-7, PC-12).

10. Hygienic dental education of the population. Motivation of the population for oral hygiene. Oral hygiene. Intensification and optimization of hygiene (UK-1, PC-2, PC-6, PC-7, PC-12).
11. Means of oral hygiene. Rational and controlled oral hygiene. Means of indication of plaque (UK-1, PC-2, PC-6, PC-7, PC-12).
12. Dental educational work. Organization methods and forms of conducting (UK-1, PC-2, PC-6, PC-7, PC-12).
13. Professional oral hygiene. Method for identifying and eliminating dental deposits (UK-1, PC-2, PC-6, PC-7, PC-12).
14. Endogenous prevention of dental caries (UK-1, PC-2, PC-6, PC-7, PC-12).
15. Exogenous prevention of dental caries (UK-1, PC-2, PC-6, PC-7, PC-12).

Final test on the PIMU SDO portal <https://sdo.pimunn.net/mod/quiz/view.php?id=204165>

6. Criteria for evaluating learning outcomes

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 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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