

Mock Academic Fellowship Examination
American Academy of Oral Medicine



THE AMERICAN ACADEMY OF ORAL MEDICINE
INCORPORATED UNDER THE LAWS OF NEW YORK STATE
(Founded 1945)

1. Drugs that may prove useful for treatment of mucositis in patients undergoing head and neck radiation therapy are:
 - A) Chlorhexidine
 - B) Amifostine
 - C) Pilocarpine hydrochloride
 - D) B and C
 - E) None of the above

2. Post radiation osteonecrosis of the jaws can be characterized as tissues which are:
 - A) Hypervascular
 - B) Hypocellular
 - C) Hyponatremic
 - C) Hyperosmotic

3. Topical agents that may be useful in patients who develop oral mucositis secondary to head and neck radiation are:
 - A) Topical doxepin
 - B) Topical Morphine
 - C) Topical benzydamine
 - D) All of the above

4. The most common benign tumor of salivary glands is:
 - A) Oncocytoma
 - B) Basal cell adenoma
 - C) Monomorphic adenoma
 - D) Pleomorphic adenoma

5. The most common sustained cardiac dysrhythmia is:
 - A) Premature ventricular contraction
 - B) Wolff-Parkinson White Syndrome
 - C) Supraventricular tachycardia
 - D) Atrial fibrillation

6. The ideal time to provide elective dental treatment for patients who are receiving renal dialysis is:
- A) Immediately following dialysis
 - B) The day of dialysis
 - C) On a non-dialysis day as early as possible from the next dialysis treatment
 - D) Just before dialysis
 - E) Anytime after awakening
7. A patient presents for extraction of 3 carious teeth. Past medical history includes chronic renal failure, hemodialysis, insulin dependent diabetes mellitus and total knee replacement. Appropriate dental care would include:
- A) Recording vital signs prior to treatment
 - B) Use of adjunctive hemostatic agents at the time of surgery
 - C) Pre-operative antibiotic consideration
 - D) All of the above
8. Which drugs should be limited or avoided for patients with failing renal function, who are receiving hemodialysis?
- A) Non-steroidal anti-inflammatory agents
 - B) Narcotics
 - C) Benzodiazepines
 - D) Nitrous oxide
9. A patient has a chief complaint of unilateral tongue and pain for the past year. Physical examination reveals an indurated 2 cm. mass of the posterior 1/3 tongue on the affected side. Protrusion of the tongue shows deviation to the side of the pain. What course of diagnostic or treatment option is the most appropriate as a next step ?
- A) Complete blood count
 - B) Imaging using C-T and MRI
 - C) Anti-fungal therapy for 2 weeks, then re-examine the patient
 - D) Biopsy of the posterior dorsal tongue surface under local anesthesia
10. A fifty two year old fully dentate female, who you have treated for 20 years, presents with new onset glossitis, angular cheilitis and pallor of the oral mucosa. Which likely diagnosis would you consider:
- A) Gorlin's syndrome
 - B) Cleidocranial dysostosis
 - C) Ectodermal dysplasia
 - D) Plummer-Vinson disease

11. Your patient (female, age 63) of long standing history has a chief complaint of unilateral temporal pain. Her mandible becomes “tired” when chewing. She also feels a bit feverish lately, and has had recent weight loss. There is significant tenderness along the temporal area of the scalp on the affected side. Your diagnosis may include:
- A) Referred odontogenic pain from tooth # 32
 - B) Tension headache
 - C) Temporal arteritis
 - D) Intracranial hemorrhage
12. What blood tests may show abnormalities?
- A) Elevated White cell count
 - B) Lowered red cell count
 - C) Elevated C reactive protein
 - D) Elevated sedimentation rate
 - E) C and D
 - F) B, C and D
13. What is the worst outcome of your most likely diagnosis on the above patient?
- A) Stroke
 - B) Excessive lacrimation
 - C) Chronic migraine headaches
 - D) Blindness
14. A patient presents to you with the chief complaint that the maxillary denture you made two years ago doesn't fit well. You observe that the denture seems too “small” for the size of the dental arch. Upon further questioning, the patient states that their rings do not fit the fingers anymore, and they had to increase their shoe size as well. A panoramic radiograph shows a patchy “cotton wool” appearance of the maxilla. Your most likely diagnosis is:
- A) Cherubism
 - B) Giant cell lesion of bone
 - C) Paget's disease of bone
 - D) Langerhans' Cell Histiocytosis
15. Which serum test may give additional confirmation of your presumptive diagnosis:
- A) Serum alkaline phosphatase level
 - B) Serum iron level
 - C) Complete blood count
 - D) Langerhans' cell count
16. Viral sialadenitis can be differentiated from bacterial sialadenitiis by the following:
- A) Viral sialadenitis often occurs unilaterally
 - B) Bacterial sialadenitis usuallly has constitutional symptoms
 - C) Bacterial sialadenitis is often associated with a purulent discharge
 - D) Viral sialadenitis often produces a purulent discharge

1. Pilocarpine hydrochloride is:
 - A) An anti-cholinergic drug used to increase salivary gland secretions
 - B) Safe for patients who have chronic COPD
 - C) Effective for patients who have lost all major salivary gland function due to radiotherapy
 - D) A muscarinic receptor agonist that may stimulate major salivary gland flow

18. Recurrent intraoral Herpes infection in the immunocompromised host:
 - Usually occurs on attached keratinized tissues
 - Always produces small, characteristic “herpetiform” ulcers
 - Usually affects the hard palate unilaterally
 - Can lead to severe systemic involvement and death

19. Cancrum Oris (NOMA) is associated with:
 - A) Necrotizing ulcerative gingivitis
 - B) Poly-microbial bacterial complexes
 - C) Malnutrition
 - D) All of the above

20. In Behcet’s Disease:
 - A) Oral ulcerations are the most commonly involved body site
 - B) Skin manifestations may include an erythema nodosum like presentation
 - C) Has an autosomal recessive type inheritance pattern
 - D) A and B

21. Sjogrens Syndrome may include the following:
 - A) Ocular dryness
 - B) Oral candidiasis
 - C) Increased incidence of MALT lymphomas
 - D) A and B only
 - E) A, B and C

22. Heerfordt’s syndrome can include:
 - A) Facial palsy
 - B) Deafness
 - C) Uveitis
 - D) A and C

23. The most common malignant tumor of the salivary glands is:
- A) Pleomorphic adenoma
 - B) Adenoid cystic carcinoma
 - C) Mucoepidermoid carcinoma
 - D) Acinic cell carcinoma
24. Temporomandibular Joint noises can arise from:
- A) Non-reducing anterior disc displacement
 - B) Enlargement of the lateral condylar pole
 - C) Distal pressure on the posterior attachment
 - D) None of the above
25. Nerve Supply to the temporomandibular joints can include:
- A) The masseteric nerve
 - B) The deep temporal nerve
 - C) The auriculotemporal nerve
 - D) All of the above
26. In order to determine temporomandibular disc form and position, which imaging modality yields the most diagnostic information?
- A) Sonogram
 - B) MRI
 - C) Arthrography
 - D) CAT scan
27. A patient presents with patchy oral mucosal hyperpigmentation. Review of systems includes fatigue, weakness, hypotension, and new onset mental depression. The most likely cause is:
- A) Gorlin's syndrome
 - B) Vitamin B12 deficiency
 - C) Heavy metal poisoning
 - D) Addison's disease
28. White sponge nevus is characterized by:
- A) An autosomal recessive inheritance pattern
 - B) Systemic involvement of the liver and kidneys
 - C) White lesions involving the oral mucosal surfaces
 - D) Pre-cancerous potential
 - E) C and D

29. Morsicatio refers to:
- A) Asymptomatic oral melanosis
 - B) Chronic, self induced oral mucosal trauma
 - C) Nodules on the lips
 - D) Heavy, thick salivary secretions secondary to radiation therapy of the head and neck
30. Oral manifestations of lupus erythematosus may mimic:
- Scleroderma
 - Cushing's disease
 - Lichen Planus
 - Smokers melanosis
31. HIV-Salivary Gland Disease (HIV-SGD) may show clinical signs such as:
- A) Sialorrhea
 - B) High serum levels of LDH
 - C) Parotid gland enlargement
 - D) Sialolithiasis
32. Antibiotic prophylaxis for patients with prosthetic joint replacement:
- Is not indicated after 2 years post joint replacement
 - May be considered in HIV patients whose CD4 counts are 50 cells/cubic mm
 - Must be considered in juvenile patients
 - Increases the risk of renal damage from repetitive administration of antibiotic over a lifetime
33. Treatment of pemphigus vulgaris may include the following medications:
- A) Systemic steroids
 - B) Colchicine
 - C) Azathioprine
 - D) Cyclophosphamide
 - E) A, C, and D
34. The most common clinical infection of the oro pharynx in patients who receive head and neck radiation is:
- Streptococcal pharyngitis
 - Mononucleosis
 - Herpes simplex
 - Candidiasis
35. Bisphosphonate Related Osteonecrosis of the jaws:
- A) Can occur spontaneously in patients taking bisphosphonate medications
 - B) May respond well to hyperbaric oxygen therapy
 - C) Is primarily an infectious disease
 - D) Always manifests with pain

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36. Which of these is incorrect regarding antibiotic associated pseudo membranous colitis:
- A) May occur after a single antibiotic dose
 - B) Occurs more frequently in a debilitated patient
 - C) Is treated primarily with intravenous vancomycin
 - D) Is associated with the organism *Clostridium difficile*
37. Which oral finding is not associated with Crohn's disease?
- A) Candidiasis
 - B) Recurrent aphthous ulcers
 - C) Melanosis of the oral mucosa
 - D) Pyostomatitis vegetans
38. Which drug is not associated with gingival enlargement:
- A) Metronidazole
 - B) Nifedipine
 - C) Cyclosporin
 - D) Phenytoin
39. Temporal arteritis can be differentiated from temporomandibular Joint disorders by:
- A) Measurement of C reactive protein
 - B) Measurement of erythrocyte sedimentation rate
 - C) Presence of palpable tenderness over the temporal artery
 - D) All of the above
40. Your patient loses consciousness during routine dental treatment. Your first order of action is:
- A) Call 911
 - B) Place oxygen on the patient
 - C) Reposition the dental chair to a sitting up position
 - D) Assess the patient

Case #41-44:

41. A 35-year-old male patient presents with an ulcerated gingival mass in the area of #30. The patient states that #30 feels mobile and he has been experiencing slight pain in region. A periapical radiograph reveals a poorly-defined radiolucency in association with #30. There are no other lesions present. Based on the above-mentioned history, clinical, and radiographic information, which of the following should be included on the differential diagnosis?

- A) Osteosarcoma
- B) Multiple myeloma
- C) Langerhans cell disease
- D) All of the above
- E) A and C

42. An incisional biopsy of the lesion in question #41 reveals sheets of mononuclear cells with eccentrically placed, kidney bean shaped nuclei in association with eosinophils, lymphocytes, and scattered multinucleated giant cells. Immunohistochemistry reveals positive staining of the mononuclear cells for S-100 and CD1a proteins. This would be consistent with a diagnosis of which of the following?

- A) Central giant cell granuloma
- B) Ewing's sarcoma
- C) Eosinophilic granuloma of bone
- D) Hand-Schuller-Christian disease
- E) None of the above

43. Which of the following is/are correct regarding the lesion that was diagnosed in question #42?

- A) Hyperparathyroidism should be ruled out
- B) Electron microscopy would demonstrate cytoplasmic Birbeck granules within the lesional cells
- C) The above diagnosed lesion is nonneoplastic
- D) All of the above
- E) B and C

44. Which of the following would be the most appropriate treatment for the above patient?

- A) Curettage
- B) Resection of the right posterior mandible followed by multi-agent chemotherapy
- C) Parathormone antagonists
- D) None of the above
- E) A or C

Case #45-47:

45. An 18-year-old female presents with an asymptomatic, well-defined non-corticated multilocular radiolucency of the right posterior mandible. Cortical thinning is observed, along with displacement and minor resorption of teeth #29 and 30. The patient has been aware of the swelling for about 6 months. Based on the clinical and radiographic presentations, which of the following should be included on the differential diagnosis?

- A) Vascular malformation
- B) Central giant cell granuloma
- C) Cherubism
- D) All of the above
- E) A and B

46. An incisional biopsy of the lesion in question #45 reveals scattered osteoclast-type giant cells set within a cellular fibrovascular stroma. Extravasated erythrocytes, hemosiderin deposition, and reactive trabeculae of woven bone are also observed. This is most consistent with a diagnosis of?

- A) Vascular malformation
- B) Central giant cell granuloma
- C) Cherubism
- D) Either B or C
- E) None of the above

47. Based on your diagnosis in question #46, what additional clinical finding(s) may be noted in this patient?

- A) Elevated serum levels of calcium
- B) Potentially significant post-operative bleeding
- C) Increased risk for osteomyelitis
- D) All of the above
- E) B and C

Case #48-49:

48. A 39-year-old male presents with a chief complaint of “slowly enlarging spaces” between his maxillary and mandibular teeth. He has been aware of this for the past year. He is not experiencing any pain. You note that this patient exhibits coarse facial features. Upon further questioning you learn that he was recently diagnosed with hypertension, diabetes mellitus and he also has symptoms of muscle weakness. The radiographic examination of the jaws reveals no apparent pathology. This is most consistent with a diagnosis of?

- A) Paget’s disease
- B) Hyperparathyroidism
- C) Acromegaly
- D) Caffey’s disease
- E) None of the above

49. Which of the following is/are true about the patient in question #48?

- A) The etiology is most likely a functional pituitary adenoma
- B) You would expect to detect elevated levels of serum alkaline phosphatase
- C) You would expect to detect elevated levels of serum calcium and phosphorous
- D) All of the above
- E) B and C

Case #50-51:

50. An 18-year-old female presents as a new patient. Her past medical history is non-contributory. You take a panoramic radiograph and bitewings. On the panoramic film you notice two, separate, multilocular radiolucencies in the posterior mandible. Both are well defined. There is no obvious expansion noted. The patient is asymptomatic. Serology shows normal Ca²⁺ and parathormone levels. Which of the following should be on your differential diagnosis:

- A) Cherubism
- B) Gorlin syndrome (NBCC syndrome)
- C) Multiple brown tumors
- D) A and B
- E) All of the above

51. An extraoral exam of the patient in the previous question reveals hypertelorism, mandibular prognathism, and palmar pitting. This would be consistent with:

- A) Cherubism
- B) Gorlin syndrome
- C) Gardner syndrome
- D) Noonan syndrome
- E) None of the above

52. Which of the following represents the most common inherited disorder of bone?

- A) Fibrous dysplasia
- B) Osteogenesis imperfecta
- C) Gardner syndrome
- D) Cleidocranial dysplasia
- E) None of the above

Case #53-54:

53 A 35-year-old female presents with symptoms of heat intolerance, tachycardia, and exophthalmos. Serum studies reveal elevated levels of T₃ and T₄ with decreased levels of TSH. These clinical findings are consistent with a diagnosis of?

- A) Primary hyperparathyroidism
- B) Secondary hyperparathyroidism
- C) Primary hyperthyroidism
- D) Secondary hyperthyroidism
- E) Primary hypothyroidism

54. Additional findings or considerations for the above patient in question #53 would be?

- A) Avoiding the use of epinephrine if the patient's disease is not under control
- B) The possible development of brown tumors
- C) Increased risk for the development of non-Hodgkin's lymphoma
- D) Renal failure
- E) The presence of a pituitary adenoma

55. Pathologic fracture is associated with which of the following conditions?

- A) Paget's disease
- B) Osteopetrosis
- C) Fibrous dysplasia
- D) All of the above
- E) A and B

56. On a routine radiographic exam, an asymptomatic 0.5 cm radiopaque lesion was found at the apex of tooth #30 in a 37-year-old female. The pulp tested weakly vital. This low-grade bone reaction to chronic pulpitis is known as?

- A) Condensing osteitis
- B) Focal sclerosing osteomyelitis
- C) Idiopathic osteosclerosis
- D) All of the above
- E) A and B

57. A 6-year-old female patient presents with absence of maxillary and mandibular anterior teeth. Her mother states she has been losing her “baby teeth” and that her “permanent” teeth have not come in yet. Histopathological evaluations of her teeth show complete lack of cementum. Based on this finding which of the following conditions does this patient most probably have?

- A) Hyperparathyroidism
- B) Hypoparathyroidism
- C) Hypophosphatasia
- D) Hypothyroidism
- E) Hyperthyroidism

58. Gardner syndrome is characterized by jaw osteomas, epidermoid cysts, and?

- A) Intestinal polyps
- B) Odontomas
- C) Elevated alkaline phosphatase
- D) A and B
- E) A and C

59. All of the following occur in teens and young adults except?

- A) Traumatic bone cyst
- B) Adenomatoid odontogenic tumor
- C) Fibrous dysplasia
- D) Paget’s disease
- E) All of the above occur in teens and young adults

60. Which of the following characteristically presents with nocturnal pain that is relieved by aspirin?

- A) Paget's disease
- B) Acute osteomyelitis
- C) Osteoblastoma
- D) Osteosarcoma
- E) Osteoid osteoma

61. Bone pain, abnormal serum immunoglobulins, and punched out skull lesions in a 65-year-old male would suggest which of the following:

- A) Langerhans cell disease
- B) Hyperparathyroidism
- C) Paget's disease
- D) Multiple myeloma
- E) A and D

62. Bilateral symmetrical enlargement of the mandible or maxilla may be seen in which of the following:

- A) Paget's disease
- B) Hyperparathyroidism
- C) Cherubism
- D) All of the above
- E) A and C

Case #63-64:

63. An 18-year-old female presents as a new patient. Her past medical history is non-contributory. You take a panoramic radiograph and bitewings. On the panoramic film you notice two, separate, multilocular radiolucencies in the posterior mandible. Both are well defined. There is no obvious expansion noted. The patient is asymptomatic. Serology shows normal Ca²⁺ and parathormone levels. Which of the following should be on your differential diagnosis?

- A) Cherubism
- B) Gorlin syndrome (NBCC syndrome)
- C) Multiple brown tumors
- D) A and B
- E) All of the above

64. An extraoral exam of the patient in question #63 reveals hypertelorism, mandibular prognathism, and palmar pitting. This would be consistent with?

- A) Cherubism
- B) Gorlin syndrome
- C) Gardner syndrome
- D) Noonan syndrome
- E) None of the above

Case #65-66:

65. A 15-year-old Caucasian female presents with a chief complaint of a painless swelling of her left maxilla. She first noticed it about 1 year ago. A radiograph of the region in question reveals a “ground glass” radiopaque appearance. Serology indicates normal Ca^{2+} and parathormone levels. This is most consistent with which of the following?
- A) Hyperparathyroidism
 - B) Focal cemento-osseous dysplasia
 - C) Fibrous dysplasia
 - D) Familial gigantiform cementoma
 - E) None of the above
66. What additional clinical, laboratory, or radiographic findings may be found in this patient:
- A) Palmar pits
 - B) Generalized loss of lamina dura
 - C) Café au lait macules
 - D) A and C
 - E) All of the above

Case #67-68:

67. A 37-year-old female presents with a chief complaint of a painless swelling in the anterior mandible, which she has been aware of for the past 4 months. Her past medical history is significant for breast cancer diagnosed 2 years ago, which was treated surgically. A radiograph reveals a well-defined, multilocular radiolucency in association with the apices of #23-26. Which of the following should be included on the differential diagnosis?
- A) Central giant cell granuloma
 - B) Dentigerous cyst
 - C) OKC
 - D) All of the above
 - E) A and C

68. Before biopsy you aspirate in the lesion mentioned in question #67 and get a vacuum. This along with the clinical and radiographic presentation would be most consistent with which of the following:

- A) Central giant cell granuloma
- B) Dentigerous cyst
- C) OKC
- D) All of the above
- E) A and C

69. Radiographically, a benign neoplasm in bone may be differentiated from a malignant one because in the benign lesion:

1. Margins are irregular and fade imperceptibly into surrounding bone
2. The cortex tends to remain intact but may be thinned with evidence of expansion
3. Margins are usually defined and demarcated from surrounding bone
4. There may often be a perforation of the periosteum
5. Typically demonstrates uniform widening of the PDL space

- A) 1 and 2
- B) 1, 2, and 4
- C) 2 and 3
- D) 2, 3, 4, and 5
- E) 3 only

70. Which of the following represents the most common inherited disorder of bone?

- A) Fibrous dysplasia
- B) Osteogenesis imperfecta
- C) Gardner syndrome
- D) Cleidocranial dysplasia
- E) None of the above

71. In which of the following may a positive Nikolsky sign be observed?

- A) Pemphigus vulgaris
- B) Herpes simplex
- C) Cicatricial (mucous membrane) pemphigoid
- D) All of the above
- E) A and C

72. The administration of long-term high dose systemic corticosteroids may result in which of the following complications?

- A) Osteoporosis
- B) Diabetes mellitus
- C) Hypertension
- D) All of the above
- E) A and B

73. A 25-year old male presents with a soft, fluctuant bluish nodule of the lower lip. The patient states that he bit his lip one week previously. The most like diagnosis is?

- A) Varix
- B) Fibroma
- C) Mucocele
- D) Neuroma
- E) Granular cell tumor

74. Which of the following is/are true about HPV-positive oropharyngeal squamous cell carcinoma (SCC)?

- A) It generally has a worse prognosis than HPV-negative SCC
- B) It generally has a better progress than HPV-negative SCC
- C) It is generally diagnosed in younger patients without a history of risk factors such as tobacco and alcohol use.
- D) A and C
- E) B and C

75. Multiple mucosal neuromas are noted in which of the following?

- A) Multiple endocrine neoplasia type 2A
- B) Multiple endocrine neoplasia type 2B
- C) Neurofibromatosis
- D) All of the above
- E) B and C

76. What vascular lesion is associated with Sturge-Weber syndrome?

- A) hematoma
- B) hemangioma
- C) petechiae
- D) varicosity
- E) Kaposi's sarcoma

77. Headaches associated with muscular TMD occur "most commonly" in which area?

- A) temporal
- B) top of the head
- C) forehead
- D) occipital
- E) parietal

78. Reciprocal clicking is associated with which type of TMD?

- A) incoordination of movement of the two heads of the lateral pterygoid muscle
- B) disc displacement with reduction
- C) displacement without reduction
- D) subluxation of the mandible
- E) capsulitis

79. One characteristic radiographic finding with osteopetrosis (Albers-Schoenberg disease) is:

- A) multiple soap bubble like radiolucencies of the jaws
- B) the lesions do not cross the midline
- C) greatly increased density of all bones of the skeleton
- D) greatly reduced density of all bones of the skeleton

80. Aphthous-like ulcers can be found in association with which of the following:

- 1. Crohn's disease
- 2. non-steroidal anti-inflammatory drugs
- 3. allergies
- 4. blood dyscrasias

1, 4

1, 3

1, 2, 3

2, 3

All of the above

81. Aphthous-like ulcers which occur in HIV infected individuals may:

- A) persist for greater than two weeks
- B) be infected with bacteria not common to the oral cavity
- C) not have a peripheral erythematous ring present
- D) All of the above
- E) A and B

82. Which of the following may result in an angioedema reaction:

- A) Angiotensin converting enzyme inhibitors
- B) Beta blockers
- C) Diuretics
- D) All of the above
- E) A and B

83. HIV is much more virulent than HBV; HIV is more readily transmitted to health care workers.

- A) both statements are true
- B) first statement is true; second statement is false
- C) both statements are false
- D) first statement is false; second statement is true

84. Herpangina is caused by:

- A) retrovirus-A virus
- B) herpes simplex II virus
- C) Cocksackie virus
- D) Epstein-Barr virus

85. Median rhomboid glossitis is most closely associated with which of the following conditions?

- bacterial infection
- allergic reaction
- chronic, low grade trauma (irritation)
- candidial infection
- viral infection

Please select the most appropriate answer for the following questions (#86-89):

Please match the appropriate diagnosis and treatment.

Diagnosis

- 86. Erythema multiforme
- 87. Prophylaxis for bacterial endocarditis
- 88. Burning mouth disorder
- 89. Candidiasis

Treatments

- A) Nystatin ointment. Disp 15gm tube. Sig: Apply thin coat to inner surface of denture after meals.
- B) Amoxicillin, 2g orally I hour procedure
- C) Steroid therapy- Prednisone tablets 10mg, disp: 100 tablets, Sig: take 6 tablets in the morning until lesions recede, then decrease by 1 tablet on each successive day. Do not exceed 14 days of therapy.
- D) Diphenhydramine (children Benadryl) 12.mg/5ml OTC, disp: 1 bottle, sig: Rinse with 1tsp (5ml) for 2minutes and before each meal and swallow.

90. A 38 year old female who has had bilateral adrenalectomy because of Cushing's disease presents for dental treatment. She was diagnosed as having the disease at age 32 and underwent surgery. She has been on steroid replacement since and is currently on 15 mg of prednisone daily. Her dental needs include a full range of operative procedures (Types I-III) and the removal of several teeth (Types IV-V). On examination, she appears cushingoid. Her blood pressure is 130/80 and her pulse rate is 645 beats per minute. Consultation with her physician reveals that she has been clinically stable since her surgery. She was last examined three months ago.

- A) This patient is a diabetic with poor metabolic control. The patient should be electively admitted to the hospital.
- B) Surgical procedures require that the patient be given ½ the normal dose of insulin and D5W infusion at the rate of 100 mL/H and continued until the patient can resume adequate oral intake.
- C) Strict oral hygiene measure should be followed.
- D) All of the above.

91. A 42 year old female with a long history of rheumatoid arthritis presents for dental treatment. She noted joint swelling at age 18 and has had progressive joint deformities since. She is currently on two tablets of aspirin every 4 hours for control of symptoms. A review of her past medical regimens reveals that she was on 30 mg of prednisone daily for 4 months and that the steroids have only recently been tapered off and stopped. Her dental needs are operative and surgical procedures. On examination, she has a blood pressure of 140/86 and a regular pulse rate of 80 beats per minute.

- A) This patient is not at significant risk for adrenal suppression during dental procedures.
- B) Aspirin should be discontinued 7-10 days prior to surgical procedures.
- C) Steroid therapy should be extended if patient develops difficulties such as protracted pain, secondary infection.
- D) B and C only.

92. A 44-year old white female was recently diagnosed with hyperthyroidism. She has been on propylthiouracil for 10 months and is asymptomatic. Her last physical examination was 8 months ago. Her dental needs include comprehensive mandibular periodontal care, mandibular caries control, the extraction of the remaining periodontally involved maxillary teeth and her blood pressure is 140/88. She has a regular pulse rate of 100 beats per minute.

- A) Since this patient had not had a recent physical examination or thyroid function test, no dental work should be attempted until a physical check-up has been completed.
- B) Caries control and periodontal scaling can be done if local anesthesia has no vasoconstrictor
- C) Impression for denture and periodontal prophylaxis can be completed utilizing normal protocol.
- D) B and C only

93. A 22-year old black female in her second month of pregnancy presents for routine dental follow-up. She was last seen six months ago; this is a scheduled return appointment for dental prophylaxis. She has recently seen her gynecologist and has had a normal pregnancy thus far. Her medical history is unremarkable. Her blood pressure is 110/80, and her pulse rate is 90 beats per minute.

- A) Routine radiographic examinations, such as bite wings, are indicated.
- B) Patient education regarding oral hygiene and caries control are the only appropriate procedures.
- C) Restorations must be deferred for this patient until the beginning of the second trimester.
- D) B and C.
- E) All of the above.

94. Proper management of a patient with COPD includes:

- Q) Supine chair position.
- R) A decision on use of rubber dam based on weighing aspiration risk against compromised breathing
- S) For a patient on low-flow oxygen, remove the nasal canula during dental treatment.
- T) To reduce stress for a high-risk, end-stage COPD patient, use pre-op Valium and intra-operative nitrous oxide
- U) None of the above.

95. Linda is 48-year old female diagnosed with diabetes mellitus at age 10. Which of the following statements is/are CORRECT?

- A) Linda has history of juvenile diabetes.
- B) Linda has history of insulin-dependent diabetes.
- C) Linda ketoacidosis-resistant.
- D) All of the above.
- E) A and B.

96. For which of the following conditions is Linda at risk?

- A) Microangiopathy
- B) Cerebrovascular, peripheral vascular, and coronary artery disease
- C) Urinary tract infection
- D) Oral candidiasis
- E) All of the above

97. Linda informs you that she has not watched her diet and her blood sugar has not been under control. Which of the following is/are simple & sensitive test to be performed in a dental office?

- A) Two-hour post-prandial
- B) Capillary blood glucose test
- C) Urine glucose test
- D) Glucose tolerance test
- E) Any of the above

98. You contact Linda's physician and she informs you that Linda's current status should be labeled "fragile or unstable diabetes mellitus". What is your recommendation?

- A) Defer elective oral care until well regulated.
- B) Consider hospitalization for urgent oral care.
- C) Deliver care under light sedation in your office.
- D) Consider prophylactic antibiotic therapy
- E) A, B, and D

99. A new patient comes to your dental practice, a 24-year old male. When asked about his chief complaint, he responds in a low voice saying, "I can't talk about it." He writes on a note pad: "I work for the government ...top secret...enemy spies have put a listening device I one of my fillings. I need you to take it out and do another filling." When you ask him how he knows this, he responds, "The President has been sending me secret radio messages. He speaks to me when I am alone in my room. That's all I can say, the rest is top secret."

From the above, the psychiatric symptoms presented could best be described as:

- A) A disorder of thinking.
- B) A disorder of mood.
- C) A disorder of behavior.
- D) A disorder of mood and behavior.
- E) No disorder appears to be present.

100. In your dental practice a patient whom you have seen for about one year comes for his yearly examination. In the past, he seemed pretty average in most respects. Today he seems different. He is talking in a loud and rapid voice while in the waiting room. He keeps talking non-stop to the receptionist. Moving rapidly from one subject to another. Your receptionist complains that she cannot understand what the patient is talking about. When you see him he continues talking rapidly, moving quickly from topic to topic. He tells you that he feels extremely happy lately. He talks at length about his new plan to save the rain forest in South America, telling you that he has been so excited about working on this plan that he hasn't even need to sleep.

In the above scenario, which of the following symptoms is/are evident?

- A) Auditory hallucinations
- B) Elevated mood
- C) Flight of ideas
- D) A, B, C
- E) B, C