Federal state budgetary educational institute of the higher education

«Orenburg state medical university» of Ministry of Health of the Russian Federation»

**ASSESSMENT FUND**

**FOR RUNNING CONTROL OF PROGRESS AND INTERMEDIATE CERTIFICATION OF STUDENTS ON THE DISCIPLINE «DENTISTRY» MAJORING IN (SPECIALTY) 31.05.01 «GENERAL MEDICINE» FACULTY OF FOREIGN STUDENTS**

It is part of the main professional educational program of higher education majoring in (special-ty) 31.05.01 General medicine,

approved by the Academic Council of the FSBEI HE ORGMU of the Ministry of Health of Russia

protocol № \_8\_\_ from «\_25» \_March\_2016

Orenburg

1. **Паспорт фонда оценочных средств**

Фонд оценочных средств по дисциплине содержит типовые контрольно-оценочные материалы для текущего контроля успеваемости обучающихся, в том числе контроля самостоятельной работы обучающихся, а также для контроля сформированных в процессе изучения дисциплины результатов обучения на промежуточной аттестации в форме \_\_\_\_\_\_\_зачета \_\_\_\_\_\_\_\_.

Контрольно-оценочные материалы текущего контроля успеваемости распределены по темам дисциплины и сопровождаются указанием используемых форм контроля и критериев оценивания. Контрольно – оценочные материалы для промежуточной аттестации соответствуют форме промежуточной аттестации по дисциплине, определенной в учебной плане ОПОП и направлены на проверку сформированности знаний, умений и навыков по каждой компетенции, установленной в рабочей программе дисциплины.

В результате изучения дисциплины у обучающегося формируются **следующие компетенции:**

ОК-1 способность к абстрактному мышлению, анализу, синтезу

ОПК-6 готовность к ведению медицинской документации

ОПК-9 способность к оценке морфофункциональных, физиологических состояний и патологических процессов в организме человека для решения профессиональных задач

ПК-5 готовность к сбору и анализу жалоб пациента, данных его анамнеза, результатов осмотра, лабораторных, инструментальных, патолого-анатомических и иных исследований в целях распознавания состояния или установления факта наличия или отсутствия заболевания

ПК-6 способность к определению у пациента основных патологических состояний, симптомов, синдромов заболеваний, нозологических форм в соответствии с Международной статистической классификацией болезней и проблем, связанных со здоровьем, X пересмотра

1. **Оценочные материалы текущего контроля успеваемости обучающихся.**

**Оценочные материалы в рамках всей дисциплины.**

Защита проекта

**Оценочные материалы по каждой теме дисциплины**

Тестирование

Устный опрос

Письменный опрос

Решение проблемно-ситуационных задач

Проверка практических навыков

**Модуль 1Fundamentals of dentistry**

**Тема 1**Methods of examination of dental patients. Teeth diseases: caries, pulpitis, apical periodontitis.

**Форма(ы) текущего контроля** **успеваемости** *(Тестирование, устный опрос, решение проблемно-ситуационных задач, проверка практических навыков)*

**Оценочные материалы текущего контроля успеваемости**

**Тестовые задания:**

**Variant 1**

1. The cause of dental caries is:

a) radiation damage of enamel b) enamel demineralization

c) mechanical damage of enamel d) temperature damage of enamel

2. Classification of dental caries by the depth of the lesion:

a) acute, chronic b) fissure, neck, circular

c) in the spot stage, superficial, medium, deep d) enamel, dentin, cement

3. Which irritants cause short term pain in dental caries:

a) temperature b) mechanical

c) chemical d) all named irritants

4. The most common way of tooth pulp infection:

a) through one of the apical foramens in the presence of a periodontal pocket

b) by lymphatic vessels (lymphogenic infection)

c) by arterioles (hematogenic infection)

d) through the dentine tubules from the carious cavity

5. For acute pulpitis pain is characterized by:

a) long-term constants b) constant aching

c) paroxysmal, spontaneous, nocturnal d) short-term from irritants

6. First aid for pulpitis consists of:

a) removing food residues, applying a tampon with painkillers

b) conducting infiltration anesthesia

c) removal of food residues from the carious cavity

d) rinsing with soda solution

7. The main cause of periodontitis is:

a) sudden impact b) allergic reaction

c) bad habits d) infection coming from an inflamed pulp

8. The presence of a feeling of "grown tooth" is typical for:

a) acute periodontitis b) gum disease c) acute pulpitis

d) chronic pulpitis e) chronic periodontitis

9. The outflow of exudate in acute or exacerbation of chronic periodontitis is most favorable through:

a) the fistula b) periodontal pocket

c) the system Haversian channels spread under the periosteum d) root canal

10. If it is impossible to create an outflow of exudate from the periodontium through the root canal in the case of acute purulent periodontitis doctor should:

a) prescribe massive doses of antibiotics b) remove the tooth

c) do periosteotomy d) do physiotherapy

**Variant 2**

1. Demineralization of enamel occurs as a result of:

a) actions of organic acids b) chronic trauma to the tooth

c) actions of cold and hot food d) actions of alkalis e) actions of mineral acids

2. The accumulation of microorganisms, polysaccharides, proteins and lipids fixed on the enamel surface is:

a) solid dental deposits b) the cuticle of the tooth c) tooth pellicle

d) food plaque e) microbial plaque

3. Classification of dental caries by the depth of the lesion:

a) enamel, dentin, cement b) in the spot stage, superficial, medium, deep

c) fissure, neck, circular. d) acute, chronic

4. In which stage of caries, irritants (chemical, thermal, and mechanical) cause short-term pain:

a) in the spot stage b) medium c) deep d) superficial

5. First aid for dental caries:

a) dental preparation and filling b) removing food residues and a tampon with an anesthetic

с) prescription of analgesics d) removing food residues and rinsing

6. To necrotize the pulp as a stage of treatment of pulpitis dentist can use:

a) arsenic paste b) camphor c) iodine d) camporota

7. First aid for pulpitis consists of:

a) removing food residues from the carious cavity

b) removing food residues, applying a tampon with painkillers

c) conducting infiltration anesthesia

d) rinsing with soda solution

8. At the purulent stage of acute periodontitis in the oral cavity are seen:

a) hyperemia, swelling of the gums in the area of the affected tooth b) no changes

c) cyanotic gums d) pale gums

9. If it is impossible to create an outflow of exudate from the periodontium through the root canal in the case of acute purulent periodontitis doctor should:

a) prescribe massive doses of antibiotics b) remove the tooth

c) do periosteotomy d) do physiotherapy

10. Acute pulpitis may be (select several correct answers):

a) focal b) fibrous c) hypertrophic

d) gangrenous e) diffuse

**Variant 3**

1. The cause of dental caries is:

a) radiation damage of enamel b) mechanical damage of enamel

c) enamel demineralization d) temperature damage of enamel

2. The tooth brush removes from the tooth surface:

a) smoker's RAID b) supragingival tartar с) soft plaque d) pellicle

3. Chronic pulpitis may be (select several correct answers):

a) focal b) fibrous c) hypertrophic

d) gangrenous e) diffuse

4. Spread of dental caries is expressed:

a) as a percentage b) in absolute units с) in relative units

5. The forms of caries are treated in several visitings:

a) deep caries b) medium caries b) in the stage of spot d) superficial caries

6. The system of active dental care for the population aimed at identifying, treating and preventing of complications is called as:

a) medical examination b) prevention c) oral cavity sanation

7. For acute pulpitis pain is characterized by:

a) constant aching b) paroxysmal, spontaneous, nocturnal

c) long-term constants d) short-term from irritants

8. The main cause of periodontitis is:

a) sudden impact b) bad habits с) infection d) allergic reaction

9. The presence of a fistula characterized exacerbation of chronic:

a) granulating periodontitis b) fibrous periodontitis

с) gangrenous pulpitis d) granulomatous periodontitis

10. If it is impossible to create an outflow of exudate from the periodontium through the root canal in the case of acute purulent periodontitis doctor should:

a) prescribe massive doses of antibiotics b) remove the tooth

c) do periosteotomy d) do physiotherapy

**Вопросы для устного опроса:**

1. Subjective examination of dental patients. Complaints. Dental health history. General health history
2. Methods of examination of the maxillofacial region (face, oral cavity).
3. Extraoral examination.
4. Intraoral examination.
5. Writing a dental formula.
6. Dental tools
7. Special investigations. Intraoral and extraoral imaging. Determination of the teeth vitality (Electric Pulp Test or EPT). Laboratory tests. Morphological examination (histology, cytology).
8. Dental Caries. Epidemiology. Etiology, pathogenesis. Classification. Сlinical features, diagnostics, differential diagnostics. Treatment and prevention.
9. Complications of dental caries. Pulpitis. Classification. Etiology, pathogenesis. Сlinical features, diagnostics, differential diagnostics. Treatment.
10. Complications of dental caries. Apical periodontitis. Classification. Etiology, pathogenesis. Сlinical features, diagnostics, differential diagnostics. Treatment.

**Тексты ситуационных задач(типовые):**

Task 1. A 34-year-old patient consulted a dentist with complaints of pain at 15 when eating solid food, the pain appeared a month ago. Objectively: there is a deep carious cavity on the chewing surface of 15, painful probing along the bottom of the cavity, painful, short-term reaction to cold.

Make a diagnosis.

What additional methods of examination can confirm the diagnosis?

1. Conduct differential diagnostics.

2. What method of pain relief is required?

Task 2. A patient, 16 years old, turned to the clinic of therapeutic dentistry for the purpose of sanitation. When viewed on the vestibular surface 21 in the cervical region, a chalky spot measuring 0.3 cm by 0.4 cm was found. When probing, the surface of the spot is smooth. According to the patient, it became known that the stain appeared 3 months ago.

Make a preliminary diagnosis.

What are the additional methods of examination.

Conduct differential diagnostics.

Prescribe treatment.

1. Give advice on oral hygiene.

Task 3. A patient, 30 years old, applied for the purpose of rehabilitation. No complaints. Objectively: on the vestibular surface 11 in the cervical region, there is a chalky spot with indistinct boundaries up to 0.3 cm in diameter, the surface of the spot is smooth, there is no reaction to temperature stimuli.

1. Make a preliminary diagnosis.

2. What are the additional methods of examination.

3. Perform differential diagnostics.

4. Make a treatment plan.

5. Give advice on oral hygiene.

Task 4. A 32-year-old patient consulted a dentist complaining of a fast-passing pain from a sweet tooth in his 25th tooth, the pain appeared a month ago. Objectively: On the chewing surface of tooth 25 there is a carious cavity within the enamel, the probing is painless, the reaction to cold is painless.

1. Make a diagnosis.

2. What are the additional methods of examination.

3. Perform differential diagnostics.

Task 5. A 25-year-old patient complained of short-term pain from temperature stimuli in the 16th tooth. When viewed on the crown, visible carious cavities are not observed, when the tooth is irrigated with cold water, short-term pain is noted. On the intraoral radiograph on the proximal-distal surface, there is a violation of the structure of the hard tissues of the tooth in the middle layers of dentin.

1. Make a diagnosis.

2. Perform differential diagnostics.

3. Recommendations for oral hygiene.

Task 6. A patient, 25 years old, complained of short-term pain in the 13th tooth when eating cold food. 13 tooth a year ago was treated for uncomplicated caries. Pain appeared 2 months ago after the filling fell out. Objectively: there is a medium-depth carious cavity on the contact-medial surface of the 13th tooth. The cutting edge is preserved. Probing is painful along the enamel-dentin border, percussion is painless.

1. Make a diagnosis.

1. Conduct differential diagnostics.

2. Name the research methods required to clarify the diagnosis.

Task 7. A 23-year-old patient came to the clinic of therapeutic dentistry with complaints of short-term pain in the 37th tooth when eating. Pain appeared 2 months ago. On objective examination, there is a deep carious cavity on the proximal-distal surface of the 37 tooth. Probing is painful along the bottom and walls of the carious cavity, percussion is painless.

1. Make a diagnosis.

2. What are the additional examination methods that need to be carried out to clarify the diagnosis.

3. Perform differential diagnostics.

4. Recommendations for oral hygiene.

Task 8. A 30-year-old patient came to the clinic of therapeutic dentistry with complaints of short-term pain in the 24th tooth while eating. The pain appeared after the filling fell out a month ago. Objectively: there is a deep carious cavity on the approximal-medial surface of tooth 24. Probing is painful along the bottom and walls of the cavity, the reaction to cold is painful, short-term, percussion is painless.

1. Make a diagnosis.

2. What are the additional research methods that need to be carried out to clarify the diagnosis.

3. Perform differential diagnostics.

4. Recommendations for oral hygiene.

Task 9. A 24-year-old patient came to the clinic of therapeutic dentistry with complaints of short-term pain in the 17th tooth when eating. Five days ago, the 17th tooth was treated for moderate caries. Objectively: there is a filling on the chewing surface of tooth 17. Percussion 17 is painless.

1. List the medical errors that could lead to this clinical situation.

2. What additional survey methods are required?

3. The doctor's tactics in this situation.

Problem 10. A 45-year-old patient came to the clinic of therapeutic dentistry, complaining of a loss of a filling from a 12 tooth, pain from a cold, sweet tooth in a 12 tooth. From the records in the medical record it became known that the 12th tooth six months ago was treated for moderate caries, filling was carried out with Evikrol material. Objectively: on the contact-lateral surface of the 12th tooth, there is a carious cavity of medium depth. Probing is painful along the enamel-dentin border, the reaction to cold is painful, short-term. Percussion is painless.

1. Make a diagnosis.

2. What are the possible reasons for the loss of the seal?

3. What additional survey methods are required?

Problem 11. A 43-year-old patient came to the therapeutic dentistry clinic with complaints of a loss of a filling from an 11 tooth. Objectively: on the lateral surface of tooth 11, there is a deep carious cavity with destruction of the incisal edge of the crown. Probing is painful along the enamel-dentinal border and the bottom of the cavity, the reaction to cold is painful, short-term, and the percussion is painless.

1. Make a diagnosis.

2. Perform differential diagnostics.

3. What kind of pain relief should be given?

4. Stages of treatment.

Task 12. A 38-year-old patient came to the clinic of therapeutic dentistry with complaints of short-term pain in the 25th tooth when eating. The pain appeared after the filling fell out 2 months ago.

Objectively: there is a deep carious cavity on the vestibular surface in the cervical region of the 25 tooth. Probing is painful along the bottom and walls of the carious cavity, reaction to cold is painful, percussion is painless.

1. Make a diagnosis.

2. Name the methods of examination that need to be carried out to clarify the diagnosis.

3. Perform differential diagnostics.

4. Name the stages of treatment.

**Практические задания для демонстрации практических навыков:**

1. Conduct examination of a patient with pathology of the maxillofacial region

2. Write and evaluate the patient's dental formula. Determine the level of caries intensity in this patient (DMFT index).

**Тема 2**Tooth extraction. Indications, contraindications and complications.

**Форма(ы) текущего контроля** **успеваемости**

**Оценочные материалы текущего контроля успеваемости** *(Устный опрос, решение проблемно-ситуационных задач, проверка практических навыков)*

**Оценочные материалы текущего контроля успеваемости**

**Вопросы для устного опроса:**

1. The aims of the tooth extraction.

2. Preparation of the patient for tooth extraction surgery, preparation of the doctor’s hands, preparation of the surgical field.

3. Indications for tooth extraction.

4. Contraindications for tooth extraction.

5. Instruments for removing teeth on the upper and lower jaw.

6. The device of forceps to remove certain groups of teeth and tooth roots on the upper and lower jaw (signs of angle, bending of the handles, shape of the cheeks).

7. The device of elevators and chisels used to remove teeth and tooth roots.

8. The position of the doctor and the patient when removing certain groups of teeth and tooth roots on the upper and lower jaw.

9. Stages of removal of individual groups of teeth and tooth roots on the upper and lower jaw.

10. Wound healing after tooth extraction.

11. Recommendations to the patient after tooth extraction.

12. Complications after tooth extraction surgery.

13. Treatment of complications.

**Тексты ситуационных задач(типовые):**

Task 1. A 42-year-old patient came to the clinic with complaints of recurrent swelling in the area of ​​tooth 14, associating the exacerbation of the process with colds. Anamnesis: chronic pyelonephritis. Locally: tooth 14 under the filling, pink, at the level of the root apex, palpation of the alveolar process of the upper jaw is painful. Tooth percussion is painful. X-ray examination reveals a shadow of the filling material in the canal of tooth 14 at 1/4 of the root length, at the apex of which there is a rarefaction of bone tissue with clear contours, measuring 0.2-0.3 cm.

1. Make a diagnosis.

2. Make a treatment plan.

3. Decide on the possibility of saving the tooth.

Task 2. A 52-year-old patient complained of pain in the area of ​​tooth 16. The tooth was previously treated. According to the patient, the pain is periodic, mainly when biting. Locally: tooth 16 is pink, under the filling. X-ray examination reveals the shadow of the filling material in the palatine canal, and in the medial buccal canal - the shadow of a foreign body (part of the drilbor). At the apex of the medial buccal root of tooth 16 there is a rarefaction of bone tissue, 0.3x0.2 cm in size, without clear boundaries.

1. Make a diagnosis.

2. Make a treatment plan.

Task 3. Patient, 28 years old, complained of recurrent and spontaneous pain, the presence of a fistula in the area of ​​tooth 46. The tooth was previously treated. Locally: tooth 46 under the filling. At the level of root bifurcation there is a fistulous passage with purulent discharge. X-ray examination determines the rarefaction of bone tissue, respectively, the bifurcation of tooth 46, in the area of ​​which lies the shadow of the filling material.

1. Make a diagnosis.

2. Make a treatment plan.

3. Decide whether it is possible to save 46 teeth.

Task 4. A 30-year-old patient complained of a fistulous tract in the alveolar process from the vestibular side at the apex of the root of tooth 22. The tooth had not been previously treated. Locally: tooth 22 is discolored, percussion is painless. X-ray examination in the area of ​​the apex of the root of tooth 22 determines the rarefaction of bone tissue with clear boundaries with bone resorption by 2/3 of the root length.

1. Make a diagnosis.

2. Determine the possibility of saving tooth 22 and make a treatment plan.

Task 5. A 34-year-old patient complained of sharp pains in the area of ​​tooth 24 when biting, chills, temperature up to 40.5 ° C, weakness, sweating, the tooth was filled three days ago. The face configuration was changed due to collateral edema of the buccal region on the left. Locally: tooth 24 is mobile, the mucous membrane in the area of ​​teeth 23, 24, 25 is hyperemic, edematous, swells both from the side of the vestibule and from the palatal side. Percussion of the tooth is sharply painful. X-ray examination in the area of ​​tooth 24 determines the rarefaction of bone tissue without clear boundaries, 0.3x0.4 cm in size.

1. Make a diagnosis.

2. Make a treatment plan.

Task 6. Patient, 72 years old, complained of the presence of roots of teeth 45, 44, 43. The patient is preparing for prosthetics. Locally: teeth 45, 44, the coronal part is completely destroyed, partially covered with a mucous membrane; in tooth 43, 1/3 of the coronal part is preserved. The rest of the teeth on the lower jaw are absent. When X-ray examination of teeth 45, 44, 43 - the periodontal gap of teeth 45, 44 is expanded, tooth 43 - no features.

1. Make a diagnosis, make a treatment plan.

Task 7. Patient, 46 years old, complained of teeth mobility 42, 41, 31, 32. She was repeatedly treated by a periodontist. Locally: teeth 42, 41, 31, 32, grade III mobility. On palpation from the pockets of 42, 41, 31, 32 teeth, purulent discharge. X-ray examination of 42, 41, 31, 32 teeth determined atrophy of bone tissue by 2/3 of the length of the roots.

1. Make a diagnosis.

2. Determine your treatment plan.

Task 8. Patient, 22 lay down, complained of bad breath, recurrent swelling and pain in the area of ​​the tooth 38. Bad breath. The mucous membrane in the area of ​​tooth 38 is slightly hyperemic, edematous. Tooth 38 was cut with distal cusps. An X-ray examination determines the horizontal position of tooth 38.

1. Make a diagnosis.

2. Determine the indications for the extraction of tooth 38 and draw up a treatment plan.

Task 9. A patient, 40 years old, applied for oral cavity sanitation. The patient suffers from hemophilia. Locally: the coronal part of tooth 26 is destroyed, the roots are separated. The tooth was previously treated.

1. Make a diagnosis.

2. Determine the indications for removal and make a treatment plan.

Task 10. The patient, 54 years old, was admitted with complaints of pain and swelling from the side of the palate in the area of ​​tooth 26. Three months ago he had a myocardial infarction. Locally: the coronal part of tooth 26 is destroyed, the mucous membrane of the palate is hyperemic, edematous, the area of ​​fluctuation is determined, palpation of the palate is sharply painful.

1. Make a diagnosis.

2. Make a treatment plan.

Task 11. Patient, 23 years old, pregnancy - 24 weeks, turned to sanitize the oral cavity. Locally: the coronal parts of teeth 46, 36 are destroyed, the roots of teeth 46, 36 are separated, the percussion is slightly painful.

1. Make a diagnosis.

2. Determine a number of additional activities required when removing teeth from pregnant women, and the timing of its implementation.

Task 12. A patient, 30 years old, complained of difficulty opening the mouth. Pain when swallowing, as well as in the lower jaw on the right, radiating to the ear. The presence of enlarged lymph nodes in the right submandibular region. Locally: the mouth opens at 2.0 cm. In the submandibular region, enlarged, painful lymph nodes are palpable on the right. The chewing surface of 2/3 of the coronal part of tooth 48 is covered with a hyperemic, edematous mucous membrane, palpation of which is painful, purulent discharge is noted from under the hood.

1. Make a diagnosis.

2. What additional survey methods are required? What is the doctor's tactics in this situation?

Task 13. A patient, 30 years old, complained of difficulty opening the mouth, pain in the area of ​​the tooth 38. Notes that such exacerbations are repeated for the third time during the year. Locally: the mouth opens 2.5 cm, the mucous membrane above tooth 38 is edematous, hyperemic, 1/2 of the chewing surface of the tooth is covered with a mucous membrane. The tooth is displaced towards the vestibule of the oral cavity.

1. Make a diagnosis.

2. Determine the indications and contraindications for the extraction of tooth 38.

3. Tooth extraction technique 38.

Problem 14. A 54-year-old patient complained about the impossibility of making a bridge due to an incorrectly positioned tooth 13. Locally: the mucous membrane in the area of ​​teeth 14, 12, 11 was unremarkable, swollen, palpation was painless. An X-ray examination determines the horizontal position of tooth 13, which rests against the apex of the root of tooth 12 with the cutting edge.

1. Make a diagnosis.

2. What preparatory measures must be taken before operations for the extraction of tooth 13?

3. Technique of surgical intervention.

Task 15. Patient, 30 years old, complained of pain in tooth 37, previously tooth 37 was not treated. Locally: the mouth opens freely, tooth 37 is intact, tooth 38 rests against tooth 37 with distal tubercles.

1. Make a diagnosis.

2. Conduct additional survey methods.

3. Tooth extraction technique 38.

**Практические задания для демонстрации практических навыков:**

1. Tools for removing teeth on the upper and lower jaw.

**Модуль *2 Fundamentals of maxillofacial surgery***

**Тема 3** *Inflammatory diseases of the jaw, face and neck (periostitis, osteomyelitis).*

**Форма(ы) текущего контроля** **успеваемости** *(Устный опрос, решение проблемно-ситуационных задач, проверка практических навыков)*

**Оценочные материалы текущего контроля успеваемости**

**Вопросы для устного опроса:**

1. Etiology, pathogenesis and pathological anatomy of acute purulent periostitis.

2. The clinical picture and treatment of periostitis of the jaw.

3. Classification of jaw osteomyelitis (hematogenous, odontogenic, traumatic, gunshot).

4. Etiology, pathogenesis and pathological anatomy of odontogenic osteomyelitis of the jaw.

5. Treatment of odontogenic acute and chronic osteomyelitis.

**Тексты ситуационных задач(типовые):**

Task 1. Patient C., 24 years old, notes a headache, sleep disturbance, an increase in body temperature up to 380C. Ill for 3 days. Objectively: the skin is pale, there is facial asymmetry due to collateral edema of soft tissues in the infraorbital region on the left. The skin is not changed in color, it gathers freely in a fold. In the submandibular region on the left, enlarged painful lymph nodes are palpated. In the oral cavity: the crown of the 2.5 tooth is partially destroyed, there is an infiltrate along the transitional fold of the upper jaw on the left, and fluctuation at the level of the 2.5 tooth.

Make a clinical diagnosis. What are the possible complications?

Task 2. Patient S., 37 years old, complains of pain in the lower jaw on the left, difficulty opening the mouth, increased body temperature. Locally: asymmetry of the face due to edema of soft tissues in the parotid-masticatory region on the left, restriction of opening the mouth to 1.5 cm between the incisors, infiltration of the retromolar region on the left, destroyed semi-uretinated 3.8. In the submandibular region - enlarged painful lymph nodes.

Make a suspected diagnosis. Make a treatment plan.

Task 3. Patient K., 50 years old, complained of persistent pain in the lower jaw on the right, decreased skin sensitivity in the area of ​​the lower lip and chin on the right, weakness. Ill for 2 days. The disease is associated with the appearance of constant aching pains, aggravated by biting on the 4.6 tooth. On examination, the general condition of moderate severity. Facial asymmetry is noted due to edema and infiltration of the peri-maxillary soft tissues. Regional lymph nodes are enlarged, mobile, painful on palpation. The jaw body is thickened on the right. In the area of ​​the lower lip and chin, a decrease in sensitivity is determined. The opening of the mouth is somewhat limited. 4.7, 4.6, 4.5 teeth have pathological mobility, painful on percussion. 4.6 tooth under the filling. The mucous membrane of the alveolar process and the transitional fold is edematous, hyperemic and infiltrated.

What additional research methods need to be used to make a diagnosis? Make a comprehensive treatment plan.

Task 4. Patient C., 49 years old, complained of aching pain in the upper jaw on the left, nasal congestion, discharge from it. Ill for 1.5 months, when aching pains appeared in the destroyed 2.7, swelling of the left cheek. Was treated for 7 days on an outpatient basis for acute purulent periostitis of the upper jaw. Discharged with improvement. During the last 2 weeks, purulent discharge from the hole of the extracted 2.7 tooth. In the clinic, the hole was curettage twice. There was no improvement. Objectively: the patient's state of health and general condition is satisfactory, slight swelling of the left cheek remains, nasal breathing is difficult. From the nose - mucopurulent discharge. On palpation - the upper jaw is thickened, pus is released from the hole of the 2.7 tooth, 2.6, 2.7 teeth have pathological mobility of I-II degrees, the alveolar process is thickened. On the roentgenogram of the alveolar process of the upper jaw and the paranasal sinuses - destruction of bone tissue in the area of ​​the hole of the 2.7 tooth, the transparency of the maxillary sinus on the left is impaired.

Make a clinical diagnosis, outline a comprehensive treatment.

Task 5. A 30-year-old patient complains of swelling in the submandibular region on the right, which he discovered by chance. Considers himself practically healthy. When viewed in the submandibular region, a limited swelling of 4.0 cm in diameter is determined, painless, displaceable, of a dense consistency (cartilage-like). Opening the mouth is free. The oral cavity is not sanitized.

Make a preliminary diagnosis. What additional examination is required?

**Практические задания для демонстрации практических навыков:**

1. Examination of a patient with inflammatory diseases of the maxillofacial region

2. Describing the radiographs

**Тема 4** *Inflammatory diseases of soft tissues (abscesses, phlegmons, lymphadenitis).*

**Форма(ы) текущего контроля** **успеваемости** *(*Тестирование, устный опрос, письменный опрос, проверка практических навыков).

**Оценочные материалы текущего контроля успеваемости**

Вопросы для устного опроса:

1. Terminology, classification of odontogenic abscesses of the face and neck.
2. Etiology, pathogenesis, types of inflammatory reactions in acute purulent inflammatory diseases of head and neck (hyperergic, normergic, hypoergic).
3. Pathological anatomy of abscesses and phlegmons. Stages of inflammatory reaction.
4. Anatomical and topographic classification of odontogenic abscesses and phlegmon.
5. Laboratory examination results for abscesses and phlegmon of the maxillofacial region.
6. Features of the clinical course of abscesses and phlegmon in patients with diseases of the cardiovascular and respiratory systems, diabetes.
7. Features of the clinical course of abscesses and phlegmon depending on the anatomical and topographic localization.
8. General principles of treatment and treatment of patients with abscesses and phlegmons of the maxillofacial region.
9. Complications of odontogenic facial phlegmon (thrombophlebitis, cavernous sinus thrombosis, mediastinitis sepsis).
10. 6. Anatomy of the lymphatic system of the face and neck.
11. 7. Classification of lymphadenitis.
12. 8. Etiology, clinic, differential diagnosis and treatment of acute and chronic lymphadenitis.

**Тестовые задания:**

**Variant 1**

1. The most typical clinical sign of jaw periostitis is:

a) difficulty opening the mouth

b) facial asymmetry

**c) hyperemia and edema of the muco-gingival junction in the projection of the causative tooth**

d) mobility of all teeth

e) bulging of sublingual rollers

2. The intensity of care for periostitis on the first day of the visit:

a) to enter intramuscular respiratory analeptics b) prescribe physiotherapy treatment

**с)** [**drainage**](https://www.multitran.com/m.exe?s=lance+an+abscess&l1=1&l2=2) **of the suppurative focus** d) acupuncture e) novocaine blockade

3. The cause of acute odontogenic jaw osteomyelitis is:

a) fracture of the jaw

b) exacerbation of chronic periodontitis

с) acute lymphadenitis

d)acute mumps

**e)** **exacerbation of chronic periodontitis against a background of decreased immunity**

4. The clinical signs of acute odontogenic jaw osteomyelitis are:

a) sharp pulsating pain in the tooth, headache, positive symptom load

**b) chills, fever up to 40°C, Vincent's symptom, tooth mobility**

с) toothache, malaise, fistulas on the skin

d) mobility of all teeth on the jaw

5. Surgical treatment for acute odontogenic jaw osteomyelitis:

**a) removal of the causative tooth, wide two-sides periosteotomy of the jaw, drainage**

b) removal of the causative tooth, wide periosteotomy of the jaw on one side, drainage

c) a wide periosteotomy of the jaw on both sides

d) removing the causative tooth

e) periosteotomy in the area of the causative tooth, drainage

6. Treatment of chronic odontogenic osteomyelitis of the jaw with sequester formation:

a) in the rehabilitation of the oral cavity **b) sequestrectomy**

с) antibiotic therapy, excision of the d) antibacterial therapy

e) in periostotomy in the area of the causative tooth

7. The most common cause of phlegmons and abscesses of the maxillofacial region is:

**a) odontogenic foci of infection** b) pustular disease of the skin

c) flu and other infectious diseases d) damage to the skin of the maxillofacial area

e) introduction of infection on the needle when performing

8. The most severe complication of phlegmon of the lower parts of the face is:

a) soft tissue hematoma b) the mumps c) sinus thrombosis of the brain

**d) mediastinitis** e) facial nerve paresis

9. The indication for tracheostomy due to respiratory disorders often occurs with phlegmon in:

a) buccal area b) submental region **c) submandibular region**

d) parotid-chewing area e) mouth floor

10. For abscesses and phlegmons, the main therapeutic measure is:

a) treatment with sulfonamides **b)** [**drainage**](https://www.multitran.com/m.exe?s=lance+an+abscess&l1=1&l2=2) **of the suppurative focus**

c) the removal of a tooth d) treatment with antibiotics

**Variant 2**

1. The main cause for the development of the abscess is:

**a) exacerbation of chronic periodontitis** b) fracture of the lower jaw

c) bruising of the soft tissues of the face d) tumors of the alveolar process

e) exacerbation of chronic sinusitis

2. The most frequent way of spreading inflammatory exudate from the periodontium to the periosteum:

a) along the nerve fibers b) by blood vessels

**c) by the system Haversian and Volkmann canals** d) by lymphatic vessels

3. The intensity of care for periostitis on the first day of the visit:

a) start acupuncture

b) make a novocaine blockade

c) prescribe physical therapy

d) enter intramuscularly respiratory analeptics

**e)** [**drainage**](https://www.multitran.com/m.exe?s=lance+an+abscess&l1=1&l2=2) **of the suppurative focus**

4. By the course osteomyelitis is classified as:

a) subacute, chronic **b) acute, subacute, chronic**

с) acute, chronic d) limited, diffuse

5. The clinical picture of acute odontogenic osteomyelitis of the jaw is as follows:

**a) chills, fever up to 40°C, Vincent's symptom, tooth mobility**

b) in sharp pulsating pain in the tooth, headache, positive symptom load

c) the mobility of all teeth in the jaw

d) in pain in the teeth, malaise, fistulas on the skin

6. Causative tooth with acute odontogenic osteomyelitis should be:

a) to remove the pulp b) replanted с) disclosed d) filled **e) extracted**

7. For the treatment of jaw osteomyelitis, drugs with an osteotropic effect used are:

a) erythromycin, oxacillin b) kanamycin, Biseptol **c) lincomycin**

d) penicillin, methyluracild) ampicillin, securin

8. Sequestrectomy for chronic osteomyelitis is indicated in the period:

**a) formed of sequestration** b) after a course of antibacterial therapy

с) after a course of physical therapy d) formation of sequestration

9. Abscess and phlegmons is an inflammation of:

a) glands **b) cellular tissue** с) muscles d) mucous membrane d) bones

10. A typical clinical sign of submandibular phlegmon is

a) edema of the pterygomandibular fold

b) jaw contracture

с) hyperemia of the skin in the lower lip area

d) swelling and hyperemia of the buccal areas

**e) infiltration and hyperemia of submandibular region tissues**

**Variant 3**

1. The most typical clinical sign of periostitis is:

a) bulging of sublingual rollers

b) facial asymmetry

с)difficulty opening the mouth

d) mobility of all teeth

**e) hyperemia and edema of the muco-gingival junction**

2. A typical surgical approach in the treatment of periostitis consists of incision:

a) in the submandibular region along the edge of the lower jaw

**b) of mucosa and periosteum on the muco-gingival junction**

c) submental region in the midline

d) bordering the angle of the lower jaw

e) the mucosa of the pterygomandibular fold

3. The cause of acute odontogenic osteomyelitis of the jaws is:

**a) exacerbation of chronic periodontitis against the background of reduced reactivity of the body**

b) acute mumps

с) acute lymphadenitis

d) fracture of the jaw

e) exacerbation of chronic periodontitis

4. Local signs of acute odontogenic osteomyelitis of the jaw are:

a) inflammatory infiltration without clear boundaries, positive symptom of load

b) mobility of all teeth on the jaw

c) inflammatory infiltrate with clear borders, a negative symptom of the load

**d) Both-sides jaw infiltration without clear boundaries, Vincent's symptom, tooth mobility**

5. Surgical treatment for acute odontogenic osteomyelitis of the jaw:

**a) removal of the causative tooth, wide periostotomy of the jaw on both sides, drainage**

b) removing the causative tooth

C) periostotomy in the area of the causal tooth, drainage

d) a wide periostotomy of the jaw on both sides

e) removal of the causative tooth, wide periostotomy of the jaw on one side, drainage

6. In chronic stage of jaw osteomyelitis, sequesters are removed after (period of sequesters formation):

a) 1 week **b) 5-8 weeks**  c) 3-4 weeks d) 2-3 weeks

7. The most common cause of phlegmons and abscesses of the maxillofacial region is:

a) infection on the needle when performing local anesthesia

b) damage of the skin of the maxillofacial area

c) pustular diseases of the skin of the face

d) flu and other infectious diseases

**e) odontogenic foci of infection**

8. The development of phlegmon in the maxillofacial region leads to impaired function:

a) swallowing b) breathing c)chewing

d) speech **e)** **violation of all specified functions is possible**

9. For abscesses and phlegmons, the main therapeutic measure is:

**a) opening of a purulent focus** b) treatment with antibiotics

c) treatment with sulfonamides d) the removal of a tooth

10. The most common causes of jaw periostitis are (choose the right answers):

a) bruising of the soft tissues of the face **b) pericoronitis**

**c) alveolitis** d) fracture of the lower jaw

e) exacerbation of chronic sinusitis **f) acute periodontitis**

**Задание к письменным контрольным работам:**

1. Classification of inflammatory diseases of the maxillofacial region.

2. Name the main general and local symptoms in the localization of the inflammatory process in the superficial and deep cellular space of the face.

3. How do you understand "widespread (progressive)" and "putrefactive-necrotic" phlegmon.

4. Outline the principles of diagnosis and treatment of odontogenic phlegmon.

5. What complications do you know of inflammatory diseases of the face and neck?

6. List the basic principles of complex treatment of patients with inflammatory diseases of the maxillofacial region and their complications.

7. How do actinomycosis, tuberculosis and syphilis manifest in the maxillofacial region? What is the basis for the diagnosis of these diseases?

**Практические задания для демонстрации практических навыков:**

1. Examination of a patient with inflammatory diseases of the maxillofacial region

2. Plan of examination of a patient with inflammatory diseases of the maxillofacial region

3. Assesment of radiographs

**Тема 5** *Traumatic injuries of soft tissues and facial bones. Diagnosis, first aid for victims, transport immobilization in fractures. Fractures of the zygomatic bone and arch.*

**Форма(ы) текущего контроля** **успеваемости** *(устный опрос, решение проблемно-ситуационных задач, проверка практических навыков).*

**Оценочные материалы текущего контроля успеваемости**

**Вопросы для устного опроса:**

1. Classification of traumatic injuries of the maxillofacial region.

2. Methods of examination of patients with injuries of soft tissues and facial bones.

3. Classification of damage to soft tissues and facial bones.

4. Clinic and diagnosis of damage to the soft tissues of the face.

5. Clinic and diagnosis of fractures of the zygomatic bone and zygomatic arch.

6. Clinic and diagnosis of fractures of the upper jaw.

7. Clinic and diagnosis of non-gunshot fractures of the lower jaw

8. The basic principles of the primary surgical treatment of wounds of the maxillofacial region. The sequence of treatment of wounds of the mucous membrane, bone, muscles and skin of the face. Functional and cosmetic requirements.

9. Temporary transport immobilization for fractures of the lower jaw.

**Тексты ситуационных задач(типовые):**

NON-GUNSOT FRACTURES OF THE LOWER JAW

Task 1. The patient, 28 years old, came to the clinic with complaints of aching, aggravated when biting on the upper central teeth. From the anamnesis it was found out that two days ago he was beaten by unknown persons. I did not lose consciousness, there was no nausea or vomiting. He did not seek medical help. Of the past illnesses, it indicates colds. At the present time, according to his general status, he considers himself healthy. Examination revealed swelling of the upper and lower lips. Teeth 11, 22 are mobile in the vestibulo-oral direction, outside the bite. There is hyperemia and swelling of the gingival papillae in the area of ​​teeth 11, 22. The mouth opens 1.5-2.0 cm. The rest of the teeth are intact, in bite. On x-ray examination, the integrity of teeth 11, 22 is preserved, there is a slight expansion of the periodontal gap. There are no data on the fracture of the jaw bones. The electrical excitability of the pulp of teeth 11, 22 is reduced.

1. Conduct a diagnosis justification.

2. Make a diagnosis.

3. Outline a treatment plan.

Task 2. The patient, 35 years old, came to the clinic with complaints of sharp pain in the upper jaw. The injury occurred as a result of blows to the face area about 24 hours ago. I did not lose consciousness, there was no nausea or vomiting. I went to the trauma center at the place of residence and was sent to a specialized clinic. Of the past diseases, it indicates childhood infections and colds. Anamnesis revealed that 6 months before the last injury there was a fracture of the mandible in the frontal region. At the moment, according to his general status, he considers himself healthy. On examination, swelling of the upper lip is determined, there is a violation of the closing of the teeth in the frontal region, difficulty in chewing, and speech impairment. Pronounced mobility of teeth 11, 21, tooth 22 - poorly mobile; 11, 21 teeth - outside the bite. The mucous membrane of the gingival margin in the area of ​​teeth 11, 21, 22 is hyperemic, edematous, painful on palpation. The mouth opens freely. The rest of the teeth are not damaged, they are in the bite. There is no pathological mobility in the area of ​​teeth 41, 32 at the site of the former fracture, there is a thickening of the cortical plate. X-ray examination determines the fracture lines of the root of tooth 1l at the level of 1/3 of the length and at tooth 21 - at the level of 2/3 of the length of the feeding.

1. Provide a justification for the diagnosis.

2. Make a diagnosis.

3. Make a treatment plan.

4. Identify the signs that are not typical for this disease.

Task 3. A patient, 27 years old, came to the clinic with complaints of pain, aggravated by biting and mobility of the 11th tooth. From the anamnesis it was found that about 3 days ago at home, having stumbled, hit her upper teeth on a hard object. In connection with the emerging mobility of tooth 11, I made warm soda baths. Of the past diseases, it indicates Botkin's disease, it was operated on for the radicular cyst of the upper jaw on the left in the area of ​​teeth 13, 12 about eight months ago. Locally, a slight swelling of the upper lip on the left is determined; tooth 11 - mobility of I-II degrees; the tooth is not discolored, the percussion is painless, the mucous membrane of the gingival margin is slightly hyperemic, edematous, cyanosis in the area of ​​teeth 11, 22. The mucous membrane in the area of ​​teeth 13, 12, 11 is cicatricially changed, pale pink, painless on palpation; teeth 13, 12 - motionless, changed in color. X-ray examination of data for the fracture of teeth 11, 22 is not present, the periodontal gap in the area of ​​tooth 11 is expanded, and in the area of ​​the apex of the roots of teeth 13, 12, the process of bone tissue regeneration is observed.

1. Provide a justification for the diagnosis.

2. Make a diagnosis.

3. Make a treatment plan.

4. Does it matter for drawing up a treatment plan the previous operation for the radicular cyst of the upper jaw in the area of ​​13, 12 teeth.

Task 4. The patient, 28 years old, turned to the clinic on duty with complaints of pain and swelling in the chin of the lower jaw, from the anamnesis it was found that about 3 days ago he received a blow to the lower jaw. I did not lose consciousness, nausea, vomiting was not. He did not seek medical help. The increasing swelling in the chin area and the existing soreness in the area of ​​the front lower teeth forced the patient to seek help. Of the past illnesses, it indicates childhood infections and colds, as well as the fact that 8 months before the last injury there was a fracture of the zygomatic bone on the left. On examination, a hematoma in the chin area is determined, no violation of the integrity of the soft tissues and mucous membrane of the lower lip was found. There is a violation of the bite due to a slight displacement of fragments in the frontal region between teeth 11, 21. The pathological mobility of the fragments of the lower jaw is determined, accompanied by significant pain. X-ray examination determines the violation of the integrity of the bone tissue of the lower jaw - the fracture line between the central incisors of the lower jaw, passing to the lower edge, deviating from the midline to the right and ending in the region of the right incisor. There is no mobility of bone fragments at the site of the former fracture of the zygomatic bone on the left; an X-ray examination of this area reveals a thickening of the bone tissue, complete consolidation.

1. Provide a justification for the diagnosis.

2. Make a diagnosis.

3. Make a treatment plan.

4. Does the previous fracture of the zygomatic bone matter for the treatment plan?

Task 5. A 34-year-old patient came to the clinic with complaints of pain in the frontal part of the lower jaw and incomplete closing of the teeth, which caused difficulty in eating. From the anamnesis: he was beaten by unknown persons two days ago, was in a state of alcoholic intoxication. To indicate exactly whether he could not lose consciousness, there was no nausea, vomiting in the future. Of the diseases he has suffered, he notes Botkin's disease, which he suffered 10 years ago, and periodically suffers from colds. At the present time, according to the general status, he considers himself healthy. There are no injuries from the soft tissues of the maxillofacial region. Opening the mouth up to 2.0 cm. There is a significant malocclusion due to the displacement of fragments of the lower jaw in the frontal region, not only in the vertical, but also in the horizontal planes. There was a so-called "creeping" of fragments on top of each other. The fracture line is located between the central and lateral incisors on the right, the midline is displaced towards the fracture. X-ray examination of the lower jaw determines the violation of the integrity of the bone tissue - the fracture line is located obliquely in the direction from the outer compact plate to the lingual, and on the inner surface it is further from the midline than on the outer surface. No fractures from other parts of the lower jaw were found.

1. Make a justification of the diagnosis and explain the mechanism of displacement of fragments.

2. Make a diagnosis.

3. Outline a treatment plan.

Task 6. A 42-year-old patient came to the clinic with complaints of pain in the lower jaw on the left at the site of the impact. Anamnesis revealed that she was beaten at night. She did not lose consciousness, there was no nausea, no vomiting. Local examination: there is a slight swelling of soft tissues, respectively, of the body of the lower jaw on the left. The opening of the mouth is limited to 1.8 cm. The fracture line is located between teeth 35, 37. A large fragment in the anterior region is displaced downward and towards the fracture. The small fragment is displaced upward, anteriorly and to the lingual side. The middle line (between the central incisors) is displaced towards the fracture, the fragments overlap each other, there is a narrowing of the dental arch, a violation of the bite almost throughout.

1. Make a preliminary diagnosis, explain the mechanism of fragments displacement.

2. What additional information and clinical data is needed to make a definitive diagnosis and treatment plan?

Task 7. The patient, 24 years old, applied to the maxillofacial clinic on the third day after the injury. She was injured by hitting the right half of her face, slipping on the ice. I did not lose consciousness, there was no nausea, vomiting. From the anamnesis it was found that 9 months ago there was a fracture of the lower jaw on the left. On examination, swelling of the soft tissues in the peri-chewing area on the right is determined, the mouth opens by 1.5 cm. Pathological mobility of the fragments of the lower jaw on the right is noted. The small fragment is displaced inward, upward, and anteriorly. There is a dissociation of the bite in the area of ​​the chewing teeth located on a large fragment of the lower jaw on the right.

1. Make a preliminary diagnosis.

2. What additional information is needed to make a definitive diagnosis and plan a treatment?

3. Does a previous mandibular fracture matter for treatment planning?

Task 8. The victim during the car accident, after hitting his face on the windshield, was taken to the hospital, where the primary surgical treatment (PHO) of small wounds and abrasions of the face was carried out, tetanus serum was introduced. Four days later, due to the inconvenience during eating and talking, the patient turned to the dentist at the district clinic. From there he was sent to a specialized maxillofacial department. Of the past diseases, it indicates frequent injuries of the limbs during active sports. At the present time, according to the general status, he considers himself practically healthy. On examination, numerous abrasions are determined in the area of ​​the right brow, wing of the nose and cheek on the left in the stage of epithelialization. The patient has an oblique open bite. There is pathological mobility of fragments of the lower jaw on the left, closer to the corner. The fragments are displaced vertically. A small fragment is displaced towards the fracture, the chin and lateral parts of the jaw body on this side are displaced downward. Tooth 38 is located on a large fragment and is motionless. On the radiograph of the lower jaw, the vertical oblique location of the shadow of the fracture line is determined, somewhat inward and backward, and on the outer and inner compact plates not at the same level.

1. Provide a justification for the diagnosis.

2. Make a diagnosis.

3. Make a treatment plan.

Task 9. A patient, 30 years old, came to the clinic with complaints of swelling of soft tissues and pain in the chin area. From the anamnesis it was found out that three days ago he was beaten by unknown persons. I did not lose consciousness, there was no nausea or vomiting. Of the past diseases, it indicates frequent colds, an operation for sinusitis on the left about four years ago. On examination, a hematoma is noted in the chin area on the left, the bite is not disturbed, the opening of the mouth is limited and the midline is shifted to the left when lowering the lower jaw. On palpation, tenderness is determined in the region of the posterior edge of the branch, with a load on the chin, an increase in local pain in the region of the lower jaw branch on the left is revealed. The symptom of the "step" is not detected.

1. What disease can be assumed?

2. What additional information is needed to make a definitive diagnosis and plan a treatment?

3. Make a treatment plan.

Task 10. A 20-year-old patient came to the clinic with complaints of restriction of mouth opening. History of chin impact on hard object. The injury occurred with clenched jaws. External examination without features; the opening of the mouth is limited to 1.5 cm, the bite is not disturbed, but when the lower jaw is lowered, it will mix to the left. On palpation in the region of the anterior edge of the lower jaw branch on the left, a sharp pain is determined in the region of the base of the coronoid process.

1. What disease or pathological condition can be assumed?

2. What data is lacking to make a final diagnosis and decide on treatment?

3. What kind of X-ray should be done to clarify the diagnosis?

NON-GUNSHOT FRACTURES OF THE MAXILLOFACIAL BONES OF THE MIDDLE FACE

Task 1. A 30-year-old patient complained of pronounced swelling in the left half of the face and lack of sensitivity in the infraorbital region on the left. From the anamnesis it was found that about 3 days ago he received an injury to the maxillofacial region. I did not lose consciousness, there was no nausea or vomiting. He did not seek medical help. On examination, a significant edema of soft tissues in the infraorbital region on the left is determined, there is hemorrhage in the lower eyelid on the left, paresthesia of the skin of the infraorbital region on the left, restriction of mouth opening to 2.0 cm, the symptom of "steps" along the inferior orbital edge on the left is palpable. On the part of the oral cavity, no pathology was revealed.

1. Provide a justification for the diagnosis.

2. What additional research is needed?

3. Make a diagnosis.

4. Outline a treatment plan.

Task 2. The patient, 22 years old, was admitted to the clinic of maxillofacial surgery after a car accident with complaints of abrasions and pain in the left half of the face, difficulty opening the mouth. Two days ago she was beaten by unknown persons. I did not lose consciousness, there was no nausea, vomiting. Of the transferred diseases, it indicates childhood and frequent colds, as well as a fracture of the lower jaw on the left about 8 months ago. At the present time, according to the general status, he considers himself healthy. On examination, swelling of the soft tissues of the infraorbital region on the left is determined, palpation determines a ledge in the region of the infraorbital edge, the mouth opens 2.0 cm. In the oral cavity: the bite is not disturbed, the symptom of a "step" is determined in the region of the zygomatic-alveolar ridge on the left, the mobility of fragments the lower jaw on the left in the area of ​​the former fracture is absent, tooth 37 is absent. There is a thickening of the bone along the mandibular edge on the left in the projection of teeth 36, 37.

1. Carry out a justification of the diagnosis, what information is lacking for the diagnosis.

2. Make a diagnosis.

3. Make a treatment plan.

4. Does a previous mandibular fracture matter for treatment planning?

Task 3. A patient, 40 years old, came to the clinic with complaints of swelling and slight pain in the right half of the face. From the anamnesis it was found out that two days ago he was beaten by unknown persons. I did not lose consciousness, there was no nausea or vomiting. On examination, significant swelling of the soft tissues of the infraorbital region and the lateral surface of the nose on the right is determined. The patient notes a decrease in the sensitivity of the skin in the infraorbital region, a feeling of numbness in the region of the anterior teeth and premolars on the right. Palpation of bone formations in this area is difficult due to pronounced swelling of the soft tissues of the face on the right.

1. Make a preliminary diagnosis.

2. What additional information and clinical data are needed to make a definitive diagnosis and treatment plan?

3. What surveys are necessary for this purpose?

Task 4. A 37-year-old patient complains of pain and swelling in the left half of the face. From the anamnesis it was found that he was injured in a fight a day ago. I didn't lose consciousness. From the past diseases: colds: two years ago he received a fracture of the right forearm and right leg as a result of a car accident. A year ago, there was a fracture of the lower jaw in the left chin area. At the present time, according to the general status, he considers himself healthy. Local examination reveals swelling of the soft tissues of the zygomatic region on the left with a tendency to spread to the left buccal region, palpation determines some retraction of soft tissues and a violation of the curvature in the region of the zygomatic arch on the left. The mouth opens 2.0 cm. In the oral cavity, tooth 24 is absent, the rest of the teeth are motionless, in the bite. There is no mobility in the area of ​​the former fracture, but there is a thickening of the bone along the mandibular edge on the left in the projection of teeth 33, 34, 35.

1. Provide a justification for the diagnosis.

2. Make a diagnosis.

3. Make a treatment plan.

4. Identify the signs that are not typical for this disease.

Task 5. Patient. 35 years old, complained of headache, inability to close the jaw. From the anamnesis it was found that he was beaten the night before, and did not lose consciousness. Of the past illnesses, he indicates childhood infections and colds, as well as an appendectomy performed 1.5 years ago. At the present time, according to his general status, he considers himself healthy. On examination, significant swelling of the middle part of the face, hemorrhages in the lower eyelids on both sides is determined. In the oral cavity, there is a violation of the occlusion of the teeth, like an open bite. On palpation of the bones of the middle zone of the face, the mobility of the fragments is not noted, but there is a sharp soreness. In the region of the nasal dorsum, a "step" symptom is determined. On palpation from the side of the oral cavity, the mobility of the upper jaw is determined. Bloody nasal discharge;

1. Carry out a justification of the diagnosis, what data is missing for the diagnosis?

2. Make a diagnosis.

3. Outline a treatment plan.

Task 6. A 30-year-old patient complained of headache, inability to close his jaw. From the anamnesis it was found that a day ago he received an injury to the maxillofacial region during a fight. I didn't lose consciousness. Of the past diseases, he points to frequent colds, stomach surgery 2 years ago, also notes that 8 months before the last injury there was a fracture of the lower jaw on the left in the area of ​​tooth 37. At present, according to his general status, he considers himself healthy. On examination, noticeable swelling of the middle part of the face attracts attention. In the oral cavity, there is a violation of the closing of the teeth. Palpation of the middle zone of the face does not reveal the mobility of the fragments, but is accompanied by a sharp soreness. Palpation from the side of the oral cavity determines the mobility of the upper jaw in its lower parts. There is no discharge from the external nasal passages. With bimanual palpation of the lower jaw, there is no mobility in the area of ​​the former fracture, but there is a noticeable thickening of the bone along the mandibular edge on the right in the projection of 36, 37 teeth.

1. Carry out a justification for the diagnosis, what data is lacking to make a diagnosis.

2. Make a diagnosis.

3. Make a treatment plan.

4. Does a previous mandibular fracture matter for treatment planning?

Task 7. A 30-year-old patient complained of headache, inability to eat due to painful closing of the jaws. From the anamnesis it was found that about 20 hours ago he received an injury to the maxillofacial region. I didn't lose consciousness. I went to the trauma center at the place of residence and was sent to the duty maxillofacial clinic. Of the diseases he had, he notes Botkin's disease (about 2 years ago), colds. At the present time, according to his general status, he considers himself healthy. On examination, significant swelling of the middle part of the face is determined, palpation of this area is painful. The bite is broken due to non-closing of the teeth in the anterior section. There is subcutaneous emphysema in the projection of the maxillary sinus on the left.

1. What disease or pathological condition can you assume?

2. What additional information and clinical data are needed to make a definitive diagnosis?

Task 8. A 30-year-old patient complained of headache, inability to close the jaw, impaired speech and writing. From the anamnesis it was found that about 20 hours ago he was beaten by unknown persons near his house. He does not remember whether he lost consciousness, because he was intoxicated, he made it home on his own. From the transferred diseases, he notes colds, a fracture of the left leg, right forearm during active sports. At the present time, according to his general status, he considers himself healthy. On examination, significant swelling of the middle part of the face with hemorrhages in the eyelids and conjunctiva, bloody discharge from the nose on both sides is determined, the patient notes pain in the infraorbital opening on the right and anesthesia in the infraorbital region. On palpation of the bones of the face, the pathological mobility of the upper jaw is determined, accompanied by sharp pain. Symptoms of the "step" in the dorsum of the nose and the lower orbital edges on both sides are determined. In these places, pathological mobility is determined. In the oral cavity, there is a violation of the occlusion of the teeth, the teeth of the upper jaw are slightly displaced posteriorly, an open bite.

1. Carry out a justification of the diagnosis, what information is lacking for the diagnosis.

2. Make a diagnosis.

3. Outline a treatment plan.

Task 9. The patient, 28 years old, came to the clinic with complaints of headache, soreness and violation of the closing of the jaws. From the anamnesis it was found that a day ago he received a strong blow with a blunt object in the face area. There was a short-term loss of consciousness. Of the illnesses he has suffered, he notes childhood and colds, chronic bronchitis, pneumonia at the age of 20; about a year ago, he had a fracture of the lower jaw in the chin area. On examination, abrasions are determined in the region of the left brow, on the right wing of the nose. There is a pronounced edema of the middle zone of the face with hemorrhage in the eyelids and conjunctiva, subcutaneous emphysema in the projection of the maxillary sinus on the right. The patient has soreness in the region of the infraorbital foramen on the left, parasthesia of the soft tissues of the infraorbital regions, palpation of the bones of the middle zone of the face determines the mobility of the upper jaw, accompanied by sharp soreness. The symptom of "steps" is determined in the region of the lower orbital edges on both sides and in the region of the nasal dorsum. From the side of the oral cavity during palpation, the mobility of the upper jaw is noted, a bloody fluid is released from the nose. The bite is changed due to a violation of the occlusion; open bite, there is no mobility in the area of ​​the former fracture of the lower jaw, but there is a significant thickening of the bone along the mandibular edge on the left.

1. Provide justification for the diagnosis, what data are lacking to confirm the diagnosis.

2. Make a diagnosis.

3. Make a treatment plan.

4. Does a previous mandibular fracture matter for treatment planning?

Task 10. A patient, 20 years old, was admitted to the clinic of maxillofacial surgery after a car accident with complaints of severe headache, swelling and abrasions on the face. She did not lose consciousness during the injury. Of the transferred diseases, it indicates frequent colds. On examination, swelling of soft tissues in the region of the nose and infraorbital regions is determined: on palpation in these areas there is soreness, more in the projection of the infraorbital foramen on the left. The bite is broken, like an open one.

1. Make a preliminary diagnosis.

2. What additional information and clinical data is needed to make a definitive diagnosis and treatment plan?

3. What surveys are necessary for this purpose?

COMBINED NON-GUNSHOT DAMAGES OF

MAXILLOFACIAL REGION

Task 1. A patient was delivered to the clinic in an unconscious state after a car accident. The patient was in the front seat of a car that crashed into an oncoming bus. The patient was unconscious, cerebral concussion of moderate severity, fracture of the lower jaw in the area of ​​the mental holes, fractures of the bones of both legs and left thigh, right scapula and left forearm.

1. What is the order of priority for the provision of specialized care?

2. In which department should the patient stay?

3. Schedule a treatment plan for your dental surgeon.

Task 2. A patient, 28 years old, was admitted to the clinic after a car accident. Is in an unconscious state. On local examination, numerous abrasions of the face in the area of ​​the left brow, the wing of the nose on the right, the zygomatic region on the left and the chin are determined, when the lips are diluted, the chipping of the coronal part of tooth 21 is visible, the pathological mobility of the block of the frontal group of the teeth of the lower jaw is determined. The patient has a concussion of moderate severity, a fracture of the left forearm and left leg.

1. What pathological condition can you assume?

2. What additional information and clinical data is needed to make a definitive diagnosis and treatment plan?

3. What surveys are necessary for this purpose?

Task 3. Patient, 20 years old, was admitted to a multidisciplinary clinic with a diagnosis of concussion and fracture of the skull base in the middle cranial fossa, fracture of the upper jaw with damage to the sinuses, fracture of the lower jaw, zygomatic bone and arch, left clavicle and pelvic bones. Multiple concomitant injuries were received in a car accident. An ambulance team performed anti-shock therapy, and a tracheostomy was applied.

1. What is the continuity of the provision of specialized medical care?

2. Justify the timing of the provision of specialized dental care.

Task 4. A 32-year-old patient with trauma to the maxillofacial region and lower extremities was delivered to the clinic after falling from the 3rd floor of a residential building. There was a loss of consciousness. Of the past diseases, it indicates an inflammation of the lungs, surgery on the stomach and a fracture of the lower jaw on the right about a year ago. At present, in terms of general status, he considers himself healthy. Local examination reveals swelling of soft tissues in the midface area, palpation of which is sharply painful, there are hemorrhages in the conjunctiva of the eyes on both sides, the bite is impaired, there is no complete closing of the teeth in the anterior section. In the area of ​​the corner of the mandible on the right, a thickening of the bone is palpated. There are fractures of both legs at different levels.

1. Make a preliminary diagnosis.

2. What additional information and clinical data are required for diagnosis?

Task 5. The patient applied on the second day after the trauma of the maxillofacial region. After several blows to the face, he lost consciousness, nausea and vomiting are observed. Local examination reveals swelling of the soft tissues of the middle zone of the face, hematomas of the infraorbital regions, hemorrhages in the conjunctiva of the eyes on both sides. In the oral cavity, a malocclusion is determined, 16, 26 teeth are missing, 11, 21 teeth are dislocated.

1. Make a preliminary diagnosis.

2. Outline a treatment plan.

**Практические задания для демонстрации практических навыков:**

1. Transport (temporary) immobilization for fractures of the lower jaw

2. Asessment of radiographs

**Тема 6** *Surgical and conservative treatment of fractures of the upper and lower jaw, zygomatic bone and zygomatic arch. Complications Care, nutrition of patients.*

**Форма(ы) текущего контроля** **успеваемости** *(устный опрос, тестирование, проверка практических навыков).*

**Оценочные материалы текущего контроля успеваемости**

1. Conservative methods of immobilization. Immobilization with the help of tooth, gum and gingival tires.

2. Types of tooth wire tires, indications for application, manufacturing and fastening techniques.

3. Indications for surgical methods of immobilization of facial bones.

4. Types, advantages and disadvantages of surgical methods for immobilization of fractures of facial bones.

5. The principles of surgical interventions for fractures of the zygomatic bone and arch.

6. The principles of surgical intervention for fractures of the upper jaw.

7. The principles of surgical intervention for fractures of the lower jaw.

**Тестовые задания:**

**Variant 1**

1. Therapeutic measure for dislocative asphyxia is:

a) introduction of the air duct **b) the stretching and fixing of the tongue**

c) removal of a foreign body d) tracheotomy

2. Prevention of aspirative asphyxia:

a) the removal of a foreign body b) tracheotomy

**c) sanation of the oral cavity, giving the injured person a position that provides free breathing**

d) in the introduction of the air duct e) in restoring the anatomical position of the organ

3. Features of surgical debridement of maxillofacial wounds:

**a) minimal excision of tissues in the wound area, suturing, using primary plastic surgery, wound sheathing (suturing the mucous membrane to the skin)**

b) antiseptic treatment, sutures and bandages

c) antiseptic treatment, excision of necrotically altered tissues, tight tamponing of the wound

d) stopping bleeding, antiseptic treatment, sutures and bandages

e) excision of necrotically altered tissues, removal of blood clots, drainage of the wound

4. The main symptom of a jaw fracture is:

a) nasal bleeding b) ruptures of the mucous membrane of the alveolar processes

c) headache **d) pathological mobility of the jaw**

5. An improvised bandage for fractures of the jaws for transport (temporary) immobilization:

a) compression and distraction apparatus **b) circular parietal-chin bandage**

c) Hippocratic cap g) the apparatus Sbarge e) circular frontal-occipital bandage

6. Orthopedic methods for permanent immobilization of mandibular fractures:

**a) overlaying of jaw splints and intermaxillary rubber traction**

b) the apparatus Sbarge

c) intermaxillary ligature binding

d) the osteosynthesis

7. Operative methods of permanent immobilization of mandibular fractures:

a) overlaying of jaw splints and intermaxillary rubber traction

b) inter-jaw ligature binding

c) the apparatus Sbarge

**d) osteosynthesis**

8. Transportation of wounded in maxillofacial area is carried out by (select several correct answers):

**a) lying on back with head turned sideways** b) sitting

**c) lying on stomach** d) lying on back

9. Temporary methods to stop bleeding in the maxillofacial area are (select several correct answers):

a) ligation of the vessel

**b) the tight tamponade of the wound**

**c) finger pressure of the vessel**

**d) in applying a tourniquet**

10. The immediate complications of maxillofacial area injury are (select several correct answers):

**a) shock** b) pneumonia **c) bleeding** d) periodontitis of damaged teeth

**d) asphyxia** e) facial nerve paresis

**Variant 2**

1. Asphyxia by foreign body is called:

a) dislocative b) valvular c) stenotic d) aspirative **e) obturative**

2. Difference of the facial injuries from another areas injuries:

**a) discrepancy between the appearance of the wound and the actual condition of the injured person**

b) the timing of epithelization of the wound

C) the course of the wound process

d) rapid development of complications

3. Secondary injuring factors are:

a) zone of necrotic changes in bone tissue

b) explosive bullets

**с) teeth, fragments of teeth and bones of the facial skeleton**

g) an arrow-shaped elements

d) the fragments of the gun

4. To prevent dislocative asphyxia, the tongue is stitched:

a) in the middle line **b) on the border of the front and middle third**

c) in the front third d) at the root

5. Features of surgical debridement of maxillofacial wounds:

a) antiseptic treatment, excision of necrotically altered tissues, tight plugging of the wound

b) excision of necrotically altered tissues, removal of blood clots, drainage of the wound

c) stopping bleeding, antiseptic treatment, sutures and bandages

**d) economical excision of tissues in the wound area, suturing, using primary plastic surgery, wound sheathing (suturing the mucous membrane to the skin)**

e) antiseptic treatment, sutures and bandages

6. The nature of the displacement of fragments in fractures of the lower jaw is decisive:

a) the force of the blow

**b) the direction of traction of the muscles attached to the fragments of the jaw**

c) the weight of the fragments due to their size

7. Transport immobilization of jaw fragments is performed:

**a) stiff jaw sling with a supporting headband** b) tape notched tires

с) wire notched tires d) notched tires and fast-hardening plastics

8. The main complaints with a jaw fracture:

a) severe photophobia, pain, hearing loss

b) pain, dry mouth, bruising

**с) malocclusion, pain, swelling, bruising**

9. Orthopedic methods for final immobilization of mandibular fractures:

a) the apparatus Sbarge

**b) overlaying of jaw splints and intermaxillary rubber traction**

с) osteosynthesis

d) maxillary ligature tying

10. Temporary methods to stop bleeding in the maxillofacial area are (select several correct answers):

**a) in the tight tamponade of the wound** b) ligation of the vessel throughout

**с) in applying a tourniquet d) finger pressure of the vessel**

**Variant 3**

1. The symptom of glasses with fractures of the upper jaw occurs:

a) 2 days after the injury b) a day after the injury

**с) immediately after injury** d) in terms of more than 2 days after the injury

2. Asphyxia by displaced organs of the oral cavity (tongue) when they are damaged:

a) aspirative b) valvular c) stenotic

**d) dislocative** e) obturative

3. Prevention of aspirative asphyxia on the battlefield:

**a) sanation of the oral cavity, giving the injured person a position that provides free breathing**

b) in the removal of a foreign body

C) in tracheotomy

d) in the introduction of the air duct

e) in restoring the anatomical position of the organ

4. Difference of the facial injuries from another areas injuries:

a) rapid development of complications

b) the timing of epithelization of the wound

**c) the presence of secondary injuring factors in the wound**

d) the course of the wound process

5. Sequence of stages of maxillofacial wounds surgical debridement:

a) first, the soft tissue wound is treated **b) first, the bone wound is treated**

6. Improvised bandages for fractures of jaw immobilization for transport:

a) compression and distraction apparatus b) the apparatus Sbarge

c) Hippocratic cap d) circular frontal-occipital bandage

**e) circular parietal-chin bandage**

7. Operative methods of final immobilization of mandibular fractures:

**a) osteosynthesis**

b) overlaying of jaw splints and intermaxillary rubber traction

с) inter-maxillary ligature binding

d) the apparatus Sbarge

8. A tooth located in the fracture line should be:

a) left b) fixed with ligature wire c) removed and replanted **d) extracted**

9. Risk factors for the development of traumatic osteomyelitis are (select several correct answers):

a) injury with a poorly made prosthesis

**b) the tooth or root of the tooth in the fracture line**

C) acute lymphadenitis

**d) unsatisfactory reposition and immobilization of fragments**

e) age of the patient

e) the strength and direction of the damaging factor

10. The final methods to stop bleeding in the maxillofacial area are (select several correct answers):

**a) vessel ligation throughout** b) a tight tamponade

**c) vessel ligation or stitching in the wound** d) finger pressure of the vessel

**Практические задания для демонстрации практических навыков:**

1. Transport (temporary) immobilization for fractures of the lower jaw

2. Asessment of radiographs

**Тема 7** *Tumors of the soft tissues of the face and oral cavity. Tumors of the jaws. Tumors of the salivary glands..*

**Форма(ы) текущего контроля** **успеваемости** *(устный опрос, тестирование решение проблемно-ситуационных задач, проверка практических навыков).*

**Оценочные материалы текущего контроля успеваемости**

**Вопросы для устного опроса:**

1. Concepts of non-odontogenic benign tumors of the maxillofacial region.

2. Classification, etiology, pathogenesis, clinical manifestations, diagnosis of benign tumors of the maxillofacial region.

3. Classification, etiology, pathogenesis, clinical manifestations, diagnosis of malignant tumors of the maxillofacial region.

4. Soft tissue tumors - clinical manifestations, diagnosis, treatment.

5. Tumors of the jaw - clinical manifestations, diagnosis, treatment.

6. Tumors of the salivary glands - clinical manifestations, diagnosis, treatment.

**Тестовые задания:**

**Variant 1**

1. The main method of treatment of fibromas and papillomas of the oral and maxillofacial region is:

**a) excision on the boarder of tumor and healthy tissues**

b) cauterization

c) chemotherapy

d) radiation therapy

2. The clinical picture of fibrous epulis is characterized by:

a) 2-3 erosions of gums, with no tendency to bleeding and epithelialization

b) local gum keratinization

**c) dense, painless formation on a wide base**

d) dense, painful infiltration in the area of several teeth

e) loose, painful bleeding gum formation

3. The clinical picture of ameloblastoma is characterized by:

a) dense, painful infiltration in the area of several teeth

b) painful defect of the jaw bone tissue

c) 2-3 erosions of gums, with no tendency to bleeding and epithelialization

d) loose painful bleeding gum formation

**e) painless deformity of the jaw in the form of swelling**

4. The main method of small odontogenic cysts treatment is:

a) partial resection of the jaw b) cryodestruction c) half resection of the jaw

**d) cystectomy** e) sclerosis

5. Characteristic signs for a cancerous ulcer on the lower lip and the oral mucosa are:

a) the absence of pain, grease the bottom with a yellowish scales

**b) moderate soreness, inverted, raised edges, necrotic tissue at the bottom**

c) sharp soreness, thinned edges, glassy granulations on the bottom

d) moderate pain, the edges are swollen, brightly hyperemic, at the bottom - purulent-fibrinous plaque

6. Early symptoms of malignant tumors of the jaws are:

**a) teeth mobility, periodic pain, symptom Vincent, thickening of the jaw**

b) hypersalivation, chills, both-sides jaw swelling

c) dry mouth, paroxysmal acute pain, difficulty swallowing

7. The main method of treatment for common cancer of the lower lip and oral mucosa is:

a) surgical b) electrocoagulation of the tumor c) radiation therapy

d) chemotherapy **e) combined method**

8. One of the main surgical methods for treating jaw cancer is:

**a) half resection of the jaw** b) electrocoagulation of the tumor

с) radical neck dissection d) Caldwell-Luke

9. Organ-specific tumors of the maxillofacial region include: (select several correct answers)

a) osteoma **b) epulis** c) hemangioma

**d) ameloblastoma** e) osteoblastoclastoma

10. The main etiological factors in the development of malignant tumors of the oral mucosa are: (select several correct answers)

**a) precancerous diseases**

b) hypersalivation

**c) prolonged irritation of the oral mucosa by mechanical, chemical, and temperature factors**

d) partial tooth loss

e) massive dental deposits

f) diseases of the gastrointestinal tract

**Variant 2**

1. The main clinical sign of cavernous hemangioma is:

a) the presence of phleboliths

b) pain during palpation of the neoplasm

c) the presence of erosions on the surface of the neoplasm without a tendency to bleeding

**d) reduction in pressure and restoration of the previous volume of the tumor after the cessation of pressure**

e) painful infiltration

2. Ameloblastoma belongs to the group of:

a) inflammatory diseases b) tumor-like formations c) precancerous diseases

d) malignant odontogenic tumors **e) benign odontogenic tumors**

3. Papilloma is characterized by:

a) the presence of a seal; and the mucous membrane around its base b) the rapid growth

**c) lack of tissue infiltration around its base** d) pain

4. Causes of dermoid cyst:

a) injury

b) transferred inflammatory process in soft tissues

c) complication of chronic periodontitis

**d) violation of the embryonic development of the maxillofacial region**

5. Osteoma on the x-ray shows up as:

a) a reduce of bone density

**b) an area of high density with clear contours**

c) an area of osteoporosis

d) an area of high density without clear contours

6. Causes of follicular cysts is:

**a) violation of the development of the rudiment of the tooth**

b) transferred osteomyelitis of the jaw

c) trauma to the jaw

d) complication of chronic periodontitis

7. The main method of treatment for lower lip and oral mucosa spread cancer is:

a) surgical b) radiation therapy c) electrocoagulation of the tumor

d) chemotherapy **e) combined method**

8. Additional research methods used to clarify the diagnosis of "malignancy of the maxillofacial region" include: (select several correct answers)

a) physical b) biochemical **c) histological**

d) angiographic e) immunological **f) cytological**

9. The main etiological factors in the development of malignant tumors of the oral mucosa are: (select several correct answers)

**a) prolonged irritation of the mucous membrane by mechanical, chemical, and temperature factors**

b) hypersalivation

c) partial tooth loss

**d) precancerous diseases**

e) diseases of the gastrointestinal tract

f) massive dental deposits

10. Organ-specific tumors of the maxillofacial region include: (select several correct answers)

a) osteoma **b) epulis** с) angioma

**d) ameloblastoma** f) osteoblastoclastoma

**Variant 3**

1. Fibroma characterizes by:

a) ulceration of the mucous membrane covering it **b) slow growth**

c) pain d) rapid growth

2. Clarifying the diagnosis of a dermoid cyst helps:

**a) cytological examination of punctate** b) x-ray

с) electromyography d) the study of blood

3. The method of treatment of cavernous hemangioma is:

a) radiation therapy b) physiotherapy с) electrocoagulation

d) cauterization **f) sclerotherapy**

4. The clinical picture of ameloblastoma is characterized by:

a) loose painful bleeding gum formation

b) painful defect of the jaw bone tissue

с) dense painful infiltration in the area of several teeth

**d) painless deformation of the jaw in the form of swelling**

f) 2-3 erosions of gums, with no tendency to bleeding and epithelialization

5. Cause of radicular cyst is:

**a) complication of chronic periodontitis** b) transferred osteomyelitis of the jaw

c) jaw trauma d) violation of the development of the rudiment of the tooth

6. The brancial cyst of the neck localized:

a) along the anterior edge of the trapezoid muscle

b) in submental region

**с) in the middle third of the neck, along the anterior edge of the sternocleidomastoid muscle**

d) in the submandibular region

e) along the midline of the neck

7. The stage of malignant neoplasm is established on the basis of clinical signs:

a) the size of the tumor, the presence of nearby metastases

**b) the size of the tumor, the presence of distant and nearby metastases**

c) the size of the tumor

d) patient complaints

e) complaints of the patient, the size of the tumor

8. Characteristic signs for a cancerous ulcer on the lower lip and the oral mucosa are:

a) the absence of pain, grease the bottom with a yellowish scales

**b) moderate soreness, inverted, raised edges, necrotic tissue at the bottom**

c) sharp soreness, thinned edges, glassy granulations on the bottom

d) moderate pain, the edges are swollen, brightly hyperemic, at the bottom - purulent-fibrinous plaque

9. Early symptoms of malignant tumors of the jaws are:

a) dry mouth, paroxysmal acute pain, difficulty swallowing

**b) tooth mobility, intermittent aching pain symptom Vincent, thickening of the jaw**

c) hypersalivation, chills, both-sides infiltration of the jaw

10. In case of metastases of cancer of the maxillofacial region to regional lymph nodes, which operation is performed:

a) Vincent b) Caldwell-Luc

c) Redon **d) radical neck dissection**

**Тексты ситуационных задач(типовые):**

Benign tumors and tumor-like neoplasms of the soft tissues of the face, oral cavity organs, jaws

Task 1. A 70-year-old patient came to the clinic with complaints of a neoplasm in the region of the transitional fold of the upper jaw on the left. Discovered education six months ago. Soreness appears in this area when wearing a full removable denture on the upper jaw, which has been used for 10 years. Along the transitional fold on the left, at the level of the absent ones 17,16,15,14, there is a formation with a wide base, resembling a fold, the mucous membrane of this area is hyperemic, palpation is painless.

1. Make a diagnosis.

2. Make a treatment plan.

Task 2. A 72-year-old patient complained of pain arising during eating in the upper jaw region on the right, while wearing a complete removable denture on the upper jaw. The prosthesis was made 8 years ago. Has a dry mouth. In the area of ​​the missing frontal teeth at the level of 14,13,12,21 there is a neoplasm in the form of several folds, the mucous membrane of this area is hyperemic, palpation is painless.

1. Make a diagnosis.

2. Make a treatment plan.

Task 3. A patient, 64 years old, complained of profuse salivation, inability to eat, pain when opening the mouth. A neoplasm is determined on the transitional fold in the area of ​​16,15,14. Soreness in this area appears when using a complete removable denture. The patient has complete secondary adentia. The mucous membrane of the oral cavity is moderately moist. At the absent level 16,15,14 there is a lobular formation on a broad base. Complete removable dentures for the lower and upper jaws were made 5 years ago.

1. Make a diagnosis.

2. Make a treatment plan.

Task 4. A 72-year-old patient complained of the inability to wear a complete removable denture of the lower jaw due to a neoplasm on the lower jaw on the left. In the area of ​​the alveolar process of the lower jaw, on the left, a neoplasm is determined, resembling folds of the oral mucosa, on a broad base, the mucous membrane of this area is hyperemic, edematous. The complete removable denture for the lower jaw was made 10 years ago.

1. Make a diagnosis.

2. Make a treatment plan.

Task 5. A patient, 40 years old, complained of a neoplasm in the mucous membrane of the buccal region on the right, rounded. A neoplasm with clear boundaries, pale pink in color, 0.5 cm in size, on a wide base is determined along the line of closing of the teeth on the mucous membrane of the buccal region on the right. The patient has secondary partial adentia.

1. What kind of tumor can you think of?

2. Make a treatment plan.

Task 6. Patient. 35 years old, she complained of a burning sensation in the mouth, dryness, pain along the line of teeth closing in the mucous membrane of the buccal region on the right. On the line of closing of the teeth on the mucous membrane of the buccal region on the right, there is a neoplasm of a rounded shape, up to 1.0 cm in size, on a broad base.

1. Make a diagnosis.

2. Identify the signs that are not typical for this disease, and give them an explanation.

3. Make a treatment plan.

Task 7. Patient, 42 years old, complained of dry mouth and the presence of neoplasms on the mucous membrane of the buccal region on the left. The patient has partial secondary adentia, 36, 37 are absent, along the line of closing of the teeth on the mucous membrane of the buccal region on the left there is a neoplasm, 1.0 cm in size, on a broad base, of a pale pink color.

1. Make a diagnosis.

2. Outline a treatment plan.

3. Identify the signs that are not typical for this disease and explain them.

Task 8. The patient, 27 years old, complained of the presence of neoplasms of the mucous membrane in the area of ​​36, 37, difficulty opening the mouth, pain is determined during the meal. At level 36, 37 there is a neoplasm in the mucous membrane area, pale pink, bumpy, 1.5x1.0 cm in size, 37 is covered with a single metal crown.

1. Make a preliminary diagnosis.

2. What additional examinations are required to make a diagnosis?

3. What treatment is necessary for this purpose?

Task 9. A 23-year-old patient complained of a neoplasm of the mucous membrane in the area 44, 45. She notes that she had previously undergone surgery for this neoplasm. In the area 44, 45 on the mucous membrane there is a neoplasm of a rounded shape, pale pink, painless on palpation.

1. Make a diagnosis.

2. What additional methods of examination are required to make a diagnosis?

3. Make a treatment plan.

Task 10. A patient, 40 years old, complained of a neoplasm of the mucous membrane in the area 25, 26, 27, which slowly grows - interferes with opening the mouth and eating. From 25 to 27, a fixed bridge is fixed. In the area 25, 26, 27 on the mucous membrane, a neoplasm with a tuberous relief, pale pink in color, measuring 1.5x1.0 cm is determined. The bridge was made 10 years ago.

1. Make a diagnosis.

2. What additional methods of examination are required to make a diagnosis?

3. Make a treatment plan.

Task 11. The patient, 27 years old, complained of bleeding gums, pain when eating, the presence of a neoplasm in the area 34, 35, which appeared after treatment 34, 35. In the area 34, 35 there is a formation of bright red color, bleeding on palpation.

1. What disease can you assume?

2. What additional information is needed to make a definitive diagnosis?

3. Make a treatment plan.

Task 12. Patient, 25 years old, complained of the presence of neoplasms in the area 24, 25, 26, bleeding when eating. Pregnancy - 32 weeks. In the area 24, 25, 26, a bright red neoplasm is determined, measuring 1.5x1.0 cm, bleeding on palpation. The teeth are intact.

1. Make a preliminary diagnosis.

2. Make a treatment plan.

Task 13. A patient, 30 years old, complained of a newly appeared tumor (after removal, six months have passed) in the area 35, 36, soreness when eating. In the area 35, 36, 37 (35, 36, 37 under the bridge) there is a cyanotic-red neoplasm with a relief imprint of teeth, a densely elastic consistency, bleeds on palpation.

1. What disease can you assume?

2. What additional research can be carried out to clarify the diagnosis?

3. Make a treatment plan.

Task 14. Patient, 56 years old, was referred for consultation from the orthopedic department. Complaints about difficulty chewing food, bleeding gums in the upper jaw on the right and left. The alveolar process on the right and left of the upper jaw is symmetrically thickened. The lower chewing teeth are in contact with the neoplasm.

1. Make a preliminary diagnosis.

2. Make a treatment plan.

Problem 15. A 57-year-old patient complained of a neoplasm in the submandibular region on the right, grew slowly, noticed by chance. In the right submandibular region, there is a neoplasm, 5.0x7.0 cm in size, doughy consistency, not soldered to the skin, mobile, painless.

1. Make a preliminary diagnosis.

2. What additional information is needed to make a definitive diagnosis?

3. Make a treatment plan.

**Практические задания для демонстрации практических навыков:**

1. Taking anamnesis

2. Drawing up a treatment plan

**Тема 8** *Congenital and acquired defects and deformations of the face and jaw. The principles of reconstructive and plastic surgery.*

**Форма(ы) текущего контроля** **успеваемости** *(устный опрос, письменный контроль, проверка практических навыков).*

**Оценочные материалы текущего контроля успеваемости**

**Вопросы для устного опроса:**

1. Classification of defects and deformations of the face.

2. Planning, indications and contraindications for reconstructive operations.

3. Clinical examination before reconstructive surgery.

4. Plastic with local tissues. The basics of planning local plastic surgeries by A.A. Limberg.

6. Plastic with Filatov flap.

7. Types of free skin grafts. Indications for a free skin transplant. Technique of operation.

8. The concepts of primary and secondary bone grafting of the jaw. Methods for fixing transplanted grafts.

9. Plastic flaps on the Pedicle Flaps.

10. Etiology and pathogenesis of congenital clefts of the upper lips and palate.

11. The principles of medical examination and rehabilitation of children with congenital clefts of the upper lip and palate.

**Задание к письменным контрольным работам:**

1. Indications for recovery operations.

2. Contraindications to carrying out recovery operations.

3. Basics of planning local plastic surgery according to A.A. Limberg.

4. Types of local plastic surgery.

5. Stages of plastics with Filatov stem

6. Concepts of primary and secondary bone grafting of the jaws.

**Темы для проекта:**

*Fundamentals of Dentistry*

1. Anatomical and physiological features of the maxillofacial region. Their influence on the course of inflammatory processes in the maxillofacial region. Typical incisions for draining of abscesses and phlegmons of maxillofacial region.
2. Examination of a patient with pathology of the maxillofacial region. Methods and their characteristics, indications for appointment.
3. Epidemiology of dental diseases. The role of oral hygiene in the prevention of dental diseases.
4. Dental Caries. Epidemiology. Etiology, pathogenesis. Classification. Сlinical features, diagnostics, differential diagnostics. Treatment and prevention.
5. Complications of dental caries. Pulpitis. Classification. Etiology, pathogenesis. Сlinical features, diagnostics, differential diagnostics. Treatment.
6. Complications of dental caries. Apical periodontitis. Classification. Etiology, pathogenesis. Сlinical features, diagnostics, differential diagnostics. Treatment.
7. Innervation of teeth and jaws. Infiltration and conduction local anesthesia. General anesthesia in dentistry.
8. Сomplications of tooth extraction surgery. Pathogenesis. Сlinical features, diagnostics, emergency care. Premedication before dental procedures.

*Inflammatory diseases of the maxillofacial region*

1. Jaw periostitis. Etiology, pathogenesis. Classification. Acute periostitis. Chronic periostitis. Сlinical features, diagnostics, differential diagnostics. Treatment and prevention of complications.
2. Jaw osteomyelitis. Etiology, pathogenesis. Classification. Acute osteomyelitis. Chronic osteomyelitis. Сlinical features, diagnostics, differential diagnostics. Treatment and prevention of complications.
3. Ludwig's angina. Etiology, pathogenesis. Сlinical features, diagnostics, differential diagnostics. Treatment and prevention of complications.
4. Complications of odontogenic inflammatory diseases (thrombophlebitis, cavernous sinus thrombosis, mediastinitis, sepsis). Сlinical features, diagnostic methods. Treatment.
5. Head and neck lymphadenitis. Etiology, pathogenesis. Classification. Сlinical features, diagnostics, differential diagnostics. Treatment and prevention.
6. Specific inflammatory diseases of the maxillofacial region. Actinomycosis. Classification. Сlinical features, diagnostics, differential diagnostics. Treatment and prevention.
7. Specific inflammatory diseases of the maxillofacial region.. Syphilis. Classification. Сlinical features, diagnostics, differential diagnostics. Treatment and prevention.

*Traumatic injuries of the maxillofacial region*

1. Maxillofacial region soft tissues injure. Classification. Сlinical features. Initial surgical debridement.
2. Classification of fractures of the lower jaw. Сlinical features, diagnostics. Surgical methods of treatment of patients with fractures of the mandible. Features of nutrition and care.
3. Classification of fractures of the upper jaw. Сlinical features, diagnostics. Surgical methods of treating patients with fractures of the maxilla. Features of nutrition and care.
4. Classification of the zygomatic bone and arch. Сlinical features, diagnostics. Surgical methods for the treatment of fractures of the zygomatic bone and arch.
5. Complications of traumatic injuries of soft tissues and bones of the facial skull.
6. Methods of conservative and surgical jaw immobilization.
7. General principles of treatment of patients with maxillofacial trauma. Mistakes and complications.

*Oncology of the maxillofacial region*

1. The concept of cancer alertness. Morbidity and mortality of the population from malignant tumors of the maxillofacial region. Precancerous diseases of the skin, red border, oral mucosa.
2. Tumor-like formations of the maxillofacial region. Jaw, soft tissues, salivary glands cysts Classification. Сlinical features, diagnostics, differential diagnostics. Treatment.
3. Odontogenic tumors of the jaw. Ameloblastoma. Odontoma. Cementoma. Сlinical features, diagnostics, differential diagnostics. Treatment.
4. Nonodontogenic osteogenic tumors of the jaw. Osteoma. Osteoid osteoma. Osteoblastoma Osteoblastoclastoma. Сlinical features, diagnostics, differential diagnostics. Treatment.
5. Benign neoplasms of blood vessels. Hemangioma. Lymphangioma. Classification. Сlinical features, diagnostics, differential diagnostics. Treatment.
6. Benign tumors of the salivary glands. Classification. Сlinical features, diagnostics, differential diagnostics. Treatment.
7. Cancer of the lower lip. Classification. Сlinical features, diagnostics, differential diagnostics. Treatment.
8. Tongue cancer. Classification. Сlinical features, diagnostics, differential diagnostics. Treatment.
9. Malignant tumors of the jaw bones. Classification. Сlinical features, diagnostics, differential diagnostics. Treatment.
10. Malignant tumors of the salivary glands. Classification. Сlinical features, diagnostics, differential diagnostics. Treatment.

*Congenital and acquired defects and deformations of the maxillofacial region*

1. Endogenous and exogenous causes of the development of congenital malformations of the face. Congenital clefts of the upper lip and palate. Pathogenesis. Classification. Functional disorders in cleft lip and palate. Principles of treatment of clefts of the upper lip and palate.
2. Plastic with triangular local flap. The basics of surgery treatment planning with triangular local flap by A.A. Limberg. Indications. Operational techniques. Advantages and disadvantages.
3. Plastic by pedicle flap. Indications. Operational techniques. Advantages and disadvantages. Indian way of rhinoplasty.
4. Filatov flap. History. Indications. Operation Technique. Advantages and disadvantages.
5. Transplantation of skin, cartilage, mucous membrane, bones.
6. Microvascular surgery. Using of microvascular anastomosis flaps to replace facial defects. Operation Technique.

**Практические задания для демонстрации практических навыков:**

1. Taking anamnesis.

2. Survey plan.

**ASSESSMENT FUND**

**FOR CURRENT PROGRESS MONITORING AND MIDTERM CERTIFICATION OF STUDENTS STUDYING ON DISCIPLINE**

**Characteristics of monitoring forms**

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| **Monitoring form** | **Characteristics** |
| **Report** | A report is a public announcement or document that contains information and reflects the essence of the issue or research in relation to a given situation. It can be written or oral. An oral presentation can be accompanied by a multimedia presentation or demonstration of any visual (material) objects.  Report allows you to assess the level of student`s theoretical knowledge on a given question, as well as to check the skills of analysis, synthesis, generalization and concretization, used by students while preparing a report. |
| **Project defense** | A project is a set of documents (calculations, drawings, etc.) for making any structure or product. Preliminary text of a document. Concept, plan. Independent student activity to solve the problem with the achievement of a practical result. It allows you to assess student`s knowledge level on the problem of the project, as well as the skills of planning, goal-setting, research, practical application of knowledge in typical and non-standard situations (for example, the material design of a project product or its separate component). To assess the skills of students, the project should have a practice-oriented nature, which would clearly show the ability of students to practically apply knowledge in typical and non-standard situations (for example, the material design of the project product or its separate component). |
| **Control of assignments in the workbook** | Control tasks in the workbook are aimed at identifying and comparing at a particular stage of learning the results of students' educational activities with the requirements set by the content of the discipline being studied. It can be used in IS OrSMU if the workbook with methodological instructions is placed in the work program of the discipline and students have the opportunity to complete tasks by filling out the notebook and sending it to the teacher for checking. It allows you to check and evaluate the knowledge of students, to determine the degree of their readiness for further education, as well as the skills level, if the tasks are of a practice-oriented nature. |
| **Test** | A test is one of the forms of written verification and assessment of the acquired knowledge, the level of independence and activity of students in educational activities. They can be carried out in the classroom and in the form of homework, current and final, graphic, practical, frontal (for all) and individual. Traditionally, the test involves the identification of knowledge on a specific topic (section), as well as an understanding of the essence of the studied phenomena, objects, their patterns (for example, assignments for comparison, insertion of missing words, etc.). To assess the skills of students primarily graphical and practical tests are used. The graphical test is aimed at identifying the ability of students to draw up a generalized visual model that reflects certain relationships, relationships in an object or in their totality. These can be graphics, pictures, drawings, diagrams, tables. Practical tests are carried out to identify the abilities and skills of students to carry out certain research, laboratory experiments, make measurements, perform appropriate operations and manipulations in educational and industrial conditions. One of the forms of testing practical skills and abilities is a control practical exercise lesson (in physics, chemistry, biology, anatomy, physiology, surgery, etc.), usually held at the end of the study of the topic or section of the discipline. |
| **Written questionnaire** | A written questionnaire is a type of written assessment of students' knowledge on certain questions or topics. It can be current and final, individual and frontal. It involves posing a number of questions to students, to which they give a detailed written answer. It allows you to assess the knowledge of students on the passed topic (or module) of the discipline. |
| **Presentation** | A presentation (computer presentation) is a demonstration in a visual form of the main provisions of the oral presentation, the degree of mastering the content of the problem. It allows you to assess the level of students` knowledge on a given question (topic, section), as well as to check their skills of analysis, synthesis, generalization and concretization, information and communication skills used by students in the process of preparing a presentation. |
| **Abstract** | Abstract is a summary, in writing or in the form of a public speech, of the content of a book, scientific work, and the results of studying a scientific problem, a report on a specific topic, including a review of relevant literary and other sources. As a rule, it is an independent student's work on revealing the essence of the problem under study, presenting various points of view and their own views on it. The defense of the abstract can be accompanied by a presentation. Since the main purpose of the essay is scientific and informational, this form of control is aimed mainly at assessing the knowledge of students on a specific topic (issue), although it allows us to identify the level of formation of the skills of analysis, synthesis, generalization and concretization used by the student in the process of preparing a report. |
| **Case-task completion** | Case-tasks are technology for teaching students. The students are given a set of educational material (case) and, as a result of acquaintance with it, they ought to comprehend the essence of the problem, which, as a rule, does not have an unambiguous solution, and offer their solution using the acquired knowledge and skills. It is widely used in practical classes in a foreign language, management, law, economics and other disciplines. In medicine, it can be used to teach students to write a medical history. It allows to evaluate, first of all, the students' skills to apply the acquired knowledge when solving specific practical situations. Knowledge assessment is present at the stage of collecting material for a case-task. |
| **Terminological dictation** | Terminological dictation is a type of students` written work to consolidate and test knowledge on a specific topic (issue). It can be checking or repetitive. The first is aimed at controlling knowledge, the second one is aimed at training students in the use of certain terms. It allows you to assess the students` knowledge. In this case, it should be used only if students have clear instructions on which terms are to be memorized. Otherwise, the student will write the term that he has learned from the literature he has. |
| **Testing** | Testing is a written way of testing students' knowledge. It can be current and final (by Module or discipline as a whole). Test items can include questions with one or more correct answers, assignments for matching and sequencing, as well as problem-situation tasks that require the selection of the correct (or several correct) answer options, as well as graphic images that require interpretation or definition. In most cases, testing is aimed at assessing students' knowledge. It allows to assess the students' skills when the test tasks are presented by problem-situational tasks, tasks with graphic (visual) images that require the use of a solution algorithm (action with an object). |
| **Recitation** | Recitation is a method of testing the knowledge and skills of students, which consists in the fact that students are invited to reproduce a certain content: empirical facts, theoretical positions, formulations of concepts, examples, classifications, scientific laws. It allows you to assess the level of knowledge of students on a particular issue, topic, section, discipline. Assessment of the students' skills is possible if, in the course of answering the question posed, the student needs to demonstrate the acquired knowledge in order to solve a problem question or problem-situational task. |
| **Practical task completion monitoring** | A practical task is a task that contains exercises and tasks that the student must solve (complete) visually (effectively), i.e. practically manipulating real objects or their substitutes. It is widely used in mathematics, computer science, physics, chemistry, economics, and other natural science disciplines. In medicine, it can be represented by the student performing direct practical manipulations with the "patient" both in the course of practical training and directly at the bases of practical training. It allows you to assess the ability of students to apply theoretical knowledge to solve (perform) a practical task in both standard and non-standard situations. |
| **Control norm administration** | A norm (from the Latin norm) is a regulatory rule indicating the boundaries of its application. Time, quantitative and qualitative indicators of students' performance of certain tasks, techniques and actions related to the content of the academic discipline. Administration of control standards is widely represented in the technical, engineering, military fields of knowledge, as well as in the field of physical culture and sports. In medicine, it can take place when assessing the performance by students of direct actions with a "patient" that have clear normative indicators (for example, cardiopulmonary resuscitation, the number of sutures, auscultation, palpation, percussion, injections, etc.). It allows you to assess the ability of students to apply the theoretical knowledge received (about certain standards) in standard and non-standard situations. |
| **Checking case histories** | A case history is an accounting and operational document drawn up for each patient in a medical and preventive treatment institution, designed to register information about the diagnosis, course and outcome of the disease, as well as diagnostic and medical-preventive activities taken during the patient's stay in the hospital. It allows you to assess the student's ability to apply the theoretical knowledge gained in direct professional learning situations (so-called contextual learning). |
| **Solving problem-situational tasks** | Problem-situational tasks are a kind of practical task that involves solving an issue in a certain situation. Both the question and the situation itself can be problematic. In most cases, problem-situational tasks have a professional focus. They allow assessing the ability of students to apply the obtained theoretical knowledge in various situations. |
| **Practical skills testing** | Testing of practical skills can be used to control the students' practical actions (medical manipulations) with the "patient". It allows you to assess the skills and abilities of students to apply the theoretical knowledge (about certain actions and manipulations) in standard and non-standard situations. |
| **Practice report** | A report is a message, a report on their actions, work. Practice report – is the information compiled in a certain form, data on the student's activities for a certain period based on practical training. It allows you to evaluate the practical experience achieved by students in the application of the theoretical knowledge, abilities and skills in the process of direct professional activity. |
| **Practice diary** | A diary is the records of everyday activity. The practice diary reflects the student's daily activities based on practical training. It allows to evaluate the dynamics of students' mastering of practical professional activity experience in the process of practical training (educational and industrial practice). |

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| **Monitoring form** | **Assessment criteria** |
| **Recitation** | On "FIVE POINTS" the answer is assessed, which shows solid knowledge of the main questions of the studied material, is distinguished by the depth and completeness of the disclosure of the topic; knowledge of the terminological apparatus; the ability to explain the essence of phenomena, processes, events, draw conclusions and generalizations, give reasoned answers, give examples; fluency in monologue speech, consistency and consistency of the answer. |
| On "FOUR POINTS" the answer is assessed, which reveals a solid knowledge of the basic questions of the studied material, differs in the depth and completeness of the disclosure of the topic; knowledge of the terminological apparatus; the ability to explain the essence of phenomena, processes, events, draw conclusions and generalizations, give reasoned answers, give examples; fluency in monologue speech, consistency and consistency of the answer. However, one or two inaccuracies in the answer are allowed. |
| On "THREE POINTS" the answer is assessed, which testifies mainly to the knowledge of the studied material, which is characterized by insufficient depth and completeness of the disclosure of the topic; knowledge of the basic issues of theory; poorly formed skills in analyzing phenomena, processes, insufficient ability to give reasoned answers and give examples; lack of fluency in monologue speech, logic and consistency of the answer. Several mistakes are allowed in the content of the answer. |
| On "TWO POINTS" the answer is assessed, revealing ignorance of the studied material, characterized by a shallow disclosure of the topic; ignorance of the main issues of theory, unformed skills in the analysis of phenomena, processes; inability to give reasoned answers, weak command of monologue speech, lack of consistency and consistency. Serious errors in the content of the answer are allowed. |
| ZERO POINTS" is given if there is no answer |
| **Testing** | "FIVE POINTS" is given on condition of 90-100% correct answers |
| "FOUR POINTS" is given on condition of 75-89% correct answers |
| "THREE POINTS" is given on condition of 60-74% correct answers |
| "TWO POINTS" is given on condition of 59% or less correct answers. |
| "ZERO POINTS" is given if there is no answer |
| **Written questionnaire** | "FIVE POINTS" is given to a student if he knows the conceptual apparatus, demonstrates the depth and complete mastery of the content of the educational material, in which he is easily oriented. |
| "FOUR POINTS" are given to the student for the ability to correctly present the material, but the content and form of the answer may have some inaccuracies. |
| "THREE POINTS" is awarded if a student discovers knowledge and understanding of the main provisions of the educational material, but expresses it incompletely, inconsistently, makes inaccuracies in the definition of concepts, does not know how to substantiate his judgments with evidence. |
| "TWO POINTS" is given if a student has scattered, unsystematic knowledge, does not know how to distinguish the main and the secondary, makes mistakes in the definition of concepts, distorts their meaning. |
| "ZERO POINTS" is set if there is no answer. |
| **Problem-situational tasks** | "FIVE POINTS" - the student correctly and fully conducts the initial assessment of the condition, independently identifies the satisfaction of which needs are violated, determines the patient's problems, sets goals and plans nursing interventions with their justification, conducts current and final assessment. |
| "FOUR POINTS" - the student correctly conducts the initial assessment of the condition, identifies the satisfaction of what needs are violated, determines the patient's problems, sets goals and plans nursing interventions with their justification, conducts the current and final assessment. Some minor difficulties in answering are allowed; justification and final assessment is carried out with additional comments from the teacher. |
| "THREE POINTS" - the student correctly but incompletely conducts the initial assessment of the patient's condition. Identifying the satisfaction of what needs are violated, determining the patient's problem is possible with leading questions from the teacher. Sets goals and plans for nursing interventions without justification, conducts ongoing and final assessment with leading questions from the teacher; Difficulties with a comprehensive assessment of the proposed situation. |
| "TWO POINTS" - wrong assessment of the situation; incorrectly chosen tactics of action. |
| "ZERO POINTS" is set if there is no answer. |
| **Practical skills** | "FIVE POINTS". The student has shown full knowledge of the program material, the workplace is equipped with all the requirements for preparation for performing manipulations; practical actions are performed sequentially in accordance with the algorithm for performing manipulations; all requirements for the safety of the patient and medical staff are observed; the time limit is observed; the workplace is cleaned in accordance with the requirements of the sanitary and epidemiological supervision; all actions are justified. |
| "FOUR POINTS". The student has shown complete knowledge of the program material, the workplace is not fully independently equipped to perform practical manipulations; practical actions are performed consistently, but not confidently; all requirements for the safety of the patient and medical staff are observed; time regulations are violated; the workplace is cleaned in accordance with the requirements of the sanitary and epidemiological regime; all actions are justified with clarifying questions of the teacher, made small mistakes or inaccuracies. |
| "THREE POINTS". The student showed knowledge of the basic program material in the amount necessary for the upcoming professional activity, but made no more than one fundamental mistake, the workplace is not fully equipped to perform practical manipulations; the sequence of their implementation is broken; unsure actions, leading and additional questions and comments of the teacher are needed to justify actions; all requirements for the safety of the patient and medical staff are observed; the workplace is cleaned in accordance with the requirements of the sanitary and epidemiological regime. |
| "TWO POINTS". The student discovered significant gaps in the knowledge of the practical skill algorithm, made more than one fundamental mistake, difficulties in preparing the workplace, the inability to independently perform practical manipulations; actions are taken that violate the safety of the patient and the medical staff, the requirements of the sanitary and epidemiological regime, safety measures when working with the equipment and materials used are violated. |
| "ZERO POINTS" is given if there is no answer |
| **Abstract defense** | "FIVE POINTS" is awarded if the student fulfills all the requirements for writing and defending the abstract: the problem is identified and its relevance is justified, a brief analysis of various points of view on the problem under consideration is made and their own position is logically stated, conclusions are formulated, the topic is fully disclosed, the volume is maintained, requirements for the external design, the correct answers to additional questions are given. |
| "FOUR POINTS" is given if the students meet the basic requirements for the abstract and its defense, but at the same time there are some mistakes. In particular, there are inaccuracies in the presentation of the material; there is no logical consistency in judgments; the volume of the abstract is not kept; there are omissions in the design; incomplete answers were given to additional questions during the defense. |
| "THREE POINTS" is given if the student allows significant deviations from the requirements for abstracting. In particular, the topic is covered only partially; factual errors were made in the content of the abstract or when answering additional questions; there is no output during protection. |
| "TWO POINTS" is given if the topic of the abstract is not disclosed to the students, a significant misunderstanding of the problem is revealed. |
| "ZERO POINTS" is given if there is no answer |
| **Presentation demonstration** | "FIVE POINTS" is awarded if there is a connection between the presentation and the program and curriculum, the corresponding section; the didactic and methodological goals and objectives of the presentation were achieved; provides reliable information about historical references and current events; all conclusions are confirmed by reliable sources; the language of the presentation is clear to the audience; the chronology is followed, the priorities are correctly set; logical transition to the conclusion; correct conclusions; the font is readable, the color (background, font, headers) is correctly selected, animation elements are present; no grammatical errors. |
| "FOUR POINTS" is given if the students meet the basic requirements for the presentation, but there are some mistakes. In particular, there are inaccuracies in the presentation of the material; a topic was chosen without taking into account the curriculum; there is no logical consistency in judgments; requirements for graphic content are not met; there are omissions in the design; incomplete answers were given to additional questions during the defense. |
| "THREE POINTS" is given if the student makes significant deviations from the requirements for presentation design. In particular, the topic is covered only partially; errors of fact were made in the content of the presentation or when answering additional questions; no output was presented during the demo. |
| "TWO POINTS" is given if the topic of the abstract is not revealed to the students, a significant misunderstanding of the problem is revealed. |
| "ZERO POINTS" is given if there is no answer. |
| **Practical tasks (Patient card)** | "FIVE POINTS" is awarded if the content corresponds to the given topic; the topic is fully disclosed and contains modern, reliable data; the text is written consistently, logically and correctly from the point of view of the norms of the Russian language; there are photographs, diagrams, according to the stated topic; matches the pictorial design. |
| “FOUR POINTS” is awarded if the student has issued a booklet that meets the same requirements as for the mark “excellent”, but made minor corrections in the text or image, which he himself corrects. |
| "THREE POINTS" is given if the content does not fully correspond to the declared theme; the topic is not fully disclosed and contains outdated data; the text is written consistently, logically, but there are mistakes from the point of view of the norms of the Russian language; not enough photos and diagrams are available; matches the pictorial design. |
| "TWO POINTS" is given if the content does not correspond to the declared topic; the topic is not fully disclosed and does not contain modern, reliable data; the text is not written consistently and logically, there are gross mistakes from the point of view of the norms of the Russian language; there are no photos and diagrams available; it does not match the pictorial design. |
| "ZERO POINTS" is given if there is no answer |

1. **Оценочные материалы промежуточной аттестации обучающихся.**

Промежуточная аттестация по дисциплине в форме зачета проводится в форме тестирования

**Критерии, применяемые для оценивания обучающихся на промежуточной аттестации**

**Расчет дисциплинарного рейтинга осуществляется следующим образом:**

**Рд=Рт+Рб+Рз,**

**Рд - дисциплинарные рейтинг**

**Рз - зачетный рейтинг**

**Рт - текущий рейтинг**

**Рб – бонусный рейтинг**

**4. Методические рекомендации по применению балльно-рейтинговой системы.**

Промежуточная аттестация по дисциплине в форме зачета проводится в форме тестирования

**Критерии, применяемые для оценивания обучающихся на промежуточной аттестации**

**Расчет дисциплинарного рейтинга по дисциплине осуществляется следующим образом:**

**Рд=Ртс+Рз,**

**Рд - дисциплинарные рейтинг**

**Рз - зачетный рейтинг**

**Ртс - текущий стандартизированный рейтинг**

В рамках реализации балльно-рейтинговой системы оценивания учебных достижений, обучающихся по дисциплине (модулю) в соответствии с положением «О балльно-рейтинговой системе оценивания учебных достижений обучающихся» определены следующие правила формирования текущего фактического и бонусного рейтинга, обучающегося.

**4.1. Правила формирования текущего фактического рейтинга обучающегося**

Текущий фактический рейтинг по дисциплине (модулю) (максимально 5,0 баллов по 5-балльной системе) складывается из среднеарифметической суммы баллов, набранных в результате:

- текущего контроля успеваемости обучающихся на каждом практическом занятии по дисциплине;

- рубежного контроля успеваемости обучающихся по каждому модулю дисциплины (при наличии);

- самостоятельной (внеаудиторной) работы обучающихся.

По каждому практическому занятию обучающийся получает до 5,0 баллов по 5-балльной системе включительно. Количество баллов является среднеарифметической оценкой за тестирование, устный ответа, решение письменных заданий, оценку практических навыков.

За выполнение каждого задания по самостоятельной (внеаудиторной) работе обучающийся получает количество баллов в соответствии с критериями оценивания, указанными в ФОС.

**Правила перевода текущего фактического рейтинга в текущий стандартизированный рейтинг**

**Ртс = (Ртф\*70) / макс (Ртф)**

**Ртс** **- текущий стандартизированный рейтинг**

**Ртф – текущий фактический рейтинг**

**Макс (Ртф) – максимальное значение Ртф из диапазона, установленного преподавателем по дисциплине (модулю)**

**Виды деятельности, по результатам которых определяется бонусный фактический рейтинг**

|  |  |
| --- | --- |
| Вид деятельности | Баллы |
| Посещение всех занятий и лекций | 2 |
| Участие в олимпиаде | От 1 до 3 |

**4.2 Правила формирования дисциплинарного рейтинга обучающегося**

**Таблица перевода дисциплинарного рейтинга в итоговую оценку по дисциплине**

|  |  |  |
| --- | --- | --- |
| Дисциплинарный рейтинг по БРС | оценка по дисциплине (модулю) | |
| Экзамен | Зачет |
| 86 – 105 баллов | 5 (отлично) | зачтено |
| 70 – 85 баллов | 4 (хорошо) | зачтено |
| 50–69 баллов | 3 (удовлетворительно) | зачтено |
| 49 и менее баллов | 2 (неудовлетворительно) | не зачтено |

**Правила перевода зачетного рейтинга по дисциплине в пятибалльную систему**

|  |  |  |
| --- | --- | --- |
| Зачетный рейтинг по БРС | оценка по дисциплине (модулю) | |
| экзамен, дифференцированный зачет | зачет |
| 26-30 баллов | 5 (отлично) | зачтено |
| 21-25 баллов | 4 (хорошо) | зачтено |
| 15- 20 баллов | 3 (удовлетворительно) | зачтено |
| Менее 15 баллов | 2 (неудовлетворительно) | не зачтено |

**Правила перевода результатов зачетного тестирования по дисциплине в баллы**

70 и менее % - менее 15 баллов, тестирование не зачтено

71 – 80% - 15 - 20 баллов

81 – 90% - 21 - 25 баллов

91 – 100% - 26 - 30 баллов

Если значение текущего рейтинга менее 35 баллов и (или) значение зачетного рейтингов менее 15 баллов, то дисциплина считается не освоенной и по результатам зачета выставляется «не зачтено».

**Практические задания для проверки сформированных умений и навыков**

*Ситуационные задачи*

Task 1. A 34-year-old patient consulted a dentist complaining of pain at 15 when eating solid food, the pain appeared a month ago. Objectively: there is a deep carious cavity on the chewing surface of 15, painful probing along the bottom of the cavity, painful, short-term reaction to cold.

1. Make a diagnosis in accordance with ICD-10

2. What additional methods of examination can confirm the diagnosis?

3. What method of pain relief is required?

**Эталон ответа:**

1. Diagnosis - deep caries of 1.5 tooth. K02.1

2. EPT, use of caries - detector, sighting radiography of the tooth or radiovisiography

3. Local infiltration anesthesia

Task 2. The dental formula of a 37-year-old patient is presented.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | С |  |  |  | П |  |  |  | С |  |  | О |  |  |
| 1.8 | 1.7 | 1.6 | 1.5 | 1.4 | 1.3 | 1.2 | 1.1 | 2.1 | 2.2 | 2.3 | 2.4 | 2.5 | 2.6 | 2.7 | 2.8 |
| 4.8 | 4.7 | 4.6 | 4.5 | 4.4 | 4.3 | 4.2 | 4.1 | 3.1 | 3.2 | 3.3 | 3.4 | 3.5 | 3.6 | 3.7 | 3.8 |
|  | C |  |  | П |  |  |  |  | О |  |  |  |  |  |  |

1.Calculate the index of the intensity of tooth decay (DMFT Index).

2. Determine the level of intensity of dental caries according to the age group

3. What are the key age groups in determining the prevalence and intensity of dental caries is identified by WHO?

**Эталон ответа:**

1.DMFT = 7 (D-3, F-2, M-2)

2. Medium intensity level

3.12 years old, 25-44 years old

Task 3. A 28-year-old female patient complained of recurrent and spontaneous pain, the presence of a fistula in the area of tooth 46. The tooth was previously treated. Locally: tooth 46 under the filling. At the level of root bifurcation there is a fistulous passage with purulent discharge. X-ray examination determines the rarefaction of bone tissue, respectively, the bifurcation of tooth 46, in the area of which lies the shadow of the filling material.

1. Make a diagnosis.

2. Make a treatment plan.

3. Recommendations for the patient after tooth extraction

**Эталон ответа:**

1. Diagnosis: chronic periodontitis of the tooth 4.6, perforation of the bottom of the tooth cavity

2. Tooth 4.6 is to be removed. Under mandibular anesthesia, 4.6 tooth should be removed, curettage of the hole and fistulous passage, and hemostasis

3. Spit out the gauze swab after 10-15 minutes.

Do not eat food within 2 hours after tooth extraction.

It is recommended to chew food on the opposite side for several days after tooth extraction.

On the day of removal, do not rinse the mouth, do not warm the cheek on the side of the removal.

It is not recommended to visit the bathhouse, sauna, swimming pool, gym within 3 days after tooth extraction.

From the next day after removal - oral baths (chamomile)

Task 4. Patient, 35 years old, was admitted with complaints of severe pain in the upper jaw on the right, which began two days ago and was accompanied by tremendous chills, a rise in body temperature to 39.0 ° C. Upon admission: body temperature 38.0 ° C. The condition is serious. Swelling of the soft tissues of the buccal region on the right. The right palpebral fissure is narrowed due to edema of the lower eyelid. The skin of this area is not changed in color, gathers in a fold. Palpation is painless. Submandibular lymph nodes are enlarged on both sides, their palpation is painful. In the oral cavity there is a collateral edema of the peri-maxillary soft tissues from the vestibular and palatal sides of the alveolar process of the upper jaw in the area of ​​teeth 17, 16. The mucous membrane of this area is hyperemic, sharply painful on palpation, areas of fluctuation are determined.

1. Make a preliminary diagnosis.

2. What additional information is needed to make a definitive diagnosis?

3. What additional examinations are required?

**Эталон ответа:**

1. Diagnosis - acute odontogenic osteomyelitis of the upper jaw on the right

2. It is necessary to determine the causal teeth, determine their mobility and response to percussion. Determine the condition of the peri-maxillary soft tissues in the upper jaw area on the right, the color, whether there is pain on palpation and the presence of fluctuations

3. Additionally, it is necessary to carry out: X-ray examination in the upper jaw on the right to determine the state of the periapical tissues 1.6, 1.7, since the condition of the problem does not indicate whether they are destroyed, OAC and OAM.

Task 5. A 38-year-old patient was admitted to the clinic with complaints of a sharply painful swelling in the left buccal region, sharp pain when trying to open his mouth, when chewing, an increase in body temperature to 38.0 ° C. Three days ago, while eating, he bit his cheek on the left, after which a swelling appeared, gradually increasing. Objectively: a sharply painful inflammatory infiltrate is palpable in the left buccal region, occupying the entire area with indistinct contours. The skin over it is hyperemic, limitedly gathers in a fold. Collateral edema extends to the infraorbital, temporal, parotid-masticatory regions on the left, upper lip. Opening the mouth is sharply painful up to 3.0-3.5 cm. The submandibular lymph nodes on the left are enlarged, painful. The mucous membrane of the left cheek is hyperemic, edematous, adhered to the underlying tissues. Along the line of closing the teeth on the left, a wound surface with crushed edges, filled with necrotic masses, and sharply painful, is determined. On the mucous membrane of both cheeks, there are areas of hyperkeratosis that do not rise above the level of the mucous membrane with indistinct contours, of uneven intensity, and cannot be removed by scraping. The oral cavity is not sanitized, there is a large amount of supra and subgingival dental deposits.

1. Make a diagnosis.

2. Determine the plan of examination and treatment.

3. Indicate the signs that are insignificant for this disease, give them an explanation.

**Эталон ответа:**

1. Diagnosis - phlegmon of the buccal region on the left

2. Additionally, an X-ray examination of the teeth and jaws should be carried out to identify possible foci of odontogenic infection and resolve the issue of their elimination. After that - opening the phlegmon of the cheek on the left under local anesthesia with premedication or under anesthesia. Appointment of antibacterial, anti-inflammatory, desensitizing, detoxification therapy.

3. Signs insignificant for this disease are the presence of hyperkeratosis areas on the mucous membrane of the cheeks, which may indicate a precancerous disease in the patient. After removing the inflammatory phenomena, it is necessary to treat this pathology.

Task 6. Patient, 70 years old, came to the clinic with complaints about the presence of neoplasms in the transitional fold of the upper jaw on the left. Discovered education six months ago. Soreness appears in this area when wearing a full removable denture on the upper jaw, which has been used for 10 years. Along the transitional fold on the left at the level of the absent ones 17,16,15,14 there is a formation with a wide base, resembling a fold, the mucous membrane of this area is hyperemic, palpation is painless.

1. Make a diagnosis.

2. Make a treatment plan.

**Эталон ответа:**

1. Diagnosis - lobular fibroma in the upper jaw on the right

2. Treatment - excision to the periosteum, if it is impossible to close the wound with local tissues, lead the wound under the iodoform turunda.

Task 7. A 28-year-old patient went to the clinic on duty with complaints of pain and swelling in the chin of the lower jaw, from the anamnesis it was found that about 3 days ago he was hit in the lower jaw. I did not lose consciousness, nausea, vomiting was not. He did not seek medical help. The growing swelling in the chin area and the existing soreness in the area of ​​the front lower teeth forced the patient to seek help. Of the past illnesses, it indicates childhood infections and colds, as well as the fact that 8 months before the last injury there was a fracture of the zygomatic bone on the left. On examination, a hematoma in the chin area is determined, no violation of the integrity of the soft tissues and mucous membrane of the lower lip was found. There is a violation of the bite due to a slight displacement of fragments in the frontal region between teeth 11, 21. The pathological mobility of the fragments of the lower jaw is determined, accompanied by significant pain. X-ray examination determines the violation of the integrity of the bone tissue of the lower jaw - the fracture line between the central incisors of the lower jaw, passing to the lower edge, deviating from the midline to the right and ending in the region of the right incisor. There is no mobility of bone fragments at the site of the former fracture of the zygomatic bone on the left; an X-ray examination of this area reveals a thickening of the bone tissue, complete consolidation.

1. Provide a justification for the diagnosis.

2. Make a diagnosis.

3. Make a treatment plan.

4. Does the previous fracture of the zygomatic bone matter for the treatment plan?

**Эталон ответа:**

1. The diagnosis is made on the basis of anamnesis data (trauma), malocclusion as a result of displacement of fragments, their pathological mobility, and also on the basis of the presence of a fracture line during X-ray examination.

2. Diagnosis - fracture of the lower jaw in the frontal part with displacement of fragments.

3. Treatment - splinting of the jaws with the imposition of a tooth, bent wire Tigerstedt splint with hook loops and intermaxillary rubber traction. General antibacterial and anti-inflammatory therapy, physical therapy on the fracture area.

4. A previous fracture of the zygomatic bone is irrelevant for a treatment plan for a fracture of the mandible.

Task 8. The patient, 28 years old, came to the clinic on the 5th day after injury of the maxillofacial region with a sharp object. There is a defect in the skin of the buccal region on the left and partially in the subcutaneous fat, measuring 5x4.0 cm. The upper edge of the defect is 1.5 cm lower and lateral from the medial corner of the eye.

1. Make a plan of examination and treatment.

2. The proximity of which anatomical structures and what possible complications should be considered during the operation?

3. Is the term of the patient's visit a contraindication to plastic surgery?

**Эталон ответа:**

1. Due to the delay in the provision of surgical care and possible inflammation, the wound is treated with antiseptic solutions and maintained under an aseptic bandage. As the wound is cleared, it is possible to perform plastic surgery with local tissues or by free tissue grafting (split skin graft).

2. When carrying out reconstructive surgery for the presence of a wound defect, it is necessary to take into account the proximity of the inner corner of the eye. A possible complication is the downward displacement of the inner corner of the eye and an increase in the palpebral fissure.

3. The term of the patient's visit is not a contraindication to plastic surgery, if the wound is not infected and there are no inflammatory phenomena.

*Манипуляционные упражнения*

Task 9. Describe the radiograph and make the radiological diagnosis

**Эталон ответа:**

1. Image projection.

2. Evaluation of the image quality (physical and technical characteristics: optical density, contrast, image sharpness; absence of artifacts and veils).

3. Condition of the maxillary sinuses (position, shape, size, contours, pneumatization).

4. The condition of the visible parts of the jaws and teeth.

5. X-ray (clinical and X-ray) conclusion.

6. Recommendations.

Task 10. Apply a sling bandage as a method of temporary immobilization of the jaws

**Эталон ответа:**

For manufacturing, a wide gauze bandage is used, circular tours with which pass through the chin and parietal bones, bypassing the auricles alternately in front and behind.

Task 11. Make a plan of examination and treatment of a patient with odontogenic phlegmon of the floor of the mouth

**Эталон ответа:**

Phlegmon of the floor of the mouth is a common purulent disease between the mucous membrane of the oral cavity and the maxillary-hypoglossal muscle, sometimes the submandibular regions and the submental triangle are affected.

|  |  |
| --- | --- |
| General state | The general condition of the patient is severe temperature rises to 41.0 ° C, intoxication is increasing. |
| Complaints | Intense pain, inability to swallow, restriction of opening the mouth, difficulty breathing and speaking. |
| Visual inspection | The face is puffy. The mouth is half open. The patient tries to take a forced position with a fixed head. Difficulty opening the mouth, limited. Possible breathing problems. |
| Palpation | Dense, painful diffuse infiltrate located at the level of the teeth to the submandibular and submental areas. |
| Mouth examination | The tongue is enlarged due to infiltration, raised to the palate, often dry and covered with a dirty brown coating. The sublingual folds are infiltrated, bulge, sometimes above the crowns of the teeth. Fringed folds are edematous and often covered with fibrinous plaque, teeth imprints are visible. |
| X-ray | On the roentgenogram, foci of odontogenic infection in the area of ​​the causative teeth |
| Treatment | Incisions in the submandibular regions on the right and left, leaving between them a skin bridge up to 1-2 cm wide.If the process is localized in the frontal part of the oral cavity, then an additional incision is made along the midline of this area. In the presence of a widespread purulent process that occupies all anatomical formations of the floor of the oral cavity, a collar incision is made from the corner of the lower jaw on the left to the corner of the lower jaw on the right, 1.5-2 cm away from the edge of the lower jaw, with partial intersection of the fibers of the maxillary-hyoid muscle and subsequent active drainage. |

**Тестовые задания** для проведения промежуточной аттестации формируются на основании представленных теоретических вопросов и практических заданий. Тестирование обучающихся проводится в информационной системе Университета

**Topic 1: Dental patient examination methods. Dental diseases: caries, pulpitis, periodontitis.**

**Variant 1**

1. The cause of dental caries is:

a) radiation damage of enamel b) enamel demineralization

c) mechanical damage of enamel d) temperature damage of enamel

2. Classification of dental caries by the depth of the lesion:

a) acute, chronic b) fissure, neck, circular

c) in the spot stage, superficial, medium, deep d) enamel, dentin, cement

3. Which irritants cause short term pain in dental caries:

a) temperature b) mechanical

c) chemical d) all named irritants

4. The most common way of tooth pulp infection:

a) through one of the apical foramens in the presence of a periodontal pocket

b) by lymphatic vessels (lymphogenic infection)

c) by arterioles (hematogenic infection)

d) through the dentine tubules from the carious cavity

5. For acute pulpitis pain is characterized by:

a) long-term constants b) constant aching

c) paroxysmal, spontaneous, nocturnal d) short-term from irritants

6. First aid for pulpitis consists of:

a) removing food residues, applying a tampon with painkillers

b) conducting infiltration anesthesia

c) removal of food residues from the carious cavity

d) rinsing with soda solution

7. The main cause of periodontitis is:

a) sudden impact b) allergic reaction

c) bad habits d) infection coming from an inflamed pulp

8. The presence of a feeling of "grown tooth" is typical for:

a) acute periodontitis b) gum disease c) acute pulpitis

d) chronic pulpitis e) chronic periodontitis

9. The outflow of exudate in acute or exacerbation of chronic periodontitis is most favorable through:

a) the fistula b) periodontal pocket

c) the system Haversian channels spread under the periosteum d) root canal

10. If it is impossible to create an outflow of exudate from the periodontium through the root canal in the case of acute purulent periodontitis doctor should:

a) prescribe massive doses of antibiotics b) remove the tooth

c) do periosteotomy d) do physiotherapy

**Topic 1: Dental patient examination methods. Dental diseases: caries, pulpitis, periodontitis.**

**Variant 2**

1. Demineralization of enamel occurs as a result of:

a) actions of organic acids b) chronic trauma to the tooth

c) actions of cold and hot food d) actions of alkalis e) actions of mineral acids

2. The accumulation of microorganisms, polysaccharides, proteins and lipids fixed on the enamel surface is:

a) solid dental deposits b) the cuticle of the tooth c) tooth pellicle

d) food plaque e) microbial plaque

3. Classification of dental caries by the depth of the lesion:

a) enamel, dentin, cement b) in the spot stage, superficial, medium, deep

c) fissure, neck, circular. d) acute, chronic

4. In which stage of caries, irritants (chemical, thermal, and mechanical) cause short-term pain:

a) in the spot stage b) medium c) deep d) superficial

5. First aid for dental caries:

a) dental preparation and filling b) removing food residues and a tampon with an anesthetic

с) prescription of analgesics d) removing food residues and rinsing

6. To necrotize the pulp as a stage of treatment of pulpitis dentist can use:

a) arsenic paste b) camphor c) iodine d) camporota

7. First aid for pulpitis consists of:

a) removing food residues from the carious cavity

b) removing food residues, applying a tampon with painkillers

c) conducting infiltration anesthesia

d) rinsing with soda solution

8. At the purulent stage of acute periodontitis in the oral cavity are seen:

a) hyperemia, swelling of the gums in the area of the affected tooth b) no changes

c) cyanotic gums d) pale gums

9. If it is impossible to create an outflow of exudate from the periodontium through the root canal in the case of acute purulent periodontitis doctor should:

a) prescribe massive doses of antibiotics b) remove the tooth

c) do periosteotomy d) do physiotherapy

10. Acute pulpitis may be (select several correct answers):

a) focal b) fibrous c) hypertrophic

d) gangrenous e) diffuse

**Topic 1: Dental patient examination methods. Dental diseases: caries, pulpitis, periodontitis.**

**Variant 3**

1. The cause of dental caries is:

a) radiation damage of enamel b) mechanical damage of enamel

c) enamel demineralization d) temperature damage of enamel

2. The tooth brush removes from the tooth surface:

a) smoker's RAID b) supragingival tartar с) soft plaque d) pellicle

3. Chronic pulpitis may be (select several correct answers):

a) focal b) fibrous c) hypertrophic

d) gangrenous e) diffuse

4. Spread of dental caries is expressed:

a) as a percentage b) in absolute units с) in relative units

5. The forms of caries are treated in several visitings:

a) deep caries b) medium caries b) in the stage of spot d) superficial caries

6. The system of active dental care for the population aimed at identifying, treating and preventing of complications is called as:

a) medical examination b) prevention c) oral cavity sanation

7. For acute pulpitis pain is characterized by:

a) constant aching b) paroxysmal, spontaneous, nocturnal

c) long-term constants d) short-term from irritants

8. The main cause of periodontitis is:

a) sudden impact b) bad habits с) infection d) allergic reaction

9. The presence of a fistula characterized exacerbation of chronic:

a) granulating periodontitis b) fibrous periodontitis

с) gangrenous pulpitis d) granulomatous periodontitis

10. If it is impossible to create an outflow of exudate from the periodontium through the root canal in the case of acute purulent periodontitis doctor should:

a) prescribe massive doses of antibiotics b) remove the tooth

c) do periosteotomy d) do physiotherapy

**Topic 2: Inflammatory diseases of soft tissues and bones**

**Variant 1**

1. The most typical clinical sign of jaw periostitis is:

a) difficulty opening the mouth

b) facial asymmetry

**c) hyperemia and edema of the muco-gingival junction in the projection of the causative tooth**

d) mobility of all teeth

e) bulging of sublingual rollers

2. The intensity of care for periostitis on the first day of the visit:

a) to enter intramuscular respiratory analeptics b) prescribe physiotherapy treatment

**с)** [**drainage**](https://www.multitran.com/m.exe?s=lance+an+abscess&l1=1&l2=2) **of the suppurative focus** d) acupuncture e) novocaine blockade

3. The cause of acute odontogenic jaw osteomyelitis is:

a) fracture of the jaw

b) exacerbation of chronic periodontitis

с) acute lymphadenitis

d)acute mumps

**e)** **exacerbation of chronic periodontitis against a background of decreased immunity**

4. The clinical signs of acute odontogenic jaw osteomyelitis are:

a) sharp pulsating pain in the tooth, headache, positive symptom load

**b) chills, fever up to 40°C, Vincent's symptom, tooth mobility**

с) toothache, malaise, fistulas on the skin

d) mobility of all teeth on the jaw

5. Surgical treatment for acute odontogenic jaw osteomyelitis:

**a) removal of the causative tooth, wide two-sides periosteotomy of the jaw, drainage**

b) removal of the causative tooth, wide periosteotomy of the jaw on one side, drainage

c) a wide periosteotomy of the jaw on both sides

d) removing the causative tooth

e) periosteotomy in the area of the causative tooth, drainage

6. Treatment of chronic odontogenic osteomyelitis of the jaw with sequester formation:

a) in the rehabilitation of the oral cavity **b) sequestrectomy**

с) antibiotic therapy, excision of the d) antibacterial therapy

e) in periostotomy in the area of the causative tooth

7. The most common cause of phlegmons and abscesses of the maxillofacial region is:

**a) odontogenic foci of infection** b) pustular disease of the skin

c) flu and other infectious diseases d) damage to the skin of the maxillofacial area

e) introduction of infection on the needle when performing

8. The most severe complication of phlegmon of the lower parts of the face is:

a) soft tissue hematoma b) the mumps c) sinus thrombosis of the brain

**d) mediastinitis** e) facial nerve paresis

9. The indication for tracheostomy due to respiratory disorders often occurs with phlegmon in:

a) buccal area b) submental region **c) submandibular region**

d) parotid-chewing area e) mouth floor

10. For abscesses and phlegmons, the main therapeutic measure is:

a) treatment with sulfonamides **b)** [**drainage**](https://www.multitran.com/m.exe?s=lance+an+abscess&l1=1&l2=2) **of the suppurative focus**

c) the removal of a tooth d) treatment with antibiotics

**Topic 2: Inflammatory diseases of soft tissues and bones**

**Variant 2**

1. The main cause for the development of the abscess is:

**a) exacerbation of chronic periodontitis** b) fracture of the lower jaw

c) bruising of the soft tissues of the face d) tumors of the alveolar process

e) exacerbation of chronic sinusitis

2. The most frequent way of spreading inflammatory exudate from the periodontium to the periosteum:

a) along the nerve fibers b) by blood vessels

**c) by the system Haversian and Volkmann canals** d) by lymphatic vessels

3. The intensity of care for periostitis on the first day of the visit:

a) start acupuncture

b) make a novocaine blockade

c) prescribe physical therapy

d) enter intramuscularly respiratory analeptics

**e)** [**drainage**](https://www.multitran.com/m.exe?s=lance+an+abscess&l1=1&l2=2) **of the suppurative focus**

4. By the course osteomyelitis is classified as:

a) subacute, chronic **b) acute, subacute, chronic**

с) acute, chronic d) limited, diffuse

5. The clinical picture of acute odontogenic osteomyelitis of the jaw is as follows:

**a) chills, fever up to 40°C, Vincent's symptom, tooth mobility**

b) in sharp pulsating pain in the tooth, headache, positive symptom load

c) the mobility of all teeth in the jaw

d) in pain in the teeth, malaise, fistulas on the skin

6. Causative tooth with acute odontogenic osteomyelitis should be:

a) to remove the pulp b) replanted с) disclosed d) filled **e) extracted**

7. For the treatment of jaw osteomyelitis, drugs with an osteotropic effect used are:

a) erythromycin, oxacillin b) kanamycin, Biseptol **c) lincomycin**

d) penicillin, methyluracild) ampicillin, securin

8. Sequestrectomy for chronic osteomyelitis is indicated in the period:

**a) formed of sequestration** b) after a course of antibacterial therapy

с) after a course of physical therapy d) formation of sequestration

9. Abscess and phlegmons is an inflammation of:

a) glands **b) cellular tissue** с) muscles d) mucous membrane d) bones

10. A typical clinical sign of submandibular phlegmon is

a) edema of the pterygomandibular fold

b) jaw contracture

с) hyperemia of the skin in the lower lip area

d) swelling and hyperemia of the buccal areas

**e) infiltration and hyperemia of submandibular region tissues**

**Topic 2: Inflammatory diseases of soft tissues and bones**

**Variant 3**

1. The most typical clinical sign of periostitis is:

a) bulging of sublingual rollers

b) facial asymmetry

с)difficulty opening the mouth

d) mobility of all teeth

**e) hyperemia and edema of the muco-gingival junction**

2. A typical surgical approach in the treatment of periostitis consists of incision:

a) in the submandibular region along the edge of the lower jaw

**b) of mucosa and periosteum on the muco-gingival junction**

c) submental region in the midline

d) bordering the angle of the lower jaw

e) the mucosa of the pterygomandibular fold

3. The cause of acute odontogenic osteomyelitis of the jaws is:

**a) exacerbation of chronic periodontitis against the background of reduced reactivity of the body**

b) acute mumps

с) acute lymphadenitis

d) fracture of the jaw

e) exacerbation of chronic periodontitis

4. Local signs of acute odontogenic osteomyelitis of the jaw are:

a) inflammatory infiltration without clear boundaries, positive symptom of load

b) mobility of all teeth on the jaw

c) inflammatory infiltrate with clear borders, a negative symptom of the load

**d) Both-sides jaw infiltration without clear boundaries, Vincent's symptom, tooth mobility**

5. Surgical treatment for acute odontogenic osteomyelitis of the jaw:

**a) removal of the causative tooth, wide periostotomy of the jaw on both sides, drainage**

b) removing the causative tooth

C) periostotomy in the area of the causal tooth, drainage

d) a wide periostotomy of the jaw on both sides

e) removal of the causative tooth, wide periostotomy of the jaw on one side, drainage

6. In chronic stage of jaw osteomyelitis, sequesters are removed after (period of sequesters formation):

a) 1 week **b) 5-8 weeks**  c) 3-4 weeks d) 2-3 weeks

7. The most common cause of phlegmons and abscesses of the maxillofacial region is:

a) infection on the needle when performing local anesthesia

b) damage of the skin of the maxillofacial area

c) pustular diseases of the skin of the face

d) flu and other infectious diseases

**e) odontogenic foci of infection**

8. The development of phlegmon in the maxillofacial region leads to impaired function:

a) swallowing b) breathing c)chewing

d) speech **e)** **violation of all specified functions is possible**

9. For abscesses and phlegmons, the main therapeutic measure is:

**a) opening of a purulent focus** b) treatment with antibiotics

c) treatment with sulfonamides d) the removal of a tooth

10. The most common causes of jaw periostitis are (choose the right answers):

a) bruising of the soft tissues of the face **b) pericoronitis**

**c) alveolitis** d) fracture of the lower jaw

e) exacerbation of chronic sinusitis **f) acute periodontitis**

**Topic 3: Maxillofacial trauma**

**Variant 1**

1. Therapeutic measure for dislocative asphyxia is:

a) introduction of the air duct **b) the stretching and fixing of the tongue**

c) removal of a foreign body d) tracheotomy

2. Prevention of aspirative asphyxia:

a) the removal of a foreign body b) tracheotomy

**c) sanation of the oral cavity, giving the injured person a position that provides free breathing**

d) in the introduction of the air duct e) in restoring the anatomical position of the organ

3. Features of surgical debridement of maxillofacial wounds:

**a) minimal excision of tissues in the wound area, suturing, using primary plastic surgery, wound sheathing (suturing the mucous membrane to the skin)**

b) antiseptic treatment, sutures and bandages

c) antiseptic treatment, excision of necrotically altered tissues, tight tamponing of the wound

d) stopping bleeding, antiseptic treatment, sutures and bandages

e) excision of necrotically altered tissues, removal of blood clots, drainage of the wound

4. The main symptom of a jaw fracture is:

a) nasal bleeding b) ruptures of the mucous membrane of the alveolar processes

c) headache **d) pathological mobility of the jaw**

5. An improvised bandage for fractures of the jaws for transport (temporary) immobilization:

a) compression and distraction apparatus **b) circular parietal-chin bandage**

c) Hippocratic cap g) the apparatus Sbarge e) circular frontal-occipital bandage

6. Orthopedic methods for permanent immobilization of mandibular fractures:

**a) overlaying of jaw splints and intermaxillary rubber traction**

b) the apparatus Sbarge

c) intermaxillary ligature binding

d) the osteosynthesis

7. Operative methods of permanent immobilization of mandibular fractures:

a) overlaying of jaw splints and intermaxillary rubber traction

b) inter-jaw ligature binding

c) the apparatus Sbarge

**d) osteosynthesis**

8. Transportation of wounded in maxillofacial area is carried out by (select several correct answers):

**a) lying on back with head turned sideways** b) sitting

**c) lying on stomach** d) lying on back

9. Temporary methods to stop bleeding in the maxillofacial area are (select several correct answers):

a) ligation of the vessel

**b) the tight tamponade of the wound**

**c) finger pressure of the vessel**

**d) in applying a tourniquet**

10. The immediate complications of maxillofacial area injury are (select several correct answers):

**a) shock** b) pneumonia **c) bleeding** d) periodontitis of damaged teeth

**d) asphyxia** e) facial nerve paresis

**Topic 3: Maxillofacial trauma**

**Variant 2**

1. Asphyxia by foreign body is called:

a) dislocative b) valvular c) stenotic d) aspirative **e) obturative**

2. Difference of the facial injuries from another areas injuries:

**a) discrepancy between the appearance of the wound and the actual condition of the injured person**

b) the timing of epithelization of the wound

C) the course of the wound process

d) rapid development of complications

3. Secondary injuring factors are:

a) zone of necrotic changes in bone tissue

b) explosive bullets

**с) teeth, fragments of teeth and bones of the facial skeleton**

g) an arrow-shaped elements

d) the fragments of the gun

4. To prevent dislocative asphyxia, the tongue is stitched:

a) in the middle line **b) on the border of the front and middle third**

c) in the front third d) at the root

5. Features of surgical debridement of maxillofacial wounds:

a) antiseptic treatment, excision of necrotically altered tissues, tight plugging of the wound

b) excision of necrotically altered tissues, removal of blood clots, drainage of the wound

c) stopping bleeding, antiseptic treatment, sutures and bandages

**d) economical excision of tissues in the wound area, suturing, using primary plastic surgery, wound sheathing (suturing the mucous membrane to the skin)**

e) antiseptic treatment, sutures and bandages

6. The nature of the displacement of fragments in fractures of the lower jaw is decisive:

a) the force of the blow

**b) the direction of traction of the muscles attached to the fragments of the jaw**

c) the weight of the fragments due to their size

7. Transport immobilization of jaw fragments is performed:

**a) stiff jaw sling with a supporting headband** b) tape notched tires

с) wire notched tires d) notched tires and fast-hardening plastics

8. The main complaints with a jaw fracture:

a) severe photophobia, pain, hearing loss

b) pain, dry mouth, bruising

**с) malocclusion, pain, swelling, bruising**

9. Orthopedic methods for final immobilization of mandibular fractures:

a) the apparatus Sbarge

**b) overlaying of jaw splints and intermaxillary rubber traction**

с) osteosynthesis

d) maxillary ligature tying

10. Temporary methods to stop bleeding in the maxillofacial area are (select several correct answers):

**a) in the tight tamponade of the wound** b) ligation of the vessel throughout

**с) in applying a tourniquet d) finger pressure of the vessel**

**Topic 3: Maxillofacial trauma**

**Variant 3**

1. The symptom of glasses with fractures of the upper jaw occurs:

a) 2 days after the injury b) a day after the injury

**с) immediately after injury** d) in terms of more than 2 days after the injury

2. Asphyxia by displaced organs of the oral cavity (tongue) when they are damaged:

a) aspirative b) valvular c) stenotic

**d) dislocative** e) obturative

3. Prevention of aspirative asphyxia on the battlefield:

**a) sanation of the oral cavity, giving the injured person a position that provides free breathing**

b) in the removal of a foreign body

C) in tracheotomy

d) in the introduction of the air duct

e) in restoring the anatomical position of the organ

4. Difference of the facial injuries from another areas injuries:

a) rapid development of complications

b) the timing of epithelization of the wound

**c) the presence of secondary injuring factors in the wound**

d) the course of the wound process

5. Sequence of stages of maxillofacial wounds surgical debridement:

a) first, the soft tissue wound is treated **b) first, the bone wound is treated**

6. Improvised bandages for fractures of jaw immobilization for transport:

a) compression and distraction apparatus b) the apparatus Sbarge

c) Hippocratic cap d) circular frontal-occipital bandage

**e) circular parietal-chin bandage**

7. Operative methods of final immobilization of mandibular fractures:

**a) osteosynthesis**

b) overlaying of jaw splints and intermaxillary rubber traction

с) inter-maxillary ligature binding

d) the apparatus Sbarge

8. A tooth located in the fracture line should be:

a) left b) fixed with ligature wire c) removed and replanted **d) extracted**

9. Risk factors for the development of traumatic osteomyelitis are (select several correct answers):

a) injury with a poorly made prosthesis

**b) the tooth or root of the tooth in the fracture line**

C) acute lymphadenitis

**d) unsatisfactory reposition and immobilization of fragments**

e) age of the patient

e) the strength and direction of the damaging factor

10. The final methods to stop bleeding in the maxillofacial area are (select several correct answers):

**a) vessel ligation throughout** b) a tight tamponade

**c) vessel ligation or stitching in the wound** d) finger pressure of the vessel

**Topic 4: Tumors of the maxillofacial region**.

**Variant 1**

1. The main method of treatment of fibromas and papillomas of the oral and maxillofacial region is:

**a) excision on the boarder of tumor and healthy tissues**

b) cauterization

c) chemotherapy

d) radiation therapy

2. The clinical picture of fibrous epulis is characterized by:

a) 2-3 erosions of gums, with no tendency to bleeding and epithelialization

b) local gum keratinization

**c) dense, painless formation on a wide base**

d) dense, painful infiltration in the area of several teeth

e) loose, painful bleeding gum formation

3. The clinical picture of ameloblastoma is characterized by:

a) dense, painful infiltration in the area of several teeth

b) painful defect of the jaw bone tissue

c) 2-3 erosions of gums, with no tendency to bleeding and epithelialization

d) loose painful bleeding gum formation

**e) painless deformity of the jaw in the form of swelling**

4. The main method of small odontogenic cysts treatment is:

a) partial resection of the jaw b) cryodestruction c) half resection of the jaw

**d) cystectomy** e) sclerosis

5. Characteristic signs for a cancerous ulcer on the lower lip and the oral mucosa are:

a) the absence of pain, grease the bottom with a yellowish scales

**b) moderate soreness, inverted, raised edges, necrotic tissue at the bottom**

c) sharp soreness, thinned edges, glassy granulations on the bottom

d) moderate pain, the edges are swollen, brightly hyperemic, at the bottom - purulent-fibrinous plaque

6. Early symptoms of malignant tumors of the jaws are:

**a) teeth mobility, periodic pain, symptom Vincent, thickening of the jaw**

b) hypersalivation, chills, both-sides jaw swelling

c) dry mouth, paroxysmal acute pain, difficulty swallowing

7. The main method of treatment for common cancer of the lower lip and oral mucosa is:

a) surgical b) electrocoagulation of the tumor c) radiation therapy

d) chemotherapy **e) combined method**

8. One of the main surgical methods for treating jaw cancer is:

**a) half resection of the jaw** b) electrocoagulation of the tumor

с) radical neck dissection d) Caldwell-Luke

9. Organ-specific tumors of the maxillofacial region include: (select several correct answers)

a) osteoma **b) epulis** c) hemangioma

**d) ameloblastoma** e) osteoblastoclastoma

10. The main etiological factors in the development of malignant tumors of the oral mucosa are: (select several correct answers)

**a) precancerous diseases**

b) hypersalivation

**c) prolonged irritation of the oral mucosa by mechanical, chemical, and temperature factors**

d) partial tooth loss

e) massive dental deposits

f) diseases of the gastrointestinal tract

**Topic 4: Tumors of the maxillofacial region**.

**Variant 2**

1. The main clinical sign of cavernous hemangioma is:

a) the presence of phleboliths

b) pain during palpation of the neoplasm

c) the presence of erosions on the surface of the neoplasm without a tendency to bleeding

**d) reduction in pressure and restoration of the previous volume of the tumor after the cessation of pressure**

e) painful infiltration

2. Ameloblastoma belongs to the group of:

a) inflammatory diseases b) tumor-like formations c) precancerous diseases

d) malignant odontogenic tumors **e) benign odontogenic tumors**

3. Papilloma is characterized by:

a) the presence of a seal; and the mucous membrane around its base b) the rapid growth

**c) lack of tissue infiltration around its base** d) pain

4. Causes of dermoid cyst:

a) injury

b) transferred inflammatory process in soft tissues

c) complication of chronic periodontitis

**d) violation of the embryonic development of the maxillofacial region**

5. Osteoma on the x-ray shows up as:

a) a reduce of bone density

**b) an area of high density with clear contours**

c) an area of osteoporosis

d) an area of high density without clear contours

6. Causes of follicular cysts is:

**a) violation of the development of the rudiment of the tooth**

b) transferred osteomyelitis of the jaw

c) trauma to the jaw

d) complication of chronic periodontitis

7. The main method of treatment for lower lip and oral mucosa spread cancer is:

a) surgical b) radiation therapy c) electrocoagulation of the tumor

d) chemotherapy **e) combined method**

8. Additional research methods used to clarify the diagnosis of "malignancy of the maxillofacial region" include: (select several correct answers)

a) physical b) biochemical **c) histological**

d) angiographic e) immunological **f) cytological**

9. The main etiological factors in the development of malignant tumors of the oral mucosa are: (select several correct answers)

**a) prolonged irritation of the mucous membrane by mechanical, chemical, and temperature factors**

b) hypersalivation

c) partial tooth loss

**d) precancerous diseases**

e) diseases of the gastrointestinal tract

f) massive dental deposits

10. Organ-specific tumors of the maxillofacial region include: (select several correct answers)

a) osteoma **b) epulis** с) angioma

**d) ameloblastoma** f) osteoblastoclastoma

**Topic 4: Tumors of the maxillofacial region**.

**Variant 3**

1. Fibroma characterizes by:

a) ulceration of the mucous membrane covering it **b) slow growth**

c) pain d) rapid growth

2. Clarifying the diagnosis of a dermoid cyst helps:

**a) cytological examination of punctate** b) x-ray

с) electromyography d) the study of blood

3. The method of treatment of cavernous hemangioma is:

a) radiation therapy b) physiotherapy с) electrocoagulation

d) cauterization **f) sclerotherapy**

4. The clinical picture of ameloblastoma is characterized by:

a) loose painful bleeding gum formation

b) painful defect of the jaw bone tissue

с) dense painful infiltration in the area of several teeth

**d) painless deformation of the jaw in the form of swelling**

f) 2-3 erosions of gums, with no tendency to bleeding and epithelialization

5. Cause of radicular cyst is:

**a) complication of chronic periodontitis** b) transferred osteomyelitis of the jaw

c) jaw trauma d) violation of the development of the rudiment of the tooth

6. The brancial cyst of the neck localized:

a) along the anterior edge of the trapezoid muscle

b) in submental region

**с) in the middle third of the neck, along the anterior edge of the sternocleidomastoid muscle**

d) in the submandibular region

e) along the midline of the neck

7. The stage of malignant neoplasm is established on the basis of clinical signs:

a) the size of the tumor, the presence of nearby metastases

**b) the size of the tumor, the presence of distant and nearby metastases**

c) the size of the tumor

d) patient complaints

e) complaints of the patient, the size of the tumor

8. Characteristic signs for a cancerous ulcer on the lower lip and the oral mucosa are:

a) the absence of pain, grease the bottom with a yellowish scales

**b) moderate soreness, inverted, raised edges, necrotic tissue at the bottom**

c) sharp soreness, thinned edges, glassy granulations on the bottom

d) moderate pain, the edges are swollen, brightly hyperemic, at the bottom - purulent-fibrinous plaque

9. Early symptoms of malignant tumors of the jaws are:

a) dry mouth, paroxysmal acute pain, difficulty swallowing

**b) tooth mobility, intermittent aching pain symptom Vincent, thickening of the jaw**

c) hypersalivation, chills, both-sides infiltration of the jaw

10. In case of metastases of cancer of the maxillofacial region to regional lymph nodes, which operation is performed:

a) Vincent b) Caldwell-Luc

c) Redon **d) radical neck dissection**

1. For acute periodontitis pain is characterized by:

a) long-term constants, presence of a feeling of "grown tooth"

b) constant aching

c) paroxysmal, spontaneous, nocturnal

d) short-term from irritants

2. The presence of a paroxysmal, spontaneous, nocturnal pain is typical for:

a) acute pulpitis

b) gum disease

c) acute periodontitis

d) chronic periodontitis

3. Disease, when infection coming into periapical space from an inflamed pulp named:

a) periodontitis

b) pulpitis

c) caries

d) osteomyelitis

4. Actions of organic acids cause of:

a) demineralization of enamel

b) remineralization of enamel

5. Hyperemia, swelling of the gums in the area of the affected tooth is characterized by:

a) purulent stage of acute periodontitis

b) chronic fibrosal periodontitis

c) pulpitis

d) caries

6. For deep caries pain is characterized by:

a) short-term from irritants b) paroxysmal, spontaneous, nocturnal

c) long-term constants d) constant aching

7. The etiology of caries is:

a) Streptococcus mutans b) Streptococcus aureus с) Escherichia coli d) Clostridium perfringens

8. If the patient is delivered to the admission department unconscious:

a) complaints and medical history are not write

b) medical history is write by doctor from the words of accompanying persons or the ambulance team

c) the medical history is write after normalization

9. How to palpate correctly:

a) from a “healthy” to a “sick” part of the body

b) from the "sick" to the "healthy" part of the body

c) only in the area of the “diseased” part of the body

d) only in the "healthy" area of the body

10. What is determined by percussion of teeth:

a) pain reaction

b) pulp necrosis

c) tooth mobility

d) tooth root fracture

11. Computed tomography is used when examining the organs of the maxillofacial region:

a) all answers are correct

b) temporomandibular joint

c) lower jaw

d) sinuses

12. MRI is used when examining the organs of the maxillofacial region

a) all answers are correct

b) temporomandibular joint

c) salivary glands

d) sinuses

13. What is the method of selecting material for histological examination:

a) biopsy

b) puncture

c) aspiration

d) brushstroke

14. Indication for tooth extraction is:

a) chronic granulomatous periodontitis

b) acute pulpitis

c) deep caries

d) caries in spot stage

15. Indication for tooth extraction is:

a) tooth located in the line of the jaw fracture

b) acute pulpitis

c) deep caries

d) caries in spot stage

16. Indication for tooth extraction is:

a) follicular cyst of the jaw

b) acute pulpitis

c) deep caries

d) caries in spot stage

17. Indication for tooth extraction is:

a) primary tooth with which the baby was born and which interfere with natural feeding

b) acute pulpitis

c) deep caries

d) caries in spot stage

18. Indication for tooth extraction is:

a) the acute stage of odontogenic osteomyelitis

b) acute pulpitis

c) deep caries

d) caries in spot stage

19. Indication for tooth extraction is:

a) acute odontogenic periostitis, odontogenic abscesses, odontogenic lymphadenitis

b) acute pulpitis

c) deep caries

d) caries in spot stage

20. Indication for tooth extraction is:

a) supplemental tooth

b) acute pulpitis

c) deep caries

d) caries in spot stage

21. Indication for tooth extraction is:

a) impacted tooth, if eruption is complicated by the inflammatory process, the development of a cyst, tumor, the appearance of pain

b) acute pulpitis

c) deep caries

d) caries in spot stage

22. Contraindication to tooth extraction:

a) acute leukemia

b) chronic periodontitis in the acute stage

c) mild hypertension

d) general weakness

23. Contraindication to tooth extraction:

a) hypertension in the period of hypertensive crisis, angina pectoris in the period of exacerbation of the disease

b) chronic periodontitis in the acute stage

c) mild hypertension

d) general weakness

24. Contraindication to tooth extraction:

a) kidney disease (acute diffuse glomerulonephritis, acute nephrosis, severe renal failure)

b) chronic periodontitis in the acute stage

c) mild hypertension

d) general weakness

25. Contraindication to tooth extraction:

a) mental illness during exacerbation

b) chronic periodontitis in the acute stage

c) mild hypertension

d) general weakness

26. Contraindication to tooth extraction:

a) acute cerebrovascular accident.

b) chronic periodontitis in the acute stage

c) mild hypertension

d) general weakness

27. Contraindication to tooth extraction:

a) acute radiation sickness.

b) chronic periodontitis in the acute stage

c) mild hypertension

d) general weakness

28. Contraindication to tooth extraction:

a) 1st trimester of pregnancy

b) chronic periodontitis in the acute stage

c) mild hypertension

d) general weakness

29. Contraindication to tooth extraction:

a) menstruation

b) chronic periodontitis in the acute stage

c) mild hypertension

d) general weakness

30. What complications may occur during local anesthesia:

a) injection needle fracture

b) jaw fracture

c) alveolitis

d) tooth aspiration

31. What complications may occur during local anesthesia:

a) neuritis

b) jaw fracture

c) alveolitis

d) tooth aspiration

32. What complications may occur during local anesthesia:

a) bleeding

b) jaw fracture

c) alveolitis

d) tooth aspiration

33. What complications may occur during local anesthesia:

a) fainting

b) jaw fracture

c) alveolitis

d) tooth aspiration

34. What complications may occur during local anesthesia:

a) hematoma

b) jaw fracture

c) alveolitis

d) tooth aspiration

35. What complications may occur during local anesthesia:

a) collapse

b) jaw fracture

c) alveolitis

d) tooth aspiration

36. What complications may occur during local anesthesia:

a) skin ischemia

b) jaw fracture

c) alveolitis

d) tooth aspiration

37. What complications may occur during local anesthesia:

a) anaphylactic shock

b) jaw fracture

c) alveolitis

d) tooth aspiration

38. What complications may occur during local anesthesia:

a) tissue necrosis

b) jaw fracture

c) alveolitis

d) tooth aspiration

39. What complications may occur during local anesthesia:

a) jaw contracture

b) jaw fracture

c) alveolitis

d) tooth aspiration

40. What complications may occur during local anesthesia:

a) postinjection abscess or phlegmon

b) jaw fracture

c) alveolitis

d) tooth aspiration

41. What are the main sources of infection of the temporal region?

a) all answers are correct

b) odontogenic infection in the region of 18, 17, 27, 28 teeth

c) secondary damage as a result of the spread of the inflammatory process

from the pterygoal fossa;

d) infectious and inflammatory skin lesions, infected wounds of the temporal

region.

42. Typical local signs for maxillofacial region inflammatory process:

a) presence of a causative tooth

b) hyperemia of soft tissues

c) fever

d) swelling of soft tissues

43. Typical local signs for maxillofacial region inflammatory process:

a) restriction of opening the mouth

b) hyperemia of soft tissues

c) fever

d) swelling of soft tissues

44. Typical local signs for maxillofacial region inflammatory process:

a) difficulty breathing

b) hyperemia of soft tissues

c) fever

d) swelling of soft tissues

45. Typical local signs for maxillofacial region inflammatory process:

a) painful chewing

b) hyperemia of soft tissues

c) fever

d) swelling of soft tissues

46. Typical local signs for maxillofacial region inflammatory process:

a) hoarseness

b) hyperemia of soft tissues

c) fever

d) swelling of soft tissues

47. Typical local signs for maxillofacial region inflammatory process:

a) painful swallowing

b) hyperemia of soft tissues

c) fever

d) swelling of soft tissues

48. Typical local signs for maxillofacial region inflammatory process:

a) changes in the quality and quantity of saliva

b) hyperemia of soft tissues

c) fever

d) swelling of soft tissues

49. What causes thrombosis of the cavernous sinus with a purulent focus in

the infraorbital area?

a) purulent thrombophlebitis of the angular vein

b) purulent sinusitis

c) contact osteomyelitis of the upper jaw

d) purulent lymphadenitis

50. What functions are violated in the phlegmon of the temporal region?

a) chewing

b) swallowing

c) speech

d) breathing

51. Determine the most likely ways of spreading the purulent-inflammatory

process from the metamorphosis and pterygopalatine pits and choose wrong answer

a) submandibular region

b) cavity of the eye socket

c) pterygo-mandibular space

d) parapharyngeal space space

52. What are the main sources of infection of the infraorbital area?

a) spreading from the buccal region

b) incisors of the lower jaw

c) incisors of the upper jaw

d) molars of the lower jaw

53. What are the main sources of infection in the buccal area?

a) all answers are correct

b) molars and premolars of the lower or upper jaw

c) infected wounds of the buccal region

d) infected wounds of buccal mucosa

54. What phlegmon is characterized by the restriction of opening the mouth?

a) the infratemporal fossa

b) the infraorbital area

c) orbits

55. A possible complication that occurs during tooth extraction surgery is:

a) fracture of the extracted tooth or its root

b) mumps

c) trigeminal neuralgia

d) ankylosis of the temporomandibular joint

56. A possible complication that occurs during tooth extraction surgery is:

a) antagonist tooth fracture

b) mumps

c) trigeminal neuralgia

d) ankylosis of the temporomandibular joint

57. A possible complication that occurs during tooth extraction surgery is:

a) damage to the gums and soft tissues of the oral cavity

b) mumps

c) trigeminal neuralgia

d) ankylosis of the temporomandibular joint

58. A possible complication that occurs during tooth extraction surgery is:

a) dislocation or removal of an adjacent tooth

b) mumps

c) trigeminal neuralgia

d) ankylosis of the temporomandibular joint

59. A possible complication that occurs during tooth extraction surgery is:

a) jaw fracture

b) mumps

c) trigeminal neuralgia

d) ankylosis of the temporomandibular joint

60. A possible complication that occurs during tooth extraction surgery is:

a) perforation of the bottom of the maxillary sinus

b) mumps

c) trigeminal neuralgia

d) ankylosis of the temporomandibular joint

61. A possible complication that occurs during tooth extraction surgery is:

a) swallowing a tooth

b) mumps

c) trigeminal neuralgia

d) ankylosis of the temporomandibular joint

62. A possible complication that occurs during tooth extraction surgery is:

a) tooth aspiration

b) mumps

c) trigeminal neuralgia

d) ankylosis of the temporomandibular joint

63. A possible complication that occurs during tooth extraction surgery is:

a) bleeding from an operative wound

b) mumps

c) trigeminal neuralgia

d) ankylosis of the temporomandibular joint

64. A possible complication that occurs after tooth extraction surgery is

a) trigeminal neuralgia

b) swallowing a tooth

c) jaw fracture

d) heart attack

65. A possible complication that occurs after tooth extraction surgery is

a) postoperative bleeding

b) swallowing a tooth

c) jaw fracture

d) heart attack

66. A possible complication that occurs after tooth extraction surgery is

a) alveolite

b) swallowing a tooth

c) jaw fracture

d) heart attack

67. A possible complication that occurs after tooth extraction surgery is

a) sharp edges of the alveoli

b) swallowing a tooth

c) jaw fracture

d) heart attack

68. A possible complication that occurs after tooth extraction surgery is

a) post-extraction pain

b) swallowing a tooth

c) jaw fracture

d) heart attack

69. Additional methods carried out to clarify the diagnosis of malignant neoplasm of the maxillofacial region include:

a) cytological

b) physical

c) biochemical

d) angiographic

70. Additional methods carried out to clarify the diagnosis of malignant neoplasm of the maxillofacial region include:

a) histological

b) physical

c) biochemical

d) angiographic

71. «Oncological alertness» means:

a) knowledge of the early clinical signs of precancerous diseases and cancers;

b) knowledge of the signs of benign tumors;

c) knowledge of the structure of the organization of work of polyclinics of the city, regional,

district clinics

d) do conversations with cancer patients

72. «Oncological alertness» means:

a) full examination of the patient

b) knowledge of the signs of benign tumors;

c) knowledge of the structure of the organization of work of polyclinics of the city, regional,

district clinics

d) do conversations with cancer patients

73. «Oncological alertness» means:

a) timely, early referral to a specialized department

b) knowledge of the signs of benign tumors;

c) knowledge of the structure of the organization of work of polyclinics of the city, regional,

district clinics

d) do conversations with cancer patients

74. «Oncological alertness» means:

a) knowledge of the organization structure of cancer care for the population;

b) knowledge of the signs of benign tumors;

c) knowledge of the structure of the organization of work of polyclinics of the city, regional,

district clinics

d) do conversations with cancer patients

75. «Oncological alertness» means:

a) prevention of precancer;

b) knowledge of the signs of benign tumors;

c) knowledge of the structure of the organization of work of polyclinics of the city, regional,

district clinics

d) do conversations with cancer patients

76. «Oncological alertness» means:

a) educative activities with non oncology patients

b) knowledge of the signs of benign tumors;

c) knowledge of the structure of the organization of work of polyclinics of the city, regional,

district clinics

d) do conversations with cancer patients

77. As a result of inflammation in the periapical tissues of the jaw bones, it develops:

a) radicular cyst

b) keratocyst

c) follicular cyst

d) cyst of the incisal canal

78. As a result of a violation of the development of an enamel organ in the jaw bones, it develops:

a) follicular cyst

b) keratocyst

c) radicular cyst

d) nasoalveolar cyst

79. The x-ray picture of a radicular cyst is characterized by destruction of bone tissue:

a) with clear contours in the apex of one or more teeth

b) bone sclerosis

c) in the form of “melting sugar”

d) in the form of several cavities with clear contours

80. The follicular cyst must be differentiated:

a) with ameloblastoma

b) with odontoma

c) with reparative granuloma

d) with cement

81. The follicular cyst must be differentiated:

a) with radicular cyst

b) with odontoma

c) with reparative granuloma

d) with cement

82. For the X-ray picture of the follicular cyst, destruction of bone tissue is characteristic:

a) with clear boundaries and the shadow of the tooth in the cavity

b) with clear contours in the apex of one or several teeth

c) in the form of several cavities with clear contours

d) in the form of “melting sugar”

83. Punctate of a radicular cyst outside of inflammation has the form

a) clear liquid with cholesterol crystals

b) turbid liquid

c) blood

d) lymph

84. The main method for treating small jaw cysts is:

a) cystectomy

b) cryodestruction

c) partial jaw resection

d) half jaw resection

85. The cause of relapse of the radicular cyst of the jaw is

a) incompletely removed cyst membrane

b) postoperative wound inflammation

c) hematoma

d) odontogenic infection

86. The main etiological factors in the occurrence of precancer are

a) chronic trauma to the oral mucosa

b) acute injury

c) acute inflammatory processes of the bones of the facial skeleton

d) secondary adentia

87. The main etiological factors in the occurrence of precancer are

a) occupational hazards

b) acute injury

c) acute inflammatory processes of the bones of the facial skeleton

d) secondary adentia

88. The main etiological factors in the occurrence of precancer are

a) bad health habits

b) acute injury

c) acute inflammatory processes of the bones of the facial skeleton

d) secondary adentia

89. The main etiological factors in the occurrence of precancer are

a) ultraviolet radiation

b) acute injury

c) acute inflammatory processes of the bones of the facial skeleton

d) secondary adentia

90. The main etiological factors in the occurrence of precancer are

a) betel chewing

b) acute injury

c) acute inflammatory processes of the bones of the facial skeleton

d) secondary adentia

91. Ameloblastoma should be differentiated:

a) with a radicular cyst

b) with periodontitis

c) with odontoma

d) with chondroma

92. Sarcomas develop from:

a) connective tissue

b) the epithelium

c) glandular tissue

d) bone tissue

93. The clinical picture of I stage tongue cancer is characterized by:

a) primary focus up to 1 cm, extending to the entire depth of the mucous membrane

b) ulcer up to 1.5-2 cm, extending to the muscle layer, unilateral metastases

c) ulcer, spreading to neighboring organs, by multiple regional and distant metastases

d) ulcer, spreading to adjacent anatomical formations, multiple metastases

94. The clinical picture of II stage tongue cancer is characterized by:

a) ulcer up to 1.5-2 cm, extending to the muscle layer, unilateral metastases

b) primary focus up to 1 cm not affecting the mucosa

c) ulcer, spreading to neighboring organs, by multiple regional and distant metastases

d) ulcer, spreading to adjacent anatomical formations, multiple metastases

95. The clinical picture of III stage tongue cancer is characterized by:

a) ulcer, spreading to adjacent anatomical formations, multiple metastases

b) primary focus up to 1 cm not affecting the mucosa

c) ulcer, spreading to neighboring organs, by multiple regional and distant metastases

d) primary focus up to 1 cm, extending to the entire depth of the mucous membrane

96. The clinical picture of IV stage tongue cancer is characterized by:

a) ulcer, spreading to neighboring organs, by multiple regional and distant metastases

b) primary focus up to 1 cm not affecting the mucosa

c) ulcer, spreading to adjacent anatomical formations, multiple metastases

d) primary focus up to 1 cm, extending to the entire depth of the mucous membrane

97. The clinical picture of I stage lower lip cancer is characterized by:

a) primary focus up to 1 cm, extending to the entire depth of the mucous membrane

b) without symptom

c) ulcer, spreading to neighboring organs, multiple regional and distant metastases

d) ulcer up to 2 cm, extending to the muscle layer, lonely metastases

98. The clinical picture of II stage lower lip cancer is characterized by:

a) ulcer up to 2 cm, spreading to the muscle layer, lone metastases

b) ulcer on the alveolar process of the lower jaw

c) ulcer, spreading to neighboring organs, multiple regional and distant metastases

d) ulcer, spreading to adjacent anatomical structures, multiple metastases

99. The clinical picture of III stage lower lip cancer is characterized by:

a) ulcer, spreading to neighboring anatomical structures, multiple metastases

b) ulcer without metastases

c) ulcer up to 2 cm, extending to the muscle layer, lonely metastases

d) primary focus up to 1 cm, extending to the entire depth of the mucous membrane

100. The clinical picture of IV stage lower lip cancer is characterized by:

a) ulcer spreading to neighboring organs, multiple regional and distant metastases

b) lcer, not spreading to neighboring organs

c) primary focus up to 1 cm, extending to the entire depth of the mucous membrane

d) ulcer up to 2 cm, extending to the muscle layer, lonely metastases

101. Synonym for Le Fort I fracture of the upper jaw is:

a) separation of the alveolar ridge

b) suborbital

c) subaortic

d) subbasal

102. Synonym for Le Fort II fracture of the upper jaw is:

a) suborbital

b) separation of the alveolar ridge

c) subbasal

d) suboral

103. Synonym for Le Fort III fracture of the upper jaw is:

a) subbasal

b) suborbital

c) separation of the alveolar ridge

d) subaortic

104. Inflammatory complications of jaw fractures is:

a) osteal abscess

b) syphilis

c) furunculosis

d) periostitis

105. A burn of I degree affected:

a) superficial epidermis

b) all layers of the epidermis with the preservation of skin derivatives

c) superficial epidermis and capillaries

d) all layers of the epidermis

106. A burn of II degree affected:

a) all layers of the epidermis

b) all layers of the epidermis with the preservation of skin derivatives

c) superficial epidermis and capillaries

d) superficial epidermis

107. A burn of IIIa degree affected:

a) weight layers of the epidermis with retention of skin derivatives

b) superficial epidermis

c) skin and underlying tissue

d) all layers of the epidermis

108. A burn of IIIb degree affected:

a) skin and underlying tissues

b) superficial epidermis and capillaries

c) superficial epidermis

d) all layers of the epidermis

109. Asphyxia due to blockage of the respiratory tube with a foreign body

a) obturative

b) valvular

c) dislocative

d) aspirative

110. Asphyxia due to compression of the respiratory tube

a) stenotic

b) valvular

c) dislocative

d) aspirative

111. Asphyxia due to impaired airway dislocated damaged organs

a) dislocative

b) valvular

c) stenotic

d) aspirative

112. Asphyxia due to impaired airway inhalation of liquid wound contents or vomit

a) aspirative

b) valvular

c) stenotic

d) dislocative

113. Asphyxia due to partial and periodic closure of the respiratory tract by damaged tissues with difficulty in inhaling or exhaling

a) valvular

b) obturative

c) stenotic

d) aspirative

114. The upper border of the infraorbital region is:

a) lower edge of the orbit

b) superciliary arch

c) alveolar process of the upper jaw

d) jaw joint

115. The cause of the oral floor phlegmon is the inflammatory process into:

a) lower jaw teeth

b) lymph nodes of the parotid region

c) teeth of the upper jaw

d) upper lip

116. A typical clinical sign of phlegmon of the buccal region is

a) hyperemia and infiltration of the cheek

b) difficulty opening the mouth

c) facial asymmetry

d) swelling of the upper and lower eyelids

117. Jaw periostitis must be differentiated with:

a) acute osteomyelitis

b) tooth fracture

c) acute sialodochitis

d) trismus

118. The complex treatment of acute periostitis includes:

a) antibiotic therapy

b) manual therapy

c) radiation therapy

d) antihypertensive therapy

119. The complex treatment of acute periostitis includes:

a) desensitizing therapy

b) manual therapy

c) radiation therapy

d) antihypertensive therapy

120. The first radiological signs of destructive odontogenic osteomyelitis of the jaw are manifested:

a) on the 14th day

b) on the 7th day

c) on the 20th day

d) on the 30th day

121. Indicate the signs characteristic of chronic odontogenic osteomyelitis of the upper jaw:

a) the presence of fistulous passages

b) periosteal reaction on the affected side

c) fever

d) hyperemia of the skin

122. The cause of traumatic osteomyelitis of the jaw is:

a) unsatisfactory reduction and immobilization of fragments

b) acute lymphadenitis

c) age of the patient

d) injury to a poorly made prosthesis

123. A method for the prevention of traumatic osteomyelitis of the jaw is:

a) removal of a tooth or tooth root from a fracture line

b) antibiotic therapy before immobilization of fragments

c) temporary immobilization of fragments

d) physiotherapy

124. Surgical treatment of traumatic osteomyelitis of the jaw consists only

a) in revision of a bone wound, removal of sequestration, reposition and fixation of fragments

b) in revision of a bone wound, removal of sequesters

c) in removing sequesters

d) in reposition and fixation of fragments

125. The complex treatment of traumatic osteomyelitis of the jaw includes:

a) physiotherapy

b) hypotensive therapy

c) radiation therapy

d) sedative therapy

126. A local complication of the difficult eruption of the third molar is

a) pericoronitis

b) narrowing of the lower jaw

c) xerostomia

d) microstoma

127. The immediate complication during the removal of the third lower molar is:

a) lower jaw fracture

b) diplopia

c) osteomyelitis of the lower jaw

d) paresis of the facial nerve

128. How should be dental instruments cleaned, processed and sterilized after purulent manipulations:

a) disinfection, pre-sterilization and sterilization

b) only sterilization

c) pre-sterilization and sterilization

d) only disinfection

129. The formation of a congenital cleft of the upper lip teratogenic factors can cause during the formation of the fetus:

a) the first 6 weeks

b) 6-12 weeks

c) 24-28 weeks

d) 30-31 week

130. An immediate complication of an injury to the maxillofacial region is:

a) bleeding

b) multiple caries

c) pyelonephritis

d) periodontitis

131. An immediate complication of an injury to the maxillofacial region is:

a) shock

b) multiple caries

c) pyelonephritis

d) periodontitis

132. An immediate complication of an injury to the maxillofacial region is:

a) asphyxia

b) multiple caries

c) pyelonephritis

d) periodontitis

133. Method of diagnosis of malignant tumor of the maxillofacial region:

a) histological

b) physical

c) biochemical

d) angiographic

134. Method of diagnosis of malignant tumor of the maxillofacial region:

a) cytological

b) physical

c) biochemical

d) angiographic

135. For the X-ray picture of the follicular cyst, destruction of bone tissue is characteristic:

a) with clear boundaries and the shadow of the tooth in the cavity

b) with clear contours in the apex of one or several teeth

c) in the form of several cavities with clear contours

d) in the form of “melting sugar”

136. Correct palpation is:

a) from a “healthy” to a “sick” part of the body

b) from the "sick" to the "healthy" part of the body

c) only in the area of the “diseased” part of the body

d) only in the "healthy" area of the body

137. «Oncological alertness» means:

a) knowledge of the early clinical signs of precancerous diseases and cancers;

b) knowledge of the signs of benign tumors;

c) knowledge of the structure of the organization of work of polyclinics of the city, regional,

district clinics

d) do conversations with cancer patients

138. «Oncological alertness» means:

a) full examination of the patient

b) knowledge of the signs of benign tumors;

c) knowledge of the structure of the organization of work of polyclinics of the city, regional,

district clinics

d) do conversations with cancer patients

139. The most common cause of phlegmons and abscesses of the maxillofacial region is:

a) odontogenic infection

b) skin injure

c) respiratory infectious diseases

d) furunculosis

140. Odontogenic gate of infection is presented by:

a) еxacerbation of chronic periodontitis

b) skin injure

c) respiratory infectious diseases

d) furunculosis

141. Odontogenic gate of infection is presented by:

a) suppuration of odontogenic jaw cysts

b) skin injure

c) respiratory infectious diseases

d) furunculosis

142. Odontogenic gate of infection is presented by:

a) pericoronitis

b) skin injure

c) respiratory infectious diseases

d) furunculosis

143. Odontogenic gate of infection is presented by:

a) complication after extraction

b) skin injure

c) respiratory infectious diseases

d) furunculosis

144. Non-odontogenic gate of infection is presented by:

a) dermatogenic

b) complication after extraction

c) pericoronitis

d) suppuration of odontogenic jaw cysts

145. Non-odontogenic gate of infection is presented by:

a) inflammatory diseases of the oral mucosa

b) complication after extraction

c) pericoronitis

d) suppuration of odontogenic jaw cysts

146. Non-odontogenic gate of infection is presented by:

a) skin damage

b) complication after extraction

c) pericoronitis

d) suppuration of odontogenic jaw cysts

147. Non-odontogenic gate of infection is presented by:

a) tonsillitis

b) complication after extraction

c) pericoronitis

d) suppuration of odontogenic jaw cysts

148. The most life-threatening complication of inflammatory diseases of the maxillofacial region is:

a) thrombophlebitis

b) jaw fracture

c) caries

d) sialolithiasis

149. The most life-threatening complication of inflammatory diseases of the maxillofacial region is:

a) cavernous sinus thrombosis

b) jaw fracture

c) caries

d) sialolithiasis

150. The most life-threatening complication of inflammatory diseases of the maxillofacial region is:

a) sepsis

b) jaw fracture

c) caries

d) sialolithiasis

151. The most life-threatening complication of inflammatory diseases of the maxillofacial region is:

a) mediastinitis

b) jaw fracture

c) caries

d) sialolithiasis

152. By the spreading osteomyelitis is classified as:

a) local, diffuse, total

b) acute, subacute, chronic

с) acute, chronic

d) limited, diffuse

153. First aid for dislocative asphyxia is:

a) the stretching and fixing of the tongue

b)introduction of the air duct

c) removal of a foreign body

d) tracheotomy

154. Permanent method to stop bleeding in the maxillofacial area are:

a) ligation of the vessel throughout

b) tight tamponade of the wound

с) in applying a tourniquet

d) finger pressure of the vessel

155. Indications to leave teeth in the line of fracture:

a) tooth that is in good condition and assists in establishing occlusion and reducing the fracture

b) tooth luxated from its socket and/or interfering with reduction of the fracture.

c) tooth that is fractured.

d) tooth with advanced dental caries carrying a significant risk of abscess during treatment.

156. Indications to leave teeth in the line of fracture:

a) if tooth removal requires removal of excessive amount of bone so as to compromise the fracture site an possible plate/screw fixation

b) tooth luxated from its socket and/or interfering with reduction of the fracture.

c) tooth that is fractured.

d) tooth with advanced dental caries carrying a significant risk of abscess during treatment.

157. Indications to leave teeth in the line of fracture:

a) tooth that does not interfere with reduction and fixation of fracture

b) tooth luxated from its socket and/or interfering with reduction of the fracture.

c) tooth that is fractured.

d) tooth with advanced dental caries carrying a significant risk of abscess during treatment.

158. Indications for removal of teeth in the line of fracture:

a) tooth luxated from its socket and/or interfering with reduction of the fracture

b) tooth that does not interfere with reduction and fixation of fracture

c) if tooth removal requires removal of excessive amount of bone so as to compromise the fracture site an possible plate/screw fixation

d) tooth that is in good condition and assists in establishing occlusion and reducing the fracture

159. Indications for removal of teeth in the line of fracture:

a) tooth with advanced periodontal disease with mobility which would not contribute to establishment of stable occlusion

b) tooth that does not interfere with reduction and fixation of fracture

c) if tooth removal requires removal of excessive amount of bone so as to compromise the fracture site an possible plate/screw fixation

d) tooth that is in good condition and assists in establishing occlusion and reducing the fracture

160. Indications for removal of teeth in the line of fracture:

a) tooth that is fractured

b) tooth that does not interfere with reduction and fixation of fracture

c) if tooth removal requires removal of excessive amount of bone so as to compromise the fracture site an possible plate/screw fixation

d) tooth that is in good condition and assists in establishing occlusion and reducing the fracture

161. Indications for removal of teeth in the line of fracture:

a) tooth with existing pathology such as cyst formation or pericoronitis

b) tooth that does not interfere with reduction and fixation of fracture

c) if tooth removal requires removal of excessive amount of bone so as to compromise the fracture site an possible plate/screw fixation

d) tooth that is in good condition and assists in establishing occlusion and reducing the fracture

162. Indications for removal of teeth in the line of fracture:

a) tooth with advanced dental caries carrying a significant risk of abscess during treatment

b) tooth that does not interfere with reduction and fixation of fracture

c) if tooth removal requires removal of excessive amount of bone so as to compromise the fracture site an possible plate/screw fixation

d) tooth that is in good condition and assists in establishing occlusion and reducing the fracture

163. Complications of jaw fractures include:

a) ankylosis

b) exacerbation of chronic periodontitis

c) sialadenitis

d) heart attack

164. Complications of jaw fractures include:

a) nonunion

b) exacerbation of chronic periodontitis

c) sialadenitis

d) heart attack

165. Complications of jaw fractures include:

a) malunion/malocclusion

b) exacerbation of chronic periodontitis

c) sialadenitis

d) heart attack

166. Complications of jaw fractures include:

a) infection

b) exacerbation of chronic periodontitis

c) sialadenitis

d) heart attack

167. Complications of jaw fractures include:

a) fixation failure

b) exacerbation of chronic periodontitis

c) sialadenitis

d) heart attack

168. Complications of jaw fractures include:

a) pseudoarthrosis

b) exacerbation of chronic periodontitis

c) sialadenitis

d) heart attack

169. The cause of mouth restriction with a fracture of the zygomatic bone:

a) displacement of fragments

b) hematoma

c) trauma of the masticatory muscles

d) arthritis of the temporomandibular joint

170. Clinical sign of cavernous hemangioma is:

a) reduction in pressure and restoration of the previous volume of the tumor after the cessation of pressure

b) pain during palpation of the neoplasm

c) the presence of erosions on the surface of the neoplasm without a tendency to bleeding

d) the presence of phleboliths

171. Typical local signs for maxillofacial region inflammatory process:

a) painful chewing

b) hyperemia of soft tissues

c) fever

d) swelling of soft tissues

172. Typical local signs for maxillofacial region inflammatory process:

a) hoarseness

b) hyperemia of soft tissues

c) fever

d) swelling of soft tissues

173. Typical local signs for maxillofacial region inflammatory process:

a) painful swallowing

b) hyperemia of soft tissues

c) fever

d) swelling of soft tissues

174. The clinical picture of II stage lower lip cancer is characterized by:

a) ulcer up to 2 cm, spreading to the muscle layer, lone metastases

b) ulcer on the alveolar process of the lower jaw

c) ulcer, spreading to neighboring organs, multiple regional and distant metastases

d) ulcer, spreading to adjacent anatomical structures, multiple metastases

175. The clinical picture of III stage lower lip cancer is characterized by:

a) ulcer, spreading to neighboring anatomical structures, multiple metastases

b) ulcer without metastases

c) ulcer up to 2 cm, extending to the muscle layer, lonely metastases

d) primary focus up to 1 cm, extending to the entire depth of the mucous membrane

176. Synonym for Le Fort I fracture of the upper jaw is:

a) separation of the alveolar ridge

b) suborbital

c) subaortic

d) subbasal

177. Synonym for Le Fort II fracture of the upper jaw is:

a) suborbital

b) separation of the alveolar ridge

c) subbasal

d) suboral

178. Synonym for Le Fort III fracture of the upper jaw is:

a) subbasal

b) suborbital

c) separation of the alveolar ridge

d) subaortic

179. Risk factor involved in orofacial cleft predisposition is:

a) family history and genetics

b) chronic trauma to the oral mucosa

c) the presence of chronic odontogenic infection foci

d) regular balanced diet 3 times a day

180. Risk factor involved in orofacial cleft predisposition is:

a) alcohol and tobacco

b) chronic trauma to the oral mucosa

c) the presence of chronic odontogenic infection foci

d) regular balanced diet 3 times a day

181. Risk factor involved in orofacial cleft predisposition is:

a) geographic

b) chronic trauma to the oral mucosa

c) the presence of chronic odontogenic infection foci

d) regular balanced diet 3 times a day

182. Risk factor involved in orofacial cleft predisposition is:

a) medicament intake during pregnancy

b) chronic trauma to the oral mucosa

c) the presence of chronic odontogenic infection foci

d) regular balanced diet 3 times a day

183. Risk factor involved in orofacial cleft predisposition is:

a) occupational hazards

b) chronic trauma to the oral mucosa

c) the presence of chronic odontogenic infection foci

d) regular balanced diet 3 times a day

184. Risk factor involved in orofacial cleft predisposition is:

a) having diabetes

b) chronic trauma to the oral mucosa

c) the presence of chronic odontogenic infection foci

d) regular balanced diet 3 times a day

185. Risk factor involved in orofacial cleft predisposition is:

a) certain vitamin deficiencies

b) chronic trauma to the oral mucosa

c) the presence of chronic odontogenic infection foci

d) regular balanced diet 3 times a day

186. Risk factor involved in orofacial cleft predisposition is:

a) exposure to Rubella or other infections

b) chronic trauma to the oral mucosa

c) the presence of chronic odontogenic infection foci

d) regular balanced diet 3 times a day

**Перечень оборудования, используемого для проведения промежуточной аттестации.**

*(Компьютерный класс, информационная система Университета)*

**Таблица соответствия результатов обучения по дисциплине и -оценочных материалов, используемых на промежуточной аттестации.**

|  |  |  |  |
| --- | --- | --- | --- |
| № | Проверяемая компетенция | Дескриптор | Контрольно-оценочное средство (номер вопроса/практического задания) |
| 1 | ОК-1 способность к абстрактному мышлению, анализу, синтезу | Знать основные принципы, законы и категории философских знаний в их логической целостности и последовательности | Практическое занятие №2 Вопросы №1, 4, 5, 6, 7, 9, 10  Практическое занятие №3 Вопросы № 6  Практическое занятие №4 Вопросы № 1, 3, 6, 7  Практическое занятие №6  Вопрос №4 |
| Уметь использовать основы философских знаний для оценивания и анализа различных социальных тенденций, явлений и фактов | практические задания № 8 |
| Владеть способностью абстрактно мыслить, анализировать, синтезировать полученную информацию | практические задания № 9 |
| 2 | ОПК-6 готовность к ведению медицинской документации | Знать правила оформления истории болезни стоматологического больного | Практическое занятие №1 Вопросы № 3, 4, 5, 8  Практическое занятие №2  Вопрос №11 |
| Уметь оформлять медицинскую документацию стоматологического больного | практические задания № 4, 7 |
| Владеть навыками оформления медицинской документации стационарного больного | практические задания № 4, 7, 9 |
| 3 | ОПК-9 способность к оценке морфофункциональных, физиологических состояний и патологических процессов в организме человека для решения профессиональных задач | Знать этиологию, патогенез, проявления и исходы наиболее частых форм патологии органов и физиологических систем, принципы их этиологической и патогенетической терапии | Практическое занятие №1 Вопросы № 10, 11, 12, 13, 14  Практическое занятие №2  Вопросы № 12  Практическое занятие №3  Вопросы № 1, 2, 3, 8  Практическое занятие №4  Вопросы № 2, 6, 7, 9, 10  Практическое занятие №5  Вопросы № 4, 5, 6, 7, 8  Практическое занятие №6  Вопросы № 5, 6, 7  Практическое занятие №7  Вопросы № 1, 2, 3, 4, 5, 6, 7, 8  Практическое занятие №8  Вопросы № 4, 5, 6, 7, 8, 9, 10, 11 |
| Уметь решать профессиональные задачи врача на основе патофизиологического анализа конкретных данных о патологических процессах, состояниях, реакциях и заболеваниях | практические задания № 10, 11 |
| Владеть основными методами оценки функционального состояния организма человека, навыками анализа и интерпретации результатов современных диагностических технологий | практические задания № 9 |
| 4 | ПК-5 готовность к сбору и анализу жалоб пациента, данных его анамнеза, результатов осмотра, лабораторных, инструментальных, патолого-анатомических и иных исследований в целях распознавания состояния или установления факта наличия или отсутствия заболевания | Знать основные способы обследования стоматологических больных | Практическое занятие №1 Вопросы № 1, 2, 3, 6, 7  Практическое занятие №2 Вопросы №2  Практическое занятие №4 Вопросы № 5, 8  Практическое занятие №5 Вопросы № 2  Практическое занятие №8 Вопросы № 2 |
| Уметь собирать анамнез, основные жалобы пациента | практические задания №4 |
| Владеть методами дополнительного обследования пациентов | практические задания №6 |
| 5 | ПК-6 способность к определению у пациента основных патологических состояний, симптомов, синдромов заболеваний, нозологических форм в соответствии с Международной статистической классификацией болезней и проблем, связанных со здоровьем, X пересмотра | Знать международную классификацию болезней X пересмотра | Практическое занятие №1 Вопросы № 5, 9, 11, 13  Практическое занятие №3 Вопросы № 3, 7  Практическое занятие №5  Вопросы № 1, 3  Практическое занятие №7 Вопросы № 2, 3  Практическое занятие №8 Вопросы № 1 |
| Уметь находить у пациентов патологические состояния, синдромы заболевания в соответствии с Международной классификацией болезней | практические задания № 1 |
| Владеть методами проведения диагностических принципов по выявлению патологических состояний, симптомов, синдромов заболеваний | практические задания № 1, 3, 4, 5, 7, 8 |