

Article: Full Pulpotomy as a Conservative Endodontic Treatment Option for Carious Molars with Irreversible Pulpitis

Pillay, Vorster, van der Vyver, page 6

1. *True or False: Full pulpotomy is now considered as an accepted treatment modality for symptomatic cariously exposed teeth by the American Association of Endodontists (AAE).*
 - a. True
 - b. False
2. *Which of the following materials have emerged as preferred materials for full pulpotomy?*
 - a. MTA
 - b. CEM
 - c. Biodentine
 - d. All of the above
3. *What was full pulpotomy treatment traditionally regarded as?*
 - a. A definitive treatment for mature permanent teeth
 - b. An elective alternative to root canal therapy
 - c. An emergency or interim measure
 - d. A preventive treatment for caries
4. *In the studies by Asgary et al., what percentage of cases with teeth with irreversible pulpitis treated with MTA or CEM achieved clinical success at the 5-year recall?*
 - a. 50%
 - b. 98%
 - c. 85%
 - d. 10%
5. *Which bioactive material is more suitable for use in aesthetic zones due to its lower risk of discolouration?*
 - a. Mineral trioxide aggregate (MTA)
 - b. Calcium hydroxide
 - c. Calcium-enriched mixture (CEM) cement
 - d. Biodentine

Article: The single posterior dental implant for beginners: A step by step guide from placement to restoration. Van Zyl/Todorovic, page 14

6. *Which of the following statement/s are incorrect regarding the single posterior dental implant:*
 - a. The posterior maxilla may have a soft type of bone which can be a complicating factor due to lack of primary stability of the implant when placed.
 - b. In severe cases the implant in the posterior maxilla may have no real stability and would then have to be closed under the gingiva to allow a longer undisturbed healing period of 3-6 weeks.
 - c. If the stability of the implant reaches at least 20Ncm stability during placement, it can be done safely in a 1-phase surgical protocol with attachment of a healing abutment which will keep the gingival opening for the future tooth.
7. *Which of the following statement/s are incorrect regarding the single posterior dental implant:*
 - a. The healing abutment keeps the gap open in the gingiva for the future tooth so dimensions should be selected for the size of the future tooth.
 - b. If the implant is closed with a cover screw and left to heal submerged, it must be exposed in a second surgical procedure after 12 months.
 - c. As with all dental surgical procedures, a thorough knowledge of anatomy is required when performing dental implant surgery.
8. *Which of the following statement/s are incorrect regarding the single posterior dental implant:*
 - a. The maxillary sinus may limit vertical bone availability in the posterior maxilla by pneumatization resulting in a lower sinus floor.
 - b. The sinus pneumatization should be evaluated on a 2D radiographic assessment as 3D CT imaging may not reveal the sinus floor accurately.
 - c. The width of the alveolar ridge should be assessed on the 3D CBCT for accurate planning.
9. *Which of the following statement/s are incorrect regarding the single posterior dental implant:*
 - a. The degree of opening can be a critical factor to gain access in the posterior maxilla for implant placement.
 - b. The degree of mouth opening should be checked before the surgery is scheduled and the most reliable way is to use a straight handpiece with a short dental implant drill and check if it fits.
 - c. If the patient cannot open wide enough for the implant drills, the implant may end up placed at an incorrect angle.
10. *Which of the following statement/s are incorrect regarding the single posterior dental implant:*
 - a. The Greater Palatine artery and nerve lies in a groove between alveolar bone and palatal bone- and this may be damaged by an implant angled from buccal if it exits the bone in the apical area.
 - b. The greater palatal artery may have a descending branch in the premolar area which can cause bleeding complications.
 - c. The inferior alveolar neurovascular bundle is one of the most important landmarks in oral surgery. If it is not identified accurately on 3D CBCT, it may lead to damage to the nerve with severe consequences for patient and clinician.

CPD QUESTIONNAIRE 15.4

Article: An update on research and clinical guidelines in dentistry.
Hartshorne/Kotzé, page 32 (NB: More than one answer is correct)

11. Which of the following statements relating to worldwide antibiotic prescribing are TRUE?
 - a. Antibiotic prescribing worldwide is consistent
 - b. Inconsistent and overprescribing of antibiotics contributes to antibiotic resistance
 - c. Most guidelines recommend amoxicillin as the first-choice antibiotic for non-allergic patients
 - d. Most guidelines recommend Clindamycin as the first-choice antibiotic for non-allergic patients
12. The exponential increase in dental implant use has led to a parallel increase in biological complications and peri-implant diseases (PID) (TRUE or FALSE?)
 - a. True
 - b. False
13. Which of the following statements relating to peri-implant diseases (PID) are TRUE?
 - a. PID adversely affects implant therapy success
 - b. PID are primarily a biofilm-mediated inflammatory condition
 - c. PID represents a significant clinical challenge due to its rapidly progressive nature
 - d. All of the above.
14. Which of the following risk factors are associated with a higher probability of PID?
 - a. History of dental caries
 - b. Uncontrolled diabetes
 - c. Poor oral hygiene
 - d. History of periodontitis
15. Which of the following statements relating to the use of intra-radicular posts in endodontically treated teeth to reduce failure rates are TRUE?
 - a. Favourable option in cases of diminished remaining tooth structure.
 - b. Not recommended for supporting coronal reconstruction in indirect restorations
 - c. May not be necessary in cases of direct restorations
 - d. Prefabricated or custom fibre posts are the preferred choice when intra-radicular posts are indicated for indirect restorations

Article: Smile makeover - a composite case detailing non-surgical crown lengthening. Li, page 34

16. When assessing the patient's smile and dental anatomy, at full smile the lip line was moderate, with the lips showing how much gingivae beyond the zeniths of the upper incisors?
 - a. 0.5 to 1.0mm
 - b. 1.0 to 1.5mm
 - c. 1.5 to 2mm
 - d. More than 2mm
17. The initial assessment revealed that the UR1 was:
 - a. Restored with composite
 - b. Very thin in appearance
 - c. Heavily worn (palatal anatomy)
 - d. All of the above
18. Which statement is correct:
 - a. The upper molars needed more volume to match the adjoining premolar, and the patient was able to have two more additional teeth.
 - b. The upper molars needed more volume to match the adjoining premolar, but due to cost, the patient was unable to have two more additional teeth.
 - c. The upper molars needed more volume to match the adjoining premolar, but due to cost, the patient was unable to have one additional tooth.
 - d. The upper molars needed more volume to match the adjoining premolar, and the patient was able to have one additional tooth.
19. How long did the treatment appointment last?
 - a. One hour
 - b. Three hours
 - c. Five hours
 - d. Seven hours
20. When did the author capture his postoperative records that showed good soft tissue integration?
 - a. Two weeks after treatment
 - b. One month after treatment
 - c. Six weeks after treatment
 - d. Six months after treatment