

CPD QUESTIONNAIRE 8.1.1

Article: Intraosseous cavernous haemangioma of the nasal bone: A case report and literature review. Vafaei, Ferretti page 6

- Which statement is incorrect. Of 2 types of haemangiomas, capillary and cavernous:
 - Cavernous haemangioma is more common
 - Capillary haemangioma is more common
- Which statement is correct.
 - Capillary haemangioma of the nasal cavity can present with a history of recurrent epistaxis and nasal obstruction
 - Cavernous haemangioma of the nasal cavity can present with a history of recurrent epistaxis and nasal obstruction
 - Capillary haemangioma that occurs in the nasal bone presents as a slow growing bony hard mass covered by mucosa within the cavity
- Treatments for soft tissue haemangioma include:
 - Resection using YAG laser
 - Cryotherapy
 - Sclerosing solutions
 - All of the above
 - None of the above
- According to the authors, how many cases of a haemangioma occurring in the nasal bone have been reported in the literature to date?
 - 17
 - 33
 - 7
- The advantages of using diced cartilage graft for nasal rhinoplasty and reconstruction include:
 - Lack of rejection as it is autogenous
 - Easier graft manipulation to appropriate shape
 - Ease of preparation
 - All of the above
 - None of the above

Article: Stratified layering of composite restorations after the use of orthodontic aligners. Greenwall, Katz, page 26

- According to Houle et al, what is the mean accuracy of posterior expansion planned with Invisalign?
 - 78.2% for the maxilla and 87.7% in the mandible
 - 78.8% for the maxilla and 82.7% in the mandible
 - 72.8% for the maxilla and 87.7% in the mandible
 - 87.7% for the maxilla and 72.8% in the mandible
- According to the authors, why are Class V glass ionomer restorations usually placed prior to commencing any treatment?
 - To reduce sensitivity of the orthodontic tray rubbing against the cervical area of the tooth
 - To reduce sensitivity during whitening
 - Neither of the above
 - Both of the above
- The study stating that aligner treatment can relapse more than fixed orthodontic treatment was authored by:
 - Bernabe et al (2008)
 - Lagravere and Flores-Mir (2005)
 - Kuncio et al (2007)
- In the case described, the characteristics of the malocclusion included:
 - 5mm overjet
 - Class I molar and canine occlusion
 - Mild lower anterior crowding
 - None of the above
 - All of the above
- According to Malik et al, 2013, the recommended minimum number of hours per day aligners should be worn is:
 - 12 hours
 - 8 hours
 - 18 hours
 - 22 hours

CPD QUESTIONNAIRE 8.1.2

Article: Contraindicated internal bleaching – what to do? Zarow, page 42

- If the treatment plan includes a prosthetic crown, what, according to the author, is the aim of internal bleaching?
 - To differentiate the colour of the cervical area from the crown
 - To match the colour of the crown to the adjacent teeth
 - To improve the colour around the cervical area and coronal portion of the root
- Which is not correct. Contraindications for internal bleaching include:
 - Extensive restorations
 - Discolourations caused by amalgam or other metallic materials
 - Patients over the age of 19 years
 - Significant dentine loss in the cervical portion
- In the case described, which tooth was severely discoloured:
 - Maxillary right central incisor
 - Mandibular left central incisor
 - Maxillary right lateral incisor.
 - Mandibular left lateral incisor
- Why was internal bleaching not considered in the treatment plan?
 - A fibre post had previously been cemented
 - The walking bleach technique would require the removal of sound structure
 - Both of the above
 - Neither of the above
- After the patient's acceptance, which teeth were prepared for porcelain veneers:
 - Right central incisor and right lateral incisor
 - Right and left central incisors

Article: The mock-up: your everyday tool. Harichane, page 50

- What is the author's definition of a mock-up?
 - A diagnostic wax model
 - A 'preview' produced from plaster
 - A 'preview' produced from composite
- When should a clinician implement the mock-up phase of the treatment process?
 - Immediately following treatment planning
 - Prior to corrections on the diagnostic wax model
 - Following the validation of the diagnostic wax-up
- When ordering the wax-up, the dentist should inform the dental technician that he expects:
 - Shape, position and shade
 - Shape and shade
 - Shape and position
 - Position and shade
- What do the benefits of producing a mock-up include?
 - They offer a preview of the intended aesthetic and functional results
 - They allow the patient to make an educated decision on the final result
 - They provide the dental technician with more information than a diagnostic wax model
 - None of the above
 - All of the above
- Which of the following is not mentioned as a limitation of mock-ups:
 - Dentists who do not use self-curing composites for temporary restorations could also view this as an additional cost factor.
 - Production of a mock-up requires a certain degree of dexterity
 - Their use can prolong treatment time
 - The technique requires preparation, retention, bonding and anaesthesia.