

Article: Masterclass in Implant Dentistry: Julyan et al, page 6

1. **Which of the following statement/s are incorrect regarding implant platform switching:**
 - a A dental implant and its implant-supported crown should always aim to replicate the size and shape of the missing natural tooth/teeth it replaces.
 - b The ideal 3-dimensional positioning of the implant is crucial.
 - c The emergence profile is the contour of the implant body as it emerges from the implant platform.
 - d None of the above

2. **Which of the following statement/s are incorrect regarding development of the emergence profile in implant dentistry:**
 - a The most apical section of the dentogingival unit is the supra-crestal fibre insertion into the
 - b There are no significant differences between a natural tooth's transmucosal zone (the dentogingival unit) and that of an implant.
 - c The dentogingival unit is known to many of us as the Biologic Width although this term is not used anymore.
 - d None of the above

3. **Which of the following statement/s are correct regarding development of the emergence profile in implant dentistry:**
 - a The implant-gingival unit is different from the dentogingival unit in that it has fibres inserting into the abutment/implant, with the collagen fibres running into the abutment/implant.
 - b The full length of the attachment of soft tissue to the implant/abutment is via hemidesmosomes.
 - c It is not important to ensure that the implant is surrounded by attached keratinized tissue.
 - d None of the above

4. **Which of the following statement/s are correct regarding development of the emergence profile in implant dentistry:**
 - a The width and thickness of keratinized tissue affects not only the health of the peri-implant gingival component, but also the aesthetic outcome.
 - b The shape of the implant restoration is not of importance to form and support the gingival architecture as it has no fibre insertion to aid this process.
 - c According to Gomez-Meda et al. (2021) the aesthetic biological contour concept does not guide the development of the emergence profile of an implant supported restoration.
 - d None of the above

5. **Which of the following statement/s are correct regarding development of the emergence profile in implant dentistry:**
 - a The E Zone (Esihetic Zone) is the first 1 mm apical to the free gingival margin around dental implant restorations and should be convex to match the shape of the tooth being replaced or the contralateral tooth
 - b The B Zone (Bounded Zone) is the next 6mm apical to the E Zone and is dependent on the implant positioning and quantity of soft tissue.
 - c The C Zone (Crestal Zone) is the 1-1.5mm immediately coronal to the implant restoration margin.
 - d None of the above.

6. **Which of the following statement/s are incorrect regarding development of the emergence profile in implant dentistry:**
 - a Natural teeth crowns have emergence profiles that differ depending on the type of tooth (oval, triangular and rhomboidal).
 - b No natural tooth root is completely cylindrical in shape, however almost all dental implants are cylindrical in cross-section.
 - c The components we attach onto the implant and the implant-supported crown have no role in recreating the shape and size of the missing natural tooth/teeth and the ideal morphology of the peri-implant soft tissue.

7. **Identify which of the following are part of the main function/s of the healing abutment?**
 - a Protection – During the healing post-implant placement, it protects the implant platform and the peri-implant soft tissue.
 - b Soft tissue thickening – The peri-implant soft tissue becomes thicker with the healing abutment.
 - c Access – Allows the clinician access to the bone for fitting of the implant.

8. **Which of the following statement/s are incorrect regarding the healing abutment in the development of the emergence profile in implant dentistry:**
 - a The surgeon should consider the correct GH to accommodate the depth of the implant in relation to the crestal bone height.
 - b The height of the healing abutment should be sufficient to emerge through the soft tissue so that the restorative clinician has adequate access to the implant, without overgrowth of soft tissue.
 - c When choosing the final abutment, the restorative clinician should choose a different gingival height of the final abutment than that of the healing abutment, so that there will be no impingement of soft tissue or bone, and that the soft tissue will be supported as was developed during the healing phase.

9. **Which of the following statement/s are incorrect regarding development of the emergence profile in implant dentistry:**
 - a Anatomically shaped healing abutments have become available to ensure better soft tissue emergence of the implant restorations.
 - b If an implant is placed too deep to accommodate the use of a standard stock healing abutment, a temporary abutment can be modified by the addition of composite resin.
 - c When the restorative clinician examines an implant case and finds the healing abutment is too narrow to accommodate a definitive implant crown, the implant will have to be changed to better fit the healing abutment.

10. **Which of the following statement/s are incorrect regarding development of the emergence profile in implant dentistry:**
 - a Customizable healing abutments are usually fabricated from a polyetheretherketone (PEEK) which can be trimmed and polished according to the desired, site-specific emergence profile.
 - b If the emergence profile has been created properly, the final restoration will blend seamlessly with the surrounding soft tissue and the adjacent teeth. Ideally the implant-supported restoration should appear to "emerge from the soft tissue" with a natural transition.
 - c Digital technology cannot be used to design a customizable abutment to accurately replicate the emergence profile of the natural tooth.

CPD QUESTIONNAIRE 14.3

Article: Aesthetic/functional rehabilitation of mandibular incisal edge defects. Ernst, page 14

11. *If left untreated, parafunctional defects of the mandibular incisors can lead to which type of defects:*
- Class I
 - Class III
 - Class IV
12. *According to the authors, if, physiologically or unphysiologically, the bite decreases over the years, this first becomes visually apparent to the patient:*
- At the canines
 - At the incisors
 - Neither of the above
13. *When selecting materials for incisal Class-I restorations which does the author recommend:*
- A paste-like material
 - An injectable universal filling material
 - A low-viscosity material
14. *In the first case described, the patient brought attention to his lower incisors because:*
- There were incisal outbursts with clearly recognisable depressions
 - He found them too dark at the incisal edge
 - Both of the above
15. *In case 2, in which shade was the injectable, low-viscosity restorative material selected for this case*
- A3
 - A03
 - A3.5

Article: Root caries: challenges and recommendations. Schwendicke, page 32

16. *True or false: The dental biofilm is colonised by only a small number of acid-producing and acid-tolerant bacteria and is therefore normally non-cariogenic*
- True
 - False
17. *In Germany, the average 12-year-old child now has only 0.5 decayed or filled teeth, a decrease, since 1970's, of almost:*
- 60%
 - 80%
 - 90%
 - 70%
18. *In which sector of the population, are other forms of caries, such as secondary and/or root caries more significant*
- Children
 - Adolescents
 - Older population
19. *Which various material categories are available for restoring root lesions:*
- Conventional glass ionomers and their latest generation, the glass hybrids
 - Materials combining the properties of both material classes, like resin-modified glass ionomers
 - Resin-based composite materials
 - All of the above
 - None of the above
20. *According to the author, a range of studies have demonstrated that GI reduce caries risk on the restoration margins with a distance of:*
- Up to 200µm.
 - Up to 250µm.
 - Up to 300µm.

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