

## Article: Masterclass in Implant Dentistry: Essentials of basic implant dentistry. Van Zyl, page 6

1. Which of the following statement/s are correct regarding bone level implants:
  - a. The implant is designed to be placed in a manner where the neck of the implant ends just below the gingival crest
  - b. The implant ends at or just below the bone crest
  - c. They are identical in design to tissue level implants
  - d. They need to be connected to a permanent or healing abutment to reach the supragingival space
2. Which of the following statement/s are correct regarding Tissue level implants:
  - a. Pulpal necrosis
  - b. Tobacco products
  - c. Amylogenesis imperfecta
  - d. Fluorosis
3. A stent or surgical guide is used to:
  - a. Connect the implants in cases of implant supported bridges
  - b. Help the surgeon ensure that the implant is placed in the correct 3D position
  - c. Assess the bone in the exact implant position by placing a radio-opaque marker in the stent when taking a CBCT
  - d. Give exact guidance using CAD-CAM technology in all cases
4. Which of the following statement/s are correct when taking impressions of dental implants:
  - a. It can only be taken with a digital scanner as no other technique is accurate enough
  - b. It may be taken with a pick-up impression post (open tray technique) or a transfer impression post (closed tray technique)
  - c. The dental technician will connect a lab analog to the pick-up impression post but not to the transfer post
5. Which of the following statements is incorrect?
  - a. All implant crowns are manufactured in a precise manner to enable successful cementation by the dentist chair-side
  - b. Most cone connection abutments allow for a lab-cemented implant crown which is screw retained and has no micro-gap allow bacterial growth
  - c. The process whereby an implant attaches to the bone is called osseo-integration

## Article: Masterclass in Endodontics: Non-vital bleaching for discoloured endodontically treated teeth. Vorster & Van der Vyver, page 18

6. Which of the following factors define tooth discolouration and its associated aetiology?
  - a. Intrinsic factors
  - b. Extrinsic factors
  - c. A combination of intrinsic and extrinsic
  - d. All of the above
7. Which of the following is a leading cause of local post-operative intrinsic tooth staining?
  - a. Pulpal necrosis
  - b. Tobacco products
  - c. Amylogenesis imperfecta
  - d. Fluorosis
8. True or False: Non-vital bleaching is considered an effective non-invasive endodontic treatment modality to lighten discoloured endodontically treated teeth.
  - a. True
  - b. False
9. True or False: Prior to the placing of bleaching material (when performing non-vital tooth bleaching), gutta percha in the root canal should be reduced 3–4mm below the CEJ
  - a. True
  - b. False
10. Which of the following are important aspects of access cavity preparation and cervical seal during a non-vital bleaching procedures?
  - a. Mesial and distal pulp horns should be removed in order to prevent further discoloration
  - b. Air-polishing with bicarbonate soda powder can be useful to remove remnants of restorative and root-filling materials
  - c. Additional conditioning of the dentine surface of the access cavity prior to placement of the bleaching gel might improve the bleaching outcome.
  - d. All of the above

**11. Which of the following statement/s are incorrect regarding oral cancer:**

- a. Early diagnosis of cancer lesions can assist in ensuring a successful outcome whereas the late diagnosis could lead to debilitating surgery and often a low 5-year survival rate.
- b. The oral health care worker routinely examines the oral cavity and should therefore be able to recognize oral cancers at an early stage.
- c. Any ulcer, unidentified lump or white/red lesion should be biopsied if it does not disappear within 12 weeks.

**12. Which of the following statement/s are correct regarding oral cancer:**

- a. Early diagnosis of cancer lesions can assist in ensuring a successful outcome whereas the late diagnosis could lead to debilitating surgery and often a low 5-year survival rate.
- b. Early diagnosis of cancer lesions does not change the 5-year survival rate.
- c. The oral cavity is lined by stratified squamous epithelium; hence cancerous transformation of this epithelium is correctly termed lipoma of oral cavity.

**13. Which of the following statement/s are correct regarding oral cancer:**

- a. All oral ulcers that do not heal after 8-10 weeks should be biopsied.
- b. Verrucous carcinoma is typically seen in older men, often associated with pipe smoking and present as an exophytic lesion with a warty, white surface.
- c. Verrucous carcinomas have a very poor prognosis, but they should be thoroughly examined histologically to detect the transformation to a classical OSCC which will positively influence the prognosis.

**14. Which of the following statement/s are correct regarding oral cancer:**

- a. The sides of tongue need not be inspected as it rarely develops cancer.
- b. To examine the oral cavity, one must follow a systematic approach to ensure no area of the oral cavity is missed. It can be done in less than 2 minutes and should be repeated at every dental visit.
- c. The lateral sides of tongue and floor of mouth are the lowest risk areas for OSCC.

**15. Which of the following statement/s are correct regarding oral cancer:**

- a. Remove a suspected cancerous lesion completely when doing a biopsy as this indicates to the surgeon where the margins are.
- b. The biopsy tissue should be placed in a container with 1% buffered formalin.
- c. All cases of suspicious malignant lesions should be done as an incisional biopsy, unless performed by a qualified surgeon who may attempt to remove the lesion, with clear margins, if small enough.

**16. Which of the following statements relating to the new standard of care for temporo-mandibular disorders are TRUE?**

- a. Diagnosis is based on validated assessment and patient history.
- b. CBCT imaging is indicated in all cases.
- c. Oral appliances serve as long-term aids.
- d. First-line therapy is self-management, physiotherapy and cognitive-behavioural strategies.

**17. Which of the following statements related to evidence-based consensus clear aligner orthodontic therapy are TRUE?**

- a. Rotation of round teeth require attachments and over-correction.
- b. Extrusions need rectangular attachments or elastics.
- c. Distalization is less predictable than mesialization.
- d. Clear aligners permit skeletal expansion.

**18. Which of the following statements relating to adverse events in non-surgical facial aesthetic procedures are TRUE?**

- a. Botulinum toxin injections show the highest complication rate.
- b. Hyaluronic acid (HA) fillers accounted for most adverse events.
- c. Most treatment related adverse events are mild and self-limiting.
- d. Botulinum toxin procedures were most associated with pain and bruising.

**19. Intranasal dexmedetomidine and the midazolam-ketamine combination was found as the most effective regimens for achieving safe, reliable sedation and anxiolysis in children. (TRUE or FALSE?)**

- a. True
- b. False

**20. Which of the following statements relating to the role of luting cements in zirconia crown survival are TRUE?**

- a. Fluoride release in glass-ionomer cements (GIC) improves retention.
- b. Both GIC and resin-modified glass-ionomer cements (RMGIC) remain clinically reliable when sound preparation principles are followed.
- c. For anterior teeth, conventional GIC offers adequate performance and ease of use.
- d. In anterior regions, RMGIC offers greater retentive predictability without compromising biological compatibility.