

**Article: Masterclass in Implant Dentistry: Contour augmentation with simultaneous implant placement in the aesthetic zone.**  
**Van Zyl, Todorovic, page 6**

1. *Which of the following statement/s are correct*
  - a In 40% of all patients the buccal alveolar bone wall in the anterior maxilla is between 1-2mm thick
  - b In less than 30% of patients the buccal alveolar bone wall in the anterior maxilla is between 0.5-2.3mm thick
  - c In more than 90% of patients the buccal alveolar bone wall in the anterior maxilla is less than 0.5mm thick
  - d In 10% of patients the buccal alveolar bone wall in the anterior maxilla is between 3-4mm thick
  - e All of the above
2. *Which of the following statement/s are incorrect*
  - a Bundle bone dimensions are 0.2-0.4mm and this is a tooth related structure
  - b Bundle bone will resorb once the tooth is removed
  - c To have a stable aesthetic outcome to implants in the anterior maxilla, a minimum of 0.5mm buccal bone thickness is necessary
  - d A requirement for simultaneous placement of a dental implant with horizontal augmentation is primary stability of the implant
  - e All of the above
3. *Which of the following statement/s are incorrect regarding contour augmentation*

There should not be any active periodontitis

  - b There should be excellent plaque control
  - c One walled defects work best as it allows for more bone augmentation to be done
  - d Two walled and 3-walled defects are better than 1-walled defects
  - e None of the above
4. *Which of the following statement/s are incorrect regarding contour augmentation*
  - a Barrier membranes can be classified as resorbable or non-resorbable
  - b Resorbable can be classified as natural or synthetic, depending on their origin
  - c Resorbable membranes are the best option for this, as additional surgery for membrane removal is easy to perform.
  - d It was demonstrated that when embedded in bone DBBM is almost not resorbed.
  - e None of the above
5. *Which of the following statement/s are correct regarding contour augmentation*
  - a With the intra sulcular flap approach, it is important to make sure the bone material and membrane is in communication with the sulcus on adjacent teeth to allow for drainage of the wound.
  - b Contour augmentation aims to compensate for the thin buccal bone plate resorption, thus preventing aesthetic complications such as defects of the alveolar ridge and gingival recession
  - c Primary stability of the implant is not important to prevent micro-movement of the implant healing, as micro-movement helps with new bone formation
  - d Passive closure is the least important aspect of the procedure, as any tension in flap/sutures will help with wound closure
  - e All of the above.

**Article: A class II smile makeover with clear aligners.**  
**Rai, page 36**

6. *When was the patient's last dental visit?*
  - a Two months prior
  - b Six months prior
  - c More than 12 months prior
  - d More than five years prior
7. *Which of the following is NOT on the problem list?*
  - a High smile line (gummy smile)
  - b Lip catch
  - c Increased overbite
  - d Increased overjet
8. *Which tooth was to be used as the anterior reference point?*
  - a UR3
  - b UR1
  - c UL1
  - d UL2
9. *IPR was to be carried out:*
  - a In the maxillary arch only
  - b In the mandibular arch only
  - c In the maxillary and mandibular arches
  - d IPR wasn't carried out
10. *How many aligners were included in the original treatment plan?*
  - a 14
  - b 31
  - c 17
  - d 20

**Article: Restoring a congenitally absent lateral: an aesthetic case.**  
**Derby and Sztuparity, page 46**

11. *How much space did the patient's orthodontic treatment provide to place a restoration?*
  - a 2mm
  - b 4mm
  - c 6mm
  - d 8mm
12. *According to King et al (2015), what's the survival of a resin retained bridge at five years?*
  - a 78.2%
  - b 80.8%
  - c 80.4%
  - d 94.6%
13. *What was the treatment plan for the UL2?*
  - a Composite veneer
  - b Leave the tooth alone
  - c Porcelain veneer
  - d Implant
14. *Research shows that bonded zirconia-based RRBs have a high survival and success rate. The study by Kern et al, 2017, demonstrated:*
  - a A 10-year survival rate of 80.8% and a success rate of 80.4%
  - b A 10-year survival rate of 92% and a success rate of 98.2%
  - c A 10-year survival rate of 98.2% and a success rate of 92%
15. *On reflection about this case, what would the authors do differently?*
  - a Ask for a full wing
  - b Ask the orthodontist to position the tooth 0.5-1 mm palatally
  - c Use more of the white tint
  - d All of the above

**Article: Treatment of the dreaded black triangle: a case report and an introduction to injection moulded composite dentistry.**  
**Clark, page 52**

16. *According to the authors, what proportion of adults suffer the aesthetic and functional dilemmas associated with black triangles:*
  - a More than half
  - b One-third
  - c Three-quarters
17. *Conventional solutions for open gingival embrasures include:*
  - a Soft tissue graft or papilla reconstruction
  - b Interproximal bone graft.
  - c Removable prosthesis in severely compromised cases.
  - d All of the above
  - e None of the above
18. *True or False: Application of phosphoric acid alone will properly address biofilm removal*
  - a True
  - b False
19. *According to the author, the ideal restoration today should reach what ratio of paste to flowable composite in aesthetic and load-bearing areas:*
  - a 75%
  - b 85%
  - c 95%
20. *In the center of the tooth, there is a gap that allows injection of the composite. This distinct injection zone is often referred to as:*
  - a The vestige.
  - b The umbilical cord or umbilicus of the restoration
  - c The sprue