**Oral pathology II**

**1) Periodontitis local complications are the following EXCEPT:**

a) periostitis

b) regional lymphadenitis

c) osteomyelitis

d) primary amyloidosis

e) sinusitis

**2. Which statements are correct about the dental caries characteristic:**

a) frequently affects children, adolescents

b) frequently affects the upper jaw teeth

c) commonly affects the lower jaw teeth

d) first molars are often affected

e) lower incisors are commonly affected

**3. Which are the local factors of dental caries development:**

a) excess of carbohydrates in alimentation

b) oral microbial flora

c) blood type

d) composition of saliva

e) permanent teeth terms eruption

**4. General factors that are important in the dental caries development are the following, EXCEPT:**

a) hereditary predisposition

b) metabolism disorders

c) osteo-articular system pathologies

d) content of vitamins and micronutrients

e) hormonal disorders

**5. Dental deposit consists of the following EXCEPT:**

a) microbes

b) food scraps

c) desquamated epithelium

d) cholesterol

e) mucin

**6. Which are the dental caries evolution stages:**

a) macula stage

b) the stages of tanning

c) surface caries

d) circular cavity

e) deep cavity

**7. Which are the microscopic components of cavity decay wall:**

a) softened dentin zone

b) transparent dentin zone

c) granulation tissue

d) fibrous tissue

e) dentin replacement zone

**8. Types of dental caries in children are the following, EXCEPT:**

a) circular

b) retrograde

c) arrested

d) fluorosis

e) early subenamel

**9. Local complications of deep caries are the following EXCEPT:**

a) pulpitis

b) periodontitis

c) periodontosis

d) soft tissue abscess

e) mouth floor phlegmon

**10. General complications of deep dental caries are the following EXCEPT:**

a) rheumatic diseases

b) sepsis

c) vasculitides

d) cerebral stroke

e) allergic reactions

**11. Pulp reactive changes include the following EXCEPT:**

a) circulatory disorders

b) atrophy

c) pulpitis

d) dystrophy

e) cysts

**12. General etiological factors of pulpitis are:**

a) infectious

b) alimentary

c) metabolic

d) toxic

e) hereditary

**13. Local etiological factors of pulpitis are the following, EXCEPT:**

a) traumas

b) chemical factors

c) sialadenitis

d) medium and deep caries

e) thermal agents

**14. Periodontitis causative factors are the following EXCEPT:**

a) pulpitis

b) deep caries

c) Trauma

d) chemical factors

e) psychological factors

**15. Which are dermatological diseases with oral manifestations:**

a) lichen planus

b) scabies

c) pemphigus

d) dermatitis herpetiformis

e) streptodermia

**16. Blood diseases with oral manifestations are the following, EXCEPT:**

a) hypochromatic anemia

b) pernicious anemia

c) erythremia

d) agranulocytosis

e) posthemorrhagic acute anemia

**17. Which are the first elements that sufferer in the pulp necrosis evolution:**

a) cells

b) connective fibers

c) vascular walls

d) nerve fibers

e) fundamental substance

**18. In which of the following cases changes of tooth color can occur:**

a) pulp necrosis

b) chronic pulpitis

c) pulp gangrene

d) Acute serous pulpitis

e) acute purulent pulpitis

**219. Pulp necrosis infection is produced bacterial germs coming from:**

a) oral cavity

b) neighborhood cysts

c) lateral root canal

d) alveolar bone

e) none of the listed

**20. Necrosis of pulp can have the following course:**

a) remains for a period in this stage

b) spontaneous healing

c) chronic pulpitis with closed pulp chamber

d) pulp gangrene

e) dental fracture

**21. Identify evolution and complications of acute purulent apical periodontitis:**

a) external root resorption of iatrogenic nature

b) fistulation, resorption and temporary healing

c) complications with osteomyelitic process

d) root internal resorption of microbial nature

e) suppuration of lodges and cervico-fascial spaces

**22. Chronic fibrous apical periodontitis is morphologically characterized by:**

a) formation of so-called fibrotic granuloma lesions

b) at the periphery of the formation, cell agglomeration is higher than in the middle

c) narrowed blood vessels with thickened walls

d) presence of the lymphoblastic infiltrates

e) presence of dense bone tissue areas with few bone trabeculae and intertrabecular spaces

**Pathology of esophagus and stomach. Intestinal pathology**

**1. An endoscopic biopsy of gastric mucosa reveals small intestinal type epithelium this finding is most likely due to:**

1. chronic gastritis
2. congenital heterotopia
3. precancerous dysplasia
4. metastatic carcinoma
5. benign neoplasm

**2. Hematemesis is an indication of:**

1. upper gastrointestinal bleeding
2. lower gastrointestinal bleeding
3. middle gastrointestinal bleeding
4. all of the listed
5. none of the listed

**3. The most common cause of upper gastrointestinal hemorrhage (hematemesis or melena) is:**

1. esophageal varices
2. gastric carcinoma
3. peptic ulcer
4. gastritis
5. all of the listed

**4. Primary carcinoma is least common in:**

1. esophagus
2. stomach
3. small intestine
4. colon
5. rectum

**5. Bilateral ovarian metastases presenting as tumor masses are most characteristically associated with carcinoma of the:**

1. esophagus
2. stomach
3. small intestine
4. appendix
5. colon

**6. What is the most common cause of esophageal varices:**

1. alcoholic cirrhosis
2. cardiac cirrhosis
3. extra-hepatic portal vein obstruction
4. esophagitis
5. all of the listed

**7. Acute erosive gastritis is characterized by:**

1. pus in the stomach
2. superficial multiple ulcerations of gastric mucosa
3. a deep ulcer of the stomach with a scarred base
4. a frequent association with gastric cancer
5. perforation as frequent complication

**8. Which neoplasm is most FREQUENTLY found in the appendix:**

1. carcinoid
2. villous adenoma
3. lymphoma
4. adenomatous polyp
5. adenocarcinoma

**9. Colonic neoplasms tend to metastasize most frequently to:**

1. liver
2. lung
3. vertebral column
4. small intestine
5. kidney

**10. In contrast to carcinoma of the right colon, carcinoma of the left colon tends to be associated with:**

1. anemia
2. diverticulosis
3. malabsorption
4. obstruction
5. no symptoms

**11. The most common fatal complication of chronic peptic ulcer of the stomach is:**

1. adenocarcinoma
2. acute gastritis
3. perforation and peritonitis
4. pancreatitis
5. pyloric outlet obstruction

**12. Destructive complications in peptic ulcer are:**

1. hemorrhage
2. plasmorrhage
3. stenosis
4. perforation
5. penetration

**13. Choose the macroscopic types of the esophageal cancer:**

1. nodular
2. exophytic
3. diffuse nodular
4. branching
5. diffuse infiltrative

**14. Peptic ulcer complications are the following:**

1. destructive
2. inflammatory
3. invasive
4. malignant transformation

**e.** benign transformation

**15. Which of the following types of esophagitis it is the most common:**

1. reflux
2. viral
3. fungal
4. acute corrosive
5. chronic granulomatous

**16. Choose the retrograde matastases of the gastric cancer:**

1. Virchow
2. Abrikosov
3. Kaposi
4. Krukenberg
5. Schnitzler

**17. The most frequent localization of the gastric cancer is:**

1. lesser curvature
2. greater curvature
3. pylorus
4. fundus
5. cardia

**18. Which gastro-intestinal segments are most frequently involved in Crohn's disease:**

1. small intestine
2. stomach
3. oral cavity
4. colon
5. esophagus

**19. The most common complications in Crohn disease are:**

1. fistulas
2. massive bleeding
3. spreading
4. malignant transformation
5. toxic dilatation

**20. The most frequent complications of appendicitis are:**

1. peritonitis
2. cancer
3. mucocele
4. hemorrhage
5. diverticulitis

**21. Choose the benign types of the intestinal tumors:**

1. tubular adenoma
2. villous adenoma
3. melanoma
4. tubulo-villous adenoma
5. lymphoma

**22. The most common cause of the peritonitis are the following, EXCEPT:**

1. gastric ulcer perforation
2. intestinal perforation in typhoid fever
3. gangrenous appendicitis
4. focal pneumonia
5. acute pancreatitis

**23. Acute colitis complications are:**

1. hemorrhage
2. perforations
3. pneumonia
4. appendicitis
5. abscess

**24. Which of the following inflammatory conditions of the intestine is characterized by segmental involvement of the small/or large bowel, transmural inflammation, and the development of epithelioid granulomas:**

1. Crohn's disease
2. ulcerative colitis
3. cryptosporidiosis
4. diverticulitis
5. colitis cystica profunda

**Pathology of the liver**

**1. Which of the following types of liver tumors is most commonly associated with the oral contraceptives:**

1. bile duct adenoma
2. bile duct hamartroma
3. focal nodular hyperplasia
4. hepatocellular carcinoma
5. hepatocellular adenoma

**2. Conditions that are considered to increase the risk for developing of hepatocellular carcinoma include:**

1. alcohol-related cirrhosis
2. HBV-related cirrhosis
3. idiopathic hemochromatosis
4. primary biliary cirrhosis
5. secondary biliary cirrhosis

**3. The most common tumor of the liver it is:**

1. cholangiocarcinoma
2. hepatocellular carcinoma
3. hemangiosarcoma
4. liver cell adenoma
5. metastatic carcinoma

**4. The hepatorenal syndrome is associated principally with:**

1. microvesicular fatty liver
2. intrahepatic cholestasis
3. hepatocellular carcinoma
4. cirrhosis
5. extrahepatic biliary obstruction

**5. Which of the following is associated with destructive cholangitis:**

1. hepatitis B
2. alcoholic hepatitis
3. primary biliary cirrhosis
4. neonatal hepatitis
5. Dubbin-Johnson syndrome

**6. The most common cause of hepatocellular carcinoma is:**

1. hepatitis B
2. alcoholic hepatitis
3. autoimmune hepatitis
4. neonatal hepatitis
5. Dubbin-Johnson syndrome

**7. Mallory hyaline is associated with:**

1. autoimmune hepatitis
2. alcoholic hepatitis
3. hepatitis B
4. hepatitis D

**e.** hepatitis C

**8. Predominantly unconjugated hyperbilirubinemia is typical of:**

1. intravascular hemolysis
2. carcinoma of common bile ducts
3. carcinoma of gallbladder
4. carcinoma of the head of the pancreas
5. viral hepatitis

**9. Ballooned hepatocytes and acidophilic bodies found in a liver biopsy are most indicative of:**

1. alcoholic hepatitis
2. acute viral hepatitis
3. primary biliary cirrhosis
4. hemochromatosis
5. cardiac cirrhosis

**10. Hepatitis A is transmitted primarily by which of the following routes:**

1. blood transfusions
2. snake bites
3. fecal-oral
4. sexual transmission
5. intravenous drug abuse

**11. Extrahepatic biliary obstruction is caused by each of the following, EXCEPT:**

1. pancreatic carcinoma
2. carcinoma of the ampulla of Vater
3. bile duct carcinoma
4. advanced cirrhosis
5. sclerosing cholangitis

**12. Which of the following conditions could lead to the development of portal hypertension:**

1. cirrhosis
2. portal vein thrombosis
3. severe right sided heart failure
4. hepatic vein thrombosis (Budd-Chiari syndrome)
5. all of the listed

**13. You are examining a patient with advanced cirrhosis. What would you expect to find:**

1. cervical lymphadenopathy
2. distended abdomen with fluid wave
3. massive hepatomegaly
4. muscular hypertrophy
5. small spleen

**14. It is likely that a gallstone will produce jaundice if impacted in any of the following anatomic sites, EXCEPT:**

1. ampulla of Vater
2. common bile duct
3. common hepatic duct
4. confluence of common bile duct and pancreatic duct
5. cystic duct

**15. Which of the following is LEAST likely to be associated with portal hypertension due to liver cirrhosis:**

1. ascites
2. pulmonary hypertension
3. spontaneous bacterial peritonitis
4. thrombocytopenia
5. hepatorenal syndrome

**16. Which of the following is associated with the highest rate of progression to chronic hepatitis:**

1. hepatitis A virus
2. hepatitis B virus
3. hepatitis C virus
4. hepatitis D virus
5. hepatitis G virus

**17. Histologic pattern of acute alcoholic hepatitis is reduced to:**

1. fatty degeneration of hepatocytes
2. necrosis biliary ducts
3. leukocyte infiltration and portal tracts necrosis
4. appearance of Russell cells
5. appearance of Mallory bodies

**18. Liver cirrhosis is followed by:**

1. portal hypertension
2. development of intrahepatic portocaval anastomoses
3. development of extrahepatic portocaval anastomoses
4. development of hydrothorax
5. liver laxity

**19. The following cirrhosis types are distinguished on the morphogenesis background:**

1. alcoholic
2. postnecrotic
3. necrotic
4. portal
5. biliary

**20. Viral hepatitis outcomes:**

1. the full restoration of the structure
2. transition of acute hepatitis in chronic
3. transition to hepatosis
4. liver cirrhosis
5. amyloidosis of liver

**21. Decompensated portal hypertension is manifested by:**

1. jaundice
2. ascites
3. esophageal varices
4. a stroke
5. pulmonary hemorrhage

**22. Decompensated portal hypertension is usually complicated by:**

1. pulmonary edema
2. ascites
3. gastrointestinal bleeding
4. hemorrhoids
5. brain hemorrhage

**23. Biliary cirrhosis is divided into:**

1. postnecrotic
2. septal
3. primary
4. secondary
5. multicentric

**24. The following are histologic types of liver carcinoma:**

1. postcirrhotic
2. hepatocellular
3. cholangiocellular
4. adenomatous
5. Precirrhotic