

All Answers are prepared with great research and are to the point. Some of them may have explanations for your better understanding. All questions are important and you must learn them as their repeat rate is extremely high.

Sample Booklet with Question and Answers from MFD Part 2 Dental Exam Ajman 2018 conducted in April 2018

11)MFD PART 2- Ajman 2018

1) Signs



Advantage of vaccum over non vaccum?

(5 options)

	Vaccum Autoclave	Non Vaccum Autoclaves
1	Less time	More time
2	Instruments can be wrapped	NO wrapping
3	Solid, Hollow and Perforated Instruments can be autoclaved	Only Solid instruemnts can be autoclaved.
4	NO Rusting of Instruments	Rusting and corrodng of instruments occur
5	Storage time – 60 days	21 days
6	More expensive	Less expensive

7	Verifiable Sterilization	Not as effective as vacuum sterilization
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b) Optimum pressure

32 PSI (2.2bar) – Vacuum Autoclave

15 PSI Non Vacuum Autoclave

c) Optimum temperature

134 degree and 3 mins in Vacuum Autoclave

121 degree and 15 mins in Non-Vacuum Autoclave

2) Picture of Nance appliance



a) What component of this appliance?

Molar bands, 19mm Wire and Acrylic button

b) Name other fixed space maintainer used in upper jaw and mechanism of their action?

Transpalatal arch, prevent bilateral loss of space

c) What instruction you give to patient?

Oral Hygiene maintenance

d) What material used to attach band?

Silver solder and flux with blue part of Oxidising flame.

3) Picture of patient with Anaphylaxis...after taking Amoxicillin



a) What is diagnosis?

Anaphylaxis – Hypersensitivity type 1

b) What first line of treatment? Dose? Route of Administration?

First Line of treatment

A – Secure Airway

B – Breathing

C- circulation

D- Disability

E- Exposure

IM doses of 1:1000 adrenaline (repeat after 5 min if no better) •

Adult or child more than 12 years: 500 micrograms IM (0.5 mL) •

Child 6 -12 years: 300 micrograms IM (0.3 mL) •

Child 6 months - 6 years: 150 micrograms IM (0.15 mL) •

Child less than 6 months: 150 micrograms IM (0.15 mL)

c) Other drug used?

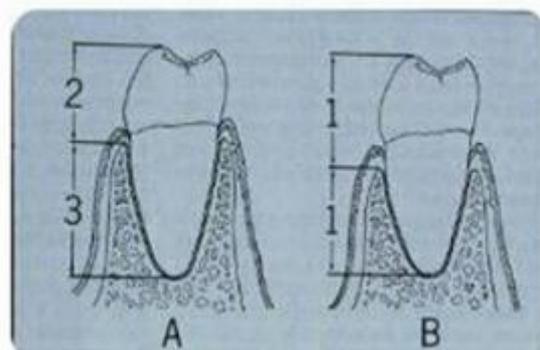
Second line

Steroids and Antihistaminics along with 500-1000ml of IV fluids ins bolus in Adults

d) Name 10 drug in emergency used with their route of Administration and their condition they use in?

Oxygen	100% 6-8l/per min Inhalational in All cases where breathing is impaired.
Epinephrine	0.5ml 1:1000 IM in Anaphylaxis
Diphenhydramine	10mg/ml IV Allergy and Anaphylaxis
Diazepam	5mg/ml IV or IM In Status Epilepticus
Meperidine	50mg/ml in Myocardial Infarction
Glucagon	1mg/ml IV Hypoglycemia or 20-50% dextrose 50ml
Hydrocortisone	1-2 mg/kg IV q6hr initially for 24 hours status Asthmaticus
Atropine	0.5mg IV Sinus Bradycardia
Naloxone	0.4mg/dl IM in Opiod Induced Apnea
Glyceryl Trinitrate	0.1, 0.3 mg Sublingual in Angina

4) Picture of A with crown root ratio 2:3 B crown root ration 1:1



a) What relevance of this picture?

Crown root ratio

b) What is best one to use as abutment in fixed prosthesis A or B?

A is the best abutment

c) What is Antes law?

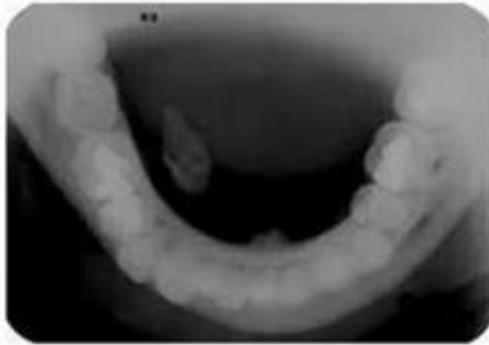
"the total periodontal membrane area of the abutment teeth must equal or exceed that of the teeth to be replaced."

d) Radiograph of missing multiple teeth consider it according to Antes law?
ON which tooth you will make Abutment.

Premolar and molar shall be used as Abutment.



5) What is the name of radiograph?



Occlusal Mandibular Radiograph

a) Give 4 differential diagnosis?

Sialolith

Foreign body

Calcified Lymph nodes

Hemangiomas with calcification

b) Other 2 radiograph needed in diagnosis?

Sialogram

CBCT scan

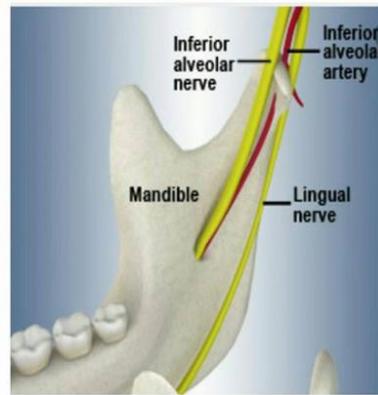
c) What's complication of doing surgery in this area floor of mouth?

Lingual nerve

Lingual artery

Mylohyoid nerve

6) Picture of mandibular foramen:



a) Name the foramen coloured by red?
Mandibular foramen.

b) Name the nerve entering this foramen?
Inferior Alveolar Dental Nerve

c) Name the nerve crossing the area which is coloured by yellow?
Lingual nerve

d) Which structures innervated by this nerve?
Anterior 2/3rd of Tongue
Lingual gingivae of all teeth
Floor of the mouth.

e) Mylohyoid muscle attachment is coloured; name the nerve that innervates this muscle?

Mylohyoid branch of Mandibular nerve

f) There is a nerve going to the anterior 2/3 of the tongue with Lingual nerve. Where is located the root of this nerve?

Chorda Tympani nerve – root lies in Superior salivatory nucleus and Nucleus of tractus solitarius.

7) Pic of major aphthous ulcer, he gave history of recurrence



Major Aphthous Ulcer

- a) Patient gave other signs with the ulcer like uveitis and genital ulceration.
which syndrome is he having.
Behcets syndrome.
- b) Patient said, this lesion is very frequent, why?
Low Immunity due to AIDS so frequent infection
- c) Clinical features
Isolated lesions 5-10mm in diameter or more.
Heal with scarring
Painful surrounded by erythematous border
Recurrent in nature lasting for weeks
- d) Differential diagnosis
Squamous cell carcinoma
Traumatic ulcer/ chemical burn
- e) Histopathology
Inflammatory cells
Neutrophils, Lymphocytes
Anitschkow cells
- f) Treatment
Topical Anesthesia

Steroids – Hydrocortisone 1% 1-1-1x7days
Benzydiamine mouth rinse

- 8) Radiograph of upper right central Incisor.



- a) Types of root resorption?

External root resorption

External inflammatory root resorption

Internal Root resorption

- b) The cause of root resorption in the pic?

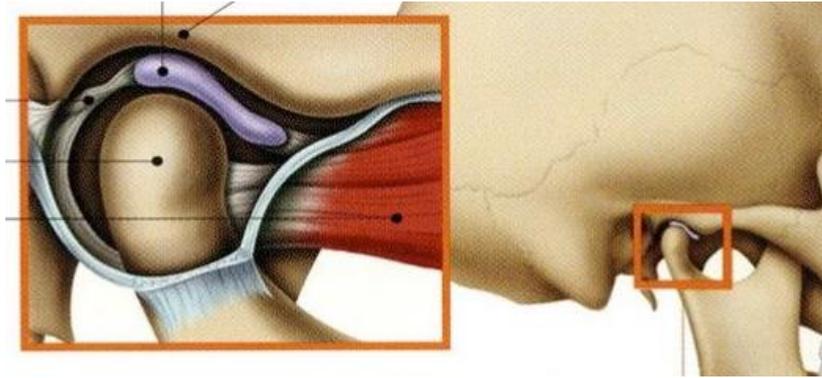
External inflammatory root resorption due to reimplantation of avulsed tooth OR

Traumatic Concussion resulting in Pulpal necrosis resulting in Root resorption.

- c) How you will treat it?

Prognosis looks poor but Pulpectomy followed by CaOH dressing and follow up can slow down or eliminate root resorption which can be followed by Obturation with GP.

9)TMJ



- a) Name of the ligaments
 Lateral Temporomandibular Ligament
 Sphenomandibular Ligament
 Stylomandibular Ligament

- b) Why is it Atypical
 Congruity (Bilateral) (Important word)
 Disc is Fibrocartilagenous instead of Hyaline like other joints in the body

- c) Action of open and open wide? Which muscles
 Lateral Pterygoid
 Anterior belly of digastric
 Mylohyoid and Geniohyoid muscles.

- d) Which muscles close?

Masseter
 Medial Pterygoid
 Temporalis Muscle

- e) Nerve supply

Auriculotemporal nerve

Massetric Nerve

Deep temporal nerve

- 9) Picture of primary incisor
due to trauma



- a) Type of trauma?
Intrusion
- b) Investigations?
Periapical Radiograph from 2 angles
- c) What are your treatment options?
Observe for reeruption of tooth
Extraction if root is deflected in lingual direction
- d) What are the indications for extraction?
Root causing damage to the permanent tooth bud.
Patient requests extraction
Fracture of the root
Tooth exhibits signs of ankylosis
Alveolar fracture
- e) What are cases that you have to extract the primary tooth?
Grossly carious non restorable teeth
Irreversible pulpitis and patient desires extraction
Ankylosis of tooth
Overretained teeth
Serial Extraction for Orthodontic Purpose

11) A Patient complain of mobile teeth and good oral hygiene



a) Which type of Periodontitis?

Localized Aggressive Periodontitis

Juvenile Aggressive Periodontitis

b) Bacteria involved

Gram-negative bacilli, with few spirochaetes

Actinobacillus actinomycetemcomitans

Porphyromonas gingivalis

c) What would be your management?

1) Non – Surgical – Cause finding

Oral Hygiene

Corrective – Plaque control, Chemical Control

Supportive

2) Antimicrobials

Metronidazole 400mg TDS 7-10 days

Amoxicillin 500mg TDS 7-10 Days

Local drug delivery eg. Periochip

- 3) Surgery – Flap Surgery/Modified Widman/Pin Hole Surgery
- 4) Maintenance Phase – Recall and Evaluation

12) A middle age female patient reported with swelling which bleeds easily.



a) Clinical features

Interdental gingiva inflammation between canine and 1st premolar

b) Differential diagnosis

- Oral Pyogenic granuloma
- Peripheral giant cell lesion
- Pregnancy tumour
- Local Irritation
- Trauma

c) Histopathology

Giant cells

Lymphocytes

Plasma cells

d) Treatment

Surgical Excision

Cauterization

Reassurance for example in Pregnancy.