

VIVA QUESTIONS FOR MFD PART 2

- According to 2017-18 format,
- Viva session is for 30 minutes. 15 minutes on two tables.
- Each table has 2 examiners
- Each examiner will ask you about a particular specialty. Which means that at least 4 subjects of dentistry you shall have to answer to pass in viva.
- Each examiner has their own laptop on which they display pictures and ask you questions about it.
- You are assessed based on number of questions ***you are able to answer correctly in a specific manner.***
- Which means that you have to be very accurate in instantly identifying the diagnosis and differential diagnosis with treatment planning, causes, etiology, etc.
- Below mentioned questions are collected after lot of hardwork from various examinations and students who appeared for Royal college part 2 examination.
- Your answer needs to be precise and not a story. The more questions you answer, more are chances of you clearing.
- If you don't know answer to any question, just say PASS , do not think about it and waste the precious time.
- ***Also, you shall have to answer question in a specific manner as points are based on how you answer.***
- If you thoroughly practice the below mentioned questions with answers and the WAY to answer them, at least 6-7 times, you shall be very comfortable in the exam, with addition of tips and other topics mentioned in the answer booklet.

A) Viva exam April 2018, Bahrain

First examiner:

1) Picture for lower 6 with fissure sealant:

- Types
- GIC resin
- Advantages
- Disadvantages
- Which one is better

2) Molar Incisor Hypomineralization

- Everything in details
- Causes
- How did you know the diagnosis,
- Treatment

3) Crown and loop space maintainer

- When to use band and loop
- Follow up
- When to remove it

Second examiner:

1) Picture of Periapical x ray

- What do you see - It was elongated.
- Why?
- Risk of radiograph?
- Prevention of risk?

2) Picture with exposed bone after 2 days of extraction

- Diagnosis

- What is the scientific name of dry socket
- How to know definitive diagnosis?
- Everything about osteonecrosis in details
Everything about dry socket in details

3) Patient with ulcer on lower lip
What can you see? - Traumatic ulcer

- Third examiner:
 - 1) Panorama with impacted canine
- Diagnosis
- Prognosis
- How to know where impacted (clinically)
- Then how to know by other technique:
 - 2) Another panorama with mixed dentition What you see :
(Hypodontia)
- Another pic with anterior cross bite
- Everything about crossbite

Fourth examiner:

1) Tumor in palate

- Diagnosis, risk factor
- Treatment what can you do with him as GP
- Types of biopsy

2) Third molar impaction

- Classification
- Treatment (easy or not to extract, type of xray you will take and why)

3) Patient with infected space (It was bilateral in floor of the mouth)

- Risk
- What can you do with him as GP

- What are the medical condition if Patient has it will increase the risk?
- Then ask me about types of diabetes

4) Patient with complete denture

- Come to me with pain, soreness exposed bone starting from history to examination in details (medical history social)
- What your diagnosis
- I asked the examiner if patient with cancer he said yes with breast cancer and taking drug for cancer
- Asked about definitive diagnosis
- Bisphosphonate
- ARONJ
- What your role as GP

B) April 2018, Bahrain – Another student.

Examiner 1:

1) A picture of two permanent central incisors, the right is fully formed with closed apex, the left one is not fully formed, the root is short with open apex and big apical radiolucency. No symptoms just Tender to percussion.

- What do you see
- Why is this radiolucency? The cause?
- What is your treatment, materials used
- Other option for treatment

2) Two upper permanent central incisors their picture shows - one with discoloured crown the other one with normal colour, with x-ray for both, they are root filled.

- What is the problem?
- The solution?

- Which materials?

Examiner 2:

1) Opg showing bone resorption around almost all teeth, patient is 50years old.

- What do you see.
- Diagnosis?
- What are the types of bone resorption? Show them to me on the radiograph?
- Treatment?
- Use antibiotics or not?
- Which one?
- Why?

2) Systemic disease related Periodontitis (diabetes)

- Why diabetes causes Periodontitis?
- What is the normal Hba1c?

Examiner 3:

1) White lesion on an area of an extracted tooth what do you see?

What is this lesion?

2) A picture of a big white lesion on the right buccal mucosa only. No other lesions in the mouth.

What is this lesion?

3) A small rough raised white lesion on the lateral border of the tongue

Describe?

- This is your patient. How to manage?
- Possible diagnosis. Type of biopsy. why?

Examiner 4

1) You gave a patient an ID block. And then he can't close his eyes, and can't control his mouth, what has happened?

- What would you do? Are you going to complete treatment for him? Or you will stop?
- What is the complication of this situation?

- How you will manage?
- 2) You have given a patient anesthesia then he becomes pale and dizzy?
- What is happening? What is your management?
- 3) A picture of a patient who has severe trauma to his face, the maxilla appears fractured and teeth displaced, bleeding.
- What do you see?
 - What are you going to do?
 - If there is a maxillary fracture and root fracture for the teeth. What are you going to do? You should maintain teeth or extract?

C) VIVA exam in Ajman March, 2018

First Examiner:

1) Tell me about RPD classifications.

Kennedy classification

the classification according to support (he didn't want the name of the classification, only the types)

2) What are the important info. you should tell the technician about? (he wants the components of RPD)

3) Mention the types of lower major connectors you know.

4) When we prefer to use lingual plate over lingual bar?

5) Specific component for distal extensions? RPI

(what is the components of RPI?)

6) Where do we put the rests in bounded saddles?

7) What is the impression tech. used in distal extensions?

8) Difference between mucostatic and mucocompressive impressions?

9) Advantages of temporary crowns?

10) What happens to gingiva if we lose the temporary? gingival overgrowth

Second Examiner:

1) Difference between gingivitis and periodontitis.

2) Types of gingivitis.

3) Picture of young adult with recent mobility and spacing in upper anterior teeth, pocketing about 8mm.

- What is the possible causes of spacing?
- What is the investigations?
- Then he put the OPG, what is the diagnosis? OPG showed bone loss interdental in all teeth.
- Aetiology?
- Treatment. (don't forget to mention the maintenance)
- What is the category of Mertenidazole? And its side effects
- Difference between gingival and periodontal abscess.

Third Examiner:

1) Show an occlusal and OPG radiographs with impacted canine - ask me about the name of tech used to localized the impacted canine?

2) What are the causes of buccal canine impaction & palatal canine impaction?

3) The possible treatments of canine impaction.

4) The types of canine exposure (open and closed surgery)

5) Picture of lichen planus on the buccal mucosa.

Describe, what is the pattern (reticular pattern), differential diagnosis?

- If it is lichen planus what is the treatment, investigations, the type of biopsy?
- & the cause of taking biopsy?
- What is the extraoral & skin features that is associated with the lichen planus?

- 6) OPG of radiolucency at the angle of the mandible, describe.
Differential diagnosis (keratocyst, dentigerous cyst, ameloblastoma)
- What is the specific feature of ameloblastoma?
 - If it is keratocyst, then when would expansion occur?

Fourth Examiner:

1) A pic to anterior tooth with file in its canal. Ask about any error you see in the pic- there was a ledge in the apical third & no straight path access

- The causes of the ledge?
- How the correct access should be?

2) Pic with apex locator. Describe what you see (apex locator screen), what is the mechanism?

3) What is the most accurate radiograph or apex locator?

4) When the apex locator is preferable?

5) When the apex locator give a false reading?

6) Picture of cervical lesion on the lower premolar. Describe, what is the diagnosis, define the abfraction & its cause.

7) What is the difference between the abfraction and abrasion, what are the types of tooth wear you know.

D) Ajman 2018 – Another Student

First Examiner:

1) OPG with multiple radiolucent cysts.

What do you see?

Gorlin syndrome, other features of Gorlin Syndrome, how would you treat it.

2) OPG with parasymphiseal fracture, AP view with condylar fractures, what other features would you see in a patient with single sided condylar fracture.

3) Aphthous ulcer, characteristics and its treatment.

4) OPG with 3rd molar bilateral impaction – Identify the class of impaction.

5) OPG with Dentigerous cyst, Differential diagnosis, describe the lesion.

6) Lateral surface of tongue with white patch, DD, treatment.

7) Define epithelial dysplasia and its features (favorite question, study well)

Second Examiner:

1) Picture of apex locator, what is this, what are its types, how to measure it, does it have any advantage over radiographic method?

2) Picture of crosssection of a tooth with a file in it which showed ledging, so what can you see, why ledging has occurred?

3) Picture of a floor of pulp chamber which is already obturated with GP points and shows perforation in centre, what has happened, why it has happened.

4) Picture of cervical abrasion on a molar, what is this, different types of tooth structure loss, and its treatment.

Third Examiner:

1) In detail complete steps of complete denture fabrication?

- 2) What is facebow, why do you use it?
- 3) How to determine shape and size of tooth?
- 4) What is jaw relation?
- 5) What modification in custom tray would you do before taking final impression
- 6) Finish lines of different restoration materials?
- 7) What is a surveyor, why to use it

Fourth Examiner:

- 1) Picture with gingival abscess and IOPA showing bone resorption on lateral side of tooth, what is this – periodontal abscess, difference between perio and apical abscess?
- 2) Localized aggressive periodontitis, its causes, treatment, phases of treatment?
- 3) Pyogenic granuloma, pregnancy gingivitis?
- 4) Anug, its causes, treatment?

E) Bahrain MFD 2017

- 1) Dry socket – Details about it.
- 2) Osteomyelitis – causes, treatment

3) Infected endocarditis

4) Avulsion & splint – details and types of splint. Duration of splint in different types of fracture.

5) The difference between ANUG/P and aggressive periodontitis.

6) The effect of smoking on oral bacteria

7) Herpetic gingivostomatitis.

- Diagnosis? Treatment? When to give acyclovir and when not and other diseases in which acyclovir is given.

F) Ajman 2017

1) Everything about amalgam

2) Fracture of mandibular angle.

- Signs
- Symptoms
- Management

3) Prosthodontics - impression techniques

- Admixed technique
- Altered cast technique
- Neutral zone technique
- Flabby ridge

4) Management of periodontitis

Treatment

G) Bahrain 2015

- 1) During the extraction of upper molar u heard a crack which is not the tooth? What is it?
- 2) How will you manage oroantral communication?
- 3) Components of LA carpoule?
- 4) Twin Block appliance – Advantages and Disadvantages?
- 5) OPG for child with unerupted canines? At which age u decide it is impacted?
- 6) Explain Parallax technique.
- 7) What is the name of dry mouth? Treatment?
- 8) How to do periodontal assessment?

Another Room:

- 1) Periapical radiograph with periapical radiolucency related to upper premolar with very deep restoration. Diagnosis? Management?
- 2) Post extraction bleeding – How to manage?
- 3) If your patient is Asthmatic. What analgesic you prescribe to him?
- 4) Irrigations used during RCT? Concentration?
- 5) Aim of RCT?

- 6) DPT showing bridge with distal abutment with very large intraradicular radiolucency. Treatment options?
- 7) How to assess patient for implant?
- 8) What is osseointegration? How do you know that implant is successful?
- 9) Study models for a child with missing lateral incisors. Treatment options?

H) Dublin 2011

There were 2 tables with 2 examiners in each table.

- 1) What is the haemostasis? What is the platelet? Talk about the mechanism of haemostasis.
- 2) What is the warfarin, define the INR and give its normal ratio? Patient taking warfarin and need extraction, How to deal with him?
- 3) What is the physiological mechanism of hypoglycaemia? What are the signs and symptoms of hypoglycaemia? How would you treat the patient with hypoglycaemia?
- 4) Picture of child face -
What do you see in this picture? (A child with cellulitis.)
What are the complications of this condition?
How would treat this child?
- 5) Oral Cancer: risk factors and common intra oral sites.
Smoking increases the risk by ? folds.
Alcohol increases the risk by ? folds.
Synergistic action of smoking + alcohol increases the risk by ? folds.
- 6) Picture of Minor Aphthus Ulcer
Describe what you see?

Talk about the 3 different types of RAS.

What are the predisposing factors?

What is your treatment? Topical steroid

7) Picture of ulcer:

Describe what you see?

(An erythematous ulcer with areas of white patches in the commissural area, triangular in shape with its apex pointed posteriorly. There is no covering membrane.)

What are the types of leukoplakia? Name that has the tendency to become malignant?

What are the features of epithelial dysplasia?

What is your differential diagnosis?

How can you reach the definite diagnosis?

8) Picture of post and core: What do you see? Why we may need them?

9) Skull:

What are the important anatomical structures in this area (maxillary sinus, muscles, nerves, arteries, veins)?

10) Talk about the TMJ in details; attachment, intra-articular disc, membranes, synovial fluid, ligaments, etc).

11) Give the definition of the 4 types of the tooth surface loss?

12) Picture of 2 implants:

Describe what you see? (The bone was deficient around one implant.)

How can treat this defect?

What are the types of the bone graft and give an example of each type?

I) Ajman 2015 viva

First Table

1) Picture of white lesion on the gingiva extends from the molar area to the premolar area

D.D (one of them is lichen planus) , what drugs can cause the white lesion

2) What are the risk factors?

Second Table

1) Picture of a patient with a missing incisor. Treatment options?

2) Picture of a cast of class 1 kennedy's classification. Treatment modality?

3) Picture of a third molar horizontally impacted with crown against the second molar - describe what u see?

What are the risk factors ?

What structures you have to care about?

4) Dry socket

Define?

What is the main problem that causes dry socket

What material do you use to the treatment of dry socket?

Other materials?

5) Picture of Base of skull – identify foramen Ovale

Structures passing through it?

6) MTA

Uses

Three elements that the MTA provide in endodontic treatment

7) Diameter of size 1 Gates Glidden burs & Paesoreamer?

J) Dublin 2015

1) Case: you did an extraction of 8 and after 3 days the patient came back with severe pain, diagnosis? Treatment?

2) Lone standing upper 7 during extraction u hear a crack which is not the tooth, what do u suspect?

Fracture of max tuberosity. Management? Complications?

What if u didn't notice the crack and the patient came back complaining of bubbling in his mouth when he blows his nose? Diagnosis? Management?

3) Principles of flap design

4) Antibiotic prophylaxis in infective endocarditis Are there any cases where u might give it?

5) X-ray showing apical and lateral radiolucency (perio – endo lesion) which came first? Management?

6) Lots of pics of different Kennedy classifications asking u to classify each one

Asked about Kennedy class 1 and what would u use on the distal abutment (RPI)

Explain how it works?

7) Shows a picture of a distobuccal phalange of upper CD with pressure paste showing 2 spots where the denture base is showing.

Why is the patient in pain? Why is it displacing? How would you correct it?

8) Picture of buccal mucosa with Lichen planus lesion.

Diff diagnosis? Management? Types? How would u confirm diagnosis?

Types of biopsy? Which type for this lesion? Where would u biopsy from?

Peripheries? Why? How would you send it to the lab? How would u label it?

What other info would u provide to the lab?

9) Radiolucency in the angle of the mandible. Diff diagnosis? Confirmation of diagnosis?

10) Impacted central incisor. Causes? Management? Any questions to ask the parents?

11) Picture Bilateral cleft lip and palate. Time of lip closure? Other operations? General management? What might u see?

12) Infraoccluded molar. Management?

13) Supernumery tooth (mesiodens) Classification od supernumerary teeth? Management?

K) Dublin 2012

1) After assessing the patient, you are decided to do a crown for the lower second molar tooth. Which finishing margins will you use and why?

Which impression material will you use?

Why do you need to place a temporary crown?

Which material do you need for temporization?

Name the luting materials that will you use?

2) A patient is not satisfied with his complete denture. What is your management?

3) What is the treatment of xerostomia? What is the side effect of pylocarbine?

4) What are the features of epithelial dysplasia? Give a classification of it?

5) Talk about the pulpotomy and mention the materials used in it? Formocresol and ferric sulphate.

Is formocresol still used in paediatric dentistry and why?

6) If you have a primary tooth with inter-radicular radiolucency, what is your management?

What are the types of space maintainer?

7) Types of tooth surface loss. What is the common cause of erosion in a young female? (Very common question)

1) Khartoum 2011-2013

1) Impacted lower 8 - classification?

Complications in general?

Treatment options?

2) Picture of 2 implant fixtures - what the difference? What is better?

3) Pulp therapy - pulpotomy & pulpectomy (Indications, materials, objectives, techniques, success rate)

4) Space maintainer - lingual arch, distal shoe, band & loop in details? Types of distal shoe?

5) Angular cheilitis - differential diagnosis, treatment.

6) Steroid complications?

7) RCT - In details sequence and methods, instruments, materials, irrigants, GP, medicaments.

8) Bilateral crossbite treatment – Treatment options?

9) Impacted upper central incisor - commonest cause, what do you ask patient's parent about.

10) Implant - Periimplantitis? Contraindications?

11) Jaw relations & try-in - talk about it in detail.

12) Fissure caries, fissure sealant

13) Demineralization, remineralization.

14) Enamel, lamella, tuft & spindle

15) Impacted lower 8 - risk of IAN, how to know that?

16) Impacted canine - parallax technique? Treatment options?

17) Rubber dam - advantages, usages, what wrong in the picture (there was no floss tied to the clamp)

18) Picture of Fixed orthodontic appliance with demineralization - what are the complications of fixed ortho?

19) Class II Div 2 (picture) -what do you see?

20) OPG of impacted canine - what is more prevalent, buccal or lingual? What percentages?

21) Picture of teeth with fluorosis - the cause?

What changes happen on the tooth? (flouroapetite change) , At what stage of tooth development?

The treatment?

The use of laser in treatment of flourosis?

What laser do on teeth? The dose of laser used?

22) Picture of tied tongue -what is this?

What is the Treatment?

23) Picture of Gingival Enlargement? (drug induced)

Which drugs can cause this condition?

24) Picture of epulis in strange area in woman - what is this?

Treatment? Cause?

25) Picture of impacted canine in OPG? Diagnosis of canine impaction?

26) Under erupted 5 - the cause? Treatment?

27) Classification of furcation involvement?

28) Picture of upper arch with missing teeth - talk about chrome-cobalt partial denture.

29) Histology of enamel?

Stages of tooth development? Junctional epithelium? Gingival fibers? Enamel proteins?

30) Oroantral fistula – Treatment?

31) Maxillary tuberosity fracture - management? Who deals with this?

32) Overdenture - Indications and contraindications?

- 33) Immediate denture - Advantages and disadvantages?
- 34) Periodontitis - Causes?
- 35) Infraocclusion – Treatment?
- 36) Class III malocclusion - what do you see?
- 37) Functional appliance (twin block) - Indications?
Dental & skeletal effects?
- 38) Crown preparation for lower 1st molar - finishing line?
Choice of material? Factors affecting the selection?
- 39) Composite – Detail about composite material – steps to do it?
- 40) Pre-malignant lesions – describe them.
- 41) Impaction of lower 8 – classification.
- 42) Trauma - intrusion of permanent teeth (Treatment options, factors affecting prognosis, investigations)
Avulsion and intrusion of primary teeth?
- 43) Skull: lateral view with trigeminal ganglion with the 3 divisions emerging through their canals –
What nerves passing through these canals?
All techniques of anaesthesia on photograph? (block, infiltration)
- 44) Picture of MOD preparation with band - what options of filling materials?
How retention can be improved?
- 45) Picture of lichen planus - describe? Investigations? Biopsy types? Medium to keep biopsy and concentration? Labelling of biopsy, what to write?
- 46) Candida - types? Talk about them?
- 47) Bilateral missing laterals - cause? Prevalence? Diseases associated?
- 48) Types of bridges? Cantilever? Advantages and disadvantages?
- 49) Types of bone grafts?

50) Histology of ameloblastoma?

51) Picture of nerve inside the parotid gland - what is this?

Branches? Frey's syndrome? Mechanism?

52) Difference between trans palatal arch and nance appliance?

53) Picture of supernumerary tooth in maxillary arch - what is it? Types according to location and shape?

54) Steps of complete denture construction?

55) Aphthous ulcer in details?

56) ANUG in details?

57) Dry socket - mechanism? Treatment in details?

Oral Surgery (Viva questions with pictures)

1)



OPG with impacted lower 8 & radiolucency at angle of the mandible.

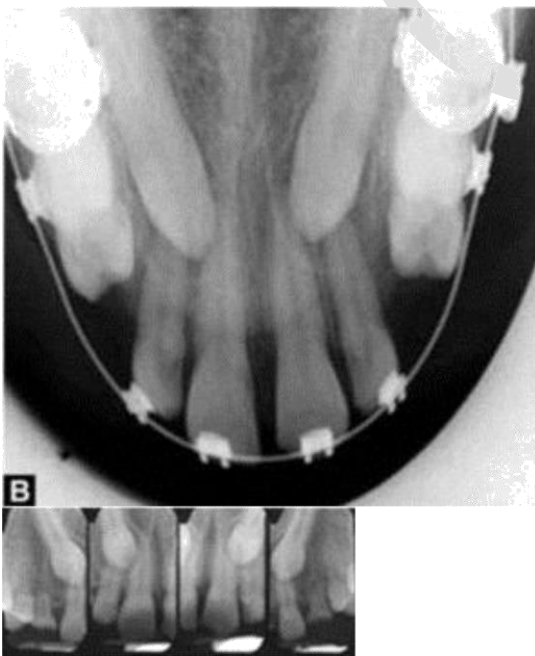
1. Type of impaction?

2. Differential Diagnosis of the lesion?

3. Symptoms arise because of the presence of the lesion in this area?

Treatment options for the lesion?

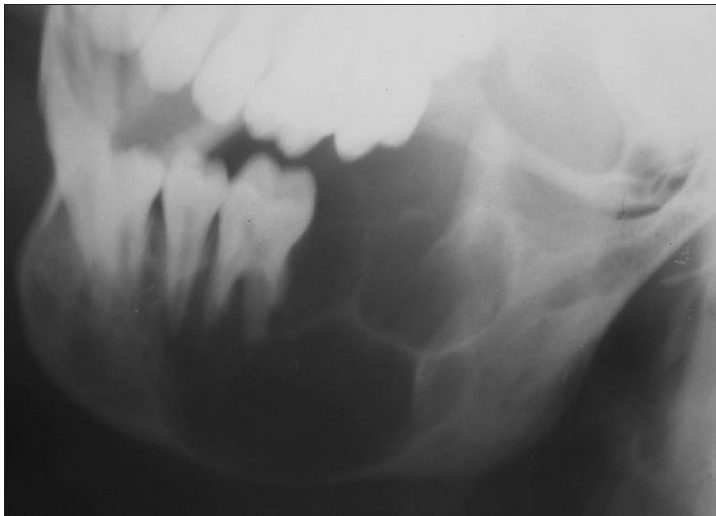
2) Talk about what you see



OPG, upper occlusal and 2 periapical views of the upper anterior teeth showing impacted upper canines.

1. Name of this technique?

3)



X-ray Radiograph showing lower posterior radiolucent lesion.

1. Name of the X-ray view?
2. What are the two most likely differential Diagnosis?
3. Describe the lesion.
4. Choose one lesion from what you wrote above and describe how does the lesion occur?

4)



1. Where is the canine impacted?
 2. What technique is this?
 3. How do you take an upper occlusal view?
 4. What are the treatment options for the palatally impacted canine?
- 5)



X-ray with impacted lower 8

1. Describe what you see.
2. What are the symptoms that the patient may complain of?
3. What is the differential diagnosis?
4. Give 3 treatment options.
5. What is the long term complication?

6)



1. What is this?

2. Two Differential Diagnosis.

3. What is the difference between the lesions you mentioned from the lesion in the picture?

4. Treatment.

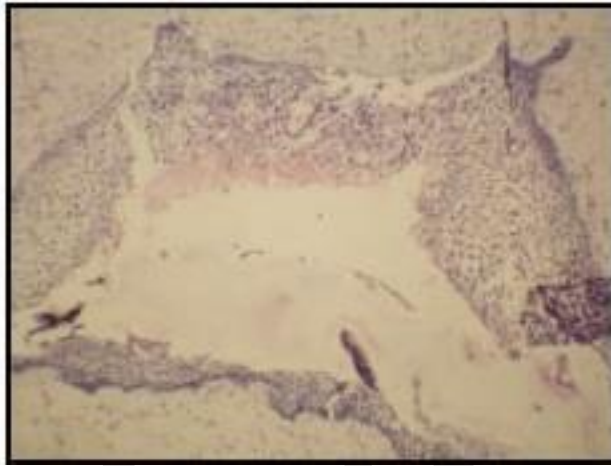
7)



1. What are these types of x-ray?

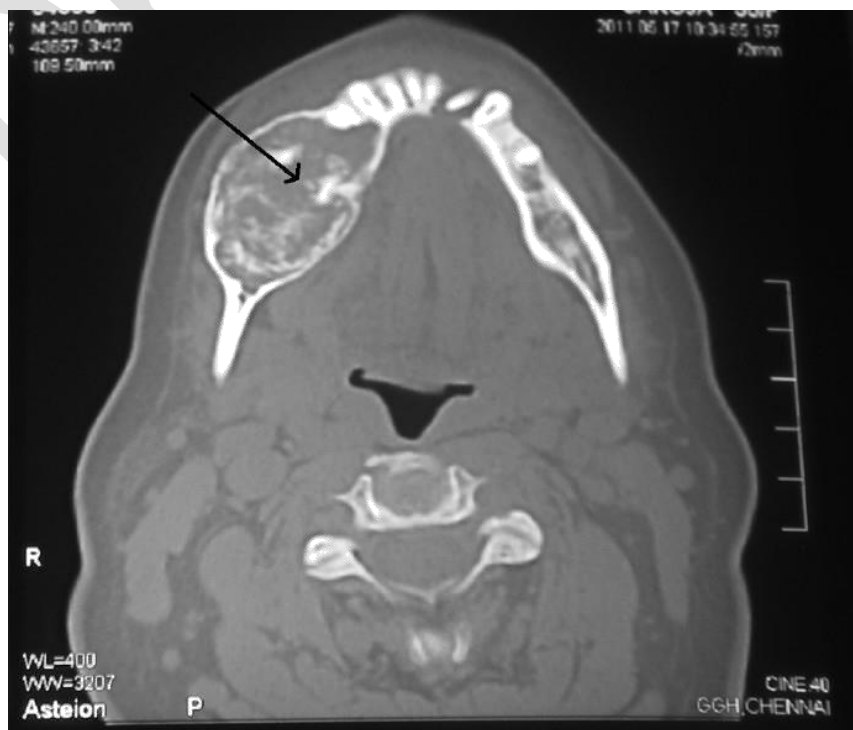
2. Differential Diagnosis

3. Spot Diagnosis?



4. Treatment.

8)



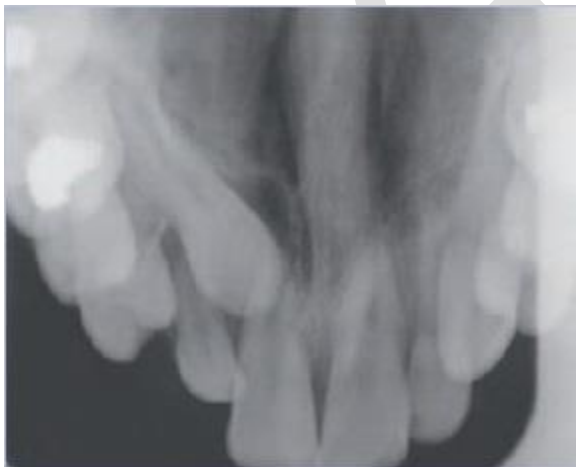
1. What is the X-ray type?
2. Differential Diagnosis of the lesion?
3. Most Probable Diagnosis?

9)

View 1



View 2



1. What are the types of these x-rays?
2. How do we take the second x-ray?

3. What is the name of the technique used to localize the canine?

4. Position of the canine in relation to other teeth?

10)



1. Diagnosis?

2. What are the two structures that I should care about during treatment?

3. Type of content?

4. Other areas where you can find this lesion?

5. Affect which part of the gland?

6. Lined with epithelium?

Station 11



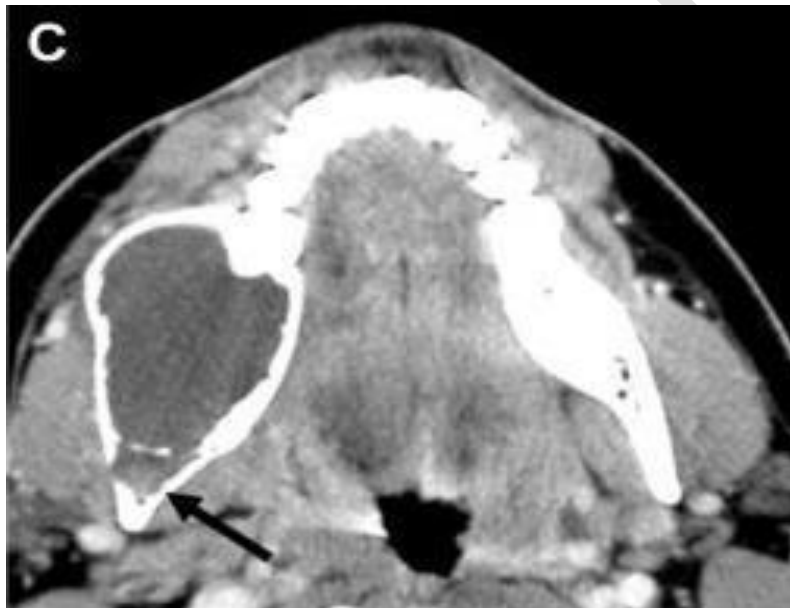
35 year old woman complaining of discolored lateral incisor with history of previous trauma. X-ray shows apical radiolucency with resorption of the apex in relation to the radiolucency

- a. What is your diagnosis?
- b. What treatment would you do?
- c. Describe the steps for the treatment you mentioned above.

12) **View 1**



View 2



1. Identify both views?
2. Describe what you see in the first radiograph?
3. Differential diagnosis?
4. Management?

13) **View 1**



View 2



1. What are these views?
2. How to take the second one?
3. Left canine location in relation to the teeth?
4. Another indications for occlusal radiograph?

14)



Picture of periapical of central incisors with radiolucency around the apex

1. Describe the lesion.
2. What is the Diagnosis?
3. Treatment options ?
4. Steps of the procedure

15) Identify the angulations.

View 1



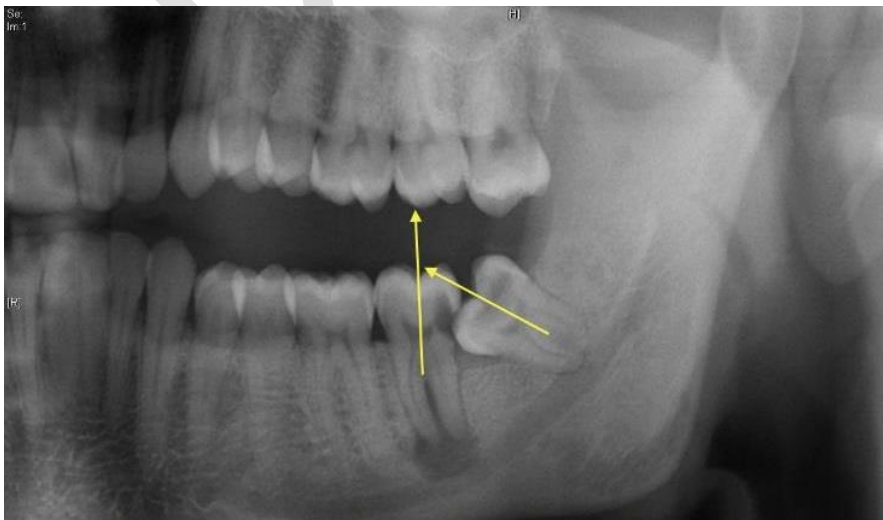
- View 2



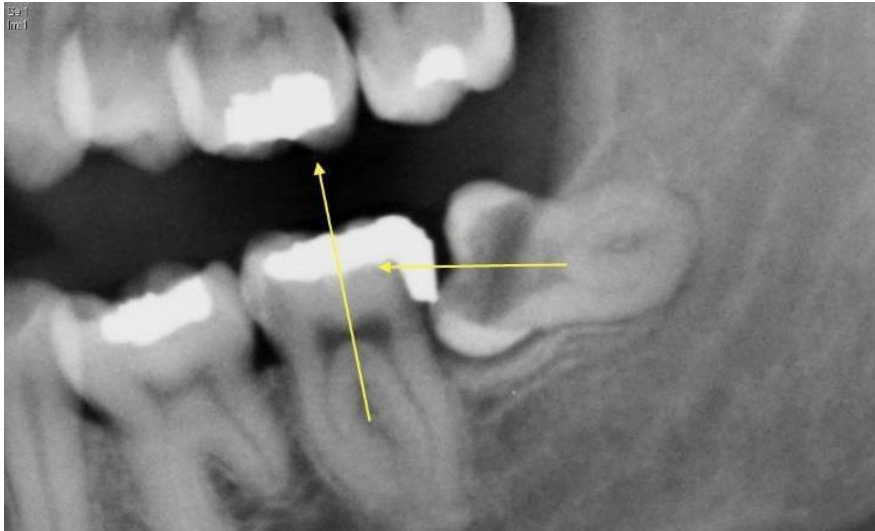
View 3



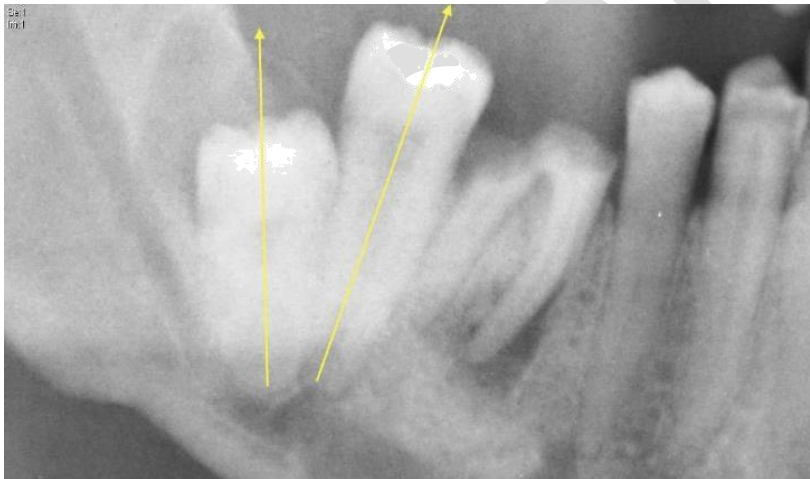
View 4



View 5



View 6



1. Mention the impacted lower 8 angulation in each x-ray.
2. Which one is the most difficult type of impaction and which one is the easiest according to the x-ray radiographs?
3. Which one is the closest to the inferior alveolar canal?
4. What is the other way of treatment other than the conventional Surgical Removal?