Endo 502 MCQs

The most common postoperative cause of endodontic treatment failure is which of the following?
 A.Coronal leabage

B.a separated instrument

C.overextension of obturating material

D.Placement of a post unnecessarily

2. The prognosis for nonsurgical retreatment depends primarily on which of the following?

A.identification and correction of the cause of failure

Busing a different obturation technique

C.placing the definitive restoration at the obturation appointment

D.all of the above.

3. What are the major indicators of successful endodontic treatment?

As happy patient who has paid the bill

B.absence of symptoms and apical radiolucency

C.no swelling or redness of the gingival area

D.lack of discoloration, no tenderness to biting

4.A patient presents for a post-treatment examination with no complaint of symptoms except the apical radiolucency that was present before treatment, although it appears smaller. Treatment for this patient would be classified as which of the following?

A.failure

B.success

C.functional tooth with uncertain prognosis.

D.clinical success but radiographic failure

5. Nonsurgical retreatment should be the first treatment option for correction when?

A.A negotiable canal was not initially treated.

B.External resorptive root defects are present

C.There is a separated instrument present that cannot be retrieved

D.A large well-fitting post and core is present

6. Which of the following is not a potential contraindication for nonsurgical root canal retreatment?

A separated root canal instruments.

Bamalaam core restorations into the chamber

C.ledges in the root canal walls

D.post and core restorations

7. What is the purpose of incision for drainage?

Ato evacuate exudates from a soft tissue swelling

B.to avoid emergency cleaning and shaping.

C.to obtain a biopsy specimen

D.to prevent a postoperative swelling

8. Profound anesthesia is difficult to attain before incision for drainage. What is a preferred approach for a maxillary cuspid with extensive swelling?

A.Start with an infraorbital block and then infiltrate at the margins of the swelling

B.Start with posterior superior alveolar block and then use refrigeraut spray

C.Inject buffer and anesthetic directly into the swelling

D.Use topical anesthetic and then refrigerant spray. No anesthetic is needed.

9. Which of the following is not an indication for periapical surgery?

Ato resolve any endodontic treatment failure.

B.obtain a biopsy

C.gross overextension of obturating material

D.a nonnegotiable or blocked canal associated with symptomatic periradicular pathosis

10. Which of the following is true regarding an incision over a bony defect?

A.lt may cause a postsurgical fenestration

B.All of the above.

C.It should be avoided

D.lt may prevent healing of the incision

Mcqs For Endodontics

Chloe Foxhall, Anna Lown

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incorporate endodontics into general dentistry practice Illustrated step by step guidelines address the ins and outs of diagnosis treatment planning managing pulpal and periapical diseases and performing basic root canal treatments Updated evidence based coverage also includes topics such as the etiology of disease local anesthesia emergency treatment obturation and temporization It s the perfect endodontics guide for both entry level dental students and general dentists alike Well known international contributors share quidelines expertise and their clinical experience with contemporary technologies and procedures Authoritative visually detailed coverage provides a practical understanding of basic endodontic principles and procedures including pulpal and periapical diseases and their management Clinically relevant organization reflects the order in which procedures are performed in clinical settings enhancing your understanding of the etiology and treatment of teeth with pulpal and periapical diseases Over 1 000 full color illustrations ensure a clear accurate understanding of procedures and include radiographs and clinical photographs Learning objectives help you meet the theoretical and procedural expectations for each chapter NEW Sharper focus on the most clinically relevant content eliminates much of the basic science that you have already studied and focuses on the information and skills that are most needed during clinical practice NEW Fully updated evidence based content integrates the best clinical evidence with the practitioner's clinical expertise and the patient's treatment needs and preferences NEW Mid chapter questions check your understanding of the concept before moving onto the next topic MCOs in Dentistry R. A. Cawson, Crispian Scully, 1985

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