

Article: Masterclass in Implant Dentistry: Julyan et al, page 6

1. **Which of the following statement/s are incorrect regarding development of the emergence profile in implant dentistry:**
 - a A provisional prosthesis is a prosthesis designed to "enhance aesthetics, provide stabilization and/or function for a limited period of time, and should be replaced by a definitive prosthesis after a period of time"
 - b The implant restoration can either be fabricated and delivered at time of implant placement (immediate restoration), or the restoration can be fabricated once the implant has sufficiently osseointegrated and the site is healed.
 - c Immediately restoring dental implants, is not based on the stability of the implant, bone quality and the aesthetic demand of the specific site but on the time frame patient demands.
 - d None of the above
2. **Which of the following statement/s are incorrect regarding development of the emergence profile in implant dentistry:**
 - a Immediate provisionalization may contribute to a more promising and predictable aesthetic outcome, due to the guidance and support that is offered to the soft tissue
 - b Immediate provisionalization is however associated with longer treatment times and more dental appointments.
 - c The index method using composite for the implant impression is done during surgery and does not touch the gingiva or bone so is safe from a surgical standpoint.
 - d None of the above
3. **Which of the following statement/s are correct regarding development of the emergence profile in implant dentistry:**
 - a Replacing the healing abutment with a provisional restoration/crown will be able to influence/shape the soft tissue contours as much as the immediate restoration, as the gingiva is not yet mature.
 - b Replacing the healing abutment with a provisional restoration/crown will not be able to influence/shape the soft tissue contours as much as the immediate restoration, as the gingiva will have been shaped by the healing abutment and the tissue will be mature.
 - c The peri-implant phenotype is not important in the final outcome.
 - d None of the above
4. **Which of the following statement/s are correct regarding development of the emergence profile in implant dentistry:**
 - a When the healing abutment has been removed, a clearly marked periodontal probe can be used to measure the distance between the shoulder of the implant and the free gingival margin to determine the ideal cuff height of abutment.
 - b If the cuff height of the abutment chosen is too short, then pressure should be applied to the bone to secure complete seating of the restoration.
 - c It is not advisable to provide the technician with a radiograph of the healing abutment, or an old used healing abutment of the exact dimensions..
 - d None of the above
5. **When choosing the material for the implant-supported restoration, there are several aspects which need to be considered. Which of the following is/are incorrect:**
 - a The material should not be prone to breakage or wear during the period of use.
 - b The provisional restoration may need to be modified/recontoured either by adding material or by polishing away material. The material of choice needs to support these modifications.
 - c The restoration needs to be roughened to avoid irritation of the peri-implant soft tissue and to prevent plaque accumulation.
 - d None of the above.
6. **Identify the correct option/s available to assist with the chairside fabrication of the provisional implant restoration:**
 - a Diagnostic wax-up and vacuform template play no role.
 - b Digitally designed provisional crown with silicone template is possible with a natural tooth but not with implant restorations.
 - c A hollowed out natural tooth crown or denture tooth is one option that can be used to fabricate a provisional restoration.
 - d None of the above
7. **Which of the following statement/s are incorrect regarding the healing abutment in the development of the emergence profile in implant dentistry:**
 - a A suitable provisional abutment is positioned and tightened, and the accurate seating thereof is confirmed via intra-oral radiograph.
 - b If a metal abutment is being used, then a flowable light-cured opaquer should be used to mask the grey colour of the metal.
 - c To prevent the provisional crown material from entering the screw access chamber of the abutment, composite should be inserted firmly into the access chamber.
 - d None of the above.
8. **Which of the following statement/s are correct regarding development of the emergence profile in implant dentistry:**
 - a A convex shape should be created in the crown below the gingival margin to allow space for the facial and interproximal gingiva to fill in.
 - b Occlusal contacts with the opposing arch should be checked, both in maximum intercuspation and during lateral excursive movements to ensure the crown is in full function.
 - c If the provisional restoration is delivered immediately after implant placement, you will need to wait until osseointegration is completed before starting soft tissue training with adjustments to the provisional crown.
 - d None of the above.
9. **Which of the following statement/s are incorrect regarding tissue training via modification of the provisional restoration:**
 - a One of the goals of performing tissue training around an implant-supported provisional restoration is to achieve natural looking aesthetics.
 - b One can remove the provisional crown as many times as needed to change the soft tissue, as removal of the crown does not harm the tissues.
 - c The initial form of the provisional restoration is under contoured in the trans-gingival sector to allow for tissue fill.
 - d None of the above
10. **Which of the following statement/s are incorrect regarding tissue training via modification of the provisional restoration:**
 - a If the gingival zenith is located too far apically, then the provisional restoration should be hollowed out for a concave contour (under contoured) at the gingival margin. This will allow the soft tissue space to migrate incisally/occlusally.
 - b If the gingival zenith of the provisional restoration is located too far incisally/occlusally then the clinician will need to add material in the region of the gingival margin for a more convex shape to guide the tissue apically.
 - c If the gingival zenith of the provisional restoration is located too far buccal, then the clinician will need to add material in the region of the gingival margin for a more convex shape to guide the tissue apically. When repositioned on the implant, the soft tissue will blanch under the new pressure being applied. This blanching should disappear within 45 minutes. If the pressure is too much and the blanching is not observed to disappear, then one may cause tissue necrosis.
 - d None of the above

CPD QUESTIONNAIRE 14.4

Article: Using mandibular advancement devices for OSA. Hindocho, page 30

11. According to the UK National Institute for Health and Care Excellence (NICE), obstructive sleep apnoea (OSA) is defined by:
- Excessive daytime sleepiness
 - Hypopnoea
 - Loud snoring
 - All of the above
 - None of the above
12. Which statement is correct. Benjafield et al (2019) estimated that:
- 936 million adults aged 30 to 69 years have moderate to severe obstructive sleep apnoea globally
 - 425 million adults aged 30 to 69 have mild to severe obstructive sleep apnoea globally
 - 936 million adults aged 30 to 69 years have mild to severe obstructive sleep apnoea globally
13. According to the author, the most significant risk factors for OSA are:
- High blood pressure
 - Age and obesity
 - Depression
14. Neck circumference is considered a risk factor for OSA when it has a measurement:
- Greater than 12 inches
 - Greater than 14 inches
 - Greater than 16 inches
15. Which statement is correct: the gold standard treatment modality for severe OSA is:
- A continuous positive airway pressure (CPAP) machine
 - A mandibular advancement devices (MAD).
 - Both are equally effective

Article: Graft and PRF Membrane in the Treatment of Periapical Lesions: A Case Report Adams, page 42

16. True or false: Platelet-Rich Fibrin (PRF) is shown to have more benefit than PRP in all aspects of wound healing, specifically, and soft/hard tissue regeneration
- True
 - false
17. Benefits of PRF include:
- Anti-inflammatory properties
 - Improved healing
 - Antimicrobial effects
 - a and c
 - All of the above
18. Which statement is correct. In the case described, :
- Minimal bone loss was apparent around the apex of #8.
 - Clinical examination showed probing depths and mobility were within normal limits
 - Tooth #8 was not symptomatic to palpation.
19. Accelerated soft tissue healing was observed at which post-operative visit:
- 1 year post-operative visit
 - 2 week post-operative visit
20. When using PRF in dental procedures, which factors have had a significant improvement in healing quality:
- The presence of leukocytes.
 - The centrifuge protocol has been changed to a "low-speed centrifuge concept.
 - Heparin is no longer used in test tubes.
 - All of the above

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