

**Article: Masterclass in Implant Dentistry: Transcrestal Sinus Floor Elevation. Todorovic and van Zyl, Page 14**

1. Which of the following statement/s are incorrect regarding sinus floor elevation:
  - a The technique for placing bone in the sinus after mobilising the Schneiderian membrane to increase the available bone depth in the posterior maxilla was first described by Boyne and James (1980) and Tatum (1986).
  - b Summers introduced the transcrestal sinus floor elevation using osteotomes to simplify the process in 1964.
  - c The advantage of the Summers' technique is that the procedure is through the implant osteotomy site, requiring no additional flap elevation over and above the implant placement flap.
  
2. Which of the following statement/s are incorrect regarding sinus floor elevation:
  - a Transcrestal sinus floor elevation implies the approach to the sinus membrane through the implant-osteotomy drilled in the residual alveolar ridge.
  - b Transcrestal sinus floor elevation implies the approach to the sinus membrane is through an elliptical small window in the buccal sinus wall.
  - c The Transcrestal sinus floor elevation has some advantage over the Lateral window SFE, such as less invasiveness, shorter surgery time and less postoperative discomfort.
  
3. Which of the following statement/s are correct regarding transcrestal sinus floor elevation: *in periodontitis is not as effective as hand instrumentation,*
  - a Most transcrestal SFE procedures are done 4 months before implant placement, reducing the overall treatment time.
  - b Ideally sinus floor should be flat and sub antral bone height at least 4-6 mm.
  - c Sub antral bone height should be at least 8-10 mm.
  
4. Which of the following statement/s are correct regarding transcrestal sinus floor elevation:
  - a After the exposure of the crest, preparation of the implant site starts according to the conventional drilling protocol and either is completed at the level of sinus floor or 1-2 millimetres below, allowing the use of osteotomes to fracture the sinus floor upwards.
  - b The surgical procedure is done under local anaesthesia, with mid-crestal incision and full thickness mucoperiosteal flap elevation. A flapless approach cannot be considered
  - c The drill should stop 4mm below the sinus floor to be effective.
  
5. Which of the following statement/s are correct regarding transcrestal sinus floor elevation:
  - a It has been suggested that grafting materials should be used in all cases.
  - b It has been speculated that bone regeneration is much faster for bone substitutes than for autogenous bone or blood clot alone.
  - c The main advantage of not using a graft is less chair-side time, lower treatment cost, and in case of undetected membrane perforation – less probability for displacement of graft material into sinus.
  
6. Which of the following statement/s are correct regarding surgical procedure of transcrestal sinus floor elevation:
  - a It is recommended that it always be done with a balloon technique to ensure it works.
  - b Osseodensification approach for transcrestal SFE is when tablets are taken to increase the density of bone.
  - c Hydrodynamic piezoelectric internal sinus elevation – refers to ultrasonic piezo-surgery device used to make osteotomies with reduced risk of membrane perforation, as it does not interfere with soft tissues.
  
7. Which of the following statement/s are incorrect regarding complications of transcrestal sinus floor elevation procedures:
  - a If the perforation of Schneiderian membrane is detected, a solid bone graft should be used as it does not contain particles.
  - b The procedure is regarded as a safe procedure with low incidence of intra- or post-operative complications.
  - c The most common complication of TSFE is Schneiderian membrane perforation.
  
8. Which of the following statement/s are incorrect regarding procedure of transcrestal sinus floor elevation:
  - a The graft can be pushed into the sinus using special instruments or the Osteotome used for the TSFE. The graft will show a smooth dome / egg-shape if the membrane stays intact, and this is verified on the radiograph.
  - b The simultaneous implant is turned in faster than normal with a maximum RPM of 75, to push the bone graft in an apical direction.
  - c Aqua Lift System (ALS) is a technique that allows for careful measured introduction of saline into the sinus to push the membrane up in a low trauma manner with low risk of perforation
  
9. Which of the following statement/s are correct regarding surgical procedure of transcrestal sinus floor elevation:
  - a Ask the patient to breathe deeply through the mouth to assess for a possible perforation of the Schneiderian membrane.

- b Osseodensification approach is a variant of transcrestal osteotomy, done using burs of increasing diameter with many grooves in an anticlockwise direction.
  - c Saline cooling for drills will harm the antrum mucosa so should never be used when doing a SFE.
10. Which of the following statement/s are correct regarding surgical procedure of transcrestal sinus floor elevation:
    - a Care should be taken when breaking the sinus floor with Summers' osteotome technique, as it is a very unpleasant sensation when hammering the osteotomes through into the sinus and should only be done if a patient has a neurological disorder of the brain.
    - b The graft will show a smooth dome / egg-shape on a radiograph if the membrane tears.
    - c When checking for a perforation of Schneiderian membrane, the fluid level in the osteotomy site should fluctuate with nose breathing and not disappear into the sinus, which would indicate a perforation.

**Article: Amalgam: Gone for good? Schwendicke. Page 20**

11. Which of the following are advantages of amalgam:
  - a Ease of placement
  - b High resistance against masticatory forces and secondary caries
  - c Moisture tolerance
  - d All of the above
  - e None of the above
  
12. Which restorative option has a long tradition of being used as an alternative to amalgam:
  - a Glass ionomers and glass hybrids
  - b Resin-based composite materials
  - c Ceramic inlays
  
13. According to the author, one of the reasons glass ionomers have not been considered a fully fletched amalgam alternative is due to
  - a It is relatively costly when compared to dental amalgam
  - b Placement is technically demanding
  - c It has low flexural strength, which resulted in limited longevity in occlusal-proximal posterior cavities
  
14. Which material has consistently outperformed alternative materials when it comes to survival and success of cervical restorations
  - a Bulk-fill composite resin
  - b Resin-modified glass ionomer
  - c Micro-hybrid composite resin
  
15. Which materials results in lower rates of recurring caries
  - a Composite
  - b Amalgam
  - c Glass ionomer cement

**Article: Guided 4-unit ceramic rehabilitation over two ceramic implants. Chen, Page 32**

16. For patients self-conscious about their appearance, what do most see as a suitable end to their dental issues:
  - a Function
  - b An excellent esthetic result
  - c Healthy gingiva
  
17. When compared to titanium surfaces, what does zirconia exhibit:
  - a Lower bacterial concentrations
  - b Favorable epithelial attachment
  - c Both of the above
  - d Neither of the above
  
18. After the removal of the bridge in the case described, which teeth showed hopeless dentition with vertical root fractures:
  - a #12, and #11,
  - b #12, #11, and #22
  - c #12 and #22,
  
19. For the post-implant healing phase, which temporary abutments for the provisional bridge were also considered
  - a PEEK temporary abutments
  - b Titanium temporary abutments
  - c Neither of the above
  
20. How long was the healing of the peri-implant tissues:
  - a Six months
  - b One month
  - c Three months