

Article: Masterclass in Oral Diseases: Oral Cancer - A Clinical Update. Van Heerden, van Zyl and Dreyer, Page 6

1. Which of the following statement/s are incorrect regarding oral cancer:
 - a Early diagnosis of cancer lesions can assist in ensuring a successful outcome whereas the late diagnosis could lead to debilitating surgery and often a low 5-year survival rate.
 - b The oral health care worker routinely examines the oral cavity and should therefore be able to recognize oral cancers at an early stage.
 - c Any ulcer, unidentified lump or white/red lesion should be biopsied if it does not disappear within 12 weeks.
 - d None of the above
2. Which of the following statement/s are incorrect oral cancer:
 - a All patients who fall in a high-risk group (over 40 years of age; tobacco and alcohol users) should be thoroughly examined at every opportunity for potentially malignant lesions or the presence of incipient oral cancer.
 - b E-cigarette use (vaping) has become popular since it is a safer option than cigarettes. There is excellent evidence that this is indeed the case.
 - c Oral cancer has a higher incidence in developing countries and varies from the sixth to the eight position in the incidence of all cancers
 - d None of the above
3. Which of the following statement/s are correct regarding oral cancer:
 - a Early diagnosis of cancer lesions can assist in ensuring a successful outcome whereas the late diagnosis could lead to debilitating surgery and often a low 5-year survival rate.
 - b Early diagnosis of cancer lesions does not change the 5-year survival rate.
 - c The oral cavity is lined by stratified squamous epithelium; hence cancerous transformation of this epithelium is correctly termed lipoma of oral cavity.
 - d None of the above
4. Which of the following statement/s are correct regarding oral cancer:
 - a Clinical erythroplakia lesions have a high probability of being OSCC histologically and a recent systematic review has shown that 42.8% of oral erythroplakias are already a carcinoma at the time of the first biopsy
 - b Early diagnosis of cancer lesions does not change the 5-year survival rate.
 - c The oral cavity is lined by stratified squamous epithelium; hence cancerous transformation of this epithelium is correctly termed a sarcoma of oral cavity.
 - d None of the above
5. Which of the following statement/s are correct regarding oral cancer:
 - a The term oral cancer (OC) is frequently used, especially in the lay press, as a synonym for oral squamous cell carcinoma (OSCC).
 - b Oral cancer may be one of several other oral malignancies such as adenocarcinomas of salivary gland origin, but never will it be haematological malignancy or any one of the lymphomas, or a mesenchymal malignancy such as rhabdomyosarcoma (skeletal muscle malignancy).
 - c The diagnosis of OSCC should always be confirmed clinically as there are no clinical similarities with benign, infective, or traumatic lesions.
 - d None of the above
6. Which of the following statement/s are correct regarding oral cancer:
 - a All oral ulcers that do not heal after 8-10 weeks should be biopsied.
 - b Verrucous carcinoma is typically seen in older men, often associated with pipe smoking and present as an exophytic lesion with a warty, white surface.
 - c Verrucous carcinomas have a very poor prognosis, but they should be thoroughly examined histologically to detect the transformation to a classical OSCC which will positively influence the prognosis.
 - d None of the above
7. Which of the following statement/s are incorrect oral cancer:
 - a Papillary squamous cell carcinoma is an exophytic variant of OSCC which usually presents as a diffuse lesion with a papillary and/or cobblestone surface.
 - b Squamous cell carcinoma (SCC) of the gingiva presents as a blue-black area with a granular appearance.
 - c SCC of the lip at an early stage presents as a white or red lesion often with crust formation.
 - d None of the above
8. Which of the following statement/s are correct regarding oral cancer:
 - a The sides of tongue need not be inspected as it rarely develops cancer.
 - b To examine the oral cavity, one must follow a systematic approach to ensure no area of the oral cavity is missed. It can be done in less than 2 minutes and should be repeated at every dental visit.
 - c The lateral sides of tongue and floor of mouth are the lowest risk areas for OSCC.
 - d None of the above
9. Which of the following statement/s are incorrect regarding oral cancer:
 - a Examination of the patient must include palpation of neck, in the sub-mental and sub-mandibular areas, for any lymphadenopathy.
 - b Inspect the gingiva (both facial and lingual aspects) and palatal tissues, which does not have to include probing the gingiva with a periodontal probe.
 - c All white lesions should be wiped firmly with a gauze swab to see if it can be wiped off as candidiasis and even an aspirin burn can be wiped off. If it cannot be wiped off, it should be biopsied.
 - d None of the above

10. Which of the following statement/s are correct regarding oral cancer:
 - a Remove a suspected cancerous lesion completely when doing a biopsy as this indicates to the surgeon where the margins are.
 - b The biopsy tissue should be placed in a container with 1% buffered formalin.
 - c All cases of suspicious malignant lesions should be done as an incisional biopsy, unless performed by a qualified surgeon who may attempt to remove the lesion, with clear margins, if small enough.
 - d None of the above

Article: Masterclass in Implant Dentistry: Two stage implant placement: Exposure and management of soft tissues for optimal aesthetics and function. Todorovic and van Zyl, Page 12

11. Which of the following statement/s are incorrect regarding implant exposure surgery:
 - a Two stage implant placement is now the rule and most often used procedure.
 - b The techniques for implant exposure are identical to doing a one stage implant placement and surgical procedures for development of ideal soft tissue contours therefore apply to both, two and one stage implant surgery.
 - c Few cases will have enough volume of fixed gingiva for a stable result and soft tissue development will be necessary for most.
 - d None of the above
12. Which of the following statement/s are incorrect regarding the importance of keratinized tissue around implants:
 - a The importance of soft tissue stability is essential toward achieving satisfying functional and aesthetic outcome long-term.
 - b Stable soft tissue around dental implants is important for appropriate maintenance of oral hygiene.
 - c Unlike natural dentition, soft tissues around dental implants provide more of an anatomical barrier due to inserting fibres attaching to the implant/abutment.
 - d None of the above
13. Which of the following statement/s are correct regarding implant exposure surgery:
 - a The standard healing abutment is round which conforms to the shape of a tooth.
 - b A new development is the anatomical healing abutment available now.
 - c Increased biofilm accumulation, greater patient discomfort, mucosal recession, and an increased risk for developing peri-implant diseases are all associated with a wide band of keratinized tissue around dental implants.
 - d None of the above
14. Which of the following statement/s are correct regarding excisional techniques of implant exposure:
 - a Benharts minimal invasive technique describes an invasive technique performed with multiple vertical incisions on the crest overlying the implant, followed with round incisions about 5-6 mm to mark the tissue to be excised.
 - b In cases with enough keratinized tissue, thick gingival biotype, and optimal implant positioning; less demanding excisional techniques can be employed to remove and even discard tissue above the dental implant.
 - c The advantages of keyhole access expansion technique are minimal soft tissue trauma, maximum bone exposure and a complex procedure.
 - d None of the above
15. Which of the following statement/s are incorrect regarding incisional techniques of implant exposure:
 - a Incisional techniques can be subdivided into ones with or without tissue transfer.
 - b The vascularized inter-positional periosteal connective tissue (VIP-CT) flap was first described by Anthony Sclar in 2019.
 - c Mid-crestal incisional technique itself is probably the most used technique for implant exposure/placement.
 - d None of the above

Article: Post-endodontic hybrid ceramic restoration. Simonetti et al. Page 26

16. Which statement/s are correct: When reconstructing damage to the hard tooth substance, the benefits of the latest generation of ceramic materials and modern CAD/CAM systems include:
 - a Maximum accuracy
 - b Precision
 - c Shorter, more comfortable patient treatment
 - d All of the above
 - e None of the above
17. In the case study described, the clinical examination revealed:
 - a A large composite filling on the lower right first molar (LR6)
 - b A large amalgam filling on the lower right first molar (LR6)
 - c A large gold filling on the lower right first molar (LR6)
18. After which period of time had the gum tissue around the second temporary restoration healed perfectly
 - a 3 days
 - b 3 months
 - c 3 weeks
19. Which shade used for the fabrication of the final restoration:
 - a M2
 - b 2M2
 - c 3M2
 - d 4M2
20. Studies have shown that hybrid ceramic has already shown its potential for long-term clinical success in teeth treated with root canals in terms of precision, compared with which material:
 - a Lithium disilicate
 - b Zirconia
 - c Both of the above
 - d Neither of the above