

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

CONTENTS

1. INTRODUCTION TO PAEDIATRIC DENTISTRY
2. BEHAVIOUR MANAGEMENT
3. DENTAL CARIES
4. CHILD ABUSE AND CHILD NEGLECT
5. CHILD PSYCHOLOGY
6. CEPHALOMETRICS
7. DENTAL RADIOLOGY
8. CONSCIOUS SEDATION
9. GENERAL ANESTHESIA
10. GINGIVAL AND PERIODONTAL DISEASES IN CHILDREN
11. DEVELOPMENT OF OCCLUSION
12. GROWTH AND DEVELOPMENT
13. INFECTION CONTROL
14. ORAL HABITS
15. SPACE MAINTAINERS
16. AIDS
17. DISTURBANCES OF TEETH AND SURROUNDING STRUCTURES AND ORAL PATHOLOGICAL CONDITIONS IN CHILDREN
18. EXTRACTIONS & MINOR ORAL SURGERY
19. DRUGS USED IN PEDIATRIC DENTISTRY
20. FLUORIDES
21. PIT & FISSURE SEALANT
22. SALIVA & ORAL HEALTH
23. CLEFT LIP AND PALATE
24. MANAGEMENT OF SPECIAL CHILD
25. CROWNS IN PEDIATRIC DENTISTRY
26. RUBBER DAM
27. PEDIATRIC RESTORATIVE MATERIAL
28. PEDIATRIC ENDODONTICS
29. TRAUMATIC DENTAL INJURIES
30. GENETIC ASPECTS OF DENTAL DISEASES

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

TOPIC: INTRODUCTION TO PEDIATRIC DENTISTRY

SR.NO.	QUESTION	DEGREE OF DIFFICULTY
LONG ANSWER QUESTIONS		
1.	Define Pediatric dentistry according to AAPD. Describe Pediatric treatment triangle and explain the scope of Pedodontics in dentistry.	MK
2.	Define Pediatric dentistry according to AAPD. Give the aims and objectives of Pediatric dentistry and explain the scope of Pedodontics in dentistry.	MK
SHORT ANSWER QUESTIONS		
1.	Define Pediatric dentistry according to AAPD. Describe Pediatric treatment triangle.	NK
2.	Give the importance of child first dental visit.	DK
3.	Describe the differences between child and adult patient..	NK



MK – Must Know

DK – Desired to Know

NK – Nice to Know

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

Multiple Choice Questions		
1.	<p>Pedodontic triangle was first conceptualized by:</p> <ul style="list-style-type: none"> a. Wright b. Frankl c. McDonald d. Robert Bunon 	MK
2.	<p>The apex of pedodontics triangle comprises of:</p> <ul style="list-style-type: none"> a. Dentist b. Mother c. Father d. Child 	MK
3.	<p>Father of Pedodontics:</p> <ul style="list-style-type: none"> a. Joseph Hurley b. Robert Bunon c. Mc Donald d. Wright 	DK
4.	<p>First dental college in India was started by:</p> <ul style="list-style-type: none"> a. Dr. SG Damle b. Dr. Rafiuddin Ahmed c. Dr. Shobha Tandon d. Dr. Mahesh Kharbanda 	MK
5.	<p>Father of Pedodontics in India is:</p> <ul style="list-style-type: none"> a. SG Damle b. Robert Bunon c. BR Vacher d. R. Ahmed 	NK
6.	<p>According to AAPD, first dental visit should be at the age of:</p> <ul style="list-style-type: none"> a. 6 months b. 12 months c. Whenever there is a complaint d. 6 years 	MK
7.	<p>The concept of dental home was proposed by:</p> <ul style="list-style-type: none"> a. Milgrom b. ADA c. Nowak d. Sturdevant 	MK
8.	<p>All of the following are ideal characteristics of dental home except:</p> <ul style="list-style-type: none"> a. Accessible b. Comprehensive c. Only emergency care provided 	NK

MK – Must Know

DK – Desired to Know

NK – Nice to Know

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

	d. Must be culturally competent	
9	The modified pedodontic treatment triangle included: a. Child b. Dentist c. Parent d. Society	MK
10	Universal tooth numbering system was first proposed by: a. Julius Perreidt b. Federation Dentaire Internationale c. American Dental Association d. Jochen Viohl	MK

ANSWER KEY: 1) a. 2) d. 3) b. 4) b. 5) c. 6) a. 7) c. 8) c. 9) d. 10) a.



MK – Must Know

DK – Desired to Know

NK – Nice to Know

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

TOPIC: BEHAVIOUR MANAGEMENT

SR.NO.	QUESTION	DEGREE OF DIFFICULTY
LONG ANSWER QUESTIONS		
1.	Define behaviour management? Enumerate the factors influencing child's behaviour? Describe the parental influences on the behaviour of children during dental treatment?	MK
2.	Define and classify various types of behaviour? Discuss in detail about factors affecting child behaviour? Add a note on how dental office atmosphere affect behaviour of the children?	MK
3.	Define and classify behaviour? Enumerate factors influencing the child's behaviour? Discuss the importance of first appointment for the child patient?	MK
4.	Define behaviour management? Classify behaviour management techniques? Explain how you would manage a five-year-old boy exhibiting temper tantrums?	MK
SHORT ANSWER QUESTIONS		
1.	Define behaviour management? Enumerate various non-pharmacological and pharmacological techniques used for behaviour management? Describe HOME technique in brief?	MK
2.	Explain tell show do technique of behaviour management?	MK
3.	Write a brief note on aversive conditioning?	MK
4.	Write in detail regarding Wright's classification of behaviour of children in dental office?	MK
5.	What is modelling technique of behaviour management? State its importance in pediatric dental practice?	DK
6.	What is HOME technique?	MK
7.	Write a note on desensitization used in behaviour management technique?	MK
8.	Write a note on communicative management technique?	DK
9.	What is physical restraint? Enumerate different physical restraint available for behaviour management for pediatric dental patient?	DK
10.	What is contingency management?	DK
11.	What is dental fear? Define and enumerate the types of fear?	DK

MK – Must Know

DK – Desired to Know

NK – Nice to Know

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

Multiple Choice Questions		
1.	Pedodontic triangle was first conceptualized by: a. Frankl b. Wright c. McDonald d. Keyes	MK
2.	The term audio analgesia is also known as: a. Hypnosis b. White noise c. Voice control d. HOME	MK
3.	Tell Show Do (TSD) was first described by: a. Addleston b. Frankl c. Wolpe d. Bandura	MK
4.	Extinguish of fears on successive dental visits is an example of a. Reinforcement b. Modeling c. Association d. Desensitization	DK
5.	All of the following are the features of a child with overprotective mother except a. Submissive b. Shy c. Anxious d. Display temper tantrums	NK
6.	Frankl behavior rating scale does not include: a. Definitely positive b. Timid c. Negative d. Positive	MK
7.	Stimulus Response (SR) theory is also called as: a. Behavior shaping b. Desensitization c. Aversive conditioning d. Distraction	DK
8.	Hand over mouth exercise was first described by:	DK

MK – Must Know

DK – Desired to Know

NK – Nice to Know

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

	<ul style="list-style-type: none"> a. Addleston b. Evangenline Jordan c. GV Black d. Wolpe 	
9.	Modeling technique is based on: <ul style="list-style-type: none"> a. Social learning theory b. Psychosexual theory c. Cognitive theory d. Classical conditioning theory 	MK
10.	Following are indications of voice control except: <ul style="list-style-type: none"> a. Uncooperative patients b. Emotionally immature and disabled child c. To gain attention d. To establish authority 	MK
11.	Basic behavior management includes all the techniques except: <ul style="list-style-type: none"> a. Hand over mouth exercise b. Communication c. Voice control d. Tell show do 	MK
12.	Vicarious extinction is used to describe: <ul style="list-style-type: none"> a. Contingency management b. Modeling c. Distraction d. Desensitization 	DK
13.	Aversive techniques include all except: <ul style="list-style-type: none"> a. Hand over mouth exercise b. Voice control c. Tell Show Do d. Medical immobilization 	MK

ANSWER KEY: 1) b. 2) b 3) a. 4) d. 5) d. 6) b. 7) a. 8) b. 9) a. 10) b. 11) a. 12) b. 13) c.

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

TOPIC: DENTAL CARIES

SR.NO.	QUESTION	DEGREE OF DIFFICULTY
LONG ANSWER QUESTIONS		
1.	Define rampant caries? Discuss the aetiology, clinical features and management of rampant caries?	MK
2.	Define diet and nutrition? Enumerate caries-inducing factors and caries protective factors in diet and discuss in short, the role of sucrose in causing dental caries?	MK
3.	Define dental caries, early childhood caries and severe early childhood caries? Describe management and prevention of early childhood caries?	MK
SHORT ANSWER QUESTIONS		
1.	Describe different zones of dental caries in dentin?	MK
2.	Describe different zones of dental caries in enamel?	MK
3.	Define caries vaccine and discuss its route of administration?	NK
4.	What is Balanced diet? Write 4 advantages of diet counselling?	NK
5.	Describe acidogenic theory of etiology of Dental caries?	MK
6.	Explain Stephen curve and concept of critical pH?	DK
7.	Define dental plaque and state its role in dental caries?	MK
8.	Define a white spot lesion? Give clinical features of white spot lesion?	DK
9.	Define caries? Explain the Keye's triad with its modification?	MK
10.	Enumerate the various theories on etiology of dental caries. Describe Miller's theory in brief?	MK
11.	Write etiology and classification of dental caries?	MK
12.	What is odontoclasia or linear enamel caries? Give its clinical features?	NK

MK – Must Know

DK – Desired to Know

NK – Nice to Know

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

13.	Write the difference between incipient caries and hypoplasia?	DK
14.	What are recurrent caries and arrested caries?	MK
15.	What is Caries tetralogy?	MK
16.	What is incipient caries? How do you clinically differentiate between incipient caries and enamel hypoplasia?	DK
17.	What are the caries detector dyes? Enumerate any four caries detector dyes?	DK
18.	Enumerate the clinical methods of diagnosing caries and write in brief about diagnodont?	DK
19.	List out the key differences between nursing and rampant caries?	MK
20.	What are the predisposing factors of nursing caries?	MK



MK – Must Know

DK – Desired to Know

NK – Nice to Know

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

Multiple choice questions		
1.	Most accepted theory of dental caries is: a. Chemoparasitic theory b. Chemical theory c. Parasitic theory d. Proteolytic theory	MK
2.	The graph describing the relationship between pH and fermentable carbohydrates is: a. Keyes graph b. Newbrun curve c. Stephan's curve d. Robin's curve	MK
3.	The study conducted to compare the cariogenicity of sucrose, fructose and xylitol was: a. Vipeholm study b. Hopewood house study c. Tristan da Cunha study d. Turku study	DK
4.	All of the following statements about Snyder test are true except: a. Measures the ability of microorganisms to form organic acids in carbohydrate medium b. Bromcresol green is the colour indicator c. No need for salivary collection d. Colour change to yellow in 24 hours – Marked caries activity	MK
5	All of the following statements about cariogram are true except: a. Developed by Bratthall b. Dark blue sector represents diet c. Red sector represents bacteria d. Yellow sector represents bacteria	NK
6	Critical pH is a. 4.5 b. 6 c. 5.5 d. 5	MK
7	Caries occurring on lingual surface of anterior teeth is: a. Class III b. Class I c. Class IV d. Class VI	MK
8	Window of infectivity was coined by: a. Caufield b. Miller c. Stephan d. Stewart	NK

MK – Must Know

DK – Desired to Know

NK – Nice to Know

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

9	Arch criminal of dental caries is: a. Fructose b. Glucose c. Lactose d. Sucrose	MK
10	All of the following are non-caloric sweeteners except: a. Sucralose b. Sorbitol c. Acesulfame d. Aspartame	MK
11	The term 'Early childhood caries' was coined by: a. Winter b. Davies c. Moss d. Dilley	MK
12	According to AAPD, in children younger than 3 years, any sign of smooth surface caries is indicative of: a. Early childhood caries b. Rampant caries c. Severe early childhood caries d. Nursing bottle caries	MK
13	All of the following are chemo mechanical methods of caries removal except: a. Air abrasion b. Carisolv c. Caridex d. Papacarie	MK
14	Keyes triad does not include: a. Time b. Tooth c. Substrate d. Flora	MK
15	Which of the following sugars contribute least to dental caries? a. Sucrose b. Fructose c. Glucose d. Xylitol	DK
16	Which amino acid is absent in Carisolv? a. Glycine b. Glutamic acid c. Leucine d. Lysine	MK

MK – Must Know

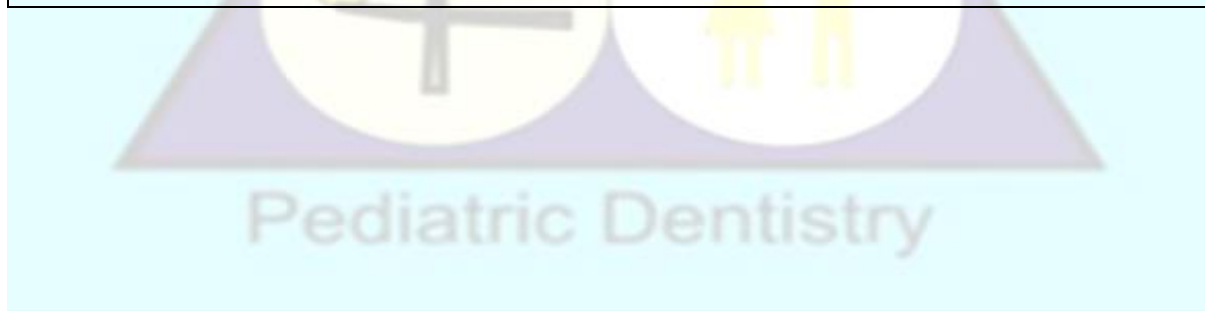
DK – Desired to Know

NK – Nice to Know

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

17	Lactobacilli count test was introduced by: a. Hadley b. Grainger c. Bratthall d. Wilson	DK
18	Which of the following caries diagnostic aid uses Laser fluorescence? a. Caries meter b. CarieScan Pro c. DIAGNOdent d. Vanguard caries detector	MK
19	Microorganism implicated in initiation of caries: a. S. mutans b. S. sanguis c. S. salivarius d. C. albicans	MK
20	CAT in pediatric dentistry stands for: a. Caries activity test b. Caries risk assessment tool c. Caries advancement test d. Child aptitude test	MK

ANSWER KEY: 1) a. 2) c 3) d. 4) c. 5) d. 6) c. 7) b. 8) a. 9) d. 10) b. 11) b. 12) c. 13) a. 14) a. 15) d. 16) a. 17) a. 18) c. 19) a. 20) b.



Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

TOPIC: CHILD ABUSE AND CHILD NEGLECT

SR.NO.	QUESTION	DEGREE OF DIFFICULTY
LONG ANSWER QUESTIONS		
1.	Define and Classify child abuse and child neglect. Write about the various indicators of child abuse and describe management of child abuse.	MK
2.	Define Munchausen syndrome by proxy given by Bools and describe in detail the etiology, clinical and radiological manifestations that assist in its diagnosis.	MK
3.	Define and give the classification of child neglect and describe in detail regarding various types of child neglect and its management.	MK
SHORT ANSWER QUESTIONS		
1.	Define Munchausen Syndrome by proxy and describe its etiology.	MK
2.	Define Munchausen Syndrome by proxy and describe its clinical and radiological features.	MK
3.	Describe in brief clinical features of battered child syndrome.	MK
4.	Define child abuse and child neglect.	NK
5.	Classify child abuse and neglect.	NK
6.	Discuss in brief the term PANDA in child abuse and neglect.	DK
7.	Describe intentional drugging and poisoning in child abuse and neglect.	NK
8.	Discuss in brief shaken baby syndrome.	NK
9.	Define and classify emotional abuse.	DK
10.	Define emotional abuse and give the indications of emotional abuse.	DK
11.	Clinical manifestations of healthcare neglect.	NK
12.	Describe in brief various societies or organization for preventing child abuse.	DK

MK – Must Know

DK – Desired to Know

NK – Nice to Know

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

Multiple choice questions		
1.	The term “Battered child syndrome” was given by: a. Henry Kempe b. Marry Ellen c. Radbill d. Pederson	MK
2.	Munchausen syndrome by proxy was first described by: a. Henry Kempe b. Marry Ellen c. Richard Asher d. Pederson	MK
3.	The failure by a parent or guardian to seek treatment for oral problems or failure to follow through treatment is termed as: a. Child abuse b. Dental neglect c. Oral neglect d. Munchausen syndrome by proxy	DK
4.	According to degree of biting, bite marks are classified into the following except: a. Aggressive marks b. Definite marks c. Amorous marks d. Mechanical marks	MK
5	The study cast for bite mark analysis is prepared using: a. Type I stone b. Type II stone c. Type III stone d. Plaster of paris	NK
6	First reported case of child abuse and neglect was by: a. Marrey Allen b. Henry Kemp c. McLain d. Munchausen	MK
7	Following are the characteristics of an abuser except: a. High self-esteem b. Violent temper c. Criticizes the child d. Avoids eye contact with interviewer	MK

MK – Must Know

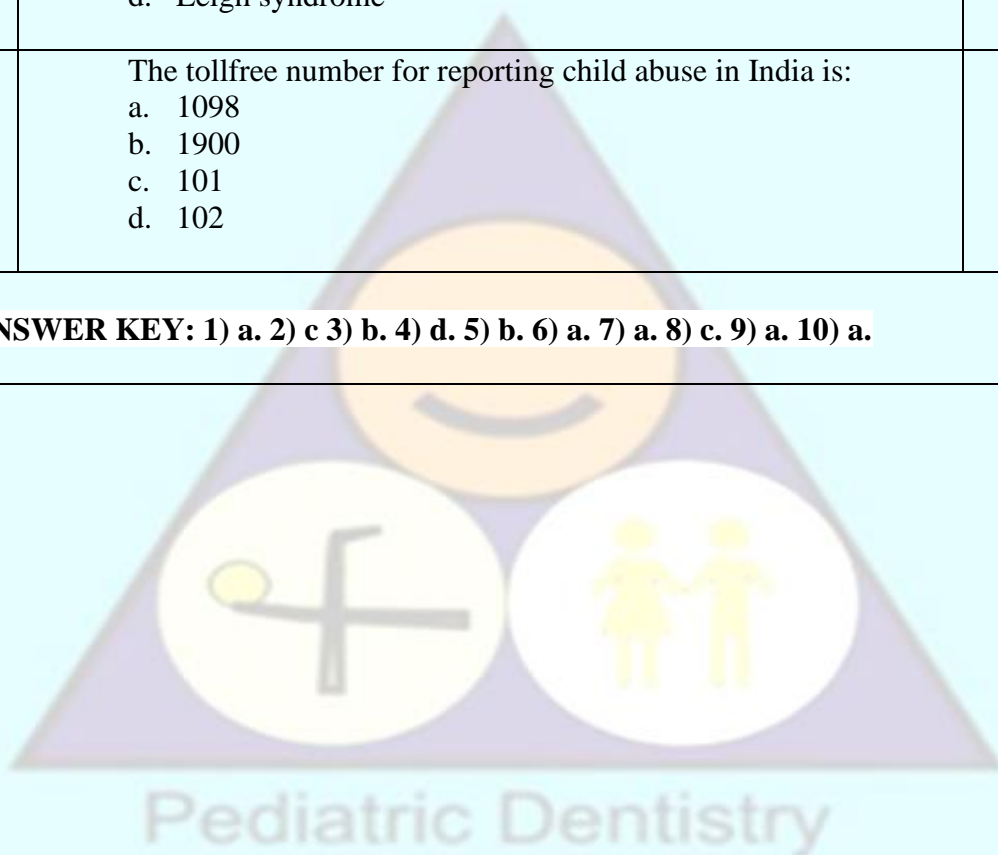
DK – Desired to Know

NK – Nice to Know

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

8	The federal government designates ___ as National Child abuse prevention month: a. January b. March c. April d. December	NK
9	_____ is a relatively unusual disorder wherein the caregiver usually creates the symptoms or signs of illness in a child a. Munchausen syndrome by proxy b. Masochistic habits c. Leisch Nyan syndrome d. Leigh syndrome	MK
10	The tollfree number for reporting child abuse in India is: a. 1098 b. 1900 c. 101 d. 102	MK

ANSWER KEY: 1) a. 2) c 3) b. 4) d. 5) b. 6) a. 7) a. 8) c. 9) a. 10) a.



Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

TOPIC: CHILD PSYCHOLOGY

SR.NO.	QUESTION	DEGREE OF DIFFICULTY
LONG ANSWER QUESTIONS		
1.	Define child psychology? Enumerate the different theories of child psychology and describe the psychological development of child from birth to adolescent as per Sigmund Freud?	MK
2.	Define child psychology? Enumerate the different theories of child psychology and describe the different stages of Jean Piaget's cognitive theory in detail?	MK
3.	Define child psychology? Enumerate the different theories of child psychology and describe in detail about classical conditioning theory?	MK
4.	Define child psychology? Enumerate the different theories of child psychology and describe psychosocial theory by Erik-Erikson in detail?	MK
SHORT ANSWER QUESTIONS		
1.	What are Oedipus complex and Electra complex?	MK
2.	What is Id, Ego, Super ego?	MK
3.	What is psychic structure?	MK
4.	What is Electra complex and state its significance?	DK
5.	What are the three processes involved in classical conditioning?	DK
6.	What are the sequences of development described by Piaget?	NK
7.	Explain the dental applications of classical conditioning theory?	DK
8.	Explain the social learning theory by A Bandura?	MK
9.	Explain in short, the different dental applications of cognitive theory?	NK
10.	What is Omission?	NK

MK – Must Know

DK – Desired to Know

NK – Nice to Know

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

Multiple choice questions		
1.	Cognitive theory was proposed by: a. Jean Piaget b. Sigmund Freud c. Erik Erikson d. BF Skinner	MK
2.	Following are key concepts of cognitive theory except: a. Assimilation b. Accommodation c. Schemas d. Fixation e.	MK
3.	Contingency management technique of behavior management is based on: a. Classical conditioning theory b. Operant conditioning theory c. Observational learning d. Psychoanalytic theory	DK
4.	Separation- Individuation theory was given by: a. Margaret Mahler b. Abraham Maslow c. Ivan Pavlov d. Albert Bandura	MK
5	Which among the following needs are at the peak of hierarchy of needs? a. Biological needs b. Belongingness needs c. Self-actualization needs d. Esteem needs	NK
6	Which of the following are neo-freudians? a. Sigmund Freud b. Fuks c. Albert Bandura d. Alfred Adler	MK
7	Systematic desensitization technique is based on: a. Operant conditioning theory b. Classical conditioning theory c. Psychosocial theory d. Psychoanalytic theory	MK

MK – Must Know

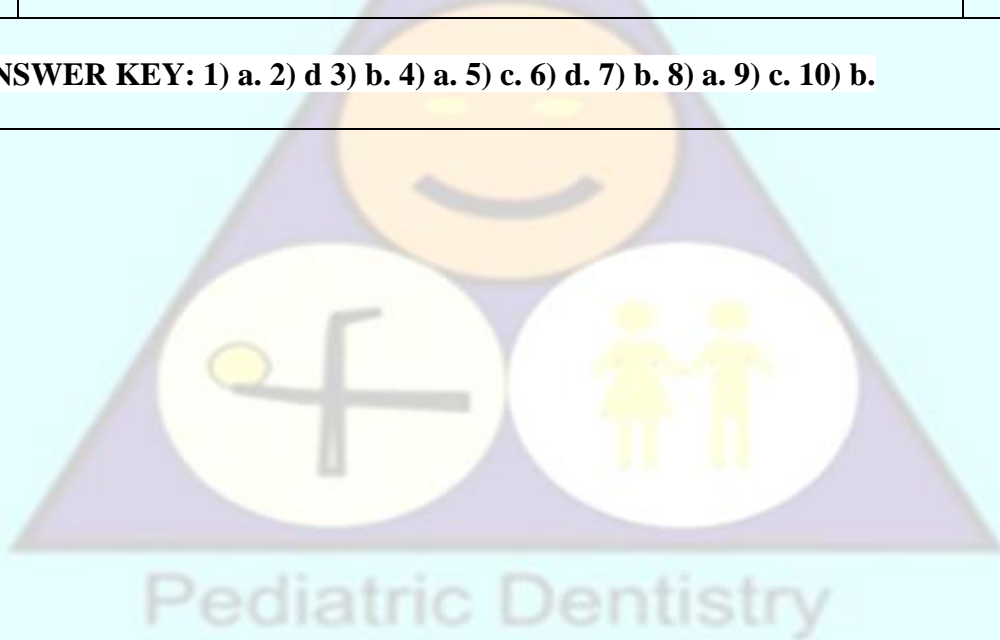
DK – Desired to Know

NK – Nice to Know

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

8	Oedipus and Electra complex represent which psychosexual stage of development? a. Phallic stage b. Anal stage c. Urethral stage d. Genital stage	NK
9	Modeling is associated with: a. Operant conditioning theory b. Separation – Individuation theory c. Social learning theory d. Classical conditioning theory	MK
10	The part of personality which acts as moral police is: a. Ego b. Superego c. ID d. Ego defense mechanism	MK

ANSWER KEY: 1) a. 2) d 3) b. 4) a. 5) c. 6) d. 7) b. 8) a. 9) c. 10) b.



Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

TOPIC: CEPHALOMETRICS

SR.NO.	QUESTION	DEGREE OF DIFFICULTY
LONG ANSWER QUESTIONS		
1.	Describe in detail about extra-oral radiography. Explain its significance in orthodontic treatment?	MK
2.	What is a "Cephalostat". Mention 4 difference between a lateral view skull radiograph and a cephalogram.	MK
3.	Write about the need for a cephalometric analysis. Write about cephalometric parameters and their clinical significance.	MK
SHORTANSWERQUESTIONS		
1.	Write note on soft tissue assessment	DK
2.	Describe cephalometric reference planes.	NK
3.	Describe Tweeds analysis in cephalometric analysis.	MK
4.	Explain use of hand wrist radiograph in growth identification.	NK
5.	What is WIT'S Appraisal?	DK
6.	What is skeletal maturity indicators?	MK
7.	Explain the correlation of SMI stages with cephalogram.	NK
8.	Mention the uses of cephalometric radiographs.	NK
9.	What is Down's analysis?	MK
10.	Explain steiner's analysis?	DK

MK – Must Know

DK – Desired to Know

NK – Nice to Know

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

Multiple choice questions		
1.	First cephalometer was developed by: a. Simon b. Angle c. Todd d. Proffit	MK
2.	Most superior point on external auditory meatus is: a. Porion b. Pogonion c. Gnathion d. Basion	MK
3.	Down's analysis consists of: a. 10 parameters b. 5 parameters c. 20 parameters d. 3 parameters	DK
4.	Interincisal angle increases in: a. Class II division 1 malocclusion b. Class II division 2 malocclusion c. Class I malocclusion d. Bimaxillary protrusion	MK
5	Mean SNA angle in normal patients is: a. 80° b. 2° c. 100° d. 82°	NK
6	Increase in ANB angle is seen in a. Class II skeletal tendency b. Class III skeletal tendency c. Class I malocclusion d. Prognathic mandible	MK
7	According to Wit's appraisal, BO behind AO is indicative of: a. Class I malocclusion b. Normal occlusion c. Class II malocclusion d. Class III malocclusion	MK
8	In Tweed's triangle, mean Frankfort-mandibular incisor angle is: a. 65° b. 25°	NK

MK – Must Know

DK – Desired to Know

NK – Nice to Know

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

	<p>c. 90° d. 180°</p>	
9	<p>Anterior most point on contour of chin is: a. Gonion b. Menton c. Gnathion d. Pogonion</p>	MK
10	<p>Midpoint of hypophyseal fossa is: a. Sella turcica b. Spheno-occipital synchondrosis c. Basion d. Bolton point</p>	MK
11	<p>Activator was first described by: a. Frankel b. Andersen c. Balters d. Herbst</p>	MK
12	<p>The type of Frankel appliance used for open bite and bimaxillary protrusion patients is: a. FR I b. FR II c. FR V d. FR IV</p>	DK
13	<p>Jasper jumper brings about skeletal and dentoalveolar changes in the ratio of: a. 50:50 b. 60:40 c. 40:60 d. 0:100</p>	MK
14	<p>Twin block appliance was developed by: a. Andersen b. Balters c. Herbst d. Clark</p>	DK
15	<p>Following myofunctional appliance are tooth-borne passive in nature except: a. Activator b. Bionator c. Oral screen d. Herbst</p>	MK

MK – Must Know

DK – Desired to Know

NK – Nice to Know

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

16	While fabricating twin block appliance, upper and lower bite block interlock at ___ angle: a. 70° b. 55° c. 90° d. 25°	MK
17	Lip bumper when used for maxillary arch is called as: a. Lip bumper b. Denholtz appliance c. Lip plumber d. Vestibular appliance	MK
18	Fixed removable myofunctional appliance is: a. Lip bumper b. Activator c. Herbst d. Bionator	MK
19	Myofunctional appliance which can also be used as a space regainer is: a. Activator b. Oral screen c. Vestibular screen d. Lip bumper	MK
20	Appliance used for intercepting mouth breathing habit: a. Oral screen b. Lip bumper c. Activator d. Bionator	MK

ANSWER KEY: 1) c. 2) a. 3) a. 4) b. 5) d. 6) d. 7) c. 8) a. 9) c. 10) b. 11) b. 12) d. 13) c. 14) d. 15) c. 16) a. 17) b. 18) a. 19) d. 20) a.

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

TOPIC: DENTAL RADIOGRAPHY

SR.NO.	QUESTION	DEGREE OF DIFFICULTY
LONG ANSWER QUESTIONS		
1.	Describe radiographic Surveys. Mention in detail regarding various guidelines for prescribing radiographs	MK
2.	Mention the various steps and techniques in adult and child patients for taking radiograph. Write in detail about SLOB rule.	MK
SHORT ANSWER QUESTIONS		
1.	Write about object localization techniques (SLOB rule)	MK
2.	Mention the various radiographic surveys carried out in children during their 1 st visit	NK
3.	Compare various techniques of IOPA in adult and child patients.	NK
4.	Mention the various components of X-ray film.	MK
5.	Explain bisecting angle technique.	MK
6.	Mention the various steps undertaken for taking radiograph in a child .	DK
7.	Describe various steps taken for a child with exaggerated gag reflex before taking radiograph.	DK
8.	Mention the various sizes of Periapical films.	NK
9.	Write about the various uses of bite-wing radiographs.	MK
10.	Mention the general guidelines of X-Ray hazard reduction..	DK

MK – Must Know

DK – Desired to Know

NK – Nice to Know

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

Multiple Choice Questions

1.	The dimension of size 0 IOPA film used for children is: a. 22 x 35 mm b. 20 x 40 mm c. 27 x 54 mm d. 31 x 41 mm	MK
2.	Radiographic angulation for periapical radiograph of primary maxillary incisor is: a. +40° b. +45° c. +20° d. +35°	MK
3.	Pantomography was introduced by: a. Rexon b. Rosenberg c. Rutherford d. Paatero	DK
4.	The exposure time required for bitewing radiograph is: a. 0.10 s b. 0.25 s c. 0.30 s d. 0.40 s	MK
5	X-ray was introduced by: a. Rexon b. Rosenberg c. Rutherford d. Roentgen	MK
6	PID stands for: a. Position indicating device b. Patient indicated diagnosis c. Position indicated demonstration d. Patient indicated demonstration	MK
7	Radiovisiography (RVG) was introduced by: a. Morgan b. Mouyen c. Horner d. Tacconi	MK
8	Radiographic examination of salivary gland is: a. Sialography b. Ultrasonography	NK

MK – Must Know

DK – Desired to Know

NK – Nice to Know

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

	c. Xeroradiography d. Sialolithography	
9	According to tube shift localization technique: a. Same lingual opposite buccal b. Same buccal opposite lingual c. Opposite for both buccal and lingual d. Same side for both buccal and lingual	MK
10	Radiation safety principle for minimizing radiation dose is: a. As low as reasonably appropriate b. As low as reasonably small c. As low as reasonably achievable d. As less as reasonably appropriate	MK

ANSWER KEY: 1) a. 2) b. 3) d. 4) b. 5) d. 6) a. 7) b. 8) a. 9) a. 10) c.



Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

TOPIC: CONSCIOUS SEDATION

SR.NO.	QUESTION	DEGREE OF DIFFICULTY
LONG ANSWER QUESTIONS		
1.	Classify pharmacological behaviour management? Explain Conscious sedation in detail and add a note on guidelines for premedication	MK
2.	What is conscious sedation and Deep sedation? Give indications and contraindications of N ₂ O-O ₂ analgesia? Describe the equipment, clinical features at various concentration and complications of N ₂ O-O ₂ analgesia?	MK
SHORT ANSWER QUESTIONS		
1.	Define conscious sedation? Give its four indications in pediatric dentistry?	NK
2.	Write four advantages of nitrous oxide conscious sedation?	DK
3.	Define conscious sedation and enumerate various agents used for the conscious sedation?	NK
4.	Enumerate the indications and contraindications for conscious sedation?	DK
5.	Define behaviour management and classify pharmacological behaviour management?	DK
6.	Explain the actions, absorption, fate and excretion of nitrous oxide sedation?	NK
7.	Write brief note on nitrous oxide-oxygen analgesia?	NK
8.	Describe in brief the clinical features at various concentration of N ₂ O-O ₂ analgesia?	DK
9.	Write briefly regarding the requirements of the equipment used for the induction of nitrous oxide?	MK

MK – Must Know

DK – Desired to Know

NK – Nice to Know

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

Multiple Choice Questions

1.	All of the following statements are true about conscious sedation except: a. Patient can independently maintain airway b. Patient cannot independently maintain airway c. Respond appropriately to verbal commands d. Respond to physical stimulation	MK
2.	Short acting opioid analgesic is: a. Fentanyl b. Naloxone c. Flumazenil d. Thiopentone	MK
3.	Drug used for reversal of benzodiazepines is: a. Naloxone b. Flumazenil c. Diazepam d. Pentobarbital	DK
4.	Sedative agent also called as milk of amnesia is: a. Chloral Hydrate b. Ketamine c. Dexmedetomidine d. Propofol	MK
5	All of the following statements are true about oral sedation except: a. Universally accepted b. Slow recovery time c. Mostly recommended for premedication d. Predictable results	MK
6	Nitrous oxide was introduced by: a. Horace Wells b. Addleston c. House d. Nelson	MK
7	Diffusion hypoxia is associated with: a. Nitrous oxide b. Chloral hydrate c. Midazolam d. Ketamine	MK
8	The recommended dose of oral midazolam for sedation is: a. 1-2 mg/kg	NK

MK – Must Know

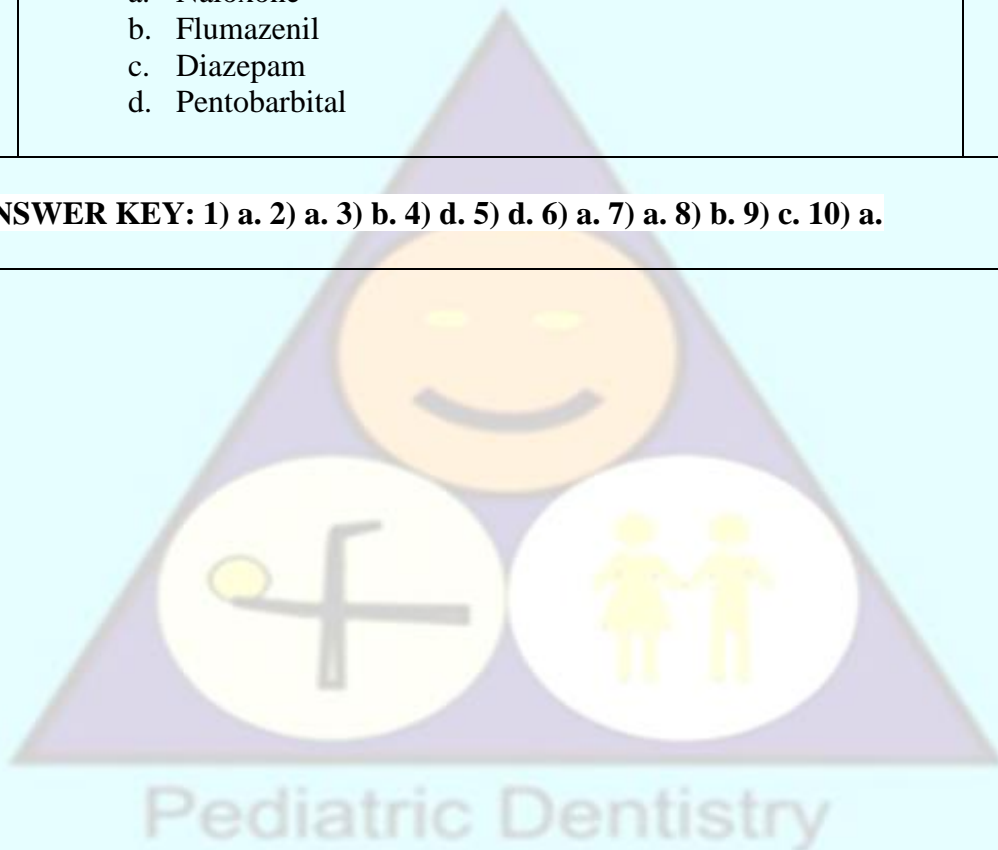
DK – Desired to Know

NK – Nice to Know

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

	b. 0.5-0.75 mg/kg c. 5-10 mg/kg d. 15-20 ug/kg	
9	The minimum fasting period required for clear fluids before sedation is: a. 30 min b. 6 hours c. 2 hours d. No fasting required	MK
10	Opioid antagonist used to reverse its action is: a. Naloxone b. Flumazenil c. Diazepam d. Pentobarbital	MK

ANSWER KEY: 1) a. 2) a. 3) b. 4) d. 5) d. 6) a. 7) a. 8) b. 9) c. 10) a.



Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

GENERAL ANAESTHESIA

SR.NO.	QUESTION	DEGREE OF DIFFICULTY
LONG ANSWER QUESTIONS		
1.	Classify pharmacological behaviour management? Explain treatment under general anesthesia in detail and add a note on guidelines for premedication?	MK
2.	Classify pharmacological behaviour management? Explain treatment under general anesthesia and add a note on anesthetic preparation of a child?	MK
SHORT ANSWER QUESTIONS		
1.	Enumerate differences between conscious sedation and general anesthesia?	NK
2.	Write a brief note on general anesthesia?	DK
3.	Write a brief note on anesthetic preparation of child.	NK
4.	Describe in brief the instructions given to the parents before their child is undergoing dental treatment under general anesthesia?	NK
5.	What are indications and contraindications for general anesthesia?	NK



MK – Must Know

DK – Desired to Know

NK – Nice to Know

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

Multiple Choice Questions		
1.	Guedel's stages of anesthesia include all except: a. Stage of analgesia b. Stage of recovery c. Stage of medullary paralysis d. Stage of surgical anesthesia	MK
2.	Pre anesthetic medication used to reduce salivary and bronchial secretion is: a. Atropine b. Haloperidol c. Morphine d. Ranitidine	MK
3.	Dissociative anesthesia is associated with: a. Ketamine b. Propofol c. Midazolam d. Methohexital	DK
4.	According to Bi spectral index, a value of 60-40 indicates: a. Light to moderate sedation b. Deep sedation c. General anesthesia d. Deep hypnotic state	MK
5	The drug used to reverse the action of diazepam is: a. Naloxone b. Naltrexone c. Esmolol d. Flumazenil	MK
6	Mallampati classification is used to assess: a. Suitability of patient to be taken under general anesthesia b. Suitability of patient to be taken under conscious sedation c. Ease of intubation d. Effect of premedication	MK
7	All of the following are intravenous general anesthetics except a. Desflurane b. Methohexital c. Propofol d. Thiopentone	MK
8	_____ has become the mainstay of pediatric premedication a. Diazepam	NK

MK – Must Know

DK – Desired to Know

NK – Nice to Know

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

	b. Clonidine c. Midazolam d. Sevoflurane	
9	Drug used to control 'emergence delirium' is: a. Dexmedetomidine b. Thiopental c. Morphine d. halothane	MK
10	All of the following statements are true about general anesthesia except: a. Patient can independently maintain airway b. Patient is not arousable, even on painful stimulation c. Ventilatory function is impaired d. Patient can maintain patent airway	MK

ANSWER KEY: 1) b. 2) a. 3) a. 4) c. 5) d. 6) c. 7) a. 8) c. 9) a. 10) a.



Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

TOPIC- GINGIVAL AND PERIODONTAL DISEASES

SR.NO.	QUESTION	DEGREE OF DIFFICULTY
LONG ANSWER QUESTIONS		
1.	Write about various gingival and periodontal diseases affecting children.	MK
2.	Classify the gingival and periodontal diseases in children. Mention the clinical features and management of early onset periodontitis in children	MK
3.	Define Gingiva. Give the classification of various gingival and periodontal diseases and Describe the etiology, clinical features and management of ANUG.	MK
4.	Define Gingiva. Give the classification of various gingival and periodontal diseases and Describe the etiology, clinical features and management of Acute herpetic gingivostomatitis.	MK
SHORT ANSWER QUESTIONS		
1.	Define gingiva. Give the classification of gingival disease in children.	NK
2.	Define gingiva. Give the difference between child and adult gingiva.	DK
3.	Write a short note on Acute necrotizing ulcerative gingivitis. Give the management of ANUG	NK
4.	Write in short about Phenytoin-induced gingival overgrowth.	NK
5.	What is Herpetic Gingivostomatitis. Write about the clinical features of herpetic gingivostomatitis.	NK
6.	Mention the clinical features and management of Puberty gingivitis.	DK
7.	Write in short about Papillon Leferve syndrome.	NK
8.	Mention about the systemic conditions associated with Periodontitis.	DK
9.	Mention about clinical features in Down syndrome associated due to Periodontitis.	MK
10.	Difference between Adult and child gingiva.	MK

MK – Must Know

DK – Desired to Know

NK – Nice to Know

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

Multiple Choice Questions

1.	<p>According to Page and Shroeder's classification, the stage of gingivitis characterized by accumulation of large number of lymphocytes seen about 4- 7 days of plaque accumulation is:</p> <ol style="list-style-type: none"> a. Stage 1: Initial lesion b. Stage 2: Early stage c. Stage 3: Established stage d. Stage 4: Advanced lesion 	MK
2.	<p>Gingival condition also known as "Vincent's angina" or "trench mouth" is:</p> <ol style="list-style-type: none"> a. Herpetic gingivostomatitis b. Ludwig's angina c. Acute necrotizing ulcerative gingivitis d. Plasma cell gingivitis 	MK
3.	<p>The key organism implicated in localized aggressive periodontitis is:</p> <ol style="list-style-type: none"> a. Porphyromonas gingivalis b. Prevotella intermedia c. Capnocytophaga d. Aggregatibacter actinomycetemcomitans 	DK
4.	<p>Hyperkeratosis of palms and soles combined with precocious periodontal destruction and shedding of deciduous and permanent dentition is characteristic of:</p> <ol style="list-style-type: none"> a. Papillon-Lefevre syndrome b. Chediak – Higashi syndrome c. Noonan syndrome d. Ehlers-Danlos syndrome 	MK
5	<p>Chromogenic organism responsible for green stains is:</p> <ol style="list-style-type: none"> a. Flavobacterium b. A. Actinomycetemcomitans c. Candida albicans d. Penicillium 	DK
6	<p>Scorbutic gingivitis is associated with deficiency of:</p> <ol style="list-style-type: none"> a. Vitamin A b. Vitamin C c. Vitamin K d. Vitamin B12 	NK
7	<p>A 5 year old male patient reports with fiery red gingiva, white or yellow liquid filled vesicles associated with fever, malaise and pain on intake of food and liquid. What would be your probable diagnosis?</p> <ol style="list-style-type: none"> a. Canker sore b. Acute herpetic gingivostomatitis 	MK

MK – Must Know

DK – Desired to Know

NK – Nice to Know

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

	<ul style="list-style-type: none"> c. Acute necrotizing ulcerative gingivitis d. Acute candidiasis 	
8	<p>Rare autosomal recessive immunodeficiency disorder characterized by oculocutaneous albinism, photophobia, peripheral neuropathy, severe gingivitis and periodontitis is:</p> <ul style="list-style-type: none"> a. Papillon-Lefevre syndrome b. Noonan syndrome c. Chediak – Higashi syndrome d. Ehlers-Danlos syndrome 	NK
9	<p>Localized arc shaped bone loss extending from distal surface of second premolar to mesial surface of permanent first molar is characteristic of:</p> <ul style="list-style-type: none"> a. Localized aggressive periodontitis b. Generalized aggressive periodontitis c. Chronic periodontitis d. Prepubertal periodontitis 	MK
10	<p>Gingival condition associated with HIV – AIDS is:</p> <ul style="list-style-type: none"> a. Chronic marginal gingivitis b. Acute necrotizing ulcerative gingivitis c. Juvenile periodontitis d. Chronic periodontitis 	MK
11	<p>Gingival condition presenting as an exaggerated response to bacterial plaque, immunological reaction to strong spices, medications or herbs:</p> <ul style="list-style-type: none"> a. Plasma cell gingivitis b. Drug-induced gingival enlargement c. Puberty gingivitis d. Pregnancy tumor 	MK
12	<p>All the drugs are responsible for gingival enlargement except:</p> <ul style="list-style-type: none"> a. Cyclosporine b. Phenytoin c. Nifedipine d. Propanolol 	MK
13	<p>Malignant disease associated with gingival enlargement is:</p> <ul style="list-style-type: none"> a. Osteosarcoma b. Rhamdomyosarcoma c. Leukemia d. Malignant melanoma 	NK
14	<p>Radiographically, “Floating teeth” appearance is seen in:</p> <ul style="list-style-type: none"> a. Histiocytosis X b. Cyclic neutropenia c. Leukemia d. Peripheral giant cell granuloma 	MK

MK – Must Know

DK – Desired to Know

NK – Nice to Know

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

15	Herpetic gingivostomatitis is caused by: a. HSV-I b. HSV-II c. HHV-8 d. CMV	MK
16	The non-keratinized area located in the papillary gingiva below the contact area is called: a. Periodontal pocket b. Col c. Gingival sulcus d. Interdental papilla	NK
17	The width of attached gingiva in premolar region is: a. 3.9-4.5 mm b. 3.3-3.9 mm c. 1.8-1.9 mm d. 2-3 mm	MK
18	Orange stain is caused by: a. Flavobacterium b. A. Actinomyctemcomitans c. Candida albicans d. Penicillium	DK
19	The condition resulting in localized painful lesion of marginal gingiva or interdental papilla caused as a result of embedded foreign object like food grains, fingernail fragment is: a. Periodontal abscess b. Periapical abscess c. Gingival abscess d. Pericoronitis	MK
20	Inflammatory condition of gingiva covering partially erupted teeth prevalent mostly in the molar region is: a. Periodontitis b. Pericoronitis c. Self-mutilation d. Marginal gingivitis	NK

ANSWER KEY: 1) b. 2) c. 3) d. 4) a. 5) d. 6) b. 7) b. 8) c. 9) a. 10) b. 11) a. 12) d. 13) c. 14) a. 15) a. 16) b. 17) c. 18) a. 19) c. 20) b.

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

TOPIC: DEVELOPMENT OF OCCLUSION

SR.NO.	QUESTION	DEGREE OF DIFFICULTY
LONG ANSWER QUESTIONS		
1.	Define occlusion. Describe in detail the various stages of occlusal development.	MK
2.	Mention the Nolla's stages of tooth development and describe about self-correcting anomalies.	MK
SHORT ANSWER QUESTIONS		
1.	Mention the Nolla's stages of tooth development.	DK
2.	Describe teething and its management in children.	NK
3.	Write about natal and neonatal teeth with its management.	MK
4.	Mention the local and systemic factors affecting the eruption of teeth.	NK
5.	What are Gum pads?	NK
6.	Describe in detail about primary molar relationships.	NK
7.	What is early transitional phase in occlusal development.	NK
8.	Explain Broadbent phenomenon.	MK
9.	What are self correcting anomalies in children.	MK
10.	What are the features of primary dentition	MK

MK – Must Know

DK – Desired to Know

NK – Nice to Know

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

Multiple Choice Question		
1.	Primary dentition was classified into spaced and non-spaced dentition by: a. Baume b. Foster c. Simian d. Gardner	MK
2.	The 7 th key added to Andrew's six keys of occlusion is: a. Absence of rotation b. Mesiodistal crown angulation c. Bolton's discrepancy d. Tight contacts	MK
3.	All of the following are self-correcting anomalies except: a. Retrognathic mandible in predentate period b. Anterior deep bite in permanent teeth c. Anterior deep bite in mixed dentition d. Ugly duckling stage	DK
4.	Serial extraction was named as "Guidance of eruption" by: a. Kjellgren b. Bohr c. Nance d. Hotz	MK
5	The serial extraction procedure involving extraction of deciduous lateral incisor followed by deciduous canine, deciduous first molars and first premolars was given by: a. Nance b. Moyer c. Tweed d. Dewel	MK
6	Nolla's stage 4 of tooth development is: a. 2/3 crown completion b. 1/3 crown completion c. Crown almost complete d. Crown completed	MK
7	Early bell stage corresponds to following physiological stage of root development: a. Proliferation b. Histodifferentiation c. Morphodifferentiation d. Apposition	MK
8	Which of the following structure is important for determining the interarch relationship in predentate period? a. Accessional lamina b. Successional lamina c. Lateral sulci d. Dental groove	NK

MK – Must Know

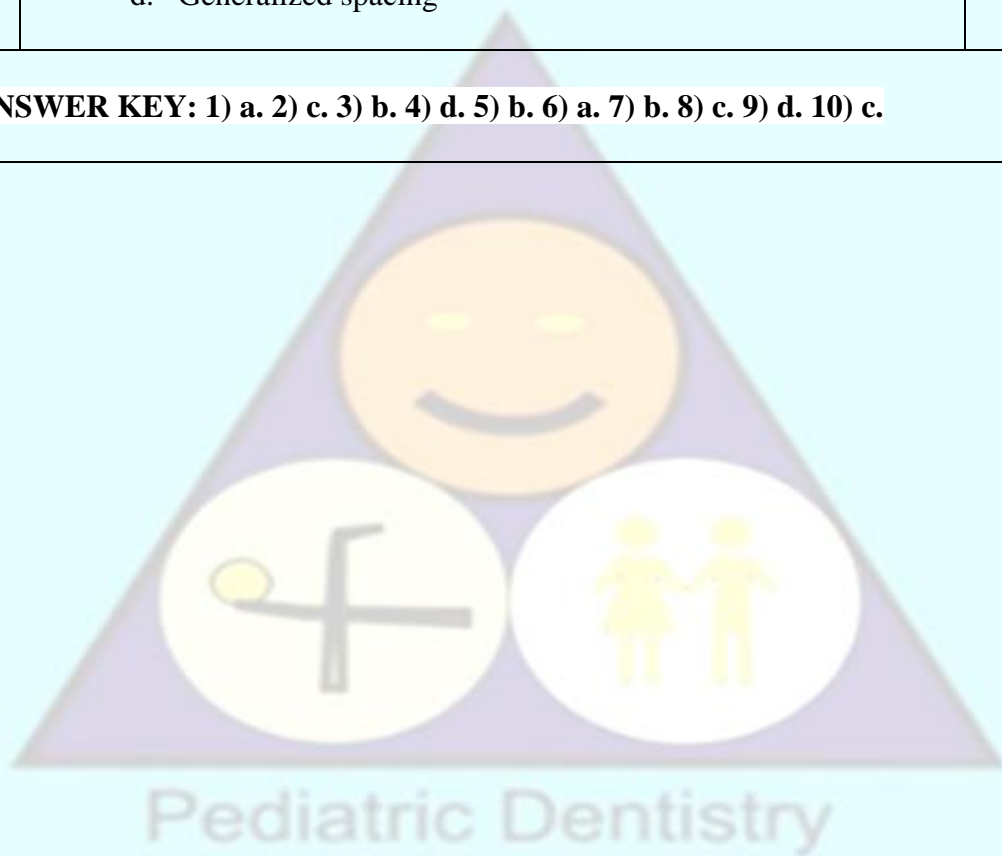
DK – Desired to Know

NK – Nice to Know

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

9	All of the following is probable fate of flush terminal plane on permanent molars except: a. Class I molar relation b. End on molar relation c. Class III molar relation d. Class II molar relation	MK
10	Late mesial shift occurs by utilization of: a. Primate space b. Physiologic space c. Leeway space d. Generalized spacing	MK

ANSWER KEY: 1) a. 2) c. 3) b. 4) d. 5) b. 6) a. 7) b. 8) c. 9) d. 10) c.



Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

TOPIC: GROWTH AND DEVELOPMENT

SR.NO.	QUESTION	DEGREE OF DIFFICULTY
LONG ANSWER QUESTIONS		
1.	Define growth and development. Mention the various theories of growth and development. Write in detail about Melvin Moss Functional matrix theory.	MK
2.	Define growth and development. Mention the various theories of growth and development. Write in detail about Postnatal growth of mandible.	MK
SHORT ANSWER QUESTIONS		
1.	Define growth and development. Mention the various factors which can affect the growth and development.	NK
2.	Write in short about Melvin Moss Functional matrix theory	DK
3.	Write in detail about theories of growth and development.	NK
4.	Write about prenatal growth of mandible.	MK
5.	What are growth Spurts? Mention about the timings of growth spurts and give the clinical features of growth spurts.	MK
6.	Write about Scammon's growth curve along with diagrammatic presentation.	MK
7.	What is the fate of Meckel's cartilage.	NK

MK – Must Know

DK – Desired to Know

NK – Nice to Know

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

Multiple Choice Questions		
1.	Functional matrix theory was put forth by: a. Moss b. Sicher c. Todd d. Limborg	MK
2.	According to Scammon's growth curve, the tissue exhibiting rapid growth reaching 200% of its adult size in late childhood is: a. Neural tissue b. Lymphoid tissue c. Muscle d. Genital tissue	MK
3.	Mixed dentition growth spurt in boys is seen at the age of: a. 14-16 years b. 11-13 years c. 7-9 years d. 8-11 years	DK
4.	Formation of secondary palate starts at: a. 4 th week b. 6 th week c. 8 th week d. 15 th week	MK
5	Growth of coronoid process of mandible takes place according to: a. Enlow's enlarging "V" principle b. Sutural dominance theory c. Enlow's counterpart principle d. Neurotrophism	MK
6	Most accepted theory of growth is: a. Cartilaginous theory b. Bone remodelling theory c. Functional matrix concept d. Enlow's enlarging "V" principle	MK
7	Servo-system theory was given by: a. Limborgh b. Enlow c. Petrovic d. Moss	MK
8	The pharyngeal arch which disappears is: a. Sixth b. Fifth c. Fourth d. First	NK

MK – Must Know

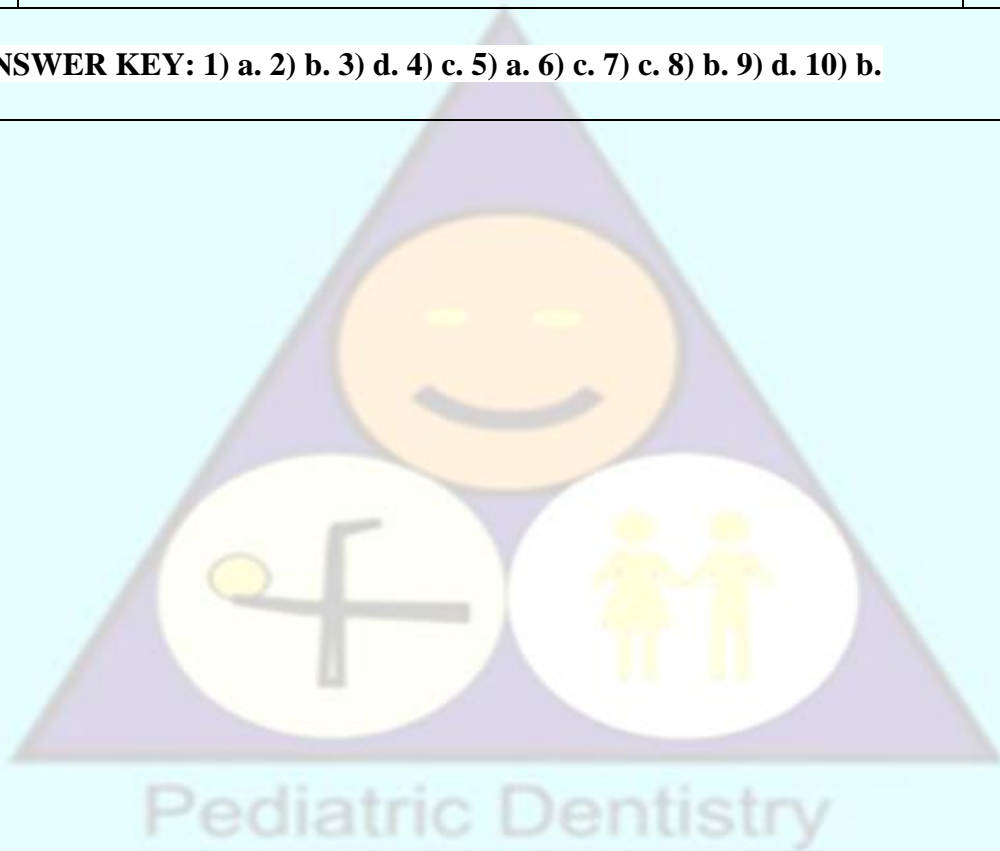
DK – Desired to Know

NK – Nice to Know

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

9	Meckel's cartilage is derived from: a. Sixth pharyngeal arch b. Fifth pharyngeal arch c. Fourth pharyngeal arch d. First pharyngeal arch	MK
10	In the angle of mandible, resorption takes place on the: a. Antero-superior aspect of lingual surface b. Antero-superior aspect of buccal surface c. Postero-superior aspect of buccal surface d. Only deposition occurs on all surface	MK

ANSWER KEY: 1) a. 2) b. 3) d. 4) c. 5) a. 6) c. 7) c. 8) b. 9) d. 10) b.



MK – Must Know

DK – Desired to Know

NK – Nice to Know

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

TOPIC: INFECTION CONTROL

SR.NO.	QUESTION	DEGREE OF DIFFICULTY
LONG ANSWER QUESTIONS		
1.	Classify the various agents used for sterilization. Mention about principles of autoclave.	MK
2.	Describe in detail regarding personal protective equipment for dentists for infection control.	MK
SHORT ANSWER QUESTIONS		
1.	Mention about principles of autoclave.	NK
2.	Classify the various agents used for sterilization.	DK
3.	Write in short about Biomedical waste management.	NK
4.	Mention the infection control for each patient before treatment.	DK
5.	What are the objectives of infection control.	MK
6.	What are the measures to be taken in infection control during the covid pandemic.	NK



MK – Must Know

DK – Desired to Know

NK – Nice to Know

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

Multiple Choice Questions

1.	High level disinfectants include all of the following except: a. Glutaraldehyde b. Chlorine dioxide c. Hydrogen peroxide d. Quaternary ammonium compounds	MK
2.	Autoclave using standard cycle is operated at ____ temperature: a. 121°C b. 134°C c. 170°C d. 160°C	MK
3.	Extracted teeth should be discarded in: a. Yellow bag b. Red bag c. Blue bag d. Black bag	DK
4.	The biomedical waste disposed in yellow bag is treated using: a. Disposal in secured landfill b. Incineration and deep burial c. Autoclave d. Chemical treatment	MK
5.	Chemiclave is operated at temperature of: a. 160°C b. 131°C c. 134°C d. 121°C	MK
6.	Biological indicators used for monitoring sterilization is: a. Streptococci b. Geobacillus c. Actinobacillus d. Clostridium sp.	MK
7.	Following virus are transmitted by inoculation except: a. HSV Type I b. HSV Type II c. HIV d. Varicella zoster	MK
8.	All of the following dental instruments are classified as 'critical' except: a. Periodontal scalers b. Surgical dental burs	NK

MK – Must Know

DK – Desired to Know

NK – Nice to Know

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

	c. Dental handpieces d. Scalpel blades	
--	---	--

ANSWER KEY: 1) d. 2) a. 3) a. 4) b. 5) b. 6) b. 7) d. 8) c.



MK – Must Know

DK – Desired to Know

NK – Nice to Know

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

TOPIC: ORAL HABITS

SR.NO.	QUESTION	DEGREE OF DIFFICULTY
LONG ANSWER QUESTIONS		
1.	Define oral habits. Mention the classification, etiology, clinical features and management of mouth breathing habit.	MK
2.	Define oral habits. Explain in detail about the clinical features and management of bruxism.	MK
SHORT ANSWER QUESTIONS		
1.	Define oral habits. Give the classification of oral habits.	NK
2.	Mention the classification of oral habits and management of thumb sucking habit.	DK
3.	Define oral habits. Give the etiology, classification and management of tongue thrust habit.	NK
4.	Define mouth breathing habit. Give the etiology and management of mouth breathing habit.	MK
5.	Describe lip biting habit and give in detail about its management.	DK
6.	Mention the subtenly classification of oral habits.	MK
7.	Define bruxism. Give the classification of bruxism.	MK
8.	Describe the classification and management of tongue thrusting habit.	DK
9.	What are the diagnostic tests of mouth breathers.	NK
10.	Give the difference between simple and complex mouth breathers.	NK

Pediatric Dentistry

MK – Must Know

DK – Desired to Know

NK – Nice to Know

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

Multiple Choice Questions

1.	All of the following are dentofacial manifestations of thumb sucking except: a. Concave profile b. Increased overbite c. Posterior crossbite d. Hypotonic upper lip	MK
2.	Which of the following is least effective in the management of thumb sucking? a. Mechanical therapy b. Psychological therapy c. Chemical therapy d. Three-alarm system	MK
3.	Features of simple tongue thrust includes all except: a. Good intercuspation of posterior teeth b. Teeth apart swallow c. Contraction of lips and mentalis muscle d. Contraction of mandibular elevators	DK
4.	Masochistic habits are associated with: a. Lesch-Nyhan disease b. Van der Woude syndrome c. Ehlers-Danlos syndrome d. Ectodermal dysplasia	MK
5	Myofunctional appliance used for correcting lip biting habit is: a. Activator b. Bionator c. Twin block d. Lip bumper	MK
6	All of the following are used to manage thumb sucking except: a. Lip bumper b. Blue grass appliance c. Oral screen d. Palatal crib	MK
7	Management of thumb sucking is based on: a. Dunlop hypothesis b. Freudian theory c. Oral drive theory d. Rooting reflex	MK

MK – Must Know

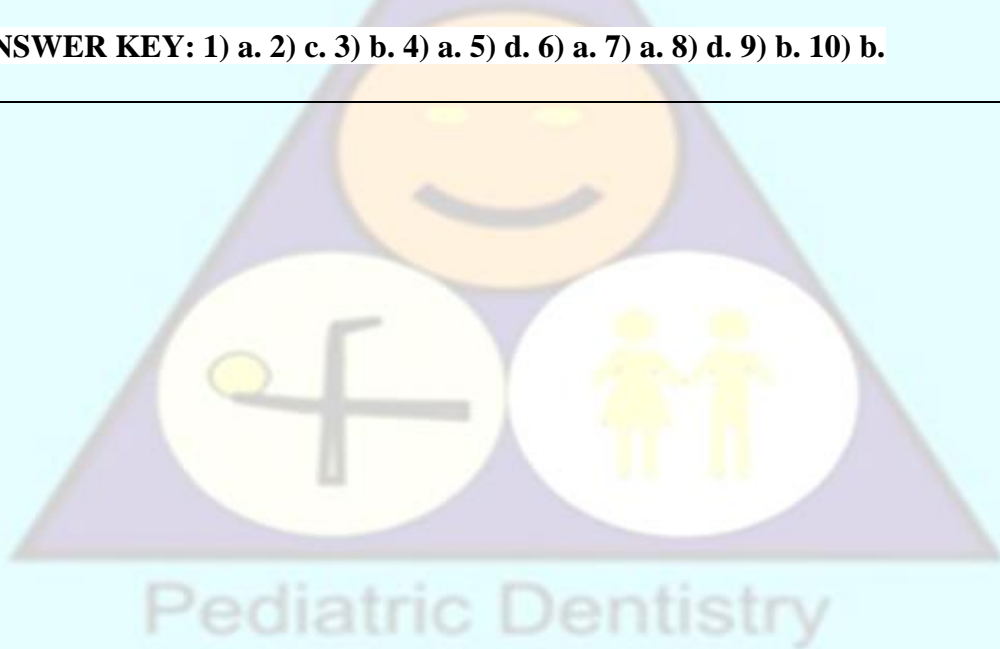
DK – Desired to Know

NK – Nice to Know

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

8	Nonnutritive sucking habits include all except: a. Thumb sucking b. Finger sucking c. Pacifier sucking d. Bottle feeding	NK
9	Adenoid facies is associated with: a. Thumb sucking b. Mouth breathing c. Tongue thrusting d. Nasal breathing	MK
10	Water holding test, Butterfly test are used for diagnosis of: a. Thumb sucking b. Mouth breathing c. Tongue thrusting d. Lip biting	MK

ANSWER KEY: 1) a. 2) c. 3) b. 4) a. 5) d. 6) a. 7) a. 8) d. 9) b. 10) b.



Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

TOPIC: SPACE MAINTAINERS

SR.NO.	QUESTION	DEGREE OF DIFFICULTY
LONG ANSWER QUESTIONS		
1.	Define space maintainer. Give the classification of space maintainer. Describe the fabrication along with indications and contraindications of band and loop space maintainer.	MK
2.	Give the classification of space maintainer. Describe the fabrication along with indications and contraindications of lingual arch space maintainer.	MK
3.	Define space maintainer. Classify space maintainers. Give the indications, contraindications and fabrication of distal shoe space maintainer.	MK
SHORT ANSWER QUESTIONS		
1.	Define space maintainers. Give the classification of space maintainers.	NK
2.	Give the classification of space maintainers. What are the indications and contraindications of space maintainers.	DK
3.	Enumerate the step wise procedure of fabrication of Band and Loop space maintainer	NK
4.	Define Space Maintainers. Enumerate the factors to be evaluated before planning for space maintainers.	NK
5.	Write in detail about distal shoe space maintainer	NK
6.	Enumerate the step wise procedure of fabrication of Lingual arch space maintainer.	DK
7.	Write in detail about the indications and contraindications of nance palatal arch.	NK
8.	Write in short about Lip Bumper	DK
9.	Define space maintainers. Mention the indications and contraindications of space maintainers.	MK
10.	Write in short about transpalatal arch.	MK

MK – Must Know

DK – Desired to Know

NK – Nice to Know

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

Multiple Choice Questions		
1.	Dimension of band material used for primary teeth is: a. 0.003 x 0.125 x 2 in b. 0.004 x 0.150 x 2 in c. 0.005 x 0.180 x 2 in d. 0.006 x 0.180 x 2 in	MK
2.	Space maintainer indicated when there is bilateral loss of primary molars prior to eruption of mandibular permanent incisors is: a. Nance palatal arch b. Band and loop space maintainer c. Lingual arch d. Distal shoe	MK
3.	Goshgarian arch is another name for: a. Transpalatal arch b. Lingual arch c. Nance palatal arch d. Distal shoe	DK
4.	Distal shoe appliance in practice at present was given by: a. Willet b. Moyer c. Mathewson d. Roche	MK
5	According to Brauer, unilateral mandibular posterior removable space maintainer belongs to following class: a. Class 1 b. Class 2 c. Class 3 d. Class 4	MK
6	EZ space maintainer was developed by: a. Nikhil Srivastava b. Mukul Jain c. Enis Guray d. Pierre Fauchard	MK
7	All of the following are fixed space regainers except: a. Sling shot space regainer b. Hotz lingual arch c. Gerber space regainer d. Jaffe's appliance	MK
8	Maximum space loss occurs after within _____ after extraction: a. 12 months b. 6 months c. 18 months d. 24 months	NK

MK – Must Know

DK – Desired to Know

NK – Nice to Know

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

9	According to McDonald 1 mm of bone resorbs in: a. 4-5 months b. 2-3 years c. 15-30 days d. 1 year	MK
10	All of the following are mixed dentition space analysis except: a. Moyer's analysis b. Nance Carey's analysis c. Carey's analysis d. Huckaba analysis	MK
11	All of the following methods of space analysis use radiographs except: a. Huckaba analysis b. Hixon and Oldfather analysis c. Total space analysis d. Tanaka Johnston analysis	NK
12	Space maintainers were classified into removable or fixed, active or passive, with bands or without bands, active or passive by: a. Thourow b. Hinrichsen c. Hitchcock d. McDonald	DK
13	Modification of band and loop space maintainer where only lingual extension is given but buccal loop is eliminated is known as: a. Demiroz space maintainer b. Mayne's space maintainer c. Reverse band and loop space maintainer d. Hotz space maintainer	MK
14	Space maintainer indicated in maxilla when one side of arch is intact and several primary teeth on other side are missing: a. Transpalatal arch b. Fiber reinforced composite resin space maintainer c. Mayne's space maintainer d. Lingual arch	MK
15	Space maintainer initially named as 'preventive lingual wire' is: a. Lingual arch b. Transpalatal arch c. Nance palatal arch d. Long span band and loop	NK

MK – Must Know

DK – Desired to Know

NK – Nice to Know

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

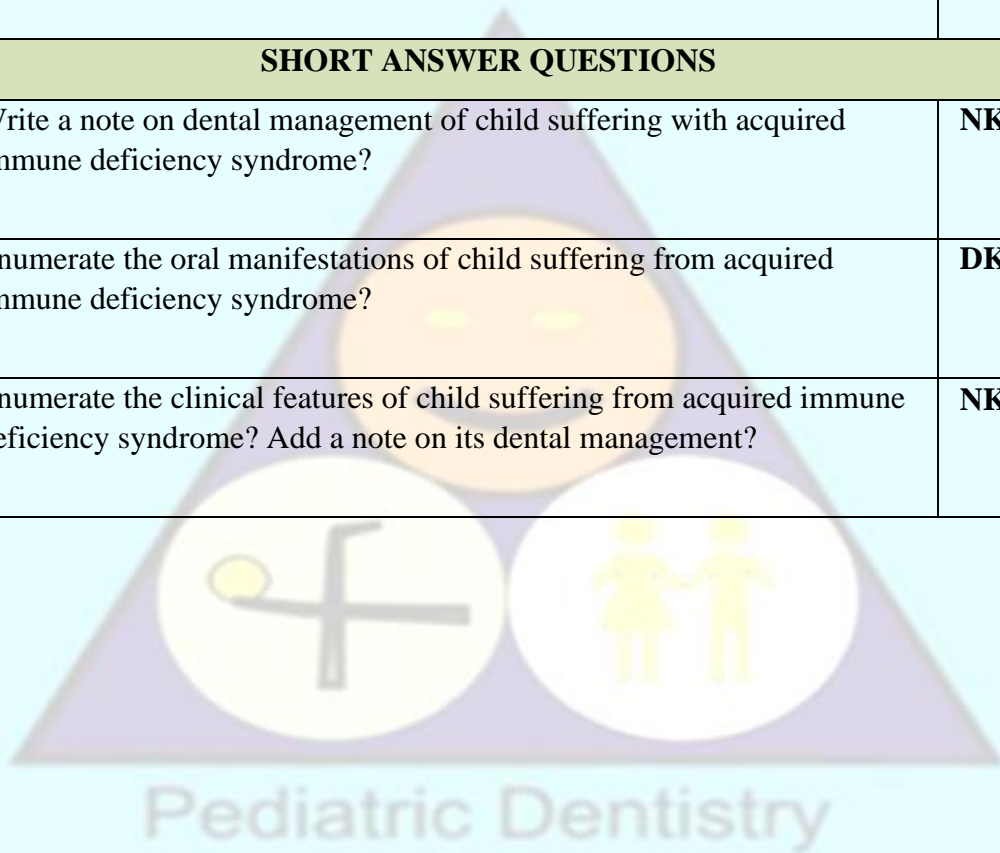
16	Space maintainer indicated in case of premature loss of primary second molars prior to eruption of permanent first molars is: a. Band and loop space maintainer b. Distal shoe space maintainer c. Mayne's space maintainer d. Transpalatal arch	MK
17	Gingival extension of vertical bar of distal shoe appliance is: a. 1 mm below the distal marginal ridge of permanent first molar b. 1 mm below distal marginal ridge of primary second molar c. 1 mm below mesial marginal ridge of permanent first molar d. No relation with the permanent first molar	MK
18	Lingual arch with U-loop incorporated for regaining space is called: a. Hotz lingual arch b. Nance lingual arch c. Preventive lingual wire d. Weldable lingual arch	MK
19	The process of joining two metals by using a filler metal with fusion temperature of less than 450°C a. Brazing b. Welding c. Spot welding d. Soldering	MK
20	Space analysis for mandibular arch is: a. Pont's analysis b. Linder Harth's analysis c. Carey's analysis d. Arch perimeter analysis	MK

ANSWER KEY: 1) c. 2) b. 3) a. 4) d. 5) b. 6) c. 7) a. 8) b. 9) a. 10) c. 11) d. 12) c. 13) b. 14) a. 15) c. 16) b. 17) c. 18) a. 19) d. 20) c.

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

TOPIC: ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)

SR.NO.	QUESTIONS	DEGREE OF DIFFICULTY
LONG ANSWER QUESTIONS		
1.	What is Acquired immune deficiency syndrome? Enumerate its oral manifestations. What are the special considerations that need to be taken while managing a child suffering with acquired immune deficiency syndrome?	MK
SHORT ANSWER QUESTIONS		
1.	Write a note on dental management of child suffering with acquired immune deficiency syndrome?	NK
2.	Enumerate the oral manifestations of child suffering from acquired immune deficiency syndrome?	DK
3.	Enumerate the clinical features of child suffering from acquired immune deficiency syndrome? Add a note on its dental management?	NK



MK – Must Know

DK – Desired to Know

NK – Nice to Know

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

Multiple Choice Questions

1.	The first case of HIV in India was reported in: a. Chennai b. Bihar c. Mumbai d. Kanpur	MK
2.	The viral core of HIV virus is made up of: a. p24 b. gp41 c. gp120 d. p42	MK
3.	The first stage of HIV is associated with a. Wasting syndrome b. Persistent generalized lymphadenopathy c. Lymphoma d. Neutropenia	DK
4.	The confirmatory test for HIV is: a. ELISA b. Southern blot c. Northern blot d. Western blot	MK
5	Oral hairy leukoplakia is caused by: a. Herpes simplex virus b. Candidal species c. Epstein barr virus d. Cytomegalovirus	MK
6	World AIDS day is observed on: a. 6 th December b. 1 st May c. 1 st December d. 1 st November	MK
7	Post exposure prophylaxis should be taken within how many hours of exposure to HIV: a. 1 week b. 72 hours c. 96 hours d. 1 month	MK
8	The gingival condition commonly associated with pediatric HIV infection is:	NK

MK – Must Know

DK – Desired to Know

NK – Nice to Know

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

	<ul style="list-style-type: none">a. Localized aggressive periodontitisb. Chronic marginal gingivitisc. Chronic periodontitisd. Necrotizing ulcerative gingivitis	
9	Antiretroviral belonging to class of protease inhibitor is: <ul style="list-style-type: none">a. Zidovudineb. Lamivudinec. Nevirapined. Indinavir	MK
10	The principal effector cells in HIV infection are: <ul style="list-style-type: none">a. B lymphocytesb. CD4 T lymphocytesc. Plasma cellsd. Macrophages	MK

ANSWER KEY: 1) a. 2) a. 3) b. 4) d. 5) c. 6) c. 7) b. 8) d. 9) d. 10) b.



Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

**TOPIC: DISTURBANCES OF TEETH AND SURROUNDING STRUCTURES
AND ORAL PATHOLOGICAL CONDITIONS IN CHILDREN**

SR.NO.	QUESTION	DEGREE OF DIFFICULTY
LONG ANSWER QUESTIONS		
1.	Define enamel hypoplasia? Mention the causes for occurrence of hypoplasia and explain in detail various types of enamel hypoplasia?	MK
2.	Classify various developmental anomalies of the teeth? Enumerate the causes for these developmental disturbances and write in detail about developmental anomalies of shape of teeth in children?	MK
SHORT ANSWER QUESTIONS		
1.	Mention various anomalies concerning the number of the teeth?	DK
2.	What is dens in dente? Mention its etiology, clinical features and radiographic features?	MK
3.	What is Turner's hypoplasia? Mention its clinical features.	DK
4.	Explain in brief, the occurrence of enamel hypoplasia due to nutritional deficiency?	DK
5.	What are on natal and neo natal teeth?	MK
6.	What are the important considerations to be kept in mind while removing natal or neonatal teeth?	DK
7.	How does exfoliation take place?	DK
8.	What are the causes of delayed eruption?	DK
9.	Name few associated local problems to teething?	MK
10.	What do you understand by dental age and how will you assess it?	MK
11.	Write a brief note on Riga-Fede disease?	DK
12.	Define internal resorption? Mention its etiology, clinical features and radiographic appearance?	DK
13.	What is a submerged tooth? Mention the various causes of submerged tooth and add a brief note on its management?	DK

MK – Must Know

DK – Desired to Know

NK – Nice to Know

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

Multiple Choice Questions

1.	Gardner's syndrome shows all of the following except: a. Supernumerary teeth b. Intestinal polyposis c. Anodontia d. Impacted teeth	MK
2.	Trisomy of chromosome 18 is indicative of: a. Klinefelter syndrome b. Edward syndrome c. Turner syndrome d. Patau syndrome	MK
3.	Tooth erupting within 30 days of birth is termed as: a. Natal teeth b. Neonatal teeth c. Supernumerary teeth d. Dentitia tarda	MK
4.	Neonatal sublingual traumatic ulceration associated with natal teeth is: a. Riga Fede disease b. Masochistic habits c. Leisch Nyan disease d. Syphilis	NK
5	Multiple odontogenic keratocysts are associated with: a. Beckwith Wiedemann syndrome b. Down's syndrome c. Gorlin-Goltz syndrome d. Apert syndrome	NK
6	Bengal dye test is used for: a. Ameloblastoma b. Sjogren's syndrome c. Xerostomia d. Pleomorphic adenoma	DK
7	Most common histologic variant of ameloblastoma is: a. Desmoplastic b. Acanthomatous c. Plexiform d. Follicular	MK
8	Condition associated with teeth having elongated pulp chambers and short stunted roots is: a. Taurodontism	DK

MK – Must Know

DK – Desired to Know

NK – Nice to Know

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

	<ul style="list-style-type: none"> b. Geminatio c. Concrecence d. Dens in dente 	
9	<p>Hypoplasia associated with local infection of primary tooth is:</p> <ul style="list-style-type: none"> a. Amelogenesis imperfecta b. Dentinogenesis imperfecta c. Shell teeth d. Turner's tooth 	MK
10	<p>Thistle tube' appearance is characteristic of:</p> <ul style="list-style-type: none"> a. Dentinogenesis imperfecta b. Amelogenesis imperfecta c. Dentin dysplasia d. Osteogenesis imperfecta 	MK
11	<p>Developmental anomaly occurring as a result of trapped epithelial remnants along the line of fusion of palatal shelves is:</p> <ul style="list-style-type: none"> a. Bohn's nodules b. Epstein's pearls c. Natal teeth d. Odontoma 	DK
12	<p>Radiographic appearance of 'onion peel' is characteristic of:</p> <ul style="list-style-type: none"> a. Osteogenesis imperfecta b. Garre's osteomyelitis c. Histiocytosis d. Osteopetrosis 	MK
13	<p>Scarlet fever is associated with:</p> <ul style="list-style-type: none"> a. Fissured tongue b. Black hairy tongue c. Tongue tie d. Strawberry tongue 	MK
14	<p>Condition presenting as a patch on dorsum of tongue caused due to failure of tuberculum impar to retract prior to fusion of lateral halves of tongue during development:</p> <ul style="list-style-type: none"> a. Fissured tongue b. Median rhomboid glossitis c. Strawberry tongue d. Beefy tongue 	MK
15	<p>Hyperkeratosis palmoplantaris and periodontoclasia in children is associated with:</p> <ul style="list-style-type: none"> a. Noonan syndrome b. Down's syndrome c. Klinefelter syndrome d. Papillon -Lefevre syndrome 	MK

MK – Must Know

DK – Desired to Know

NK – Nice to Know

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

16	Ghost tooth is associated with: a. Regional odontodysplasia b. Dentin dysplasia c. Dentinogenesis imperfecta d. Amelogenesis imperfecta	NK
17	Talon cusp is observed frequently with a. Beckwith Wiedemann syndrome b. Rubinstein-Taybi syndrome c. van der Woude syndrome d. Treacher collin syndrome	MK
18	Sicca syndrome is synonymous to a. Secondary Sjogren's syndrome b. Primary Sjogren's syndrome c. Xerostomia d. Mc-Cune Albright syndrome	DK
19	Absent or defective clavicles is associated with: a. Osteopetrosis b. Osteogenesis imperfecta c. Cleidocranial dysostosis d. Craniofacial dysostosis	MK
20	Pathology consisting of numerous, small tooth like structures bearing superficial anatomical resemblance to normal teeth is: a. Compound odontoma b. Complex odontoma c. Sialolith d. Dentigerous cyst	NK

ANSWER KEY: 1) c. 2) b. 3) b. 4) a. 5) c. 6) b. 7) d. 8) a. 9) d. 10) c. 11) a. 12) b. 13) d. 14) c. 15) d. 16) a. 17) b. 18) b. 19) c. 20) b.

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

TOPIC: EXTRACTIONS AND MINOR ORAL SURGERY

SR.NO.	QUESTION	DEGREE OF DIFFICULTY
LONG ANSWER QUESTIONS		
1.	Define and classify local anesthesia. Describe in details the indications and technique of injection of inferior alveolar nerve block in children?	MK
2.	What are the fundamentals of extraction techniques? Discuss special considerations and complications that might be encountered in extraction of primary teeth?	MK
SHORT ANSWER QUESTIONS		
1.	What is WAND technique? Write its advantages?	NK
2.	Enumerate different topical anaesthetic agents available in dentistry. Write advantages of topical anaesthetics?	DK
3.	List out the newer techniques in delivering local anaesthesia?	NK
4.	How does the treatment of condylar fractures differ in children?	NK
5.	What is the impact of nasal and condylar injuries in children?	NK
6.	What are the common suture materials used in children?	DK
7.	Describe the clinical implications and management of ankyloglossia?	NK
8.	What are the indications for Incisional biopsy?	DK
9.	What are the indications and contraindications of extraction in children?	MK
10.	What are constituents and their concentration of local Anaesthetic solution?	MK
11.	What precautions are to be taken by the parents in case of an avulsed tooth?	MK

MK – Must Know

DK – Desired to Know

NK – Nice to Know

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

Multiple Choice Questions

1.	Condition associated with loss of blood clot from socket after extraction and is associated with severe radiating pain and foul odor is: a. Alveolar osteitis b. Ankylosis c. Lacerated gingiva d. Alveolar fracture	MK
2.	Primary maxillary central incisor is extracted with the help of following movement: a. Torsion b. Buccal – palatal expansion c. Torsion and buccal-palatal expansion d. No torsion needed	MK
3.	Drug used for reversal of soft tissue anesthesia after extraction to reduce probability of injury to the lips and cheek is: a. Adrenaline b. Atropine c. Mepivacaine d. Phentolamine mesylate	DK
4.	Maximum dosage of lignocaine without vasoconstrictor advised for children is: a. 7 mg/kg b. 4.4 mg/kg c. 2 mg/kg d. 20mg/kg	MK
5.	The position of inferior alveolar nerve block in children less than 6 years is: a. Level of injection at occlusal plane b. Level of injection is above occlusal plane c. Level of injection is below occlusal plane d. Level of injection can be either above or below occlusal plane	MK
6.	Eutectic mixture of local anesthetic (EMLA) consists of: a. 25 mg/g lignocaine and 25 mg/g prilocaine b. 2 mg/g lignocaine and 2 mg/g prilocaine c. 25mg/g procaine and 25mg/g lignocaine d. 5mg/g articaine and 5mg/g lignocaine	MK
7.	Developmental anomaly of tongue characterized by appearance of tongue being fused to the floor of the mouth is:	MK

MK – Must Know

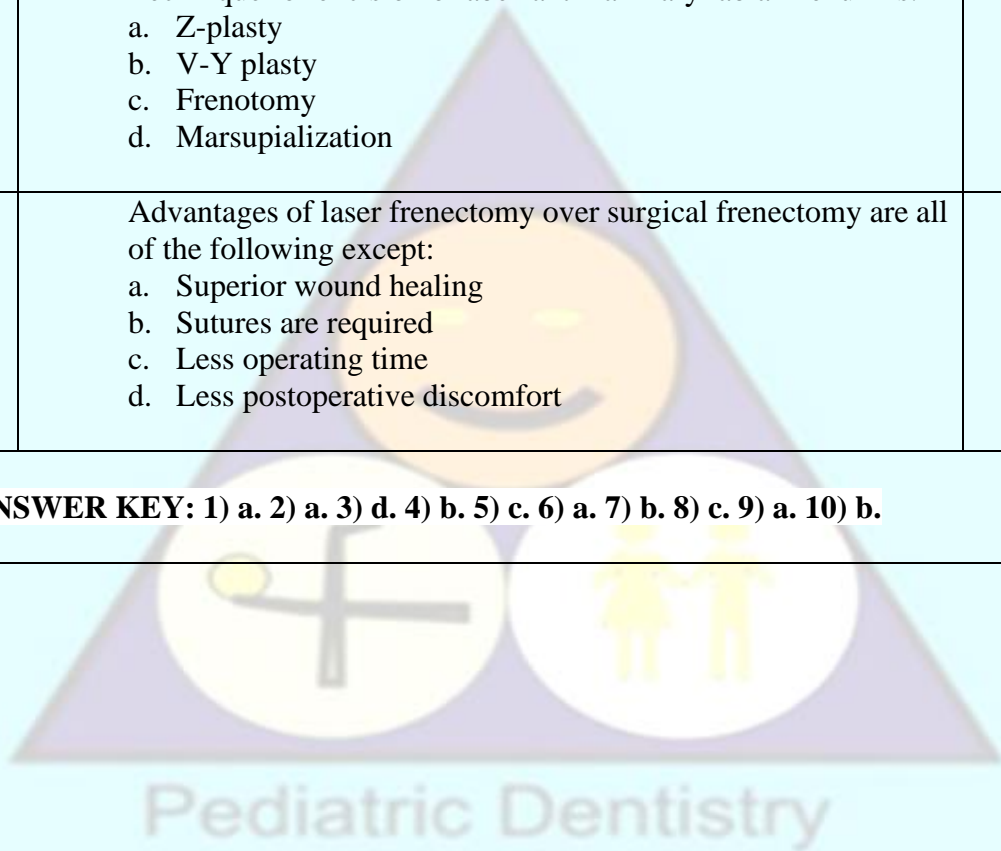
DK – Desired to Know

NK – Nice to Know

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

	<ul style="list-style-type: none"> a. Partial ankyloglossia b. Total ankyloglossia c. Microglossia d. Aglossia 	
8	<p>Dome shaped swelling present in the floor of the mouth due to traumatic rupture of salivary gland is:</p> <ul style="list-style-type: none"> a. Mucocele b. Sialolith c. Ranula d. Sialogram 	NK
9	<p>Technique for excision of aberrant maxillary labial frenum is:</p> <ul style="list-style-type: none"> a. Z-plasty b. V-Y plasty c. Frenotomy d. Marsupialization 	MK
10	<p>Advantages of laser frenectomy over surgical frenectomy are all of the following except:</p> <ul style="list-style-type: none"> a. Superior wound healing b. Sutures are required c. Less operating time d. Less postoperative discomfort 	MK

ANSWER KEY: 1) a. 2) a. 3) d. 4) b. 5) c. 6) a. 7) b. 8) c. 9) a. 10) b.



Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

TOPIC: MEDICAL EMERGENCIES

SR.NO.	QUESTION	DEGREE OF DIFFICULTY
LONG ANSWER QUESTIONS		
1.	Mention the various emergencies encountered in dental practice and describe in detail management of acute asthmatic attack for child patient in dental chair.	MK
2.	Explain in detail about cardiopulmonary cerebral resuscitation.	MK
SHORT ANSWER QUESTIONS		
1.	Explain the procedure of management of seizure during a dental procedure in clinic.	NK
2.	What is definitive treatment for anaphylactic shock.	DK
3.	Describe the management of angioneurotic edema	NK
4.	What are the equipments and medicines kept in emergency kit in pedodontics practice.	DK
5.	How to retrieve a foreign body in 3 yr old child	DK
6.	How do we manage anaphylaxis in children and mention the dose of epinephrine.	MK
7.	Write in short about external cardiac compression.	MK
8.	Define Syncope. Describe about management of syncope in a dental clinic.	MK
9.	How to manage a patient with history of bleeding disorders.	NK
10.	How to assess circulation in a patient.	NK

Pediatric Dentistry

MK – Must Know

DK – Desired to Know

NK – Nice to Know

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

Multiple Choice Questions

1.	Life saving drug in case of anaphylactic shock is: a. Epinephrine b. Nitroglycerine c. Penicillin d. Ephedrine	MK
2.	The hand position of rescuer while performing cardiopulmonary resuscitation in an infant is: a. Two hands on the centre of chest between nipples b. One or two hands on centre of chest between nipples c. Two fingers just below the nipple line d. Two fingers just above the nipple line	MK
3.	Management of foreign body obstruction includes: a. Blind finger sweep in oropharyngeal region b. Heimlich maneuver c. Kocher maneuver d. No management is required	DK
4.	Opioid overdose can be reversed with the administration of: a. Lorazepam b. Naloxone c. Flumazenil d. Oxygen	MK
5.	The correct sequence for basic life support is: a. Airway-Breathing-Circulation b. Breathing-Airway-Circulation c. Circulation-Airway-Breathing d. No particular sequence	MK
6.	Anaphylaxis is mediated by: a. IgG b. IgM c. IgA d. IgE	MK
7.	The drug of choice for status epilepticus is: a. Diazepam b. Nitroglycerin c. Nitrous oxide d. Flumazenil	MK
8.	Acute adrenal insufficiency may be observed in patients who are on long term a. Mineralocorticoid b. Corticosteroid c. Glucagon d. Dextrose	NK

ANSWER KEY: 1) a. 2) c. 3) b. 4) b. 5) c. 6) d. 7) a. 8) b.

MK – Must Know

DK – Desired to Know

NK – Nice to Know

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

TOPIC: DRUGS USED IN PEDIATRIC DENTISTRY

SR.NO.	QUESTION	DEGREE OF DIFFICULTY
LONG ANSWER QUESTIONS		
1.	Enumerate the various drug dosage formulas and explain in detail about dosage calculation using body surface area.	MK
2.	Which are the antibiotics commonly prescribed in pediatric dentistry? What are the complications associated with antibiotic therapy?	MK
SHORT ANSWER QUESTIONS		
1.	What is Antibiotic prophylaxis?	MK
2.	Give the difference between centrally acting analgesics and peripherally acting analgesics	NK
3.	Mention the AAPD guidelines on antibiotic usage..	MK
4.	Give the classification of antimicrobial agents.	NK
5.	Explain the various formulas use for calculation of Pediatric drug dose.	MK
6.	Enumerate side effects of overdose of antibiotics.	NK
7.	Mention the difference between centrally acting and peripherally acting analgesic.	NK
8.	Describe general principles of antibiotics for commonly occurring conditions..	NK
9.	Mention the adverse effects of Ibuprofen.	DK
10.	Mention the analgesics commonly prescribed with dose.	MK

MK – Must Know

DK – Desired to Know

NK – Nice to Know

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

Multiple Choice Questions

1.	The formula for determining pediatric dosage which uses age as a parameter is: a. Dilling's rule b. Young's rule c. Clark's rule d. Frankl's rule	MK
2.	Selective COX 2 inhibitors include: a. Piroxicam b. Nimesulide c. Etoricoxib d. Ibuprofen	MK
3.	Second generation cephalosporins are: a. Cefaclor b. Cephalexin c. Cefixime d. Cefpirome	DK
4.	Azithromycin belongs to which of the following class of antibiotics: a. Antifungals b. Nitromidazole c. Fluoroquinolones d. Macrolides	MK
5	Antibiotic contraindicated in pediatric patients is: a. Amoxicillin b. Ampicillin c. Metronidazole d. Tetracycline	MK
6	B-lactamase inhibitors comprise of: a. Clavulanic acid b. Penicillin c. Ampicillin d. Amoxicillin	MK
7	Antibiotic showing excellent anerobic gram negative activity is: a. Penicillin b. Metronidazole c. Erythromycin d. Cephalexin	MK
8	All of the following statements regarding metabolism of drugs is true except: a. Majority of drugs are metabolized by liver b. Excretion occurs mainly via renal system c. Absorption of weakly basic drugs is favored due to low acidity in infants d. Prolonged gastric emptying affect absorption of drugs during first few days of life	NK

MK – Must Know

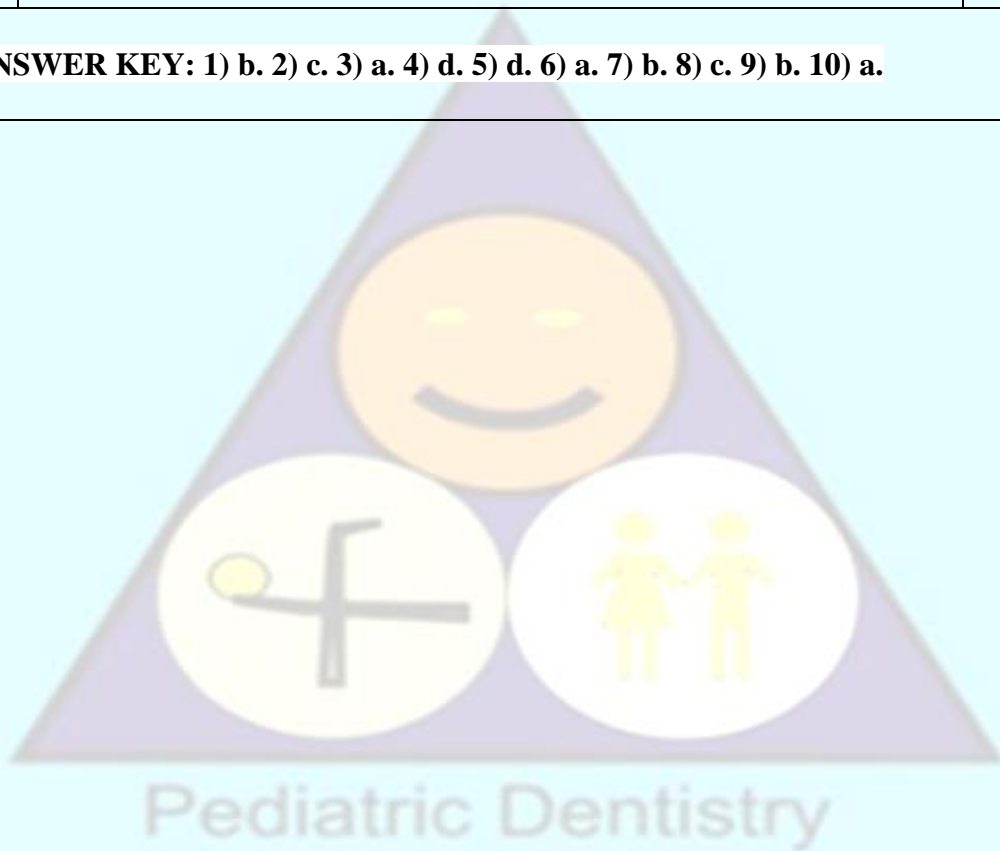
DK – Desired to Know

NK – Nice to Know

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

9	Amoxicillin differs from ampicillin in terms of: a. More protein bound b. Incidence of diarrhea and skin rashes is less c. Blood levels on oral administration is less than ampicillin at same dosage d. Incidence of diarrhea and skin rashes is more	MK
10	Metallic taste in the mouth is associated with a. Metronidazole b. Erythromycin c. Cephalosporin d. Penicillin	MK

ANSWER KEY: 1) b. 2) c. 3) a. 4) d. 5) d. 6) a. 7) b. 8) c. 9) b. 10) a.



TOPIC: FLUORIDES

MK – Must Know

DK – Desired to Know

NK – Nice to Know

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

SR.NO.	QUESTIONS	DEGREE OF DIFFICULTY
LONG ANSWER QUESTIONS		
1.	Write in brief regarding invention of fluoride and explain in detail about topical fluorides.	MK
2.	Define water fluoridation. Give the advantages and disadvantages about water fluoridation	MK
3.	What is fluoride toxicity. Explain in detail about fluoride toxicity.	MK
SHORT ANSWER QUESTIONS		
1.	Explain about Halo Effect.	NK
2.	Give the 3 differences between APF gel and APF solution	DK
3.	Describe about Mottling effect.	NK
4.	Explain about Dean's index of fluorosis.	NK
5.	What is thixotropic property in fluorosis	NK
6.	Describe in detail about shoe leather survey?	DK
7.	Explain the mechanism of action of Muhler technique.	NK
8.	Explain about Brudevold technique.	DK
9.	Write in short about milk fluoridation	MK
10.	What are the various fluoride mouthrinses available.	MK

Multiple Choice Questions

MK – Must Know

DK – Desired to Know

NK – Nice to Know

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

1.	Highest content of fluoride in water is in: a. Lake Tanganyina b. Lake Victoria c. Great Slave lake d. Lake Nakuru	MK
2.	Shoe leather survey was conducted by: a. Fredrick McKay b. Churchill c. Trendley H Dean d. JM Eager	MK
3.	First community water fluoridation program was started in: a. Grand Rapids b. Muskegon c. Stanford Evanston	DK
4.	Salt fluoridation was introduced by: a. Zeigler b. Wespi c. Fredrick McKay d. Dean	MK
5	Dosage of dietary fluoride supplementation recommended for children aged 3-6 years residing in areas of fluoride concentration of 0.3-0.6 ppm in water: a. 0 mg b. 0.25 mg c. 0.50 mg d. 0.75 mg	MK
6	Knutson's technique for topical fluoride application uses: a. 2% sodium fluoride b. 8% sodium fluoride c. 8% stannous fluoride d. 10% stannous fluoride	MK
7	The fluoride concentration in Fluorprotector varnish is: a. 22,600 ppm b. 9,500 ppm c. 7,000 ppm d. 18,000 ppm	MK
8	The toxic dose of fluoride is: a. 8-16 mg/kg body weight b. 16-32 mg/kg body weight c. 32-64 mg/kg body weight d. 64-128 mg/kg body weight	NK

MK – Must Know

DK – Desired to Know

NK – Nice to Know

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

9	<p>All of the following are signs and symptoms of acute fluoride toxicity except:</p> <ol style="list-style-type: none"> Nausea, vomiting Weak thready pulse Increased plasma calcium, decreased plasma potassium levels Decreased plasma calcium, increased plasma potassium levels 	MK
10	<p>According to Dean's index, mild fluorosis indicates:</p> <ol style="list-style-type: none"> Enamel shows slight aberrations ranging from a few white flecks to occasional white spots Small, opaque, paper white areas scattered irregularly over tooth, involving <25% Opaque, paper white areas involving >25% All enamel surfaces are affected and hypoplasia is so marked that general form of tooth is affected 	MK
11	<p>Humectant used in dentifrice is:</p> <ol style="list-style-type: none"> Sodium laurylsulphate Sorbitol Sanguinarine Triclosan 	MK
12	<p>Anion exchange resins used for defluoridation are:</p> <ol style="list-style-type: none"> Magnesia Quaternary ammonium compound Carbion Defluoron-1 	DK
13	<p>The most widely used concentration of silver diamine fluoride is:</p> <ol style="list-style-type: none"> 2% 10% 38% 48% 	MK
14	<p>The intermediate product formed after application of acidulated phosphate fluoride (APF):</p> <ol style="list-style-type: none"> Dicalcium phosphate dihydrate Calcium fluoride Fluorapatite Fluorhydroxyapatite 	MK
15	<p>The dental structure with maximum concentration of fluoride is:</p> <ol style="list-style-type: none"> Enamel Dentin Pulp 	MK

MK – Must Know

DK – Desired to Know

NK – Nice to Know

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

	d. Cementum	
16	The equipment used for water fluoridation in large sized towns with capacity of >7.6 million lit/day is: a. Saturator system b. Solution feeder system c. Saturator feeder system d. Dry feeder system	MK
17	The pH of acidulated phosphate fluoride (APF) is: a. 1.23 b. 3 c. 4 d. 2	MK
18	The daily advocated concentration of sodium fluoride mouthrinse is: a. 0.05% b. 0.2% c. 2% d. 0.02%	MK
19	The first case of skeletal fluorosis was reported in: a. Punjab b. Maharashtra c. Tamil Nadu d. Karnataka	NK
20	Milk fluoridation was introduced by: a. Wespi b. Zeigler c. McKay d. Dean	MK

ANSWER KEY: 1) d. 2) c. 3) a. 4) b. 5) b. 6) a. 7) c. 8) b. 9) c. 10) b. 11) b. 12) b. 13) c. 14) a. 15) d. 16) b. 17) b. 18) a. 19) c. 20) b.

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

TOPIC: PIT AND FISSURE SEALANT

SR.NO.	QUESTIONS	DEGREE OF DIFFICULTY
LONG ANSWER QUESTIONS		
1.	What are pit and fissure sealants? Enumerate in detail about the important indications, contraindications and detailed procedure of application of pit and fissure sealants?	MK
2.	Classify pit and fissure sealants? Give indication, contraindication and detailed procedure of application of pit and fissure sealant sealants?	MK
SHORT ANSWER QUESTIONS		
1.	Enumerate the ideal properties of pit and fissure sealant material?	DK
2.	What are pit and fissure sealants? Mention different materials used for the procedure?	NK
3.	Write a brief note on prophylactic odontology?	MK
4.	Mention the steps of application of pit and fissure sealants?	MK
5.	Who has invented preventive resin restoration? Write a note on PRR?	DK
6.	Classify pit and fissures found in permanent molars? Enumerate various measures to prevent caries?	NK
7.	Enumerate the indications and contraindications for a pit and fissure sealant placement?	DK



MK – Must Know

DK – Desired to Know

NK – Nice to Know

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

Multiple Choice Questions

1.	Prophylactic odontotomy was advocated by: a. Bodecker b. Bowen c. Hyatt d. Miller	MK
2.	Contemporary pit and fissure sealants were introduced in clinical practice by: a. Bodecker b. Bowen c. Simonsen d. Buonocore	MK
3.	Which of the following type of fissures is self-cleansable? a. U type b. I type c. Inverted Y type d. IK type	DK
4.	Sealants resistant to wear but requiring occlusal adjustments is: a. Unfilled b. Filled c. Semi-filled d. Non-filled	MK
5	Honeycomb etching pattern following exposure to phosphoric acid is associated with: a. Loss of prism cores but prism peripheries remain intact b. Loss of prism peripheries but relatively intact prism core c. No exposure of prism cores or peripheries d. Loss of both prism cores and peripheries	MK
6	First commercial pit and fissure sealant is: a. Helioseal b. Clinpro c. Seal right d. Nuva-Seal	MK
7	Fluoride releasing pit and fissure sealant is: a. Nuva-Seal b. Seal-Rite c. Clinpro d. Delton	MK
8	All of the following are ideal requisites of sealants except:	NK

MK – Must Know

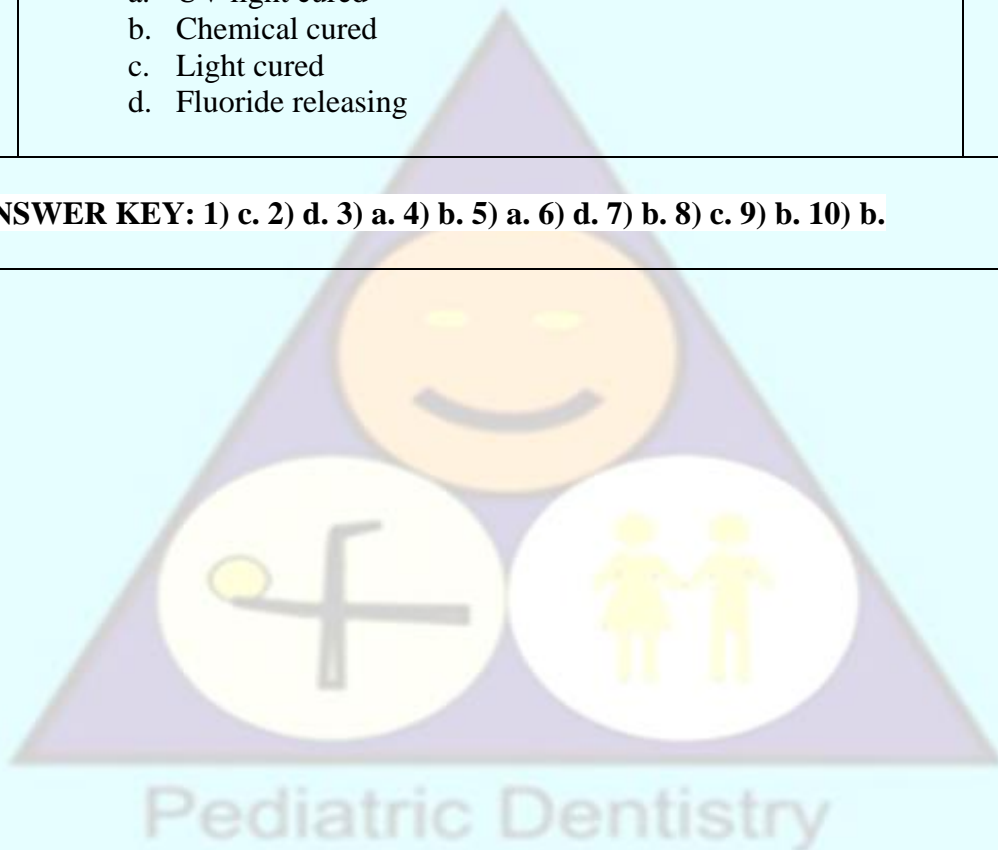
DK – Desired to Know

NK – Nice to Know

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

	<ul style="list-style-type: none">a. Cariostatic actionb. Adhesion to enamelc. High viscosityRapid cure	
9	<p>Pit and fissure sealants are not indicated in:</p> <ul style="list-style-type: none">a. Deep, retentive pits and fissuresb. Well coalesced, self-cleansing pit and fissurec. Adequate isolation possibled. Stained pits and fissure with minimum appearance of decalcification	MK
10	<p>Second generation sealants are:</p> <ul style="list-style-type: none">a. UV light curedb. Chemical curedc. Light curedd. Fluoride releasing	MK

ANSWER KEY: 1) c. 2) d. 3) a. 4) b. 5) a. 6) d. 7) b. 8) c. 9) b. 10) b.



Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

TOPIC: SALIVA AND ORAL HEALTH

SR.NO.	QUESTION	DEGREE OF DIFFICULTY
LONG ANSWER QUESTIONS		
1.	Describe functions of saliva in detail	MK
2.	Describe types and structure of salivary glands.	MK
SHORT ANSWER QUESTIONS		
1.	Role of saliva in dental caries.	NK
2.	Role of saliva in oral health	DK
3.	Role of saliva in digestion.	NK
4.	Does saliva play an important role in preventing tooth decay?	NK
5.	How does saliva play a role in remineralization?	NK
6.	What are the agents that can cause xerostomia.	DK
7.	Drugs causing xerostomia	NK
8.	Give a detailed account of the composition of saliva.	DK
9.	Describe the functions of saliva in short.	MK
10.	Give the characteristics of saliva and dental caries	MK

MK – Must Know

DK – Desired to Know

NK – Nice to Know

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

Multiple Choice Questions

1.	Predominantly serous saliva is secreted by: a. Parotid gland b. Submandibular gland c. Sublingual gland d. Minor salivary gland	MK
2.	Buffering action in saliva is undertaken by: a. Bicarbonate b. Lipids c. Mucin d. Immunoglobulin	MK
3.	Normal species which are present in numerically dominant numbers is called: a. Supplemental flora b. Transient flora c. Indigenous flora d. Transitional flora	DK
4.	The autoimmune disease associated with xerostomia is: a. Pemphigus vulgaris b. Rheumatic fever c. Rheumatoid arthritis d. Sjogren's syndrome	MK
5	The critical pH is: a. 4 b. 4.5 c. 5.5 d. 7.5	MK
6	The predominant immunoglobulin in saliva is: a. IgA b. IgG c. IgD d. IgM	MK
7	Salivary factors responsible for caries protection include all except: a. Buffering action b. Calcium & Phosphate c. Reduced salivary flow d. Proteins	MK
8	Unstimulated saliva is secreted predominantly by:	NK

MK – Must Know

DK – Desired to Know

NK – Nice to Know

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

	<ul style="list-style-type: none">a. Submaxillary salivary glandsb. Sublingual salivary glandsc. Parotid salivary glandsd. Submandibular salivary glands	
9	Which of the following substance have strong iron binding capacity? <ul style="list-style-type: none">a. Lactoperoxidaseb. Lactoferrinc. a-amylased. Lysozyme	MK
10	Rose Bengal dye test is used for: <ul style="list-style-type: none">a. Ameloblastomab. Sjogren's syndromec. Xerostomiad. Pleomorphic adenoma	MK

ANSWER KEY: 1) a. 2) a. 3) c. 4) d. 5) c. 6) a. 7) c. 8) d. 9) b. 10) b.



Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

TOPIC: CLEFT LIP AND PALATE

SR.NO.	QUESTION	DEGREE OF DIFFICULTY
LONG ANSWER QUESTIONS		
1.	Define cleft lip and palate? Give its classification and explain in detail the treatment schedule for patient with cleft lip and palate?	MK
2.	Define cleft lip and palate? Give its classification? Mention the possible etiological factors responsible for causing cleft lip and palate and add a note on the treatment schedule for patients with cleft lip and palate?	MK
SHORT ANSWER QUESTIONS		
1.	Define cleft lip and palate? Give its classification?	DK
2.	Describe Veau's classification of cleft lip and palate?	MK
3.	Describe Kernahan and Stark classification of cleft palate?	DK
4.	Write treatment schedule for patients with cleft lip and palate?	DK



MK – Must Know

DK – Desired to Know

NK – Nice to Know

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

Multiple Choice Questions

1.	<p>According to Veau's classification, complete bilateral cleft of soft palate, hard palate, alveolar ridge and lip is:</p> <p>a. Class I b. Class II c. Class III d. Class IV</p>	MK
2.	<p>Symbolic classification where shaded area denotes presence of cleft in the particular area is:</p> <p>a. Kernahan's striped Y classification b. Veau's classification c. Davis and Ritchie's classification d. Fogh-Anderson classification</p>	MK
3.	<p>Presurgical orthopedics is highly effective at the age of:</p> <p>a. First 6 weeks after birth b. 2-6 years c. 6-12 years d. First year after birth</p>	DK
4.	<p>Rule of 10 for cleft lip repair was proposed by:</p> <p>a. Von Langenbeck b. Millard c. Anderson d. Veau</p>	MK
5	<p>Ideal time for cleft lip repair is:</p> <p>a. 6 years b. 1 year c. 3 months d. 18 months</p>	MK
6	<p>Suggested time for surgical repair of cleft palate is:</p> <p>a. 18 months b. 5 years c. 10 years d. 3 months</p>	MK
7	<p>Primary bone grafting is advised for:</p> <p>a. Adults b. 6-15 years c. Less than 2 years d. 5 -10 years</p>	MK
8	<p>The concept of nasoalveolar molding was given by:</p>	NK

MK – Must Know

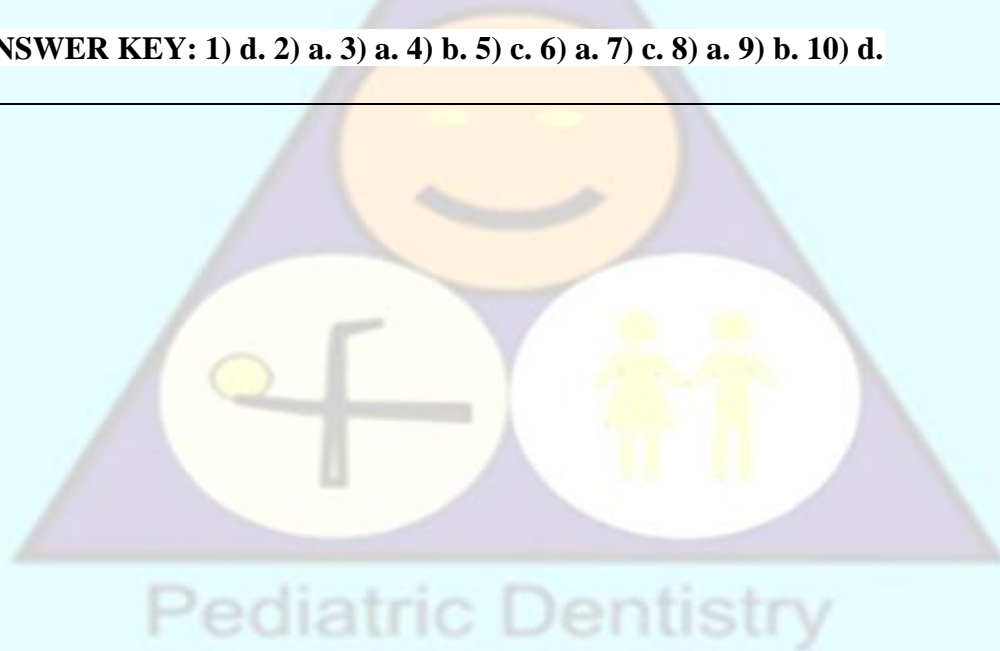
DK – Desired to Know

NK – Nice to Know

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

	a. Grayson b. Millard c. Tennison Anderson	
9	The syndrome commonly implicated with cleft lip and palate which is associated with trisomy of chromosome 13 is: a. Down's syndrome b. Patau syndrome c. Pierre robin sequence d. Gardner syndrome	MK
10	Syndrome associated with cleft palate, mandibular retrognathism and glossoptosis is: a. Bloom synfrome b. Craniofacial dysostosis c. Mandibulofacial dysostosis d. Pierre Robbin sequence	MK

ANSWER KEY: 1) d. 2) a. 3) a. 4) b. 5) c. 6) a. 7) c. 8) a. 9) b. 10) d.



Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

TOPIC: MANAGEMENT OF SPECIAL CHILD

SR.NO.	QUESTION	DEGREE OF DIFFICULTY
LONG ANSWER QUESTIONS		
1.	Define Mental retardation given by American Association on Mental deficiency. Give the etiologic factors of mental retardation. Write in detail about the classification of mental retardation.	MK
2.	What is cerebral palsy? Mention the etiology of cerebral palsy. Give the classification of cerebral palsy and write about the clinical features and management of the condition.	MK
SHORT ANSWER QUESTIONS		
1.	Give the classification of physical restraints.	NK
2.	Define handicapped child by WHO. Give the classification of physical restraint.	DK
3.	Mention the indications and contraindications of Protective stabilization or Treatment immobilization	NK
4.	Define Mental retardation given by American Association on Mental deficiency. Give the etiologic factors of mental retardation.	NK
5.	Write about management of Autistic child in dental setting.	NK
6.	What is cerebral palsy? Mention about the etiology of cerebral palsy.	DK
7.	Give the management of visually impaired child in dental setting.	NK
8.	What are the various medications of oral hygiene measures in special children.	DK
9.	What is learning disability?	MK
10.	Define handicapped child by WHO. What is cerebral palsy.	MK

MK – Must Know

DK – Desired to Know

NK – Nice to Know

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

Multiple Choice Questions

1.	The most common type of cerebral palsy is: a. Athetosis b. Ataxia c. Spastic d. Rigidity	MK
2.	Ataxia is caused as a result of lesion in: a. Cerebellum b. Cerebral cortex c. Basal ganglion d. Medulla oblongata	MK
3.	Compulsive eating of nonedible substances like sand, dirt and paint chips is called: a. Rumination b. Pouching c. Bruxism d. Pica	DK
4.	Intelligence quotient scale suitable for children below 2 years is: a. Stanford-Binet intelligence scale b. Cattell infant intelligence scale c. Wechsler intelligence scale d. Wechsler adult intelligence scale	MK
5	Moderate level of mental retardation present with an IQ of a. 25-40 b. 40-55 c. 55-70 d. 70-80	MK
6	Syndrome associated with autism is: a. Treacher Collin syndrome b. Asperger's syndrome c. Apert syndrome d. Pierre robin syndrome	MK
7	Christmas disease is associated with deficiency of a. Factor VIII b. Factor IX c. Factor X d. Von Willebrand's factor	MK
8	1. A 3-year-old child presents with only deciduous canine and molars. The child has light fine hair, light complexion and	NK

MK – Must Know

DK – Desired to Know

NK – Nice to Know

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

	<p>overall appearance of an older person. These findings are suggestive of:</p> <ol style="list-style-type: none"> Osteogenesis imperfecta Ectodermal dysplasia Crouzon's disease Cleidocranial dysostosis 	
9	<p>Seizure episodes wherein the child does not fall but rather assumes a stuporous state and stares expressionlessly is associated with:</p> <ol style="list-style-type: none"> Petitmal epilepsy Grandmal epilepsy Tonic clonic seizures Jacksonian seizures 	MK
10	<p>Hypothyroidism in children is called:</p> <ol style="list-style-type: none"> Cretinism Grave's disease Thyrotoxicosis Addison's disease 	MK
11	<p>Generalized 'ground glass' or 'moth-eaten' appearance of bone is seen in:</p> <ol style="list-style-type: none"> Hyperthyroidism Hypothyroidism Hyperparathyroidism Hypoparathyroidism 	MK
12	<p>Type of Leukemia seen most commonly among children under 5 years of age is:</p> <ol style="list-style-type: none"> Chronic lymphocytic leukemia Chronic myeloid leukemia Acute myeloblastic leukemia Acute lymphoblastic leukemia 	MK
13	<p>Cyanotic congenital heart disease is:</p> <ol style="list-style-type: none"> Tetralogy of Fallot Atrial septal defect Ventricular septal defect Aortic stenosis 	DK
14	<p>Drugs contraindicated in Asthmatic patients is:</p> <ol style="list-style-type: none"> Local anesthesia Oxygen NSAIDs Nitrous oxide-oxygen sedation 	MK
15	<p>Classic Hemophilia is:</p> <ol style="list-style-type: none"> Von Willebrand's disease Hemophilia B 	MK

MK – Must Know

DK – Desired to Know

NK – Nice to Know

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

	<ul style="list-style-type: none"> c. Hemophilia A d. Hemophilia C 	
16	<p>All of the following statements are true regarding dental management of patients with Idiopathic Thrombocytopenic Purpura except:</p> <ul style="list-style-type: none"> a. Avoid extraction if possible, during acute phase b. NSAIDs and aspirin should be administered preoperatively c. Replacement therapy usually involves platelet concentrate transfusion d. Local measures of hemostasis to be used 	DK
17	<p>Shape of head in Down's syndrome patient is typically:</p> <ul style="list-style-type: none"> a. Brachycephalic b. Mesocephalic c. Acephalic d. Dolicocephalic 	MK
18	<p>Paraplegia is associated with:</p> <ul style="list-style-type: none"> a. Involvement of all the four limbs b. Involvement of one limb only c. Involvement of both legs only d. Involvement of one side of the body 	MK
19	<p>The systemic complication associated most commonly with Down's syndrome is:</p> <ul style="list-style-type: none"> a. Congenital heart disease b. Endocrinal abnormalities c. Renal failure d. Respiratory disorders 	MK
20	<p>Hair-on-end appearance of skull in radiographs is associated with</p> <ul style="list-style-type: none"> a. Congenital heart disease b. Down's syndrome c. Thalassemia d. Cerebral palsy 	MK

ANSWER KEY: 1) c. 2) a. 3) d. 4) b. 5) b. 6) b. 7) b. 8) b. 9) a. 10) a. 11) c. 12) d. 13) a. 14) c. 15) c. 16) b. 17) a. 18) c. 19) a. 20) c.

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

TOPIC: CROWNS IN PEDIATRIC DENTISTRY

SR.NO.	QUESTION	DEGREE OF DIFFICULTY
LONGANSWERQUESTIONS		
1.	Give the classification of stainless steel crown. Mention the indications and contraindications of stainless steel crown and steps in placement of stainless steel crown.	MK
2.	Mention the ideal characteristics of stainless steel crown. Describe in detail the modifications and failures of stainless steel crown.	MK
SHORTANSWERQUESTIONS		
1.	Classify stainless steel crown.	MK
2.	Give the indications and contraindications of stainless steel crown.	MK
3.	Describe the ideal characteristics of stainless steel crown	MK
4.	Give the ideal characteristics of stainless steel crown.	NK
5.	Give the advantages and disadvantages of stainless steel crown.	NK
6.	Enumerate the steps in placement of stainless steel crown.	MK
7.	Describe the complications of stainless steel crown restorations	NK
8.	Enumerate the various causes of stainless steel crown failures	NK
9.	Enumerate the modifications of stainless steel crown	MK
10.	Describe the various steps of placement of stainless steel crown.	MK

Pediatric Dentistry

MK – Must Know

DK – Desired to Know

NK – Nice to Know

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

Multiple Choice Questions

1.	The ideal taper for preparation of proximal surface of stainless steel crown is: a. 2-5° b. <1° c. >10° d. No taper is required	MK
2.	The shape of gingival margin of buccal surface of mandibular primary first molars is: a. Frown b. Straight c. Smile d. Stretched 'S'	MK
3.	The amount of occlusal reduction needed for zirconia crown is: a. 1-1.5 mm b. 1.5-2 mm c. 0.5-1 mm d. Lesser than stainless steel crown	DK
4.	Stainless steel crowns are indicated in all of the following conditions except: a. After pulp therapy b. Teeth with developmental defects c. Multisurface restoration d. Patients with known nickel allergy	MK
5	Which of the following crowns adhere to the tooth by bonding mechanism? a. Cheng crowns b. Pedo jacket c. Pedo pearls d. Zirconia crowns	MK
6	Which of the following crowns are indicated among children prone to trauma? a. Preveneered SSC b. Polycarbonate crowns c. Zirconia crowns d. Aluminum veneered crowns	MK
7	Which of the following stainless steel crowns have the best occlusal anatomy? a. Rocky mountain b. Ion	MK

MK – Must Know

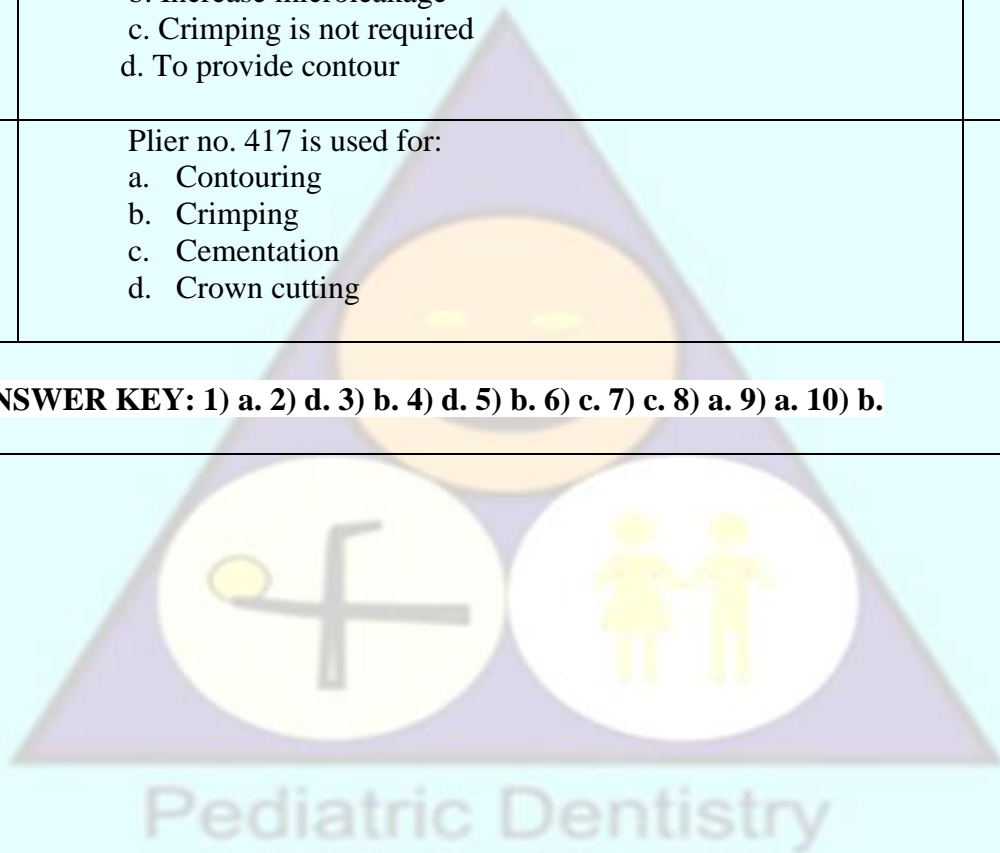
DK – Desired to Know

NK – Nice to Know

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

	c. Unitek d. Ormco	
8	Which of the following crowns are least sensitive to contamination and moisture? a. SSC b. Zirconia crown c. Strip crown d. Polycarbonate crown	NK
9	Stainless steel crowns need to be crimped to: a. Provide adequate retention b. Increase microleakage c. Crimping is not required d. To provide contour	MK
10	Plier no. 417 is used for: a. Contouring b. Crimping c. Cementation d. Crown cutting	MK

ANSWER KEY: 1) a. 2) d. 3) b. 4) d. 5) b. 6) c. 7) c. 8) a. 9) a. 10) b.



Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

TOPIC: RUBBER DAM

SR.NO.	QUESTION	DEGREE OF DIFFICULTY
LONGANSWERQUESTIONS		
1.	Enumerate different isolation techniques used in pediatric dentistry? Write in detail about rubber dam and add a note on the importance of isolation in clinical dental practice?	MK
SHORTANSWERQUESTIONS		
1.	Mention four advantages of rubber dam application?	MK
2.	Give 3 importance of isolation in pediatric dentistry?	MK
3.	What are the different components of rubber dam kit?	MK



MK – Must Know

DK – Desired to Know

NK – Nice to Know

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

Multiple Choice Questions

1.	Rubber dam was introduced by: a. SC Barnum b. Delous Palmer c. SS White d. SC Barry	MK
2.	The probable euphemism used for describing rubber dam sheet is: a. Rubber dam sheet b. Hanger c. Raincoat d. Clip	MK
3.	The thickness of 'heavy' rubber dam sheet is: a. 0.15 mm b. 0.2 mm c. 0.25 mm d. 0.3 mm	DK
4.	All of the following are plastic rubber dam frames except: a. Nygaard – Ostby frame b. Starlite Visi frame c. LeCadre Articule frame d. Young's frame	MK
5	The size of rubber dam sheet commonly used for children is: a. 4" x 4" b. 5" x 5" c. 6" x 6" d. 2" x 2"	MK
6	Precision instrument having a rotating table with six holes of varying sizes and a sharp pointed plunger is known as: a. Rubber dam frame b. Rubber dam clamps c. Rubber dam retaining forceps d. Rubber dam punch	MK
7	All of the following are indications of rubber dam except: a. Facilitate quadrant restorative procedures b. Provide aseptic environment c. To obtain clean dry operating field d. Patients allergic to latex	MK
8		NK

MK – Must Know

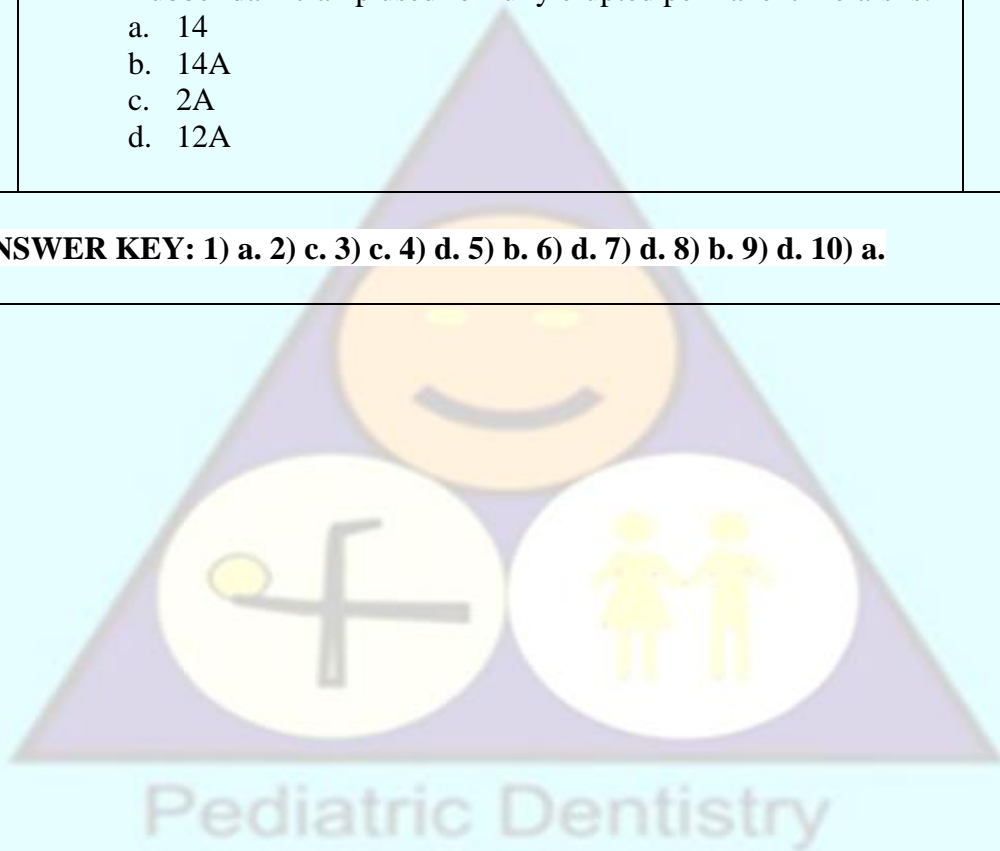
DK – Desired to Know

NK – Nice to Know

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

	The chemical name of raw material used for rubber dam sheet is: a. trans -1,4 polyisoprene b. cis -1,4 polyisoprene c. polypropene d. cis -1,5 polyisoprene	
9	All of the following are parts of clamp except: a. Bow b. Jaw c. Wing d. Arrow	MK
10	Rubber dam clamp used for fully erupted permanent molars is: a. 14 b. 14A c. 2A d. 12A	MK

ANSWER KEY: 1) a. 2) c. 3) c. 4) d. 5) b. 6) d. 7) d. 8) b. 9) d. 10) a.



Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

TOPIC: PEDIATRIC RESTORATIVE DENTISTRY

SR.NO.	QUESTION	DEGREE OF DIFFICULTY
LONG ANSWER QUESTIONS		
1.	Classify Glass Ionomer cements and give its composition. What are the indications and contraindications and give the modification of Glass ionomer cement?	MK
2.	Define cavity. Mention the classification and principles of cavity preparation in primary teeth.	MK
SHORT ANSWER QUESTIONS		
1.	Mention the differences between cavity preparation of primary and permanent teeth.	NK
2.	What are the ideal requirements of a restorative material.	DK
3.	What are advantages and disadvantages of amalgam restoration.	NK
4.	Give the composition of composite resin restoration and indication of the resin restorative material	NK
5.	Give the classification of cavity preparation and principles of cavity preparation in primary teeth.	NK
6.	Mention the indications and contraindications of ART in Pediatric dentistry.	DK
7.	Describe the classification of cavity preparation in primary teeth given by Mount and Hume.	NK
8.	What is the difference between etching and bonding procedure.	DK
9.	Explain prophylactic Odontomy .	MK
10.	Give the composition and uses of Glass ionomer restorations.	MK

MK – Must Know

DK – Desired to Know

NK – Nice to Know

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

Multiple Choice Questions		
1.	Glass ionomer cement was introduced by: a. Bowen b. Wilson c. McLean d. Bodecker	MK
2.	Type IV GIC is used for: a. Restoration b. Lining c. Luting d. Pit and fissure sealant	MK
3.	Calcium hydroxide was introduced in dentistry by: a. Hermann b. Sweet c. Bunon d. Zander	DK
4.	The first commercial resin modified glass ionomer cement is: a. Ketac molar b. Vitrebond c. Compomer d. Cention N	MK
5	Greater the creep value of silver amalgam: a. Greater degree of marginal deterioration b. Lower degree of marginal deterioration c. No effect on marginal deterioration d. Greater corrosion resistance	MK
6	The correct order of type of silver amalgam in decreasing order of creep value is: a. Unicompositional spherical > Admixed > Lathe cut b. Lathe cut > Admixed > Unicompositional spherical c. Lathe cut = Admixed = Unicompositional spherical d. Admixed > Lathe cut > Unicompositional spherical	MK
7	Powder:Liquid ratio for luting GIC is: a. 1.5:1 b. 3:1 c. 2:1 d. 1:1	MK
8	The restorative material with fluoride releasing properties is: a. Amalgam b. Composite	NK

MK – Must Know

DK – Desired to Know

NK – Nice to Know

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

	<ul style="list-style-type: none"> c. Zirconomer d. Glass ionomer cement 	
9	Restorative cement also known as 'white amalgam' is: <ul style="list-style-type: none"> a. Giomer b. Ormocer c. Zirconomer d. Compomer 	MK
10	Modified GIC using sintered metal and glass powder is: <ul style="list-style-type: none"> a. Miracle mix b. Cermet c. Giomer d. Ormocer 	MK
11	All of the following matrix comprise of retainer except: <ul style="list-style-type: none"> a. S-band b. Tofflemaire c. Ivory no. 1 d. Ivory no. 8 	MK
12	Atraumatic restorative treatment was introduced in: <ul style="list-style-type: none"> a. China b. Finland c. India d. Tanzania 	MK
13	The restorative material commonly used for atraumatic restorative treatment is: <ul style="list-style-type: none"> a. Composite b. Glass ionomer cement c. Silver amalgam d. Bonded amalgam 	MK
14	Low copper silver amalgam comprises of: <ul style="list-style-type: none"> a. <6% copper b. >13% copper c. 20% copper d. >40% copper 	MK

ANSWER KEY: 1) b. 2) d. 3) a. 4) b. 5) a. 6) b. 7) a. 8) d. 9) c. 10) b. 11) a. 12) d. 13) b. 14) a.

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

TOPIC: PEDIATRIC ENDODONTICS

SR.NO.	QUESTION	DEGREE OF DIFFICULTY
LONGANSWERQUESTIONS		
1.	Define Pulpectomy. Write the indications and contraindications for pulpectomy in primary teeth. Write in detail about the root canal materials and techniques used for primary teeth pulpectomy.	MK
2.	Define Pulpotomy. Give the indications and contraindications of pulpotomy. Write in detail about formocresol pulpotomy	MK
SHORTANSWERQUESTIONS		
1.	Mention the differences between Apexogenesis vs Apexification.	NK
2.	Mention the anatomical differences between the pulp chambers and root canals of primary and permanent teeth.	DK
3.	Define indirect pulp capping. Give the indications and contraindications of indirect pulp capping.	NK
4.	Define direct pulp capping. Mention the indications of direct pulp capping.	NK
5.	Define Pulpotomy by Finn. Give the 4 indications and contraindications of Pulpotomy.	NK
6.	Mention the various medicaments used for Pulpotomy	DK
7.	Give the differences between Pulpotomy and Pulpectomy	NK
8.	Mention the indications and contraindications of Pulpectomy	DK
9.	Mention the names of various materials and explain any one procedures used for pulpectomy.	MK
10.	Describe Cvek Pulpotomy.	MK
11'	Write in short about Electric Pulp vitality testing.	MK
12.	Explain about Calcium hydroxide pulpotomy in primary teeth.	MK

MK – Must Know

DK – Desired to Know

NK – Nice to Know

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

Multiple Choice Questions

1.	<p>“Pink tooth” is synonymous to:</p> <ul style="list-style-type: none"> a. Internal resorption b. Pulp necrosis c. External resorption d. Pulp stones 	MK
2.	<p>All of the following are pulp sensitivity tests except:</p> <ul style="list-style-type: none"> a. Electric pulp test b. Heat test c. Cold test d. Pulse oximetry 	MK
3.	<p>Pulp extirpation is carried out using</p> <ul style="list-style-type: none"> a. Endodontic explorer b. Lentulospiral c. Smooth broach d. Barbed broach 	DK
4.	<p>Pulpotomy is indicated in case of:</p> <ul style="list-style-type: none"> a. Swelling or fistula b. Sluggish, uncontrollable hemorrhage from canal orifice c. Mechanical pulp exposure in primary teeth d. History of night pain 	MK
5	<p>Buckley’s formula is related to</p> <ul style="list-style-type: none"> a. Glutaraldehyde b. Formocresol c. Ferric sulphate d. Calcium hydroxide 	MK
6	<p>Cvek pulpotomy is:</p> <ul style="list-style-type: none"> a. Partial pulpotomy b. Complete pulpotomy c. Devitalization pulpotomy d. Mummification 	MK
7	<p>All statements are true related to devitalization pulpotomy except:</p> <ul style="list-style-type: none"> a. Also called mummification b. Intended to destroy the vital tissue c. Formocresol is commonly used d. Mineral trioxide aggregate is used 	MK
8	<p>Mineral trioxide aggregate was described by:</p> <ul style="list-style-type: none"> a. Sweet 	NK

MK – Must Know

DK – Desired to Know

NK – Nice to Know

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

	<ul style="list-style-type: none"> b. Torabinejad c. Conti d. Fuks 	
9	<p>Material also known as 'dentin substitute' is:</p> <ul style="list-style-type: none"> a. Biodentin b. Glass ionomer cement c. Mineral trioxide aggregate d. Calcium hydroxide 	MK
10	<p>Chelating irrigating solution is:</p> <ul style="list-style-type: none"> a. EDTA b. Normal saline c. Hydrogen peroxide d. Sodium hypochlorite 	MK
11	<p>All the statement are true regarding zinc oxide eugenol as an obturating material except:</p> <ul style="list-style-type: none"> a. First obturating material for primary teeth b. Resorbs rapidly c. Has anti-inflammatory property d. Available as a powder liquid system 	MK
12	<p>Hollow tube effect is caused by which material:</p> <ul style="list-style-type: none"> a. Zinc oxide eugenol b. Calcium hydroxide-iodoform mixture c. Endoflas d. Biodentin 	MK
13	<p>Apexification is indicated in:</p> <ul style="list-style-type: none"> a. Non vital young permanent tooth b. Vital young permanent tooth c. Full developed permanent tooth d. Teeth showing external root resorption 	MK
14	<p>Rotary was first introduced in pediatric dentistry by:</p> <ul style="list-style-type: none"> a. McDonald b. Sweet c. Barr d. Jeevanandan 	MK
15	<p>All of the following are ideal requisites of obturating material for primary teeth except:</p> <ul style="list-style-type: none"> a. Should resorb as the primary tooth erupts b. Material extruded beyond apex should not resorb c. Should have disinfecting properties d. Should be radiopaque 	MK

MK – Must Know

DK – Desired to Know

NK – Nice to Know

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

16	Endodontic pressure syringe was described by: a. Gould b. Greenberg c. Paterson d. Barry Musikant	MK
17	Vitapex is composed of all except: a. Zinc oxide b. Calcium hydroxide c. Iodoform d. Silicone oil	MK
18	Direct pulp capping is indicated in all cases except: a. Small mechanical exposure b. Traumatic pin point exposure c. History of night pain d. No history of abscess or fistula	MK
19	Mineral trioxide aggregate (MTA) is composed of all except: a. Tricalcium silicate b. Tricalcium oxide c. Trisilicate oxide d. Bismuth oxide	MK
20	Properties of ideal irrigants are all except: a. Low surface tension b. Easily available c. Should not remove smear layer d. Adequate shelf life	MK
ANSWER KEY: 1) a. 2) d. 3) d. 4) c. 5) b. 6) a. 7) d. 8) b. 9) a. 10) a. 11) b. 12) b. 13) a. 14) c. 15) b. 16) b. 17) a. 18) c. 19) c. 20) c.		

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

TOPIC: TRAUMATIC DENTAL INJURIES

SR.NO.	QUESTION	DEGREE OF DIFFICULTY
LONG ANSWER QUESTIONS		
1.	Give the Andreason classification of traumatic dental injuries. Write the treatment protocol of 9 year old child reporting to the dental office 1 day after trauma with an avulsed permanent central incisor.	MK
2.	Write the numerical classification of traumatic dental injuries and its supporting structures. Describe the management of 11 yr old reporting to dental office 1 week after trauma with a large pulp exposure in maxillary right central incisor.	MK
3.	Mention the Ellis's and Davies classification of traumatic dental injuries. Write in detail about root fractures.	
SHORT ANSWER QUESTIONS		
1.	Give any one classification of traumatic injuries to teeth and discuss management of avulsed tooth with studies?	NK
2.	Mention the Ellis and Davis classification of traumatic dental injuries and discuss management of fracture of primary teeth.	DK
3.	Describe various transport media used for an avulsed tooth.	NK
4.	Write in short about Hank's balanced salt solution	NK
5.	Write about splinting procedure in traumatic dental injury.	NK
6.	Describe about investigating tool radiographs after trauma to teeth?	DK
7.	Mention the numerical classification by WHO of traumatic dental injuries.	NK
8.	Describe luxation in traumatic dental injuries.	DK
9.	Mention management of root fractures.	MK
10.	Describe the management of avulsed permanent central incisor.	MK

MK – Must Know

DK – Desired to Know

NK – Nice to Know

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

Multiple Choice Questions		
1.	<p>According to Ellis and Davey classification, avulsion is classified as:</p> <p>a. Class I b. Class VI c. Class V d. Class VIII</p>	MK
2.	<p>An injury to the tooth supporting structures with abnormal loosening but without displacement is termed as:</p> <p>a. Subluxation b. Luxation c. Concussion d. Avulsion</p>	MK
3.	<p>The ideal storage media for avulsed tooth is:</p> <p>a. Saline b. Saliva c. Hanks balanced salt solution d. Gatorade</p>	DK
4.	<p>All of the following are pulp sensibility tests except:</p> <p>a. Electric pulp test b. Cold test c. Heat test d. Laser doppler flowmetry</p>	MK
5	<p>All of the following are ideal requisites of storage media except:</p> <p>a. Should have antimicrobial characteristics b. Should encourage post-reimplantation resorption c. Should not cause antigen-antibody reaction d. Should have good shelf life</p>	MK
6	<p>The best alternative storage medium for avulsed tooth in case culture media is not available is:</p> <p>a. Milk b. Blood c. Saliva d. Saline</p>	MK
7	<p>Avulsed tooth is not stored in water because</p> <p>a. Water is a hypertonic solution hence causes rapid cell lysis b. Water is a hypotonic solution hence causes rapid cell lysis c. Water is a hypotonic solution hence causes shrinkage of cells d. Water is a hypertonic solution hence causes shrinkage of cells</p>	MK

MK – Must Know

DK – Desired to Know

NK – Nice to Know

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

8	The recommended period for splinting of avulsed tooth is: a. 4 weeks b. 1 week c. 2 weeks d. 6 weeks	NK
9	Time taken for re-eruption of intruded primary teeth is usually: a. 30 days b. 3 months c. 6 months d. 12 months	MK
10	All of the following materials are used for apexification except: a. Calcium hydroxide b. Mineral trioxide aggregate c. Biodentine d. Gutta percha	MK
11	All of the following statements are true regarding calcium hydroxide apexification except: a. It takes place in single visit b. Requires multiple visits c. Calcified barrier formed is porous and fragile d. Weakens the root dentin and risk of tooth fracture	MK
12	The concept of revascularization was given by: a. Torabinejad b. Nygaard-Ostby c. Trope d. Hargreaves	MK
13	All of the following are ideal requisites of scaffold except: a. Should not be porous b. Should be porous c. Contain growth factors d. Effective for transport of nutrients, oxygen	MK
14	The ideal material used for scaffold in regenerative endodontics is: a. Platelet rich plasma b. Blood c. Demineralized dentin d. Hydroxyapatite	MK
15	The malocclusion most commonly predisposing to trauma is: a. Class II division II b. Class III c. Class II division I d. Class I	MK

MK – Must Know

DK – Desired to Know

NK – Nice to Know

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

16	Contact sports include all of the following except: a. Rugby b. Swimming c. Football d. Hockey	MK
17	Teeth with extraoral dry storage period of 60 minutes should be treated with citric acid first followed by: a. 2% stannous fluoride b. 10% stannous fluoride c. Directly reimplanted after treating with citric acid d. 0.5% stannous fluoride	MK
18	Primary teeth trauma is classified into ___ according to Ellis and Davis classification a. Class I b. Class VIII c. Class IX d. Class X	MK
19	Ankylosis of tooth is associated with: a. Replacement resorption b. Inflammatory resorption c. Surface resorption d. Internal resorption	NK
20	Guerin fracture is synonymous to: a. LeFort I fracture b. LeFort II fracture c. LeFort III fracture d. Zygomatic fracture	DK

ANSWER KEY: 1) c. 2) a. 3) c. 4) d. 5) b. 6) a. 7) b. 8) c. 9) c. 10) d. 11) a. 12) b. 13) a. 14) a. 15) c. 16) b. 17) a. 18) c. 19) a. 20) a.

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

TOPIC: GENETIC ASPECTS OF DENTAL DISEASES

SR.NO.	QUESTION	DEGREE OF DIFFICULTY
SHORT ANSWER QUESTIONS		
1.	What is the role of genetics in Pediatric Dentistry?	NK
2.	What is the role of genetics in dental anomalies?	DK
3.	Discuss role of genetics in Down syndrome?	NK
4.	What is the scope of gene replacement therapy in dentistry?	NK



MK – Must Know

DK – Desired to Know

NK – Nice to Know

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

Multiple Choice Questions

1.	Ectodermal dysplasia is: a. X-linked recessive b. X-linked dominant c. Autosomal recessive d. Autosomal dominant	MK
2.	Nevoid basal cell carcinoma syndrome is also known as: a. Apert syndrome b. Gorlin-Goltz syndrome c. Crouzon syndrome d. Witkop syndrome	MK
3.	Trisomy of chromosome 13 is associated with: a. Down syndrome b. Klinefelter syndrome c. Cri-du chat syndrome d. Patau syndrome	DK
4.	Polyostotic fibrous dysplasia and café au lait spots is characteristic of: a. Noonan syndrome b. McCune Albright syndrome c. Caffey-Silverman syndrome d. Marfan syndrome	MK
5.	Progressive hemifacial atrophy is associated with: a. Turner syndrome b. Parry-Romberg syndrome c. Pfeiffer syndrome d. Ellis-Van Creveld syndrome	MK
6.	The common dental condition associated with Papillon Lefevre syndrome, Chediak Higashi syndrome and Down's syndrome is: a. Dental caries b. Hypoplasia c. Periodontal disease d. Malocclusion	MK
7.	The non-amelogenin proteins include all except: a. Enamelin b. Tuftelin c. Ameloblastin d. Kalleikrein	MK
8.	Brandywine isolate is synonymous to: a. Dentinogenesis imperfecta type III b. Dentinogenesis imperfecta type II	NK

MK – Must Know

DK – Desired to Know

NK – Nice to Know

Department of Paediatric and Preventive Dentistry
Government Dental College & Hospital, Nagpur

	c. Dentin dysplasia d. Amelogenesis imperfecta	
9	The autosomal dominant condition correlating with 21 days cycle characterized by fall in neutrophils: a. Cyclic neutropenia b. Neutropenia c. Neutrophilia d. Agranulocytosis	MK
10	Neurofibromatosis I is a genetically inherited disorder with an autosomal dominant disorder located on following chromosome: a. Chromosome 21 b. Chromosome 23 c. Chromosome 17 d. Chromosome 13	MK

ANSWER KEY: 1) a. 2) b. 3) d. 4) b 5) b. 6) c. 7) d. 8) a. 9) a. 10) c.

