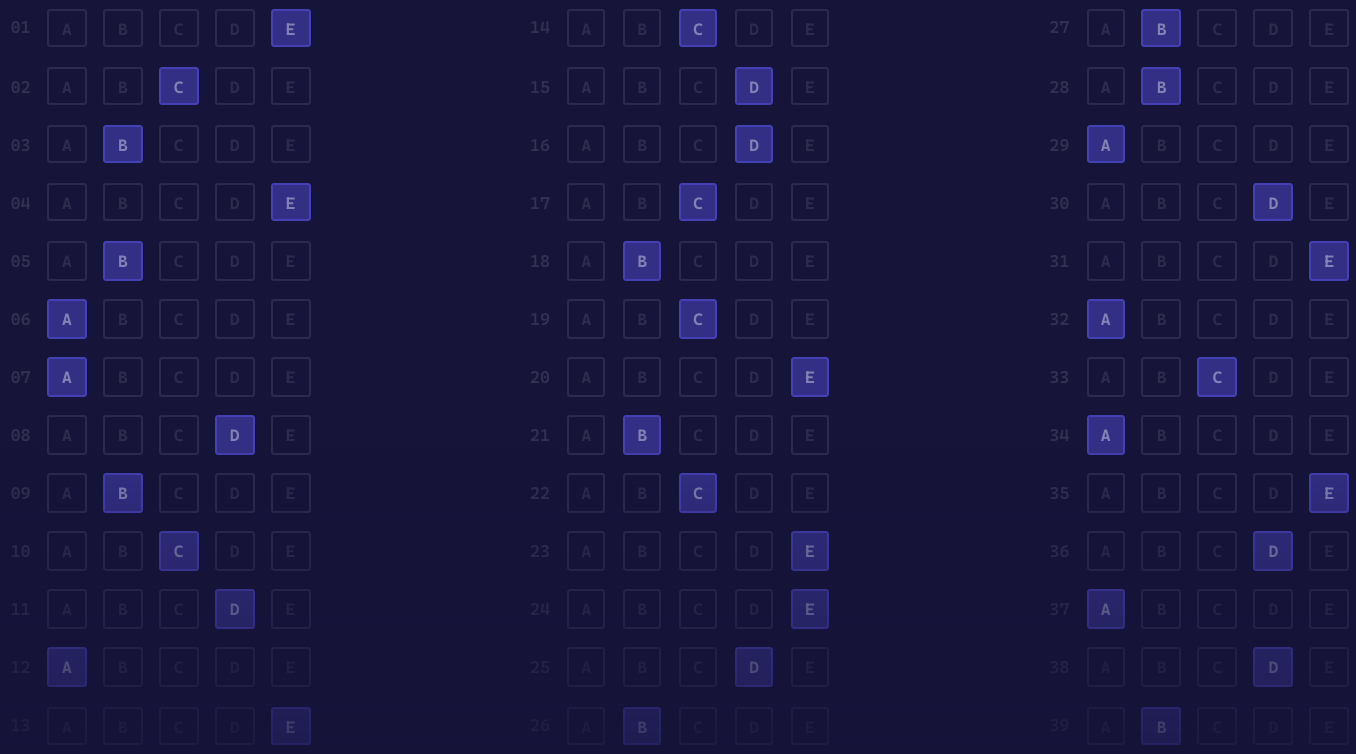
MOMETRIX
SMARTER PREP. BETTER RESULTS.



PRACTICE QUESTIONS

Dubai Health Authority (DHA)

CENDO

Consultant Endodontics

EDITION	QUESTIONS	FORMAT
Demo	9	Limited Edition PDF

WEB www.mometrix.net

SUPPORT support@mometrix.net

Before you begin

What this is

9 practice questions for Dubai Health Authority (DHA) `CENDO`, each with its answer key and an explanation. Answer a question before you read its key — the explanation is worth more once you have committed.

If something looks wrong

Send us three things and we will check it:

- the exam code, `CENDO`
- the question number
- the email address on your order

Write to **support@mometrix.net**. We reply within one business day.

QUESTION 1 MULTIPLE CHOICE

Which of the following are recognized categories of periapical status according to periapical radiolucency and clinical presentation? (Choose two.)

- **A** **Asymptomatic apical periodontitis**
- **B** Chronic hyperplastic pulpitis
- **C** **Acute apical abscess**
- **D** Reversible pulpitis with periapical involvement

ANSWER **A** · **C**

WHY Asymptomatic apical periodontitis and acute apical abscess are recognized periapical diagnostic categories. Chronic hyperplastic pulpitis is a pulpal (not periapical) diagnosis, and reversible pulpitis by definition does not extend to periapical tissues.

QUESTION 2 MULTIPLE CHOICE

Which of the following are accepted principles of straight-line access cavity preparation for posterior teeth? (Choose two.)

- **A** **Removal of dentinal interferences to allow unobstructed files to the apical third**
- **B** **Conservation of pericervical dentin to reduce fracture risk**
- **C** Deliberate extension of the outline beyond the marginal ridges to improve visibility
- **D** Use of ultrasonic tips as the primary cutting instrument for the entire cavity

ANSWER **A** · **B**

WHY Straight-line access requires removal of interferences so files reach the apex freely, while conserving pericervical dentin reduces the risk of cusp/root fracture. Over-extending the outline beyond marginal ridges weakens the tooth, and ultrasonic tips, although useful for refinement, are not the primary cutting tool for the whole access.

QUESTION 3 SINGLE CHOICE

Which of the following is the most reliable contemporary method for determining working length during root canal treatment?

A Average root length from anatomical tables

B Tactile sensation of the apex with an instrument

C Electronic apex locators combined with a confirmatory radiograph

D Paper point moisture assessment alone

ANSWER C

WHY Electronic apex locators, used together with a confirmatory periapical radiograph, are considered the most reliable method for working length determination. Tactile sensation, average anatomical tables, and paper point assessment alone are unreliable.

QUESTION 4 SINGLE CHOICE

What is the primary mechanism by which sodium hypochlorite acts as an endodontic irrigant?

A Chelation of hydroxyapatite

B Oxidative dissolution of necrotic and organic tissue

C Formation of a smear layer on canal walls

D Neutralization of calcium hydroxide

ANSWER B

WHY Sodium hypochlorite is a strong oxidizing agent that dissolves necrotic tissue and organic pulpal remnants through oxidative action. Chelation of calcium is associated with EDTA, smear layer formation is undesirable, and sodium hypochlorite does not neutralize calcium hydroxide.

QUESTION 5 SINGLE CHOICE

Which obturation technique uses a gutta-percha cone matched to the final apical preparation size combined with a resin-based sealer in a single cone technique?

A Cold lateral condensation

B Warm vertical compaction

C **Single-cone technique with a matched gutta-percha point**

D Thermoplasticized injectable technique

ANSWER C

WHY The single-cone technique uses a gutta-percha cone matched to the final instrument size, typically combined with a flowable sealer. Cold lateral condensation uses accessory points, warm vertical compaction uses heat, and thermoplasticized injectable techniques use heated, injected gutta-percha.

QUESTION 6 SINGLE CHOICE

According to accepted endodontic outcome criteria, which finding is most consistent with a healed/healing tooth at follow-up?

A Persistent periapical radiolucency with no symptoms

B **Recall radiograph showing reduction in size of a pre-existing periapical lesion and absence of clinical signs/symptoms**

C Spontaneous pain and tenderness to percussion at 6 months

D Sinus tract present at 1-year review

ANSWER B

WHY A reduction in size of a pre-existing periapical radiolucency together with absence of clinical signs and symptoms indicates healing/healed outcome. Persistent or enlarging radiolucencies, spontaneous pain, tenderness, or a sinus tract indicate failure.

QUESTION 7 SINGLE CHOICE

A previously root-treated tooth presents with persistent periapical radiolucency. Which factor most influences the decision between non-surgical retreatment and surgical (apical) management?

A The shade of the final restoration

B Adequacy of the coronal restoration and quality of the existing root filling

C Patient's age alone

D Tooth location in the arch only

ANSWER B

WHY The quality of the existing root filling and the integrity of the coronal restoration are key determinants: poorly condensed or short fillings with a defective restoration favor non-surgical retreatment, while a well-condensed filling with a sound restoration often shifts the decision toward apical surgery. Restoration shade, age alone, and arch location alone are not primary determinants.

QUESTION 8 SINGLE CHOICE

For a mature permanent tooth with a traumatic crown fracture exposing the pulp and clinical/radiographic signs of a necrotic pulp after several weeks, the most appropriate endodontic management is:

A Direct pulp capping

B Pulpotomy

C Conventional non-surgical root canal treatment

D Periodic observation without intervention

ANSWER C

WHY In a mature permanent tooth with established pulp necrosis, conventional non-surgical root canal treatment is indicated to remove the necrotic tissue and disinfect the canal. Direct pulp capping and pulpotomy require a vital, healthy pulp, and observation alone risks apical periodontitis and infection.

QUESTION 9 SINGLE CHOICE

Which clinical feature most strongly suggests a vertical root fracture in a root-treated tooth?

A Pain on biting that resolves on release

B A narrow, deep, isolated periodontal pocket along one root surface with associated bone loss on radiograph

C Cold sensitivity lasting a few seconds

D Reversible pulpitis on adjacent tooth

ANSWER B

WHY Vertical root fractures typically present with a narrow, isolated, deep periodontal pocket along the root surface of the affected root, often with corresponding angular (J-shaped or periradicular) bone loss on radiograph. Pain on biting/release is more typical of a cracked cusp/crown, cold sensitivity lasting seconds is a vital pulp response, and reversible pulpitis on an adjacent tooth is unrelated.