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38	☐ A	☐ B	☒ C	☐ D	☐ E
39	☐ A	☐ B	☐ C	☐ D	☒ E

PRACTICE QUESTIONS

Saudi Commission For Health Specialties (SCFHS)

OS

Oral Surgery

EDITION

Demo

QUESTIONS

9

FORMAT

Limited Edition PDF

Before you begin

What this is

9 practice questions for Saudi Commission For Health Specialties (SCFHS) 0S , 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, 0S
- the question number
- the email address on your order

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

QUESTION 1

MULTIPLE CHOICE

During surgical removal of a mesioangularly impacted lower third molar, the lingual nerve is at risk when elevating a lingual flap. Which measures are recommended to reduce the risk of temporary/permanent lingual nerve injury? (Choose two.)

- ☒ **A** Raise a broad buccal mucoperiosteal flap and avoid elevation of a lingual flap whenever possible
- ☐ **B** Use a periosteal elevator to aggressively reflect the lingual tissues off the alveolar bone for full visibility
- ☒ **C** Perform a buccal guttering technique with adequate bone removal on the buccal and distal aspects, keeping the lingual tissues undisturbed
- ☐ **D** Place a deep lingual suture to retract the lingual flap during tooth sectioning

ANSWER A - C

WHY Current best practice to protect the lingual nerve during lower third molar surgery is to avoid raising a lingual flap when feasible (A) and to use a buccal approach with adequate buccal/distal bone removal (C), keeping the lingual soft tissues undisturbed. Aggressive lingual reflection (B) and placing retracting lingual sutures (D) increase the risk of stretch or direct injury to the lingual nerve.

QUESTION 2

MULTIPLE CHOICE

A 34-year-old patient complains of episodic, sharp, shooting pain in the right cheek radiating toward the upper molars, triggered by chewing, shaving, and cold air. Clinical and radiographic examination is unremarkable. Which two statements best describe the initial management? (Choose two.)

- ☒ **A** Prescribe a trial of carbamazepine as first-line pharmacotherapy and refer for neurology evaluation
- ☐ **B** Begin pulpal vitality testing and endodontic treatment of the upper molars as the likely source
- ☒ **C** Counsel the patient that triggers (touching trigger zones, eating, brushing) commonly provoke attacks
- ☐ **D** Plan surgical extraction of the upper molars if pain persists despite analgesics

ANSWER A • C

WHY The presentation is classic for trigeminal neuralgia (tic douloureux), most commonly involving the maxillary (V2) or mandibular (V3) division. Management begins with a trial of carbamazepine (first-line) and neurological referral (A), and patients must be counseled that light mechanical or thermal stimuli on trigger zones can provoke paroxysms (C). Endodontic or surgical dental treatment (B, D) is not indicated when clinical and radiographic findings are normal and the symptoms are neuropathic.

QUESTION 3 SINGLE CHOICE

A patient sustains a fall and presents with malocclusion, an open bite on the right side, and a step deformity at the left parasymphysis of the mandible. The most likely associated fracture is:

- ☒ **A Left condylar neck fracture**
- ☐ B Left angle fracture
- ☐ C Le Fort I fracture
- ☐ D Right zygomatic arch fracture

ANSWER A

WHY A fall on the chin typically produces a symphyseal/parasymphyseal fracture combined with a contralateral condylar neck or subcondylar fracture. The unilateral open bite on the side opposite the symphyseal step deformity indicates loss of vertical ramus height from a condylar fracture. Condylar injuries are the most commonly associated fractures with parasymphyseal trauma.

QUESTION 4 SINGLE CHOICE

A patient with a recently extracted lower second molar develops trismus, swelling of the sublingual and submandibular spaces, and elevation of the tongue. Airway compromise is the most immediate concern. Which anatomical space is the primary route by which infection from the lower molars can spread to threaten the airway?

- ☐ A Buccal space
- ☐ B Submasseteric space
- ☒ **C Submandibular space**
- ☐ D Pterygomandibular space

ANSWER C

WHY Infections from mandibular molars (especially second and third molars whose roots lie below the mylohyoid line) can perforate the lingual cortical plate and enter the submandibular space. Bilateral involvement of the sublingual, submandibular, and submental spaces (Ludwig's angina) characteristically elevates the tongue and threatens the airway.

QUESTION 5 SINGLE CHOICE

According to the American Society of Anesthesiologists (ASA) Physical Status Classification, a patient with end-stage renal disease on regular hemodialysis is classified as:

- ☐ A ASA II
- ☐ B ASA III
- ☒ C ASA IV
- ☐ D ASA V

ANSWER C

WHY ASA IV is defined as a patient with severe systemic disease that is a constant threat to life. End-stage renal disease requiring regular dialysis is the classic ASA IV example. ASA II = mild controlled disease; ASA III = severe but not constantly life-threatening; ASA V = moribund patient not expected to survive without the operation.

QUESTION 6 SINGLE CHOICE

A 13-year-old patient has a palatally impacted maxillary canine with the crown located in the middle of the alveolus, no root resorption of adjacent teeth, and adequate arch space. The preferred treatment approach is:

- ☐ A Periodic radiographic observation only until skeletal maturity
- ☐ B Surgical extraction of the impacted canine
- ☒ C Surgical exposure of the canine followed by orthodontic traction and alignment
- ☐ D Autotransplantation of the canine to a different site

ANSWER C

WHY When an impacted maxillary canine is favorably positioned for eruption, with adequate space and no significant resorption of adjacent teeth, the standard of care is surgical exposure (open or closed technique) combined with orthodontic traction to align the tooth in the arch. Simple observation risks ankylosis or further displacement, and extraction is reserved for unfavorable positions, ankylosis, severe root resorption, or pathology.

QUESTION 7 SINGLE CHOICE

When designing a mucoperiosteal flap for surgical removal of a deeply impacted lower third molar, the relieving incision should be placed:

- ☐ A Over the external oblique ridge
- ☒ B Mesially in the buccal gingival sulcus of the second molar, with the releasing incision directed buccally and distally into the buccal sulcus
- ☐ C Across the mental foramen
- ☐ D Directly over the impacted third molar

ANSWER B

WHY The standard envelope or modified Ward's incision begins in the buccal sulcus of the second molar and extends distally and laterally (buccally) into the mucosa of the ramus. This places the incision over sound bone, avoids placing it over the defect created by bone removal, protects the lingual nerve, and avoids the mental foramen. Incisions placed directly over the impacted tooth, the thin external oblique ridge, or over the mental foramen predispose to wound dehiscence and nerve injury.

QUESTION 8 SINGLE CHOICE

A panoramic radiograph of a 25-year-old shows a well-defined radiolucency at the apex of a non-vital mandibular second premolar measuring about 1 cm in diameter. The most likely diagnosis is:

- ☐ A Odontogenic keratocyst
- ☐ B Dentigerous cyst
- ☒ C Periapical (radicular) cyst
- ☐ D Ameloblastoma

ANSWER C

WHY A well-defined radiolucency at the apex of a non-vital tooth in an adult is the classic presentation of a periapical (radicular) cyst, which is an inflammatory odontogenic cyst arising from the epithelial rests of Malassez in a periapical granuloma of a non-vital tooth. Odontogenic keratocysts tend to grow along the bone without marked expansion, dentigerous cysts are associated with the crown of an unerupted tooth, and ameloblastoma is typically more aggressive with multilocular or 'soap-bubble' features.

QUESTION 9

SINGLE CHOICE

A patient develops paleness, sweating, bradycardia, and syncope immediately after injection of local anesthetic. The most appropriate immediate management is:

- ☐ A Administer intramuscular epinephrine and call for emergency medical services
- ☒ B Place the patient in the supine position with legs elevated and administer oxygen
- ☐ C Administer intravenous diphenhydramine
- ☐ D Perform Heimlich maneuver

ANSWER B

WHY The clinical picture (pallor, sweating, bradycardia, syncope) is consistent with vasovagal syncope, the most common medical emergency in dentistry. First-line management is positioning the patient supine with the legs elevated to improve cerebral perfusion, and administering oxygen. Epinephrine is reserved for anaphylaxis or severe bronchospasm; diphenhydramine is for allergic reactions; the Heimlich maneuver is for airway obstruction by a foreign body.