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| 38 | A | B | C | D | E |
| 39 | A | B | C | D | E |

## PRACTICE QUESTIONS

**NDEB/BNED - The National Dental Examining Board of Canada / Le Bureau National D'examen Dentaire Du Canada**

# OME

Oral Medicine

EDITION

Demo

QUESTIONS

9

FORMAT

Limited Edition PDF

# Before you begin

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## What this is

9 practice questions for NDEB/BNED - The National Dental Examining Board of Canada / Le Bureau National D'examen Dentaire Du Canada **OME**, 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, **OME**
- the question number
- the email address on your order

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

**QUESTION 1**

SINGLE CHOICE

A 45-year-old patient presents with a painful, recurrent ulcer on the non-keratinized oral mucosa lasting 10 days. The lesion is round, 6 mm in diameter, with a yellow fibrinous base and an erythematous halo. There is no fever or lymphadenopathy. What is the most likely diagnosis?

- ☐ A Herpes simplex virus infection
- ☒ B Recurrent aphthous stomatitis (minor aphthous ulcer)
- ☐ C Behçet's disease
- ☐ D Erythema multiforme

**ANSWER B**

**WHY** Minor aphthous ulcers occur on non-keratinized mucosa, are round with a fibrinous pseudomembrane and erythematous halo, heal in 7–14 days, and are not associated with systemic signs. Herpes simplex presents as multiple vesicles that rupture to form ulcers, often on keratinized (attached) mucosa. Behçet's disease features genital and ocular lesions in addition to oral ulcers. Erythema multiforme shows target lesions and often involves the lips with hemorrhagic crusting.

**QUESTION 2**

SINGLE CHOICE

Which oral mucosal condition is most characteristically associated with the use of antihypertensive medications such as ACE inhibitors?

- ☐ A Oral lichenoid reaction
- ☒ B Angioedema
- ☐ C Pemphigus vulgaris
- ☐ D Leukoplakia

**ANSWER B**

**WHY** ACE inhibitors are a well-documented cause of bradykinin-mediated angioedema, which can present as sudden, non-pitting, non-itchy swelling of the lips, tongue, or floor of the mouth. Oral lichenoid reactions are more commonly linked to antihypertensives such as beta-blockers, thiazides, and ACE inhibitors as direct contact allergens. Pemphigus vulgaris and leukoplakia are not classically drug-induced by antihypertensives.

**QUESTION 3**

SINGLE CHOICE

A patient reports pre-auricular pain, clicking sounds on opening, and limited mouth opening that worsens during stressful periods. Examination reveals tenderness of the masseter and limited lateral excursion. What is the most likely diagnosis?

- ☐ A Trigeminal neuralgia
- ☒ B Temporomandibular disorder (myofascial pain)
- ☐ C Ramsay Hunt syndrome
- ☐ D Cluster headache

**ANSWER B**

**WHY** Temporomandibular disorder (TMD) with myofascial pain is the most common cause of pre-auricular pain with masticatory muscle tenderness, joint sounds, and limited function, often exacerbated by stress or parafunction. Trigeminal neuralgia causes brief, electric-shock pain triggered by light touch, not muscle tenderness. Ramsay Hunt syndrome follows shingles with facial paralysis. Cluster headache is a severe unilateral periorbital headache with autonomic features.

**QUESTION 4**

SINGLE CHOICE

A patient has multiple painful oral ulcers, scattered irregular erosions covered with yellow pseudomembrane, and a positive Nikolsky sign on examination. What is the most likely diagnosis?

- ☒ A Pemphigus vulgaris
- ☐ B Recurrent herpes labialis
- ☐ C Squamous cell carcinoma
- ☐ D Traumatic ulcer

**ANSWER A**

**WHY** Pemphigus vulgaris classically presents with multiple painful, irregular oral erosions, a positive Nikolsky sign (epithelium separates on lateral pressure), and frequently precedes cutaneous involvement. Herpes labialis produces grouped vesicles on the lip vermilion. Squamous cell carcinoma is typically a solitary, indurated, non-healing ulcer. Traumatic ulcers are solitary and correspond to a source of injury.

**QUESTION 5**

SINGLE CHOICE

A patient wearing a complete maxillary denture presents with diffuse erythema of the denture-bearing mucosa and a burning sensation, especially when wearing the prosthesis. What is the most likely diagnosis?

- ☐ A Erythroplakia
- ☒ B Denture stomatitis (chronic atrophic candidiasis)
- ☐ C Lichen planus
- ☐ D Allergic contact stomatitis

**ANSWER B**

**WHY** Denture stomatitis is a chronic atrophic candidiasis presenting as diffuse erythema of the mucosa under a denture, most often the maxilla, with associated burning. It is linked to Candida biofilm on the denture and continuous denture wear. Erythroplakia appears as a red patch not specifically limited to denture-bearing areas. Lichen planus presents as bilateral white reticular (Wickham's striae) lesions. Allergic contact stomatitis requires a specific allergen.

**QUESTION 6**

SINGLE CHOICE

Which oral finding is most characteristic of Sjögren's syndrome?

- ☐ A Generalized gingival enlargement
- ☒ B Xerostomia and rapidly progressive dental caries
- ☐ C Multifocal mucosal white plaques that wipe off
- ☐ D Solitary indurated ulcer on the lateral tongue

**ANSWER B**

**WHY** Sjögren's syndrome is an autoimmune exocrinopathy that targets salivary glands, causing xerostomia, oral dryness, decreased salivary flow, and a marked increase in dental caries, particularly cervical and incisal. Gingival enlargement is associated with medications or leukemia. Wipeable white plaques suggest pseudomembranous candidiasis. A solitary indurated ulcer is suggestive of squamous cell carcinoma.

**QUESTION 7**

SINGLE CHOICE

An immunocompromised patient presents with a painful, necrotic ulcer on the palate covered by a thick, gray-white pseudomembrane that can be wiped away, revealing an erythematous bleeding base. What is the most likely diagnosis?

- ☒ **A** Pseudomembranous candidiasis
- ☐ **B** Necrotizing ulcerative gingivitis
- ☐ **C** Mucormycosis
- ☐ **D** Kaposi sarcoma

**ANSWER A**

**WHY** Pseudomembranous candidiasis (thrush) consists of white plaques composed of fungal hyphae and epithelial debris that can be wiped off, leaving an erythematous, sometimes bleeding, base. It is common in immunocompromised patients. Necrotizing ulcerative gingivitis affects the gingiva, not the palate, with punched-out papillae. Mucormycosis causes black necrotic tissue, often in the maxillary sinus. Kaposi sarcoma presents as purple vascular lesions, not a wipeable pseudomembrane.

**QUESTION 8**

SINGLE CHOICE

A patient describes brief, severe, electric shock-like pains triggered by lightly touching the cheek while shaving or chewing. Between episodes, the patient is pain-free with no sensory loss. What is the most likely diagnosis?

- ☒ **A** Trigeminal neuralgia
- ☐ **B** Atypical odontalgia
- ☐ **C** Temporomandibular disorder
- ☐ **D** Migraine with aura

**ANSWER A**

**WHY** Trigeminal neuralgia (tic douloureux) is characterized by paroxysmal, brief, electric shock-like pains triggered by light mechanical stimuli (trigger zones) on the face or oral mucosa, with pain-free intervals and no neurological deficit. Atypical odontalgia is a continuous, burning pain in a tooth or extraction site without an identifiable cause. TMD produces muscle or joint pain, not electric shocks. Migraine with aura involves prolonged headaches preceded by visual or sensory disturbances.

**QUESTION 9**

SINGLE CHOICE

A 52-year-old male presents with persistent, painful swelling of the parotid glands bilaterally. A labial salivary gland biopsy shows focal lymphocytic sialadenitis with a focus score >1. Which of the following serological markers is most strongly associated with this condition?

- ☐ **A** Anti-centromere antibody
- ☐ **B** Anti-dsDNA antibody
- ☒ **C** Anti-Ro/SS-A and anti-La/SS-B antibodies
- ☐ **D** Anti-Jo-1 antibody

**ANSWER C**

**WHY** Bilateral parotid enlargement combined with a positive labial gland biopsy (focus score >1) is characteristic of Sjögren's syndrome. Anti-Ro/SS-A and anti-La/SS-B are the classic autoantibodies. Anti-centromere is associated with limited scleroderma (CREST), anti-dsDNA with SLE, and anti-Jo-1 with polymyositis/dermatomyositis.