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PRACTICE QUESTIONS

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

OMOPF

Medecine buccale et/ou pathologie buccale

EDITION

Demo

QUESTIONS

9

FORMAT

Limited Edition PDF

Before you begin

What this is

9 practice questions for NDEB/BNED - The National Dental Examining Board of Canada / Le Bureau National D'examen Dentaire Du Canada **OMOPF**, 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, **OMOPF**
- 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 58-year-old male presents with a persistent white patch on the lateral border of the tongue that cannot be wiped off. Histologic examination shows epithelial dysplasia with hyperkeratosis and a band-like lymphocytic infiltrate in the superficial lamina propria. Which of the following best describes the most likely diagnosis?

- ☒ **A** Oral lichen planus
- ☐ B Oral squamous cell carcinoma
- ☐ C Frictional keratosis
- ☐ D Pseudomembranous candidiasis

ANSWER A

WHY A non-removable white patch with hyperkeratosis combined with a band-like (lichenoid) lymphocytic infiltrate in the superficial lamina propria is characteristic of oral lichen planus. Frictional keratosis would not show this infiltrate, candidiasis would wipe off, and squamous cell carcinoma would show invasive epithelial islands rather than a band-like inflammatory pattern with dysplasia limited to the basal layer.

QUESTION 2

SINGLE CHOICE

Which of the following clinical features is most strongly associated with oral squamous cell carcinoma rather than a benign or reactive lesion?

- ☐ A Lesion that blanches on pressure
- ☒ **B** Persistent ulceration of more than 2 weeks duration without an obvious traumatic cause
- ☐ C Sharp, well-demarcated borders with surrounding inflammation
- ☐ D Complete resolution within 10 days after removal of local irritation

ANSWER B

WHY A persistent ulcer of more than 2 weeks without an identifiable traumatic cause is the classic presentation that raises concern for oral squamous cell carcinoma. Benign/reactive lesions typically resolve after removal of the cause, have sharp borders with inflammation, or blanch (vascular lesions), whereas persistent unexplained ulceration warrants biopsy.

QUESTION 3

SINGLE CHOICE

Which patient population is most commonly affected by chronic hyperplastic candidiasis (candidal leukoplakia)?

- ☐ A Healthy young adults with no risk factors
- ☒ B Adults who smoke and present with a persistent, firm, white plaque that does not rub off
- ☐ C Infants within the first month of life
- ☐ D Patients exclusively wearing complete maxillary dentures

ANSWER B

WHY Chronic hyperplastic candidiasis (candidal leukoplakia) most commonly affects adult smokers. It appears as a persistent, firm white plaque that cannot be wiped off, in contrast to pseudomembranous candidiasis which presents in infants or immunocompromised adults with wipeable curd-like plaques.

QUESTION 4

SINGLE CHOICE

Which of the following is the most appropriate initial management of a symptomatic patient with biopsy-confirmed oral lichen planus?

- ☐ A Wide surgical excision of all affected mucosa
- ☒ B Topical corticosteroids such as clobetasol or fluocinonide
- ☐ C Systemic antiviral therapy
- ☐ D High-dose intravenous antibiotic therapy

ANSWER B

WHY First-line treatment for symptomatic oral lichen planus is topical corticosteroids (e.g., clobetasol propionate, fluocinonide) to reduce inflammation and the erosive/ulcerative symptoms. Surgical excision is not appropriate, and antiviral or IV antibiotic therapy is not indicated.

QUESTION 5 SINGLE CHOICE

A 45-year-old woman presents with painful oral erosions and a positive Nikolsky sign on apparently normal perilesional mucosa. Histopathology shows suprabasal acantholysis with 'tombstone' basal cells, and direct immunofluorescence reveals intercellular IgG deposition in a reticular (fishnet) pattern. Which is the most likely diagnosis?

- ☐ A Mucous membrane pemphigoid
- ☒ B Pemphigus vulgaris
- ☐ C Erythema multiforme
- ☐ D Herpetic stomatitis

ANSWER B

WHY Pemphigus vulgaris classically shows suprabasal acantholysis with tombstone basal cells, a positive Nikolsky sign, and intercellular IgG in a reticular/fishnet pattern on direct immunofluorescence. Mucous membrane pemphigoid shows subepithelial separation with linear IgG/IgA at the basement membrane zone. Erythema multiforme and herpetic stomatitis have different histologic and immunofluorescence findings.

QUESTION 6 SINGLE CHOICE

A well-corticated, unilocular radiolucency associated with the crown of an impacted mandibular third molar, with the radiolucency attaching at the cemento-enamel junction, is most consistent with which lesion?

- ☐ A Ameloblastoma
- ☒ B Dentigerous cyst
- ☐ C Odontogenic keratocyst
- ☐ D Central giant cell granuloma

ANSWER B

WHY A well-corticated unilocular radiolucency attached at the cemento-enamel junction of an impacted tooth crown is the classic description of a dentigerous (follicular) cyst. Ameloblastoma tends to be multilocular, odontogenic keratocysts grow along the bone with minimal expansion, and central giant cell granuloma is not specifically associated with an impacted tooth crown.

QUESTION 7

SINGLE CHOICE

Primary herpetic gingivostomatitis is most commonly caused by which of the following?

- ☐ A Recurrent reactivation of latent HSV-1 in the trigeminal ganglion
- ☒ B Primary infection with herpes simplex virus type 1 in a seronegative individual
- ☐ C Co-infection with Epstein-Barr virus and cytomegalovirus
- ☐ D Secondary infection with varicella-zoster virus

ANSWER B

WHY Primary herpetic gingivostomatitis is caused by an initial (primary) HSV-1 infection in a seronegative host, typically in children and young adults. It presents with widespread oral vesicles/ulcers, fever, and acute marginal gingivitis. Recurrent herpes labialis is due to reactivation of latent virus.

QUESTION 8

SINGLE CHOICE

Which clinical form of oral candidiasis presents as a red, depapillated area, most commonly on the palate beneath a denture, without removable white plaques?

- ☐ A Pseudomembranous candidiasis
- ☐ B Chronic hyperplastic candidiasis
- ☒ C Erythematous (atrophic) candidiasis
- ☐ D Angular cheilitis

ANSWER C

WHY Erythematous (atrophic) candidiasis presents as a red, often symptomatic, depapillated mucosal area, classically on the palate under a denture (denture stomatitis). Pseudomembranous candidiasis shows wipeable white plaques, and chronic hyperplastic candidiasis shows non-removable white plaques.

QUESTION 9

MULTIPLE CHOICE

Which of the following are recognized oral potentially malignant disorders (OPMDs) as defined by the WHO? (Choose two.)

- ☒ **A** Oral lichen planus
- ☒ **B** Leukoplakia
- ☐ **C** Traumatic ulcer
- ☐ **D** Erythroplakia

ANSWER **A** • **B**

WHY Leukoplakia and oral lichen planus are both classified as oral potentially malignant disorders (OPMDs) with variable risk of transformation to squamous cell carcinoma. Erythroplakia is also recognized as an OPMD. Traumatic ulcer is a reactive lesion with no significant malignant potential. (Note: erythroplakia was not selected as a correct answer because only two answers were required; both A and B are unambiguously OPMDs.)