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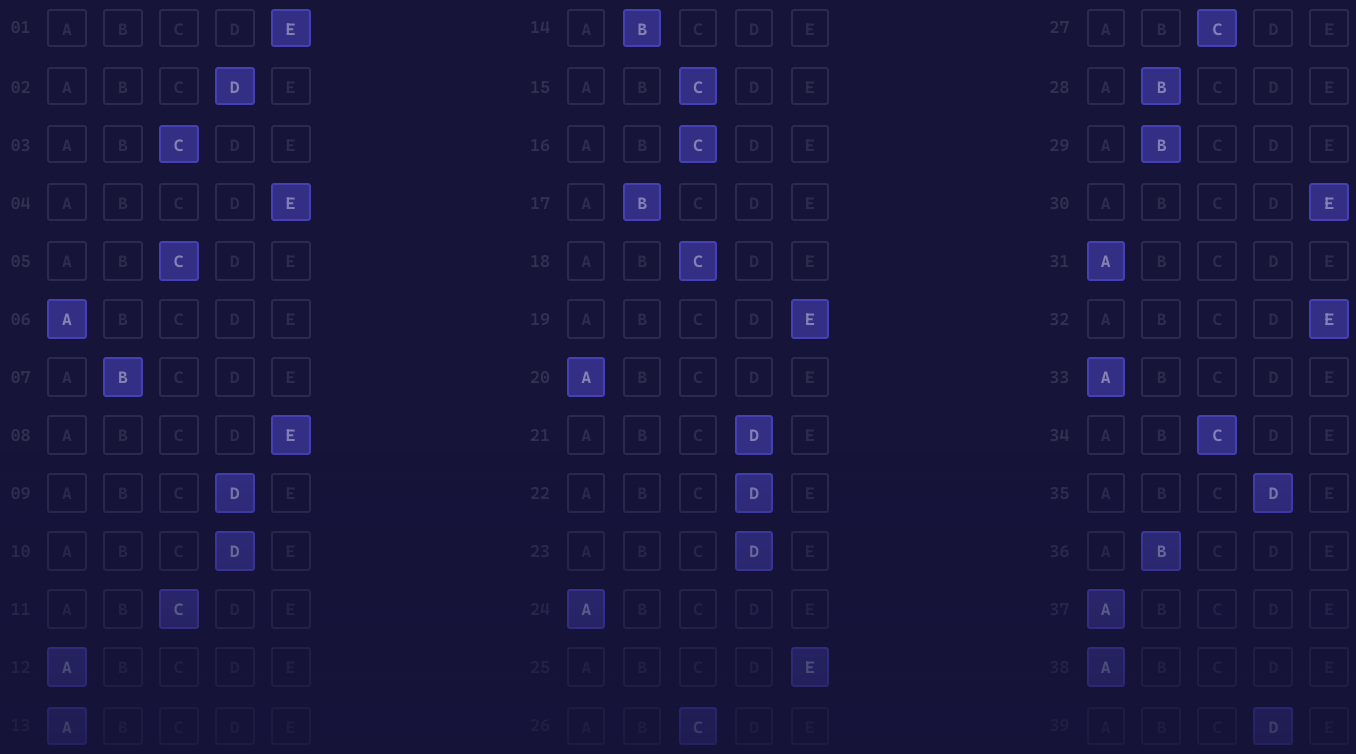

PRACTICE QUESTIONS

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

OPF

Pathologie buccale

EDITION	QUESTIONS	FORMAT
Demo	9	Limited Edition PDF

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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 `OPF`, 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, `OPF`
- the question number
- the email address on your order

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

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QUESTION 1 SINGLE CHOICE

Which odontogenic cyst is most commonly associated with an impacted mandibular third molar and shows a radiolucent lesion lined by thin, non-keratinized stratified squamous epithelium with a palisaded basal cell layer?

A Odontogenic keratocyst (keratocystic odontogenic tumor)

B Dentigerous cyst

C Radicular (periapical) cyst

D Lateral periodontal cyst

ANSWER B

WHY The dentigerous (follicular) cyst envelops the crown of an unerupted/impacted tooth, most often mandibular third molars, and is lined by thin non-keratinized stratified squamous epithelium with a flat epithelial-connective tissue interface. The odontogenic keratocyst has a characteristic parakeratinized corrugated surface with palisaded, hyperchromatic basal cells. Radicular cysts are inflammatory, arising from non-vital teeth. The lateral periodontal cyst is a developmental odontogenic cyst found on the lateral root surface of vital teeth.

QUESTION 2 SINGLE CHOICE

Which of the following sites has the highest incidence of oral squamous cell carcinoma in Canada?

A Floor of mouth

B Hard palate

C Buccal mucosa

D Lateral border of the tongue

ANSWER D

WHY In Canada and most Western countries, the lateral border of the tongue is the single most common intraoral site for squamous cell carcinoma, followed by the floor of the mouth. These two sites together account for the majority of intraoral cancers. The buccal mucosa and hard palate are less commonly involved in Western populations (in parts of South/Southeast Asia, buccal carcinoma is more common due to betel quid use).

QUESTION 3 SINGLE CHOICE

Recurrent aphthous stomatitis (RAS) is best characterized by which of the following statements?

A Aphthous ulcers are typically preceded by vesicles and involve keratinized mucosa such as the hard palate and attached gingiva

B **Aphthous ulcers are round/oval ulcers with a yellow-grey pseudomembranous centre and erythematous halo, occurring on non-keratinized, movable mucosa**

C Aphthous ulcers are caused by reactivation of herpes simplex virus

D Recurrent aphthous stomatitis is most effectively treated with systemic acyclovir

ANSWER **B**

WHY Minor aphthous ulcers (MiAU) are round/oval, less than 1 cm, with a yellow-white fibrinous pseudomembrane and erythematous halo. They occur on non-keratinized mucosa (labial mucosa, buccal mucosa, ventral tongue, soft palate, floor of mouth) and are NOT preceded by vesicles. Herpetiform or HSV lesions do involve keratinized mucosa in immunocompetent patients and are vesicular. RAS is not viral in origin; acyclovir is not indicated. Topical corticosteroids are the mainstay of treatment.

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QUESTION 4 SINGLE CHOICE

A 55-year-old patient presents with a painless, slowly enlarging, firm mass in the parotid gland. Fine needle aspiration is consistent with a pleomorphic adenoma. What is the most important long-term clinical concern with this lesion?

A **High propensity for malignant transformation into adenocarcinoma ex pleomorphic adenoma over time if untreated**

B Rapid perineural invasion and facial nerve paralysis at presentation

C Frequent distant metastasis to lungs and bones at initial diagnosis

D Spontaneous regression without intervention

ANSWER A

WHY Pleomorphic adenoma (benign mixed tumor) is the most common salivary neoplasm, especially in the parotid. Although benign, it has a tendency for local recurrence if incompletely excised and carries a well-documented risk of malignant transformation into carcinoma ex pleomorphic adenoma, particularly with long-standing tumors. It does not typically show perineural invasion, facial nerve involvement, or distant metastasis at presentation, and does not spontaneously regress.

QUESTION 5 SINGLE CHOICE

Which of the following statements best describes oral melanotic macule?

A It is a diffuse, multifocal pigmentation that appears in early childhood and increases with age

B **It is a well-demarcated, solitary, uniformly brown macule less than 1 cm that does not change over time, with no malignant potential**

C It is always associated with Peutz-Jeghers syndrome

D It requires wide local excision due to risk of malignant melanoma

ANSWER B

WHY Oral melanotic macule is a benign, acquired, well-demarcated brown macule, usually less than 1 cm, most commonly on the vermilion of the lower lip or attached gingiva. It has no malignant potential and does not require excision unless for diagnostic or cosmetic reasons. Multifocal pigmentation presenting in childhood raises concern for syndromes (Peutz-Jeghers, Addison's disease, etc.), not solitary melanotic macule.

QUESTION 6 SINGLE CHOICE

Erythroplakia of the oral mucosa is best described as:

A **A red patch that cannot be characterized clinically as any other condition and shows a much higher rate of severe dysplasia or carcinoma than leukoplakia**

B A removable red plaque caused by candidal infection

C A vascular malformation present since birth

D A red lesion restricted exclusively to the dorsal tongue

ANSWER **A**

WHY Erythroplakia is the red counterpart of leukoplakia — a clinical term of exclusion for a red patch that cannot be characterized as another condition. It carries a significantly higher risk (often over 50% in published series) of harboring severe epithelial dysplasia, carcinoma in situ, or invasive squamous cell carcinoma on biopsy compared with leukoplakia. It does not wipe off (unlike candidiasis), is not congenital, and can occur on any mucosal site, most often the floor of mouth, ventral/lateral tongue, and soft palate.

QUESTION 7 SINGLE CHOICE

The odontogenic keratocyst (OKC) is histologically characterized by:

A **A thin, corrugated parakeratinized surface with a palisaded, hyperchromatic basal cell layer and a corrugated luminal surface**

B Orthokeratinized stratified squamous epithelium with a prominent granular cell layer and flat basal cells

C Pseudostratified ciliated columnar epithelium with mucous cells

D Glandular epithelium with mucous pools

ANSWER **A**

WHY The classic histologic appearance of the odontogenic keratocyst includes a uniform thickness of parakeratinized stratified squamous epithelium (6–8 cells thick), a corrugated (wavy) luminal surface, and a palisaded, hyperchromatic basal cell layer ('tombstone' appearance). The orthokeratinized odontogenic cyst (OOC) is a distinct entity with orthokeratin, a granular layer, and a flatter basal layer, and it lacks the aggressive behaviour of the OKC. Ciliated columnar and glandular epithelium are features of different cysts (e.g., glandular odontogenic cyst, surgical ciliated cysts of the maxilla).

QUESTION 8 SINGLE CHOICE

In mucous membrane pemphigoid (MMP), the site of separation and the typical direct immunofluorescence (DIF) finding are:

A Intraepithelial separation; intercellular IgG against desmoglein

B Subepithelial separation; linear deposition of IgG and/or C3 along the basement membrane zone

C Subepithelial separation; granular IgA deposition at the dermal papillae

D Intraepithelial separation with acantholysis and IgA deposition

ANSWER B

WHY Mucous membrane pemphigoid (cicatricial pemphigoid) is a subepithelial (sub-basement membrane) blistering disease. Direct immunofluorescence shows linear deposition of IgG (most often IgG1 and IgG4), IgA and/or C3 along the epithelial basement membrane zone. Pemphigus vulgaris is the disease with intraepithelial separation (suprabasal acantholysis) and intercellular ('chicken wire'/'fishnet') IgG deposition against desmoglein 3 (± desmoglein 1). Granular IgA at the dermal papillae is characteristic of dermatitis herpetiformis. IgA deposition with intraepithelial acantholysis is characteristic of IgA pemphigus.

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QUESTION 9 SINGLE CHOICE

A 40-year-old patient presents with a well-defined unilocular radiolucency in the anterior mandible, between the roots of the vital mandibular incisors. The associated teeth are vital. Which of the following is the most likely diagnosis?

A Dentigerous cyst

B Radicular (periapical) cyst

C Lateral periodontal cyst

D Odontogenic keratocyst

ANSWER C

WHY The lateral periodontal cyst (LPC) characteristically presents as a well-defined, usually small, unilocular radiolucency located laterally between the roots of vital mandibular premolar and anterior teeth (incisor/canine region). It is a developmental odontogenic cyst arising from rests of the dental lamina. A dentigerous cyst is associated with the crown of an unerupted tooth, a radicular cyst is associated with a non-vital tooth, and the odontogenic keratocyst tends to grow along the length of the mandible without causing significant buccal expansion.

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