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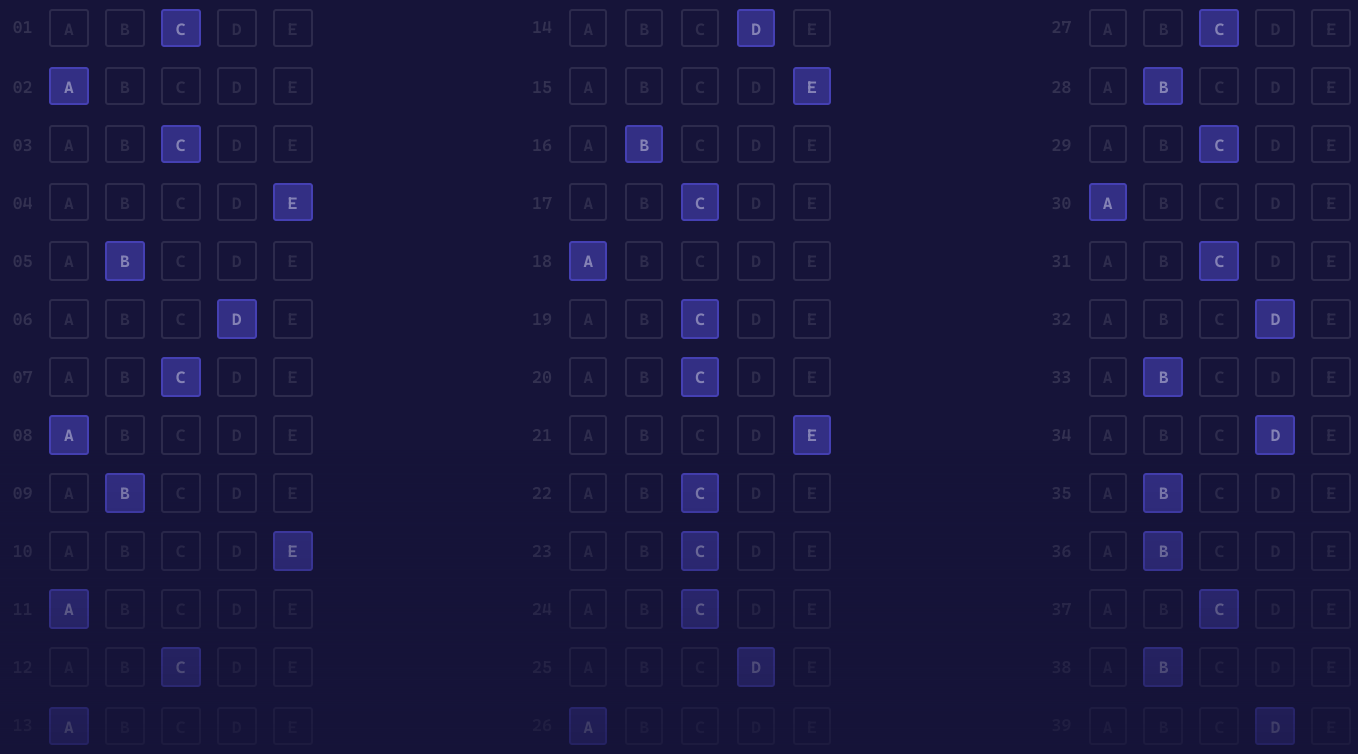

PRACTICE QUESTIONS

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

OSF

Chirurgie buccale et maxillo-faciale

EDITION	QUESTIONS	FORMAT
Demo	9	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 `OSF`, 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, `OSF`
- the question number
- the email address on your order

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QUESTION 1 SINGLE CHOICE

A 45-year-old patient is scheduled for an elective third molar extraction under intravenous sedation. Which of the following findings in the preoperative assessment would represent an absolute contraindication to performing the procedure in an outpatient oral surgery office setting?

A Well-controlled type 2 diabetes mellitus with a fasting blood glucose of 8.0 mmol/L

B History of rheumatic fever with documented antibiotic prophylaxis compliance

C **Unstable angina with a positive exercise stress test within the past 6 months**

D Allergy to latex documented with previous urticarial reaction

ANSWER C

WHY Unstable angina represents an unstable cardiac condition that, per the American Heart Association/ACC guidelines on perioperative cardiovascular evaluation, should be evaluated and stabilized before elective noncardiac surgery. Well-controlled diabetes, a history of rheumatic fever with proper antibiotic prophylaxis, and a latex allergy are manageable in an office setting with appropriate modifications. The unstable angina scenario requires cardiology consultation and deferral of the elective procedure.

QUESTION 2 SINGLE CHOICE

During surgical removal of a deeply impacted mandibular third molar, the lingual nerve is inadvertently exposed but remains intact within the soft tissue. The most appropriate intraoperative management is to:

A Ligate the exposed nerve to prevent hemorrhage

B Perform immediate microneurosurgical repair

C **Irrigate with saline, gently reposition soft tissue over the nerve, and document the finding**

D Apply chemical cautery to the surrounding tissue to control postoperative paresthesia

ANSWER C

WHY When the lingual nerve is exposed but not transected during third molar surgery, the appropriate management is gentle handling, irrigation, replacement of overlying soft tissue, and documentation. Ligation and chemical cautery will cause additional injury. Immediate microneurosurgical repair is indicated only for complete transection or significant disruption of the nerve, not for simple exposure.

QUESTION 3 MULTIPLE CHOICE

A patient presents with a rapidly progressing swelling of the floor of the mouth, elevation of the tongue, dysphagia, drooling, and stridor. The clinical findings most consistent with Ludwig's angina include which of the following? (Choose two.)

A **Bilateral involvement of the submandibular, sublingual, and submental spaces**

B Tendency to remain a localized, self-limiting cellulitis without airway compromise

C **Typical origin from a pericoronitis or odontogenic infection of the mandibular molars**

D Need for elective, outpatient management with oral antibiotics alone

ANSWER **A · C**

WHY Ludwig's angina is a bilateral, rapidly spreading cellulitis involving the submandibular, sublingual, and submental spaces, most often arising from odontogenic infection of the mandibular molars (especially second and third molars) or pericoronitis. It is a potentially life-threatening condition because of the risk of airway obstruction, and it requires airway protection, IV antibiotics, and surgical decompression in a hospital setting — not elective outpatient management.

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QUESTION 4 SINGLE CHOICE

A patient sustains a displaced fracture of the left mandibular angle. Clinical examination reveals an open bite anteriorly and premature contact on the left posterior molars. Which of the following best describes the mechanism of this occlusal disturbance?

A **Lateral displacement of the proximal (posterior) fragment by the pull of the masseter, medial pterygoid, and temporalis muscles**

B Inferior displacement of the distal fragment due to loss of tongue support

C Medial displacement of the distal fragment by the mylohyoid muscle pull

D Anterior displacement of the proximal fragment by the lateral pterygoid muscle

ANSWER **A**

WHY At the mandibular angle, the proximal fragment (containing the condyle and ramus) is displaced superiorly and medially by the pull of the masseter, medial pterygoid, and temporalis muscles. This results in premature posterior occlusion on the affected side and an anterior open bite. The mylohyoid affects the distal fragment in symphysis/body fractures, and the lateral pterygoid typically displaces condylar fractures medially and anteriorly.

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QUESTION 5 SINGLE CHOICE

A panoramic radiograph of a 30-year-old patient reveals a well-defined, corticated, radiolucent lesion in the posterior mandible containing a radiopaque, tooth-like structure. The associated tooth is vital. The most likely diagnosis is:

A **Dentigerous cyst**

B Odontogenic keratocyst

C Calcifying epithelial odontogenic tumor (Pindborg tumor)

D Ameloblastic fibro-odontoma

ANSWER **A**

WHY A well-defined, corticated, unilocular radiolucency associated with the crown of an unerupted tooth and attached at the cementoenamel junction is characteristic of a dentigerous (follicular) cyst. Odontogenic keratocysts are typically multilocular or along the ramus and not associated with crown of a tooth. Pindborg tumors show a 'driven snow' mixed radiolucent-radiopaque appearance and are more common in the posterior mandible of older patients. Ameloblastic fibro-odontomas occur in younger patients and present as mixed lesions with radiopaque components resembling a tooth within a radiolucency but are not attached at the CEJ.

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QUESTION 6 SINGLE CHOICE

Following extraction of a maxillary first molar, the patient reports air passing between the mouth and nose on drinking. The most likely diagnosis and appropriate initial management are:

A Temporomandibular joint dislocation; immediate manual reduction

B Oroantral communication; avoid nose blowing, place an absorbable gelatin sponge, and consider soft-tissue closure if persistent

C Inferior alveolar nerve injury; prescribe gabapentin and refer for microneurosurgical repair

D Esophageal perforation; admit for IV antibiotics and surgical repair

ANSWER B

WHY Air or fluid passing from the mouth into the nose following a maxillary molar extraction is the classic presentation of an oroantral communication (OAC), resulting from perforation of the maxillary sinus floor. Initial management includes instructing the patient to avoid nose blowing, prescribing decongestants and antibiotics as indicated, and placing a substrate such as absorbable gelatin sponge. Larger defects (typically >5 mm) require surgical closure with a buccal or palatal advancement flap.

QUESTION 7 SINGLE CHOICE

A 22-year-old patient presents with mandibular prognathism, maxillary retrognathism, and a Class III malocclusion with anterior crossbite. The most appropriate combined surgical procedure is:

A Le Fort I osteotomy with advancement and bilateral sagittal split ramus osteotomy (BSSO) with setback

B Isolated genioplasty with advancement

C Bilateral condylectomy with costochondral reconstruction

D Anterior mandibular subapical osteotomy with setback only

ANSWER A

WHY Combined maxillary (Le Fort I) advancement and mandibular (BSSO) setback is the standard orthognathic approach for correcting a Class III skeletal pattern with maxillary deficiency and mandibular excess. Isolated genioplasty does not correct the underlying skeletal discrepancy, condylectomy is reserved for condylar pathology, and subapical osteotomies do not address the basal skeletal relationship.

QUESTION 8 MULTIPLE CHOICE

Which of the following are recognized risk factors for the development of oral squamous cell carcinoma? (Choose two.)

A **Tobacco and betel nut use**

B **Persistent infection with high-risk human papillomavirus (HPV), particularly HPV-16**

C Frequent dental prophylaxis with topical fluoride

D Chronic traumatic ulceration from a sharp tooth that resolves within 7 days of adjustment

ANSWER **A** · **B**

WHY Tobacco use (smoked and smokeless) and betel nut/quid chewing are the dominant environmental risk factors for oral squamous cell carcinoma, particularly in the Indian subcontinent and Southeast Asia. High-risk HPV infection, especially HPV-16, is now well established as a cause of oropharyngeal squamous cell carcinoma and is increasingly recognized in oral cavity cancers. Topical fluoride is not a risk factor, and chronic ulcers that resolve within 7–14 days after removal of the source of trauma are not considered premalignant.

QUESTION 9 SINGLE CHOICE

Which of the following antibiotic regimens is the most appropriate for prophylaxis against infective endocarditis in an adult patient allergic to penicillin who is scheduled for an invasive dental procedure?

A Oral clindamycin 600 mg, 30 to 60 minutes before the procedure

B **Oral azithromycin 500 mg, 30 to 60 minutes before the procedure**

C Oral amoxicillin 2 g, 30 to 60 minutes before the procedure

D No antibiotic prophylaxis is required for any dental procedure in a penicillin-allergic patient

ANSWER **B**

WHY For a penicillin-allergic adult, clindamycin (600 mg) has historically been recommended by the AHA, but in the 2021 AHA scientific statement, clindamycin is no longer recommended for prophylaxis because of associated risks such as C. difficile infection. Azithromycin or clarithromycin (500 mg or 600 mg respectively) is suggested as an acceptable alternative in penicillin-allergic patients. Amoxicillin is contraindicated due to allergy, and prophylaxis is still indicated for high-risk cardiac conditions.