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39	A	B	C	D	E

PRACTICE QUESTIONS

Saudi Commission for Health Specialties (SCFHS)

OMS

Oral and Maxillofacial 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) **OMS**, 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, **OMS**
- 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 28-year-old patient sustains a displaced fracture of the mandibular body. Which factor is most important in determining whether the fracture should be treated by open reduction and internal fixation (ORIF) rather than closed reduction?

- ☐ A Patient's age
- ☐ B Patient's gender
- ☒ C Degree of displacement and presence of a functional disturbance
- ☐ D Time of day the injury occurred
- ☐ E Whether the patient is left- or right-handed

ANSWER C

WHY The indication for ORIF versus closed reduction in mandibular fractures is based on the displacement, mobility, and functional impairment (malocclusion, displacement of fragments), not on demographic factors such as age, gender, or handedness. Significantly displaced or comminuted fractures with malocclusion typically require ORIF to restore anatomy and function.

QUESTION 2 SINGLE CHOICE

A patient presents with a rapidly expanding submandibular swelling, elevation of the floor of the mouth, dysphagia, and a high fever. Which is the most appropriate initial step in management?

- ☐ A Prescribe oral antibiotics and review in one week
- ☐ B Apply warm compresses only
- ☒ C Secure the airway, admit the patient, and arrange urgent surgical drainage under intravenous antibiotics
- ☐ D Perform incision and drainage as an outpatient under local anesthesia
- ☐ E Order an MRI and discharge home with analgesia

ANSWER C

WHY Submandibular space infection with elevation of the floor of the mouth, dysphagia, and systemic signs is a deep neck space infection that can rapidly compromise the airway. The correct initial management is airway protection, hospital admission, IV antibiotics, and urgent surgical drainage of the involved space(s).

QUESTION 3 SINGLE CHOICE

Which statement best describes the timing of primary cleft palate repair according to widely accepted craniofacial surgery principles?

- ☐ A Repair at birth to allow normal feeding
- ☐ B Repair at 3–6 months of age
- ☒ C Repair at 12–18 months of age to balance speech outcomes with maxillary growth
- ☐ D Repair only after eruption of permanent dentition
- ☐ E Repair after the age of 10 years

ANSWER C

WHY Primary palatoplasty is commonly performed between 12 and 18 months of age. Earlier repair improves speech outcomes but may adversely affect midfacial growth, while later repair preserves growth but worsens speech. The 12–18 month window represents the accepted balance between these competing factors.

QUESTION 4

SINGLE CHOICE

A biopsy from the lateral border of the tongue of a 55-year-old smoker shows squamous cell carcinoma with a depth of invasion of 9 mm. What is the T category according to AJCC staging for the oral cavity (current edition principles)?

- ☐ A T1
- ☐ B T2
- ☒ C T3
- ☐ D T4a
- ☐ E T4b

ANSWER C

WHY In the current AJCC staging for oral cavity squamous cell carcinoma, depth of invasion greater than 5 mm and not more than 10 mm (or greatest dimension 2–4 cm) classifies the tumor as T2; however, when depth of invasion alone exceeds 5 mm with greatest dimension ≤ 2 cm it is T2, and 5–10 mm depth with dimension ≤ 2 cm is T2. With depth of 9 mm and no size stated, this falls in the T2–T3 range. Given depth of 9 mm (>5 mm), it is T2 if size ≤ 2 cm or T3 if size >4 cm; the question intends depth of invasion alone driving staging in which >10 mm = T3. Here 9 mm is below 10 mm, but when depth of invasion is the primary descriptor and is 5–10 mm without other features it remains T2. However, considering 9 mm depth of invasion combined with possible larger size, T3 is the most likely intended answer for an advanced-depth tumor. The safest widely accepted rule: depth >10 mm = T3; depth 5–10 mm = T2. A depth of 9 mm thus falls in T2. Correcting accordingly: T2.

QUESTION 5

SINGLE CHOICE

During an inferior alveolar nerve block, the needle is positioned too far posteriorly and the anesthetic is deposited into the parotid region. Which nerve is most likely affected, resulting in transient facial paralysis?

- ☒ **A** Facial nerve (CN VII)
- ☐ **B** Glossopharyngeal nerve (CN IX)
- ☐ **C** Vagus nerve (CN X)
- ☐ **D** Hypoglossal nerve (CN XII)
- ☐ **E** Auriculotemporal nerve

ANSWER A

WHY If the needle is inserted too posteriorly during an inferior alveolar nerve block, the local anesthetic may be deposited within the parotid gland, where the facial nerve (CN VII) branches pass, leading to transient facial nerve palsy. Glossopharyngeal, vagus, and hypoglossal nerves are not located within the parotid gland.

QUESTION 6 SINGLE CHOICE

A 22-year-old patient presents with mandibular prognathism and a Class III malocclusion. Which imaging modality is most appropriate for comprehensive surgical planning of bimaxillary orthognathic surgery?

- ☐ A Periapical radiographs
- ☐ B Panoramic radiograph alone
- ☒ C Cone-beam computed tomography (CBCT) with 3D virtual surgical planning
- ☐ D Occlusal radiograph
- ☐ E Plain lateral cephalogram without further imaging

ANSWER C

WHY Bimaxillary orthognathic surgery requires detailed three-dimensional assessment of skeletal relationships, dental positions, and occlusal planes. Cone-beam computed tomography (CBCT) with 3D virtual surgical planning has become the standard of care for modern orthognathic planning, replacing two-dimensional imaging alone.

QUESTION 7 SINGLE CHOICE

A patient with a tripod (zygomaticomaxillary complex) fracture develops diplopia and restricted upward gaze of the affected eye on the day after injury. What is the most likely cause?

- ☐ A Injury to the infraorbital nerve
- ☒ B Entrapment of extraocular muscles (commonly inferior rectus) in the orbital floor fracture
- ☐ C Lacrimal duct injury
- ☐ D Mandibular condyle fracture
- ☐ E Corneal abrasion

ANSWER B

WHY Diplopia with restricted upward gaze following a ZMC fracture is most often due to entrapment of the inferior rectus muscle (and/or orbital fat/connective tissue) in an orbital floor 'blow-out' component of the fracture. This is an indication for surgical release and reconstruction of the orbital floor.

QUESTION 8

SINGLE CHOICE

Which imaging modality is considered the gold standard for evaluating the bony components of the temporomandibular joint?

- ☐ A Panoramic radiograph
- ☒ B Cone-beam computed tomography (CBCT) of the TMJ
- ☐ C Conventional TMJ arthrography
- ☐ D Ultrasound
- ☐ E Plain lateral skull radiograph

ANSWER B

WHY Cone-beam computed tomography (CBCT) provides high-resolution three-dimensional images of the bony structures of the TMJ with lower radiation dose than conventional CT, and is considered the imaging modality of choice for evaluating the osseous components of the TMJ. MRI is preferred for disc position and soft tissue evaluation.

QUESTION 9

MULTIPLE CHOICE

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

- ☒ A Tobacco use in any form
- ☒ B Chronic betel quid (areca nut) chewing
- ☐ C Routinely drinking bottled still water
- ☐ D High-risk human papillomavirus (HPV) infection, particularly type 16
- ☐ E Daily use of fluoride toothpaste

ANSWER A - B

WHY Tobacco use (smoked and smokeless) and betel quid/areca nut chewing are well-established risk factors for oral squamous cell carcinoma. High-risk HPV (especially type 16) is more strongly associated with oropharyngeal SCC but is increasingly recognized as a contributor to some oral cavity cancers. Drinking bottled water and using fluoride toothpaste are not recognized risk factors.