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PRACTICE QUESTIONS

Saudi Commission For Health Specialties (SCFHS)

PEDOD

Pediatric Dentistry

EDITION

Demo

QUESTIONS

9

FORMAT

Limited Edition PDF

Before you begin

What this is

9 practice questions for Saudi Commission For Health Specialties (SCFHS) PED0D , 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, PED0D
- 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 4-year-old child presents with a spaced, U-shaped upper dental arch and an anterior open bite. The mother reports persistent mouth breathing, snoring at night, and restless sleep. Which is the most appropriate next step in management?

- ☒ **A** Refer the patient for evaluation of adenoid hypertrophy and possible sleep-disordered breathing before initiating any habit correction appliance.
- ☐ **B** Fabricate a tongue crib appliance immediately to discourage the tongue thrust habit.
- ☐ **C** Recommend a palatal expansion appliance to close the anterior open bite.
- ☐ **D** Reassure the parents that the open bite will self-correct with eruption of the permanent incisors.

ANSWER A

WHY A persistent anterior open bite, U-shaped maxillary arch, and history of mouth breathing with snoring are classic signs of adenoid hypertrophy and obstructive sleep-disordered breathing. Treating only the dental consequences (tongue crib, expansion, or watchful waiting) without addressing the airway can lead to treatment failure and ongoing harm. The standard of care is to refer for ENT/medical evaluation of the airway first.

QUESTION 2

SINGLE CHOICE

A cooperative 7-year-old requires restorative treatment on a primary mandibular first molar. The clinician wishes to reduce fear and anxiety while maintaining communication and a positive dental experience. Which behavior guidance technique is most appropriate as a first-line, non-pharmacologic approach?

- ☒ **A** Tell-show-do with positive reinforcement
- ☐ **B** Protective stabilization with a mouth prop
- ☐ **C** Conscious sedation with oral midazolam
- ☐ **D** Hand-over-mouth technique

ANSWER A

WHY Tell-show-do with positive reinforcement is the cornerstone non-pharmacologic behavior guidance technique taught and assessed on the SCFHS Pediatric Dentistry exam. It is appropriate for cooperative children and is tried before more invasive or pharmacologic options. Protective stabilization, oral sedation, and hand-over-mouth are reserved for specific indications and are not first-line.

QUESTION 3

MULTIPLE CHOICE

Which of the following are recommended, evidence-based caries-prevention strategies for a high-caries-risk 8-year-old child? (Choose two.)

- ☒ **A** Application of pit-and-fissure sealants on the permanent first molars
- ☒ **B** Daily self-applied topical fluoride via a pea-sized amount of 1000 ppm fluoride toothpaste
- ☐ **C** Recommending frequent between-meal consumption of sticky fruit-based snacks
- ☐ **D** Leaving incipient enamel lesions on permanent first molars unrestored without monitoring

ANSWER A - B

WHY For a high-caries-risk child, fissure sealants on permanent first molars and supervised use of fluoridated toothpaste (around 1000 ppm for school-aged children, pea-sized amount) are both standard, evidence-based preventive measures. Frequent sticky snacks increase caries risk and are not recommended. Incipient enamel lesions in a high-risk child should be monitored and managed preventively (e.g., fluoride varnish, sealants if cavitated), not left without review.

QUESTION 4

SINGLE CHOICE

A 3-year-old presents with multiple carious lesions on the upper anterior teeth and the primary molars. The lesions on the labial surfaces of the upper incisors are circumferential and extend gingivally. Which is the most likely diagnosis?

- ☒ **A** Early childhood caries (ECC) with a severe early childhood caries (S-ECC) pattern
- ☐ **B** Nursing bottle caries in a child who exclusively breastfeeds at night after 12 months of age
- ☐ **C** Rampant caries due to amelogenesis imperfecta
- ☐ **D** Acute herpetic gingivostomatitis with secondary caries

ANSWER A

WHY The presentation — multiple carious lesions in a child under 6 with involvement of the upper anteriors and the molars — fits early childhood caries, and the pattern (circumferential labial lesions on maxillary incisors) suggests the severe form (S-ECC). Breastfeeding after 12 months is a recognized contributing factor, but within the ECC/S-ECC diagnostic framework. Amelogenesis imperfecta has generalized enamel defects, not focal cervical caries, and herpetic gingivostomatitis is an acute soft-tissue infection, not a caries pattern.

QUESTION 5

SINGLE CHOICE

A primary mandibular second molar in a 5-year-old has deep caries with spontaneous pain, a draining parulis on the buccal gingiva, and radiographically shows interradicular radiolucency. The tooth is restorable. Which is the most appropriate pulp therapy?

- ☐ A Indirect pulp capping with a calcium-based liner
- ☐ B Pulpotomy using formocresol or ferric sulfate
- ☐ C Pulpectomy with obturation using a resorbable filling material (e.g., zinc oxide eugenol paste)
- ☒ D Extraction and placement of a space maintainer

ANSWER D

WHY Signs of irreversible pulpitis/necrosis with interradicular (not periapical) radiolucency on a primary molar indicate pulp necrosis with possible early furcal involvement. In a primary tooth with a draining sinus and interradicular radiolucency, pulpectomy success is poor and extraction with a space maintainer is indicated when the tooth is otherwise restorable but pulpal prognosis is unfavorable. Indirect pulp capping and pulpotomy are contraindicated in the presence of necrosis or furcal radiolucency.

QUESTION 6

SINGLE CHOICE

A 9-year-old sustains an enamel-dentin fracture (no pulp exposure) of the permanent maxillary central incisor within the first hour of injury. The fragment is recovered and is a good fit. What is the most appropriate immediate management?

- ☒ **A** Reattach the fragment using adhesive and flowable composite, after confirming the tooth tests vital and is otherwise stable.
- ☐ **B** Perform a pulpectomy and obturate the canal before fragment reattachment.
- ☐ **C** Extract the coronal fragment, perform root canal therapy, and restore with a post and core.
- ☐ **D** Disregard the fragment and place only an interim restoration until the patient is older.

ANSWER A

WHY For an uncomplicated crown fracture of a permanent incisor with a recovered, well-fitting fragment, the standard of care is to reattach the fragment using an adhesive technique, provided the tooth is otherwise sound and the pulp remains vital. Pulp therapy is not indicated without pulp exposure or signs of necrosis, and extraction is not warranted. Disregarding the fragment misses the best aesthetic and functional outcome in a growing child.

QUESTION 7

MULTIPLE CHOICE

Which of the following are appropriate indications for placement of a space maintainer in a 6-year-old child in the mixed dentition? (Choose two.)

- ☒ **A** Early loss of a primary second molar with the permanent first molar already erupted and the permanent premolar not yet visible radiographically
- ☐ **B** Early loss of a primary central incisor in a 5-year-old with normal development of the permanent successors
- ☐ **C** Loss of a primary first molar with intact primary second molar and developing premolar
- ☒ **D** Loss of a primary second molar on one side in a child with a coincident ectopic eruption of the first permanent molar creating mesial drift risk

ANSWER **A • D**

WHY Early loss of a primary second molar is a classic indication for a space maintainer because it holds the space for the developing premolar; if the permanent first molar is already erupted and the premolar unerupted, the risk of mesial drift is high. Ectopic eruption of the first permanent molar with a primary second molar present can also lead to premature loss of that primary molar and indicates the need for space maintenance/interceptive care. Early loss of a primary central incisor before age 5–6 is generally not space-maintained because arch length is not at risk, and loss of a primary first molar with an intact second molar and developing premolar typically does not require a space maintainer.

QUESTION 8

SINGLE CHOICE

A 10-year-old presents with multiple brown macules on the lips, buccal mucosa, and perioral skin. The lesions are discrete, do not blanch, and the patient reports occasional gastrointestinal discomfort. Which is the most appropriate next step?

- ☐ A Reassure the family — these are freckles with no clinical significance.
- ☒ B Refer to pediatric gastroenterology for evaluation of Peutz-Jeghers syndrome and screen for associated malignancies.
- ☐ C Prescribe topical steroid therapy and review in 2 weeks.
- ☐ D Perform an incisional biopsy of the largest macule to rule out melanoma.

ANSWER B

WHY Multiple mucocutaneous melanotic macules in a child, especially with GI symptoms, should raise suspicion for Peutz-Jeghers syndrome — an autosomal dominant condition with hamartomatous GI polyps and increased risk of gastrointestinal and other malignancies. Referral for genetic evaluation and GI screening is the appropriate next step. The lesions are not simple freckles, not inflammatory (so topical steroids are inappropriate), and biopsy is not the first-line step given the syndromic concern.

QUESTION 9

SINGLE CHOICE

An otherwise healthy 4-year-old (ASA I) requires extensive restorative treatment and has been uncooperative for multiple visits using tell-show-do and protective stabilization. Which is the most appropriate level of sedation to consider for safe and effective completion of treatment in an office setting?

- ☒ **A** Inhalation conscious sedation with nitrous oxide/oxygen, titrated, with local anesthesia and standard monitoring.
- ☐ **B** Oral conscious sedation with a combination of chloral hydrate, hydroxyzine, and meperidine as a routine first-line office protocol.
- ☐ **C** Deep sedation with intravenous propofol administered by the operating dentist without additional anesthesia support.
- ☐ **D** General anesthesia in a hospital operating room without any prior attempt at lighter sedation.

ANSWER A

WHY For a healthy, mildly-to-moderately uncooperative preschool child, titrated inhalation sedation with nitrous oxide/oxygen combined with local anesthesia and appropriate monitoring is the standard, safest first-line pharmacologic option in an office setting. The Demerol/Phenergan/Thorazine (or chloral hydrate–hydroxyzine–meperidine) combinations have largely been abandoned due to safety concerns. Propofol deep sedation requires an anesthesia-trained provider, and proceeding straight to GA without a trial of lighter sedation is not the standard stepwise approach.