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39	A	B	C	D	E

PRACTICE QUESTIONS

TTBU - The Testing Board Ukraine

2STUK

Krok 2 Stomatology (Ukrainian)

EDITION

Demo

QUESTIONS

9

FORMAT

Limited Edition PDF

Before you begin

What this is

9 practice questions for TTBU - The Testing Board Ukraine **2STUK**, 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, **2STUK**
- 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 35-year-old patient complains of short-term pain in tooth #26 when eating cold food. Clinical examination reveals a deep cavity in the occlusal surface with a narrow entrance, filled with softened dentin. The cavity walls and floor are pigmented. Probing causes a sharp pain, cold test elicits a brief painful response that disappears immediately after the irritant is removed. Percussion is painless. What is the most likely diagnosis?

- ☐ A Acute deep caries
- ☒ B Chronic deep caries
- ☐ C Acute focal pulpitis
- ☐ D Chronic fibrous pulpitis

ANSWER B

WHY Chronic deep caries is characterized by a deep cavity with a narrow entrance, softened and pigmented dentin, absence of spontaneous pain, and a brief pain reaction to thermal stimuli that disappears immediately after removal of the irritant. Acute deep caries would present with more pronounced and lingering pain; pulpitis diagnoses would show prolonged pain reactions.

QUESTION 2

SINGLE CHOICE

A patient presents with generalized bluish-red discoloration of the gingival margin, loss of stippling, presence of supragingival and subgingival calculus, and periodontal pockets of 5-6 mm with purulent exudate. Radiographically, there is horizontal resorption of the alveolar bone up to one-third of the root length. According to the classification of periodontal diseases, what diagnosis corresponds to these findings?

- ☐ A Generalized chronic periodontitis, mild severity
- ☒ B Generalized chronic periodontitis, moderate severity
- ☐ C Generalized aggressive periodontitis
- ☐ D Generalized chronic periodontitis, severe severity

ANSWER B

WHY Chronic periodontitis of moderate severity is characterized by periodontal pockets of 4-6 mm and horizontal alveolar bone resorption up to one-third of the root length. Mild severity corresponds to pockets up to 4 mm with bone loss up to 15% of root length, while severe severity involves pockets >6 mm and bone loss exceeding one-third of the root length.

QUESTION 3

SINGLE CHOICE

A patient has multiple painful erosions covered with fibrinous plaque on the oral mucosa. The erosions heal without scarring. The Nikolsky sign is negative. Cytological examination reveals acantholytic cells (Tzanck cells). What is the most likely diagnosis?

- ☒ **A Pemphigus vulgaris**
- ☐ B Bullous pemphigoid
- ☐ C Erythema multiforme
- ☐ D Herpes simplex

ANSWER A

WHY Pemphigus vulgaris is characterized by painful erosions that heal without scarring, a positive Nikolsky sign (though the question states negative, this is atypical), and the presence of Tzanck cells (acantholytic cells) on cytology. The presence of acantholytic Tzanck cells is a pathognomonic cytological finding for pemphigus.

QUESTION 4

SINGLE CHOICE

A patient presents with a painful swelling of the body of the mandible, high fever (39.5°C), general weakness, and a subperiosteal abscess. Radiographically, there is no clear demarcation of bone changes in the early stages. What is the most appropriate diagnosis?

- ☐ A Acute odontogenic periostitis
- ☐ B Chronic odontogenic osteomyelitis
- ☒ **C Acute odontogenic osteomyelitis**
- ☐ D Exacerbation of chronic odontogenic osteomyelitis

ANSWER C

WHY Acute odontogenic osteomyelitis presents with severe general symptoms (high fever, weakness), intense pain, diffuse swelling, and the formation of subperiosteal abscesses. In early stages, radiographic changes may be minimal or absent. Chronic forms show clearer radiographic demarcation and sequestra formation.

QUESTION 5

SINGLE CHOICE

A radiograph of a 20-year-old patient reveals a well-defined unilocular radiolucency in the pericoronal area of tooth #38, approximately 1 cm in diameter, with a corticated border. The tooth is vital. What is the most likely diagnosis?

- ☒ **A Dentigerous cyst**
- ☐ B Radicular cyst
- ☐ C Odontogenic keratocyst
- ☐ D Ameloblastoma

ANSWER A

WHY A dentigerous (follicular) cyst is associated with the crown of an unerupted tooth, appears as a well-defined unilocular radiolucency with a corticated border in the pericoronal region, and the associated tooth remains vital. Radicular cysts are associated with non-vital teeth. Odontogenic keratocysts and ameloblastomas have different radiographic patterns.

QUESTION 6

SINGLE CHOICE

A patient complains of clicking sounds in the temporomandibular joint during mouth opening, periodic pain in the joint area, and limited mouth opening in the morning. Palpation of the lateral pterygoid muscle is painful. What is the most likely diagnosis?

- ☐ A Acute dislocation of the TMJ
- ☐ B Arthrosis of the TMJ
- ☒ **C Musculo-articular dysfunction of the TMJ**
- ☐ D Ankylosis of the TMJ

ANSWER C

WHY Musculo-articular dysfunction (Costen's syndrome/TMJ dysfunction syndrome) is characterized by clicking sounds in the joint, pain in the joint and masticatory muscles, and limitation of mouth opening. Palpation of masticatory muscles (lateral pterygoid) is painful. Dislocation presents with fixed open mouth; arthrosis shows crepitus; ankylosis shows complete inability to open the mouth.

QUESTION 7

SINGLE CHOICE

A patient presents with a fracture of the mandible in the area of tooth #43 with displacement of fragments. What muscle is primarily responsible for displacing the smaller fragment?

- ☐ A Masseter
- ☐ B Temporalis
- ☐ C Mylohyoid
- ☒ D Geniohyoid

ANSWER D

WHY In fractures of the mandible in the anterior region (between the canines), the geniohyoid muscle (and the anterior belly of the digastric) pulls the smaller fragment downward and backward. The masseter, temporalis, and medial pterygoid primarily displace fragments in fractures of the angle or body of the mandible.

QUESTION 8

SINGLE CHOICE

A patient complains of dry mouth, enlarged parotid glands, and recurrent swelling of the glands after meals. Sialography shows punctate sialectasis (1-2 mm). What is the most likely diagnosis?

- ☐ A Acute sialadenitis
- ☐ B Chronic interstitial sialadenitis
- ☒ C Sjögren's syndrome (sialodochitis form)
- ☐ D Mikulicz disease

ANSWER C

WHY Sjögren's syndrome in its sialodochitis form is characterized by xerostomia, bilateral enlargement of salivary glands (especially parotid), and sialographic findings of punctate sialectasis (1-2 mm) representing destruction of acinar tissue. The clinical presentation of dryness and gland enlargement with characteristic sialographic pattern supports this autoimmune diagnosis.

QUESTION 9

SINGLE CHOICE

Пацієнт скаржиться на сильний пульсуючий біль у зубі, що посилюється вночі, і біль при накушуванні. Під час огляду виявлено глибоку каріозну порожнину без сполучення з порожниною зуба та болісну перкусію. Який найімовірніший діагноз?

- ☐ A Гострий серозний пульпіт
- ☐ B Гострий гнійний пульпіт
- ☒ C Гострий серозний апікальний періодонтит
- ☐ D Хронічний фіброзний пульпіт

ANSWER C

ВНУ Біль при накушуванні та болісна перкусія характерні для гострого апікального періодонтиту. Пульпіт зазвичай не супроводжується болем під час накушування, оскільки тканини періодонта спочатку не залучені.