Oral exam questions

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| **Question #** | **Field** | **Question** | **Answer** |
| 1 | **Periodontal Diseases** | **What is the Gingival Index and who develop it?** | * **Gingival Index (GI): LÖe and Silness (1963):** * **4 surfaces (M,D,B,L) on selected or all teeth scored to:**   **\*O: Normal Gingiva**  **\*1: Mild Inflammation: slight change in color, slight edema, no bleeding on probing**  **\*2: Moderate Inflammation: redness, edema and glazing. Bleeding on probing**  **\*3: Severe Inflammation: marked redness and edema. Ulceration. Tendency to spontaneous bleeding** |
| 2 | **Periodontal Diseases** | **Periodontal index (PI) was developed by Russel (1956). Is it a valid index?** | * **PI is not a valid index because:**  1. **It did not measure loss of attachment** 2. **Scored all pockets of 3mm and more equally** 3. **Scored gingivitis and periodontitis on the same weighted scale** |
| 3 | **Periodontal Diseases** | **Is the Periodontal Disease Index (PDI), Described by Ramfjord (1959) a valid index? What did this index contribute to periodontal research?** | * **Periodontal Disease Index (PDI): Described by Ramfjord (1959). It is a composite index, like PI.** * **PDI introduced the indirect method of measuring loss of periodontal attachment (LPA).** * **Used 6 teeth to represent the whole mouth (Ramfjord teeth: # 16, 21, 24, 36, 41, 44)** |
| 4 | **Periodontal Diseases** | **What is the difference between Gingival Index and Modified Gingival Index?** | **Modified Gingival Index (MGI): similar to GI, except that bleeding on probing was eliminated** |
| 5 | **Periodontal Diseases** | **What are the indexes used to assess the level of plaque and calculus?** | **Simplified Oral Hygiene Index (OHI-S) and Volpe-Manhold index have been used to assess the level of plaque and calculus** |
| 6 | **Periodontal Diseases** | **What is the limitation of clinical attachment loss?** | * **CAL records the past disease history and does not indicate the present disease activity (Cytokines: inflammatory mediators maybe good markers of active disease).** |
| 7 | **Periodontal Diseases** | **Is periodontal Treatment Needs (PTNS/CPITN) a valid index to assess periodontal disease?** |  |
| 8 | **Periodontal Diseases** | **What do you know about Longitudinal study of periodontal disease of tea workers in Sri Lanka (LÖe et al., 1986)** | * **Longitudinal study of periodontal disease of tea workers in Sri Lanka (LÖe et al., 1986):**   **- 480 participants examined over 15-year period**   * **Oral hygiene was poor**   **Only 8% demonstrated rapid progression of PD, 81% moderate progression, and 11% no progression beyond gingivitis (i.e., range of disease susceptibility)** |
| 9 | **Periodontal Diseases** | **How does plaque play a role into the disease process of gingivitis and periodontitis?** |  |
| 10 | **Periodontal Diseases** | **Janket et al. (2003) did a meta-analysis and found that overall OR for the association between PD and CHD was 1.19 with 95% confidence interval =**  **[1.08 – 1.32]. what does that mean?** | **Patients who have PD have 19% increase in developing CHD compared to patients who do not have PD. This difference is statistically significant because the 95% confidence interval does not contain 1.** |
| 11 | **Periodontal Diseases** | **How can smoking explain the association between PD and CHD?** | * ***Periodontitis-systemic disease association has not been identified***   ***among never-smokers***   * ***Periodontitis and smoking are associated with similar health risks*** * ***Conflicting study results can be explained in terms of statistical***   ***adjustment for tobacco smoking***   * ***Dental infection elimination through complete tooth removal, unlike***   ***smoking cessation, does not reduce health risk*** |