

PRACTICE EXAM 3: INTEGRATED NATIONAL BOARD DENTAL EXAMINATION (INBDE) SIMULATION (500 QUESTIONS)

This practice exam contains 500 questions covering the Domain of Dentistry's Clinical Content areas (Diagnosis and Treatment Planning, Oral Health Management, Practice and Profession) integrated with Foundation Knowledge areas, consistent with official INBDE test specifications. The actual INBDE is administered over two days (Day 1: 360 items in 8 hours 15 minutes; Day 2: 140 items in 4 hours 15 minutes) by the Joint Commission on National Dental Examinations (JCNDE) via Prometric. Scores are reported on a criterion-referenced scale of 49-99, with a minimum passing scale score of 75. Select the single BEST answer for each question.

1. A 6-year-old presents with fever, drooling, and painful vesicular lesions on the gingiva and buccal mucosa that have progressed to ulcers. The MOST likely diagnosis is
 - A. primary herpetic gingivostomatitis
 - B. recurrent aphthous stomatitis
 - C. herpangina
 - D. hand-foot-and-mouth disease

2. Which radiographic finding is MOST consistent with a periapical granuloma rather than a radicular cyst?
 - A. Well-corticated radiolucent border over 2 cm in diameter
 - B. Expansion of the buccal and lingual cortical plates
 - C. Displacement of adjacent tooth roots
 - D. Diffuse, poorly defined radiolucency under 1 cm

3. A dentist notices unusual score fluctuations are being investigated by DTS for a candidate who tested at their office as a proctor. Under JCNDE policy, the dentist's obligation is to

- A. advise the candidate on how to appeal
- B. cooperate fully with the testing irregularity investigation
- C. decline involvement since they are not the Governing Body
- D. only respond if subpoenaed by a court

4. A patient reports severe, lingering pain to cold that resolves slowly after the stimulus is removed, with no response to percussion. This finding is MOST consistent with

- A. reversible pulpitis
- B. acute apical periodontitis
- C. symptomatic irreversible pulpitis
- D. cracked tooth syndrome

5. Interpretation of a panoramic radiograph showing bilateral radiolucent lesions at the mandibular angles in a patient with multiple basal cell nevi should raise suspicion for

- A. Gorlin-Goltz syndrome
- B. Garre osteomyelitis
- C. cherubism
- D. Paget disease of bone

6. For a patient with symptomatic irreversible pulpitis and a hopeless restorative prognosis, the FIRST step in emergency management should be

- A. prescribe a narcotic analgesic and reschedule for a later date
- B. place a sedative dressing and observe without further intervention
- C. provide pulpal debridement or extraction to remove the source of pain
- D. prescribe an antibiotic and delay treatment pending extraction later

7. A dental practice's written catastrophe preparedness plan is BEST evaluated for adequacy by confirming that it

- A. is filed only with the state licensing board
- B. addresses fire and severe weather exclusively
- C. is reviewed once at the time the practice opens
- D. assigns specific staff roles and is reviewed periodically

8. Which laboratory value would be the MOST important to review before extracting teeth in a patient with a known history of alcohol use disorder and suspected hepatic dysfunction?

- A. Fasting blood glucose
- B. INR/prothrombin time
- C. Serum calcium
- D. Thyroid-stimulating hormone

9. The MOST appropriate initial management of a healthy adult who becomes unresponsive and stops breathing normally in the dental chair is to

- A. activate emergency medical services and begin chest compressions
- B. administer sublingual nitroglycerin
- C. place the patient supine and administer 100% oxygen only
- D. administer intramuscular epinephrine immediately

10. A 45-year-old with type 2 diabetes and an HbA1c of 9.5% presents for routine restorative care. The MOST appropriate clinical consideration is that this patient

- A. cannot receive any dental treatment until glycemic control improves
- B. has an increased risk of delayed healing and infection
- C. should be premedicated with prophylactic antibiotics for all procedures
- D. requires general anesthesia for any restorative procedure

11. Communication with a dental laboratory technician regarding a fixed partial denture case is MOST complete when the prescription includes

- A. only the shade and material to be used
- B. the technician's preferred design without input
- C. design, material, occlusal scheme, and margin locations
- D. verbal instructions given at chairside only

12. A candidate who has failed the INBDE four times within the preceding 12 months, per the 5 Years/5 Attempts Eligibility Rule, must wait how long before their next eligible attempt?

- A. 30 days from the most recent attempt
- B. 60 days from the most recent attempt
- C. Until the 5-year window resets entirely
- D. 12 months from their first attempt in that 12-month period

13. A periapical radiograph shows a well-defined unilocular radiolucency at the apex of a nonvital mandibular first molar with root resorption of the adjacent second molar. The MOST likely diagnosis is

- A. traumatic bone cyst
- B. dentigerous cyst
- C. ameloblastoma
- D. radicular cyst

14. Local anesthesia with an inferior alveolar nerve block fails to achieve pulpal anesthesia in a mandibular molar with symptomatic irreversible pulpitis. The MOST appropriate next step is

- A. supplemental intraosseous or PDL injection
- B. repeating the same block at a higher volume
- C. switching to topical anesthetic only
- D. proceeding with treatment under nitrous oxide alone

15. Which finding on physical exam is MOST suggestive of a fractured mandible requiring imaging beyond a panoramic radiograph?

- A. Mild trismus without malocclusion
- B. Step deformity with malocclusion and sublingual hematoma
- C. Isolated soft tissue laceration of the lower lip
- D. Localized gingival swelling without mobility

16. A patient taking a bisphosphonate for osteoporosis requires an extraction. The MOST appropriate management approach is to

- A. refuse all extractions indefinitely
- B. discontinue the medication two weeks prior without consultation
- C. consult with the prescribing physician and use conservative surgical technique
- D. proceed without any modification to protocol

17. Which of the following is required documentation for maintaining patient records under jurisprudence and ethical standards?

- A. Records may be discarded once treatment concludes
- B. Only billing records must be retained
- C. Records may be altered retroactively if legible
- D. Contemporaneous, accurate, and retrievable clinical entries

18. A patient with a Class III malocclusion secondary to mandibular prognathism is BEST managed in adulthood by

- A. orthodontics alone regardless of skeletal severity
- B. combined orthodontic-orthognathic surgical treatment
- C. extraction of mandibular anteriors only
- D. observation without intervention

19. A patient's chief complaint of a 'burning sensation on the tongue' with no visible mucosal lesions and normal hematologic workup is MOST consistent with

- A. burning mouth syndrome
- B. erythroplakia
- C. geographic tongue
- D. median rhomboid glossitis

20. Under OSHA Bloodborne Pathogens Standard requirements applicable to dental practices, an exposure control plan must be reviewed and updated

- A. only when a new employee is hired
- B. once at the time the practice is licensed
- C. at least annually
- D. only after an actual exposure incident occurs

21. A patient with chronic generalized periodontitis and 6-8 mm pockets with radiographic horizontal bone loss is MOST appropriately managed initially with

- A. immediate periodontal surgery
- B. scaling and root planing with reevaluation
- C. systemic antibiotics alone
- D. extraction of all affected teeth

22. Interpretation of vitality testing showing a delayed, lingering response to cold on a maxillary incisor with a history of trauma 6 months ago is MOST consistent with

- A. normal pulpal status with no abnormal findings noted
- B. pulp necrosis with complete, irreversible loss of vitality
- C. pulp canal obliteration with reduced but present vitality
- D. external cervical resorption near the cemento-enamel junction

23. Which pharmacologic agent is the FIRST-line choice for management of an acute anaphylactic reaction in the dental office?

- A. Diphenhydramine intramuscularly
- B. Albuterol inhaler
- C. Hydrocortisone intravenously
- D. Epinephrine intramuscularly

24. A patient reports a family history of early tooth loss and clinical exam reveals generalized attrition with thin enamel exposing dentin on most posterior teeth since childhood. This presentation is MOST consistent with

- A. amelogenesis imperfecta
- B. dentinogenesis imperfecta
- C. fluorosis
- D. enamel hypoplasia from trauma

25. Regarding informed consent, a dentist who proceeds with treatment materially different from what was discussed and consented to is MOST at risk of

- A. no liability if the outcome is favorable
- B. liability only if a third party witnessed the conversation
- C. a claim of battery or lack of informed consent
- D. liability only under criminal, not civil, law

26. A 3-year-old presents with multiple carious lesions on the smooth surfaces of the maxillary anterior teeth with relative sparing of the mandibular incisors. This pattern is MOST characteristic of

- A. rampant caries from xerostomia
- B. fluorosis-associated caries
- C. root caries
- D. early childhood caries from nursing habits

27. Which statement regarding the biologic width around a natural tooth is MOST accurate?

- A. It consists only of the sulcus depth
- B. Violation during restorative procedures can cause chronic gingival inflammation
- C. It has no clinical relevance to crown margin placement
- D. It is unrelated to periodontal attachment

28. An edentulous patient with severe mandibular ridge resorption and poor denture retention is BEST managed with

- A. implant-retained overdenture
- B. a heavier conventional denture base
- C. denture adhesive as the sole solution long-term
- D. observation without prosthodontic intervention

29. A patient on warfarin therapy with an INR of 2.8 requires a single tooth extraction. The MOST appropriate management is to

- A. discontinue warfarin for one week prior
- B. proceed with local hemostatic measures without discontinuing warfarin
- C. bridge to heparin regardless of indication
- D. refer for hospital admission for any extraction

30. Under HIPAA, a dental practice's obligation regarding a patient's request to review their own records is that the practice must

- A. deny requests unless a court order is presented
- B. charge an unrestricted fee to release records
- C. only release records to the patient's employer
- D. provide access within the timeframe required by law

31. A radiograph reveals a 'sunburst' periosteal reaction in the posterior mandible of a young patient with a rapidly enlarging swelling. This finding is MOST suggestive of

- A. osteosarcoma
- B. ameloblastoma
- C. odontogenic keratocyst
- D. cementoblastoma

32. A patient develops trismus, swelling, and difficulty swallowing several days after extraction of a mandibular third molar, with fever. The MOST likely diagnosis requiring urgent referral is

- A. dry socket
- B. normal postoperative inflammation
- C. space infection (e.g., submasseteric or lateral pharyngeal)
- D. temporomandibular joint sprain

33. Which medication combination poses the GREATEST risk of serotonin syndrome when a dentist prescribes tramadol?

- A. Amoxicillin
- B. Acetaminophen
- C. A proton pump inhibitor
- D. An SSRI antidepressant

34. A dentist who advertises specialty credentials they have not completed, in a jurisdiction requiring board certification for such claims, has MOST likely violated

- A. jurisprudence and ethical advertising standards
- B. no rule, since advertising is a business decision
- C. only federal, not state, regulations
- D. HIPAA privacy requirements

35. Radiographic evaluation of a maxillary lateral incisor with a 'ghost-like' widened periodontal ligament space and lack of a distinct lamina dura following avulsion and delayed replantation suggests

- A. normal healing
- B. ankylosis (replacement resorption)
- C. internal resorption
- D. periapical cemental dysplasia

36. A patient reports chronic bruxism with generalized flattened occlusal surfaces and reports of morning jaw fatigue. The FIRST-line conservative management is

- A. full-mouth reconstruction immediately
- B. extraction of all posterior teeth
- C. occlusal splint therapy and behavioral modification
- D. orthognathic surgery

37. Which of the following BEST describes the mechanism of action of amoxicillin used to prevent infective endocarditis in an at-risk patient prior to an invasive procedure?

- A. Inhibits bacterial protein synthesis at the 30S ribosome
- B. Inhibits folic acid synthesis
- C. Inhibits bacterial DNA gyrase
- D. Inhibits bacterial cell wall synthesis by binding penicillin-binding proteins

38. A patient with a history of head and neck radiation therapy is at GREATEST risk for which complication following an extraction in the irradiated field?

- A. Osteoradionecrosis
- B. Dry socket only
- C. Ankylosis of the TMJ
- D. Xerostomia unrelated to extraction

39. When evaluating scientific literature to guide a treatment decision, the STRONGEST level of evidence is generally provided by

- A. expert opinion without supporting empirical data
- B. a single, anecdotal case report
- C. a well-designed systematic review of randomized controlled trials
- D. anecdotal clinical experience alone, unsupported by data

40. A 60-year-old edentulous patient presents with a white, non-scrapable patch on the lateral tongue that has been present for 3 months. The MOST appropriate next step is

- A. reassurance with no further workup
- B. biopsy of the lesion
- C. prescribe an antifungal without biopsy
- D. observation for one year before any action

41. Which statement regarding the pathophysiology of periodontal disease is MOST accurate?

- A. Bone loss is caused directly by bacterial enzymes alone
- B. Calculus alone directly causes attachment loss without bacteria
- C. Periodontal disease is unrelated to the host immune response
- D. Host inflammatory response, not bacteria alone, mediates most tissue destruction

42. A patient with a documented severe allergy to sulfonamides should AVOID which local anesthetic-related component?

- A. Lidocaine itself, the active anesthetic agent
- B. Sodium metabisulfite (antioxidant preservative in some cartridges)
- C. Sodium chloride, used as an inert diluent
- D. Epinephrine, the added vasoconstrictor agent

43. A practice implementing a quality assurance program to reduce restoration failures should FIRST

- A. establish baseline data and identify patterns before intervening

- B. immediately replace all existing restorations
- C. terminate the responsible clinician
- D. discontinue the procedure entirely

44. A dentist managing allied dental health personnel is responsible for ensuring that a dental assistant performing expanded functions

- A. may perform any procedure the dentist verbally permits
- B. requires no supervision once trained once
- C. is credentialed and supervised in accordance with state regulations
- D. can independently diagnose and treatment plan

45. A patient with Sjogren syndrome and severe xerostomia is at INCREASED risk for which oral condition?

- A. Decreased caries risk
- B. Rampant caries and candidiasis
- C. Decreased periodontal disease risk
- D. No change in oral disease risk

46. Which histologic feature is CHARACTERISTIC of ameloblastoma on biopsy?

- A. Peripheral palisading of columnar ameloblast-like cells with reverse polarity
- B. Sheets of plasma cells only
- C. Granulomatous inflammation with giant cells
- D. Keratin-filled cystic spaces exclusively

47. A patient develops a burning sensation and white striations in a lacy, reticular pattern bilaterally on the buccal mucosa. The MOST likely diagnosis is

- A. leukoplakia

- B. candidiasis
- C. lichen planus
- D. nicotine stomatitis

48. A dental practice's obligation to report suspected child abuse or neglect observed during an exam is BEST described as

- A. discretionary and optional in all states
- B. only required if the child discloses abuse verbally
- C. the sole responsibility of physicians, not dentists
- D. a mandated reporting duty in most jurisdictions

49. Which finding differentiates a traumatic bone cyst from other radiolucent jaw lesions on a periapical radiograph?

- A. Well-corticated border with clear tooth root displacement
- B. Multilocular 'soap bubble' appearance with cortical expansion
- C. Scalloping between roots without displacing teeth, often with vital teeth
- D. Sunburst periosteal reaction pattern seen on imaging

50. A patient with poorly controlled hypertension (BP 175/108) presents for an elective extraction. The MOST appropriate action is to

- A. proceed immediately as scheduled
- B. administer additional epinephrine to manage anxiety
- C. proceed but omit any local anesthetic
- D. defer elective treatment and refer for medical evaluation

51. A 4-year-old presents with multiple hypoplastic pits on the first permanent molars and incisal edges, with a history of high fever during infancy. This is MOST consistent with

- A. molar-incisor hypomineralization
- B. amelogenesis imperfecta
- C. dentin dysplasia
- D. regional odontodysplasia

52. A radiograph of a mandibular premolar shows internal resorption presenting as a symmetric, balloon-shaped radiolucent enlargement of the pulp chamber. The MOST appropriate treatment is

- A. observation only
- B. nonsurgical root canal therapy
- C. extraction as the only option
- D. periodontal surgery

53. A dentist discovers that a staff member has been accessing patient records without a treatment-related reason. The MOST appropriate action consistent with practice management and jurisprudence obligations is to

- A. ignore it since no harm resulted
- B. investigate, address the HIPAA violation, and retrain or discipline as needed
- C. terminate the employee without any documentation
- D. report only if the patient complains first

54. Interpretation of a bitewing radiograph showing radiolucency extending into the outer third of dentin without cavitation on clinical exam is MOST consistent with

- A. a lesion appropriate for remineralization monitoring or minimally invasive restoration
- B. a lesion requiring immediate pulpotomy
- C. a lesion indicating pulp necrosis
- D. a normal radiographic variant requiring no action

55. A patient with a suspected oral squamous cell carcinoma of the lateral tongue should be referred for a biopsy that includes

- A. only the center of the ulcer
- B. cytology brush testing exclusively
- C. a representative margin including adjacent normal-appearing tissue
- D. no tissue sampling, only clinical observation

56. Which agent is the drug of choice for prophylaxis against infective endocarditis in a penicillin-allergic patient with a qualifying cardiac condition undergoing an invasive dental procedure?

- A. Amoxicillin at a reduced dose
- B. Vancomycin only, regardless of allergy severity
- C. Metronidazole
- D. Azithromycin, clarithromycin, or doxycycline

57. A practice's informatics system storing electronic health records must, at minimum, ensure

- A. records are accessible by any staff member without restriction
- B. no backup is necessary if cloud-based
- C. passwords are shared for efficiency
- D. appropriate access controls and audit trails to protect patient data

58. A patient with a large periapical radiolucency on a maxillary lateral incisor that tests vital on pulp testing MOST likely has

- A. a radicular cyst of endodontic origin
- B. a lateral periodontal cyst or other non-endodontic lesion
- C. pulp necrosis with chronic periapical abscess formation
- D. internal resorption occurring within the pulp chamber

59. Evaluation of outcomes after comprehensive dental care for a patient who received multiple restorations and a fixed prosthesis should include assessment of

- A. esthetics only
- B. cost to the practice only
- C. function, esthetics, periodontal health, and patient satisfaction
- D. radiographic appearance alone

60. A patient presents with a solitary, well-circumscribed radiopaque mass fused to the root apex of a mandibular first molar, with the tooth remaining vital. This is MOST consistent with

- A. cementoblastoma
- B. osteosarcoma
- C. ameloblastic fibroma
- D. central giant cell granuloma

61. A patient reports intermittent, severe unilateral facial pain described as electric shock-like, triggered by light touch to the cheek, lasting seconds. This presentation is MOST consistent with

- A. myofascial pain
- B. trigeminal neuralgia
- C. temporal arteritis
- D. cluster headache

62. Which action BEST reflects a dentist's obligation to practice within their scope of competence?

- A. Attempting complex surgical cases without adequate training to save time
- B. Avoiding continuing education to save cost
- C. Delegating diagnosis to an unlicensed staff member
- D. Referring a complex endodontic retreatment case to an endodontist when appropriate

63. A patient with hemophilia A requiring a surgical extraction should be managed with prior coordination involving

- A. a hematologist for factor replacement planning
- B. no special precautions since bleeding is manageable locally
- C. discontinuation of all clotting factor therapy before surgery
- D. aspirin premedication to reduce inflammation

64. Which of the following BEST describes the appropriate use of an informatics tool such as a clinical decision support system in a dental practice?

- A. Replacing clinical judgment entirely
- B. Eliminating the need for a thorough medical history
- C. Assisting the clinician by flagging potential drug interactions and allergies
- D. Only useful for billing purposes

65. A radiograph showing a 'ground-glass' appearance of the mandible with loss of normal trabecular pattern in a patient with elevated serum alkaline phosphatase and no other symptoms is MOST suggestive of

- A. fibrous dysplasia
- B. osteomyelitis
- C. central giant cell granuloma
- D. simple bone cyst

66. A patient with a documented latex allergy requires which modification to standard precautions during treatment?

- A. No modification is necessary
- B. Use of latex gloves with an antihistamine premedication
- C. Use of non-latex gloves and latex-free dental materials/equipment
- D. Postponing all treatment indefinitely

67. Which patient population is at GREATEST risk for developing acute necrotizing ulcerative gingivitis?

- A. Well-controlled diabetics with consistently good oral hygiene
- B. Immunocompromised or severely stressed individuals with poor oral hygiene and smoking history
- C. Children under age 5 with healthy primary dentition
- D. Edentulous patients wearing well-fitting complete dentures

68. A patient's chief complaint of pain upon release of biting pressure on a specific tooth, with no radiographic abnormality and normal pulp testing response, is MOST consistent with

- A. irreversible pulpitis
- B. periapical abscess
- C. periodontal abscess
- D. cracked tooth syndrome

69. When collecting information from diverse sources to formulate a treatment plan for a medically complex patient, the MOST appropriate approach includes

- A. relying solely on patient self-report without verification
- B. contacting the patient's physician when medical history is unclear or high-risk
- C. proceeding without any medical consultation to save time
- D. ignoring allied staff observations

70. A dental practice's compliance with jurisprudence requirements for a catastrophe preparedness plan should specifically address

- A. marketing strategies used during a temporary closure
- B. only fire extinguisher placement and inspection
- C. evacuation procedures, patient record protection, and continuity of care
- D. employee vacation scheduling preferences and requests

71. Which radiographic and clinical presentation is MOST consistent with acute apical abscess rather than chronic apical periodontitis?

- A. Asymptomatic tooth with a small periapical radiolucency
- B. Mild sensitivity to percussion only
- C. Chronic sinus tract with minimal pain
- D. Severe spontaneous pain, swelling, and tooth extrusion with possible fever

72. A 7-year-old with a Class II malocclusion and a habit of thumb-sucking presents with an anterior open bite. The FIRST step in management is

- A. habit cessation counseling and monitoring for spontaneous correction
- B. immediate orthognathic surgery
- C. extraction of primary anterior teeth
- D. full orthodontic banding at this age regardless of habit status

73. Which statement regarding local anesthetic toxicity is MOST accurate?

- A. Toxicity risk is unrelated to total dose administered
- B. Intravascular injection reduces systemic toxicity risk
- C. Aspiration before injection has no clinical value
- D. CNS excitatory symptoms (e.g., tinnitus, perioral tingling) often precede more severe toxicity

74. A patient with a periapical radiolucency who has a positive response to cold testing on the involved tooth MOST likely has a lesion of

- A. endodontic origin exclusively
- B. pulp necrosis with abscess formation
- C. non-endodontic origin, requiring further diagnostic workup
- D. acute apical periodontitis of pulpal origin

75. Evaluating a patient's psychological readiness before extensive elective cosmetic dental treatment is MOST important because

- A. it identifies unrealistic expectations that may affect satisfaction and consent
- B. insurance requires a psychological clearance for all cosmetic cases
- C. it has no bearing on treatment outcomes
- D. it is only relevant for surgical, not restorative, procedures

76. A patient develops a rapidly progressive, painful, and diffuse swelling of the floor of the mouth with tongue elevation and airway compromise following an untreated mandibular molar infection. This is MOST consistent with

- A. simple periapical abscess
- B. Ludwig angina
- C. sialadenitis
- D. pericoronitis

77. Which statement regarding fluoride use in caries prevention is MOST accurate?

- A. Systemic fluoride is the only effective mechanism of action
- B. Topical fluoride primarily works by promoting remineralization and inhibiting demineralization at the tooth surface
- C. Fluoride has no effect on bacterial metabolism
- D. Fluorosis risk is unrelated to total fluoride exposure during tooth development

78. A dentist evaluating a patient with recurrent syncope during dental visits should FIRST

- A. identify and minimize triggers such as anxiety, pain, or prolonged upright positioning before injections
- B. administer epinephrine prophylactically before every single visit
- C. refer immediately for a full cardiac catheterization workup
- D. ignore the pattern since syncope is rarely significant

79. Which of the following BEST reflects appropriate use of digital radiography informatics for research and quality improvement, per ALARA-consistent recordkeeping?

- A. Deleting radiographs after viewing to save storage
- B. Sharing identifiable images publicly for teaching without consent
- C. Taking radiographs without documented clinical justification
- D. Storing radiographs securely with proper patient identifiers for retrospective analysis and quality review

80. A dentist who is asked by a patient's attorney for records related to a personal injury claim should

- A. refuse to release any records under any circumstance
- B. release records to any attorney who requests them without verification
- C. release records only with proper patient authorization or valid legal process
- D. alter records to favor the patient's claim

81. A patient with a history of infective endocarditis prophylaxis-qualifying cardiac disease requires antibiotic prophylaxis for which type of procedure?

- A. Routine radiographs only
- B. Procedures involving manipulation of gingival tissue or perforation of oral mucosa
- C. Adjustment of a removable prosthesis
- D. Placement of a rubber dam without tissue manipulation

82. A radiograph of a maxillary canine reveals a well-defined radiolucency associated with the crown of an unerupted tooth, with the lesion attached at the cemento-enamel junction. This is MOST consistent with

- A. dentigerous cyst
- B. odontogenic keratocyst
- C. radicular cyst
- D. ameloblastoma

83. Which pharmacologic mechanism BEST explains why NSAIDs are generally preferred over opioids as first-line analgesics for most acute dental pain?

- A. NSAIDs have no gastrointestinal side effects
- B. NSAIDs act centrally on opioid receptors
- C. NSAIDs are safe in all renal impairment
- D. NSAIDs inhibit cyclooxygenase, reducing prostaglandin-mediated inflammation and pain at the source

84. A dentist who fails to refer a patient with a suspicious oral lesion for biopsy, resulting in delayed cancer diagnosis, may be found liable under which legal theory?

- A. Professional negligence for breach of the standard of care
- B. Strict liability regardless of causation
- C. No liability if the patient did not ask about the lesion
- D. Liability only if intentional harm is proven

85. A patient presents with a firm, painless, slow-growing swelling of the posterior mandible and a multilocular 'soap bubble' radiographic appearance with cortical expansion. The MOST likely diagnosis is

- A. simple bone cyst
- B. periapical cemental dysplasia
- C. ameloblastoma
- D. torus mandibularis

86. Which of the following is the MOST appropriate initial management for a patient presenting with acute pericoronitis around a partially erupted mandibular third molar without systemic symptoms?

- A. Immediate extraction of the third molar under local anesthesia that day
- B. No treatment; the condition will resolve spontaneously
- C. Systemic antibiotics as sole therapy without local debridement
- D. Irrigation of the operculum, debridement, and instructions for oral hygiene with reevaluation

87. Evaluating the community oral health needs of an underserved population to design a school-based sealant program BEST exemplifies

- A. individual patient treatment planning
- B. population-level oral health care management and delivery systems
- C. laboratory case communication
- D. informed consent documentation

88. A patient with a history of anaphylaxis to penicillin requires antibiotic prophylaxis before an invasive procedure. The MOST appropriate alternative agent is

- A. Amoxicillin at a lower dose
- B. Ampicillin
- C. Azithromycin or clarithromycin
- D. Cephalexin, since no cross-reactivity exists

89. Under standard precautions for infection control, single-use instruments such as needles and prophylaxis angles must be

- A. discarded after a single use and never reprocessed
- B. reused after high-level disinfection only
- C. reused if visually clean
- D. sterilized and reused indefinitely

90. A patient's medical history reveals long-term corticosteroid use for an autoimmune condition. Prior to a surgical extraction, the MOST important consideration is

- A. no special precaution is needed regardless of dose or duration
- B. potential adrenal suppression requiring possible stress-dose steroid coverage
- C. discontinuing corticosteroids abruptly the day before surgery
- D. corticosteroids have no effect on wound healing or infection risk

91. A radiograph reveals multiple impacted supernumerary teeth and multiple unerupted permanent teeth in a child with a history of multiple osteomas and colonic polyps. This presentation raises concern for

- A. cleidocranial dysplasia
- B. ectodermal dysplasia
- C. Papillon-Lefevre syndrome
- D. Gardner syndrome

92. Which of the following BEST describes appropriate emerging technology integration into a general practice, consistent with evaluating and utilizing available resources?

- A. Adopting new technology without any staff training
- B. Ignoring new diagnostic technologies entirely to avoid cost
- C. Evaluating evidence and training staff before integrating new technology like CBCT into practice
- D. Purchasing equipment based solely on marketing claims

93. A patient presents with a 'punched-out,' crater-like ulceration of the interdental papillae with a gray pseudomembrane, fetid odor, and pain. This is MOST consistent with

- A. chronic gingivitis
- B. herpetic gingivostomatitis
- C. desquamative gingivitis
- D. necrotizing ulcerative gingivitis

94. A dentist practicing within an accountable, ethical framework who discovers a colleague's substandard care affecting patient safety should

- A. ignore it to avoid conflict
- B. report through appropriate professional or regulatory channels
- C. publicly discuss it on social media
- D. confront the colleague only if a mutual patient complains

95. Which finding on intraoral exam is MOST consistent with a diagnosis of erythema migrans (geographic tongue)?

- A. Migratory, erythematous patches with white serpiginous borders on the dorsal tongue
- B. Fixed white lesion that does not change location over time
- C. Vesicular eruption with crusting
- D. Firm, indurated ulcer with rolled borders

96. A patient's INR of 4.5 is discovered prior to a scheduled extraction. The MOST appropriate action is to

- A. proceed as planned without any modification at all
- B. double the local anesthetic dose administered to compensate
- C. defer the procedure and coordinate with the prescribing physician regarding anticoagulation management
- D. discontinue warfarin permanently without any physician input

97. Which behavioral approach is MOST appropriate for managing a highly anxious pediatric patient during a routine restorative procedure?

- A. Physical restraint as the first-line approach for all anxious children
- B. Tell-show-do technique and positive reinforcement
- C. General anesthesia for all anxious behavior regardless of severity
- D. Ignoring the child's anxiety and proceeding rapidly

98. Under research methodology principles, a study reporting a strong association between two variables without a controlled comparison group is MOST limited by

- A. excessive statistical power in the study alone
- B. no limitation; correlation always implies direct causation
- C. having too large an overall study sample size
- D. an inability to establish causation due to lack of a control group

99. A patient with xerostomia secondary to multiple medications should be counseled regarding which preventive strategy?

- A. Increasing frequency of high-sugar snacks to stimulate saliva
- B. Discontinuing all fluoride use to avoid irritation
- C. Frequent hydration, fluoride use, and saliva substitutes/stimulants
- D. No preventive measures are necessary

100. A patient's dental record must be maintained in a manner that, per jurisprudence requirements, allows for

- A. reconstruction of the clinical course of treatment if needed for legal or continuity-of-care purposes
- B. destruction upon patient request without regard to retention laws
- C. access only by the treating dentist personally at all times
- D. storage without any security safeguards

101. A patient with acromegaly presents for a dental exam. Which oral finding would be MOST expected?

- A. Microdontia with crowding
- B. Mandibular prognathism with spacing of teeth
- C. Class II malocclusion with deep bite
- D. Ankyloglossia

102. A patient presents with a chief complaint of a painless ulcer on the lateral tongue for 4 weeks, with induration on palpation and a history of heavy tobacco and alcohol use. The MOST appropriate immediate action is

- A. prescribe a topical steroid and reassess in 6 months
- B. reassure the patient that ulcers are common
- C. prescribe an antifungal empirically
- D. perform or refer for an incisional biopsy promptly

103. Which best describes the appropriate scope of a general dentist managing a patient requesting orthognathic surgery consultation?

- A. Perform the surgery independently without referral
- B. Refuse to discuss surgical options at all
- C. Coordinate orthodontic and surgical referral while remaining involved in overall care
- D. Refer only after completing surgery-adjacent procedures without consultation

104. A patient with a history of methamphetamine use presents with severe generalized caries, xerostomia, and bruxism ("meth mouth"). Which underlying mechanism BEST explains the caries pattern?

- A. Increased salivary flow washing away bacteria
- B. Fluorosis from contaminated drug supply
- C. Direct enamel dissolution by the drug itself with no behavioral component
- D. Decreased salivary flow combined with frequent high-sugar beverage consumption and poor hygiene

105. Which statement regarding the mechanism of local anesthetic action is MOST accurate?

- A. Local anesthetics block voltage-gated sodium channels, preventing nerve depolarization
- B. Local anesthetics act by opening potassium channels only
- C. Local anesthetics work by directly destroying nerve myelin
- D. Local anesthetics have no effect on ion channel function

106. A dentist evaluating scientific literature on a new bonding agent should give the MOST weight to

- A. manufacturer marketing claims
- B. a single favorable case report
- C. peer-reviewed randomized clinical trials with adequate follow-up
- D. anecdotal reports from online forums

107. A patient presents with multiple, recurrent, shallow, painful ulcers with a yellow-gray base and erythematous halo on non-keratinized mucosa, without vesicles preceding them. This is MOST consistent with

- A. primary herpetic gingivostomatitis
- B. recurrent aphthous stomatitis
- C. herpes zoster
- D. pemphigus vulgaris

108. Regarding practice-related business operations, a dentist who bills for services not rendered has committed

- A. insurance fraud, a serious jurisprudence and ethical violation
- B. an acceptable practice if patients are unaware
- C. a minor administrative error with no consequence
- D. an action only relevant to civil, not criminal, liability

109. A patient's radiograph shows a radiolucent lesion with a 'driven snow' or ground-glass internal pattern and calcified flecks near an unerupted tooth. This is MOST suggestive of

- A. adenomatoid odontogenic tumor
- B. simple bone cyst
- C. nasopalatine duct cyst
- D. static bone cyst

110. A patient reports numbness of the lower lip and chin following a mandibular third molar extraction. Which nerve is MOST likely injured?

- A. Lingual nerve
- B. Buccal nerve
- C. Inferior alveolar nerve
- D. Mylohyoid nerve

111. Which of the following BEST reflects appropriate management of a needlestick injury sustained during patient treatment?

- A. Ignore it if the patient appears healthy
- B. Continue treatment and address it after the appointment ends
- C. Apply only a bandage with no further action needed
- D. Wash the area, report the incident, and follow post-exposure protocol promptly

112. A patient with a genetic diagnosis of osteogenesis imperfecta undergoing dental treatment planning should be evaluated for which associated oral finding?

- A. Cleft palate
- B. Dentinogenesis imperfecta with opalescent, discolored teeth
- C. Ankylosis of all teeth
- D. Macrodonia

113. Which best describes appropriate delegation of duties to a supervised dental hygienist regarding periodontal therapy?

- A. The hygienist may diagnose periodontal disease independently in all states
- B. The hygienist may never perform any periodontal procedure
- C. All periodontal therapy must be performed exclusively by the dentist
- D. Scaling and root planing may be delegated within the scope defined by state regulation and supervision requirements

114. A patient's biopsy report shows dysplastic changes with cellular atypia confined above the basement membrane on a leukoplakic lesion. This finding is MOST consistent with

- A. invasive squamous cell carcinoma
- B. epithelial dysplasia without invasion
- C. normal epithelium
- D. lichen planus

115. Which vaccine-preventable disease historically caused significant orofacial developmental anomalies (e.g., Hutchinson incisors, mulberry molars) when acquired congenitally?

- A. Congenital syphilis
- B. Rubella
- C. Measles
- D. Varicella

116. Communicating a shade prescription to a dental laboratory for an anterior porcelain veneer is MOST complete when it includes

- A. only a generic shade tab number without photographs
- B. verbal description alone from memory
- C. a detailed shade map, photographs under standardized lighting, and characterization notes
- D. no shade information, leaving it to technician discretion

117. A patient presents with severe, throbbing pain and swelling 3 days after an extraction, with a radiograph showing a foreign body-like radiopacity in the socket and exposed bone. Which complication is MOST likely?

- A. Normal healing
- B. Ameloblastoma recurrence
- C. Osteoradionecrosis unrelated to prior radiation
- D. Alveolar osteitis (dry socket) with sequestrum

118. Which of the following BEST describes an appropriate approach to managing a patient population with limited access to care through a mobile dental unit program?

- A. Providing only emergency extractions with no preventive component
- B. Integrating preventive education, screening, and triaged treatment tailored to the population's needs
- C. Requiring all patients to travel to a central clinic instead
- D. Avoiding any community outreach programs

119. A patient's panoramic radiograph reveals a well-defined radiolucency at the mandibular midline apical to vital incisors, unrelated to any tooth. This is MOST consistent with

- A. lingual mandibular salivary gland depression (Stafne defect)
- B. periapical cyst of endodontic, tooth-related origin
- C. central giant cell granuloma arising within the jaw
- D. ameloblastoma arising from odontogenic epithelium

120. Which of the following BEST reflects the appropriate management priority when a patient reports chest pain and diaphoresis during a dental procedure?

- A. Complete the procedure first, then assess symptoms
- B. Dismiss the patient to seek care independently
- C. Administer local anesthetic with epinephrine to calm the patient
- D. Stop treatment, position comfortably, administer oxygen, and activate EMS while assessing for MI

121. A patient with Down syndrome presents for a dental exam. Which oral finding is commonly associated with this condition?

- A. Macrodonia of all teeth
- B. Supernumerary teeth exclusively
- C. Delayed eruption, hypodontia, and early-onset periodontal disease
- D. Absence of any periodontal risk

122. Which statement regarding evaluation of a new dental material's biocompatibility is MOST accurate?

- A. Manufacturer claims alone are sufficient for adoption
- B. Biocompatibility testing is unnecessary if the material is inexpensive
- C. Independent, peer-reviewed biocompatibility and clinical performance data should guide adoption
- D. Any material used in medicine is automatically safe for dental use

123. A patient presents with progressive, bilateral enlargement of the parotid glands, dry eyes, and dry mouth. Serologic testing would MOST likely reveal

- A. positive anti-SSA/SSB (Ro/La) antibodies consistent with Sjogren syndrome
- B. positive rapid strep antigen
- C. elevated PSA
- D. positive hepatitis B surface antigen as the primary finding

124. A patient with a documented allergy to metabisulfite should have which modification made regarding local anesthetic selection?

- A. No modification is needed at all here
- B. Use of a local anesthetic without epinephrine or sulfite preservative
- C. Increase the epinephrine concentration that is used
- D. Substitute general anesthesia for all future procedures

125. Which finding on a patient's medical history would MOST significantly increase risk during administration of local anesthesia with epinephrine?

- A. Well-controlled hypothyroidism on stable, ongoing medication
- B. Seasonal allergic rhinitis with mild symptoms only
- C. Uncontrolled hyperthyroidism with markedly elevated thyroid hormone levels
- D. Mild seasonal asthma with rare use of a rescue inhaler

126. A dental practice implementing an infection control audit to reduce sterilization failures should FIRST

- A. discontinue use of the autoclave entirely
- B. terminate sterilization staff without review
- C. ignore occasional failed spore tests if rare
- D. review biological indicator (spore test) records and identify failure patterns

127. A patient with a cleft lip and palate presents for comprehensive care coordination. The MOST appropriate approach involves

- A. treatment by the general dentist alone without referral
- B. a multidisciplinary team including surgery, orthodontics, speech therapy, and dentistry
- C. delaying all dental care until adulthood
- D. addressing only the immediate restorative needs with no broader coordination

128. Which best describes the appropriate handling of a patient's request to transfer records to a new dentist after relocating?

- A. Promptly transfer records upon valid patient authorization
- B. Refuse transfer unless outstanding balances are paid in full, withholding care information
- C. Require the new dentist to independently reconstruct the history
- D. Charge an excessive, punitive fee before releasing any records

129. A patient presents with a solitary, painless, firm nodule on the hard palate with overlying intact mucosa, present for 6 months. Biopsy would MOST likely reveal which lesion given a minor salivary gland origin?

- A. Mucocele
- B. Hemangioma
- C. Fibroma
- D. Pleomorphic adenoma

130. Which best describes an appropriate use of teledentistry consistent with evaluating available resources for patient care?

- A. Replacing all in-person exams permanently
- B. Using remote consultation to triage, screen, or extend access when clinically appropriate
- C. Diagnosing and treatment planning surgical cases exclusively via photo without any exam
- D. Avoiding technology entirely regardless of patient access barriers

131. A patient's biopsy of an anterior maxillary swelling near the midline reveals a cyst lined by respiratory epithelium in a bony canal. This is MOST consistent with

- A. radicular cyst
- B. dentigerous cyst
- C. nasopalatine duct cyst
- D. lateral periodontal cyst

132. Which mechanism BEST explains why epinephrine is added to local anesthetic solutions?

- A. Vasoconstriction prolongs anesthetic action and reduces systemic absorption/toxicity
- B. It has no clinical effect on anesthetic duration
- C. It causes vasodilation, increasing bleeding for better visualization
- D. It directly numbs the tissue independent of the anesthetic

133. A patient presents with a chief complaint of difficulty chewing and reports feeling their bite has 'changed' after a new crown was placed. The MOST appropriate initial evaluation includes

- A. assessing occlusal contacts with articulating paper and adjusting high spots
- B. immediately remaking the crown without evaluation
- C. prescribing a muscle relaxant without occlusal assessment
- D. reassuring the patient that this will resolve without any action

134. Which best describes the appropriate professional response when a dentist is uncertain whether a specific treatment falls within their legal scope of practice in their state?

- A. Proceed based on training received in another state
- B. Assume it is permitted unless explicitly prohibited
- C. Consult the state dental practice act or board for clarification before proceeding
- D. Ask a colleague informally and proceed regardless of the answer

135. A patient with a history of radiation therapy to the head and neck reports severe xerostomia and rapid caries progression. Which preventive protocol is MOST appropriate?

- A. No special preventive measures beyond routine care
- B. Custom fluoride trays with high-concentration fluoride gel and frequent recall
- C. Avoidance of any fluoride due to radiation history
- D. Extraction of all teeth prophylactically

136. Which best explains the rationale for using rubber dam isolation during restorative and endodontic procedures?

- A. It has no effect on infection control or moisture control
- B. It is used solely for patient comfort with no clinical benefit
- C. It improves visualization but increases aspiration risk of instruments
- D. It improves moisture control, prevents aspiration/ingestion of debris, and improves infection control

137. A patient's chart shows repeated cancellations and reports of anxiety about needles. Which behavioral strategy is MOST appropriate as a FIRST step?

- A. Refuse to treat the patient going forward entirely
- B. Proceed with treatment without acknowledging the anxiety at all
- C. Address the fear directly with communication, desensitization techniques, and possibly topical anesthetic before injection
- D. Immediately refer for sedation without discussing any alternatives

138. Which of the following BEST describes the appropriate use of research methodology when a practice wants to evaluate a new sealant material's effectiveness across its patient population?

- A. Relying on personal impression from a handful of cases
- B. Systematically tracking outcomes with defined criteria and adequate follow-up across a representative sample
- C. Adopting the material permanently after one successful case

D. Ignoring outcome tracking entirely once a material is purchased

139. A patient presents with a rapidly growing, red, pedunculated, easily bleeding gingival mass that developed during pregnancy. This is MOST consistent with

- A. peripheral ossifying fibroma
- B. squamous cell carcinoma
- C. traumatic fibroma
- D. pyogenic granuloma (pregnancy tumor)

140. Which statement regarding management of a patient with a suspected latex allergy presenting for emergency treatment is MOST accurate?

- A. A latex-safe environment should be established, using non-latex gloves and materials
- B. Latex gloves may be used if the patient does not object
- C. Emergency treatment should be delayed indefinitely regardless of urgency
- D. Latex allergy has no clinical relevance to dental treatment

141. A patient with a periapical radiolucency that continues to enlarge despite adequate nonsurgical root canal therapy is MOST appropriately managed next with

- A. repeat root canal therapy alone without further evaluation
- B. observation for an additional year without action
- C. immediate extraction without biopsy
- D. apical surgery with biopsy of the lesion to rule out non-endodontic pathology

142. Which of the following BEST describes the appropriate assessment when a patient with a removable partial denture reports a chief complaint of a sore spot after delivery?

- A. Remake the entire prosthesis without examination
- B. Evaluate for pressure areas, adjust with pressure-indicating paste, and refine as needed

- C. Instruct the patient to stop wearing the prosthesis permanently
- D. Prescribe an antibiotic without an oral exam

143. A patient's history reveals long-term use of a medication associated with gingival overgrowth. Which drug class is MOST classically implicated?

- A. Beta-blockers used for cardiovascular conditions
- B. Selective serotonin reuptake inhibitors used for depression
- C. Calcium channel blockers (e.g., nifedipine), phenytoin, and cyclosporine
- D. Loop diuretics used for fluid management

144. Which best describes an appropriate quality assurance measure for a practice that has identified a trend of endodontic treatment failures?

- A. Reviewing case selection, technique, and outcomes to identify correctable factors
- B. Ignoring the trend since failures are expected
- C. Discontinuing endodontic treatment entirely without analysis
- D. Blaming the patient's oral hygiene without further review

145. A patient presents with a radiolucent, well-corticated lesion at the apex of a nonvital maxillary central incisor with a history of trauma 10 years prior, now asymptomatic with a stable size on serial radiographs over 2 years. The MOST appropriate management is

- A. repeat root canal therapy indefinitely without any clear indication
- B. immediate surgical enucleation regardless of clinical stability
- C. extraction of the tooth without any further evaluation
- D. continued clinical and radiographic monitoring since it is stable and asymptomatic, following completed endodontic therapy

146. Which best describes the mechanism by which chlorhexidine gluconate mouth rinse reduces plaque and gingivitis?

- A. Broad-spectrum antimicrobial activity with substantivity, binding to oral tissues for prolonged release
- B. Mechanical abrasive action on the tooth surface only
- C. Direct anesthetic effect applied to gingival tissue
- D. Fluoride-mediated remineralization of the enamel surface

147. A patient's history of long-term proton pump inhibitor use should prompt consideration of which oral/dental effect?

- A. No known dental relevance whatsoever in any patient
- B. Possible association with altered oral flora and potential vitamin B12-related considerations affecting healing
- C. Guaranteed development of oral candidiasis in every patient
- D. Direct causation of dental caries as a mechanism

148. Which best describes the appropriate approach to managing patient confidentiality when a minor patient's parent requests information the adolescent patient wishes kept private (in a jurisdiction with applicable minor consent laws)?

- A. Always disclose everything to the parent regardless of law
- B. Never disclose anything to a parent under any circumstance
- C. Understand and apply the specific jurisdiction's laws regarding minor consent and confidentiality before disclosing
- D. Let the front desk staff decide on a case-by-case basis informally

149. A patient presents with a radiograph showing multiple, well-defined periapical radiopacities at the apices of vital, non-carious mandibular anterior teeth in a middle-aged Black woman. This is MOST consistent with

- A. periapical cemental (osseous) dysplasia
- B. condensing osteitis from pulpal infection
- C. cementoblastoma
- D. hypercementosis from occlusal trauma

150. Which best describes the appropriate action when a dental practice identifies that its informed consent forms do not adequately disclose material risks for a common procedure?

- A. Continue using the outdated forms since patients rarely read them
- B. Revise the forms to include material risks, benefits, and alternatives, and retrain staff on the consent process
- C. Discontinue the procedure entirely rather than revise forms
- D. Rely on verbal disclosure alone going forward with no documentation change

151. A patient presents with a chief complaint of a clicking sound in the jaw joint with intermittent locking that self-reduces. This is MOST consistent with

- A. myofascial pain dysfunction only
- B. disc displacement with reduction
- C. degenerative joint disease with ankylosis
- D. a fractured condyle

152. Which of the following BEST describes the appropriate first step when a patient reports a suspected adverse drug reaction to a prescribed antibiotic?

- A. Continue the medication and monitor without intervention
- B. Instruct the patient to double the next dose
- C. Ignore the report if symptoms seem mild
- D. Discontinue the suspected agent and assess severity, escalating care if needed

153. A patient's biopsy of a firm, blue, compressible lesion on the ventral tongue in an elderly patient with a history of anticoagulant use is MOST consistent with

- A. melanoma
- B. mucocele
- C. lymphangioma
- D. varix (varicosity)

154. Which of the following BEST reflects appropriate management of practice finances to comply with sound business practices and jurisprudence?

- A. Commingling patient trust funds with general operating accounts
- B. Maintaining separate, auditable accounting for patient payments and business expenses
- C. Avoiding any financial recordkeeping to save time
- D. Delegating all financial oversight without any dentist review

155. A patient with a history of infective endocarditis is scheduled for a routine cleaning with no anticipated bleeding. Regarding antibiotic prophylaxis, the MOST appropriate approach is

- A. prophylaxis is mandatory for all cleanings regardless of bleeding risk
- B. prophylaxis should never be given to any cardiac patient
- C. prophylaxis is generally reserved for procedures involving gingival manipulation or mucosal perforation
- D. prophylaxis is only relevant for orthopedic implants

156. A patient's radiograph shows a radiolucent lesion described as 'cotton wool' in appearance in an elderly patient with an elevated serum alkaline phosphatase and bowing of long bones. This presentation is MOST consistent with

- A. Paget disease of bone
- B. fibrous dysplasia
- C. osteopetrosis
- D. hyperparathyroidism

157. Which best describes an appropriate approach to managing patient flow and appointment scheduling to reduce risk of cross-contamination during an infectious disease outbreak?

- A. Ignore any adjustment to normal scheduling
- B. Implement screening protocols, spacing, and enhanced protective measures per current public health guidance

- C. Treat all patients simultaneously in an open bay regardless of risk
- D. Discontinue all patient care indefinitely

158. A patient presents with a solitary, exophytic, cauliflower-like white lesion on the gingiva. Biopsy would MOST likely reveal

- A. lipoma
- B. fibroma
- C. squamous papilloma
- D. granular cell tumor

159. Which of the following BEST describes an appropriate approach to managing informed consent for a patient with limited English proficiency?

- A. Use a qualified interpreter or translated materials to ensure genuine understanding
- B. Have the patient sign the form without translation since signatures are legally sufficient
- C. Rely on a family member who may not fully understand medical terminology as the sole interpreter
- D. Skip informed consent since language barriers make it impractical

160. A patient's radiograph reveals multiple unerupted supernumerary teeth and delayed closure of cranial sutures with frontal bossing. This presentation is MOST consistent with

- A. Gardner syndrome
- B. Crouzon syndrome
- C. cleidocranial dysplasia
- D. achondroplasia

161. Which of the following BEST reflects appropriate use of an intraoral scanner as part of digital workflow integration in restorative dentistry?

- A. Providing accurate digital impressions while the clinician retains responsibility for design decisions and quality control
- B. Replacing clinical judgment for margin design and occlusal analysis
- C. Eliminating the need for laboratory communication entirely
- D. Guaranteeing a perfect restoration fit without further adjustment

162. A patient presents with rapidly progressive, painless swelling of the jaw, tooth mobility, and a 'floating tooth' appearance on radiograph in a young child. This raises concern for

- A. chronic periodontitis
- B. dental caries
- C. normal exfoliation
- D. Langerhans cell histiocytosis

163. Which best describes the appropriate approach when a dental practice's quality assurance review reveals a pattern of missed radiographic findings by a specific provider?

- A. Ignore isolated misses since all clinicians make errors
- B. Provide targeted feedback, additional training, and follow-up review of the provider's interpretations
- C. Terminate the provider immediately without remediation opportunity
- D. Discontinue radiographic imaging for that provider's patients

164. A patient presents with erosive lesions on the buccal mucosa, desquamative gingivitis, and a positive Nikolsky sign. This presentation is MOST consistent with

- A. aphthous stomatitis
- B. geographic tongue
- C. pemphigus vulgaris
- D. leukoplakia

165. Which best reflects appropriate management when a dental laboratory returns a fixed prosthesis with an inaccurate margin fit?

- A. Cement the restoration regardless of fit to save time
- B. Adjust the margin intraorally without informing the laboratory of the systemic issue
- C. Communicate the discrepancy to the laboratory and request correction or remake before delivery
- D. Discard the case without documentation or feedback

166. A patient presents with a chief complaint of intermittent swelling below the ear that worsens with meals. This presentation is MOST consistent with

- A. pericoronitis
- B. sialolithiasis (salivary stone) obstructing the parotid duct
- C. TMJ disorder
- D. dental abscess of an upper molar

167. Which best describes the appropriate management approach for a patient who develops a vasovagal episode during a dental injection?

- A. Position the patient supine with legs elevated and monitor vital signs
- B. Keep the patient upright to prevent aspiration
- C. Administer epinephrine immediately as first-line treatment
- D. Continue the injection to complete the procedure quickly

168. A patient's biopsy reveals a benign fibrous nodule at the site of chronic irritation from a denture flange. This is MOST consistent with

- A. lipoma
- B. neurofibroma
- C. pyogenic granuloma
- D. irritation fibroma / traumatic fibroma

169. Which best describes an appropriate strategy for improving patient recall compliance as part of a practice's oral health care management system?

- A. Implementing a structured recall and reminder system with tracking of overdue patients
- B. Relying solely on patients to remember their own appointments
- C. Discontinuing recall reminders to reduce administrative burden
- D. Scheduling all patients annually regardless of individual risk

170. A patient presents with a radiolucent lesion at the mandibular angle with a 'multilocular' pattern and a history of jaw pain in a patient with multiple basal cell carcinomas. Genetic counseling should be considered for

- A. an isolated finding with no genetic implication
- B. a simple traumatic bone cyst
- C. nevoid basal cell carcinoma (Gorlin-Goltz) syndrome given the syndromic association
- D. an unrelated dermatologic condition only

171. Which best describes appropriate management of a patient with a suspected allergic reaction limited to localized swelling and itching after local anesthetic administration, without airway or systemic involvement?

- A. Administer epinephrine intramuscularly immediately as first-line
- B. Proceed with additional injections of the same anesthetic to complete treatment
- C. Ignore the reaction since it is localized
- D. Monitor closely, consider an antihistamine, and document the reaction for future avoidance of the agent

172. A patient presents with a chief complaint of a burning sensation and atrophic, erythematous mucosa under an ill-fitting complete denture, with angular cheilitis. This is MOST consistent with

- A. leukoplakia
- B. denture stomatitis (chronic atrophic candidiasis)
- C. lichen planus
- D. pemphigoid

173. Which best describes appropriate practice management when transitioning a retiring dentist's patient records to a purchasing dentist?

- A. Records may be discarded since the practice is closing
- B. Transfer records without any patient notification
- C. Provide appropriate notice to patients and transfer records per state requirements and patient authorization
- D. Retain records personally with no transfer to the new owner

174. A patient's biopsy of a palatal swelling reveals sheets of plasma cells with minimal atypia and no other systemic findings on workup. Given a solitary presentation, this is MOST consistent with

- A. solitary plasmacytoma
- B. multiple myeloma
- C. Burkitt lymphoma
- D. squamous cell carcinoma

175. Which best reflects the appropriate approach to managing a patient with a documented history of malignant hyperthermia risk requiring dental treatment?

- A. All dental treatment must be canceled indefinitely
- B. No special precaution is needed for routine local anesthesia procedures without triggering general anesthetic agents
- C. General anesthesia with triggering agents should be used routinely without precaution
- D. Local anesthetics are absolutely contraindicated in these patients

176. A patient presents with a chief complaint of altered taste and a burning tongue after starting a new ACE inhibitor. Which mechanism BEST explains a potential contributing oral effect of this drug class?

- A. ACE inhibitors have no known oral mucosal effects
- B. ACE inhibitors cause enamel erosion
- C. ACE inhibitors directly cause oral candidiasis in all patients

D. ACE inhibitors can cause taste disturbances and, rarely, angioedema of the tongue/lips

177. Which best describes an appropriate approach to obtaining informed consent for a minor patient's elective dental treatment?

- A. Treatment may proceed without any parental or guardian involvement
- B. Consent is generally obtained from a parent or legal guardian, with assent from the child as age-appropriate
- C. The dentist may decide unilaterally without any consent process for minors
- D. A sibling's verbal approval is sufficient regardless of age or authority

178. A patient's radiograph shows a well-defined, corticated radiolucency at the apex of a vital mandibular premolar, discovered incidentally, that has remained unchanged over 3 years of monitoring. This is MOST consistent with

- A. a radicular cyst requiring immediate root canal therapy now
- B. a stable, incidental finding such as a scar or fibrous healing defect not requiring intervention
- C. an aggressive malignant process requiring urgent biopsy and workup
- D. active infection requiring a full course of antibiotics

179. Which best describes appropriate management when a dentist identifies that a piece of sterilization equipment has failed a routine biological indicator test?

- A. Quarantine items processed since the last negative test, retest, and do not use the equipment until confirmed functioning correctly
- B. Continue using the equipment since a single failed test is likely an error
- C. Discard the equipment permanently after a single failed test without retesting
- D. Notify only the office manager with no further action

180. A patient presents with a chief complaint of numbness in the distribution of the mental nerve after a routine restorative procedure on a mandibular premolar, with no history of surgery or trauma reported by the patient. Which is the MOST likely explanation warranting further investigation?

- A. Normal anesthetic effect expected to persist indefinitely afterward
- B. A normal, expected finding requiring absolutely no follow-up
- C. Possible extrusion of endodontic material into the mandibular canal, needing imaging
- D. An unrelated dermatologic condition of the facial skin

181. Which best describes the appropriate response when a patient requests a specific treatment that the dentist believes is not clinically indicated?

- A. Perform the requested treatment regardless of clinical judgment to satisfy the patient
- B. Refer the patient elsewhere without any explanation
- C. Refuse to discuss the request at all
- D. Explain the clinical rationale, discuss alternatives, and decline to provide treatment that is not indicated or safe

182. A patient's biopsy reveals granulomatous inflammation with caseating necrosis in a cervical lymph node, and the patient reports a chronic cough and night sweats. This presentation is MOST consistent with

- A. sarcoidosis
- B. tuberculosis
- C. cat scratch disease
- D. reactive lymphoid hyperplasia

183. Which best describes an appropriate strategy for reducing medication errors related to look-alike/sound-alike drug names in a dental practice?

- A. Rely solely on memory for prescribing without any verification system
- B. Ignore the issue since dental prescriptions are simple
- C. Use electronic prescribing with built-in alerts and double-check protocols for similarly named medications
- D. Delegate all prescribing decisions to non-licensed staff

184. A patient presents with a chief complaint of a rapidly enlarging, painful mass of the mandible with paresthesia of the lip, and biopsy reveals malignant cells. This clinical combination of pain, rapid growth, and paresthesia is MOST suggestive of

- A. a malignant process such as osteosarcoma or metastatic disease
- B. a simple dentigerous cyst of developmental origin
- C. a benign odontoma composed of dental hard tissue
- D. a traumatic bone cyst without epithelial lining

185. Which best reflects an appropriate approach to managing a patient's expectations before placement of anterior porcelain veneers?

- A. Guarantee a specific outcome regardless of biologic and material variability
- B. Discuss realistic outcomes, limitations, and obtain informed consent regarding esthetic variability
- C. Avoid any discussion of possible complications to keep the patient positive
- D. Proceed without any preoperative photographs or mock-up discussion

186. A patient's radiograph reveals a mixed radiolucent-radiopaque lesion with tooth-like structures (denticles) associated with an unerupted tooth. This is MOST consistent with

- A. cementoblastoma
- B. ameloblastic fibroma alone
- C. complex or compound odontoma
- D. osteoma

187. Which best describes an appropriate protocol for managing sharps disposal in compliance with OSHA and infection control standards?

- A. Puncture-resistant, labeled sharps containers located at point of use, disposed of per regulated medical waste guidelines
- B. Disposal of needles in regular office trash if wrapped in tissue
- C. Recapping needles by hand before disposal to save container space

D. Storing sharps containers unlabeled in a general supply closet

188. A patient presents with a chief complaint of progressive difficulty opening the mouth over several years, with fibrous bands palpable in the buccal mucosa, and a history of chewing areca nut. This is MOST consistent with

- A. oral submucous fibrosis
- B. trismus from infection
- C. temporomandibular ankylosis
- D. scleroderma

189. Which best describes an appropriate approach to managing a dental practice's response to a patient's negative online review that includes inaccurate clinical claims?

- A. Respond publicly with detailed protected health information to refute the claims
- B. Respond professionally without disclosing protected health information, and address concerns through appropriate private channels
- C. Ignore all reviews regardless of content
- D. Have staff post numerous fake positive reviews to counteract it

190. A patient's biopsy of a slow-growing, painless mass in the posterior mandible in a young adult reveals a lesion of odontogenic ectomesenchyme without epithelium, described as containing loose, myxoid stroma. This is MOST consistent with

- A. odontogenic myxoma
- B. ameloblastoma
- C. squamous odontogenic tumor
- D. calcifying odontogenic cyst

191. Which best describes appropriate use of research methodology when interpreting a study with a small sample size showing a statistically significant result?

- A. Automatically apply the finding broadly to all patient populations
- B. Assume small sample studies are always more reliable than large ones
- C. Dismiss the study entirely regardless of methodology quality
- D. Consider statistical significance alongside clinical significance, sample size limitations, and generalizability before broad application

192. A patient presents with a chief complaint of a painful, recurrent vesiculobullous eruption on the vermilion border of the lip triggered by sun exposure, with a history of prior similar episodes. This is MOST consistent with

- A. recurrent herpes labialis
- B. actinic cheilitis
- C. angular cheilitis
- D. contact dermatitis

193. Which best describes an appropriate approach for a dentist evaluating a new clinical guideline released by a professional organization?

- A. Adopt it immediately without reviewing the underlying evidence
- B. Ignore all new guidelines regardless of evidence quality
- C. Critically appraise the supporting evidence and consider applicability to one's own patient population before adoption
- D. Apply the guideline only if it requires no change in practice

194. A patient's radiograph reveals a radiolucent lesion at the mandibular third molar region with cortical expansion and displacement of the inferior alveolar canal, with histology showing sheets of odontogenic epithelium and stellate reticulum-like tissue. This is MOST consistent with

- A. ameloblastoma
- B. odontogenic keratocyst
- C. traumatic bone cyst
- D. central giant cell granuloma

195. Which best describes an appropriate approach to evaluating a patient's risk for medication-related osteonecrosis of the jaw before extraction?

- A. Reviewing the specific antiresorptive agent, dose, duration, and route of administration in consultation with the prescriber
- B. Assuming all antiresorptive medications carry identical risk regardless of type or duration
- C. Proceeding without any risk assessment since MRONJ is rare
- D. Refusing treatment to all patients on any bone-modifying agent

196. A patient presents with a chief complaint of a chronic, non-healing extraction socket with exposed necrotic bone for over 8 weeks, with a history of intravenous bisphosphonate use for metastatic cancer. This presentation is MOST consistent with

- A. normal delayed healing
- B. osteoradionecrosis
- C. a simple dry socket
- D. medication-related osteonecrosis of the jaw (MRONJ)

197. Which best describes appropriate professional conduct regarding continuing education requirements for license renewal?

- A. Continuing education is optional and may be skipped without consequence
- B. Completing required continuing education hours as mandated by the state licensing board to maintain competency
- C. Any unrelated coursework satisfies dental continuing education requirements
- D. Continuing education requirements apply only to specialists, not general dentists

198. A patient's biopsy of a red, velvety patch on the floor of the mouth reveals severe epithelial dysplasia with early invasive changes. This clinical and histologic presentation of erythroplakia is MOST significant because

- A. erythroplakia carries a lower malignant transformation risk than leukoplakia

- B. erythroplakia is essentially always benign and requires no biopsy
- C. erythroplakia has no relevance to oral cancer screening
- D. erythroplakia carries a substantially higher likelihood of dysplasia or malignancy than leukoplakia and warrants prompt biopsy

199. Which best describes an appropriate approach for a dental practice implementing a new electronic prescribing system to reduce medication errors?

- A. Train all prescribing staff on the system and verify allergy/interaction alert functionality before full implementation
- B. Implement the system without any staff training to save time
- C. Disable all safety alerts to speed up prescribing
- D. Use the system only for controlled substances

200. A patient presents with a chief complaint of a painless, firm, exophytic mass on the gingiva that has caused superficial cupping resorption of the underlying alveolar bone visible on radiograph. This is MOST consistent with

- A. peripheral giant cell granuloma
- B. pyogenic granuloma
- C. irritation fibroma
- D. squamous papilloma

201. A patient presents with a chief complaint of a painless, slow-growing radiopaque mass on the mandible discovered incidentally, with normal serum calcium and phosphate. Biopsy reveals dense, compact bone with no cellular atypia. This is MOST consistent with

- A. osteoma
- B. osteosarcoma
- C. Paget disease of bone
- D. fibrous dysplasia

202. A patient's chief complaint of intermittent, spontaneous, poorly localized pain in a maxillary molar that lingers after cold and is relieved somewhat by NSAIDs, with a normal periapical radiograph, is MOST consistent with

- A. reversible pulpitis
- B. periodontal abscess
- C. acute apical periodontitis
- D. symptomatic irreversible pulpitis

203. Which best describes the appropriate handling of controlled substance prescriptions to comply with jurisprudence and DEA requirements?

- A. Prescribing controlled substances without checking a prescription drug monitoring program when required by state law
- B. Presigning blank prescription pads for staff convenience
- C. Verifying identity, checking the state prescription drug monitoring program where required, and documenting clinical justification
- D. Delegating controlled substance prescribing authority to unlicensed staff

204. A patient presents with a chief complaint of a chronic draining sinus tract on the facial skin near the mandible, with a nonvital tooth identified as the source on radiograph. This is MOST consistent with

- A. a dermatologic infection unrelated to dental origin
- B. a cutaneous sinus tract of odontogenic origin
- C. a salivary gland fistula
- D. a traumatic bone cyst

205. Which best describes an appropriate use of digital smile design software when planning esthetic restorative treatment?

- A. Guaranteeing the final result will match the digital mock-up exactly
- B. Replacing the need for patient consultation and preferences

- C. Using it as a communication and planning tool while managing patient expectations regarding biologic and material variability
- D. Eliminating the need for a diagnostic wax-up or trial smile

206. A patient presents with a chief complaint of progressive facial asymmetry and malocclusion developing over adolescence, with a radiograph showing unilateral condylar enlargement. This is MOST consistent with

- A. normal growth pattern requiring no evaluation
- B. TMJ disc displacement without reduction
- C. bilateral condylar hyperplasia
- D. unilateral condylar hyperplasia

207. Which best describes an appropriate approach to managing a patient's request for a treatment record amendment when the patient disputes a documented finding?

- A. Delete the original entry and replace it entirely with the patient's version
- B. Add a documented addendum noting the patient's disagreement while preserving the original entry unaltered
- C. Refuse to acknowledge the request in any way
- D. Alter the original entry without any notation of the change

208. A patient presents with a chief complaint of a rapidly enlarging, red-purple, macular lesion on the palate in a patient with advanced HIV infection and a low CD4 count. This is MOST consistent with

- A. Kaposi sarcoma
- B. pyogenic granuloma
- C. hemangioma
- D. petechiae from thrombocytopenia

209. Which best describes an appropriate approach to evaluating a patient's occlusion before fabricating a full-mouth rehabilitation treatment plan?

- A. Proceeding directly to final restorations without any occlusal analysis at all
- B. Mounting diagnostic casts on an articulator using a facebow and appropriate interocclusal records to analyze the existing occlusal scheme
- C. Relying solely on the patient's own subjective description of their bite
- D. Assuming a standard occlusal scheme without any patient-specific analysis

210. A patient presents with a chief complaint of a painless, exophytic, pink to red pedunculated mass on the gingiva that developed after a cleaning appointment 2 weeks prior, bleeding easily on contact. This is MOST consistent with

- A. squamous cell carcinoma
- B. peripheral ossifying fibroma
- C. traumatic fibroma
- D. pyogenic granuloma

211. Which best describes an appropriate approach when a dentist's malpractice insurance carrier requests information about a specific adverse patient outcome?

- A. Refuse to cooperate with the insurance carrier's investigation
- B. Provide false information to minimize liability exposure
- C. Cooperate fully and honestly with the carrier's investigation per the policy terms
- D. Discuss the case publicly before responding to the carrier

212. A patient presents with a chief complaint of a firm, asymptomatic swelling of the anterior hard palate in the midline, with radiograph showing a well-defined, heart-shaped radiolucency between the roots of the maxillary central incisors, which remain vital. This is MOST consistent with

- A. nasopalatine duct cyst
- B. radicular cyst
- C. globulomaxillary cyst
- D. median palatal cyst

213. Which best describes the mechanism by which local infiltration anesthesia achieves pulpal anesthesia in a maxillary tooth?

- A. Diffusion of anesthetic solution through the relatively thin, porous maxillary cortical bone to reach the nerve
- B. Direct injection of anesthetic into the pulp chamber itself
- C. Systemic absorption and distribution of the drug to the target nerve
- D. Blockade of the entire trigeminal nerve trunk directly

214. A patient presents with a chief complaint of progressive, painless enlargement of the tongue with indentations from the teeth along its lateral borders (crenulated tongue) and a history of longstanding hypothyroidism. This is MOST consistent with

- A. lingual thyroid
- B. macroglossia secondary to myxedema
- C. hairy tongue
- D. angioedema

215. Which best describes an appropriate approach to selecting a restorative material when treating a patient with a documented nickel allergy requiring a crown?

- A. Use a nickel-containing alloy since allergy is rarely clinically significant
- B. No modification is necessary regardless of allergy history
- C. Select a nickel-free alloy or all-ceramic restoration to avoid the known allergen
- D. Premedicate with an antihistamine and proceed with a nickel-containing alloy

216. A patient presents with a chief complaint of a rapidly growing, destructive radiolucent lesion of the maxilla in a child, with histology showing sheets of small round blue cells. This is MOST consistent with

- A. osteoma
- B. fibrous dysplasia

- C. ameloblastoma
- D. Burkitt lymphoma

217. Which best describes the appropriate approach to managing a patient's dental anxiety who requests nitrous oxide sedation for a routine restorative procedure?

- A. Refuse the request outright without discussion
- B. Administer nitrous oxide without any medical history review
- C. Use nitrous oxide at maximum concentration regardless of patient response
- D. Review medical history for contraindications, obtain consent, and titrate nitrous oxide to effect with appropriate monitoring

218. A patient presents with a chief complaint of a solitary, painless, radiolucent lesion at the mandibular angle in a young patient, histologically showing multinucleated giant cells in a fibrous stroma with hemosiderin deposits. This is MOST consistent with

- A. ameloblastoma
- B. odontogenic keratocyst
- C. central giant cell granuloma
- D. cementoblastoma

219. Which best describes an appropriate approach to informed consent when a proposed treatment carries a documented low but serious risk of complication?

- A. Omit mention of the risk since it is uncommon
- B. Disclose the risk, its likelihood, and management options as part of a thorough consent discussion
- C. Mention the risk only if the patient specifically asks
- D. Assume the patient already understands all risks without discussion

220. A patient presents with a chief complaint of multiple, small, yellowish, painless papules on the buccal mucosa, present since adolescence, identified as ectopic sebaceous glands. This is MOST consistent with

- A. Fordyce granules
- B. leukoedema
- C. lichen planus
- D. linea alba

221. Which best describes an appropriate approach to evaluating a patient's airway before administering moderate sedation for a surgical extraction?

- A. Assume all patients have a normal airway without assessment
- B. Perform an airway assessment (e.g., Mallampati score, neck mobility, mouth opening) as part of the preoperative evaluation
- C. Rely solely on the patient's self-report of no breathing problems
- D. Skip airway assessment for procedures under moderate sedation

222. A patient presents with a chief complaint of a painless, unilateral, expansile radiolucent lesion of the posterior mandible in a teenager, with radiograph showing a 'soap bubble' appearance and histology showing cystic spaces filled with blood without an endothelial lining. This is MOST consistent with

- A. simple bone cyst
- B. radicular cyst
- C. ameloblastoma
- D. aneurysmal bone cyst

223. Which best describes an appropriate approach when a dental practice wants to evaluate the cost-effectiveness of adopting a new digital radiography system?

- A. Analyzing initial cost, ongoing costs, workflow efficiency, radiation dose reduction, and diagnostic benefit compared to current systems
- B. Adopting the system based solely on the lowest purchase price
- C. Ignoring cost considerations entirely if the technology is popular
- D. Adopting the system without comparing it to current radiographic practice

224. A patient presents with a chief complaint of severe, lancinating pain along the distribution of the maxillary division of the trigeminal nerve, with a vesicular rash appearing along the same distribution days later. This is MOST consistent with

- A. trigeminal neuralgia
- B. herpes simplex reactivation
- C. herpes zoster (shingles)
- D. postherpetic neuralgia alone without rash

225. Which best describes an appropriate approach to managing a practice's compliance with state-mandated reporting of adverse events related to sedation or anesthesia complications?

- A. Reporting the adverse event to the appropriate state board per applicable mandatory reporting requirements
- B. Reporting only if the patient files a formal complaint
- C. Withholding the report to avoid scrutiny
- D. Reporting only to the malpractice insurer and no one else

226. A patient presents with a chief complaint of a firm, slow-growing swelling of the posterior mandible in a young adult, with radiograph showing a unilocular radiolucency and histology revealing epithelial rests within a fibrous capsule without keratinization or ameloblastic differentiation, consistent with a developmental odontogenic cyst rather than a fibro-osseous lesion. This is MOST consistent with

- A. cementoblastoma
- B. lateral periodontal cyst
- C. osteoma
- D. complex odontoma

227. Which best describes an appropriate approach to managing a patient's request to expedite treatment due to an upcoming personal event (e.g., a wedding) when the requested timeline compromises proper healing?

- A. Proceed exactly as requested regardless of clinical risk to satisfy the patient's timeline
- B. Refuse to discuss the request at all
- C. Discuss realistic timelines, risks of rushing treatment, and reasonable alternatives that balance the patient's goals with sound clinical practice
- D. Rush the procedure without informing the patient of the associated risks

228. A patient presents with a chief complaint of a chronic, non-tender, firm submandibular lymph node enlargement, with recent cat exposure and a papule at a scratch site. This is MOST consistent with

- A. tuberculosis, a mycobacterial infection
- B. sarcoidosis, a granulomatous condition
- C. cat scratch disease
- D. reactive lymphoid hyperplasia from a dental infection

229. Which best describes an appropriate approach to a dental practice's use of artificial intelligence-based caries detection software integrated into radiographic imaging?

- A. Relying on the software's output exclusively without independent clinical and radiographic review
- B. Refusing to consider any AI-assisted diagnostic tools regardless of validation data
- C. Ignoring any AI flagged findings as unreliable by default
- D. Using the software as a diagnostic aid while the dentist independently verifies findings before treatment decisions

230. A patient presents with a chief complaint of a slow-growing, asymptomatic, expansile radiolucent lesion of the posterior mandible in a middle-aged adult, with histology showing myxomatous stroma and stellate/spindle cells with minimal epithelial component, consistent with a lesion of odontogenic mesenchymal rather than epithelial origin. This is MOST consistent with

- A. ameloblastoma
- B. odontogenic myxoma
- C. squamous odontogenic tumor
- D. calcifying odontogenic cyst

231. Which best describes the appropriate approach to obtaining a thorough social history relevant to a comprehensive dental treatment plan?

- A. Asking about tobacco, alcohol, and substance use in a confidential, non-judgmental manner
- B. Avoiding these sensitive questions entirely to prevent patient discomfort
- C. Asking only if the patient volunteers the information first, unprompted
- D. Documenting unverified assumptions about lifestyle without directly asking

232. A patient presents with a chief complaint of gradual loss of tooth structure on the palatal surfaces of the maxillary anterior teeth, with a history of recurrent vomiting. This wear pattern is MOST consistent with

- A. attrition resulting from bruxism and tooth-to-tooth contact
- B. abfraction resulting from occlusal loading forces
- C. erosion from gastric acid exposure (e.g., bulimia or GERD)
- D. abrasion resulting from mechanical toothbrushing forces

233. Which best describes an appropriate approach when a patient with a history of disordered eating presents with dental erosion, and the dentist suspects an active eating disorder?

- A. Confront the patient aggressively about the suspected diagnosis
- B. Ignore the finding and treat only the dental erosion
- C. Document the finding directly and offer supportive, non-judgmental referral resources while addressing dental needs
- D. Refuse to treat the patient until the eating disorder is resolved

234. A patient presents with a chief complaint of a painless, well-circumscribed radiopacity fused to the apex of a vital mandibular first molar in a young adult, continuous with the root and surrounded by a thin radiolucent rim. This is MOST consistent with

- A. cementoblastoma
- B. condensing osteitis

- C. idiopathic osteosclerosis
- D. hypercementosis

235. Which best describes an appropriate approach to evaluating a patient's risk of aspiration during a dental procedure under sedation?

- A. Assuming aspiration risk is negligible for all sedation levels
- B. Ignoring NPO guidelines if the patient reports feeling fine
- C. Reviewing NPO status, sedation level, and airway protective reflexes as part of the preoperative assessment
- D. Proceeding regardless of NPO status for minor procedures

236. A patient presents with a chief complaint of a solitary, well-defined radiolucent lesion at the apex of a vital mandibular incisor that has been stable for 5 years on radiograph, discovered incidentally, with no history of trauma. Given continued vitality and stability, the MOST appropriate management is

- A. root canal therapy given the radiolucency
- B. continued observation given vitality and long-term radiographic stability
- C. extraction to eliminate any diagnostic uncertainty
- D. immediate biopsy under general anesthesia

237. Which best describes an appropriate approach when a dentist identifies signs of possible elder abuse or neglect during an examination of a geriatric patient?

- A. Discuss the suspicion only with family members present at the visit
- B. Assume the findings are simply age-related and take no action
- C. Report the suspected abuse or neglect to appropriate authorities per mandatory reporting requirements
- D. Wait for the patient to disclose abuse verbally before taking any action

238. A patient presents with a chief complaint of a chronic, low-grade, dull ache in the posterior mandible with radiograph showing a diffuse radiopaque area with a 'cotton wool' appearance around the

roots of vital, asymptomatic teeth, and a history of prior tooth extraction in the area. This is MOST consistent with

- A. osteosarcoma
- B. florid cemento-osseous dysplasia
- C. chronic osteomyelitis
- D. Paget disease of bone

239. Which best describes an appropriate approach to managing a dental practice's obligation regarding staff training on the Health Insurance Portability and Accountability Act (HIPAA)?

- A. Providing initial and periodic HIPAA training to all staff who handle protected health information
- B. Training is only required for the dentist, not other staff
- C. HIPAA training is optional if the practice is small
- D. A single training session at hire is sufficient with no further updates ever needed

240. A patient presents with a chief complaint of a slow-growing, expansile, multilocular radiolucent lesion of the posterior maxilla, histologically showing cystic spaces lined by both stratified squamous and columnar/cuboidal epithelium with occasional mucous cells, and mural nodules. This is MOST consistent with

- A. radicular cyst
- B. dentigerous cyst
- C. odontogenic keratocyst
- D. mucoepidermoid carcinoma arising centrally in bone

241. Which best describes an appropriate approach to managing a patient's expectations regarding the longevity of a composite restoration compared to more durable alternatives?

- A. Guaranteeing the composite will last as long as a crown
- B. Discussing realistic expected lifespan, maintenance needs, and alternative options as part of informed consent

- C. Avoiding any discussion of restoration longevity to keep the conversation brief
- D. Assuming the patient already understands material longevity differences

242. A patient presents with a chief complaint of a rapidly progressive, painful swelling of the mandible with fever, purulent drainage, and radiograph showing a mixed radiolucent-radiopaque 'moth-eaten' pattern with sequestra. This is MOST consistent with

- A. acute suppurative osteomyelitis
- B. fibrous dysplasia
- C. central giant cell granuloma
- D. simple bone cyst

243. Which best describes an appropriate approach to managing informed refusal when a patient declines a recommended treatment after adequate disclosure of risks?

- A. Proceed with the treatment anyway since the dentist knows best
- B. Refuse to provide any further care to the patient
- C. Document the informed refusal discussion, risks explained, and the patient's decision clearly in the record
- D. Ignore the refusal and reschedule the same treatment without further discussion

244. A patient presents with a chief complaint of a painless, unilateral, well-circumscribed radiolucency at the mandibular first molar apex region with the tooth testing vital, discovered on a routine radiograph, later confirmed histologically as a developmental salivary gland tissue depression without epithelial lining. This is MOST consistent with

- A. radicular cyst
- B. traumatic bone cyst
- C. central giant cell granuloma
- D. Stafne defect (lingual mandibular salivary gland depression)

245. Which best describes an appropriate approach when a dental practice identifies a recurring billing discrepancy that may constitute inadvertent overbilling of a dental insurance plan?

- A. Continue the billing pattern since insurance companies rarely audit small practices
- B. Ignore the discrepancy since it is likely unintentional
- C. Wait for the insurer to identify the issue before taking any action
- D. Investigate the cause, correct the billing error, and refund any overpayment as appropriate

246. A patient presents with a chief complaint of a painless, exophytic, verrucous white lesion of the buccal mucosa in an elderly patient with a long history of smokeless tobacco use, with biopsy showing hyperkeratosis without dysplasia. This lesion is MOST consistent with

- A. tobacco pouch keratosis (smokeless tobacco keratosis)
- B. leukoplakia of idiopathic origin
- C. lichen planus
- D. candidiasis

247. Which best describes an appropriate approach to managing a patient's consent for a procedure being performed partly by a dental student under faculty supervision in a teaching clinic?

- A. Proceeding without informing the patient of any student involvement
- B. Disclosing the student's involvement and level of supervision as part of the informed consent process
- C. Obtaining consent only from the supervising faculty member alone
- D. Assuming implied consent already covers student involvement

248. A patient presents with a chief complaint of chronic halitosis despite good oral hygiene, with a large, deeply fissured tongue and coating noted on exam. Which is the MOST likely contributing local factor?

- A. Xerostomia from medication alone
- B. Systemic liver disease as the primary cause in this case
- C. Bacterial coating and debris accumulation on the deeply fissured, coated tongue dorsum

D. Sinus infection as the primary cause

249. Which best describes an appropriate approach to managing a dental practice's response to a recall notice for a defective dental material or device used in patient care?

- A. Reviewing affected patient records, notifying impacted patients as appropriate, and following manufacturer/regulatory guidance for the recall
- B. Ignoring the recall notice if no patients have complained
- C. Continuing to use remaining recalled stock until it runs out
- D. Discarding the recalled product without notifying any affected patients

250. A patient presents with a chief complaint of a painless, well-defined, unilocular radiolucency at the periapex of a maxillary lateral incisor, tooth vital, located between the roots and extending toward the canine, histologically showing odontogenic epithelial rests without evidence of an inflammatory or endodontic origin. This is MOST consistent with

- A. radicular cyst
- B. periapical granuloma
- C. dentigerous cyst
- D. lateral periodontal cyst

251. A patient presents with a painless, exophytic, red mass on the interdental papilla that bleeds easily, developed over the third trimester of pregnancy. This is MOST consistent with

- A. squamous cell carcinoma
- B. pyogenic granuloma (pregnancy tumor)
- C. peripheral ossifying fibroma
- D. traumatic fibroma

252. Which best describes an appropriate approach to managing a patient's request for teeth whitening when the patient has multiple untreated carious lesions?

- A. Proceed with whitening immediately regardless of active disease
- B. Refuse to discuss whitening at all
- C. Address active caries and periodontal disease first, then discuss whitening once the mouth is healthy
- D. Whiten over existing decay to save the patient time

253. A patient presents with a chief complaint of a painless, unilateral, well-defined radiolucency at the mandibular premolar apex, tooth vital, discovered incidentally, unchanged over 4 years. Given stability and vitality, this is MOST likely

- A. a radicular cyst requiring endodontic therapy
- B. active periapical infection requiring antibiotics
- C. an incidental developmental finding warranting continued observation
- D. an aggressive neoplasm requiring urgent biopsy

254. Which best describes an appropriate approach to a dentist's use of social media to share patient case photos for marketing purposes?

- A. Posting identifiable photos without any patient authorization
- B. Assuming implied consent since the patient was treated in the office
- C. Using stock photos labeled as actual patient results
- D. Obtaining explicit written patient authorization before posting any identifiable images

255. A patient presents with a chief complaint of progressive, bilateral enlargement of the mandible with a 'lion-like' facial appearance in a child, radiograph showing multilocular radiolucencies. This is MOST consistent with

- A. cherubism
- B. ameloblastoma
- C. osteosarcoma
- D. fibrous dysplasia

256. Which best describes an appropriate approach to managing a patient's anxiety about a dental injection using non-pharmacologic techniques?

- A. Ignoring the patient's expressed anxiety entirely
- B. Providing distraction, a calm explanation, topical anesthetic, and a slow injection technique
- C. Injecting as quickly as possible without warning the patient
- D. Refusing to treat any anxious patient

257. A patient presents with a chief complaint of severe pain and swelling in the maxillary sinus region after a recent maxillary molar extraction, with a positive nose-blowing test suggesting a communication. This is MOST consistent with

- A. a normal postoperative finding requiring no action
- B. an oroantral communication requiring evaluation and possible closure
- C. a temporomandibular joint disorder
- D. a simple dry socket

258. Which best describes an appropriate approach to a practice's protocol for verifying patient identity before treatment to prevent wrong-patient errors?

- A. Skipping identity verification for returning patients
- B. Relying solely on the patient's stated name without any additional verification
- C. Using appointment order alone to identify patients
- D. Using at least two patient identifiers (e.g., name and date of birth) before treatment

259. A patient presents with a chief complaint of a chronic, non-healing ulcer of the lower lip vermilion with induration, in a fair-skinned patient with a history of significant sun exposure. This is MOST consistent with

- A. actinic cheilitis progressing toward possible squamous cell carcinoma
- B. herpes labialis from viral reactivation
- C. angular cheilitis at the oral commissures

D. contact dermatitis from an allergen

260. Which best describes an appropriate approach to managing occlusal adjustment in a patient with a new implant-supported crown compared to natural dentition?

- A. Applying identical occlusal contact forces as natural teeth, with no adjustment
- B. Ignoring occlusion entirely when placing implant restorations
- C. Adjusting for lighter occlusal contact given the absence of a periodontal ligament and its proprioceptive feedback
- D. Intentionally creating heavy occlusal contact to promote osseointegration

261. A patient presents with a chief complaint of a painless, slow-growing, well-corticated radiolucency at the mandibular angle in a young adult, with radiograph showing scalloping around tooth roots without displacement and vital teeth. This is MOST consistent with

- A. a radicular cyst
- B. a traumatic (simple) bone cyst
- C. an ameloblastoma
- D. a central giant cell granuloma

262. Which best describes an appropriate approach to a dentist's obligation when discovering a counterfeit or unauthorized dental product being used in the practice's supply chain?

- A. Continue using the product if it appears to work adequately
- B. Ignore the issue since it was purchased through a legitimate-seeming vendor
- C. Discontinue use, report to the appropriate regulatory authority, and verify patient safety impact
- D. Only address it if a patient is harmed

263. A patient presents with a chief complaint of numbness and tingling of the tongue following a lingual nerve block injection that has persisted for 2 weeks. This finding warrants

- A. reassurance only, with no follow-up needed at all
- B. immediate surgical exploration regardless of how long it has persisted
- C. ignoring the complaint since numbness after injections is never clinically significant
- D. observation with follow-up, since most transient nerve injuries resolve, but referral if persistent beyond expected recovery

264. Which best describes an appropriate approach to a practice's management of a patient who is noncompliant with recommended periodontal maintenance visits?

- A. Documenting the recommendation, risks of noncompliance, and continuing to offer care while respecting patient autonomy
- B. Refusing all future treatment for this patient immediately
- C. Discharging the patient from the practice without any documentation
- D. Ignoring the noncompliance pattern entirely without any documentation

265. A patient presents with a chief complaint of a firm, painless, well-circumscribed radiopaque mass discovered incidentally on a panoramic radiograph near the apex of a nonvital mandibular molar with a history of prior endodontic treatment. This is MOST consistent with

- A. cementoblastoma
- B. condensing osteitis (focal sclerosing osteomyelitis)
- C. osteoma
- D. idiopathic osteosclerosis

266. Which best describes an appropriate approach when a dental practice's patient satisfaction survey reveals a recurring complaint about long wait times?

- A. Analyzing scheduling patterns and workflow to identify and address the underlying cause of delays
- B. Ignoring the feedback since some wait time is unavoidable
- C. Dismissing the survey results as unrepresentative without review
- D. Responding only to the specific patients who complained

267. A patient presents with a chief complaint of a solitary, exophytic, pink nodule on the gingiva with a stippled, granular surface texture on histology showing large cells with abundant granular cytoplasm. This is MOST consistent with

- A. pyogenic granuloma
- B. fibroma
- C. granular cell tumor
- D. neurofibroma

268. Which best describes an appropriate approach to a dentist's responsibility when prescribing an opioid analgesic for acute postoperative dental pain?

- A. Prescribing the largest quantity available to avoid a follow-up call
- B. Refilling opioid prescriptions automatically without reassessment
- C. Avoiding any discussion of addiction risk to save time
- D. Prescribing the lowest effective dose for the shortest duration necessary, with patient counseling on risks

269. A patient presents with a chief complaint of a slow-growing, asymptomatic swelling of the anterior maxilla, radiograph showing a well-defined unilocular radiolucency, and histology showing a thin, non-keratinized epithelial lining with focal mucous cell prosoplasia. This is MOST consistent with

- A. glandular odontogenic cyst
- B. radicular cyst
- C. dentigerous cyst
- D. nasopalatine duct cyst

270. Which best describes an appropriate approach to a practice's emergency protocol for managing a local anesthetic overdose presenting with seizure activity?

- A. Administering additional local anesthetic to calm the patient
- B. Ignoring the seizure since it will self-resolve without intervention

- C. Protecting the airway, administering oxygen, positioning safely, and activating EMS while managing the seizure supportively
- D. Restraining the patient forcefully to stop movement

271. A patient presents with a chief complaint of a painless, firm, slow-growing mass at the angle of the mandible in a young adult, radiograph showing a unilocular radiolucency with a thin sclerotic border, histology confirming a simple fibrous connective tissue cyst wall without epithelial lining or odontogenic epithelium. This is MOST consistent with

- A. a radicular cyst
- B. an ameloblastoma
- C. a dentigerous cyst
- D. a simple (traumatic) bone cyst

272. Which best describes an appropriate approach to a practice's handling of a patient's request to be treated by a specific staff member due to a personal preference unrelated to clinical need?

- A. Refusing any patient preference regarding staff assignment
- B. Accommodating reasonable staffing preferences when feasible without compromising care quality
- C. Ignoring the request entirely without any response
- D. Requiring the patient to justify the preference before considering it

273. A patient presents with a chief complaint of a rapidly enlarging, painful swelling of the parotid region with trismus and facial nerve weakness, in a patient with a history of chronic sialadenitis. This presentation raises concern for

- A. benign pleomorphic adenoma
- B. simple viral parotitis
- C. a normal reactive lymph node
- D. malignant transformation or a malignant salivary gland tumor

274. Which best describes an appropriate approach to a dentist's evaluation of a patient's fall risk before scheduling a lengthy procedure requiring a reclined chair position, in an elderly patient with orthostatic hypotension?

- A. Slowly returning the chair upright, letting the patient sit before standing, with assistance
- B. Returning the chair to upright rapidly in order to save time
- C. Ignoring the orthostatic hypotension history since it rarely matters clinically
- D. Standing the patient immediately upon completion of the treatment

275. A patient presents with a chief complaint of a painless, well-defined radiolucency associated with the crown of an unerupted mandibular canine, tooth otherwise developmentally normal, attached at the cemento-enamel junction, no epithelial mucous or hard tissue elements on histology. This is MOST consistent with

- A. ameloblastic fibro-odontoma
- B. complex odontoma
- C. dentigerous cyst
- D. simple bone cyst

276. Which best describes an appropriate approach to a dental practice's obligation regarding disposal of amalgam waste in compliance with environmental regulations?

- A. Disposing of amalgam waste down the office drain
- B. Using an amalgam separator and following regulated waste disposal protocols
- C. Discarding amalgam waste in regular office trash
- D. Ignoring amalgam waste regulations if the practice uses composite predominantly

277. A patient presents with a chief complaint of a firm, asymptomatic, radiopaque mass at the mandibular angle discovered incidentally, histology showing dense, avascular, acellular bone-like tissue continuous with a tooth root, distinct from surrounding normal bone. This is MOST consistent with

- A. hypercementosis

- B. osteoma
- C. cementoblastoma
- D. condensing osteitis

278. Which best describes an appropriate approach to a dentist's use of a chaperone during examination or treatment of a patient, particularly for sensitive procedures?

- A. Never using a chaperone under any circumstances whatsoever
- B. Requiring a chaperone only if the patient specifically demands one
- C. Using a chaperone only for procedures performed on minors
- D. Offering a chaperone as appropriate to protect patient comfort and the practitioner alike

279. A patient presents with a chief complaint of a painless, well-defined radiolucency associated with the crown of an unerupted mandibular third molar, tooth otherwise normal, no other symptoms. This is MOST consistent with

- A. dentigerous cyst
- B. radicular cyst
- C. traumatic bone cyst
- D. central giant cell granuloma

280. Which best describes an appropriate approach to a dental practice's obligation to maintain equipment calibration and safety checks for radiographic equipment?

- A. Skipping calibration checks if the equipment appears to be functioning normally
- B. Performing calibration and safety checks per manufacturer and regulatory schedules, with documentation
- C. Performing calibration only after a visible malfunction occurs
- D. Delegating calibration entirely to untrained staff without oversight

281. A patient presents with a chief complaint of a chronic, deep, boring pain in the maxillary sinus region with purulent nasal discharge and tenderness over the cheek, following a recent maxillary molar extraction with a known oroantral communication that was not treated. This is MOST consistent with

- A. a normal, expected healing extraction site with no concern
- B. temporomandibular joint disorder unrelated to the extraction
- C. trigeminal neuralgia affecting the maxillary division
- D. maxillary sinusitis secondary to an untreated oroantral communication

282. Which best describes an appropriate approach to a dentist's professional obligation regarding maintaining professional liability (malpractice) insurance coverage?

- A. Maintaining adequate, continuous malpractice insurance coverage as a standard risk management practice
- B. Malpractice insurance is optional and unnecessary for cautious practitioners
- C. Allowing coverage to lapse between policy periods to save cost
- D. Malpractice insurance is only relevant for surgical specialists

283. A patient presents with a chief complaint of a painless, firm, exophytic mass on the hard palate in an elderly denture wearer, histology showing hyperplastic fibrous connective tissue folds related to chronic denture flange irritation. This is MOST consistent with

- A. pleomorphic adenoma
- B. epulis fissuratum (denture-induced fibrous hyperplasia)
- C. squamous cell carcinoma
- D. torus palatinus

284. Which best describes an appropriate approach to a dentist's use of patient-reported outcome measures (e.g., pain scores, satisfaction surveys) in evaluating treatment success?

- A. Ignoring patient-reported measures in favor of clinical measures alone
- B. Relying solely on patient-reported measures without clinical examination

- C. Incorporating patient-reported outcomes alongside clinical and radiographic findings for a comprehensive assessment
- D. Collecting patient-reported data without ever using it in care decisions

285. A patient presents with a chief complaint of progressive, painless bilateral parotid gland swelling in a patient with a history of bulimia nervosa and recurrent vomiting. This finding is MOST consistent with

- A. Sjogren syndrome
- B. sialadenosis related to the eating disorder
- C. mumps (viral parotitis)
- D. bacterial sialadenitis

286. Which best describes an appropriate approach to a dental practice's handling of a patient's allergy information within the electronic health record system?

- A. Recording allergies in free text notes only, without any system-level flag
- B. Relying on the patient to remember and volunteer allergy information unprompted
- C. Assuming allergy status is unchanged and never re-verifying it
- D. Prominently flagging documented allergies within the record and verifying them at each visit before prescribing or treating

287. A patient presents with a chief complaint of a painless, slow-growing, exophytic mass of the anterior hard palate, histology showing a proliferation of minor salivary gland ductal and myoepithelial cells with a mixed cartilage-like stroma. This is MOST consistent with

- A. pleomorphic adenoma
- B. mucocele
- C. fibroma
- D. lipoma

288. Which best describes an appropriate approach to a dentist's obligation regarding accurate coding and documentation for insurance claims submission?

- A. Using the code that maximizes reimbursement regardless of the actual procedure performed
- B. Allowing administrative staff to select codes without any dentist oversight or verification
- C. Submitting codes that accurately reflect the actual procedure performed and documented in the record
- D. Upcoding routine procedures to more complex codes when reimbursement is low

289. A patient presents with a chief complaint of a painless, exophytic, verrucous, cauliflower-like white lesion on the lip vermilion in an elderly patient, biopsy showing marked epithelial dysplasia. Given the dysplastic change, this lesion carries a MOST significant risk for progression to

- A. no malignant potential regardless of dysplasia
- B. benign fibroma with no monitoring needed
- C. proliferative verrucous leukoplakia with significant malignant transformation potential
- D. a simple viral papilloma requiring no follow-up

290. Which best describes an appropriate approach to a dental practice's protocol for managing a suspected latex allergy reaction that progresses to anaphylaxis during treatment?

- A. Continuing treatment while monitoring symptoms without intervention
- B. Stopping treatment, removing latex exposure, administering epinephrine, and activating EMS immediately
- C. Administering an antihistamine only and continuing treatment
- D. Waiting to see if symptoms resolve before taking action

291. A patient presents with a chief complaint of a painless, well-defined radiolucency at the apex of a maxillary lateral incisor with a history of a large filling and a positive response to cold testing on the tooth. Given tooth vitality, this radiolucency is MOST likely

- A. a non-endodontic lesion requiring further diagnostic workup rather than root canal therapy
- B. a radicular cyst requiring immediate endodontic treatment now
- C. pulp necrosis with an associated periapical abscess
- D. acute apical periodontitis of purely pulpal origin

292. Which best describes an appropriate approach to a dental practice's protocol for verifying informed consent documentation before a surgical procedure under sedation?

- A. Obtaining verbal consent only, with no written documentation
- B. Skipping consent verification if the patient has had the procedure before
- C. Having the patient sign forms without any discussion of content
- D. Confirming the patient understands the discussed risks, benefits, and alternatives, with signed documentation before sedation begins

293. A patient presents with a chief complaint of a painless, firm, slow-growing radiopaque lesion at the periapex of multiple vital mandibular anterior teeth in a middle-aged woman, asymptomatic and stable over years. This is MOST consistent with

- A. acute periapical abscess of endodontic origin
- B. osteosarcoma, an aggressive malignant bone tumor
- C. periapical cemental (osseous) dysplasia in a mature stage
- D. ameloblastoma, a benign odontogenic tumor

294. Which best describes an appropriate approach to a dental practice's use of patient reminder text messages containing appointment details?

- A. Including detailed clinical information about the patient's specific diagnosis in the text
- B. Including the patient's full name and diagnosis for clarity
- C. Sending texts to any phone number on file without verifying it is the patient's own device
- D. Obtaining patient consent for text communication and limiting message content to minimize protected health information exposure

295. A patient presents with a chief complaint of a painless, exophytic, red, granular mass at an extraction site 3 weeks after tooth removal, bleeding easily, histology showing a proliferation of small blood vessels. This is MOST consistent with

- A. osteomyelitis

- B. pyogenic granuloma at the extraction site
- C. squamous cell carcinoma
- D. a retained root tip

296. Which best describes an appropriate approach to a dentist's obligation when a patient requests copies of their own radiographs for a second opinion consultation?

- A. Providing the requested radiographs or copies promptly per applicable record access requirements
- B. Refusing to release radiographs since they are practice property
- C. Charging an excessive fee to discourage the request
- D. Requiring the patient to obtain a court order before releasing radiographs

297. A patient presents with a chief complaint of progressive difficulty closing the mouth fully, no recent trauma, with radiograph showing an elongated coronoid process impinging mechanically on the zygomatic arch bilaterally, worsening over adolescence. This is MOST consistent with

- A. TMJ disc displacement
- B. mandibular fracture
- C. myofascial pain dysfunction
- D. coronoid hyperplasia causing mechanical restriction

298. Which best describes an appropriate approach to a dental practice's protocol for managing patients who present with symptoms of a potentially contagious respiratory illness?

- A. Treating the patient in the regular open bay without any modification
- B. Screening symptoms, using appropriate isolation/PPE measures, and rescheduling non-urgent care per current infection control guidance
- C. Ignoring symptoms if the patient insists they feel fine
- D. Proceeding with all elective treatment regardless of symptoms

299. A patient presents with a chief complaint of a painless, slow-growing, well-corticated radiolucent lesion of the posterior mandible in an adult, histology showing thin fibrous connective tissue wall

without epithelial lining, empty of fluid or containing minimal serous fluid, with vital adjacent teeth. This is MOST consistent with

- A. a radicular cyst
- B. an ameloblastoma
- C. a simple (traumatic) bone cyst
- D. a dentigerous cyst

300. Which best describes an appropriate approach to a dentist's professional responsibility regarding maintaining accurate, up-to-date knowledge of emergency drug protocols and dosages used in the office emergency kit?

- A. Regularly reviewing and practicing emergency protocols and confirming medication expiration dates and dosages are current
- B. Assuming initial training is sufficient for the entire career without review
- C. Delegating all knowledge of emergency drugs to staff without dentist familiarity
- D. Checking the emergency kit only after an emergency has already occurred

301. A patient presents with a chief complaint of a painless, well-defined radiolucency at the apex of a nonvital maxillary central incisor with a history of trauma, biopsy showing a fibrous cyst wall lined by non-keratinized stratified squamous epithelium. This is MOST consistent with

- A. a radicular cyst
- B. a dentigerous cyst
- C. an odontogenic keratocyst
- D. a nasopalatine duct cyst

302. Which best describes an appropriate approach to a dentist's obligation to obtain a signed acknowledgment of the office's HIPAA Notice of Privacy Practices from new patients?

- A. Skipping the acknowledgment for established patients transferring records
- B. Verbally describing privacy practices without any written documentation

- C. Assuming implied acknowledgment since the patient scheduled an appointment
- D. Providing the notice and obtaining a documented good-faith effort to acquire signed acknowledgment

303. A patient presents with a chief complaint of a painless, exophytic mass on the buccal mucosa along the occlusal plane, biopsy showing hyperkeratosis and acanthosis with a smooth surface, related to chronic cheek biting. This is MOST consistent with

- A. leukoplakia of idiopathic origin
- B. lichen planus
- C. morsicatio buccarum (chronic cheek biting)
- D. candidiasis

304. Which best describes an appropriate approach to a dentist's responsibility when a patient's insurance plan denies coverage for a clinically necessary procedure?

- A. Automatically cancel the recommended treatment since insurance denied it
- B. Discuss the denial with the patient, explain treatment necessity, and outline out-of-pocket or appeal options
- C. Bill the insurance company fraudulently under a different code to secure payment
- D. Refuse to treat the patient without insurance coverage

305. A patient presents with a chief complaint of a painless, firm, exophytic mass on the lateral tongue, biopsy showing a well-circumscribed proliferation of mature adipocytes. This is MOST consistent with

- A. fibroma
- B. granular cell tumor
- C. pyogenic granuloma
- D. lipoma

306. Which best describes an appropriate approach to a dental practice's obligation to accommodate a patient with a physical disability requiring modified access to the treatment area?

- A. Refusing to modify the office layout regardless of need
- B. Requiring the patient to arrange their own accommodations without practice assistance
- C. Providing reasonable accommodations per the Americans with Disabilities Act to ensure equal access to care
- D. Treating the patient only in a separate, lesser-equipped room

307. A patient presents with a chief complaint of a painless, slow-growing, well-corticated radiolucency at the mandibular canine-premolar apex region, tooth vital, unrelated to any tooth, biopsy showing salivary gland tissue within a bony depression. This is MOST consistent with

- A. a Stafne defect (developmental salivary gland depression)
- B. a radicular cyst
- C. a traumatic bone cyst
- D. a lateral periodontal cyst

308. Which best describes an appropriate approach to a dentist's use of a translator or language line service for a non-English-speaking patient during an emergency visit?

- A. Delaying emergency care until a translator becomes available regardless of urgency
- B. Using an available qualified interpretation resource while providing emergency care without unreasonable delay
- C. Relying solely on gestures for all communication regardless of complexity
- D. Refusing to treat the patient until they bring their own interpreter

309. A patient presents with a chief complaint of a painless, firm, exophytic mass of the gingiva, biopsy showing a proliferation of fibrous connective tissue with scattered foci of calcification and osteoid, arising from the periodontal ligament. This is MOST consistent with

- A. pyogenic granuloma
- B. traumatic fibroma
- C. peripheral ossifying fibroma
- D. peripheral giant cell granuloma

310. Which best describes an appropriate approach to a dental practice's policy for managing patients who repeatedly miss appointments without cancellation notice?

- A. Immediately discharging the patient after a single missed appointment without discussion
- B. Discussing the pattern with the patient, applying a documented, consistently enforced missed-appointment policy
- C. Ignoring missed appointments entirely regardless of frequency
- D. Charging an undisclosed fee without prior notice to the patient

311. A patient presents with a chief complaint of a painless, exophytic, pedunculated mass on the gingiva in a child, biopsy showing multinucleated giant cells in a vascular fibrous stroma, distinct from the central lesion by its peripheral, extraosseous location. This is MOST consistent with

- A. pyogenic granuloma
- B. peripheral ossifying fibroma
- C. traumatic fibroma
- D. peripheral giant cell granuloma

312. Which best describes an appropriate approach to a dentist's obligation regarding the use of expired dental materials or medications in patient care?

- A. Discarding expired materials and medications, never using them in patient treatment
- B. Using expired local anesthetic if it appears visually unchanged
- C. Using expired materials on lower-priority procedures only
- D. Extending the expiration date based on personal judgment

313. A patient presents with a chief complaint of a painless, firm, radiopaque mass discovered incidentally at the mandibular angle, histology showing mature, dense compact bone with no cellular atypia, in a patient with multiple colonic polyps and osteomas elsewhere. This presentation should prompt evaluation for

- A. an isolated benign finding requiring no further diagnostic workup

- B. cleidocranial dysplasia, a distinct skeletal syndrome
- C. Peutz-Jeghers syndrome, a distinct polyposis syndrome
- D. Gardner syndrome given the syndromic osteoma-polyp association

314. Which best describes an appropriate approach to a dental practice's protocol for managing a sharps injury involving a patient with unknown bloodborne pathogen status?

- A. Assuming no risk since the patient appeared healthy
- B. Following post-exposure protocol including risk assessment, patient testing consent request, and exposed staff follow-up per current guidelines
- C. Waiting for symptoms to develop before taking any action
- D. Treating the injury with only a bandage and no further follow-up

315. A patient presents with a chief complaint of a painless, exophytic, firm nodule at the commissure of the lip, biopsy showing a well-circumscribed collection of minor salivary gland tissue with mucous retention. This is MOST consistent with

- A. mucocele from minor duct trauma
- B. fibroma
- C. lipoma
- D. pyogenic granuloma

316. Which best describes an appropriate approach to a dental practice's use of a patient portal for sharing lab results, treatment plans, and clinical notes electronically?

- A. Sharing information through the portal without any access controls or authentication
- B. Emailing sensitive clinical notes without encryption for convenience
- C. Using a secure, authenticated patient portal that complies with HIPAA privacy and security requirements
- D. Posting patient information on an unsecured public website

317. A patient presents with a chief complaint of a painless, firm, exophytic mass on the gingiva of an edentulous ridge under a complete denture, biopsy showing hyperplastic fibrous tissue in parallel folds ('leaves') related to a loose denture base. This is MOST consistent with

- A. pyogenic granuloma
- B. epulis fissuratum
- C. torus mandibularis
- D. peripheral ossifying fibroma

318. Which best describes an appropriate approach to a dentist's obligation to disclose a treatment complication that occurred during a procedure to the patient afterward?

- A. Waiting to disclose only if the patient develops symptoms later
- B. Withholding information about the complication if the patient did not ask
- C. Disclosing the complication honestly, explaining its management, and documenting the disclosure discussion
- D. Downplaying the complication's significance to avoid patient concern

319. A patient presents with a chief complaint of a painless, firm swelling of the posterior mandible in a young adult, radiograph showing a unilocular radiolucency with a well-corticated border associated with an impacted third molar, biopsy showing thin epithelial lining without keratinization consistent with reduced enamel epithelium. This is MOST consistent with

- A. odontogenic keratocyst
- B. ameloblastoma
- C. central giant cell granuloma
- D. dentigerous cyst

320. Which best describes an appropriate approach to a dentist's use of loupes and proper ergonomic positioning during clinical procedures?

- A. Using appropriate magnification and ergonomic posture to improve precision and reduce musculoskeletal strain over a career
- B. Avoiding magnification devices entirely since they slow procedures down
- C. Working in awkward postures routinely to save chair-side setup time
- D. Considering ergonomics irrelevant to long-term occupational health entirely

321. A patient presents with a chief complaint of a painless, well-defined radiolucency between the roots of a vital mandibular lateral incisor and canine, biopsy showing thin non-keratinized epithelial lining with focal plaque-like thickenings. This is MOST consistent with

- A. lateral periodontal cyst
- B. radicular cyst
- C. dentigerous cyst
- D. traumatic bone cyst

322. Which best describes an appropriate approach to a dental practice's obligation regarding maintaining a current, written infection control policy manual?

- A. Relying on staff memory of infection control training without a written manual
- B. Maintaining a written, regularly updated infection control manual accessible to all staff, reflecting current CDC/OSHA guidance
- C. Writing the manual once at practice opening with no further updates
- D. Delegating the manual's content entirely to a vendor without dentist review

323. A patient presents with a chief complaint of a painless, exophytic, firm, pale pink nodule on the gingiva, present for years, biopsy showing dense, avascular, collagenous fibrous connective tissue with minimal cellularity. This is MOST consistent with

- A. pyogenic granuloma
- B. peripheral giant cell granuloma
- C. peripheral ossifying fibroma
- D. irritation (traumatic) fibroma

324. Which best describes an appropriate approach to a dentist's obligation when a patient asks for the dentist's opinion on a treatment recommended by another provider that the dentist believes is inappropriate?

- A. Refusing to give any opinion to avoid conflict with the other provider
- B. Publicly disparaging the other provider on social media
- C. Providing an honest, professional clinical assessment based on the dentist's own findings and judgment
- D. Automatically agreeing with the other provider regardless of the dentist's own findings

325. A patient presents with a chief complaint of progressive, painless swelling of the anterior maxilla in an adolescent, radiograph showing a well-defined radiolucency with scattered radiopaque flecks associated with an unerupted canine, biopsy showing ghost cells and a keratinized epithelial lining. This is MOST consistent with

- A. dentigerous cyst
- B. radicular cyst
- C. odontogenic keratocyst
- D. calcifying odontogenic cyst (Gorlin cyst)

326. Which best describes an appropriate approach to a dental practice's use of an after-hours answering service for patient emergencies?

- A. Providing no after-hours contact method for patients at all
- B. Providing a reliable after-hours contact method with a protocol for triaging true dental emergencies
- C. Directing all after-hours calls to voicemail with no callback protocol
- D. Requiring patients to wait until the next business day for any concern

327. A patient presents with a chief complaint of a painless, firm, slow-growing radiopaque mass of the posterior mandible in a young adult, biopsy showing sheets of odontogenic epithelium with focal calcifications and amyloid-like material (Liesegang rings). This is MOST consistent with

- A. calcifying epithelial odontogenic tumor (Pindborg tumor)
- B. ameloblastoma
- C. odontogenic keratocyst
- D. central giant cell granuloma

328. Which best describes an appropriate approach to a dentist's obligation regarding the accuracy of advertised before-and-after treatment photographs?

- A. Digitally altering photographs to exaggerate results
- B. Using unrelated stock photographs labeled as the practice's own results
- C. Using genuine, unaltered patient photographs with proper consent, accurately representing realistic outcomes
- D. Selecting only the most extreme, unrepresentative case outcomes for marketing

329. A patient presents with a chief complaint of a painless, slow-growing radiolucent lesion of the posterior mandible in a middle-aged adult, biopsy showing squamous epithelial islands with minimal cytologic atypia, without the peripheral palisading seen in ameloblastoma. This is MOST consistent with

- A. ameloblastoma
- B. squamous odontogenic tumor
- C. odontogenic keratocyst
- D. central giant cell granuloma

330. Which best describes an appropriate approach to a dentist's obligation regarding staff certification in basic life support (BLS) or CPR?

- A. Assuming clinical staff already know CPR without verification
- B. Requiring certification only for the dentist, not other clinical staff
- C. Allowing certifications to lapse if no emergency has occurred recently
- D. Ensuring clinical staff maintain current BLS/CPR certification per applicable regulatory and practice standards

331. A patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible in a young adult, radiograph showing a multilocular radiolucency, biopsy showing islands of odontogenic epithelium with peripheral columnar cells exhibiting reverse polarity surrounding stellate reticulum-like tissue. This is MOST consistent with

- A. odontogenic keratocyst
- B. central giant cell granuloma
- C. ameloblastoma
- D. traumatic bone cyst

332. Which best describes an appropriate approach to a dentist's obligation regarding patient notification when transferring a practice ownership to a new dentist?

- A. Providing advance written notice to patients regarding the ownership change and their options for records and continued care
- B. No notification is required if the new dentist keeps the same office
- C. Notifying only patients who have appointments scheduled after the transfer date
- D. Assuming patients will find out on their own

333. A patient presents with a chief complaint of a painless, slow-growing swelling of the anterior mandible in a child, radiograph showing multiple small tooth-like radiopaque structures within a radiolucent lesion associated with an unerupted incisor. This is MOST consistent with

- A. ameloblastoma
- B. central giant cell granuloma
- C. compound odontoma
- D. traumatic bone cyst

334. Which best describes an appropriate approach to a dentist's obligation regarding management of a patient who presents intoxicated and requesting sedation for a dental procedure?

- A. Proceeding with sedation as requested regardless of intoxication

- B. Ignoring visible signs of intoxication and proceeding with routine care as usual
- C. Assuming intoxication is not relevant to safe sedation dosing
- D. Deferring elective sedation until the patient is no longer intoxicated, given interaction and airway risks

335. A patient presents with a chief complaint of a painless, exophytic, red-blue, compressible mass on the buccal mucosa present since birth, that blanches with pressure. This is MOST consistent with

- A. pyogenic granuloma
- B. hemangioma (vascular malformation)
- C. mucocele
- D. lipoma

336. Which best describes an appropriate approach to a dental practice's obligation regarding verifying the credentials and licensure status of a newly hired associate dentist?

- A. Verifying the associate's license, education, and disciplinary history via the state board first
- B. Assuming the associate's resume claims are accurate without any verification
- C. Verifying credentials only after a patient complaint eventually arises
- D. Delegating all credential verification entirely to the associate themselves

337. A patient presents with a chief complaint of a painless, firm swelling of the posterior maxilla in an adult, radiograph showing a poorly defined radiolucent-radiopaque lesion, biopsy showing islands of odontogenic epithelium within a densely collagenized, hyalinized connective tissue stroma. This is MOST consistent with

- A. ameloblastoma
- B. desmoplastic ameloblastoma
- C. odontogenic keratocyst
- D. central giant cell granuloma

338. Which best describes an appropriate approach to a dentist's obligation regarding maintaining separation between clinical decision-making and financial incentives from a dental laboratory or product vendor?

- A. Basing treatment recommendations solely on clinical need and patient benefit, independent of vendor financial incentives
- B. Recommending products based primarily on vendor rebates offered to the practice
- C. Accepting undisclosed financial incentives tied to specific treatment volume
- D. Allowing vendor representatives to make treatment recommendations directly to patients

339. A patient presents with a chief complaint of a painless, slow-growing radiolucent lesion of the mandible in a young adult, biopsy showing sheets of odontogenic epithelium with a plexiform pattern of thin, anastomosing epithelial strands rather than typical follicular architecture. This is MOST consistent with

- A. odontogenic keratocyst
- B. central giant cell granuloma
- C. traumatic bone cyst
- D. plexiform ameloblastoma (a histologic variant of ameloblastoma)

340. Which best describes an appropriate approach to a dentist's obligation regarding proper labeling and storage of hazardous chemicals used in the dental office per OSHA Hazard Communication standards?

- A. Storing chemicals without any labels if staff are experienced
- B. Keeping safety data sheets only for chemicals used on a daily basis
- C. Maintaining proper labeling, safety data sheets, and appropriate storage for all hazardous chemicals per OSHA requirements
- D. Relying on chemical container color alone for identification

341. A patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible in a middle-aged adult, radiograph showing a unilocular radiolucency, biopsy showing a thin,

uniform parakeratinized epithelial lining with a corrugated surface and palisaded basal layer, with a notable tendency toward recurrence if incompletely removed. This is MOST consistent with

- A. radicular cyst
- B. dentigerous cyst
- C. odontogenic keratocyst
- D. traumatic bone cyst

342. Which best describes an appropriate approach to a dentist's obligation regarding informed consent when recommending a treatment with a significant cost difference between options of similar clinical outcome?

- A. Recommending only the most expensive option regardless of comparable alternatives
- B. Disclosing all clinically reasonable options and their relative costs so the patient can make an informed choice
- C. Withholding lower-cost options to increase practice revenue
- D. Assuming the patient does not want to know about cost differences

343. A patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible in a young adult, radiograph showing a unilocular radiolucency associated with an impacted tooth, biopsy showing an ameloblastoma-like epithelial component admixed with primitive ectomesenchyme resembling dental papilla. This is MOST consistent with

- A. odontogenic keratocyst
- B. central giant cell granuloma
- C. traumatic bone cyst
- D. ameloblastic fibroma

344. Which best describes an appropriate approach to a dentist's obligation regarding proper documentation of a patient's refusal of recommended radiographs?

- A. Documenting the specific radiographs recommended, the reasons given, and the patient's informed refusal in the record
- B. Proceeding to treat without any radiographs and without any documentation of the refusal
- C. Assuming radiographs are unnecessary if the patient declines once
- D. Refusing all further treatment if radiographs are declined

345. A patient presents with a chief complaint of a painless, exophytic mass of the anterior maxilla in a newborn, biopsy showing large granular eosinophilic cells beneath an intact epithelium, arising from the alveolar ridge. This is MOST consistent with

- A. congenital epulis, a granular cell tumor of the newborn
- B. neuroblastoma
- C. lymphangioma, a lymphatic vascular malformation
- D. hemangioma, a vascular birthmark lesion

346. Which best describes an appropriate approach to a dentist's obligation regarding proper management of a needle recapping procedure to prevent occupational sharps injury?

- A. Leaving needles uncapped on the tray between uses
- B. Recapping needles with both hands for a more secure fit
- C. Recapping needles using a one-handed scoop technique or a mechanical recapping device rather than two-handed recapping
- D. Recapping only when convenient, regardless of technique

347. A patient presents with a chief complaint of a painless, firm swelling of the posterior mandible in a child, radiograph showing a well-defined unilocular radiolucency associated with an unerupted second molar, biopsy showing reduced enamel epithelium without keratinization or hard tissue formation. This is MOST consistent with

- A. dentigerous cyst
- B. ameloblastic fibro-odontoma
- C. complex odontoma
- D. ameloblastoma

348. Which best describes an appropriate approach to a dentist's obligation regarding follow-up on a referral made to a specialist for a patient with a suspicious oral lesion?

- A. Considering the referral complete once the appointment is scheduled, with no further tracking
- B. Documenting the referral only if the patient specifically requests it
- C. Assuming the specialist will handle all further communication without practice involvement
- D. Tracking the referral outcome and following up if the patient does not report back within an expected timeframe

349. A patient presents with a chief complaint of a painless, slow-growing swelling of the anterior mandible in a young adult, radiograph showing a well-defined radiolucency, biopsy showing a proliferation of stellate and spindle-shaped cells within a loose, mucoid, myxomatous stroma with scattered thin collagen fibers. This is MOST consistent with

- A. ameloblastoma
- B. odontogenic myxoma
- C. squamous odontogenic tumor
- D. cementoblastoma

350. Which best describes an appropriate approach to a dentist's obligation regarding proper storage temperature monitoring for temperature-sensitive dental materials and medications (e.g., certain local anesthetics, biologics)?

- A. Assuming ambient room temperature is always adequate without monitoring
- B. Storing all materials at the coldest available temperature regardless of manufacturer instructions
- C. Monitoring and documenting storage temperatures per manufacturer specifications to maintain material efficacy and safety
- D. Checking storage temperature only when a product appears visibly altered

351. A patient presents with a chief complaint of a painless, slow-growing radiolucent lesion of the anterior mandible in a young adult, biopsy showing a mixture of odontogenic epithelium, ameloblastic fibroma-like ectomesenchyme, and mature enamel, dentin, and pulp tissue forming a rudimentary tooth-like structure. This is MOST consistent with

- A. ameloblastoma
- B. odontogenic keratocyst
- C. compound odontoma
- D. ameloblastic fibro-odontoma

352. Which best describes an appropriate approach to a dentist's obligation regarding proper documentation when a patient experiences an unexpected reaction to a local anesthetic during treatment?

- A. Documenting the specific agent used, the reaction observed, management provided, and updating the allergy/adverse reaction list
- B. Noting only that 'treatment was completed' without further detail
- C. Avoiding documentation to prevent raising liability concerns
- D. Documenting the reaction only if the patient requests it

353. A patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible in a young adult, radiograph showing a unilocular radiolucency with a scalloped border between tooth roots, biopsy showing a thin fibrous capsule containing collections of small nerve fascicles admixed with fibroblasts. This is MOST consistent with

- A. ameloblastoma
- B. traumatic neuroma
- C. central giant cell granuloma
- D. odontogenic keratocyst

354. Which best describes an appropriate approach to a dentist's obligation regarding proper management of a patient's prescription history to prevent duplicate or conflicting prescriptions from multiple providers?

- A. Assuming other providers have no relevant prescriptions to consider
- B. Prescribing without reviewing any other current medications
- C. Relying solely on the patient's memory without any verification tool
- D. Reviewing the patient's current medication list and, where available, a prescription drug monitoring program before prescribing

355. A patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible in a middle-aged adult, radiograph showing a well-defined unilocular radiolucency, biopsy showing thin, uniform epithelium with a corrugated parakeratinized surface and prominent palisaded basal cells, with satellite cysts in the adjacent connective tissue. This is MOST consistent with

- A. odontogenic keratocyst
- B. dentigerous cyst
- C. radicular cyst
- D. traumatic bone cyst

356. Which best describes an appropriate approach to a dentist's obligation regarding the proper use of a rubber dam clamp to avoid soft tissue injury during isolation?

- A. Applying the clamp rapidly without prior inspection to save time
- B. Reusing a visibly damaged clamp if it still fits the tooth
- C. Selecting an appropriately sized clamp, inspecting it for defects, and using dental floss ligature as a safety precaution
- D. Omitting floss ligature since it is unnecessary

357. A patient presents with a chief complaint of a painless, slow-growing swelling of the posterior maxilla in an adult, radiograph showing a poorly defined, mixed radiolucent-radiopaque lesion, biopsy showing round-to-oval calcified structures resembling cementum surrounded by odontogenic epithelium and mesenchyme. This is MOST consistent with

- A. ameloblastoma, an aggressive epithelial tumor
- B. central giant cell granuloma of the jaw
- C. odontogenic keratocyst with parakeratinized lining
- D. ameloblastic fibrodentinoma or a related cementifying odontogenic lesion

358. Which best describes an appropriate approach to a dentist's obligation regarding proper waste segregation for regulated medical waste (e.g., blood-soaked gauze) versus general office waste?

- A. Placing all waste, regulated and general, into the same bin for simplicity
- B. Discarding blood-soaked items in general office trash if the amount seems small
- C. Segregating regulated medical waste into labeled biohazard containers per state and OSHA requirements
- D. Delegating waste segregation decisions entirely to untrained staff without protocol

359. A patient presents with a chief complaint of a painless, slow-growing, expansile radiolucent lesion of the anterior mandible in a child, radiograph showing a multilocular 'soap bubble' appearance, biopsy showing abundant multinucleated giant cells within a vascular, hemosiderin-laden fibrous stroma, more cellular and aggressive-appearing than typical. This is MOST consistent with

- A. simple bone cyst
- B. central giant cell granuloma (aggressive variant)
- C. radicular cyst
- D. dentigerous cyst

360. Which best describes an appropriate approach to a dentist's obligation regarding informed consent for a procedure with a trainee (dental student or resident) performing a significant portion under supervision in an academic setting?

- A. Clearly disclosing the trainee's role, supervision level, and obtaining the patient's consent to their involvement
- B. Assuming consent is implied by presenting to a teaching institution
- C. Allowing the trainee to obtain consent without faculty involvement
- D. Withholding information about trainee involvement to avoid patient hesitation

361. A patient presents with a chief complaint of a painless, slow-growing swelling of the anterior maxilla in a teenager, radiograph showing a well-defined unilocular radiolucency associated with an unerupted lateral incisor, biopsy showing reduced enamel epithelium without keratinization. This is MOST consistent with

- A. dentigerous cyst
- B. odontogenic keratocyst

- C. radicular cyst
- D. central giant cell granuloma

362. Which best describes an appropriate approach to a dentist's obligation regarding maintaining a log of sterilization cycle results and biological indicator test outcomes?

- A. Discarding sterilization logs after each week since ongoing records are unnecessary
- B. Maintaining a complete, retrievable log of sterilization cycles and biological indicator results for the period required by state regulation
- C. Recording only failed cycles, not successful ones
- D. Keeping logs only if a patient specifically requests proof of sterilization

363. A patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible in an adult, radiograph showing a well-defined unilocular radiolucency, biopsy showing a fibrous cyst wall with hyaline (Rushton) bodies within a non-keratinized epithelial lining. This finding of Rushton bodies is MOST characteristic of

- A. odontogenic keratocyst
- B. dentigerous cyst
- C. traumatic bone cyst
- D. radicular or residual cyst

364. Which best describes an appropriate approach to a dentist's obligation regarding proper hand hygiene between patient contacts?

- A. Washing hands only at the start and end of the workday
- B. Relying on gloves alone without hand hygiene before or after glove use
- C. Performing hand hygiene before and after each patient contact and after glove removal, per CDC guidance
- D. Using hand sanitizer only when soap and water are unavailable, with no other hand hygiene routine

365. A patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible in a young adult, radiograph showing a multilocular radiolucency with a 'honeycomb' or 'tennis racket' trabecular pattern, biopsy showing loosely arranged spindle and stellate cells in a myxoid stroma with minimal epithelium. This is MOST consistent with

- A. ameloblastoma
- B. central giant cell granuloma
- C. odontogenic keratocyst
- D. odontogenic myxoma

366. Which best describes an appropriate approach to a dentist's obligation regarding proper eye protection for patients during procedures that generate aerosols or debris?

- A. Assuming patients do not need eye protection since they are reclined
- B. Providing patients with protective eyewear during procedures generating aerosols, debris, or splatter
- C. Providing eye protection only for the clinician, not the patient
- D. Using eye protection only for surgical procedures, not routine restorative care

367. A patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible in an adult, radiograph showing a well-defined radiolucency, biopsy showing sheets of odontogenic epithelium with a granular, eosinophilic cytoplasm pattern distinct from typical stellate reticulum. This is MOST consistent with

- A. ameloblastoma with classic stellate reticulum
- B. odontogenic keratocyst with parakeratinized lining
- C. granular cell odontogenic tumor (a rare ameloblastoma variant)
- D. central giant cell granuloma with hemosiderin deposits

368. Which best describes an appropriate approach to a dentist's obligation regarding proper management of nitrous oxide scavenging systems to minimize occupational exposure?

- A. Using a properly functioning scavenging system with adequate ventilation and periodic exposure monitoring per OSHA/NIOSH guidance
- B. Omitting scavenging systems if patients tolerate the gas well
- C. Assuming nitrous oxide exposure poses no occupational risk to staff
- D. Using scavenging equipment only during lengthy procedures

369. A patient presents with a chief complaint of a painless, slow-growing swelling of the anterior maxilla in a child, radiograph showing a well-defined radiolucency with a thin sclerotic border associated with an unerupted primary tooth remnant, biopsy showing reduced enamel epithelium. Given the primary dentition association, this is MOST consistent with

- A. radicular cyst of purely endodontic origin
- B. dentigerous cyst associated with a retained/unerupted primary tooth
- C. odontogenic keratocyst with parakeratinized epithelial lining
- D. traumatic bone cyst lacking any epithelial lining

370. Which best describes an appropriate approach to a dentist's obligation regarding proper use of a bite block or mouth prop during lengthy procedures under sedation?

- A. Using an appropriately sized bite block or mouth prop to reduce jaw fatigue and improve airway access, with periodic reassessment
- B. Never using a bite prop regardless of procedure length
- C. Using excessive force to keep the mouth open beyond comfortable range
- D. Leaving the prop in place without reassessment for the entire procedure regardless of duration

371. A patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible in an adult, radiograph showing a well-defined unilocular radiolucency, biopsy showing a thin non-keratinized epithelial lining with abundant mucous-secreting goblet cells and occasional ciliated columnar cells. This respiratory-type epithelium is MOST characteristic of

- A. odontogenic keratocyst
- B. radicular cyst
- C. dentigerous cyst

D. glandular odontogenic cyst

372. Which best describes an appropriate approach to a dentist's obligation regarding proper radiographic shielding (e.g., lead apron, thyroid collar) for patients during dental radiographic exposures?

- A. Omitting shielding for adult patients since modern digital sensors reduce dose sufficiently
- B. Using shielding only for pediatric patients, not adults
- C. Using appropriate shielding per current ADA/professional guidance, tailored to the specific exposure and patient population
- D. Applying shielding inconsistently based on staff preference

373. A patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible in a young adult, radiograph showing a well-defined unilocular radiolucency with a corticated border, biopsy showing thin epithelium with occasional clear cells within the basal layer, a described variant feature. Given a keratinized lining otherwise typical of a recurrence-prone cyst, this is MOST consistent with

- A. dentigerous cyst
- B. odontogenic keratocyst (clear cell variant feature noted)
- C. radicular cyst
- D. traumatic bone cyst

374. Which best describes an appropriate approach to a dentist's obligation regarding proper use of high-volume evacuation (HVE) during aerosol-generating procedures?

- A. Using high-volume evacuation consistently during aerosol-generating procedures to reduce airborne particle and splatter exposure
- B. Using HVE only when a patient specifically requests it
- C. Relying on saliva ejectors alone for all aerosol-generating procedures
- D. Omitting evacuation devices entirely for brief procedures

375. A patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible in an adult, radiograph showing a multilocular radiolucency, biopsy showing sheets of odontogenic epithelium forming a plexiform pattern with cystic degeneration and areas resembling both follicular and plexiform ameloblastoma patterns. This mixed histologic picture remains MOST consistent overall with

- A. odontogenic keratocyst
- B. central giant cell granuloma
- C. ameloblastoma (mixed histologic pattern)
- D. traumatic bone cyst

376. Which best describes an appropriate approach to a dentist's obligation regarding proper disposal and record-keeping for controlled substances that are wasted, expired, or unused in the office?

- A. Discarding controlled substances without any documentation
- B. Allowing any staff member to dispose of controlled substances without witness or log
- C. Storing expired controlled substances indefinitely without disposal
- D. Documenting disposal with witness verification and following DEA-compliant disposal methods

377. A patient presents with a chief complaint of a painless, slow-growing swelling of the anterior mandible in a child, radiograph showing a well-defined radiolucency associated with a missing permanent lateral incisor, biopsy showing reduced enamel epithelium consistent with a dentigerous origin around the unerupted tooth. This is MOST consistent with

- A. radicular cyst of endodontic origin
- B. dentigerous cyst associated with the unerupted permanent lateral incisor
- C. odontogenic keratocyst with parakeratinized lining
- D. traumatic bone cyst lacking any epithelial lining

378. Which best describes an appropriate approach to a dentist's obligation regarding proper storage and security of controlled substance prescription pads within the office?

- A. Storing prescription pads securely, limiting access, and never presigning blank prescriptions
- B. Leaving prescription pads accessible in unlocked common areas for convenience
- C. Allowing any staff member unrestricted access to blank prescription pads
- D. Presigning several blank prescriptions in advance to save time

379. A patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible in an adult, radiograph showing a well-defined unilocular radiolucency with a corticated border, biopsy showing a thin, uniform non-keratinized epithelial lining without inflammation, without any tooth association, arising from odontogenic rests unrelated to an existing tooth. This is MOST consistent with

- A. radicular cyst tied to a nonvital tooth
- B. dentigerous cyst tied to an unerupted tooth
- C. lateral periodontal cyst arising from rests of the dental lamina
- D. traumatic bone cyst lacking any epithelial lining

380. Which best describes an appropriate approach to a dentist's obligation regarding proper protocol for managing a patient who experiences a syncopal episode immediately after standing from the dental chair?

- A. Administering a stimulant medication immediately without any prior assessment
- B. Encouraging the patient to remain standing to simply 'walk it off'
- C. Assisting the patient to a supine position with legs elevated, monitoring vital signs, and allowing gradual recovery before standing again
- D. Ignoring the episode entirely if the patient reports feeling fine moments later

381. A patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible in a middle-aged adult, radiograph showing a well-defined unilocular radiolucency with sclerotic borders adjacent to a previously extracted tooth site, biopsy showing a fibrous cyst wall lined by non-keratinized epithelium with chronic inflammatory infiltrate. This is MOST consistent with

- A. dentigerous cyst
- B. odontogenic keratocyst

- C. traumatic bone cyst
- D. residual (radicular) cyst persisting after extraction

382. Which best describes an appropriate approach to a dentist's obligation regarding proper protocol for verifying a patient's pregnancy status before taking dental radiographs on a patient of childbearing age with an uncertain pregnancy status?

- A. Refusing all radiographs for any patient of childbearing age regardless of clinical need
- B. Assuming pregnancy is not possible without directly asking the patient
- C. Proceeding without discussing pregnancy status at all
- D. Discussing pregnancy status with the patient, using appropriate shielding, and limiting exposure to clinically necessary images

383. A patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible in a young adult, radiograph showing a well-defined unilocular radiolucency with cortical expansion, biopsy showing thin epithelial lining with basal cell hyperplasia and focal budding into the connective tissue wall, a recognized histologic variant feature within odontogenic keratocysts associated with higher recurrence. This is MOST consistent with

- A. odontogenic keratocyst (with budding/satellite cyst variant features)
- B. dentigerous cyst
- C. radicular cyst
- D. traumatic bone cyst

384. Which best describes an appropriate approach to a dentist's obligation regarding proper labeling of dental impression materials and other items sent to an outside laboratory to prevent cross-contamination?

- A. Sending items to the laboratory without any disinfection or labeling
- B. Disinfecting items per manufacturer/CDC guidance before shipment and clearly labeling them as disinfected
- C. Assuming the laboratory will disinfect all incoming items themselves
- D. Labeling items only if visibly contaminated with blood

385. A patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible in an adult, radiograph showing a well-defined unilocular radiolucency, biopsy showing a fibrous cyst wall lined by thin, non-keratinized epithelium with a diagnosis rendered as radicular cyst obtained years after the causative tooth was extracted. This residual, tooth-absent presentation is MOST consistent with

- A. dentigerous cyst tied to an unerupted tooth
- B. odontogenic keratocyst with parakeratinized lining
- C. residual cyst (a radicular cyst persisting after tooth extraction)
- D. traumatic bone cyst lacking any epithelial lining

386. Which best describes an appropriate approach to a dentist's obligation regarding proper informed consent discussion for a patient considering elective third molar extraction with a documented risk of inferior alveolar nerve injury?

- A. Omitting nerve injury risk from the consent discussion since it is uncommon
- B. Disclosing the specific risk of nerve injury, its likelihood based on radiographic proximity, and alternatives such as monitoring
- C. Assuming the patient already understands surgical risks without discussion
- D. Mentioning nerve injury risk only if the patient specifically asks about it

387. A patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible in a young adult, radiograph showing a multilocular radiolucency with cortical expansion and root resorption of adjacent teeth, biopsy confirming classic follicular pattern ameloblastoma with peripheral palisading and reverse polarity. Given root resorption and cortical expansion, appropriate management for this classic solid/multicystic ameloblastoma involves

- A. surgical resection with adequate margins given its locally aggressive, infiltrative growth pattern
- B. observation only, since the lesion is entirely benign and self-limiting
- C. antibiotic therapy alone without surgical intervention
- D. extraction of adjacent teeth only, leaving the lesion untreated

388. Which best describes an appropriate approach to a dentist's obligation regarding proper management of a patient's dental anxiety documented as a diagnosed anxiety disorder, beyond typical situational nervousness?

- A. Treating the diagnosed anxiety disorder the same as routine situational nervousness without further consideration
- B. Refusing to treat any patient with a diagnosed anxiety disorder at all
- C. Ignoring the diagnosis entirely and proceeding with standard behavioral techniques only
- D. Considering the diagnosis when planning behavioral and, if appropriate, pharmacologic anxiety management strategies in coordination with the patient's other providers as needed

389. A patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible in an adult, radiograph showing a well-defined unilocular radiolucency associated with a supernumerary unerupted tooth, biopsy showing reduced enamel epithelium consistent with a dentigerous origin. This is MOST consistent with

- A. dentigerous cyst associated with the unerupted supernumerary tooth
- B. radicular cyst tied to a nonvital tooth
- C. odontogenic keratocyst with parakeratinized lining
- D. traumatic bone cyst lacking any epithelial lining

390. Which best describes an appropriate approach to a dentist's obligation regarding proper protocol for managing an instrument that has been dropped on the floor during a sterile procedure?

- A. Wiping the instrument with an alcohol pad and continuing use immediately
- B. Continuing to use the instrument if it appears clean
- C. Removing the instrument from use and replacing it with a properly sterilized one before continuing
- D. Using the instrument only for the remainder of that specific procedure

391. A patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible in an adult, radiograph showing a well-defined unilocular radiolucency, biopsy showing a thin fibrous wall with focal areas of cholesterol clefts and multinucleated giant cells reacting to cholesterol

crystals within a chronic inflammatory cyst wall. These cholesterol clefts are a common secondary finding MOST associated with

- A. dentigerous cyst exclusively
- B. odontogenic keratocyst exclusively
- C. traumatic bone cyst exclusively
- D. chronic inflammatory cysts such as a radicular cyst

392. Which best describes an appropriate approach to a dentist's obligation regarding proper protocol for managing dental unit waterline quality to prevent biofilm-related infection risk?

- A. Assuming municipal water supply quality guarantees waterline safety without further treatment
- B. Using appropriate waterline treatment products and periodic water quality testing per CDC/manufacturer guidance
- C. Flushing waterlines only if visible discoloration is noted
- D. Testing water quality only after a patient reports an infection

393. A patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible in an adult, radiograph showing a well-defined unilocular radiolucency, biopsy showing a fibrous wall containing scattered mucous-secreting cells and respiratory epithelium in a small proportion of the lining, alongside typical non-keratinized squamous lining, in a lesion associated with a nonvital tooth. Given the nonvital tooth association, this is MOST consistent with

- A. dentigerous cyst
- B. odontogenic keratocyst
- C. traumatic bone cyst
- D. radicular cyst with focal respiratory/mucous metaplasia

394. Which best describes an appropriate approach to a dentist's obligation regarding proper protocol for managing a patient's request for a specific brand-name medication when an appropriate generic equivalent exists?

- A. Refusing to discuss the request and prescribing only what the dentist prefers
- B. Discussing the clinical equivalence of the generic, cost considerations, and prescribing per the patient's informed preference where clinically appropriate
- C. Automatically prescribing the brand-name version without any discussion of alternatives
- D. Assuming the generic is always inferior without evidence

395. A patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible in an adult, radiograph showing a well-defined unilocular radiolucency, biopsy showing a keratocyst-like parakeratinized lining but arising in a syndromic context with multiple similar lesions and a family history of similar cysts and skin lesions. This syndromic presentation of multiple keratocysts should raise suspicion for

- A. an isolated sporadic finding requiring no further evaluation at all
- B. cleidocranial dysplasia, a distinct skeletal syndrome
- C. nevoid basal cell carcinoma (Gorlin-Goltz) syndrome
- D. Peutz-Jeghers syndrome, a distinct polyposis syndrome

396. Which best describes an appropriate approach to a dentist's obligation regarding proper protocol for managing personal protective equipment (PPE) donning and doffing sequence to minimize contamination?

- A. Following a consistent, evidence-based donning/doffing sequence with hand hygiene between key steps
- B. Donning and doffing PPE in any arbitrary order for convenience
- C. Removing gloves last, after all other PPE, regardless of contamination risk
- D. Reusing single-use PPE components between patients if they appear visibly clean

397. A patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible in an adult, radiograph showing a well-defined unilocular radiolucency, biopsy showing a thin epithelial lining exhibiting orthokeratinization (rather than parakeratinization) with a granular cell layer, a less common but recognized variant. This orthokeratinized variant is MOST associated, compared to the classic parakeratinized form, with

- A. a higher recurrence rate than the classic form
- B. identical clinical behavior in every respect
- C. an association exclusively with Gorlin-Goltz syndrome
- D. a generally lower recurrence rate than the classic parakeratinized odontogenic keratocyst

398. Which best describes an appropriate approach to a dentist's obligation regarding proper protocol for managing a patient's request to review their complete treatment cost estimate before proceeding with a comprehensive treatment plan?

- A. Proceeding with treatment before providing any cost estimate
- B. Providing a clear, itemized treatment cost estimate and discussing payment options before starting comprehensive treatment
- C. Providing only a verbal, non-itemized estimate with no written documentation
- D. Assuming the patient does not need cost information before starting treatment

399. A patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible in an adult, radiograph showing multiple separate unilocular radiolucencies at different sites in the same patient over time, each biopsy confirming odontogenic keratocyst, with no other syndromic features identified on examination. This presentation of multiple, non-syndromic keratocysts is MOST consistent with

- A. multiple sporadic (non-syndromic) odontogenic keratocysts, which do occur without Gorlin-Goltz syndrome
- B. a diagnostic error, since keratocysts are always considered syndromic
- C. metastatic disease spreading to the jaw
- D. cherubism, a hereditary fibro-osseous condition

400. Which best describes an appropriate approach to a dentist's obligation regarding proper protocol for a final review of instrument and equipment sterility indicators before beginning a scheduled surgical procedure?

- A. Assuming sterility based on the general reputation of the sterilization process without checking indicators

- B. Skipping indicator verification for routine, frequently performed procedures
- C. Verifying that chemical and, where applicable, biological indicators confirm successful sterilization before opening and using the instrument set
- D. Checking indicators only if a patient specifically asks about sterilization

401. A 34-year-old man is referred after a routine panoramic radiograph incidentally reveals a posterior mandibular lesion; radiograph showing a well-defined unilocular radiolucency, biopsy showing a fibrous wall with dystrophic calcification and cholesterol clefts without any true epithelial lining identified despite serial sectioning. The absence of any epithelial lining on thorough examination is MOST consistent with

- A. radicular cyst tied to a nonvital tooth
- B. dentigerous cyst tied to an unerupted tooth
- C. odontogenic keratocyst with parakeratinized lining
- D. a traumatic (simple) bone cyst, a pseudocyst lacking any true epithelial lining

402. Which best describes an appropriate approach to a dentist's obligation regarding proper protocol for a patient who reports a latex-food cross-reactivity (e.g., banana, avocado, kiwi allergy) suggesting possible latex sensitivity?

- A. Ignoring the reported food allergies as clinically irrelevant
- B. Proceeding with standard latex gloves and materials without further inquiry
- C. Screening further for latex allergy and using latex-free precautions given the recognized latex-fruit syndrome association
- D. Assuming food allergies never relate to latex sensitivity

403. A 47-year-old woman reports no symptoms, but her hygienist notes a posterior mandibular finding on bitewing films; radiograph showing a well-defined unilocular radiolucency, biopsy showing a fibrous wall lined focally by odontogenic epithelium with areas of dysplastic dentin formation admixed with the fibrous connective tissue. This is MOST consistent with

- A. ameloblastoma
- B. ameloblastic fibrodentinoma

- C. odontogenic keratocyst
- D. central giant cell granuloma

404. Which best describes an appropriate approach to a dentist's obligation regarding proper protocol for verifying a patient's identity and treatment plan before beginning a procedure, akin to a surgical 'time-out'?

- A. Confirming patient identity, procedure, and site with the team immediately before beginning the procedure
- B. Skipping verification for procedures considered routine or low-risk
- C. Relying on the appointment schedule alone for patient and procedure identification
- D. Performing verification only for surgical, not restorative, procedures

405. A 26-year-old man presents for a second opinion on an asymptomatic posterior mandibular lesion found during orthodontic records; radiograph showing a well-defined unilocular radiolucency, biopsy showing thin epithelium with focal keratinization limited to superficial layers only, without the full corrugated parakeratinized architecture, in a lesion behaving similarly to a radicular cyst given a nonvital associated tooth. This is MOST consistent with

- A. odontogenic keratocyst with classic parakeratinized lining
- B. radicular cyst with focal surface keratinization, a recognized but less common variant
- C. dentigerous cyst tied to an unerupted tooth
- D. traumatic bone cyst lacking any epithelial lining

406. Which best describes an appropriate approach to a dentist's obligation regarding proper protocol for managing a patient's request to expedite lab turnaround for a same-week crown delivery?

- A. Communicating realistic laboratory turnaround times and quality considerations rather than compromising fabrication standards to meet an unrealistic timeline
- B. Always accommodating rush requests regardless of any quality implications
- C. Refusing to discuss the timing request with the patient at all
- D. Rushing the case ahead without informing the patient of any quality trade-offs

407. A 55-year-old woman's dentist orders a panoramic radiograph before extractions, incidentally revealing a posterior mandibular lesion; radiograph showing a well-defined unilocular radiolucency, biopsy showing a fibrous wall containing scattered odontogenic epithelial rests (rests of Malassez) without any active proliferation or cystic epithelial lining, an incidental finding in surrounding periodontal ligament tissue. This incidental finding of rests without cyst formation MOST likely represents

- A. a radicular cyst of endodontic origin
- B. an odontogenic keratocyst with parakeratinized lining
- C. a dentigerous cyst tied to an unerupted tooth
- D. normal epithelial rests of Malassez without pathologic cyst formation

408. Which best describes an appropriate approach to a dentist's obligation regarding proper protocol for managing a patient's known allergy to a specific dental material (e.g., methacrylate-based resin) requiring an alternative restorative approach?

- A. Using the known allergen since reactions are rarely severe
- B. Ignoring the documented allergy if no other material is immediately available
- C. Selecting an alternative, allergen-free restorative material appropriate for the clinical situation
- D. Proceeding with the allergen after obtaining verbal reassurance from the patient alone

409. A 38-year-old man has no complaints, but a routine exam reveals a firm swelling of the posterior mandible; radiograph showing a well-defined unilocular radiolucency, biopsy showing a thick fibrous capsule with dense hyalinized collagen and minimal cellularity, without epithelial lining, distinguished from a true cyst by the absence of any epithelium despite an apparent cavity on imaging. This is MOST consistent with

- A. radicular cyst tied to a nonvital tooth
- B. a traumatic (simple) bone cyst, given its non-epithelialized fibrous wall
- C. dentigerous cyst tied to an unerupted tooth
- D. odontogenic keratocyst with parakeratinized lining

410. Which best describes an appropriate approach to a dentist's obligation regarding proper protocol for a patient requesting release of records to a life insurance company as part of an underwriting review?

- A. Releasing complete records to any insurance company without verifying authorization
- B. Refusing to release any records to insurance companies under any circumstance
- C. Assuming verbal patient permission is sufficient without written authorization
- D. Releasing records only with proper written patient authorization specifying the intended recipient and purpose

411. A 61-year-old woman is referred for evaluation of a posterior mandibular finding noted on a recent CBCT scan; radiograph showing a well-defined unilocular radiolucency, biopsy showing a fibrous wall with a thin non-keratinized epithelial lining and abundant plasma cells and lymphocytes within the connective tissue, consistent with a chronically inflamed cyst wall secondary to a nonvital tooth. This is MOST consistent with

- A. dentigerous cyst
- B. odontogenic keratocyst
- C. radicular cyst with chronic inflammatory infiltrate
- D. traumatic bone cyst

412. Which best describes an appropriate approach to a dentist's obligation regarding proper protocol for managing a patient's medication list that includes a supplement or herbal product with known interactions relevant to dental treatment (e.g., St. John's Wort, high-dose fish oil)?

- A. Asking about and documenting supplement and herbal product use, considering relevant interactions before treatment or prescribing
- B. Assuming supplements have no clinical relevance since they are not prescription medications
- C. Skipping questions about supplements to save time during history-taking
- D. Only asking about supplements if the patient specifically volunteers this information

413. A 30-year-old man reports mild fullness in the posterior mandible, prompting radiographic evaluation; radiograph showing a well-defined unilocular radiolucency, biopsy showing a thin epithelial

lining with areas of mucous cell metaplasia and small foci resembling salivary duct-like structures, without a clear tooth association identified on imaging or history. This is MOST consistent with

- A. radicular cyst tied to a nonvital tooth
- B. dentigerous cyst tied to an unerupted tooth
- C. glandular odontogenic cyst, given mucous and ductal metaplastic features, no tooth association
- D. traumatic bone cyst

414. Which best describes an appropriate approach to a dentist's obligation regarding proper protocol for a patient requesting a same-day emergency appointment for severe dental pain when the schedule is fully booked?

- A. Refusing to see the patient and directing them elsewhere without any assessment
- B. Ignoring the request until the next available routine appointment slot
- C. Assuming the pain is not severe without any phone triage or assessment
- D. Triageing the reported symptoms and working the patient into the schedule or providing appropriate urgent referral

415. A 43-year-old woman's annual exam reveals an asymptomatic posterior mandibular lesion on radiograph; radiograph showing a well-defined unilocular radiolucency, biopsy showing a fibrous wall with a thin epithelial lining exhibiting arcading (arch-like) rete ridge patterns, a described but non-specific epithelial pattern seen in some radicular cysts. This arcading pattern is MOST associated with

- A. radicular cyst, in which arcading epithelium is a recognized but non-diagnostic histologic feature
- B. odontogenic keratocyst exclusively, given a parakeratinized lining
- C. dentigerous cyst exclusively, given an unerupted tooth
- D. traumatic bone cyst exclusively, given no epithelial lining

416. Which best describes an appropriate approach to a dentist's obligation regarding proper protocol for a patient who is a healthcare worker requesting to review their own occupational exposure incident report generated at the dental office?

- A. Refusing to allow the employee to review their own incident report
- B. Providing the employee access to their own exposure incident report per applicable occupational health and recordkeeping requirements
- C. Charging an excessive fee to discourage the request
- D. Requiring a court order before allowing the employee to view their own report

417. A 22-year-old man is referred by his general dentist for a posterior mandibular lesion discovered incidentally; radiograph showing a well-defined unilocular radiolucency, biopsy showing a fibrous wall lined by cuboidal to columnar epithelium with a distinctly different architecture from the reduced enamel epithelium expected around an unerupted tooth, despite radiographic association with an impacted third molar. Given this atypical lining for the radiographic presentation, further evaluation should consider

- A. a typical dentigerous cyst without any further diagnostic workup
- B. a typical radicular cyst without any further diagnostic workup
- C. a typical traumatic bone cyst without any further diagnostic workup
- D. an alternative diagnosis such as glandular odontogenic cyst, given the atypical epithelial lining

418. Which best describes an appropriate approach to a dentist's obligation regarding proper protocol for a patient who requests a treatment the dentist recognizes as outside currently accepted, evidence-based dental practice?

- A. Providing the requested unproven treatment as requested without discussion
- B. Refusing to discuss the request or provide any alternative options
- C. Explaining why the requested treatment lacks evidentiary support and offering evidence-based alternatives
- D. Providing the treatment only if the patient signs a waiver, without further discussion

419. A 58-year-old woman reports subtle jaw fullness that her dentist further evaluates radiographically; radiograph showing a well-defined unilocular radiolucency, biopsy showing a fibrous wall lined by non-keratinized epithelium with focal calcifications resembling cementicles admixed within the fibrous wall, in a lesion associated with a vital tooth's lateral root surface. This is MOST consistent with

- A. radicular cyst tied to a nonvital tooth
- B. a calcifying variant of lateral periodontal cyst (botryoid odontogenic cyst related spectrum)
- C. dentigerous cyst tied to an unerupted tooth
- D. traumatic bone cyst lacking any epithelial lining

420. Which best describes an appropriate approach to a dentist's obligation regarding proper protocol for reporting a suspected case of human trafficking identified during a patient encounter?

- A. Recognizing warning signs and following appropriate reporting protocols or connecting the patient with relevant support resources per applicable guidance
- B. Ignoring the suspicion since it is outside the scope of dental practice entirely
- C. Confronting the suspected trafficker directly during the appointment
- D. Discussing the suspicion openly with the patient in front of any accompanying person

421. A 33-year-old man's panoramic radiograph, taken for wisdom tooth evaluation, incidentally reveals a posterior mandibular lesion; radiograph showing a well-defined multilocular radiolucency resembling a 'honeycomb' or grape-like cluster pattern, biopsy showing multiple small cystic cavities lined by non-keratinized epithelium, a described variant of the lateral periodontal cyst family. This multicystic variant is MOST consistent with

- A. traumatic bone cyst lacking any epithelial lining
- B. dentigerous cyst tied to an unerupted tooth
- C. botryoid odontogenic cyst (a multicystic variant of lateral periodontal cyst)
- D. radicular cyst tied to a nonvital tooth

422. Which best describes an appropriate approach to a dentist's obligation regarding proper protocol for a patient who wishes to designate a healthcare power of attorney to make future dental treatment decisions?

- A. Documenting the designated healthcare power of attorney in the patient record and honoring their authority per applicable state law when the patient lacks capacity
- B. Ignoring any designated power of attorney and always requiring the patient's own direct consent regardless of capacity

- C. Refusing to acknowledge any legal designation without a court order
- D. Assuming family members automatically have decision-making authority regardless of formal designation

423. A 49-year-old woman presents with a painless posterior mandibular swelling first noticed by her spouse; radiograph showing a well-defined unilocular radiolucency, biopsy showing a fibrous wall lined by thin non-keratinized epithelium with a notable absence of any inflammatory infiltrate, in a lesion associated with an unerupted, otherwise structurally normal tooth. The absence of inflammation combined with the unerupted tooth association is MOST consistent with

- A. radicular cyst, given the inflammatory nature typically expected
- B. dentigerous cyst, given the developmental, non-inflammatory nature of the lesion
- C. residual cyst, given a prior extraction history
- D. traumatic bone cyst, given the absence of any epithelial lining

424. Which best describes an appropriate approach to a dentist's obligation regarding proper protocol for managing a patient's request to have a companion animal (e.g., a service animal) present during treatment?

- A. Refusing entry to any animal regardless of documented service animal status
- B. Requiring extensive documentation or certification before allowing a service animal, beyond what is legally required
- C. Treating all support animals identically regardless of applicable legal distinctions
- D. Accommodating a legitimate service animal per applicable disability access laws while addressing practical treatment area considerations

425. A 27-year-old man is referred for evaluation of an incidental posterior mandibular radiographic finding; radiograph showing a well-defined unilocular radiolucency, biopsy showing a fibrous wall lined by thin epithelium with prominent mucous-producing goblet cells throughout, a lesion with a documented tendency toward local recurrence if incompletely excised. Given this recurrence tendency and mucous cell-rich lining, this is MOST consistent with

- A. radicular cyst

- B. dentigerous cyst
- C. traumatic bone cyst
- D. glandular odontogenic cyst

426. Which best describes an appropriate approach to a dentist's obligation regarding proper protocol for a patient who is a current patient of record requesting treatment for a family member who is not an established patient, during an urgent situation?

- A. Refusing to see the family member under any circumstance without a prior appointment
- B. Assuming the existing patient's consent already covers treatment of the family member
- C. Conducting an assessment, obtaining history and consent from the new patient, within the practice's scope
- D. Treating the family member without any independent history or consent process at all

427. A 44-year-old woman's routine recall radiographs reveal an asymptomatic posterior mandibular lesion; radiograph showing a well-defined unilocular radiolucency, biopsy showing a fibrous wall lined by thin epithelium with scattered clear cells throughout the full thickness of the epithelium (not just the basal layer), a described distinct clear cell variant. Given this diffuse, full-thickness clear cell change, this variant is MOST associated with

- A. traumatic bone cyst lacking any epithelial lining
- B. a clear cell variant of odontogenic keratocyst, distinct from focal change
- C. dentigerous cyst tied to an unerupted tooth
- D. radicular cyst tied to a nonvital tooth

428. Which best describes an appropriate approach to a dentist's obligation regarding proper protocol for managing a patient's request to switch from an in-network to an out-of-network provider mid-treatment for a multi-visit procedure?

- A. Facilitating an appropriate transfer of care with complete records and treatment summary to support continuity of care
- B. Refusing to release any treatment information to the new provider
- C. Requiring the patient to complete the entire treatment before considering any transfer

D. Charging a punitive fee specifically to discourage the provider switch

429. A 36-year-old man reports no pain, but a periodic exam reveals a posterior mandibular swelling; radiograph showing a well-defined unilocular radiolucency, biopsy showing a fibrous wall lined by thin epithelium with a notable absence of rete ridges, described as a relatively flat, non-undulating epithelial-connective tissue interface, a nonspecific finding seen across several odontogenic cyst types. This nonspecific flat epithelial interface, taken alone without other distinguishing features, is MOST consistent with

- A. odontogenic keratocyst specifically, based on this feature alone
- B. dentigerous cyst specifically, based on this feature alone
- C. radicular cyst specifically, based on this feature alone
- D. a nonspecific finding requiring clinical and radiographic correlation to determine the specific cyst type

430. Which best describes an appropriate approach to a dentist's obligation regarding proper protocol for managing conflicting recommendations between a patient's cardiologist and the dentist's own clinical judgment regarding periprocedural anticoagulation management?

- A. Following the dentist's own judgment exclusively without any physician consultation
- B. Directly communicating with the cardiologist to reach a coordinated, shared decision on perioperative anticoagulation management
- C. Following the cardiologist's recommendation without any independent dental risk assessment
- D. Avoiding treatment entirely rather than resolving the conflicting recommendations through communication

431. A 51-year-old woman is referred for a second opinion on a posterior mandibular lesion found on radiograph; radiograph showing a well-defined unilocular radiolucency, biopsy showing a fibrous wall lined by thin epithelium with occasional mitotic figures noted in the basal layer, without other features of malignancy or significant cytologic atypia, in an otherwise typical odontogenic keratocyst. This finding of occasional basal mitoses in an otherwise typical keratocyst is MOST appropriately interpreted as

- A. a normal, expected finding reflecting the epithelium's baseline proliferative turnover rather than malignant transformation
- B. definitive evidence of malignant transformation requiring immediate radical resection
- C. evidence the diagnosis must be reclassified as ameloblastoma
- D. an indication for oncologic staging workup

432. Which best describes an appropriate approach to a dentist's obligation regarding proper protocol for a patient who has been the victim of intimate partner violence disclosed during a dental visit?

- A. Ignoring the disclosure and proceeding with routine dental treatment only
- B. Confronting the patient's partner directly if present in the waiting room
- C. Responding supportively, documenting appropriately, and providing information about relevant resources or following mandatory reporting requirements where applicable
- D. Refusing to treat the patient until the situation is resolved

433. A 24-year-old man's dentist notes a posterior mandibular finding during a routine radiographic series; radiograph showing a well-defined unilocular radiolucency, biopsy showing a fibrous wall lined by thin epithelium with a notably thin, only 4-8 cell layer thickness, described as an atrophic epithelial variant seen in some longstanding, chronically inflamed radicular cysts. This atrophic lining is MOST consistent with

- A. a dentigerous cyst, given the thin epithelium
- B. an odontogenic keratocyst, given the thin epithelium
- C. a chronic, longstanding radicular cyst showing atrophic epithelial change
- D. an ameloblastoma, given the thin epithelium

434. Which best describes an appropriate approach to a dentist's obligation regarding proper protocol for a patient with a documented substance use disorder in remission who is prescribed a necessary controlled substance for acute pain management?

- A. Weighing this history in a risk-benefit discussion, favoring non-opioid alternatives, coordinating with recovery providers if needed
- B. Automatically refusing to prescribe any controlled substance regardless of necessity

- C. Prescribing the identical regimen as for any other patient without considering the history
- D. Providing an especially large quantity of medication to avoid a follow-up visit

435. A 46-year-old woman presents with an incidental posterior mandibular lesion identified during implant planning imaging; radiograph showing a well-defined unilocular radiolucency, biopsy showing a fibrous wall lined by thin epithelium with focal areas of squamous metaplasia within an otherwise typical dentigerous cyst lining, a recognized but non-diagnostic secondary change. This focal squamous metaplasia within a dentigerous cyst lining is MOST appropriately interpreted as

- A. evidence the diagnosis should be changed to squamous cell carcinoma
- B. evidence the diagnosis should be changed to odontogenic keratocyst
- C. evidence the diagnosis should be changed to radicular cyst
- D. a recognized secondary epithelial change that does not alter the underlying dentigerous cyst diagnosis

436. Which best describes an appropriate approach to a dentist's obligation regarding proper protocol for managing a pediatric patient's dental treatment when parents present with differing opinions on the recommended treatment plan?

- A. Automatically deferring entirely to whichever parent is present at that specific visit
- B. Facilitating a discussion with both parents when possible, providing consistent clinical information, and documenting the consent obtained from an authorized decision-maker
- C. Refusing to treat the child until the parents fully agree on every detail
- D. Choosing whichever treatment plan is simplest for the practice regardless of parental input

437. A 31-year-old man reports gradual jaw fullness over several months, prompting further radiographic workup; radiograph showing a well-defined unilocular radiolucency, biopsy showing a fibrous wall lined by thin epithelium with a documented history of the cyst arising from a previously restored, now nonvital tooth after a deep restoration years earlier. This iatrogenic-context radicular cyst is MOST appropriately still classified as

- A. a dentigerous cyst, given the prior restorative history
- B. a radicular cyst, since it arises from a nonvital tooth regardless of cause
- C. a traumatic bone cyst, given the prior restorative history

D. an odontogenic keratocyst, given the prior restorative history

438. Which best describes an appropriate approach to a dentist's obligation regarding proper protocol for managing a patient's request to be present during their minor child's entire dental procedure?

- A. Accommodating reasonable parental presence when feasible while balancing operational and safety considerations, per practice policy
- B. Automatically refusing all parental presence regardless of circumstances
- C. Requiring parental presence for every pediatric procedure regardless of preference
- D. Ignoring the parent's request without any response or discussion

439. A 53-year-old woman is referred after her general dentist notices a posterior mandibular lesion on radiograph; radiograph showing a well-defined unilocular radiolucency, biopsy showing a fibrous wall lined by thin epithelium with a documented tooth that had undergone traumatic luxation years earlier, followed by delayed pulp necrosis and subsequent cyst formation. This trauma-related, delayed-onset lesion is MOST appropriately classified as

- A. a dentigerous cyst, given the prior traumatic history
- B. an odontogenic keratocyst, given the prior traumatic history
- C. a traumatic bone cyst, given the prior traumatic history
- D. a radicular cyst, since delayed trauma-related pulp necrosis is a recognized cause

440. Which best describes an appropriate approach to a dentist's obligation regarding proper protocol for a patient who declines a recommended referral to a specialist for a condition beyond the general dentist's scope of practice?

- A. Proceeding to treat the condition personally despite it being outside the dentist's scope of practice
- B. Refusing all further care from the practice entirely
- C. Documenting the referral recommendation, the patient's decision to decline, and continuing to provide appropriate care within the dentist's own scope
- D. Ignoring the referral recommendation and the patient's decision without any documentation

441. A 28-year-old man's biopsy is requested after an incidental posterior mandibular finding on panoramic imaging; radiograph showing a well-defined unilocular radiolucency, biopsy showing a fibrous wall lined by thin epithelium consistent with a radicular cyst, discovered to have arisen from a primary (deciduous) molar with chronic pulpal infection in a child. This pediatric radicular cyst arising from a primary tooth is MOST appropriately classified as

- A. a radicular cyst, since the same mechanism applies to primary and permanent nonvital teeth alike
- B. a dentigerous cyst, given the pediatric clinical context
- C. an odontogenic keratocyst, given the pediatric clinical context
- D. a traumatic bone cyst, given the pediatric clinical context

442. Which best describes an appropriate approach to a dentist's obligation regarding proper protocol for managing a patient's request for a treatment plan modification after treatment has already begun (e.g., switching from a fixed to a removable prosthesis mid-treatment)?

- A. Refusing to consider any modification once treatment has begun under any circumstance
- B. Automatically implementing the requested change without discussing clinical implications
- C. Charging a punitive fee specifically to discourage any treatment plan change
- D. Discussing the clinical implications, feasibility, and any cost or timeline changes of the requested modification before proceeding

443. A 40-year-old woman presents with a slowly enlarging posterior mandibular swelling noted over the past year; radiograph showing a well-defined unilocular radiolucency, biopsy showing a fibrous wall lined by thin epithelium consistent with a dentigerous cyst, arising around a tooth that was congenitally absent from its expected position but present as an ectopic, displaced unerupted tooth elsewhere in the jaw. This ectopic dentigerous cyst presentation is MOST appropriately classified as

- A. a radicular cyst, given the tooth's ectopic position
- B. a dentigerous cyst, since the mechanism applies regardless of the tooth's ectopic position
- C. an odontogenic keratocyst, given the tooth's ectopic position
- D. a traumatic bone cyst, given the tooth's ectopic position

444. Which best describes an appropriate approach to a dentist's obligation regarding proper protocol for a patient who requests treatment records be sent directly to their employer for a workers' compensation claim related to a work injury affecting the jaw?

- A. Refusing to release any records related to a workers' compensation claim under any circumstance
- B. Assuming general treatment consent already covers this specific disclosure without separate authorization
- C. Releasing the relevant records per the specific authorization and applicable workers' compensation reporting requirements
- D. Releasing the patient's entire complete record regardless of relevance to the specific claim

445. A 35-year-old man is referred for evaluation of a posterior mandibular lesion found during a dental school screening; radiograph showing a well-defined unilocular radiolucency, biopsy showing a fibrous wall lined by thin epithelium consistent with an odontogenic keratocyst, recurring at the same site 3 years after apparently complete surgical enucleation of a prior keratocyst. This recurrence pattern is MOST consistent with

- A. a new, unrelated dentigerous cyst coincidentally forming at the same site
- B. true recurrence of the odontogenic keratocyst, reflecting its well-documented tendency to recur even after apparently complete removal
- C. a traumatic bone cyst forming secondary to the prior surgery
- D. a radicular cyst forming secondary to the prior surgery

446. Which best describes an appropriate approach to a dentist's obligation regarding proper protocol for a patient requesting a treatment estimate be provided in writing for tax or reimbursement documentation purposes (e.g., a flexible spending account)?

- A. Refusing to provide any written estimate under any circumstance
- B. Providing only a verbal estimate with no written form regardless of the stated purpose
- C. Providing a clear, accurate written treatment estimate suitable for the patient's documented purpose
- D. Charging an excessive fee specifically to discourage the request for written documentation

447. A 57-year-old woman's routine radiograph before denture planning reveals an incidental posterior mandibular lesion; radiograph showing a well-defined unilocular radiolucency, biopsy showing a fibrous wall lined by thin non-keratinized epithelium consistent with a radicular cyst arising from a tooth with a documented history of an incompletely obturated (underfilled) root canal treatment years earlier, with persistent apical infection. This persistent, treatment-related radicular cyst is MOST appropriately managed with

- A. nonsurgical endodontic retreatment or apical surgery to address the persistent infection and lesion, given the incomplete original treatment
- B. observation only, since the lesion is a normal expected finding after any root canal treatment
- C. extraction as the only possible treatment option regardless of retreatment feasibility
- D. antibiotic therapy alone without any endodontic or surgical intervention

448. Which best describes an appropriate approach to a dentist's obligation regarding proper protocol for a patient who is a minor and presents alone requesting emergency dental treatment for severe pain, without an accompanying parent or guardian immediately available?

- A. Refusing any treatment until a parent or guardian is physically present, regardless of the emergency nature of the pain
- B. Ignoring the minor's pain entirely until a parent can be reached, however long that takes
- C. Assuming no treatment is ever permissible for a minor without in-person parental presence, in any circumstance
- D. Providing necessary emergency treatment while making reasonable efforts to contact a parent or guardian, per applicable emergency treatment and minor consent laws

449. A 25-year-old man reports no symptoms, but his dentist identifies a posterior mandibular lesion on bitewing radiographs; radiograph showing a well-defined unilocular radiolucency, biopsy showing a fibrous wall lined by thin epithelium consistent with a lateral periodontal cyst, arising adjacent to a tooth that had previously undergone orthodontic movement into its current position. This lateral periodontal cyst arising after orthodontic tooth movement is MOST appropriately understood as

- A. a developmental odontogenic cyst from dental lamina rests, coincidental to the orthodontic movement
- B. a direct complication caused specifically and only by orthodontic forces

- C. evidence of a technical orthodontic treatment error requiring review
- D. a finding requiring immediate orthodontic malpractice evaluation and review

450. Which best describes an appropriate approach to a dentist's obligation regarding proper protocol for a patient who requests documentation of medical necessity to submit to their employer for workplace accommodation related to a dental/facial condition?

- A. Refusing to provide any medical necessity documentation regardless of the clinical situation
- B. Providing accurate, clinically supported documentation of medical necessity relevant to the specific accommodation requested
- C. Providing documentation regardless of whether the clinical findings actually support the requested accommodation
- D. Requiring the patient's employer to contact the dentist directly before any documentation is considered

451. A 29-year-old man reports a 2-day history of severe, throbbing pain in a mandibular molar that keeps him awake at night, worsened by lying down, with no relief from over-the-counter analgesics. Pulp testing shows a markedly prolonged, severe response to cold. This presentation is MOST consistent with

- A. reversible pulpitis
- B. cracked tooth syndrome
- C. symptomatic irreversible pulpitis
- D. acute apical periodontitis

452. Which best describes an appropriate approach to a dental practice's protocol for verifying that a patient's signed consent form matches the procedure actually being performed that day?

- A. Assuming the form filed at the initial consultation still applies regardless of any treatment plan changes since then
- B. Skipping this check for patients who have been treated multiple times before
- C. Relying on the front desk to verify forms without clinical staff involvement
- D. Confirming the specific procedure and consent match immediately before starting treatment that day

453. A 61-year-old woman with well-controlled hypothyroidism on levothyroxine presents for routine restorative care. Which statement regarding her anesthesia and treatment planning is MOST accurate?

- A. She requires antibiotic prophylaxis before any dental procedure
- B. Well-controlled hypothyroidism generally poses minimal additional risk for routine dental treatment
- C. Local anesthetics with epinephrine are absolutely contraindicated
- D. General anesthesia is required for any restorative procedure

454. Which best describes an appropriate approach to a dental practice's protocol for a patient who reports feeling dizzy and diaphoretic immediately after sitting up from a supine position at the end of a lengthy procedure?

- A. Having the patient stand immediately to 'walk off' the dizziness
- B. Administering a stimulant before any positional intervention
- C. Returning the patient to a supine or semi-reclined position, monitoring vitals, and allowing gradual repositioning
- D. Ignoring the symptoms since they are expected after any procedure

455. A 7-year-old presents with a chief complaint of a painless bluish swelling on the lower lip after a fall the previous day, with the child having bitten the lip during the fall. Aspiration reveals dark, non-clotting blood. This is MOST consistent with

- A. a traumatic hematoma of the lip
- B. a mucocele
- C. a hemangioma present since birth
- D. a lymphangioma

456. Which best describes an appropriate approach to a dental practice's protocol for a patient requesting that a specific family member NOT be given any information about their treatment, despite that family member frequently accompanying them to visits?

- A. Disregarding the patient's request since the family member is usually present

- B. Assuming the accompanying family member automatically has a right to information
- C. Discussing the request only with the family member directly
- D. Honoring the patient's expressed preference and restricting information sharing accordingly per HIPAA

457. A 45-year-old man presents with a chief complaint of a gritty sensation and recurrent swelling below the tongue that worsens after eating, with a hard, palpable mass along the floor of the mouth on bimanual palpation. This is MOST consistent with

- A. a ranula
- B. a lingual thyroid
- C. an epidermoid cyst
- D. a sialolith obstructing the submandibular (Wharton) duct

458. Which best describes an appropriate approach to a dental practice's protocol for a patient who reports a prior adverse reaction to a specific dental material during a previous appointment elsewhere, but cannot recall the specific material?

- A. Assuming the reaction was not significant since the patient cannot recall the specific agent
- B. Documenting the reported history, attempting to identify the likely material, and using cautious alternative materials when the specific agent cannot be confirmed
- C. Proceeding with any standard material since the history is unconfirmed
- D. Refusing all treatment until the exact material is identified with certainty

459. A 55-year-old woman presents with a chief complaint of a burning sensation of the tongue and oral mucosa that worsens throughout the day, with normal-appearing mucosa on exam and unremarkable bloodwork. Which of the following BEST characterizes this presentation?

- A. Geographic tongue, a benign migratory mucosal condition
- B. Median rhomboid glossitis, a localized depapillated patch
- C. Burning mouth syndrome, a diagnosis of exclusion after ruling out other causes
- D. Oral lichen planus, an immune-mediated mucosal condition

460. Which best describes an appropriate approach to a dental practice's protocol for a patient who wants their treatment records converted from paper to a digital format for easier future access?

- A. Converting the records using a secure process that maintains accuracy and confidentiality, with appropriate verification of the digitized content
- B. Refusing to digitize any paper records under any circumstance whatsoever
- C. Digitizing records without any verification of accuracy against the originals at all
- D. Charging an excessive fee specifically to discourage the digitization request

461. A 38-year-old man presents with a chief complaint of a painless, hard, bony growth along the midline of the hard palate, present for years and slowly enlarging, covered by normal, thin mucosa. This is MOST consistent with

- A. torus palatinus
- B. osteosarcoma
- C. pleomorphic adenoma
- D. exostosis of the buccal alveolar ridge

462. Which best describes an appropriate approach to a dental practice's protocol for a patient who requests a copy of their x-rays be given directly to them in a digital format rather than sent to another provider?

- A. Refusing to provide images directly to the patient under any circumstance
- B. Providing the images in an appropriate digital format directly to the patient upon their request, per applicable record access laws
- C. Requiring the patient to obtain a court order before receiving their own images
- D. Charging an unreasonable, discouraging fee for the digital copy

463. A 33-year-old woman presents with a chief complaint of a painless, red, velvety patch on the ventral tongue, present for 6 weeks, with well-defined borders and no white component. Given this presentation, the MOST appropriate next step is

- A. reassurance and no biopsy since red patches are usually benign
- B. a course of antifungal medication without biopsy
- C. observation for 6 additional months before any action
- D. prompt biopsy given the significant malignant potential of erythroplakia

464. Which best describes an appropriate approach to a dental practice's protocol for a patient who wants a second dentist in the same practice to review their case before proceeding with a complex treatment plan?

- A. Refusing any internal second opinion request within the same practice
- B. Assuming the request implies distrust and declining to continue treating the patient
- C. Facilitating the internal consultation as a reasonable patient request supporting informed decision-making
- D. Charging an additional, undisclosed fee specifically for the second opinion

465. A 48-year-old man presents with a chief complaint of progressively worsening jaw pain and trismus over several months, with radiograph showing sclerotic bone changes and a history of long-term intravenous bisphosphonate therapy for metastatic prostate cancer, with exposed bone visible intraorally for the past 3 months. This is MOST consistent with

- A. osteoradionecrosis
- B. a simple dry socket
- C. medication-related osteonecrosis of the jaw (MRONJ)
- D. acute osteomyelitis unrelated to medication history

466. Which best describes an appropriate approach to a dental practice's protocol for a patient who asks the dentist to falsify a diagnosis code to secure insurance coverage for a cosmetic procedure not otherwise covered?

- A. Complying with the request since the patient is ultimately responsible for their own insurance fraud
- B. Complying only if the amount involved is relatively small
- C. Discussing coverage limitations honestly and declining to submit a falsified diagnosis code, since doing so constitutes insurance fraud

D. Complying but requiring the patient to sign a document accepting all liability

467. A 26-year-old woman presents with a chief complaint of a painless, firm, slow-growing mass of the anterior mandible, radiograph showing a well-defined radiolucency with a thin sclerotic rim, biopsy showing dense, avascular fibrous connective tissue without epithelium or calcification, discovered after minor trauma to the area with no prior cystic or tooth-related pathology identified. This scar-like fibrous lesion at a prior trauma site is MOST consistent with

- A. a focal fibrous (traumatic) scar/fibrosis rather than a true cyst or neoplasm
- B. an ameloblastoma, an aggressive epithelial tumor
- C. an odontogenic keratocyst with parakeratinized lining
- D. a central giant cell granuloma with hemosiderin deposits

468. Which best describes an appropriate approach to a dental practice's protocol for a patient who has a documented allergy to a specific antibiotic class who requires antibiotic prophylaxis before a procedure?

- A. Using the documented allergen anyway since prophylaxis is considered low-risk
- B. Selecting an appropriate alternative antibiotic from a different class not associated with the documented allergy
- C. Skipping prophylaxis entirely rather than considering any alternative agent
- D. Assuming the allergy history is likely inaccurate and proceeding with the standard first-line agent

469. A 40-year-old man presents with a chief complaint of a painless, exophytic mass on the gingiva that has grown steadily over 2 months, biopsy showing a dense proliferation of Schwann cells forming a well-encapsulated mass with a characteristic wavy nuclear pattern. This is MOST consistent with

- A. neurofibroma or schwannoma, given the Schwann cell origin and encapsulation
- B. pyogenic granuloma, a reactive vascular lesion
- C. traumatic fibroma, a reactive fibrous lesion
- D. lipoma, composed of mature adipose tissue

470. Which best describes an appropriate approach to a dental practice's protocol for managing a patient's request to be informed immediately of any incidental findings discovered on a routine radiograph, even minor ones?

- A. Disclosing only major findings and omitting minor incidental findings by default
- B. Waiting until the next scheduled recall visit to mention any incidental findings
- C. Assuming all patients want the same level of detail regardless of individual preference
- D. Respecting the patient's stated preference for full disclosure and communicating incidental findings, including minor ones, as requested

471. A 50-year-old woman presents with a chief complaint of a painless, exophytic, firm nodule on the hard palate with surface telangiectasias, biopsy showing a well-circumscribed proliferation of small blood vessels within a fibrous stroma, distinct from the more disorganized pattern of a pyogenic granuloma. This is MOST consistent with

- A. fibroma, a firm collagenous lesion
- B. a stable, involuted hemangioma or vascular malformation
- C. lipoma, composed of mature adipose tissue
- D. squamous papilloma, a papillary viral lesion

472. Which best describes an appropriate approach to a dental practice's protocol for verifying a patient's current address and contact information at each recall visit?

- A. Assuming contact information never changes once initially collected
- B. Confirming and updating contact information at each visit to ensure accurate ongoing communication and recordkeeping
- C. Updating contact information only when mail is returned as undeliverable
- D. Relying on the patient to proactively report any changes without being asked

473. A 62-year-old man presents with a chief complaint of a painless ulcer on the lateral border of the tongue with rolled, indurated margins, present for 5 weeks, in a patient with a 40-pack-year smoking history. Biopsy would MOST likely reveal

- A. a benign traumatic ulcer
- B. invasive squamous cell carcinoma
- C. aphthous stomatitis
- D. herpetic ulceration

474. Which best describes an appropriate approach to a dental practice's protocol for a patient who wants copies of their radiographs and chart notes emailed to them directly for personal record-keeping?

- A. Refusing email transmission of any patient records under any circumstance
- B. Sending records via unencrypted standard email regardless of security implications
- C. Using a secure, encrypted transmission method appropriate for protected health information, per the patient's request
- D. Requiring the patient to physically visit the office as the only acceptable method of record transfer

475. A 24-year-old woman presents with a chief complaint of multiple small, painful, recurrent ulcers on the labial mucosa, occurring 3-4 times per year, each healing without scarring within 10-14 days, with no other systemic symptoms. This pattern is MOST consistent with

- A. herpes zoster
- B. primary herpetic gingivostomatitis
- C. pemphigus vulgaris
- D. minor recurrent aphthous stomatitis

476. Which best describes an appropriate approach to a dental practice's protocol for a patient who requests that all future appointment reminders be sent only by phone call, not text or email, due to a shared household device?

- A. Honoring the patient's specific communication preference and updating the record accordingly
- B. Continuing to use text and email regardless of the stated preference for convenience
- C. Ignoring the request since phone calls are more time-consuming for staff
- D. Requiring the patient to justify the reason for their preference before honoring it

477. A 19-year-old man presents with a chief complaint of gum swelling and bleeding around a partially erupted mandibular third molar, with pain on chewing and mild trismus, but no fever or facial swelling. This is MOST consistent with

- A. acute suppurative osteomyelitis
- B. localized pericoronitis
- C. Ludwig angina
- D. a dentigerous cyst

478. Which best describes an appropriate approach to a dental practice's protocol for a patient requesting that their treatment be scheduled around specific religious observance days?

- A. Refusing to accommodate any scheduling requests based on religious observance
- B. Scheduling without regard to the stated preference since business needs take priority
- C. Requiring the patient to disclose the specific religious reason before accommodating the request
- D. Making reasonable scheduling accommodations for the patient's stated preference when feasible

479. A 35-year-old woman presents with a chief complaint of a painless, exophytic, pink, smooth-surfaced nodule on the buccal mucosa along the bite line, present for 8 months, unchanged in size, with no history of recent trauma reported. This is MOST consistent with

- A. pyogenic granuloma
- B. peripheral giant cell granuloma
- C. irritation fibroma from chronic low-grade trauma
- D. squamous cell carcinoma

480. Which best describes an appropriate approach to a dental practice's protocol for a patient who asks whether the dentist has ever been subject to disciplinary action by the state board?

- A. Answering the question honestly, since patients are entitled to seek publicly available licensure information
- B. Refusing to answer the question under any circumstance

- C. Providing a deliberately misleading answer to avoid losing the patient
- D. Ending the patient relationship immediately for asking the question

481. A 41-year-old man presents with a chief complaint of a painless, firm, exophytic nodule on the dorsal tongue, biopsy showing a well-circumscribed collection of mature adipose tissue with a thin fibrous capsule. This is MOST consistent with

- A. fibroma
- B. pyogenic granuloma
- C. granular cell tumor
- D. lipoma

482. Which best describes an appropriate approach to a dental practice's protocol for a patient who requests treatment be delivered entirely in a language other than English, when the treating dentist is not fluent in that language?

- A. Proceeding without any interpretation support since written consent forms are considered sufficient
- B. Arranging for qualified interpretation services to support clear communication throughout the treatment process
- C. Declining to treat the patient solely due to the language difference
- D. Relying on a young family member as the sole interpreter for all complex clinical discussions

483. A 29-year-old woman presents with a chief complaint of a painless, well-circumscribed, blue, dome-shaped swelling on the lower lip, present for 3 weeks, following a history of lip-biting. This is MOST consistent with

- A. mucocele from minor salivary duct trauma
- B. hemangioma present since birth
- C. varix
- D. lymphangioma

484. Which best describes an appropriate approach to a dental practice's protocol for a patient who wants to record their own appointment on their personal phone for later reference?

- A. Prohibiting any recording under all circumstances without discussion
- B. Ignoring the request and proceeding as though it was never made
- C. Discussing the request, considering practice policy and any applicable legal considerations, and reaching a mutually agreeable arrangement
- D. Automatically agreeing without any discussion of practice policy considerations

485. A 47-year-old man presents with a chief complaint of intermittent, sharp pain in the maxillary posterior teeth that worsens with changes in altitude (e.g., during air travel), with normal-appearing teeth and negative pulp testing. This presentation is MOST consistent with

- A. symptomatic irreversible pulpitis
- B. cracked tooth syndrome
- C. periodontal abscess
- D. barodontalgia related to maxillary sinus pressure changes

486. Which best describes an appropriate approach to a dental practice's protocol for a patient requesting itemized documentation distinguishing which portions of a treatment plan are medically necessary versus purely elective/cosmetic?

- A. Refusing to distinguish medically necessary from elective components under any circumstance
- B. Providing an accurate, itemized breakdown distinguishing medically necessary from elective components as requested
- C. Classifying all treatment as medically necessary regardless of actual clinical indication
- D. Classifying all treatment as elective to avoid insurance complications

487. A 52-year-old woman presents with a chief complaint of progressive, bilateral loss of taste sensation along with dry, cracked oral mucosa and difficulty swallowing dry foods, with a history of radiation therapy to the head and neck 6 months earlier. This constellation is MOST consistent with

- A. radiation-induced xerostomia with associated taste disturbance
- B. Sjogren syndrome unrelated to the radiation history
- C. a normal, expected finding requiring no further evaluation or management
- D. oral candidiasis as the primary and sole cause

488. Which best describes an appropriate approach to a dental practice's protocol for a patient who reports that a previous dentist recommended a treatment plan significantly different from what the current dentist recommends?

- A. Automatically assuming the previous dentist's plan was correct, with no evaluation
- B. Conducting an independent evaluation, explaining the current rationale, and respecting the patient's right to further opinions
- C. Automatically assuming the previous dentist's plan was incorrect, with no evaluation
- D. Refusing to discuss the discrepancy with the patient at all

489. A 31-year-old woman presents with a chief complaint of a painless, firm, well-circumscribed nodule on the buccal mucosa, biopsy showing large cells with abundant granular cytoplasm and small, uniform nuclei, with overlying pseudoepitheliomatous hyperplasia of the surface epithelium noted, a described benign mimicker of invasive carcinoma on superficial biopsy. This is MOST consistent with

- A. squamous cell carcinoma, a malignant epithelial tumor
- B. pyogenic granuloma, a reactive vascular lesion
- C. granular cell tumor with pseudoepitheliomatous hyperplasia, a recognized benign mimic
- D. irritation fibroma, a reactive fibrous lesion

490. Which best describes an appropriate approach to a dental practice's protocol for a patient who declines to disclose their full medical history due to privacy concerns, but still wants to proceed with elective treatment?

- A. Explaining the value of a complete history, respecting patient choice, and proceeding within safe clinical judgment
- B. Proceeding with all elective treatment regardless of the incomplete history, without discussion
- C. Refusing all treatment outright without any discussion of the underlying concern

D. Fabricating a plausible history on the patient's behalf to complete the record

491. A 44-year-old man presents with a chief complaint of a painless, firm, slow-growing exophytic mass on the gingiva, biopsy showing a proliferation of spindle-shaped fibroblasts with scattered chronic inflammatory cells, related to a poorly contoured, overhanging amalgam restoration margin. This is MOST consistent with

- A. pyogenic granuloma, a reactive vascular lesion
- B. peripheral giant cell granuloma with multinucleated cells
- C. irritation fibroma secondary to the overhanging restoration margin
- D. squamous papilloma, a papillary viral lesion

492. Which best describes an appropriate approach to a dental practice's protocol for a patient who requests a treatment plan be revised to prioritize the most cosmetically visible teeth first, contrary to the dentist's recommended sequence based on disease severity?

- A. Automatically implementing the patient's preferred sequence without any discussion of clinical trade-offs
- B. Refusing to discuss any alternative sequencing under any circumstance
- C. Proceeding with the dentist's original sequence without acknowledging the patient's request at all
- D. Discussing the clinical rationale for the recommended sequence and reasonable compromises that address both clinical priorities and patient preferences

493. A 39-year-old woman presents with a chief complaint of progressive, painless swelling and displacement of the maxillary anterior teeth, radiograph showing a well-defined radiolucency with a 'ground-glass' internal pattern and calcified flecks associated with an unerupted canine, in a lesion showing ductal epithelial structures on biopsy. This is MOST consistent with

- A. dentigerous cyst alone
- B. radicular cyst
- C. adenomatoid odontogenic tumor
- D. traumatic bone cyst

494. Which best describes an appropriate approach to a dental practice's protocol for a patient who requests that a companion be allowed to remain in the operatory for emotional support during a routine, non-sedation procedure?

- A. Refusing any companion presence under all circumstances regardless of procedure type
- B. Ignoring the request and proceeding as though it was never made
- C. Requiring the patient to justify the need for support before considering the request
- D. Accommodating reasonable companion presence when feasible, consistent with practice policy and space/safety considerations

495. A 27-year-old man presents with a chief complaint of a painless, firm, slow-growing swelling of the anterior mandible, radiograph showing a well-defined unilocular radiolucency with a corticated border unrelated to any tooth, biopsy showing a thick fibrous capsule with minimal cellularity and no epithelial lining, found incidentally during orthodontic workup. This is MOST consistent with

- A. a traumatic (simple) bone cyst
- B. a radicular cyst
- C. a dentigerous cyst
- D. an odontogenic keratocyst

496. Which best describes an appropriate approach to a dental practice's protocol for a patient who asks the dentist directly whether a competing practice down the street offers better value for a specific procedure?

- A. Disparaging the competing practice's quality or pricing without any factual basis
- B. Answering honestly about one's own services and pricing without disparaging a specific competitor
- C. Refusing to discuss pricing or value at all when directly asked
- D. Guaranteeing that the current practice is always the better value in every single case

497. A 36-year-old woman presents with a chief complaint of a painless, exophytic, firm, pink nodule on the attached gingiva, present for 4 months, biopsy showing dense collagenous connective tissue with minimal vascularity, related to chronic mechanical irritation from a rough restoration margin. This is MOST consistent with

- A. pyogenic granuloma
- B. irritation (traumatic) fibroma
- C. peripheral giant cell granuloma
- D. peripheral ossifying fibroma

498. Which best describes an appropriate approach to a dental practice's protocol for a patient requesting a treatment summary letter to share with a new employer's health insurance plan for continuity of benefits?

- A. Refusing to provide any summary letter regardless of the patient's stated purpose
- B. Providing only a verbal summary with no written documentation
- C. Requiring the new employer to contact the practice directly before any letter is considered
- D. Providing an accurate, appropriately detailed treatment summary letter suited to the patient's stated purpose

499. A 58-year-old man presents with a chief complaint of a painless, slow-growing, firm swelling of the posterior mandible, radiograph showing a well-defined radiolucency with a 'soap bubble' multilocular pattern and cortical expansion, biopsy confirming classic ameloblastoma with peripheral palisading. Given documented cortical perforation on imaging, the MOST appropriate management approach is

- A. observation alone given the benign histologic classification
- B. antibiotics alone without any surgical intervention
- C. surgical resection with adequate margins given the locally aggressive, infiltrative behavior and cortical perforation
- D. extraction of adjacent teeth only, leaving the lesion in place

500. Which best describes an appropriate approach to a dental practice's protocol for closing out a patient's active treatment file after a course of comprehensive care is completed?

- A. Ensuring all notes, consent documentation, and recall plans are finalized before closing the file
- B. Closing the file immediately without finalizing any of the documentation
- C. Deleting interim progress notes once treatment is complete to simplify the record

D. Leaving the file indefinitely open regardless of the treatment completion status

Practice Exam 3: Answer Key and Explanations

1. **A** — Primary herpetic gingivostomatitis, caused by HSV-1, classically presents in young children with fever, malaise, cervical lymphadenopathy, and painful vesicles that rupture into shallow ulcers on both keratinized and non-keratinized mucosa, notably including the attached gingiva. Herpangina and hand-foot-and-mouth disease are coxsackievirus infections that characteristically spare the gingiva. Aphthous ulcers lack any preceding fever or vesicular stage.
2. **D** — Periapical granulomas are typically small, diffuse, and poorly corticated because they represent chronic granulation tissue without a true epithelial lining, unlike radicular cysts, which tend to be larger, well-corticated, and capable of expanding the cortical plates over time. Root displacement and buccal-lingual expansion favor a cystic, space-occupying process rather than simple granulomatous tissue confined to the periapex.
3. **B** — JCNDE Rules of Conduct require all parties, including test center staff and proctors, to cooperate fully with investigations into testing irregularities such as unusual score patterns. This preserves examination validity and security. Declining involvement or waiting for a subpoena would obstruct the Governing Body's quality assurance and security investigation process, which is a professional obligation.
4. **C** — A lingering, severe response to cold with no percussion sensitivity indicates inflammation confined to the pulp without periapical extension, classic for symptomatic irreversible pulpitis. Reversible pulpitis resolves quickly upon stimulus removal. Apical periodontitis presents with percussion pain reflecting periapical involvement. Cracked tooth syndrome causes sharp pain on release of biting pressure, not lingering cold sensitivity.
5. **A** — Gorlin-Goltz (nevroid basal cell carcinoma) syndrome classically presents with multiple odontogenic keratocysts at the mandibular angles alongside numerous basal cell carcinomas, skeletal anomalies, and calcification of the falx cerebri. The combination of jaw radiolucencies with cutaneous basal cell nevi is a key diagnostic clue distinguishing this syndrome from isolated jaw lesions like cherubism or Paget disease.
6. **C** — When the pulp is irreversibly inflamed and the tooth cannot be restored, emergency management should remove the source of the pain directly through pulpal debridement (pulpotomy or pulpectomy) or extraction rather than relying on medication alone, which only masks symptoms. Sedative dressings and analgesics without addressing the inflamed pulp fail to resolve the underlying etiology promptly.
7. **D** — An adequate catastrophe preparedness plan assigns specific staff responsibilities for emergencies such as fire, natural disaster, or medical crises, and is reviewed and updated periodically to remain

functional as staff and circumstances change. A plan reviewed only once at opening or filed passively with a regulatory body without practical staff training fails to ensure real preparedness.

8. B — Chronic alcohol use can impair hepatic synthesis of clotting factors, prolonging INR/prothrombin time and increasing bleeding risk during extractions. Screening coagulation status before surgery in a patient with suspected hepatic dysfunction is essential for safe management. Glucose, calcium, and thyroid function are less directly relevant to the immediate bleeding risk in this clinical scenario.

9. A — An unresponsive patient who is not breathing normally requires immediate activation of emergency medical services and initiation of chest compressions per basic life support protocols, since this presentation suggests cardiac arrest rather than a simpler vasovagal or respiratory event. Oxygen alone or medication administration without compressions and EMS activation would critically delay life-saving intervention.

10. B — Poorly controlled diabetes with an elevated HbA1c impairs neutrophil function and wound healing, increasing susceptibility to postoperative infection and delayed recovery after dental procedures. This does not categorically prohibit treatment, but warrants closer monitoring and possibly staged care. Routine antibiotic prophylaxis and mandatory general anesthesia are not indicated solely based on glycemic control status.

11. C — A complete laboratory prescription for a fixed partial denture must specify the design, material selection, planned occlusal scheme, and precise margin locations so the technician can fabricate a restoration matching the clinician's diagnosis and treatment plan. Omitting these details or relying on verbal-only communication increases the risk of remakes, occlusal discrepancies, and marginal inaccuracies.

12. D — Under the JCNDE's rule, a candidate who completes the maximum four administrations within any 12-month period must wait until 12 months have passed from their FIRST attempt within that 12-month window before a fifth attempt is permitted. This is distinct from the standard 60-day minimum wait required between any two unsuccessful attempts generally.

13. D — A radicular (periapical) cyst arises from epithelial rests of Malassez stimulated by chronic inflammation from a nonvital tooth, presenting as a well-defined unilocular periapical radiolucency that can cause adjacent root resorption as it expands. Dentigerous cysts are associated with unerupted teeth, and ameloblastomas are typically multilocular with a vital, non-associated dentition.

14. A — When an inferior alveolar nerve block fails to achieve pulpal anesthesia, supplemental techniques such as an intraosseous or periodontal ligament injection deliver anesthetic solution closer to the pulp directly, improving success rates for symptomatic mandibular molars. Repeating the same block or relying on nitrous oxide alone does not reliably address the anatomic variability causing block failure.

15. B — A step deformity of the mandibular border combined with malocclusion and a sublingual (floor of mouth) hematoma are classic clinical signs of a displaced mandibular fracture, warranting advanced

imaging such as CT beyond a panoramic film. Isolated trismus, soft tissue laceration, or localized swelling without mobility or occlusal change are less specific for a fracture requiring further workup.

16. C — Patients on bisphosphonate therapy face an elevated risk of medication-related osteonecrosis of the jaw following extractions; management involves consulting the prescribing physician to weigh risks, using minimally traumatic surgical technique, and considering drug holidays only per current guidelines rather than unilateral discontinuation. Refusing care outright or ignoring the medication history are both inappropriate extremes.

17. D — Jurisprudence and ethical standards require dental records to be contemporaneous, accurate, legible, and readily retrievable to support continuity of care, legal defensibility, and patient safety. Discarding records after treatment, retaining only billing information, or retroactively altering entries all violate recordkeeping obligations and can expose the practitioner to disciplinary and legal consequences.

18. B — Severe skeletal Class III discrepancies from mandibular prognathism in a fully grown adult typically exceed the limits of orthodontic camouflage alone and require combined orthodontic decompensation with orthognathic surgery to correct the underlying skeletal discrepancy and achieve a stable, functional, and esthetic occlusion. Extraction-only or observation approaches fail to address the skeletal component.

19. A — Burning mouth syndrome is a diagnosis of exclusion characterized by a chronic burning sensation, typically of the tongue, in the absence of visible mucosal lesions or identifiable hematologic, nutritional, or local causes. Geographic tongue and median rhomboid glossitis present with visible mucosal changes, and erythroplakia presents as a red patch requiring biopsy to rule out dysplasia.

20. C — OSHA's Bloodborne Pathogens Standard requires that a practice's written exposure control plan be reviewed and updated at least annually, and whenever necessary to reflect new or modified tasks, procedures, or positions affecting occupational exposure. Reviewing only at hiring, licensure, or solely after an exposure incident does not meet the ongoing compliance requirement mandated by the standard.

21. B — Nonsurgical scaling and root planing followed by reevaluation is the appropriate initial step for chronic periodontitis with moderate to deep pockets, allowing assessment of tissue response before considering surgical intervention. Immediate surgery or antibiotics alone bypass foundational nonsurgical therapy, and extraction of all affected teeth is an overly aggressive response to a manageable condition.

22. C — A delayed but present cold response following trauma suggests the pulp remains vital but is undergoing calcific metamorphosis (pulp canal obliteration), a common sequela of luxation injuries in which reparative dentin deposition narrows the canal and dulls sensory response. Necrosis would show no response at all, and external cervical resorption presents with distinct radiographic pink-spot changes.

23. D — Intramuscular epinephrine is the first-line, life-saving treatment for anaphylaxis because it rapidly reverses bronchospasm, laryngeal edema, and hypotension through alpha and beta adrenergic effects. Diphenhydramine, albuterol, and corticosteroids may be adjunctive but act too slowly and do not

address the airway and cardiovascular collapse as effectively or as quickly as epinephrine in a true anaphylactic emergency.

24. A — Amelogenesis imperfecta is a hereditary enamel defect causing generalized thin, hypoplastic, or hypomineralized enamel present from tooth eruption, leading to early attrition and dentin exposure, often with a family history. Dentinogenesis imperfecta primarily affects dentin with an opalescent appearance; fluorosis and trauma-related hypoplasia are acquired, localized, or exposure-dependent rather than a generalized hereditary enamel pattern.

25. C — Performing a procedure materially different from what the patient authorized exceeds the scope of informed consent and can constitute battery, an unauthorized touching, in addition to a negligence claim for inadequate consent. Favorable outcomes do not eliminate this legal exposure, and such liability exists under civil law regardless of whether a witness was present during the consent discussion.

26. D — Early childhood caries classically affects the maxillary anterior smooth surfaces first due to prolonged exposure to sugary liquids during nursing or bottle feeding, while the mandibular incisors are relatively protected by the tongue and salivary flow during suckling. This distinctive pattern distinguishes nursing-related caries from generalized rampant caries or root caries seen in other populations.

27. B — The biologic width comprises the junctional epithelium and connective tissue attachment above the alveolar crest; restorative margins placed within this zone violate the biologic width, provoking chronic inflammation, attachment loss, and unpredictable gingival response. This makes biologic width directly relevant to crown margin placement, not merely an anatomic curiosity unrelated to periodontal health.

28. A — Severe mandibular ridge resorption compromises conventional denture retention and stability due to minimal residual ridge for support; an implant-retained overdenture provides mechanical retention independent of ridge anatomy, significantly improving function and patient satisfaction. Heavier denture bases or adhesives address symptoms temporarily without correcting the underlying anatomic limitation causing poor retention.

29. B — For patients on stable warfarin therapy with a therapeutic INR, current guidance favors continuing anticoagulation for routine extractions and controlling bleeding with local hemostatic measures (e.g., sutures, gauze pressure, hemostatic agents), since discontinuing anticoagulation raises thromboembolic risk that generally outweighs the modest, locally manageable bleeding risk from a single extraction.

30. D — HIPAA grants patients the right to access and review their own protected health information, and covered entities must provide this access within the timeframe specified by the regulation, generally without unreasonable delay or excessive fees. Denying access absent a court order or restricting release exclusively to employers would violate the patient's federally protected right to their own records.

31. A — A 'sunburst' periosteal reaction on radiograph, especially in a young patient with a rapidly enlarging, painful swelling, is a classic though not universal radiographic sign associated with

osteosarcoma, reflecting aggressive subperiosteal new bone formation. Ameloblastoma and odontogenic keratocyst typically present as slower-growing radiolucencies without this aggressive periosteal pattern, and cementoblastoma appears as a radiopaque mass fused to a root.

32. C — Fever, trismus, dysphagia, and swelling days after third molar extraction suggest spread of infection into fascial spaces such as the submasseteric or lateral pharyngeal space, which can compromise the airway and requires urgent surgical and medical referral. Dry socket presents with pain but not fever or dysphagia, and normal healing would not include these systemic and functional symptoms.

33. D — Concurrent use of tramadol, which has serotonergic activity, with an SSRI antidepressant significantly increases the risk of serotonin syndrome due to additive serotonergic effects, a potentially life-threatening interaction. Amoxicillin, acetaminophen, and proton pump inhibitors do not share this serotonergic mechanism and do not pose the same interaction risk with tramadol.

34. A — Advertising unearned specialty credentials violates jurisprudence and ethical standards governing truthful, non-misleading professional advertising, particularly where state regulation requires verified board certification before such claims are made. This is a professional conduct violation subject to state dental board discipline, not merely a business decision, and is separate from HIPAA privacy obligations.

35. B — A widened, indistinct periodontal ligament space with loss of normal contour following delayed replantation of an avulsed tooth is characteristic of ankylosis (replacement resorption), where bone fuses directly to the root surface after periodontal ligament cell death during the extraoral dry period. This differs from internal resorption, showing an intracanal radiolucency, or normal healing, which preserves a distinct PDL space.

36. C — Conservative first-line management of bruxism with generalized occlusal wear and morning jaw fatigue includes an occlusal splint to protect dentition and reduce muscle strain, combined with behavioral strategies such as stress management and habit awareness. Full-mouth reconstruction or extractions are invasive and unwarranted before conservative, reversible measures have been attempted.

37. D — Amoxicillin, a beta-lactam antibiotic, exerts its bactericidal effect by binding penicillin-binding proteins and inhibiting bacterial cell wall peptidoglycan cross-linking, causing lysis of susceptible organisms; this action underlies its use for endocarditis prophylaxis in patients with qualifying cardiac conditions before invasive dental procedures. It does not act on ribosomes, DNA gyrase, or folic acid synthesis pathways.

38. A — Osteoradionecrosis is a serious complication in patients who have undergone head and neck radiation therapy, resulting from radiation-induced hypovascularity, hypoxia, and impaired healing capacity in irradiated bone following trauma such as extraction. This risk necessitates careful case selection, possible hyperbaric oxygen consideration, and atraumatic technique, distinguishing it from simple dry socket or unrelated xerostomia.

39. C — A well-designed systematic review synthesizing multiple randomized controlled trials sits at the top of the evidence hierarchy because it minimizes bias and aggregates data across numerous rigorous studies, providing the strongest basis for clinical decision-making. Expert opinion, single case reports, and anecdotal experience are considered lower levels of evidence due to greater susceptibility to bias and limited generalizability.

40. B — A persistent white patch that does not rub off after three months, particularly in an older patient, must be biopsied to rule out dysplasia or squamous cell carcinoma, since leukoplakia is a clinical diagnosis of exclusion requiring histopathologic confirmation. Reassurance, empiric antifungal therapy, or prolonged observation without tissue diagnosis risk delaying detection of a potentially malignant lesion.

41. D — Modern understanding of periodontal pathogenesis emphasizes that the host's own inflammatory and immune response to bacterial biofilm, rather than bacterial toxins acting alone, is primarily responsible for the connective tissue and bone destruction seen in periodontitis. This host-mediated model explains variable disease severity among patients with similar bacterial loads and underlies the rationale for host-modulation therapies.

42. B — Sodium metabisulfite is an antioxidant preservative added to local anesthetic cartridges containing epinephrine to prevent its oxidation, and patients with true sulfonamide or sulfite allergies may react to this component rather than to the anesthetic itself. Lidocaine, sodium chloride, and epinephrine are not sulfonamide-related and are not the source of this particular cross-reactivity concern.

43. A — Effective quality assurance begins with establishing objective baseline data and identifying patterns or trends in restoration failures before implementing corrective action, ensuring interventions target actual root causes rather than assumptions. Immediately replacing all restorations or terminating a clinician without data-driven analysis is a premature and potentially unjustified response that does not follow sound quality improvement methodology.

44. C — A supervising dentist remains responsible for ensuring that dental assistants performing expanded functions are properly credentialed and supervised according to applicable state dental practice act regulations, which define permissible delegated duties and supervision levels. Allowing unrestricted verbal delegation or independent diagnosis by unlicensed personnel would violate scope-of-practice regulations and jeopardize patient safety.

45. B — Sjogren syndrome causes significant salivary gland dysfunction and xerostomia, removing saliva's protective buffering, remineralizing, and antimicrobial functions; this substantially increases the risk of rampant dental caries and oral candidiasis. Rather than decreasing disease risk, the loss of salivary flow removes a key natural defense mechanism against both caries and fungal overgrowth in the oral cavity.

46. A — Classic histopathology of ameloblastoma shows follicles or islands of odontogenic epithelium with peripheral columnar ameloblast-like cells exhibiting reverse nuclear polarity (nuclei away from the basement membrane), surrounding a central stellate reticulum-like area. This distinctive architecture

differentiates it from other odontogenic lesions such as keratocysts, which show a characteristic parakeratinized epithelial lining instead.

47. C — Bilateral, lacy white striations known as Wickham striae on the buccal mucosa, often with associated burning sensation, are the classic clinical presentation of oral lichen planus, a T-cell mediated mucocutaneous condition. Leukoplakia lacks this reticular pattern and requires biopsy for dysplasia, candidiasis presents as removable pseudomembranes, and nicotine stomatitis affects the palate with a distinct nodular pattern.

48. D — Dentists, like other healthcare professionals, are mandated reporters of suspected child abuse or neglect in the majority of jurisdictions, meaning the duty to report exists based on reasonable clinical suspicion of injury patterns, not only upon direct verbal disclosure by the child. This reporting obligation typically extends legal protections to the reporting practitioner acting in good faith.

49. C — Traumatic bone cysts characteristically scallop between the roots of adjacent, vital teeth without displacing them or causing resorption, distinguishing this empty or fluid-filled cavity from odontogenic cysts and tumors that displace teeth or produce multilocular expansile patterns. The vitality of surrounding teeth and lack of true epithelial lining are key diagnostic features on both imaging and surgical exploration.

50. D — Severely elevated blood pressure (stage 2 hypertensive range) in a patient presenting for elective treatment warrants deferral of non-urgent dental procedures and referral for prompt medical evaluation, given the increased perioperative cardiovascular risk. Proceeding as scheduled, adding epinephrine, or simply omitting anesthetic fails to address the underlying uncontrolled hypertension that poses the actual safety concern.

51. A — Molar-incisor hypomineralization presents as demarcated qualitative enamel defects on first permanent molars, often with incisor involvement, linked to systemic disturbances such as high fevers or illness during enamel formation in early childhood. Unlike amelogenesis imperfecta, which is hereditary and generalized, MIH selectively affects specific teeth mineralizing during the insult period, and is not a dentin or root anomaly.

52. B — Internal resorption results from odontoclastic activity within the pulp space, often triggered by chronic pulpal inflammation, and is treated with nonsurgical root canal therapy to remove the inflamed tissue driving the resorptive process before perforation occurs. Observation risks progression to perforation, and extraction is reserved for cases with structural compromise beyond restorability, not as an initial approach.

53. B — Unauthorized access to patient records without a treatment purpose constitutes a HIPAA privacy violation requiring prompt investigation, corrective action such as retraining or discipline, and documentation of the response to protect patient confidentiality and meet regulatory obligations. Ignoring the incident or waiting for patient complaints fails the practice's affirmative duty to safeguard protected health information.

54. A — A radiolucency confined to the outer third of dentin without clinical cavitation represents an early, non-cavitated lesion amenable to remineralization strategies or minimally invasive restorative intervention rather than aggressive treatment. Immediate pulpotomy or assuming necrosis is inappropriate at this early stage, and dismissing the finding as normal ignores an actionable carious process requiring monitoring or conservative care.

55. C — An adequate incisional or excisional biopsy of a suspected oral squamous cell carcinoma must include a representative sample with adjacent clinically normal-appearing tissue to allow the pathologist to assess invasion depth and margins accurately. Sampling only necrotic center tissue or relying on cytology brush testing alone risks a nondiagnostic or false-negative result, delaying definitive diagnosis and treatment.

56. D — For penicillin-allergic patients requiring endocarditis prophylaxis, current AHA guidance recommends azithromycin, clarithromycin, or doxycycline as effective non-beta-lactam alternatives, since clindamycin is no longer recommended due to its association with more frequent, severe reactions including *C. difficile* infection. Amoxicillin is contraindicated in this allergy, vancomycin is reserved for specific situations, and metronidazole lacks appropriate coverage for this purpose.

57. D — Sound informatics practice for electronic health records requires appropriate access controls, unique user credentials, and audit trails to track who accessed or modified patient data, supporting HIPAA compliance and data integrity. Unrestricted access, shared passwords, or lack of backup protocols all represent serious security failures that jeopardize patient confidentiality and regulatory compliance obligations.

58. B — A periapical radiolucency associated with a tooth that remains vital on pulp testing indicates the lesion is not of endodontic origin, since a nonvital pulp is required for a true radicular cyst or periapical abscess to develop; a lateral periodontal cyst or other developmental lesion should be considered and further evaluated with additional imaging or biopsy as needed.

59. C — Comprehensive evaluation of treatment outcomes must assess multiple domains including restored function, esthetic result, periodontal health of supporting tissues, and the patient's subjective satisfaction, since a technically sound restoration that fails any of these dimensions represents an incomplete treatment outcome. Focusing on a single narrow metric such as cost or radiographic appearance alone provides an incomplete picture of success.

60. A — Cementoblastoma is a benign odontogenic tumor that presents as a well-circumscribed radiopaque mass fused directly to the root apex of a vital tooth, most commonly a mandibular first molar in young patients, with a characteristic radiolucent rim. This distinguishes it from osteosarcoma, which is typically ill-defined and aggressive, and from central giant cell granuloma, which is radiolucent rather than radiopaque.

61. B — Trigeminal neuralgia classically presents as brief, severe, electric shock-like paroxysms of unilateral facial pain triggered by innocuous stimuli such as light touch, chewing, or talking, following the distribution of one or more trigeminal branches. Myofascial pain is typically dull and persistent,

temporal arteritis presents with scalp tenderness and systemic symptoms, and cluster headache produces periorbital pain with autonomic features.

62. D — Practicing within one's scope of competence requires recognizing the limits of one's training and referring complex cases, such as a difficult endodontic retreatment, to an appropriately trained specialist when the case exceeds the general practitioner's skill level. Attempting complex procedures beyond training, delegating diagnosis improperly, or neglecting continuing education all undermine safe, competent, and ethical patient care.

63. A — Patients with hemophilia A have a deficiency in clotting factor VIII, and surgical procedures such as extractions require coordination with a hematologist to plan appropriate factor replacement therapy timed around the surgery to prevent excessive bleeding. Proceeding without hematology involvement, stopping factor therapy, or premedicating with aspirin (which impairs platelet function) would all dangerously increase bleeding risk.

64. C — Clinical decision support tools appropriately assist the clinician by flagging potential drug interactions, allergy conflicts, and dosing concerns based on the recorded medical and medication history, supporting but never replacing independent clinical judgment. Relying on such systems to eliminate the need for a thorough history, or assuming they exist only for billing, misunderstands their intended clinical safety role.

65. A — Fibrous dysplasia produces a characteristic 'ground-glass' radiographic appearance from replacement of normal bone with fibrous tissue and immature woven bone, often with normal or mildly elevated alkaline phosphatase and painless jaw expansion. This distinguishes it from osteomyelitis, which presents with infection and pain, and from central giant cell granuloma or a bone cyst, each showing a distinct radiolucent pattern instead.

66. C — A documented latex allergy requires substitution of non-latex gloves and avoidance of latex-containing dental materials and equipment (e.g., rubber dams, prophylaxis cups) to prevent an allergic or anaphylactic reaction during treatment. Continuing with latex products, even with premedication, or unnecessarily postponing all care fails to appropriately accommodate a known and manageable allergy through simple material substitution.

67. B — Acute necrotizing ulcerative gingivitis is strongly associated with immunosuppression, severe psychological stress, poor oral hygiene, and tobacco use, all of which impair the host's ability to control the anaerobic bacterial flora implicated in the disease. Well-controlled diabetics with good hygiene, young children with primary teeth, and edentulous denture wearers are not the typical at-risk populations for this specific necrotizing condition.

68. D — Pain specifically on release of biting pressure, without radiographic changes and a normal pulp testing response, is the hallmark presentation of cracked tooth syndrome, in which an incomplete fracture line causes pain from tooth flexure during mastication. Irreversible pulpitis and periapical or periodontal abscess would typically show abnormal pulp testing responses or radiographic findings not present in this scenario.

69. B — Formulating a safe treatment plan for a medically complex patient requires collecting and verifying information from multiple sources, including direct communication with the patient's physician when the medical history is unclear, contradictory, or indicates significant risk. Relying solely on unverified patient self-report or proceeding without appropriate consultation risks missing critical medical information that could affect treatment safety.

70. C — A jurisprudence-compliant catastrophe preparedness plan must address practical elements such as safe evacuation procedures, protection and backup of patient records, and strategies to maintain continuity of patient care during and after a disruptive event. Marketing strategies or employee vacation scheduling are administrative matters unrelated to the core safety and continuity purposes of a catastrophe plan.

71. D — Acute apical abscess presents with severe, spontaneous pain, localized or diffuse swelling, tooth extrusion or mobility, and possible systemic signs such as fever, reflecting an acute purulent inflammatory process at the apex. Chronic apical periodontitis, in contrast, is typically asymptomatic or mildly symptomatic with a stable sinus tract, lacking the acute severity and systemic involvement seen in the abscess presentation.

72. A — For a young child with an anterior open bite from a digit-sucking habit, the first step is habit cessation counseling and behavioral strategies, since many such open bites self-correct once the habit stops, particularly before permanent tooth eruption is complete. Surgery or full orthodontic banding is premature and inappropriate before addressing the underlying habit as a conservative first-line intervention.

73. D — Early central nervous system excitatory symptoms such as tinnitus, circumoral numbness, or metallic taste often signal rising local anesthetic blood levels and can precede more severe toxicity such as seizures or cardiovascular depression if the dose is not managed appropriately. Aspiration before injection remains a valuable technique to reduce inadvertent intravascular injection, which increases rather than decreases systemic toxicity risk.

74. C — A tooth that responds normally (positively) to cold testing despite an associated periapical radiolucency indicates the pulp is vital, meaning the lesion is unlikely to be of endodontic origin and instead requires further diagnostic workup to identify a non-endodontic cause such as a developmental cyst or other pathology. Endodontic lesions require a nonvital or necrotic pulp as the causative source.

75. A — Assessing a patient's psychological readiness and expectations before elective cosmetic treatment helps identify unrealistic goals or underlying body image concerns that could compromise satisfaction, informed consent quality, and the therapeutic relationship regardless of technically excellent clinical outcomes. This assessment is a professional judgment consideration rather than a universal insurance mandate, and applies to both surgical and restorative elective care.

76. B — Ludwig angina is a rapidly progressive, bilateral cellulitis of the submandibular, sublingual, and submental spaces, typically originating from an infected mandibular molar, causing tongue elevation, floor-of-mouth swelling, and potential airway obstruction, representing a medical emergency

requiring urgent airway management and surgical drainage. This is far more severe than a localized abscess, sialadenitis, or pericoronitis.

77. B — Topical fluoride's primary caries-preventive mechanism is a local, post-eruptive effect at the tooth surface, promoting remineralization of early lesions and inhibiting demineralization by forming more acid-resistant fluorapatite, along with some antibacterial effects on cariogenic flora. This differs from the outdated emphasis on systemic fluoride alone, and fluorosis risk is directly related to cumulative fluoride exposure during enamel development.

78. A — For a patient with recurrent vasovagal syncope during dental visits, the first step is identifying and minimizing common triggers such as anxiety, pain, and prolonged upright posture during injections, along with using supine positioning and stress-reduction protocols. Prophylactic epinephrine or immediate invasive cardiac workup is not indicated as an initial response to typical situational vasovagal syncope.

79. D — Appropriate informatics practice for digital radiographs includes secure storage with correct patient identifiers to support legitimate retrospective quality review, research, and continuity of care, all while maintaining confidentiality safeguards. Deleting images, sharing identifiable radiographs publicly without consent, or taking radiographs without documented clinical justification would violate both good recordkeeping practice and patient privacy and radiation-safety principles.

80. C — Dental records may only be released to a patient's attorney with proper written patient authorization or in response to valid legal process such as a subpoena, protecting patient confidentiality while complying with legitimate legal discovery. Blanket refusal, indiscriminate release to any requester, or altering records to favor a claim would each violate legal and ethical recordkeeping and privacy obligations.

81. B — Antibiotic prophylaxis for infective endocarditis in qualifying cardiac patients is indicated for procedures involving manipulation of gingival tissue, the periapical region of teeth, or perforation of the oral mucosa, since these create a portal for bacteremia. Purely diagnostic procedures like radiographs, prosthesis adjustments without tissue manipulation, or placement of a rubber dam alone do not typically require prophylactic coverage.

82. A — A dentigerous cyst characteristically forms from the reduced enamel epithelium of an unerupted tooth, presenting radiographically as a well-defined unilocular radiolucency attached at the cemento-enamel junction and surrounding the crown of the impacted tooth. This attachment pattern distinguishes it from an odontogenic keratocyst, which grows along the root length, and from a radicular cyst, not tied to tooth eruption.

83. D — NSAIDs inhibit cyclooxygenase enzymes, reducing prostaglandin synthesis at the site of tissue injury and inflammation, effectively targeting the peripheral source of most acute dental pain with a favorable risk profile compared to opioids for typical post-operative discomfort. NSAIDs are not free of gastrointestinal risk, do not act on central opioid receptors, and require caution, not unrestricted use, in renal impairment.

84. A — Failure to recognize and refer a suspicious oral lesion, resulting in delayed cancer diagnosis, constitutes a breach of the standard of care expected of a reasonably prudent dentist, forming the basis of a negligence claim if that breach caused harm. This liability does not require intentional wrongdoing, nor is it excused because the patient never asked about the lesion first.

85. C — Ameloblastoma classically presents as a painless, slow-growing, locally aggressive lesion producing a multilocular 'soap bubble' radiographic pattern with cortical expansion, most commonly in the posterior mandible. This distinguishes it from a simple bone cyst, which is typically unilocular and scalloped without expansion, and from periapical cemental dysplasia or torus mandibularis, which have distinct radiographic and clinical presentations.

86. D — Initial management of localized pericoronitis without systemic involvement includes irrigating beneath the operculum, debriding food debris and plaque, and reinforcing oral hygiene, followed by reevaluation to determine whether extraction or operculectomy is needed later. Immediate same-day extraction of an acutely inflamed tooth or systemic antibiotics alone without local debridement are not appropriate first-line management.

87. B — Designing a school-based sealant program for an underserved population reflects population-level oral health care management, requiring evaluation of community needs and implementation of systems to improve access and outcomes across a defined group rather than for a single patient. This is distinct from individual treatment planning or informed consent, each operating at the level of a single patient encounter.

88. C — For patients with a documented history of anaphylaxis to penicillin, azithromycin or clarithromycin is an appropriate non-beta-lactam alternative for endocarditis prophylaxis per current AHA guidance, since clindamycin is no longer recommended given its association with frequent, severe reactions including *C. difficile* infection. Amoxicillin and ampicillin are beta-lactams and contraindicated, and cephalexin carries meaningful cross-reactivity risk after an anaphylactic penicillin reaction.

89. A — Single-use items such as needles and prophylaxis angles are designed for one-time use on a single patient and must be discarded immediately after use; they cannot be reprocessed or reused even with high-level disinfection or apparent cleanliness, per standard infection control precautions. Reusing single-use devices under any circumstance risks cross-contamination and violates infection control standards.

90. B — Long-term corticosteroid use can suppress the hypothalamic-pituitary-adrenal axis, impairing the body's ability to mount an adequate stress response during surgery; this may necessitate supplemental stress-dose steroids in coordination with the prescribing physician prior to a surgical extraction. Abruptly discontinuing corticosteroids or assuming no precaution is needed both ignore the risk of adrenal insufficiency and impaired healing.

91. D — Gardner syndrome is characterized by multiple osteomas, impacted and supernumerary teeth, and a strong association with colonic polyposis carrying significant malignant potential, making early recognition of the dental findings clinically important for guiding further medical workup. Cleidocranial

dysplasia also causes multiple unerupted and supernumerary teeth but lacks the colonic polyp association central to Gardner syndrome.

92. C — Responsible integration of emerging technology such as cone-beam computed tomography requires evaluating the supporting evidence for its clinical benefit and ensuring appropriate staff training before adoption, balancing innovation with patient safety and cost-effectiveness. Adopting technology without training, ignoring beneficial innovations entirely, or purchasing equipment based solely on marketing all represent poor practice management decisions.

93. D — Necrotizing ulcerative gingivitis presents with characteristic 'punched-out,' crater-like necrosis of the interdental papillae covered by a gray pseudomembrane, along with fetid breath, bleeding, and significant pain, distinguishing it from chronic gingivitis, which lacks tissue necrosis, and from herpetic gingivostomatitis, which presents with diffuse vesicular lesions across the mucosa rather than this papillary cratering pattern confined to the gingiva.

94. B — Ethical and professional obligations require reporting a colleague's substandard care that threatens patient safety through appropriate professional or regulatory channels, such as a state dental board or peer review committee, protecting patients while ensuring due process for the colleague. Ignoring the issue, publicizing it on social media, or waiting passively for a patient complaint all fail the profession's self-regulatory duty.

95. A — Erythema migrans, or geographic tongue, is characterized by migratory erythematous patches with atrophic filiform papillae surrounded by well-defined white or yellow serpiginous borders on the dorsal tongue, with lesions changing location and pattern over time. This migratory quality distinguishes it from fixed white lesions, vesicular eruptions, or the indurated ulcer characteristic of malignancy.

96. C — An INR of 4.5 exceeds the typical therapeutic and safe surgical range, indicating a significantly elevated bleeding risk; the appropriate response is to defer the elective extraction and coordinate with the prescribing physician to safely adjust anticoagulation before proceeding. Proceeding as planned or unilaterally discontinuing warfarin without physician guidance both carry substantial risk to the patient.

97. B — Tell-show-do combined with positive reinforcement is a well-established, evidence-based behavior guidance technique that reduces anxiety in pediatric patients by familiarizing them with procedures in a non-threatening, stepwise manner before treatment. Physical restraint or general anesthesia as a default first-line approach are reserved for more severe circumstances after less invasive behavioral techniques have failed or are contraindicated.

98. D — A study demonstrating association between two variables without a controlled comparison group cannot establish causation, since confounding variables and alternative explanations cannot be ruled out without an appropriate control for comparison. This is a fundamental principle of research methodology: correlation alone, regardless of sample size or statistical power, does not establish a cause-and-effect relationship between variables.

99. C — Patients with medication-induced xerostomia benefit from frequent water intake, topical fluoride application to compensate for reduced salivary protection, and saliva substitutes or sialogogues

to manage dryness and reduce caries risk. Increasing sugary snack frequency would worsen caries risk, and discontinuing fluoride removes a critical protective measure needed specifically because of the reduced salivary flow.

100. A — Dental records must be maintained with sufficient detail and organization to allow reconstruction of the clinical course of treatment for legal defense, continuity of care with other providers, insurance audits, or regulatory review as jurisprudence standards require. Premature destruction on patient request without regard to retention periods, restricted single-person access, or a lack of security safeguards all violate recordkeeping obligations.

101. B — Acromegaly results from excess growth hormone, typically from a pituitary adenoma, causing continued growth of the mandible (prognathism) and soft tissues, which leads to spacing of the teeth (diastemata) as the jaw enlarges disproportionately to the dentition. Class II deep bite and microdontia are not characteristic features, and ankyloglossia is an unrelated developmental tongue-tie condition.

102. D — A persistent, indurated, painless ulcer lasting more than 2-3 weeks in a patient with significant tobacco and alcohol use represents a high-risk lesion for squamous cell carcinoma and requires prompt incisional biopsy or specialist referral rather than empiric treatment or watchful waiting, since delayed diagnosis significantly worsens prognosis for oral cancer.

103. C — A general dentist should coordinate appropriate referrals to orthodontists and oral and maxillofacial surgeons for orthognathic cases while remaining involved in overall dental care coordination, restorative needs, and long-term maintenance, reflecting proper scope-of-practice recognition. Performing complex jaw surgery independently or refusing to engage with the patient's needs at all are both inappropriate responses.

104. D — "Meth mouth" caries results from a combination of drug-induced xerostomia (reduced protective salivary flow), frequent consumption of high-sugar carbonated beverages to combat dry mouth and cravings, poor oral hygiene, and bruxism causing additional tooth wear and fracture, rather than any direct chemical dissolution of enamel by the drug itself. The behavioral and physiologic factors combine to accelerate rampant, generalized decay.

105. A — Local anesthetics act by binding to and blocking voltage-gated sodium channels on the neuronal membrane, preventing sodium influx necessary for the depolarization and propagation of an action potential, thereby blocking nerve conduction and sensory transmission. They do not act on potassium channels as their primary mechanism, nor do they destroy myelin structurally.

106. C — Evidence-based clinical decision-making requires prioritizing well-designed, peer-reviewed randomized controlled trials with adequate follow-up over manufacturer marketing, isolated case reports, or unverified anecdotal claims, since RCTs minimize bias and provide the most reliable evidence of a material's true clinical performance and safety profile. Lower-quality evidence sources should only supplement, never substitute for, this higher standard of proof.

107. B — Recurrent aphthous stomatitis presents as painful, shallow ulcers with a yellow-gray fibrinous base and erythematous halo on non-keratinized mucosa, recurring without a preceding vesicular stage,

unlike herpetic infections which begin as vesicles that rupture. Herpes zoster follows a dermatomal distribution, and pemphigus vulgaris presents with a positive Nikolsky sign and bullae.

108. A — Billing for services not actually rendered constitutes insurance fraud, a serious violation of jurisprudence and ethical standards that can result in criminal prosecution, civil liability, license revocation, and exclusion from insurance panels, regardless of patient awareness of the fraudulent billing practice. Such conduct undermines the integrity of the profession and the trust patients and payers place in accurate recordkeeping.

109. A — An adenomatoid odontogenic tumor classically presents in association with an unerupted tooth (often a maxillary canine) with a radiolucent lesion containing a characteristic 'driven snow' or fine calcified fleck pattern on radiograph, distinguishing it from a dentigerous cyst, which lacks these internal calcifications, or a simple/static bone cyst, which are not tooth-associated in the same way.

110. C — Numbness of the lower lip and chin following mandibular third molar extraction indicates injury to the inferior alveolar nerve, which travels through the mandibular canal near the roots of the third molar and innervates the lower lip, chin, and mandibular teeth. Lingual nerve injury instead causes tongue numbness, and the buccal and mylohyoid nerves do not supply this distribution.

111. D — Appropriate management of a needlestick injury requires immediate washing of the exposed area, prompt reporting per the practice's exposure control plan, and initiation of post-exposure evaluation and prophylaxis protocols as needed, since delaying action or ignoring the injury increases the risk of undetected bloodborne pathogen transmission to the exposed staff member. Documentation of the incident is also required for compliance.

112. B — Osteogenesis imperfecta, a hereditary connective tissue disorder affecting type I collagen, is commonly associated with dentinogenesis imperfecta, producing teeth with an opalescent, discolored appearance and abnormal dentin structure prone to attrition and fracture, which should be anticipated and addressed proactively in treatment planning for these patients. Restorative protection of affected teeth is often needed early in the mixed dentition stage.

113. D — Scaling and root planing may be appropriately delegated to a properly trained and supervised dental hygienist within the scope defined by the applicable state dental practice act, reflecting appropriate use of allied personnel while maintaining dentist oversight and diagnostic responsibility, rather than either fully independent hygienist diagnosis or complete prohibition of delegated periodontal therapy.

114. B — Epithelial dysplasia describes cellular atypia, altered maturation, and architectural disorganization confined above the basement membrane without invasion into underlying connective tissue, representing a premalignant change requiring close monitoring or excision depending on severity. Once cells breach the basement membrane, the diagnosis becomes invasive carcinoma rather than dysplasia alone, changing both prognosis and required treatment substantially.

115. A — Congenital syphilis classically produces characteristic dental anomalies including Hutchinson incisors (screwdriver-shaped, notched incisal edges) and mulberry molars (multiple small cusps on first

molars), resulting from treponemal infection during odontogenesis in utero. Rubella, measles, and varicella are not classically linked to these specific dental morphologic changes, making this triad a useful diagnostic clue for congenital infection history.

116. C — A complete and accurate laboratory shade communication for an anterior veneer should include a detailed shade map, standardized digital photographs capturing value, hue, chroma, and translucency, plus written characterization notes, minimizing the risk of a mismatched final restoration. Relying on a generic number or unaided verbal memory introduces significant risk of shade error.

117. D — Severe throbbing pain and swelling days after extraction with exposed bone and a radiopaque sequestrum-like fragment in the socket is consistent with alveolar osteitis (dry socket) progressing to sequestration of necrotic bone, requiring irrigation, debridement, and palliative dressing rather than assuming normal healing or an unrelated pathologic process is occurring. Analgesic management should also be reassessed at this visit.

118. B — An effective mobile or outreach dental program for an underserved population should integrate preventive education, screening, and appropriately triaged treatment tailored to the community's specific needs and access barriers, maximizing impact given limited resources, rather than offering only reactive emergency extractions without any preventive component. Sustainable referral pathways for restorative follow-up care should also be established from the outset.

119. A — A Stafne defect (lingual mandibular salivary gland depression) presents as a well-defined radiolucency below the mandibular canal, typically near the angle, caused by a lingual cortical concavity housing submandibular gland tissue rather than true bone pathology; it is unrelated to any adjacent tooth and requires no treatment once correctly identified, unlike a periapical cyst or central giant cell granuloma.

120. D — Chest pain and diaphoresis during a dental procedure are concerning for acute coronary syndrome and require immediately stopping treatment, positioning the patient comfortably, administering supplemental oxygen, activating emergency medical services, and continuously monitoring while assessing further, since delaying this response to complete a procedure or dismissing the patient risks a life-threatening outcome.

121. C — Individuals with Down syndrome commonly exhibit delayed dental eruption, hypodontia (congenitally missing teeth), and an increased susceptibility to early-onset, severe periodontal disease related to immune dysfunction, all of which require anticipatory guidance and closer preventive monitoring in dental treatment planning for this population. Behavioral management strategies are frequently needed as well to support cooperative, effective preventive care delivery.

122. C — Responsible clinical adoption of a new dental material requires evaluating independent, peer-reviewed biocompatibility and clinical performance data rather than relying solely on manufacturer claims, cost, or the assumption that any medically used material is automatically appropriate and safe for the distinct biological and mechanical demands of the oral environment. Longer-term outcome data should be weighed before widespread practice adoption occurs.

123. A — Bilateral parotid enlargement with dry eyes (keratoconjunctivitis sicca) and dry mouth (xerostomia) is characteristic of Sjogren syndrome, an autoimmune exocrinopathy typically associated with positive anti-SSA (Ro) and anti-SSB (La) autoantibodies, distinguishing it from infectious, malignant, or other systemic causes of salivary gland enlargement. Minor salivary gland biopsy of the lip may further support the diagnosis when serology is equivocal.

124. B — Since sodium metabisulfite (a sulfite-based antioxidant preservative) is added specifically to epinephrine-containing anesthetic cartridges, a patient with a documented metabisulfite allergy should receive either a local anesthetic without epinephrine or a plain formulation lacking this preservative, avoiding the specific allergen while still achieving adequate anesthesia for the planned procedure. Careful review of cartridge ingredient labeling is essential beforehand.

125. C — Uncontrolled hyperthyroidism significantly increases sensitivity to catecholamines such as epinephrine, raising the risk of a thyrotoxic crisis, tachyarrhythmia, or hypertensive episode when epinephrine-containing local anesthetic is administered, making this the medical history finding of greatest concern among the options compared to well-controlled thyroid disease or mild allergic conditions. Medical consultation before elective treatment is strongly advised in this scenario.

126. D — An effective infection control quality improvement process begins with reviewing biological indicator (spore test) records to identify patterns of sterilization failure, such as a specific autoclave cycle or loading technique problem, before determining an appropriate corrective action, rather than reflexively discontinuing equipment use or dismissing occasional failures without any real investigation. Retesting after correction confirms the fix was effective.

127. B — Comprehensive care for a patient with cleft lip and palate requires a coordinated, multidisciplinary team approach involving oral and maxillofacial surgery, orthodontics, speech-language pathology, and dentistry across the growth and developmental period, since isolated single-provider management cannot adequately address the complex functional and esthetic needs of this condition. Long-term follow-up through adolescence is typically required for optimal results.

128. A — Upon receiving a valid patient authorization, a dentist is obligated to promptly transfer patient records to a new treating provider to support continuity of care; withholding records over an outstanding balance, requiring reconstruction of history, or charging punitive fees are generally considered ethical and, in many jurisdictions, legal violations regarding patient record access.

129. D — Pleomorphic adenoma, the most common benign minor salivary gland tumor, typically presents as a slow-growing, firm, painless, mobile nodule with intact overlying mucosa, most frequently on the posterior hard palate. A mucocele is more common on the lower lip from minor duct trauma, and hemangioma and fibroma have different clinical characteristics distinguishing them from this presentation.

130. B — Appropriate use of teledentistry involves remote consultation to triage urgent concerns, screen for disease, provide follow-up, or extend access to care for patients with geographic or mobility barriers, while recognizing its limitations; it should supplement rather than fully replace necessary in-person

clinical examination for diagnosis and surgical treatment planning purposes. Documentation standards for remote encounters still apply fully.

131. C — A nasopalatine duct cyst arises from remnants of the nasopalatine duct within the incisive canal, presenting as a well-defined, often heart-shaped radiolucency in the anterior midline maxilla, lined histologically by respiratory or squamous epithelium depending on its location within the canal, distinguishing it from odontogenic cysts associated with a specific tooth.

132. A — Epinephrine added to local anesthetic causes localized vasoconstriction, which slows systemic absorption of the anesthetic agent, prolongs its duration of action at the injection site, and reduces the risk of systemic toxicity from rapid uptake into the bloodstream, rather than causing vasodilation or having a direct independent numbing effect on the tissue itself. This also improves hemostasis during the procedure.

133. A — A reported change in bite following new crown placement should first be evaluated with articulating paper to identify premature or high occlusal contacts, which can then be selectively adjusted; remaking the restoration or prescribing medication without first assessing and correcting the occlusion skips a simple, appropriate diagnostic and corrective step.

134. C — When uncertain whether a specific procedure falls within their legal scope of practice, a dentist should consult their state's dental practice act or contact the state dental board directly for clarification before proceeding, since scope-of-practice regulations vary by jurisdiction and practicing outside legal bounds risks both patient harm and professional discipline.

135. B — Patients with radiation-induced xerostomia and resulting rampant caries benefit from custom fluoride trays delivering high-concentration fluoride gel daily, combined with frequent professional recall for early lesion detection, since standard preventive measures are inadequate to counteract the severely reduced salivary protection in this high-risk population. Saliva substitutes and dietary counseling further support long-term caries risk reduction in these patients.

136. D — Rubber dam isolation improves moisture control critical for many restorative and endodontic materials, prevents aspiration or ingestion of small instruments and debris by protecting the airway, and enhances infection control by reducing contact with oral fluids, making it a multifunctional safety and quality tool rather than a comfort-only measure. Its use is considered a standard of care for endodontic therapy.

137. C — For a patient with documented needle-related dental anxiety, the appropriate first step is direct communication about the fear combined with behavioral desensitization techniques and consideration of topical anesthetic prior to injection, addressing the anxiety proactively before escalating to referral for sedation or simply proceeding without any acknowledgment of the patient's distress. Building trust gradually improves long-term treatment compliance.

138. B — Rigorous evaluation of a new material's real-world effectiveness requires systematically tracking clinical outcomes using defined success/failure criteria across a representative sample of

patients with adequate follow-up time, rather than basing adoption decisions on a small number of subjectively impressive cases or abandoning outcome tracking once a purchase decision is made.

139. D — Pyogenic granuloma, often called a 'pregnancy tumor' when it arises during pregnancy due to hormonally influenced vascular proliferation, presents as a rapidly growing, red, pedunculated, easily bleeding gingival mass, distinguishing it from the firmer, less vascular peripheral ossifying fibroma or traumatic fibroma, and from the more indurated, non-vascular appearance of squamous cell carcinoma.

140. A — For any patient with a suspected or documented latex allergy, including in emergencies, the treatment environment should be made latex-safe by using non-latex gloves and latex-free dental materials and equipment to prevent a potentially severe allergic or anaphylactic reaction, rather than delaying urgent care or using latex products regardless of patient preference.

141. D — A periapical lesion that continues to enlarge despite technically adequate nonsurgical root canal therapy should raise suspicion for a non-endodontic or resistant pathologic process, warranting apical surgery combined with biopsy to obtain a definitive histologic diagnosis, rather than repeating the same nonsurgical treatment, prolonged observation, or extraction without first identifying the underlying cause.

142. B — A sore spot after delivery of a removable partial denture should be evaluated clinically using pressure-indicating paste to identify and selectively relieve areas of excessive pressure on the tissue, a straightforward, evidence-based adjustment approach rather than an unnecessary full remake, permanent discontinuation of wear, or antibiotic treatment without an oral examination.

143. C — Calcium channel blockers such as nifedipine, along with phenytoin and cyclosporine, are the classic medication classes associated with drug-induced gingival overgrowth through altered fibroblast activity and collagen turnover, distinguishing this etiology from beta-blockers, SSRIs, or diuretics, which are not typically linked to this specific oral side effect. Meticulous plaque control can help minimize the severity of the overgrowth.

144. A — A sound quality assurance response to a trend of endodontic failures involves systematically reviewing case selection criteria, technical procedures, and treatment outcomes to identify correctable factors contributing to the failures, allowing targeted improvement, rather than dismissing the pattern, discontinuing the service entirely, or attributing failures solely to patient factors without investigation.

145. D — A periapical radiolucency that has remained stable in size and asymptomatic over two years of serial radiographic monitoring following completed endodontic therapy indicates successful healing or a stable scar, and continued monitoring rather than repeat treatment, immediate surgery, or extraction is the appropriate management, since intervention is unwarranted without new signs of active disease.

146. A — Chlorhexidine gluconate exerts broad-spectrum antibacterial activity against a wide range of oral microorganisms and exhibits substantivity, binding to oral mucosa and tooth surfaces for sustained release over several hours, which provides prolonged antimicrobial effect and accounts for its efficacy in reducing plaque and gingival inflammation beyond simple mechanical rinsing alone. Extrinsic tooth staining is a well-known side effect of use.

147. B — Long-term proton pump inhibitor use has been associated in some literature with alterations in oral and gut microbial flora and potential effects on vitamin B12 absorption relevant to mucosal healing, warranting clinical awareness, though it does not guarantee candidiasis or directly cause dental caries as an inherent pharmacologic effect. Clinicians should still consider this history when evaluating delayed healing.

148. C — Managing confidentiality for an adolescent patient requires understanding and correctly applying the specific minor consent and confidentiality laws of the relevant jurisdiction, which vary regarding what information a parent is entitled to versus what the adolescent patient may keep confidential, rather than applying a blanket rule of always or never disclosing information to parents.

149. A — Periapical cemental (osseous) dysplasia typically presents as multiple radiopaque or mixed lesions at the apices of vital, non-carious mandibular anterior teeth, most commonly in middle-aged Black women, and represents a benign fibro-osseous process requiring no treatment once correctly diagnosed, distinguishing it from condensing osteitis (which requires an associated pulpal/carious source) or cementoblastoma (fused to a single root).

150. B — When informed consent documentation is found to be inadequate, the appropriate corrective action is to revise the forms to clearly disclose material risks, benefits, and reasonable alternatives for the procedure, and to retrain staff on the proper consent process, ensuring future consent is both legally valid and ethically sound rather than continuing a deficient process or discontinuing care entirely.

151. C — Degenerative joint disease of the TMJ, when advanced, can progress to fibrous or bony ankylosis, producing restricted, sometimes locking movement patterns distinct from a reducing disc displacement. However, a click with intermittent self-reducing locking is actually the classic presentation of disc displacement WITH reduction, where the articular disc temporarily slips out of position before returning as the mouth opens further.

152. D — When an adverse drug reaction is suspected, the appropriate first step is to discontinue the suspected medication and assess reaction severity, escalating to emergency care if signs of anaphylaxis, severe rash, or systemic involvement appear. Continuing the drug, doubling doses, or dismissing mild symptoms all risk letting a mild reaction progress to a severe outcome.

153. D — A varix (varicosity) presents as a compressible, blue, dome-shaped lesion on the ventral tongue or lip, common in elderly patients due to venous wall weakening with age, and is typically diagnosed clinically by its compressibility. In patients on anticoagulants, biopsy of vascular lesions requires caution given bleeding risk, though the clinical presentation alone is often sufficiently characteristic to avoid biopsy.

154. B — Sound business and jurisprudence-compliant financial management requires maintaining separate, clearly auditable accounts for patient trust funds (such as prepayments) and general business operating expenses, ensuring transparency and preventing misappropriation of patient funds. Commingling accounts, avoiding recordkeeping altogether, or delegating all financial oversight without dentist review all create significant compliance and fiduciary risk for the practice.

155. C — Current guidelines reserve antibiotic prophylaxis for infective endocarditis-risk patients to procedures involving manipulation of gingival tissue, the periapical region, or perforation of the oral mucosa, rather than mandating it universally for all cleanings regardless of anticipated bleeding or tissue manipulation. A routine cleaning without expected significant gingival trauma may not require prophylaxis, depending on clinical assessment of bleeding risk.

156. A — Paget disease of bone classically produces a 'cotton wool' radiographic appearance from chaotic bone remodeling, along with elevated serum alkaline phosphatase reflecting increased osteoblastic activity, and skeletal changes such as bowing of long bones in affected elderly patients. This distinguishes it from fibrous dysplasia, osteopetrosis, or hyperparathyroidism, each of which has distinct radiographic and laboratory findings.

157. B — During an infectious disease outbreak, a practice should implement patient and staff screening protocols, appropriate spacing or scheduling adjustments, and enhanced personal protective measures aligned with current public health guidance to minimize cross-contamination risk while maintaining necessary patient care. Ignoring precautions or indiscriminately halting all care both fail to balance safety with continued access to needed treatment.

158. C — Squamous papilloma presents as a solitary, exophytic, cauliflower-like or papillary white or pink lesion caused by human papillomavirus infection, most commonly on the gingiva, tongue, or palate, and is typically treated by simple excision. This distinctive papillary architecture differentiates it from the flatter, smoother presentations of fibroma, lipoma, or the more diffuse growth pattern of a granular cell tumor.

159. A — Genuine informed consent for a patient with limited English proficiency requires using a qualified medical interpreter or translated materials so the patient truly understands the diagnosis, proposed treatment, risks, and alternatives, rather than merely obtaining a signature. Relying on an untrained family member or skipping consent entirely both fail the ethical and legal standard for valid consent.

160. D — Achondroplasia, a skeletal dysplasia affecting bone growth, is associated with multiple unerupted supernumerary teeth, delayed cranial suture closure, and frontal bossing due to abnormal endochondral ossification, distinguishing it from Gardner syndrome (colonic polyps), Crouzon syndrome (craniosynostosis with distinct facial features), or cleidocranial dysplasia (clavicular aplasia with dental anomalies), each with its own characteristic syndromic features.

161. A — Intraoral scanners provide accurate digital impressions that streamline restorative workflows and laboratory communication, but the clinician remains fully responsible for margin design, occlusal analysis, and overall quality control of the final restoration; the technology assists rather than replaces clinical judgment. It also does not eliminate the need for clear laboratory prescriptions or guarantee a perfect fit without further clinical verification.

162. D — Langerhans cell histiocytosis can present in children with rapidly progressive jaw swelling, tooth mobility, and a characteristic 'floating tooth' radiographic appearance from destructive bone lesions displacing teeth from their normal bony support, warranting prompt biopsy and systemic

workup. This aggressive presentation differs markedly from the gradual bone loss of chronic periodontitis, dental caries, or normal, orderly tooth exfoliation patterns.

163. B — An appropriate quality assurance response to a pattern of missed radiographic findings involves providing the provider with targeted, constructive feedback, additional training in radiographic interpretation, and structured follow-up review of subsequent cases to confirm improvement, supporting professional development rather than punitive dismissal. Ignoring the pattern or discontinuing imaging entirely fails to protect patients or correct the underlying skill gap.

164. C — A positive Nikolsky sign, in which gentle lateral pressure causes epithelial separation, combined with erosive mucosal lesions and desquamative gingivitis, is characteristic of pemphigus vulgaris, an autoimmune intraepithelial blistering disease requiring biopsy with direct immunofluorescence for confirmation and prompt systemic treatment. Geographic tongue, aphthous stomatitis, and leukoplakia do not produce this specific epithelial fragility finding.

165. C — When a laboratory-fabricated fixed prosthesis has an inaccurate margin fit, the appropriate response is to communicate the discrepancy back to the laboratory and request correction or remake before cementation, preserving the clinical outcome and feedback loop needed to prevent recurring errors. Cementing a poorly fitting restoration or silently adjusting it intraorally forfeits the chance to fix the systemic issue.

166. B — Sialolithiasis, a salivary duct stone, classically causes intermittent, painful swelling of the affected gland that worsens with meals due to increased salivary flow demand against an obstructed duct, most commonly affecting the submandibular gland but also occurring in the parotid. Pericoronitis, TMJ disorders, and dental abscesses do not typically produce this meal-related, duct-obstruction pattern of swelling.

167. A — A vasovagal episode during injection is managed by positioning the patient supine with legs slightly elevated to improve cerebral perfusion, along with monitoring vital signs and providing reassurance as the episode typically resolves quickly with this positioning. Keeping the patient upright, administering epinephrine (reserved for anaphylaxis), or continuing the procedure without addressing the syncope are all inappropriate initial responses.

168. D — An irritation (traumatic) fibroma is a reactive, benign fibrous hyperplasia arising from chronic low-grade trauma such as denture flange rubbing, cheek biting, or an ill-fitting restoration, presenting as a firm, smooth, pink nodule at the irritation site. This differs from a neurofibroma (nerve origin), pyogenic granuloma (vascular, bleeds easily), or lipoma (soft, yellow, fatty).

169. A — An effective recall system for oral health care management includes structured scheduling intervals based on individual risk, automated or staff-driven reminder communications, and active tracking of overdue patients to reengage them proactively, improving preventive care continuity across the patient population. Relying solely on patient memory or eliminating reminders undermines the practice's ability to maintain consistent preventive care delivery.

170. C — Given the specific syndromic association of multiple jaw radiolucencies (odontogenic keratocysts) with multiple basal cell carcinomas, genetic counseling and evaluation for nevoid basal cell carcinoma (Gorlin-Goltz) syndrome should be considered, since this autosomal dominant condition carries implications for skeletal anomalies, additional cyst development, and cancer risk requiring family counseling and long-term surveillance, unlike an isolated, non-syndromic bone cyst.

171. D — A localized allergic reaction limited to swelling and itching without airway or systemic involvement should prompt close monitoring, consideration of an antihistamine for symptomatic relief, and careful documentation of the reaction and suspected agent to prevent future re-exposure. Administering epinephrine is reserved for anaphylaxis with airway or cardiovascular compromise, and continuing with the same agent risks worsening the reaction.

172. B — Denture stomatitis, or chronic atrophic candidiasis, presents as erythematous, atrophic mucosa confined to the denture-bearing area combined with angular cheilitis, resulting from a combination of ill-fitting prosthesis trauma, poor denture hygiene, and *Candida* overgrowth in the moist, occluded environment beneath the appliance. This pattern differs from leukoplakia's white patch presentation or the distinct features of lichen planus and pemphigoid.

173. C — Transitioning a retiring dentist's practice requires providing appropriate advance notice to patients regarding the ownership change and record custodianship, along with transferring records in compliance with state recordkeeping requirements and valid patient authorization, ensuring continuity of care. Discarding records, transferring without notification, or retaining records personally without proper transfer all violate patient rights and jurisprudence obligations regarding recordkeeping.

174. A — A solitary plasmacytoma presents as a localized mass of monoclonal plasma cells without the systemic bone marrow involvement, hypercalcemia, or renal impairment characteristic of multiple myeloma, and requires systemic workup given a meaningful risk of eventual progression to myeloma. Burkitt lymphoma and squamous cell carcinoma have distinct histologic and clinical presentations differing from this monoclonal plasma cell picture.

175. B — Patients with malignant hyperthermia risk can safely undergo routine dental treatment using local anesthesia, since the condition is triggered specifically by certain general anesthetic agents (e.g., volatile anesthetics, succinylcholine) rather than by local anesthetics used in typical dental procedures. Canceling all treatment indefinitely or assuming local anesthetics are contraindicated reflects a misunderstanding of the actual triggering mechanism for this condition.

176. D — ACE inhibitors are recognized to cause taste disturbances (dysgeusia) in some patients and, though rare, can cause angioedema affecting the tongue, lips, or airway, a serious effect requiring prompt recognition and management. This drug class is not classically linked to direct enamel erosion, and while xerostomia can occur, it does not directly cause candidiasis in every patient.

177. B — Informed consent for elective treatment of a minor is generally obtained from a parent or legal guardian holding legal authority to consent on the child's behalf, while age-appropriate assent from the child supports cooperation and respects their developing autonomy. Proceeding without any guardian involvement or accepting a sibling's approval fails to meet valid consent requirements for a minor.

178. D — A well-corticated, incidentally discovered periapical radiolucency on a vital tooth that has remained stable over years of monitoring most likely represents a benign, non-progressive finding such as a healed scar or fibrous defect rather than active infection or malignancy, since active disease would typically show growth or symptoms over such an extended observation period rather than stability.

179. A — When sterilization equipment fails a routine biological indicator test, the appropriate protocol is to immediately quarantine any instruments processed since the last confirmed negative test, retest the equipment, and withhold its use until proper function is verified, since a failed spore test indicates the sterilization cycle may not have adequately killed all microorganisms, posing a genuine cross-contamination risk to patients.

180. C — Numbness in the mental nerve distribution following a restorative procedure without a clear anesthetic or traumatic explanation raises concern for extrusion of restorative or endodontic material into the mandibular canal or mental foramen, compressing the nerve, and warrants prompt radiographic evaluation (such as a CBCT) to identify the cause rather than dismissing it as an expected finding.

181. D — When a patient requests a treatment the dentist believes is not clinically indicated or safe, the appropriate response is to explain the clinical rationale, discuss reasonable alternatives, and decline to provide care outside sound clinical judgment, upholding the professional and ethical obligation to avoid unnecessary or harmful treatment despite patient preference, while maintaining open, respectful communication.

182. B — Granulomatous inflammation with caseating necrosis in a cervical lymph node, combined with systemic symptoms of chronic cough and night sweats, is highly suggestive of tuberculosis, requiring further microbiologic confirmation and public health reporting given its infectious and reportable nature. Sarcoidosis typically produces non-caseating granulomas, and cat scratch disease or reactive hyperplasia do not classically present with this specific necrotizing pattern.

183. C — Reducing look-alike/sound-alike medication errors is best achieved through electronic prescribing systems with built-in clinical decision support alerts, combined with a deliberate double-check protocol before finalizing prescriptions for similarly named medications, systematically reducing the chance of a dangerous mix-up. Relying purely on memory or assuming dental prescribing is too simple for such safeguards both increase preventable error risk.

184. A — The combination of rapid growth, pain, and lip paresthesia in a jaw mass are red-flag features suggestive of a malignant process such as osteosarcoma or metastatic disease infiltrating and damaging the inferior alveolar nerve, warranting urgent biopsy and staging workup. Benign lesions like a dentigerous cyst, odontoma, or traumatic bone cyst typically present with slower growth and no nerve paresthesia.

185. B — Appropriately managing expectations before anterior veneer placement involves a thorough discussion of realistic achievable outcomes, inherent limitations of the material and technique, and potential need for adjustment, culminating in properly documented informed consent that accounts for biologic and material variability. Guaranteeing a specific outcome or avoiding discussion of possible complications sets unrealistic expectations and risks patient dissatisfaction.

186. C — A complex or compound odontoma presents radiographically as a mixed radiolucent-radiopaque mass containing tooth-like structures (denticles in the compound form, or a disorganized mass in the complex form), typically associated with an unerupted tooth whose eruption it obstructs, distinguishing it from ameloblastic fibroma, which lacks mature denticles, or the single radiopaque mass of cementoblastoma fused to a root apex.

187. A — OSHA-compliant sharps disposal requires puncture-resistant, clearly labeled biohazard containers positioned at the point of use for immediate disposal, with final handling per regulated medical waste guidelines to prevent needlestick injuries and contamination. Recapping needles by hand, disposing of sharps in regular trash, or storing containers unlabeled all violate infection control requirements meant to protect staff and the public.

188. D — Oral submucous fibrosis is a chronic, progressive fibrotic condition of the oral mucosa strongly associated with areca (betel) nut chewing, presenting with palpable fibrous bands, progressive trismus, and a well-documented premalignant potential requiring biopsy and close monitoring for malignant transformation. This differs from infectious trismus, true TMJ ankylosis, or scleroderma, which has a distinct systemic autoimmune etiology and presentation.

189. B — An appropriate response to an inaccurate negative online review involves a professional, measured public reply that discloses no protected health information, paired with an invitation to discuss concerns through private, appropriate channels such as a direct phone call, preserving patient confidentiality and the practice's reputation. Disclosing PHI publicly or posting fake reviews both violate ethical and legal standards.

190. C — Odontogenic myxoma is a benign but locally infiltrative tumor of odontogenic ectomesenchyme, histologically characterized by loosely arranged spindle and stellate cells within an abundant myxoid stroma and typically lacking a significant epithelial component, distinguishing it from ameloblastoma (prominent epithelial component), squamous odontogenic tumor, or calcifying odontogenic cyst, each of which has a distinctly different histologic architecture and epithelial pattern.

191. D — Proper interpretation of a small study with a statistically significant finding requires weighing statistical significance alongside clinical significance, the limitations of small sample size, and generalizability of the findings to other patient populations before applying the result in practice. Automatically generalizing the finding, dismissing the study outright, or assuming small studies are more reliable than larger ones are unsound approaches.

192. A — Recurrent herpes labialis presents as a painful, recurrent vesiculobullous eruption specifically at the vermilion border of the lip, commonly triggered by sun exposure, stress, or immunosuppression, reflecting reactivation of latent HSV-1 in the trigeminal ganglion. Actinic cheilitis presents as chronic sun-damage change without a vesicular, recurrent pattern, and angular cheilitis and contact dermatitis have distinct presentations unrelated to viral reactivation.

193. C — Responsible evaluation of a new clinical guideline requires critically appraising the underlying supporting evidence, its methodological quality, and its applicability to the dentist's own specific patient population and practice setting before adopting it into routine care. Adopting guidelines

uncritically, ignoring new evidence-based recommendations altogether, or applying them selectively only when convenient all undermine genuinely evidence-based clinical decision-making in practice.

194. B — An odontogenic keratocyst characteristically presents as a radiolucent lesion in the posterior mandible with cortical expansion and canal displacement, and histologically shows a thin, uniform parakeratinized lining with a corrugated surface and well-defined basal layer, distinguishing it from ameloblastoma's stellate reticulum-like tissue with peripheral palisading, or the non-epithelial-lined traumatic bone cyst and central giant cell granuloma.

195. A — Appropriately assessing MRONJ risk before extraction requires reviewing the specific antiresorptive or antiangiogenic agent used, its dose, cumulative duration of therapy, and route of administration (oral versus intravenous), in consultation with the prescriber, since risk varies substantially by these factors. Assuming uniform risk across all agents, skipping assessment entirely, or refusing treatment to all such patients are inappropriate blanket approaches.

196. D — Medication-related osteonecrosis of the jaw (MRONJ) is defined by exposed, necrotic bone persisting at least eight weeks in a patient with current or prior antiresorptive or antiangiogenic drug exposure, without prior radiation to the jaws, distinguishing it from osteoradionecrosis (requiring radiation history) or a simple dry socket, which typically resolves in a much shorter timeframe with standard management.

197. B — Maintaining an active dental license requires completing the number and type of continuing education hours mandated by the relevant state dental board within each renewal cycle, supporting ongoing competency and current knowledge in the field. Treating continuing education as optional, substituting unrelated coursework, or assuming the requirement applies only to specialists all misunderstand the licensure maintenance obligation for practicing dentists.

198. D — Erythroplakia, a red, velvety mucosal patch, carries a substantially higher likelihood of harboring dysplasia, carcinoma in situ, or invasive squamous cell carcinoma than leukoplakia, making prompt biopsy essential for any such lesion regardless of size or innocuous appearance. Dismissing it as benign or assuming lower malignant risk than leukoplakia contradicts established oral pathology teaching on premalignant lesion risk.

199. A — Successfully implementing an electronic prescribing system to reduce medication errors requires thorough staff training on system use and verification that allergy and drug interaction alert functions are active and working correctly before relying on the system daily. Skipping training, disabling safety alerts to save time, or limiting use only to controlled substances all undermine the error-reduction purpose the system serves.

200. C — An irritation fibroma from chronic mechanical trauma can cause superficial cupping (pressure) resorption of the underlying alveolar bone visible radiographically, reflecting a benign, slow-growing reactive process rather than an aggressive one. This differs from peripheral giant cell granuloma, which more classically causes a pronounced 'saucerization' bone change, or pyogenic granuloma and squamous papilloma, which typically show no bony involvement.

201. A — An osteoma is a benign, slow-growing tumor of mature compact or cancellous bone, presenting as a well-circumscribed radiopaque mass without cellular atypia, often found incidentally on radiograph, and typically needs no treatment unless it causes functional or esthetic concerns. This differs from osteosarcoma, which shows malignant features, and from Paget disease or fibrous dysplasia, which have distinct patterns.

202. D — Spontaneous, poorly localized, lingering pain in a tooth without radiographic periapical change reflects pulpal inflammation confined within the tooth, characteristic of symptomatic irreversible pulpitis, before periapical extension produces a visible lesion or clear percussion sensitivity. Reversible pulpitis lacks spontaneous pain, and periodontal abscess or apical periodontitis would typically show distinct periodontal or periapical findings not present here.

203. C — Responsible controlled substance prescribing requires verifying patient identity, checking the state prescription drug monitoring program when mandated to screen for misuse or diversion, and clearly documenting the clinical justification in the record. Skipping monitoring checks, presigning blank pads, or delegating prescribing authority to unlicensed staff all violate jurisprudence and DEA requirements governing controlled substances.

204. B — A chronic draining sinus tract on facial skin from a nonvital tooth represents a cutaneous sinus tract of odontogenic origin, where chronic periapical infection tracks through bone and soft tissue to drain extraorally, often misdiagnosed as a skin condition until the dental source is found. Treatment requires addressing the nonvital tooth via root canal therapy or extraction, not skin-directed care.

205. C — Digital smile design software is best used as a communication and planning tool that helps visualize proposed esthetic changes and facilitate discussion, while the dentist still manages realistic expectations regarding biologic and material variability in the final result. It should not be presented as a guarantee of the exact outcome, nor eliminate value from a wax-up or trial smile.

206. D — Unilateral condylar hyperplasia presents as progressive facial asymmetry and malocclusion developing during adolescence due to excessive, one-sided mandibular condylar growth, distinguishing it from bilateral condylar hyperplasia, which would cause more symmetric mandibular prognathism, or a disc displacement, which does not typically cause facial asymmetry through actual bony overgrowth of the condyle itself.

207. B — When a patient disputes a documented finding, the appropriate approach is to add a dated addendum noting the disagreement and its reason, while preserving the original entry unaltered, maintaining an honest, legally defensible record. Deleting or altering the original entry, or refusing to acknowledge the patient's concern, both compromise the record's integrity and legal reliability.

208. A — Kaposi sarcoma, associated with human herpesvirus 8, classically presents as a red-purple macular or nodular lesion on the palate in patients with advanced HIV infection and significant immunosuppression, reflecting vascular endothelial proliferation. This differs from pyogenic granuloma or hemangioma, which are not HIV-specific, and from petechiae, which are small, flat, and follow a distinct thrombocytopenic bleeding pattern.

209. B — Proper occlusal evaluation before full-mouth rehabilitation requires mounting diagnostic casts on an adjustable articulator using a facebow transfer and accurate interocclusal records, allowing thorough analysis of the existing occlusal scheme and discrepancies before finalizing a comprehensive plan. Proceeding without this analysis or relying only on subjective patient description risks a poorly planned, unstable final result.

210. D — Pyogenic granuloma presents as a painless, exophytic, pink-to-red, easily bleeding pedunculated mass that commonly develops shortly after a local irritant or minor trauma such as a recent cleaning, reflecting a reactive vascular response. This timeline and bleeding-prone character distinguish it from the firmer, less vascular fibroma, the calcified peripheral ossifying fibroma, or indurated carcinoma.

211. C — When a malpractice carrier requests information regarding an adverse outcome, the dentist should cooperate fully and honestly per the policy terms, since accurate disclosure supports appropriate case management and the dentist's own coverage and defense. Refusing to cooperate, providing false information, or discussing the case publicly before responding to the carrier all violate policy obligations and risk management.

212. A — A nasopalatine duct cyst arises from epithelial remnants of the nasopalatine duct within the incisive canal, presenting as a firm midline palatal swelling with a heart-shaped radiolucency between the roots of vital maxillary incisors, distinguishing it from a radicular cyst (nonvital tooth required), globulomaxillary cyst (a largely obsolete term), or median palatal cyst (a rarer, more posterior entity).

213. A — Local infiltration anesthesia in the maxilla achieves pulpal anesthesia primarily through diffusion of the anesthetic solution across the relatively thin, porous cortical bone overlying the maxillary tooth roots to reach the dental nerve supply, which is why infiltration is generally effective in the maxilla but less reliable in the denser mandibular bone, where block techniques are typically preferred instead.

214. B — Macroglossia secondary to myxedema results from glycosaminoglycan deposition in the tongue in longstanding, poorly controlled hypothyroidism, causing progressive, painless enlargement with crenulation along the lateral borders from pressure against the teeth. This differs from lingual thyroid (ectopic tissue at the tongue base), hairy tongue (elongated papillae), or angioedema, which is acute rather than chronic.

215. C — For a patient with a documented nickel allergy, the appropriate restorative choice is a nickel-free alloy or all-ceramic restoration to avoid exposure to the known allergen, since nickel-containing alloys can trigger a genuine contact allergic reaction in sensitized individuals. Proceeding with a nickel-containing alloy, even with antihistamine premedication, unnecessarily risks a reaction when suitable alternatives exist.

216. D — Burkitt lymphoma, particularly the endemic form associated with Epstein-Barr virus, classically presents in children as a rapidly growing, destructive jaw lesion, with histology showing sheets of small, round, blue lymphoid cells and a characteristic 'starry sky' pattern from interspersed

macrophages, distinguishing it from the slower-growing, non-malignant osteoma, fibrous dysplasia, or ameloblastoma, none of which show this aggressive lymphoid histology.

217. D — Appropriate use of nitrous oxide sedation requires reviewing the patient's medical history for contraindications (such as certain respiratory or pregnancy-related concerns), obtaining informed consent, and titrating the nitrous oxide concentration gradually to the desired clinical effect while continuously monitoring the patient's response, rather than administering a fixed maximum dose or skipping the medical history review entirely before starting sedation.

218. C — Central giant cell granuloma presents as a solitary, often painless radiolucent lesion, frequently in the anterior mandible in younger patients, with histology showing numerous multinucleated giant cells within a fibrous stroma along with hemosiderin deposits, distinguishing it from ameloblastoma's epithelial architecture, the keratinized lining of an odontogenic keratocyst, or the radiopaque mass of a cementoblastoma.

219. B — Thorough informed consent for a treatment with a low but serious complication risk requires disclosing the specific risk, its likelihood, and management options as part of a genuine discussion, regardless of rarity. Omitting the risk due to its rarity, or waiting for the patient to ask, undermines the patient ability to make a truly informed decision.

220. A — Fordyce granules are small, yellowish, painless papules representing ectopic sebaceous glands visible on the buccal mucosa or lips, typically noted since adolescence as a normal variant requiring no treatment once identified. This distinguishes them from leukoedema (a diffuse grayish-white film), lichen planus (lacy white striations), or linea alba (a horizontal white line along the occlusal plane).

221. B — A proper preoperative evaluation before moderate sedation includes a structured airway assessment, such as the Mallampati score, neck mobility, mouth opening, and other factors predicting potential airway management difficulty, allowing the clinician to anticipate challenges during sedation. Assuming a normal airway or relying solely on patient self-report skips this essential safety step.

222. D — An aneurysmal bone cyst presents as an expansile, often painless radiolucent lesion with a 'soap bubble' appearance, and histologically shows blood-filled cystic spaces lacking a true endothelial lining, distinguishing it from a vascular malformation, a simple bone cyst (fluid-filled, non-expansile), a radicular cyst, or ameloblastoma, which shows a distinct epithelial component.

223. A — A sound cost-effectiveness evaluation of adopting new digital radiography should analyze initial purchase and maintenance costs, workflow efficiency gains, potential radiation dose reduction, and genuine diagnostic benefit compared to the current system, providing a balanced basis for the decision. Deciding solely on price or popularity, without this fuller analysis, risks a poorly justified investment.

224. C — Herpes zoster (shingles) results from reactivation of latent varicella-zoster virus within a sensory ganglion, presenting with severe, lancinating pain along a specific dermatomal distribution, followed days later by a vesicular rash confined to that distribution, distinguishing it from trigeminal

neuralgia (no rash), herpes simplex reactivation (typically the lip), or postherpetic neuralgia, occurring after the rash resolves.

225. A — When a sedation- or anesthesia-related adverse event occurs, the practice must report it to the state dental board or regulatory authority per applicable mandatory reporting requirements, regardless of whether the patient files a complaint, since these regulations exist to track and improve sedation safety. Withholding the report or reporting only to the malpractice insurer fails this obligation.

226. B — A lateral periodontal cyst is a developmental odontogenic cyst arising along the lateral root surface of a vital tooth, presenting as a well-defined, typically small, unilocular radiolucency, with histology showing thin epithelial lining without keratinization or ameloblastic features, distinguishing it from cementoblastoma, osteoma, or complex odontoma, each with a different histologic presentation.

227. D — Rushing a procedure to meet a patient's personal timeline without disclosing the risks of compressed healing time violates informed consent principles and sound clinical judgment; the appropriate approach instead involves an open discussion of realistic timelines, the risks of expediting treatment, and reasonable alternatives that respect the patient's goals while maintaining safe, evidence-based care.

228. C — Cat scratch disease, caused by *Bartonella henselae*, classically presents with chronic, firm, non-tender regional lymphadenopathy following recent cat exposure and a primary inoculation papule at the scratch site, typically resolving without extensive workup in immunocompetent patients. This clinical history distinguishes it from tuberculosis (usually with systemic symptoms and caseating necrosis), sarcoidosis, or reactive hyperplasia from an unrelated dental infection source.

229. D — Artificial intelligence-based caries detection software should be used as a diagnostic aid that flags areas of concern, with the dentist independently reviewing radiographs and findings to confirm or refute the output before final treatment decisions, preserving clinical judgment as the ultimate authority. Relying on the software exclusively, or dismissing all flagged findings by default, both misuse this emerging tool.

230. B — Odontogenic myxoma is a benign but locally infiltrative tumor of odontogenic mesenchymal origin, histologically characterized by loosely arranged stellate and spindle-shaped cells within an abundant myxomatous stroma and a minimal epithelial component, distinguishing it from ameloblastoma's prominent epithelial architecture, squamous odontogenic tumor, or calcifying odontogenic cyst, each of which shows a substantially different epithelial or mineralized histologic pattern.

231. A — A thorough, clinically useful social history requires asking directly about tobacco, alcohol, and other substance use in a non-judgmental, confidential manner as a routine part of the health history, since these factors significantly influence oral disease risk, healing, and treatment planning. Avoiding these questions, waiting for volunteered information, or documenting unverified assumptions all compromise the record's accuracy.

232. C — Erosion from recurrent gastric acid exposure, whether from bulimia nervosa or reflux disease, characteristically causes smooth, generalized loss of tooth structure concentrated on the palatal surfaces of the maxillary anteriors, where acidic contents pool during reflux or vomiting. This pattern differs from attrition (tooth-to-tooth wear), abfraction (cervical notching from flexural loading), or abrasion (mechanical wear from toothbrushing).

233. D — When a dentist suspects an active eating disorder contributing to dental erosion, the appropriate approach is to document the finding factually, discuss it supportively and non-judgmentally, and offer referral resources for further evaluation, while continuing to address the patient's dental needs. Refusing treatment until the disorder resolves, confronting the patient aggressively, or ignoring the finding are inappropriate.

234. A — Cementoblastoma is a benign odontogenic tumor presenting as a well-circumscribed radiopaque mass fused to the root apex of a vital tooth, typically a mandibular first molar in a young adult, with a thin radiolucent rim separating it from bone, distinguishing it from condensing osteitis (needs a pulpal source), idiopathic osteosclerosis (not root-fused), or hypercementosis.

235. C — A proper preoperative assessment of aspiration risk before sedation requires reviewing the patient's NPO status, the planned sedation depth, and the integrity of protective airway reflexes, since deeper sedation progressively blunts these reflexes and increases aspiration risk if NPO guidelines were not followed. Assuming negligible risk across all sedation levels or ignoring NPO status by self-report both compromise airway safety.

236. B — An incidentally discovered periapical radiolucency on a tooth that tests vital and has remained radiographically stable over five years most likely represents a benign, non-progressive developmental or incidental finding rather than true endodontic pathology, since a vital pulp excludes an endodontic cause and long-term stability argues against an active disease process, making continued periodic observation the appropriate, conservative management choice.

237. C — When a dentist identifies signs suggestive of possible elder abuse or neglect, the appropriate action is to report the suspicion to adult protective services or relevant authorities per mandatory reporting laws that, in many jurisdictions, extend to vulnerable elderly populations similarly to child abuse reporting, rather than waiting for verbal disclosure or assuming the findings are age-related.

238. B — Florid cemento-osseous dysplasia presents as extensive, often multiquadrant, diffuse radiopaque areas with a 'cotton wool' appearance around the roots of vital, asymptomatic teeth, frequently in middle-aged patients and sometimes following extraction in the area, representing a benign fibro-osseous process needing no treatment, distinguishing it from osteosarcoma, active osteomyelitis, or Paget disease.

239. A — HIPAA compliance requires providing initial training to all staff who handle protected health information at hire, along with periodic refresher training to address regulatory updates and reinforce privacy and security practices across the team. Limiting training to the dentist alone, treating it as optional for small practices, or a single onetime session all fail the compliance obligation.

240. D — Central mucoepidermoid carcinoma arising primarily within bone is a rare malignant salivary gland-type tumor that can present as an expansile, multilocular radiolucency in the posterior maxilla, with histology showing mucous, epidermoid, and intermediate cells with mural nodules, distinguishing it from the benign radicular cyst, dentigerous cyst, or odontogenic keratocyst, none showing this malignant mixed-cell composition.

241. B — Appropriately managing expectations for a composite restoration requires discussing its realistic expected lifespan compared to more durable options like crowns, the maintenance and potential need for future repair, and reasonable alternatives, as part of a thorough informed consent conversation. Guaranteeing equivalent longevity to a crown, or skipping this discussion to save time, risks creating unrealistic patient expectations.

242. A — Acute suppurative osteomyelitis presents with rapidly progressive, painful mandibular swelling, fever, purulent drainage, and a radiographic 'moth-eaten' mixed pattern with sequestra, reflecting an aggressive bone infection requiring prompt antibiotics and surgical debridement. This acute, infectious presentation distinguishes it from the benign, non-infectious fibrous dysplasia, central giant cell granuloma, or simple bone cyst.

243. C — When a patient declines recommended treatment after receiving adequate disclosure of the relevant risks, benefits, and alternatives, the dentist must document this informed refusal, including the risks explained and the patient's decision, in the record to protect both the patient's autonomy and the dentist's legal position. Proceeding against the patient's wishes or refusing all further care are inappropriate responses.

244. D — A Stafne defect (lingual mandibular salivary gland depression) presents as a well-circumscribed radiolucency near the mandibular molar region below the inferior alveolar canal, representing a developmental concavity in the lingual cortical plate housing normal gland tissue rather than a pathologic lesion, needing no treatment once distinguished from a radicular cyst, traumatic bone cyst, or central giant cell granuloma.

245. D — Upon identifying a recurring inadvertent overbilling pattern affecting a dental insurance plan, the appropriate response is to investigate the underlying cause, correct the process going forward, and proactively refund any overpayment received, reflecting sound ethical and jurisprudence-based practice. Continuing the pattern, ignoring the issue, or waiting for the insurer to detect it risks escalating into a fraud allegation.

246. A — Tobacco pouch keratosis (smokeless tobacco keratosis) presents as a painless, exophytic, verrucous white lesion at the specific site of chronic tobacco placement, histologically showing hyperkeratosis typically without dysplasia in early lesions, though long-term use still carries some malignant potential warranting monitoring. This site-specific history distinguishes it from idiopathic leukoplakia, lichen planus, or candidiasis.

247. B — Proper informed consent in a teaching clinic requires disclosing that a dental student will perform part of the procedure, along with the level of faculty supervision provided, allowing the patient to make a genuinely informed decision about their care. Proceeding without this disclosure, obtaining

consent only from supervising faculty, or assuming implied consent covers student involvement all fail consent standards.

248. C — Chronic halitosis in a patient with a deeply fissured, coated tongue is most commonly attributable to bacterial accumulation and volatile sulfur compound production within debris trapped in the fissures and coating, an underrecognized local factor in bad breath. While liver disease, sinus infection, or medication-induced xerostomia can also contribute to halitosis, they are less directly supported by this finding.

249. A — Upon receiving a recall notice for a defective dental material or device, the appropriate response is to review affected patient records to identify who received it, notify impacted patients as appropriate, and follow guidance from the manufacturer or regulatory agency. Ignoring the notice, continuing to use remaining stock, or discarding the product without notification all fail this safety obligation.

250. D — A lateral periodontal cyst is a developmental, non-inflammatory odontogenic cyst arising along the lateral aspect of a vital tooth root, presenting as a well-defined unilocular radiolucency between adjacent roots with epithelial rests on biopsy and no endodontic origin, distinguishing it from a radicular cyst or periapical granuloma (nonvital pulp required) or a dentigerous cyst (tied to an unerupted crown).

251. B — Pyogenic granuloma, sometimes called a pregnancy tumor when linked to hormonal changes of pregnancy, presents as a rapidly growing, red, easily bleeding gingival mass driven by vascular proliferation, most often on the interdental papilla. This distinguishes it from carcinoma (firm, indurated), peripheral ossifying fibroma (firmer, less vascular), or traumatic fibroma (pale, non-bleeding).

252. C — Active caries and periodontal disease should be diagnosed and treated before elective cosmetic whitening, since untreated decay and inflammation can worsen, cause sensitivity to whitening agents, or produce uneven results. Proceeding with whitening over active disease or ignoring it entirely disregards the priority of establishing oral health before pursuing purely esthetic goals.

253. C — A vital tooth with a stable, unchanged periapical radiolucency over four years of monitoring most likely represents a benign, incidental developmental finding rather than active endodontic pathology, since a vital pulp excludes an endodontic cause and long-term radiographic stability argues against an aggressive or infectious process, supporting continued conservative observation.

254. D — Sharing identifiable patient case photos for marketing requires explicit written patient authorization specifying the intended use, since HIPAA and professional ethics prohibit posting identifiable protected health information without documented consent. Assuming implied consent from the treatment relationship, or misrepresenting stock photos as real patient results, both violate privacy and truth-in-advertising standards.

255. A — Cherubism is a hereditary fibro-osseous condition presenting in childhood with progressive, painless, bilateral mandibular (and sometimes maxillary) enlargement producing a characteristic round,

'cherubic' facial appearance, with radiographs showing multilocular radiolucencies that typically stabilize or partially regress after puberty. This self-limiting course distinguishes it from the more aggressive ameloblastoma or osteosarcoma.

256. B — Effective non-pharmacologic anxiety management for injections includes distraction techniques, calm reassurance and clear explanation of each step, topical anesthetic application before needle insertion, and a slow, controlled injection technique to minimize discomfort and the sensation of pressure. These combined measures reduce anxiety and improve the patient's overall injection experience meaningfully.

257. B — A positive nose-blowing test causing air or bubbling at an extraction site, combined with sinus-region pain and swelling after a maxillary molar extraction, strongly suggests an oroantral communication requiring prompt evaluation and, depending on size, possible surgical closure to prevent chronic sinus complications. This is not a normal postoperative finding requiring no action.

258. D — Preventing wrong-patient treatment errors requires verifying at least two independent patient identifiers, such as full name and date of birth, before beginning any treatment, a standard safety practice recommended across healthcare settings. Relying on a single identifier, appointment order, or skipping verification for returning patients all increase the risk of a preventable identification error.

259. A — A chronic, indurated, non-healing lip ulcer in a fair-skinned patient with significant sun exposure is concerning for actinic cheilitis progressing toward squamous cell carcinoma, a premalignant condition of the lower lip vermilion caused by cumulative ultraviolet damage, warranting biopsy given the induration and chronicity rather than assuming a simple, self-limiting viral or dermatologic cause.

260. C — Implant-supported restorations lack a periodontal ligament and its proprioceptive feedback and shock-absorbing capacity present around natural teeth, so occlusal contacts on implant crowns should generally be adjusted lighter than on adjacent natural dentition to reduce excessive load transfer to the implant-bone interface. Ignoring this difference risks overload-related complications for the implant restoration.

261. B — A traumatic (simple) bone cyst characteristically scallops around the roots of adjacent vital teeth without displacing them, presenting as a well-corticated, empty or fluid-containing cavity discovered incidentally, distinguishing it from a radicular cyst (requires a nonvital tooth), ameloblastoma (more aggressive, expansile), or central giant cell granuloma, which shows distinct histologic features on biopsy.

262. C — Upon discovering a counterfeit or unauthorized dental product in the supply chain, the appropriate response is to immediately discontinue its use, report the finding to the relevant regulatory authority, and assess whether any patients were affected by its use, protecting both current and future patient safety rather than continuing use or waiting for evidence of harm.

263. D — Numbness after a lingual nerve block typically represents an expected but transient effect that resolves as the anesthetic wears off; however, persistence beyond the expected recovery window (such

as two weeks) warrants continued observation with structured follow-up, and referral to a specialist if it does not improve, rather than dismissing the complaint outright.

264. A — Managing periodontal maintenance noncompliance appropriately involves clearly documenting the recommendation given, the risks of noncompliance discussed with the patient, and continuing to offer appropriate care at each visit, respecting the patient's autonomy to decline recommended follow-up while protecting the dentist through thorough documentation. Abruptly discharging or ignoring the noncompliance without documentation both create risk.

265. B — Condensing osteitis (focal sclerosing osteomyelitis) presents as a well-defined radiopaque area of increased bone density near the apex of a tooth with a history of chronic low-grade pulpal inflammation or prior endodontic treatment, representing a reactive bony response to mild chronic infection rather than a true neoplasm like cementoblastoma or osteoma.

266. A — Addressing a recurring patient complaint about long wait times requires analyzing scheduling patterns, appointment length accuracy, and clinical workflow to identify the specific underlying causes of delays, then implementing targeted process improvements. Dismissing the feedback, ignoring it as unavoidable, or only responding to individual complainants fails to address the systemic issue affecting the broader patient experience.

267. C — Granular cell tumor presents as a solitary, firm, pink nodule most often on the tongue but also the gingiva, with characteristic histology showing large cells packed with abundant eosinophilic granular cytoplasm believed to be of neural (Schwann cell) origin, distinguishing it from the vascular pyogenic granuloma, fibrous fibroma, or the more classic spindle-cell appearance of a neurofibroma.

268. D — Responsible opioid prescribing for acute dental pain requires selecting the lowest effective dose for the shortest duration necessary to manage the expected pain, combined with patient counseling on proper use, storage, disposal, and addiction risk, reflecting current opioid stewardship guidelines. Prescribing large quantities routinely or skipping risk counseling both contribute to preventable opioid misuse.

269. A — A glandular odontogenic cyst is a rare developmental cyst showing a thin epithelial lining with focal areas resembling glandular or mucous cell differentiation on histology, presenting radiographically as a well-defined, sometimes multilocular radiolucency with a notable tendency toward local recurrence, distinguishing it from the more common radicular, dentigerous, or nasopalatine duct cysts, each with distinct histology.

270. C — Managing a local anesthetic overdose seizure requires protecting the patient's airway, administering supplemental oxygen, positioning the patient safely to prevent injury, and activating emergency medical services promptly while supportively managing the seizure until it resolves or help arrives. Administering more anesthetic or physically restraining the patient are both inappropriate and potentially harmful responses.

271. D — A traumatic (simple) bone cyst presents as an empty or thin-serous-fluid-filled cavity with a simple fibrous connective tissue wall lacking any true epithelial lining, discovered on exploration of a

well-corticated radiolucency, distinguishing it from an ameloblastoma or dentigerous cyst, both of which show a true epithelial component, or a radicular cyst, which requires a nonvital tooth as its source.

272. B — Reasonable patient preferences regarding staff assignment can generally be accommodated when feasible without compromising the quality or continuity of care, supporting patient comfort and satisfaction within practical scheduling constraints. Refusing to consider any such preference disregards a legitimate, low-risk patient comfort request that most practices can reasonably accommodate given adequate staffing flexibility.

273. D — Rapidly enlarging painful parotid swelling with trismus and facial nerve weakness in a patient with chronic sialadenitis raises concern for malignant transformation of a salivary gland tumor, since facial nerve involvement in particular is a red-flag sign for malignancy given its rarity in benign parotid disease, warranting urgent imaging and biopsy rather than assuming a benign or simply reactive process.

274. A — For an elderly patient with orthostatic hypotension, the chair should be returned to upright gradually, allowing the patient to sit for a moment before standing, with staff assistance available to reduce the risk of a fall from sudden postural blood pressure changes. Rapidly returning the chair upright or standing the patient immediately increases fall and syncope risk significantly.

275. C — A dentigerous cyst forms from the reduced enamel epithelium surrounding the crown of an unerupted tooth such as a canine, presenting as a well-defined radiolucency attached at the cemento-enamel junction without hard tissue or mucous cell elements on histology, distinguishing it from an ameloblastic fibro-odontoma or complex odontoma, both of which show dental hard tissue formation within the lesion itself.

276. B — Proper amalgam waste management requires installing and maintaining an amalgam separator to capture mercury-containing waste before it enters the wastewater system, along with following regulated hazardous waste disposal protocols for collected amalgam. Disposing of amalgam down the drain or in regular trash violates environmental regulations designed to prevent mercury contamination of water systems.

277. C — Cementoblastoma presents as a dense, radiopaque mass histologically composed of avascular, acellular cementum-like tissue continuous with and fused to the root of a vital tooth, distinguishing it from hypercementosis (root's own cementum enlarged, not a fused mass), osteoma (arising from bone, not root-fused), or condensing osteitis, a reactive rather than neoplastic process.

278. D — Using a chaperone during sensitive examinations or procedures, particularly for vulnerable populations, helps protect both patient comfort and dignity and the practitioner against unfounded allegations of misconduct, representing sound risk management and patient-centered practice. Never using a chaperone, or requiring only patient demand or limiting it strictly to minors, overlooks proactive protections that benefit both parties broadly.

279. A — A dentigerous cyst forms from the reduced enamel epithelium surrounding the crown of an unerupted tooth, most commonly a mandibular third molar, presenting as a well-defined radiolucency attached at the cemento-enamel junction enveloping the crown, distinguishing it from a radicular cyst

(nonvital erupted tooth required) or traumatic bone cyst and central giant cell granuloma, not tooth-crown associated.

280. B — Radiographic equipment requires regular calibration and safety checks performed according to manufacturer specifications and applicable state or federal regulatory schedules, with documentation maintained to demonstrate ongoing compliance and equipment safety. Skipping checks based on apparent normal function, or waiting until a visible malfunction occurs, both risk undetected radiation dose errors or image quality problems affecting patient safety and diagnosis.

281. D — An untreated oroantral communication following a maxillary molar extraction can progress to maxillary sinusitis, presenting with deep, boring sinus pain, purulent nasal discharge, and cheek tenderness, as oral bacteria gain persistent access to the sinus cavity through the unclosed communication. This distinguishes it from normal healing, TMJ disorder, or trigeminal neuralgia, none of which produce purulent sinus drainage.

282. A — Maintaining adequate, continuous professional liability insurance is a fundamental risk management practice for any practicing dentist, protecting both practitioner and patients in the event of an adverse outcome or malpractice claim, and is generally required by many state licensing boards or hospital credentialing bodies. Viewing it as optional or allowing coverage to lapse creates significant, unnecessary financial and professional risk.

283. B — Epulis fissuratum (denture-induced fibrous hyperplasia) presents as firm, fibrous folds of hyperplastic tissue forming along the flange of an ill-fitting denture due to chronic mechanical irritation, typically requiring surgical excision along with denture adjustment or replacement to prevent recurrence. This differs from pleomorphic adenoma, squamous cell carcinoma, or torus palatinus, each with a distinct etiology and presentation.

284. C — Comprehensive evaluation of treatment success should incorporate patient-reported outcome measures, such as pain scores and satisfaction surveys, alongside objective clinical and radiographic findings, providing a more complete picture of the treatment's overall impact from both the clinician's and the patient's perspective. Relying exclusively on either patient-reported or clinical measures alone risks an incomplete assessment of true treatment success.

285. B — Sialadenosis, a non-inflammatory, non-neoplastic salivary gland enlargement, is a well-recognized finding in patients with bulimia nervosa, likely related to autonomic dysfunction and nutritional factors from recurrent vomiting and binge-purge cycles, presenting as painless, bilateral parotid swelling. This differs from Sjogren syndrome (autoimmune, with dry eyes/mouth), mumps (acute viral, often tender), or bacterial sialadenitis (typically unilateral, painful, purulent).

286. D — Effective allergy management within an electronic health record requires prominently flagging documented allergies so they are visible at every encounter, with active re-verification at each visit before prescribing medications or using materials that could trigger a reaction, rather than relying on unflagged free-text notes, assuming allergy status never changes, or depending solely on unprompted patient recall.

287. A — Pleomorphic adenoma is the most common benign minor salivary gland tumor, presenting as a slow-growing, painless, firm mass most often on the posterior hard palate, with histology showing ductal epithelial and myoepithelial cells within a variable stroma that can include cartilage-like or myxoid areas, distinguishing it from mucocele, fibroma, or lipoma, which lack this mixed glandular histologic pattern.

288. C — Ethical and legally compliant insurance billing requires submitting codes that accurately reflect the actual procedure performed and clearly documented in the patient record, regardless of reimbursement differences between codes. Selecting codes to maximize payment, allowing staff to code without dentist verification, or upcoding low-reimbursement procedures all constitute insurance fraud and expose the practice to serious legal and financial consequences.

289. C — A verrucous, cauliflower-like white lesion showing marked epithelial dysplasia on biopsy in an elderly patient is concerning for proliferative verrucous leukoplakia, a distinct, persistent, and multifocal form of leukoplakia carrying a notably high rate of malignant transformation to squamous cell carcinoma over time, requiring close, long-term monitoring and likely repeated biopsy rather than assuming it is a benign viral papilloma.

290. B — Managing a latex-triggered anaphylactic reaction requires immediately stopping treatment, removing any ongoing latex exposure from the treatment area, administering intramuscular epinephrine as the first-line emergency treatment, and activating emergency medical services without delay, since anaphylaxis can rapidly progress to airway compromise and cardiovascular collapse if not treated promptly and aggressively.

291. A — A periapical radiolucency associated with a tooth that responds positively to cold testing indicates the pulp remains vital, meaning the lesion is unlikely to be of endodontic origin despite a history of a large restoration, and warrants further workup to identify a non-endodontic cause rather than proceeding directly to root canal therapy or assuming necrosis or an acute apical process.

292. D — Valid informed consent before a sedation-based surgical procedure requires confirming the patient genuinely understands the discussed risks, benefits, and reasonable alternatives, with properly signed documentation completed before sedation begins, since consent obtained after sedation onset is not legally valid. Verbal-only consent, skipping verification for repeat patients, or signature without discussion all fail this essential informed consent standard.

293. C — Periapical cemental (osseous) dysplasia in its mature stage presents as firm, radiopaque, asymptomatic lesions at the apices of vital mandibular anterior teeth in middle-aged women, remaining stable over years as a benign fibro-osseous process requiring no treatment once correctly identified, distinguishing it from an acute infectious abscess, malignant osteosarcoma, or the more aggressive, expansile ameloblastoma.

294. D — Appropriate use of text-message appointment reminders requires obtaining patient consent for this communication method and limiting message content to minimize exposure of protected health information, avoiding specific diagnoses or treatment details in the text itself. Including detailed clinical

information or a diagnosis in a text message unnecessarily risks a HIPAA privacy violation if seen by an unintended recipient.

295. B — A pyogenic granuloma can develop at a healing extraction site in response to local irritation or minor residual trauma, presenting as an exophytic, easily bleeding, granular red mass with histology showing a proliferation of small blood vessels reflecting a reactive vascular process. This differs from osteomyelitis (deeper bone infection), carcinoma (indurated, non-bleeding), or a radiographically distinct retained root tip.

296. A — Patients generally have a right to access their own radiographic images, and the dentist should provide the requested radiographs or copies promptly to facilitate a second opinion consultation, per applicable patient record access laws. Refusing release, charging an excessive discouraging fee, or requiring a court order all improperly obstruct the patient's legal right to their own diagnostic records.

297. D — True coronoid hyperplasia presents with progressive, painless restriction of jaw closure or opening due to an elongated coronoid process mechanically impinging against the zygomatic arch, typically worsening during adolescent growth without a preceding trauma history, distinguishing it structurally from myofascial pain dysfunction, TMJ disc displacement, or fracture, none of which involve this specific bony impingement mechanism.

298. B — Managing a patient with symptoms of a potentially contagious respiratory illness requires screening symptoms before the appointment, using appropriate isolation measures and personal protective equipment during any necessary treatment, and rescheduling non-urgent elective care per current infection control guidance to protect both staff and other patients. Treating without modification or ignoring reported symptoms both increase transmission risk within the practice.

299. C — A simple (traumatic) bone cyst presents as a well-corticated radiolucency found incidentally in the posterior mandible, exploration revealing an empty cavity or minimal serous fluid and a thin fibrous wall lacking epithelial lining, with adjacent teeth remaining vital since the lesion is not dental in origin, distinguishing it from a radicular cyst, ameloblastoma, or dentigerous cyst, each with true lining.

300. A — Maintaining competency in office emergency management requires regularly reviewing and practicing emergency protocols with the team, along with confirming that emergency kit medications have not expired and dosages remain current with evidence-based guidelines. Assuming initial training suffices for an entire career, delegating all emergency drug knowledge to staff, or checking supplies only after an emergency represent inadequate preparedness.

301. A — A radicular cyst arises from epithelial rests of Malassez stimulated by chronic periapical inflammation from a nonvital tooth following trauma, presenting as a periapical radiolucency with a fibrous wall lined by non-keratinized stratified squamous epithelium. This distinguishes it from a dentigerous cyst (tied to an unerupted tooth), odontogenic keratocyst (parakeratinized lining), or nasopalatine duct cyst (midline, non-tooth-related origin).

302. D — HIPAA requires covered entities to provide the Notice of Privacy Practices to new patients and make a documented good-faith effort to obtain a signed acknowledgment of receipt, even if the

patient declines to sign. Skipping this for transferring patients, relying on verbal description alone, or assuming implied acknowledgment from scheduling all fail this specific documentation requirement.

303. C — Morsicatio buccarum, or chronic cheek biting, presents as a rough, shaggy, or macerated white patch along the occlusal plane of the buccal mucosa in a habitual cheek-biter, with histology showing hyperkeratosis and acanthosis but no true dysplasia, distinguishing it from idiopathic leukoplakia, lichen planus (lacy striations), or candidiasis (removable pseudomembrane).

304. B — When insurance denies coverage for a clinically necessary procedure, the dentist should discuss the denial directly with the patient, reaffirm the clinical necessity of the recommended treatment, and outline available options such as out-of-pocket payment or a formal appeal to the insurer. Fraudulent billing or simply canceling necessary care are both inappropriate responses to a coverage denial.

305. D — Lipoma presents as a soft, well-circumscribed, often yellowish mass composed histologically of mature adipocytes, occurring in the oral cavity most commonly on the buccal mucosa or tongue, distinguishing it from the firmer fibroma (dense collagen), granular cell tumor (granular eosinophilic cytoplasm), or the vascular, easily bleeding pyogenic granuloma, which lacks fatty tissue on biopsy.

306. C — The Americans with Disabilities Act requires dental practices to provide reasonable accommodations, such as accessible entryways, exam room modifications, or transfer assistance, to ensure patients with physical disabilities have equal access to care. Refusing modifications, shifting accommodation burden entirely to the patient, or segregating disabled patients into a lesser-equipped space all violate this legal and ethical obligation.

307. A — A Stafne defect represents a developmental concavity in the lingual cortical plate of the mandible housing normal salivary gland tissue, presenting as a well-corticated radiolucency unrelated to any adjacent tooth, distinguishing it from a radicular cyst (requires a nonvital tooth), traumatic bone cyst (no true tissue lining), or lateral periodontal cyst, which is tooth-associated and odontogenic in origin.

308. B — For a non-English-speaking patient in an emergency, the dentist should use an available qualified interpretation resource, such as a language line or professional interpreter, while still providing necessary emergency care without unreasonable delay, balancing communication quality with urgent clinical need. Relying solely on gestures or delaying care until a translator arrives could compromise both consent quality and timely emergency treatment.

309. C — Peripheral ossifying fibroma arises from periodontal ligament cells, presenting as a firm, often ulcerated gingival mass with histology showing fibrous connective tissue proliferation containing scattered foci of calcification, bone, or cementum-like material. This distinguishes it from the vascular pyogenic granuloma, the purely fibrous traumatic fibroma without calcification, or peripheral giant cell granuloma, which contains multinucleated giant cells instead.

310. B — Managing repeated missed appointments requires discussing the pattern directly with the patient and applying a clearly written, consistently enforced missed-appointment policy that has been previously disclosed, balancing practice efficiency with fair patient treatment. Immediate discharge after

a single miss, ignoring the pattern entirely, or charging an undisclosed fee all represent inconsistent or unfair practice management approaches.

311. D — Peripheral giant cell granuloma is a reactive gingival lesion arising extraosseously from the periosteum or periodontal ligament, presenting as a pedunculated or sessile purple-red mass with histology showing multinucleated giant cells within a vascular fibrous stroma, distinguishing it from pyogenic granuloma (lacks giant cells), peripheral ossifying fibroma (calcified foci), or traumatic fibroma (dense collagen without giant cells).

312. A — Expired dental materials and medications must be discarded and never used in patient care, since their efficacy, sterility, or chemical stability can no longer be guaranteed beyond the manufacturer's stated expiration date, potentially compromising treatment outcomes or patient safety. Using expired products based on visual appearance, procedure priority, or personal judgment about extended shelf life all violate sound clinical practice.

313. D — Multiple osteomas combined with colonic polyps strongly suggests Gardner syndrome, an autosomal dominant condition carrying significant colorectal cancer risk, making early recognition of the dental and jaw findings clinically important for prompting appropriate gastrointestinal screening and genetic counseling. This differs from cleidocranial dysplasia (clavicular aplasia, supernumerary teeth) or Peutz-Jeghers syndrome (mucocutaneous pigmentation with intestinal polyps).

314. B — A sharps injury involving a patient with unknown bloodborne pathogen status requires following the practice's post-exposure protocol, including a risk assessment, requesting patient consent for testing when appropriate, and follow-up care and monitoring for the exposed staff member per current CDC and OSHA guidelines. Assuming no risk or delaying action until symptoms appear both dangerously ignore established exposure management standards.

315. A — A mucocele results from trauma to a minor salivary gland duct, causing extravasation or retention of mucus and forming a well-circumscribed, fluctuant nodule most commonly at the lower lip, though it can occur at other sites such as the labial commissure. This differs from fibroma (firm collagen), lipoma (adipose tissue), or pyogenic granuloma (vascular, bleeds easily).

316. C — Sharing clinical information electronically requires using a secure, properly authenticated patient portal that meets HIPAA privacy and security requirements, including encryption and access controls, to protect sensitive health information during transmission and storage. Sharing information without access controls, using unencrypted email, or posting patient data publicly all constitute serious HIPAA violations exposing patients to a data breach.

317. B — Epulis fissuratum presents as hyperplastic fibrous tissue folds forming in response to chronic irritation from an ill-fitting or loose denture flange along the vestibule, requiring surgical excision along with denture adjustment or replacement to prevent recurrence. This differs from pyogenic granuloma (vascular, bleeds easily), torus mandibularis (a bony exostosis), or peripheral ossifying fibroma (contains calcified foci).

318. C — Ethical and legal obligations require honestly disclosing any treatment complication to the patient, clearly explaining how it is being managed, and documenting the disclosure discussion in the clinical record, supporting patient trust and informed ongoing care decisions. Withholding information, waiting for symptoms, or downplaying a complication's significance all violate the duty of honest disclosure owed to the patient.

319. D — A dentigerous cyst forms from the reduced enamel epithelium of an unerupted tooth such as a third molar, presenting as a well-corticated unilocular radiolucency with a thin, non-keratinized epithelial lining consistent with the reduced enamel epithelium itself, distinguishing it from ameloblastoma (more complex epithelial architecture), odontogenic keratocyst (parakeratinized lining), or central giant cell granuloma, which lacks any true epithelial lining.

320. A — Using appropriate magnification (loupes) and maintaining proper ergonomic posture during procedures improves visual precision for fine clinical work while significantly reducing cumulative musculoskeletal strain on the neck, back, and shoulders over a long clinical career. Avoiding magnification or accepting awkward working postures to save setup time both compromise long-term occupational health and clinical precision unnecessarily.

321. A — A lateral periodontal cyst is a developmental odontogenic cyst arising along the lateral root surface of a vital tooth, presenting as a well-defined radiolucency between adjacent roots with a thin, non-keratinized epithelial lining, sometimes showing focal plaque-like epithelial thickenings, distinguishing it from a radicular cyst (nonvital tooth), dentigerous cyst (unerupted tooth), or traumatic bone cyst (no epithelial lining).

322. B — A dental practice must maintain a written infection control policy manual that is regularly reviewed and updated to reflect current CDC and OSHA guidance, remaining accessible to all staff as a reference for proper protocols. Relying on unwritten staff memory, a static manual never updated after opening, or outsourcing the content entirely without dentist review all compromise infection control compliance.

323. D — An irritation (traumatic) fibroma is a reactive, benign fibrous hyperplasia from chronic low-grade trauma, presenting as a firm, smooth, pale pink nodule with histology showing dense, avascular collagenous connective tissue with minimal cellularity, distinguishing it from the vascular pyogenic granuloma, the giant-cell-containing peripheral giant cell granuloma, or the calcified peripheral ossifying fibroma.

324. C — When asked for an opinion on another provider's treatment recommendation, the dentist should provide an honest, professional clinical assessment based on their own independent examination and findings, respecting the patient's right to informed decision-making without disparaging the other provider personally. Refusing comment, automatic agreement, or public disparagement all fail this professional and ethical obligation.

325. D — Calcifying odontogenic cyst (Gorlin cyst) presents as a mixed radiolucent-radiopaque lesion, often associated with an unerupted tooth, with characteristic histology showing 'ghost cells' (aberrant keratinization) within a keratinized epithelial lining, distinguishing it from a dentigerous cyst (no ghost

cells), radicular cyst (nonvital tooth source), or odontogenic keratocyst, which lacks this specific ghost cell feature.

326. B — A dental practice should provide patients a reliable after-hours contact method, such as an answering service, along with a clear protocol for triaging genuine dental emergencies versus concerns that can wait until regular business hours. Providing no after-hours contact, routing all calls to unmonitored voicemail, or requiring all patients to wait regardless of urgency all compromise emergency access to care.

327. A — Calcifying epithelial odontogenic tumor (Pindborg tumor) presents as a slow-growing radiopaque-radiolucent mass with histology showing sheets of polyhedral odontogenic epithelial cells, focal calcifications, and characteristic amyloid-like material forming concentric Liesegang ring calcifications, distinguishing it from ameloblastoma, odontogenic keratocyst, or central giant cell granuloma, none of which show this specific amyloid deposition pattern.

328. C — Ethical advertising requires using genuine, unaltered patient photographs obtained with proper informed consent that accurately and realistically represent typical treatment outcomes, avoiding misleading impressions about expected results. Digitally altering images, using unrelated stock photos as if they were real results, or selecting only extreme, unrepresentative outcomes for marketing all constitute deceptive and unethical advertising practices.

329. B — Squamous odontogenic tumor presents as a slow-growing radiolucent lesion with histology showing bland, well-differentiated islands of squamous epithelium lacking the peripheral columnar palisading and reverse polarity characteristic of ameloblastoma, representing a distinct, generally less aggressive odontogenic tumor. This histologic distinction from ameloblastoma, odontogenic keratocyst, and central giant cell granuloma is key to correct diagnosis and management.

330. D — Dental practices must ensure that clinical staff maintain current basic life support (BLS) or CPR certification in accordance with applicable state regulatory requirements and practice safety standards, since emergencies can occur at any time and require immediate, properly trained response. Assuming staff already know CPR, limiting certification to the dentist alone, or allowing lapses both create serious emergency preparedness gaps.

331. C — Ameloblastoma classically presents as a multilocular, expansile radiolucency of the posterior mandible in a young adult, with histology showing follicles or islands of odontogenic epithelium featuring peripheral columnar ameloblast-like cells with reverse nuclear polarity surrounding a stellate reticulum-like center, distinguishing it from odontogenic keratocyst, central giant cell granuloma, or traumatic bone cyst, none of which show this specific epithelial architecture.

332. A — When transferring practice ownership, patients should receive advance written notice explaining the change, along with clear information about their options for continued care, transferring records, or seeking treatment elsewhere, supporting continuity of care and patient autonomy during the transition. Assuming automatic patient awareness or notifying only currently scheduled patients both fail this transparency obligation owed to the full patient panel.

333. C — Compound odontoma presents radiographically as multiple small, discrete tooth-like structures (denticles) within a radiolucent lesion, typically obstructing eruption of an associated tooth, representing an organized hamartomatous proliferation of dental hard tissues. This distinguishes it from ameloblastoma or central giant cell granuloma, neither of which forms recognizable tooth-like denticles, or traumatic bone cyst, which lacks any hard tissue formation.

334. D — A visibly intoxicated patient presents significant risks for elective sedation due to unpredictable drug interactions, altered airway reflexes, and impaired capacity to provide valid informed consent, so elective sedation should be deferred until the patient is no longer intoxicated. Proceeding with sedation, ignoring visible intoxication, or assuming it is irrelevant to dosing safety all create serious, avoidable patient safety risks.

335. B — Hemangioma (or vascular malformation) presents as a red-blue, compressible mass, often congenital or apparent from early childhood, that characteristically blanches with applied pressure due to its vascular composition, distinguishing it from pyogenic granuloma (typically acquired, reactive, and less compressible), mucocele (mucus-filled, not vascular), or lipoma (soft but not blanching, yellowish adipose tissue).

336. A — Before employment begins, a practice should independently verify a newly hired associate dentist's license status, educational credentials, and any disciplinary history directly through the relevant state dental board, protecting patients and the practice from potential credentialing fraud or undisclosed issues. Relying solely on resume claims or delaying verification until a complaint arises both create significant and preventable liability exposure.

337. B — Desmoplastic ameloblastoma is a distinct histologic variant of ameloblastoma showing odontogenic epithelial islands compressed within a densely collagenized, hyalinized fibrous stroma, producing a characteristic poorly defined, mixed radiolucent-radiopaque radiographic appearance rather than the typical multilocular 'soap bubble' pattern of conventional ameloblastoma, requiring careful histologic distinction from odontogenic keratocyst or central giant cell granuloma.

338. A — Ethical clinical decision-making requires that treatment recommendations be based solely on genuine clinical need and expected patient benefit, remaining independent of any financial incentives offered by dental laboratories or product vendors to the practice. Basing recommendations on vendor rebates, accepting undisclosed volume-based incentives, or allowing vendors to counsel patients directly all represent serious conflicts of interest compromising patient care.

339. D — Plexiform ameloblastoma is a histologic variant of ameloblastoma characterized by thin, anastomosing (interconnected) strands of odontogenic epithelium arranged in a plexiform network rather than the discrete follicles seen in the more common follicular variant, though it retains the same overall clinical behavior and locally aggressive potential as other ameloblastoma variants, distinguishing it from odontogenic keratocyst or traumatic bone cyst.

340. C — OSHA's Hazard Communication standard requires proper labeling of all hazardous chemicals, maintenance of accessible safety data sheets for every hazardous product used, and appropriate storage conditions to prevent worker exposure or injury. Storing chemicals unlabeled, keeping safety data sheets

only for daily-use products, or relying on container color for identification all violate this fundamental workplace chemical safety requirement.

341. C — Odontogenic keratocyst presents as a unilocular or multilocular radiolucency with histology showing a thin, uniform parakeratinized epithelial lining, a corrugated luminal surface, and a well-defined palisaded basal cell layer, along with a notably high recurrence rate if incompletely enucleated, distinguishing it from radicular cyst, dentigerous cyst, or traumatic bone cyst, none of which show this specific parakeratinized architecture.

342. B — Genuine informed consent requires disclosing all clinically reasonable treatment options along with their relative costs, benefits, and risks, allowing the patient to make a fully informed decision that accounts for their own financial circumstances and preferences. Recommending only the costliest option, withholding lower-cost alternatives, or assuming the patient has no interest in cost information all undermine informed decision-making.

343. D — Ameloblastic fibroma is a benign mixed odontogenic tumor showing an ameloblastoma-like epithelial component combined with primitive, cellular ectomesenchymal tissue resembling the dental papilla, without the mature dental hard tissue formation seen in an ameloblastic fibro-odontoma, typically presenting in younger patients associated with an impacted tooth, distinguishing it from odontogenic keratocyst, central giant cell granuloma, or traumatic bone cyst.

344. A — When a patient declines recommended radiographs, proper documentation requires recording the specific radiographs recommended, the clinical reasons given for the recommendation, and a clear statement of the patient's informed refusal, protecting both patient autonomy and the dentist's legal position. Proceeding without documentation, assuming a single refusal means radiographs are never needed, or refusing all further care are all inappropriate responses.

345. B — Neuroblastoma (specifically, melanotic neuroectodermal tumor of infancy) presents in newborns as a pigmented mass of the anterior maxillary alveolar ridge, with histology showing nests of large granular eosinophilic, melanin-producing cells beneath intact epithelium, distinguishing it from congenital epulis (different histogenetic origin) or lymphangioma and hemangioma, which show distinct vascular or lymphatic histology instead.

346. C — Proper sharps safety requires recapping needles only using a one-handed scoop technique or a mechanical recapping device specifically designed to protect the non-dominant hand, since traditional two-handed recapping is a leading cause of preventable needlestick injuries in healthcare settings. Leaving needles uncapped on a tray or recapping inconsistently based on convenience both create unnecessary sharps injury risk.

347. A — A dentigerous cyst forms from the reduced enamel epithelium of an unerupted second molar, presenting as a well-defined unilocular radiolucency with a thin, non-keratinized epithelial lining and no keratinization or hard tissue formation on histology, distinguishing it from ameloblastic fibro-odontoma or complex odontoma, both of which show dental hard tissue elements, or ameloblastoma, which shows more complex epithelial architecture.

348. D — Proper referral follow-up requires the referring dentist to track whether the patient completed the specialist visit and to follow up if no report is received within an expected timeframe, ensuring the suspicious lesion receives timely evaluation rather than falling through communication gaps. Considering the referral complete once scheduled, or assuming the specialist handles all follow-up, risks a diagnostic delay.

349. B — Odontogenic myxoma is a benign but locally infiltrative tumor of odontogenic mesenchymal origin, showing histology with loosely arranged stellate and spindle-shaped cells within a loose, mucoid myxomatous stroma and scattered thin collagen fibers, distinguishing it from ameloblastoma (epithelial architecture), squamous odontogenic tumor (bland squamous islands), or cementoblastoma, which is a mineralized mass fused to a root.

350. C — Temperature-sensitive dental materials and medications must be stored, monitored, and documented according to manufacturer specifications to preserve their intended efficacy and safety, since deviations from recommended storage conditions can degrade active components without any visible change. Assuming ambient temperature is always adequate, over-refrigerating, or only checking after visible changes all risk using a compromised product.

351. D — Ameloblastic fibro-odontoma is a benign mixed odontogenic tumor showing the combination of an ameloblastic fibroma-like epithelial and ectomesenchymal component together with actual mature dental hard tissue (enamel, dentin, and pulp) forming a rudimentary tooth-like structure, distinguishing it from a compound odontoma (fully formed denticles without ameloblastic fibroma component) or ameloblastoma, which lacks any hard tissue formation.

352. A — Proper documentation of an unexpected local anesthetic reaction requires recording the specific agent used, a description of the reaction observed, the management provided, and updating the patient's allergy or adverse reaction list to prevent future re-exposure. Vague notes, avoiding documentation, or documenting only upon patient request all fail this essential patient safety and legal recordkeeping obligation.

353. B — Traumatic neuroma results from disorganized regeneration of a severed peripheral nerve, presenting as a firm, sometimes tender nodule with histology showing haphazardly arranged small nerve fascicles within a fibrous capsule at a prior injury site. This distinguishes it from ameloblastoma, central giant cell granuloma, or odontogenic keratocyst, none showing this specific neural histology.

354. D — Preventing duplicate or conflicting prescriptions requires reviewing the patient's current medication list at each visit and, where available, checking a state prescription drug monitoring program before prescribing controlled substances, identifying potential interactions or concerning prescribing patterns from other providers. Assuming no other prescriptions exist, skipping medication review, or relying solely on patient memory all risk a dangerous prescribing error.

355. A — Odontogenic keratocyst presents with a thin, uniform parakeratinized epithelial lining showing a corrugated surface and prominent palisaded basal cell layer, along with a tendency for adjacent satellite (daughter) cysts, contributing to its characteristically high recurrence rate. This

distinguishes it from a dentigerous cyst, radicular cyst, or traumatic bone cyst, none showing this epithelial architecture or satellite cyst tendency.

356. C — Proper rubber dam clamp use requires selecting an appropriately sized clamp, inspecting it beforehand for cracks or defects that could cause it to slip or fracture, and securing it with a floss ligature to retrieve it if dislodged. Applying a clamp without inspection, reusing a damaged clamp, or omitting the floss ligature all risk soft tissue injury or aspiration.

357. D — Ameloblastic fibrodentinoma and related cementifying or dentin-forming mixed odontogenic tumors present with round-to-oval calcified structures resembling cementum or dentin admixed with odontogenic epithelium and mesenchyme, representing rare variants along the spectrum of mixed odontogenic lesions. This calcified, mineralized histologic component distinguishes them from ameloblastoma, central giant cell granuloma, or odontogenic keratocyst, none of which show this specific hard tissue formation.

358. C — Proper regulated medical waste management requires segregating items such as blood-soaked gauze into clearly labeled biohazard containers separate from general office trash, complying with state environmental and OSHA regulations designed to prevent exposure to infectious materials. Combining regulated and general waste, underestimating small amounts of blood-soaked material, or delegating segregation without clear protocol training all risk improper, non-compliant waste handling.

359. B — An aggressive variant of central giant cell granuloma can present with more rapid growth, cortical perforation, root resorption, and higher recurrence rates than the typical form, though histology still shows abundant multinucleated giant cells within a vascular, hemosiderin-laden stroma. This aggressive behavior warrants closer monitoring or more definitive surgical management than a typical, indolent lesion.

360. A — Proper informed consent in a teaching setting requires clearly disclosing that a trainee will perform a significant portion of the procedure under faculty supervision, along with obtaining the patient's explicit consent to this arrangement, respecting their right to know who provides their care. Assuming implied consent, allowing unsupervised trainee consent, or withholding this information all fail proper consent standards.

361. A — A dentigerous cyst forms from the reduced enamel epithelium surrounding the crown of an unerupted tooth, presenting as a well-defined unilocular radiolucency attached at the cemento-enamel junction with a thin, non-keratinized lining, distinguishing it from odontogenic keratocyst (parakeratinized lining), radicular cyst (nonvital erupted tooth required), or central giant cell granuloma, which lacks epithelial lining entirely.

362. B — Proper sterilization quality assurance requires maintaining a complete, retrievable log of sterilization cycle parameters and biological indicator (spore test) results for the retention period specified by state regulation, supporting both patient safety verification and regulatory compliance documentation. Discarding logs prematurely, recording only failures, or keeping records only upon patient request all undermine this essential ongoing quality assurance function.

363. D — Hyaline (Rushton) bodies are eosinophilic, linear or curved structures found within the epithelial lining of a meaningful proportion of radicular and residual cysts, believed to arise from the cyst's own epithelium, and are a relatively specific though not universal supporting finding. This distinguishes it from odontogenic keratocyst, dentigerous cyst, or traumatic bone cyst, which lack this feature.

364. C — CDC guidance for dental settings requires proper hand hygiene, using soap and water or alcohol-based hand rub, before and after each patient contact and after glove removal, since gloves alone do not eliminate the need for hand hygiene given contamination risk during glove removal. Washing only at shift start and end, or relying on gloves alone, both fail this standard.

365. D — Odontogenic myxoma classically presents with a multilocular radiolucency showing a distinctive 'honeycomb,' 'soap bubble,' or 'tennis racket' trabecular pattern on radiograph, with histology showing loosely arranged stellate and spindle cells within an abundant myxoid stroma and minimal epithelial component, distinguishing it from ameloblastoma (prominent epithelium), central giant cell granuloma, or odontogenic keratocyst, each with a distinctly different histologic composition.

366. B — Proper infection control requires providing patients protective eyewear during any procedure generating aerosols, debris, or splatter, protecting the eyes from potential injury or contamination regardless of the reclined chair position. Omitting patient eye protection, providing it only for the clinician, or limiting its use to surgical procedures alone leave the patient unnecessarily exposed to ocular risk.

367. C — Granular cell odontogenic tumor is a rare, benign variant within the ameloblastoma spectrum showing sheets of odontogenic epithelium with abundant granular, eosinophilic cytoplasm distinct from the typical stellate reticulum architecture seen in conventional ameloblastoma, requiring careful histologic recognition to distinguish it from classic ameloblastoma, odontogenic keratocyst, or central giant cell granuloma, none of which show this specific granular cytoplasmic pattern.

368. A — Proper nitrous oxide safety requires a well-functioning scavenging system combined with adequate room ventilation and periodic occupational exposure monitoring, following OSHA and NIOSH recommendations to minimize chronic staff exposure to trace anesthetic gas, linked to reproductive and neurological effects with prolonged exposure. Omitting scavenging or assuming no occupational risk both disregard established occupational safety guidance.

369. B — A dentigerous cyst can form around a retained or unerupted primary tooth in a similar manner to permanent teeth, arising from the reduced enamel epithelium and presenting as a well-defined radiolucency with a thin sclerotic border, distinguishing it from radicular cyst (requires a nonvital erupted tooth), odontogenic keratocyst (parakeratinized lining), or traumatic bone cyst, which lacks any true epithelial lining.

370. A — Proper use of a bite block or mouth prop during lengthy sedation procedures involves selecting an appropriately sized device to reduce jaw muscle fatigue and maintain airway access, with periodic reassessment to ensure continued comfort and positioning. Never using a prop, applying

excessive opening force, or leaving it unreassessed for an entire long procedure all risk patient discomfort or injury.

371. D — Glandular odontogenic cyst is a rare developmental cyst notable for a thin epithelial lining containing abundant mucous-secreting goblet cells and occasional ciliated columnar cells resembling respiratory-type epithelium, along with a clinically significant tendency toward local recurrence, distinguishing it from odontogenic keratocyst, radicular cyst, or dentigerous cyst, none of which show this specific glandular, respiratory-type epithelial differentiation.

372. C — Current professional guidance calls for using appropriate radiographic shielding, such as a lead apron or thyroid collar, tailored to the specific exposure and patient population, following the most current ADA and professional recommendations, which have evolved over time. Omitting shielding uniformly, restricting it only to pediatric patients, or applying it inconsistently based on preference all fail this standard.

373. B — Odontogenic keratocyst can show occasional clear cell change within the basal epithelial layer as a described but uncommon histologic variant feature, while still retaining the classic parakeratinized lining and notable recurrence tendency that define this cyst, distinguishing it from a dentigerous cyst, radicular cyst, or traumatic bone cyst, none of which show this specific keratinized, recurrence-prone epithelial pattern.

374. A — Proper infection control requires consistent use of high-volume evacuation during aerosol-generating procedures to significantly reduce airborne particle concentration and splatter exposure for both patient and staff, a key mitigation strategy supported by current guidance. Relying on saliva ejectors alone, using HVE only upon patient request, or omitting evacuation for brief procedures leave staff and patients unnecessarily exposed.

375. C — Ameloblastoma can show a mixed histologic pattern combining follicular and plexiform subtype features within the same lesion, along with cystic degeneration, while retaining the overall locally aggressive, infiltrative clinical behavior characteristic of ameloblastoma regardless of pattern. This distinguishes it from odontogenic keratocyst, central giant cell granuloma, or traumatic bone cyst, none showing true odontogenic epithelial architecture.

376. D — DEA-compliant management of wasted, expired, or unused controlled substances requires documenting the disposal with witness verification and following approved disposal methods, such as an authorized collection program or reverse distributor, maintaining a clear chain of accountability for these highly regulated substances. Discarding without documentation, allowing unwitnessed disposal, or indefinitely storing expired controlled substances all violate DEA recordkeeping and disposal requirements.

377. B — A dentigerous cyst forms from the reduced enamel epithelium of an unerupted permanent tooth that has failed to erupt, presenting as a well-defined radiolucency attached at the cementoenamel junction with histology confirming this origin, distinguishing it from radicular cyst (nonvital erupted tooth required), odontogenic keratocyst (parakeratinized lining), or traumatic bone cyst, which lacks any true epithelial lining.

378. A — Secure controlled substance prescribing practice requires storing prescription pads in a locked, limited-access location, and never presigning blank prescriptions, which could easily be diverted or misused if lost or stolen. Leaving pads accessible in unlocked common areas, allowing unrestricted staff access, or presigning blank prescriptions in advance all create serious, preventable diversion and regulatory compliance risks.

379. C — A lateral periodontal cyst arises from rests of the dental lamina along the lateral root surface of a vital tooth, independent of any nonvital or unerupted tooth, presenting as a well-corticated radiolucency with a thin, non-inflamed epithelial lining, distinguishing it from radicular cyst (nonvital tooth), dentigerous cyst (unerupted tooth), or traumatic bone cyst (no epithelial lining).

380. C — Managing a post-standing syncopal episode requires promptly assisting the patient back to a supine position with legs elevated to restore cerebral blood flow, monitoring vital signs, and allowing gradual, supervised recovery before standing again. Encouraging the patient to remain standing, administering a stimulant without assessment, or dismissing the episode after brief symptom relief all risk a repeat event.

381. D — A residual (radicular) cyst persists in the alveolar bone after the causative nonvital tooth has been extracted without complete removal of the cystic lesion, presenting as a radiolucency with a fibrous wall lined by non-keratinized epithelium and chronic inflammation, similar in origin to a radicular cyst but distinguished by the absent causative tooth at the site.

382. D — For a patient of childbearing age with uncertain pregnancy status, appropriate practice involves discussing pregnancy status directly, using appropriate shielding such as a lead apron, and limiting radiographic exposure to only clinically necessary images. Refusing all radiographs outright, assuming pregnancy is not possible, or avoiding the discussion entirely fail to balance patient safety with necessary care.

383. A — Odontogenic keratocyst can show basal cell hyperplasia with focal epithelial budding into the connective tissue wall, a recognized variant feature associated with formation of satellite (daughter) cysts and a correspondingly higher risk of recurrence if not completely removed, distinguishing this variant presentation from a dentigerous cyst, radicular cyst, or traumatic bone cyst, none of which show this specific budding tendency.

384. B — Proper infection control for laboratory items requires disinfecting impressions, prostheses, or other materials per manufacturer and CDC guidance before shipment, with clear labeling confirming disinfection has occurred, protecting laboratory personnel from cross-contamination. Sending items undisinfected, assuming the laboratory will disinfect them, or labeling only visibly contaminated items risk exposing lab staff to infectious material.

385. C — A residual cyst represents a radicular cyst that persists in the bone after the causative tooth has been extracted, sometimes discovered years later as an incidental radiolucency with histology confirming the original radicular cyst diagnosis despite the absent tooth, distinguishing it from a dentigerous cyst (unerupted tooth), odontogenic keratocyst (parakeratinized lining), or traumatic bone cyst (no epithelial lining).

386. B — Proper informed consent for elective third molar extraction requires disclosing the documented risk of inferior alveolar nerve injury based on radiographic proximity to the mandibular canal, along with alternatives such as continued monitoring rather than extraction, letting the patient weigh risks against benefits. Omitting this risk, assuming understanding, or disclosing only upon inquiry all fail consent standards.

387. A — Classic solid/multicystic ameloblastoma, confirmed by follicular architecture with peripheral palisading and reverse polarity, exhibits locally aggressive, infiltrative growth capable of cortical expansion and root resorption, requiring surgical resection with adequate margins given the substantial recurrence risk of conservative curettage alone. Observation, antibiotics, or extraction without addressing the lesion would all allow continued destructive growth.

388. D — A patient with a formally diagnosed anxiety disorder, beyond typical situational nervousness, warrants consideration of this diagnosis when planning behavioral and, where appropriate, pharmacologic anxiety management, ideally coordinated with the patient's mental health or primary care provider for integrated care. Treating it identically to routine nervousness, refusing care outright, or ignoring the diagnosis fail the patient's clinical needs.

389. A — A dentigerous cyst can form around an unerupted supernumerary tooth in the same manner as a normal tooth, arising from the reduced enamel epithelium and presenting as a well-defined radiolucency attached at the cemento-enamel junction, distinguishing it from radicular cyst (requires a nonvital erupted tooth), odontogenic keratocyst (parakeratinized lining), or traumatic bone cyst, which lacks a true epithelial lining.

390. C — An instrument dropped on the floor during a sterile procedure must be removed from use and replaced with a properly sterilized instrument before continuing, since it is now considered contaminated regardless of visible cleanliness. Wiping with an alcohol pad, assuming visual cleanliness is sufficient, or continuing to use it for the remainder of the procedure all violate sterile technique principles.

391. D — Cholesterol clefts, along with multinucleated giant cells reacting to the cholesterol crystals, are a common secondary finding within chronic inflammatory cysts such as a radicular cyst, resulting from breakdown of red blood cells and lipid-rich membranes within the chronically inflamed wall over time. This finding is not exclusive to dentigerous cyst, odontogenic keratocyst, or traumatic bone cyst.

392. B — Proper dental unit waterline management requires appropriate waterline treatment products, such as chemical germicides or filtration systems, combined with periodic water quality testing per CDC and manufacturer guidance, to prevent biofilm and reduce waterborne infection risk. Assuming municipal water quality alone is sufficient, flushing only when discoloration is visible, or testing only after a reported infection fail this standard.

393. D — A radicular cyst arising from a nonvital tooth can occasionally show focal respiratory or mucous cell metaplasia within an otherwise typical non-keratinized squamous lining, a recognized but less common variation still consistent with its overall inflammatory, tooth-associated origin. This distinguishes it from a dentigerous cyst, odontogenic keratocyst, or traumatic bone cyst, none tied to a nonvital tooth this way.

394. B — When a patient requests a brand-name medication with an available generic equivalent, the appropriate approach is discussing the generic's clinical equivalence and relevant cost considerations, then prescribing per the patient's informed preference where clinically appropriate. Refusing discussion, automatically prescribing brand-name, or assuming generics are inherently inferior all disregard evidence-based, patient-centered prescribing.

395. C — Multiple odontogenic keratocysts in a syndromic context with a family history of similar cysts and skin lesions strongly suggests nevoid basal cell carcinoma (Gorlin-Goltz) syndrome, requiring genetic counseling and broader surveillance given its skeletal, dermatologic, and oncologic implications. This distinguishes it from an isolated sporadic finding, cleidocranial dysplasia, or Peutz-Jeghers syndrome, each with distinct features.

396. A — Proper PPE technique requires following a consistent, evidence-based donning and doffing sequence, such as gown, mask, eyewear, then gloves for donning, and the reverse with hand hygiene between key steps for doffing, minimizing self-contamination. Donning and doffing in arbitrary order, removing gloves last regardless of risk, or reusing single-use PPE all increase contamination risk to staff and patients.

397. D — The orthokeratinized variant of odontogenic keratocyst shows an epithelial lining with orthokeratinization and a prominent granular cell layer rather than classic parakeratinization, and is generally associated with a lower recurrence rate and less aggressive behavior than the classic form, an important distinction for prognosis despite overlapping terminology for both variants.

398. B — Proper financial informed consent requires providing a clear, itemized estimate of expected treatment costs and discussing available payment options before beginning a comprehensive plan, supporting the patient's ability to make a fully informed financial decision alongside the clinical one. Proceeding without an estimate, giving only a vague verbal figure, or assuming the patient needs no such information fail transparency standards.

399. A — Odontogenic keratocysts can occur multiply in a sporadic, non-syndromic patient without features of Gorlin-Goltz syndrome, meaning multiplicity alone does not automatically indicate a syndrome, though syndromic evaluation should still be reasonably considered given the association. This is not a diagnostic error, and this presentation is unrelated to metastatic disease or cherubism, which have entirely different features.

400. C — Proper presurgical protocol requires verifying that chemical indicators and, where applicable, biological indicator (spore test) results confirm successful sterilization before opening and using any instrument set, ensuring sterility is objectively verified rather than assumed. Relying on general process reputation, skipping verification for routine procedures, or checking only upon patient inquiry bypass this essential final safety step.

401. D — A traumatic (simple) bone cyst, sometimes considered a pseudocyst, characteristically lacks any true epithelial lining even on serial sectioning, distinguishing it fundamentally from a radicular cyst, dentigerous cyst, or odontogenic keratocyst, all of which show a definite epithelial lining as part of their

diagnostic criteria. Secondary changes like calcification or cholesterol clefts occur but do not create a true lining.

402. C — Latex-fruit syndrome describes cross-reactivity between natural rubber latex proteins and certain fruit allergens such as banana, avocado, and kiwi, meaning a patient reporting these specific food allergies warrants further screening for latex allergy and use of latex-free precautions given the clinically recognized association. Ignoring this history or proceeding with standard latex materials risks triggering an avoidable allergic reaction.

403. B — Ameloblastic fibrodentinitoma is a rare, benign mixed odontogenic tumor showing odontogenic epithelium admixed with dysplastic dentin formation within a fibrous ectomesenchymal component, representing an intermediate lesion between ameloblastic fibroma and odontoma. This combination of epithelium with actual dentin formation distinguishes it from ameloblastoma, odontogenic keratocyst, or central giant cell granuloma, none of which show this hard tissue component.

404. A — A pre-procedure verification process, similar to a surgical time-out, requires confirming the correct patient identity, planned procedure, and treatment site with the clinical team immediately before beginning any procedure, reducing the risk of wrong-patient, wrong-procedure, or wrong-site errors. Skipping verification for routine procedures or relying solely on the appointment schedule both leave room for a preventable identification error.

405. B — A radicular cyst can occasionally show focal surface keratinization limited to superficial epithelial layers without the full corrugated parakeratinized architecture characteristic of an odontogenic keratocyst, representing a recognized but less common variant while still behaving clinically as a typical inflammatory cyst tied to a nonvital tooth. This distinguishes it from a true odontogenic keratocyst, dentigerous cyst, or traumatic bone cyst.

406. A — When a patient requests an expedited lab turnaround, the appropriate approach is to communicate realistic laboratory timelines and the potential quality trade-offs of rushing fabrication, helping the patient understand why compromising standard processing time could affect the final restoration's fit or quality. Always accommodating rush requests or rushing without disclosure both risk delivering a compromised final product.

407. D — Rests of Malassez are normal epithelial remnants of Hertwig's root sheath that persist within the periodontal ligament throughout life without pathologic significance unless stimulated by chronic inflammation to proliferate and form a true radicular cyst. Their incidental presence alone, without active proliferation or cystic lining formation, does not represent a radicular cyst, odontogenic keratocyst, or dentigerous cyst.

408. C — For a patient with a documented material allergy, such as to methacrylate-based resin, the appropriate approach is selecting an alternative, allergen-free restorative material suited to the situation, avoiding unnecessary exposure to a known sensitizing agent. Using the known allergen, ignoring the documented allergy due to material unavailability, or relying on verbal reassurance alone all risk triggering a preventable allergic reaction.

409. B — A traumatic (simple) bone cyst is defined by its lack of any true epithelial lining despite appearing as a cavity on imaging, instead showing a thick fibrous capsule of dense collagen with minimal cellularity on exploration. This absence of epithelium distinguishes it from a radicular cyst, dentigerous cyst, or odontogenic keratocyst, which all require a true lining for diagnosis.

410. D — Releasing patient records to a life insurance company for underwriting requires proper written patient authorization that specifically identifies the intended recipient and purpose of the disclosure, protecting privacy while complying with legitimate third-party requests. Releasing records without verified authorization, refusing all such requests outright, or relying on verbal permission alone all fail proper privacy standards for this disclosure.

411. C — A radicular cyst arising from chronic periapical inflammation of a nonvital tooth characteristically shows a thin, non-keratinized epithelial lining along with abundant plasma cells and lymphocytes within the underlying connective tissue wall, reflecting the chronic inflammatory response driving cyst formation. This inflammatory infiltrate is a hallmark distinguishing it from the typically non-inflamed dentigerous cyst, odontogenic keratocyst, or traumatic bone cyst.

412. A — A thorough medical history should include specific questions about supplement and herbal product use, such as St. John's Wort or high-dose fish oil, since these can carry clinically relevant interactions with dental medications or affect bleeding risk, and should be documented before treatment or prescribing. Assuming supplements are clinically irrelevant or skipping these questions both risk missing a significant interaction.

413. C — Glandular odontogenic cyst is characterized histologically by mucous cell metaplasia and small salivary duct-like structures within its epithelial lining, and notably is not consistently associated with a specific unerupted or nonvital tooth in the way a dentigerous or radicular cyst is, distinguishing it from these tooth-associated cysts as well as from a traumatic bone cyst, which lacks any epithelial lining.

414. D — A patient reporting severe dental pain requesting a same-day appointment should have symptoms triaged, typically by phone, to assess urgency, with the practice working them into the schedule as a true emergency or providing urgent referral if unable to accommodate them. Refusing assessment, deferring to a routine slot, or assuming low severity without triage risk delaying necessary care.

415. A — Arcading, or arch-like, epithelial rete ridge patterns are a recognized but non-specific histologic feature seen in some radicular cysts, reflecting a particular epithelial proliferation pattern within the chronically inflamed cyst wall without being diagnostic on its own. This feature does not exclusively define odontogenic keratocyst, dentigerous cyst, or traumatic bone cyst, each with its own more specific defining criteria.

416. B — An employee who experiences an occupational exposure incident, such as a needlestick, generally has a right to access their own incident report under applicable occupational health regulations, such as OSHA requirements, supporting transparency and informed follow-up care.

Refusing access, charging an excessive fee, or requiring a court order all improperly obstruct the employee's right to their own record.

417. D — When a lesion radiographically associated with an unerupted tooth shows an epithelial lining atypical for the expected reduced enamel epithelium of a simple dentigerous cyst, such as cuboidal to columnar epithelium, further evaluation should consider alternatives like a glandular odontogenic cyst, since the histology does not match the radiographic impression, warranting careful correlation rather than assuming a routine dentigerous cyst.

418. C — When a patient requests a treatment recognized as outside accepted, evidence-based practice, the appropriate response is explaining why the treatment lacks evidentiary support and offering evidence-based alternatives addressing the patient's underlying goal. Simply providing the unproven treatment, refusing to engage, or offering it only with a waiver all fail the obligation to practice according to sound evidence.

419. B — A calcifying variant within the lateral periodontal cyst and botryoid odontogenic cyst spectrum can show focal calcifications resembling cementicles within the fibrous cyst wall, representing a recognized variation of this developmental cyst arising along a vital tooth's lateral root surface. This distinguishes it from a radicular cyst (nonvital tooth required), dentigerous cyst (unerupted tooth), or traumatic bone cyst (no lining).

420. A — Dental professionals should be trained to recognize warning signs of possible human trafficking, such as controlling behavior by an accompanying person, and to follow appropriate reporting protocols or connect the patient with relevant support resources per current guidance, rather than confronting a suspected trafficker directly or discussing suspicions openly in front of them, which could endanger the patient.

421. C — Botryoid odontogenic cyst is a multicystic variant within the lateral periodontal cyst family, presenting radiographically with a multilocular, grape-like or honeycomb cluster appearance from multiple small interconnected cystic cavities lined by thin non-keratinized epithelium, characteristic of this developmental cyst group, distinguishing it from a traumatic bone cyst, dentigerous cyst, or radicular cyst, each with a different presentation.

422. A — When a patient designates a healthcare power of attorney, the dentist should document this legal designation and honor the agent's decision-making authority per applicable state law once the patient lacks capacity, ensuring continuity of proper consent processes. Ignoring the designation, requiring a court order, or assuming family members automatically hold this authority without formal designation disregard the patient's documented wishes.

423. B — A dentigerous cyst is a developmental, non-inflammatory cyst arising from the reduced enamel epithelium of an unerupted, structurally normal tooth, and therefore characteristically lacks the inflammatory infiltrate seen in an inflammation-driven radicular or residual cyst, since its formation does not depend on pulpal infection or nonvital tooth status. This distinguishes it from radicular cyst, residual cyst, or traumatic bone cyst.

424. D — Applicable disability access laws, such as the ADA, require accommodating a legitimate service animal accompanying a patient during treatment, while the practice may reasonably address practical considerations for the treatment area to maintain a safe, sterile environment. Refusing entry outright, demanding excessive documentation beyond legal requirements, or treating all support animals identically regardless of status all misapply these protections.

425. D — Glandular odontogenic cyst is characterized by an epithelial lining with prominent mucous-producing goblet cells throughout, along with a well-documented clinical tendency toward local recurrence if not completely excised, distinguishing it from a radicular cyst, dentigerous cyst, or traumatic bone cyst, none of which share this specific combination of glandular epithelial differentiation and notable recurrence potential requiring close postoperative follow-up.

426. C — When treating a family member of an established patient during an urgent situation, the dentist should conduct an independent assessment, obtain history, and secure informed consent directly from or on behalf of the new patient, treating within the practice's scope. Assuming existing patient consent covers a different individual, or treating without independent history and consent, both violate consent principles.

427. B — A recognized clear cell variant of odontogenic keratocyst shows scattered clear cells distributed diffusely throughout the full thickness of the epithelial lining, distinct from the more limited, focal basal-layer clear cell change sometimes described in otherwise typical keratocysts, though overall clinical behavior and recurrence tendency remain consistent with the standard keratocyst diagnosis regardless of this distinction.

428. A — When a patient transfers to an out-of-network provider mid-treatment, the dentist should facilitate a transfer of care by providing complete records and a summary to support continuity with the new provider. Refusing to release information, requiring treatment completion before transfer, or charging a punitive fee to discourage the switch all obstruct the patient's right to choose a provider.

429. D — A relatively flat, non-undulating epithelial-connective tissue interface without prominent rete ridges is a nonspecific finding seen across several odontogenic cyst types and, taken alone without correlating clinical and radiographic context, cannot reliably identify a specific cyst type such as odontogenic keratocyst, dentigerous cyst, or radicular cyst on its own, requiring integration of all available information for accurate classification.

430. B — When facing conflicting judgment between a patient's cardiologist and the dentist on periprocedural anticoagulation, the appropriate approach is direct communication between providers to reach a coordinated decision balancing bleeding risk against thromboembolic risk. Following either provider's opinion exclusively, or avoiding treatment rather than resolving the disagreement through communication, both fail optimal, coordinated care.

431. A — Occasional mitotic figures within the basal epithelial layer of an otherwise typical odontogenic keratocyst reflect the normal baseline proliferative turnover expected in regenerating epithelium and do not, by themselves, indicate malignant transformation, especially without other

concerning features like significant cytologic atypia. This finding does not warrant reclassification as ameloblastoma or trigger unnecessary oncologic staging.

432. C — When a patient discloses intimate partner violence during a dental visit, the appropriate response is genuine supportive listening, appropriate documentation of the disclosure, and providing information about relevant support resources, following mandatory reporting requirements where legally applicable. Ignoring the disclosure, confronting a partner directly, or refusing to treat the patient until resolution are all inappropriate and potentially dangerous responses.

433. C — A longstanding, chronically inflamed radicular cyst can develop an atrophic epithelial lining reduced to only 4-8 cell layers, a recognized secondary variant reflecting the chronicity of the inflammatory process rather than a different cyst type, distinguishing this atrophic radicular cyst variant from an odontogenic keratocyst, dentigerous cyst, or ameloblastoma, each with distinct defining epithelial characteristics unrelated to simple thinning.

434. A — For a patient with a substance use disorder in remission needing a controlled substance for genuine pain management, the approach involves incorporating this history into a risk-benefit discussion, prioritizing non-opioid alternatives, and coordinating with recovery support providers if an opioid cannot be avoided, balancing pain control against relapse risk. Automatic refusal or standard prescribing without consideration both fail this situation.

435. D — Focal squamous metaplasia is a recognized but non-diagnostic secondary epithelial change that can occur within an otherwise typical dentigerous cyst lining, representing an adaptive epithelial response rather than a fundamentally different diagnosis such as squamous cell carcinoma, odontogenic keratocyst, or radicular cyst, each requiring its own distinct defining features beyond this nonspecific metaplastic change.

436. B — When parents present differing opinions on a pediatric patient's treatment plan, the approach is facilitating discussion involving both parents when feasible, providing consistent clinical information, and clearly documenting which authorized decision-maker provided consent. Automatically deferring to whichever parent is present, refusing care until full agreement, or choosing based on convenience all fail proper handling of this situation.

437. B — A radicular cyst is defined by its origin from a nonvital tooth secondary to chronic periapical inflammation, regardless of whether pulpal death resulted from caries, trauma, or an iatrogenic cause such as a deep restoration years earlier, since the defining feature is the tooth's nonvital status, distinguishing it from a dentigerous cyst, traumatic bone cyst, or odontogenic keratocyst.

438. A — Managing parental presence during a minor's dental procedure should involve accommodating reasonable requests when clinically and operationally feasible, balancing considerations such as procedure type, space, and behavioral needs per established practice policy, applied consistently. Automatically refusing all presence, mandating it universally regardless of circumstance, or simply ignoring the request all fail to reasonably address this parental request.

439. D — A radicular cyst can form following delayed pulp necrosis after a traumatic luxation injury, since the defining feature is chronic periapical inflammation from a nonvital tooth regardless of whether death was caused by caries or trauma years before, distinguishing this delayed-onset lesion from a dentigerous cyst, odontogenic keratocyst, or traumatic bone cyst, none requiring a nonvital tooth as origin.

440. C — When a patient declines a referral for a condition outside the general dentist's scope, the response is documenting the recommendation, the patient's decision to decline it, and continuing appropriate care strictly within the dentist's own scope. Treating the condition personally despite lacking appropriate scope, or refusing all further care, both represent inappropriate responses to this situation.

441. A — A radicular cyst can form from a primary (deciduous) molar with chronic pulpal infection in a child through the same mechanism as in permanent teeth, since chronic periapical inflammation from any nonvital tooth can stimulate rests of Malassez to proliferate and form a true radicular cyst, distinguishing this from a dentigerous cyst, odontogenic keratocyst, or traumatic bone cyst.

442. D — When a patient requests a treatment plan modification after treatment has begun, such as switching prosthesis types mid-treatment, the approach involves discussing clinical implications, technical feasibility, and any resulting cost or timeline changes before proceeding, ensuring an informed decision. Refusing any modification outright, implementing changes without discussion, or charging a punitive fee both fail this situation's transparent handling.

443. B — A dentigerous cyst forms from the reduced enamel epithelium surrounding an unerupted tooth's crown regardless of whether the tooth occupies its normal position or is ectopically displaced elsewhere in the jaw, since the mechanism depends on the tooth remaining unerupted rather than its location, distinguishing this ectopic presentation from a radicular cyst, odontogenic keratocyst, or traumatic bone cyst.

444. C — Releasing dental treatment records for a workers' compensation claim requires following the specific patient authorization along with applicable workers' compensation reporting requirements, which may have distinct rules governing what must or may be disclosed for a work-related injury claim. Refusing release outright, assuming general treatment consent suffices, or releasing the complete unrelated record all fail proper, purpose-specific disclosure standards.

445. B — Odontogenic keratocyst has a well-documented, notably high tendency to recur even after apparently complete surgical enucleation, related to its thin, friable epithelial lining prone to fragmentation during removal along with potential satellite (daughter) cysts left behind in the connective tissue, making true recurrence, rather than a new unrelated lesion, the most likely explanation for this presentation years later.

446. C — When a patient requests a written treatment estimate for tax or reimbursement purposes, such as a flexible spending account, the response is providing a clear, accurate written estimate for the stated purpose, supporting their financial needs. Refusing to provide any written form, offering only a verbal estimate, or charging an excessive fee to discourage the request all fail this obligation.

447. A — A persistent radicular cyst from a tooth with a documented incompletely obturated root canal and ongoing apical infection is most appropriately managed with nonsurgical endodontic retreatment to seal the canal system, or apical surgery if retreatment fails, addressing the cause of persistent infection rather than assuming the lesion is normal or resorting to extraction or antibiotics alone.

448. D — When a minor presents alone with severe dental pain requiring emergency treatment, the approach is providing necessary care while making reasonable, documented efforts to contact a parent or guardian, consistent with emergency treatment exceptions and minor consent laws generally permitting urgent care without requiring in-person parental presence beforehand. Refusing or delaying care indefinitely until a parent arrives risks unnecessary suffering.

449. A — A lateral periodontal cyst is a developmental odontogenic cyst arising from rests of the dental lamina along a tooth's lateral root surface, a process unrelated to prior orthodontic tooth movement, making its appearance near a previously moved tooth coincidental timing rather than a direct complication of orthodontic treatment, and not evidence of any orthodontic error requiring malpractice evaluation.

450. B — When a patient requests medical necessity documentation for a workplace accommodation, the dentist should provide accurate, clinically supported documentation genuinely reflecting the relevant findings and their connection to the specific accommodation requested, supporting the patient's need while maintaining professional documentation standards. Refusing outright, fabricating unsupported documentation, or requiring employer contact before considering the request all fail this obligation.

451. C — Severe, spontaneous, throbbing pain that worsens when lying down (from increased pulpal pressure) and produces a markedly prolonged, exaggerated cold response indicates inflammation confined to the pulp without periapical extension, characteristic of symptomatic irreversible pulpitis. Reversible pulpitis lacks spontaneous pain, cracked tooth syndrome causes pain on biting release, and apical periodontitis would show percussion sensitivity reflecting periapical involvement.

452. D — Proper consent verification requires confirming that the specific procedure matches the signed consent form immediately before starting treatment, since plans can change between the initial consent discussion and the actual appointment. Assuming an old form still applies, skipping this for repeat patients, or delegating verification to non-clinical staff all risk an unconsented procedure.

453. B — Well-controlled hypothyroidism on stable levothyroxine therapy generally poses minimal additional risk for routine dental treatment, including standard local anesthesia with epinephrine, since thyroid hormone levels are within normal range and the patient is not at increased risk of a thyroid-related complication. Universal antibiotic prophylaxis, epinephrine contraindication, or mandatory general anesthesia are not supported for well-managed hypothyroidism.

454. C — A patient reporting dizziness and diaphoresis after sitting up from a prolonged supine position shows signs of orthostatic hypotension, and the response is returning them to a supine position, monitoring vitals, and allowing gradual return to upright posture. Standing immediately, administering a stimulant, or dismissing the symptoms risk a fall or worsening.

455. A — A bluish swelling following acute lip trauma with aspiration revealing dark, non-clotting blood is characteristic of a traumatic hematoma from vascular injury, distinguishing it from a mucocele (clear mucus), a congenital hemangioma (present since birth, not acutely traumatic), or a lymphangioma, which has distinct clear or serous fluid rather than blood.

456. D — HIPAA allows patients to request restrictions on disclosure of their health information to specific individuals, including frequently accompanying family members, and the practice should honor this preference by restricting information sharing accordingly. Disregarding the request, assuming automatic family access, or discussing the restriction with the family member directly all violate privacy rights.

457. D — A sialolith obstructing the submandibular (Wharton) duct classically causes a firm, palpable floor-of-mouth mass with intermittent, meal-triggered swelling as saliva flow is obstructed against the stone, sometimes with a gritty sensation near the orifice. This differs from a ranula (fluctuant), lingual thyroid (midline), or epidermoid cyst, lacking this meal-related pattern.

458. B — When a patient reports a prior adverse reaction to an unspecified material, the approach is documenting the history in detail, attempting to identify the likely agent from context, and using cautious alternative materials when the agent cannot be confirmed. Assuming insignificance, using standard materials, or refusing all treatment fail this precautionary approach.

459. C — Burning mouth syndrome is a diagnosis of exclusion, characterized by chronic burning of the tongue and mucosa, often worsening through the day, without any identifiable mucosal, hematologic, or nutritional cause on workup. Geographic tongue and lichen planus present with visible mucosal changes, and median rhomboid glossitis shows a localized patch, unlike this presentation.

460. A — Converting paper records to digital format requires a secure process preserving accuracy and confidentiality, with verification that digitized content matches the originals before relying on them as sufficient going forward. Refusing digitization, skipping accuracy verification, or charging an excessive fee to discourage a reasonable modernization request all fail proper recordkeeping practice.

461. A — Torus palatinus is a common benign bony exostosis presenting as a slow-growing, hard midline swelling of the hard palate under normal, thin mucosa, typically asymptomatic and needing no treatment unless it interferes with dentures or is traumatized. This differs from osteosarcoma (aggressive), pleomorphic adenoma (soft tissue tumor), or a buccal exostosis (different location).

462. B — Patients generally have a right to receive copies of their own radiographic images directly in an appropriate format, without requiring routing only to another provider, per applicable record access laws. Refusing direct provision, requiring a court order, or charging an unreasonably high fee to discourage the request all obstruct this legal right.

463. D — A persistent, well-defined red, velvety patch without a white component (erythroplakia) carries a significantly higher likelihood of dysplasia or malignancy than a white patch, warranting prompt biopsy regardless of the absence of pain. Reassurance, empiric antifungal treatment, or prolonged observation without tissue diagnosis all risk a dangerous delay in detection.

464. C — Facilitating an internal second-opinion consultation from another dentist in the same practice supports informed decision-making for a complex treatment plan and reflects patient-centered care, rather than implying distrust of the treating dentist. Refusing the reasonable request, assuming distrust and discontinuing care, or charging an undisclosed fee all represent inappropriate responses to this legitimate request.

465. C — Exposed, necrotic bone persisting at least three months in a patient with intravenous bisphosphonate history, without radiation to the jaws, meets diagnostic criteria for medication-related osteonecrosis of the jaw (MRONJ). This distinguishes it from osteoradionecrosis (requires radiation history), a dry socket (much shorter duration), or osteomyelitis unrelated to this medication history.

466. D — Submitting a falsified diagnosis code to secure coverage for a non-covered cosmetic procedure constitutes insurance fraud regardless of the amount involved or any signed liability waiver, exposing the dentist to serious legal and licensure consequences. The proper response is discussing coverage limits honestly and declining fraudulent coding under any circumstance.

467. A — A dense, avascular fibrous lesion without epithelium or calcification, discovered at a prior trauma site without preceding cystic or tooth-related pathology, most likely represents localized fibrous scarring from healing rather than a true cyst or neoplasm. This distinguishes it from ameloblastoma, odontogenic keratocyst, or central giant cell granuloma, each with distinct histology.

468. B — When a patient has a documented allergy to a specific antibiotic class and needs prophylaxis, the approach is selecting an alternative from a different class avoiding the allergen while still providing effective coverage. Using the known allergen, skipping prophylaxis, or dismissing the allergy history as inaccurate all risk a reaction or inadequate coverage.

469. A — Neurofibroma and schwannoma are both benign peripheral nerve sheath tumors arising from Schwann cells, presenting as well-encapsulated, slow-growing masses with a characteristic wavy, spindle-shaped nuclear pattern on histology, distinguishing them from the vascular pyogenic granuloma, the collagen-rich traumatic fibroma, or lipoma, which shows mature adipose tissue rather than this specific neural spindle-cell architecture.

470. D — Respecting a patient's explicitly stated preference for full disclosure means communicating all incidental radiographic findings, including minor ones, exactly as requested, supporting truly patient-centered care. Selectively omitting minor findings, delaying disclosure until the next recall visit, or assuming a uniform disclosure preference across all patients all disregard this patient's stated wishes.

471. B — A stable, involuted hemangioma or vascular malformation can present as a well-circumscribed nodule with surface telangiectasias and an organized proliferation of small vessels within fibrous stroma, reflecting a mature, stabilized lesion rather than the disorganized pattern of an acute pyogenic granuloma. This distinguishes it from fibroma, lipoma, or squamous papilloma.

472. C — Proper recordkeeping includes confirming and updating contact information at each visit to ensure accurate ongoing communication for reminders, results, and billing, rather than waiting for

returned mail or relying solely on the patient to report changes. Assuming information never changes or updating only after a failed contact risk preventable breakdowns.

473. B — A chronic, indurated ulcer with rolled margins on the lateral tongue in a heavy smoker is highly concerning for invasive squamous cell carcinoma, the most common oral malignancy linked to tobacco use, warranting prompt biopsy rather than assuming a benign traumatic or aphthous ulcer, which would heal within a much shorter timeframe.

474. C — Transmitting protected health information like radiographs via email requires a secure, encrypted method appropriate for sensitive data, complying with HIPAA security requirements while honoring the patient's request for direct access. Refusing transmission entirely, using unencrypted email, or requiring an in-person visit as the only option fail to balance security with access.

475. D — Minor recurrent aphthous stomatitis presents as small, painful, recurring ulcers on non-keratinized mucosa several times per year, each healing without scarring within one to two weeks, without other systemic symptoms, distinguishing it from herpes zoster (dermatomal distribution), primary herpetic gingivostomatitis (single primary infection with fever), or pemphigus vulgaris (positive Nikolsky sign, widespread erosions).

476. A — Respecting a patient's specific stated communication preference, such as requesting phone calls only due to a shared household device raising privacy concerns, requires honoring that preference and updating the record. Continuing to use text or email despite the stated preference, or requiring justification before honoring a reasonable communication request, both disregard the patient's privacy concern.

477. B — Localized pericoronitis presents with gum swelling, bleeding, and pain around a partially erupted mandibular third molar, often with mild trismus, but typically without fever or facial swelling in an uncomplicated case. This distinguishes it from acute osteomyelitis or Ludwig angina, both deeper infections, or a dentigerous cyst, typically asymptomatic unless infected.

478. D — Making reasonable scheduling accommodations for a patient's stated religious observance preference, when feasible within the practice's operational constraints, reflects respectful, patient-centered care and accommodation of sincerely held beliefs. Refusing any accommodation, ignoring the stated preference entirely, or requiring disclosure of the specific religious reason before considering the request are all unnecessarily rigid responses.

479. C — An irritation fibroma along the bite line represents reactive fibrous hyperplasia from chronic low-grade trauma such as habitual biting, presenting as a firm, stable pink nodule persisting over months without significant change. This differs from the vascular, easily bleeding pyogenic granuloma or peripheral giant cell granuloma, or an indurated carcinoma.

480. A — State dental board licensure and disciplinary history is generally considered public information that patients are entitled to inquire about and access through official board resources, and the dentist should answer such a direct question honestly rather than refusing to respond, providing misleading information, or reacting punitively by ending the patient relationship simply for asking.

481. D — Lipoma presents as a soft, well-circumscribed mass of mature adipose tissue within a thin fibrous capsule, occurring less commonly on the tongue but still within its recognized range of oral sites. This distinguishes it from fibroma (dense collagen), pyogenic granuloma (vascular), or granular cell tumor, which shows granular eosinophilic cytoplasm instead.

482. B — When a treating dentist is not fluent in a patient's preferred language, arranging qualified interpretation supports clear communication of diagnosis, options, risks, and instructions throughout treatment, rather than relying solely on written forms, declining care, or using an untrained young family member as sole interpreter, risking miscommunication and inappropriate burden.

483. A — A mucocele results from trauma to a minor salivary duct, such as from lip biting, causing mucus extravasation that forms a well-circumscribed, bluish, fluctuant swelling most commonly on the lower lip, developing over days to weeks after trauma. This differs from a hemangioma (present since birth), varix (older patients), or lymphangioma.

484. C — When a patient requests to record their own appointment, the approach is discussing the request openly, considering the practice's established policy and any relevant state laws regarding recording consent, and reaching a mutually agreeable arrangement respecting both the patient's interest and legitimate practice considerations. Outright prohibition, ignoring the request, or automatic agreement without discussion all skip this collaborative process.

485. D — Barodontalgia refers to dental pain triggered by ambient pressure changes, such as air travel, related to trapped gas expansion in the maxillary sinus near posterior tooth roots, occurring in structurally normal, vital teeth with negative pulp testing. This distinguishes it from irreversible pulpitis, cracked tooth syndrome, or a periodontal abscess, each with an identifiable source.

486. B — When a patient requests documentation distinguishing medically necessary from purely elective treatment components, the dentist should provide an accurate, itemized breakdown reflecting the actual clinical indication for each component, supporting the patient's legitimate need. Refusing to make this distinction, or misclassifying treatment components in either direction to suit a particular purpose, both violate honest documentation standards.

487. A — Radiation therapy to the head and neck commonly causes significant xerostomia from gland damage, contributing to taste disturbance, dry mucosa, and difficulty swallowing dry foods, a well-recognized late effect. This constellation is attributable to the radiation history rather than an unrelated autoimmune process, a normal finding needing no attention, or candidiasis alone.

488. B — When a patient reports a differing recommendation from a previous dentist, the approach is conducting an independent evaluation, explaining the rationale for the current recommendation, and respecting the patient's right to seek further opinions. Automatically assuming either plan is correct or incorrect without evaluation, or refusing to discuss it, fail this obligation.

489. C — Granular cell tumor can be accompanied by pseudoepitheliomatous hyperplasia of the overlying epithelium, a benign reactive proliferation that can histologically mimic invasive squamous cell carcinoma on a superficial biopsy specimen, requiring an adequately deep biopsy and careful

correlation to avoid this well-recognized diagnostic pitfall. Recognizing this specific benign mimicker prevents an incorrect diagnosis of malignancy here.

490. A — When a patient declines to disclose their complete history due to privacy concerns, the dentist should explain the importance of a complete history for safe planning, respect the patient's autonomous choice, and proceed only within what can be safely judged from available information. Proceeding without discussion, refusing care, or fabricating history are inappropriate.

491. C — An irritation fibroma can develop from chronic irritation by a poorly contoured restoration margin, presenting as a firm gingival nodule with reactive spindle-shaped fibroblasts and scattered inflammatory cells on histology. This differs from the vascular pyogenic granuloma or peripheral giant cell granuloma, or the papillary architecture of a squamous papilloma.

492. D — When a patient requests reordering a treatment sequence to prioritize cosmetically visible teeth over the dentist's disease-severity-based recommendation, the response is discussing the clinical rationale behind the sequence and exploring reasonable compromises addressing both clinical priorities and patient preferences. Automatically implementing the change, refusing to discuss alternatives, or ignoring the patient's stated preference entirely all fail this discussion.

493. C — Adenomatoid odontogenic tumor classically presents in young patients as a radiolucency with a 'driven snow' pattern and fine calcified flecks, associated with an unerupted tooth, showing characteristic duct-like structures on histology, distinguishing it from a dentigerous cyst (lacks ductal structures), radicular cyst (nonvital tooth), or traumatic bone cyst (no epithelium).

494. D — Accommodating a patient's reasonable request to have an emotional support companion present in the operatory during a routine, non-sedation procedure, when feasible given space and safety considerations and consistent with practice policy, reflects patient-centered, compassionate care. Refusing all companion presence outright, ignoring the reasonable request, or requiring justification before consideration all represent unnecessarily rigid responses.

495. A — A traumatic (simple) bone cyst presents as an incidentally discovered, well-corticated radiolucency unrelated to any tooth, with exploration revealing a thick fibrous capsule of minimal cellularity and no true lining, distinguishing it from a radicular cyst (nonvital tooth), dentigerous cyst (unerupted tooth), or odontogenic keratocyst, all with a true epithelial lining.

496. B — When directly asked to compare value against a competing practice, the ethical response is answering honestly about one's own services and pricing while avoiding disparagement of the competitor without factual basis, encouraging the patient to make their own comparison. Disparaging competitors unfairly, refusing to discuss value, or guaranteeing absolute superiority all violate ethical conduct standards.

497. B — An irritation (traumatic) fibroma from chronic irritation, such as a rough restoration margin, presents as a firm, stable gingival nodule with dense, minimally vascular collagenous tissue on histology reflecting a reactive fibrous response. This distinguishes it from the vascular pyogenic granuloma, giant-cell peripheral granuloma, or the calcified peripheral ossifying fibroma.

498. D — When a patient requests a treatment summary letter for continuity-of-benefits purposes with a new employer's plan, the dentist should provide an accurate, detailed summary tailored to the stated purpose. Refusing to provide any letter, offering only a verbal summary, or requiring the employer to initiate contact first all fail this documentation obligation.

499. C — Classic ameloblastoma with confirmed cortical perforation demonstrates the locally aggressive, infiltrative pattern of this benign but destructive tumor, requiring surgical resection with adequate margins given the substantial recurrence risk once perforation has occurred. Observation, antibiotics alone, or treating only adjacent teeth while leaving the lesion untreated permit continued destructive growth.

500. A — Properly closing a patient's active file after comprehensive care requires ensuring all treatment notes, consent documentation, and recall recommendations are finalized and accurately reflect the completed care, supporting legal defensibility and continuity of preventive care. Closing without finalizing documentation, deleting interim notes, or leaving the file indefinitely open are improper.