PRACTICE EXAM 5: 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 55-year-old man with a prosthetic heart valve is scheduled for a scaling and root planing appointment. Which statement about antibiotic prophylaxis is MOST accurate?

A. Prophylaxis is never indicated for prosthetic valve patients

B. Prophylaxis should be given for all routine dental cleanings regardless of bleeding

C. Prophylaxis is indicated given his high-risk cardiac condition and the gingival manipulation involved

D. Prophylaxis is only relevant for orthopedic joint replacements

2. Which best describes the appropriate first step when a patient's chart shows an unresolved allergy alert that conflicts with today's planned prescription?

A. Proceed with the planned prescription since the alert is probably outdated

B. Pause, clarify the allergy directly with the patient, and adjust the prescription before proceeding

C. Ask the patient to sign a waiver and proceed as planned

D. Have front desk staff resolve the conflict administratively

3. A 6-year-old presents with a single, deep carious lesion in a mandibular primary molar with no radiographic sign of periapical involvement and no history of spontaneous pain. Which treatment is MOST appropriate?

A. Indirect pulp therapy followed by a stainless steel crown
B. Immediate extraction of the tooth
C. Pulpectomy of the tooth
D. Observation only, with no restorative treatment

4. Which best describes an appropriate approach to a dental practice's protocol when a staff member reports witnessing another employee mishandling sharps disposal?

A. Telling the reporting employee to handle it themselves next time
B. Ignoring the report unless an injury actually occurs
C. Waiting for a formal written complaint before taking any action
D. Investigating promptly and retraining or correcting the practice as needed

5. A patient reports a 3-day history of a dull, poorly localized ache in the left mandibular posterior region that is difficult to pinpoint to a specific tooth, with no swelling and normal-appearing gingiva. Which diagnostic step is MOST useful for localizing the source?

A. Selective anesthesia testing tooth by tooth to isolate the source
B. Prescribing an antibiotic before any further workup
C. Extracting the most likely tooth based on patient pointing alone
D. Reassuring the patient that vague pain is never significant

6. Which best describes an appropriate approach when a dental hygienist identifies a suspicious lesion during a cleaning that the supervising dentist has not yet examined?

A. Biopsying the lesion independently to save the patient a visit
B. Documenting the finding and notifying the dentist for evaluation before the patient leaves
C. Telling the patient it is nothing to worry about

D. Waiting until the patient's next six-month recall to mention it

7. A patient with a documented penicillin allergy limited to a mild rash (no anaphylaxis) requires antibiotic prophylaxis before an invasive procedure. Which regimen is MOST appropriate?

A. Amoxicillin at a reduced dose
B. Clindamycin, per longstanding guidance
C. No prophylaxis, since the allergy is mild
D. Cephalexin, azithromycin, clarithromycin, or doxycycline, per current guidance

8. Which best describes an appropriate approach when a patient's insurance company requests a narrative explaining why a specific procedure was clinically necessary?

A. Ignoring the request since insurers rarely follow up
B. Writing an exaggerated narrative to guarantee approval
C. Providing an accurate, clinically supported narrative reflecting the documented findings
D. Referring the insurer directly to the patient for any explanation

9. A 68-year-old edentulous patient presents with a chronic, non-healing ulcer under a long-worn complete denture that has not improved after two weeks of adjustment and relief. Which step is MOST appropriate next?

A. Continue routine denture adjustments for another month
B. Reassure the patient and schedule a recall in six months
C. Fabricate a new denture without further evaluation
D. Biopsy the lesion given its failure to resolve with local measures

10. Which best describes an appropriate approach when a new patient's medical history form is illegible in the section listing current medications?

A. Contacting the patient directly to clarify before proceeding with treatment

B. Guessing at the medications based on common patterns

C. Proceeding with treatment and skipping that section entirely

D. Assuming the patient takes no medications if the writing is unclear

11. A patient reports intermittent facial swelling near the angle of the jaw that occurs specifically at mealtimes and resolves within an hour afterward. Which diagnostic approach is MOST appropriate?

A. Prescribing an antibiotic without further workup

B. Reassuring the patient that mealtime swelling is never significant

C. Evaluating for possible salivary duct obstruction, including palpation and imaging as indicated

D. Recommending immediate surgical removal of the gland

12. Which best describes an appropriate approach when a dentist is asked by a patient to expedite a lab case by skipping standard quality-control steps?

A. Skipping the steps since the patient requested it

B. Explaining why the quality-control steps matter and declining to skip them

C. Skipping steps only for simple cases

D. Letting the lab decide without any patient discussion

13. A 30-year-old patient presents with a single tooth that has darkened compared to adjacent teeth following an injury 6 months earlier, with no pain and a normal periapical radiograph. Which is the MOST appropriate next step?

A. Immediate extraction given the discoloration

B. Bleaching the tooth without any further evaluation

C. Placing a full crown immediately to mask the discoloration

D. Pulp vitality testing to determine whether the pulp remains vital

14. Which best describes an appropriate approach when a practice identifies that a batch of local anesthetic cartridges may have been stored above the manufacturer's recommended temperature?

A. Quarantining the affected batch and confirming stability before any further use
B. Using the cartridges as normal since heat rarely affects anesthetics
C. Using the cartridges only on less anxious patients
D. Discarding all anesthetic in the office regardless of storage history

15. A patient reports a 2-week history of a persistent metallic taste and diffuse oral discomfort, with a recent medication change to a new ACE inhibitor. Which is the MOST likely explanation?

A. An unrelated dental infection requiring urgent extraction
B. A known taste disturbance associated with this medication class
C. A vitamin deficiency requiring immediate supplementation
D. A normal finding unrelated to any medication

16. Which best describes an appropriate approach when a dental assistant is asked to perform a procedure that exceeds their legally permitted scope of practice in the state?

A. Performing the procedure since the dentist directed it
B. Performing the procedure only if the patient consents
C. Declining and clarifying the scope-of-practice limitation with the supervising dentist
D. Performing the procedure quietly without telling anyone

17. A 42-year-old patient reports a 1-day history of severe pain in a maxillary molar that is worse when biting down, with a large existing amalgam restoration and no visible fracture line. Which diagnostic approach is MOST useful?

A. Assuming the pain is psychogenic without further testing
B. Extracting the tooth immediately without any further diagnostic testing
C. Having the patient bite on a stick or cotton roll to reproduce the pain
D. Prescribing an antibiotic as the first step

18. Which best describes an appropriate approach when a practice's autoclave passes a visual cycle check but fails a subsequent biological indicator (spore) test?

A. Trusting the visual check and continuing to use the autoclave

B. Continuing normal use until a second failure occurs

C. Using the autoclave only for non-critical instruments

D. Ignoring the spore test result if the cycle appeared normal

19. A patient with well-controlled type 1 diabetes on an insulin pump presents for a scheduled extraction. Which timing consideration is MOST appropriate?

A. Scheduling with no regard to meal timing or insulin dosing

B. Scheduling the appointment to avoid peak insulin activity and ensure the patient has eaten as usual

C. Requiring the patient to stop insulin the day before

D. Requiring hospitalization for any dental procedure

20. Which best describes an appropriate approach when a practice discovers that a specific brand of dental burs has an unusually high fracture rate during use?

A. Reporting the issue to the manufacturer or relevant regulatory body and discontinuing use pending review

B. Continuing to use the burs since fractures are rare overall

C. Using the burs only on molars where fracture risk is lower

D. Ignoring the pattern unless a patient is actually harmed

21. A 25-year-old patient presents with a 4-day history of gradually worsening pain, swelling, and warmth over the angle of the jaw following an untreated carious mandibular molar, now with mild difficulty opening the mouth. Which management approach is MOST appropriate?

A. Reassurance and observation only

B. A course of antibiotics without any drainage or source control

C. Ibuprofen alone with no further intervention

D. Prompt drainage and addressing the source tooth, combined with antibiotics as indicated

22. Which best describes an appropriate approach when a practice's recall system flags a patient as overdue for a periodontal maintenance visit by over a year?

A. Removing the patient from the recall list to simplify tracking
B. Reaching out to re-engage the patient and documenting the outreach
C. Waiting for the patient to call on their own initiative
D. Assuming the patient found another provider without confirming

23. A 50-year-old patient presents with a chief complaint of teeth that feel 'loose' and generalized gingival recession, with radiographs showing horizontal bone loss consistent with moderate chronic periodontitis. Which initial treatment approach is MOST appropriate?

A. Nonsurgical scaling and root planing with reevaluation
B. Immediate extraction of all mobile teeth
C. Antibiotics alone without any mechanical debridement
D. Full-mouth periodontal surgery as the first step

24. Which best describes an appropriate approach when a practice's website contains an outdated list of accepted insurance plans that no longer reflects current contracts?

A. Leaving the outdated list since updating the website takes time
B. Assuming patients will call to verify insurance status themselves
C. Updating the website promptly to reflect current, accurate information
D. Removing all insurance information from the website instead of updating it

25. A 33-year-old patient presents with a chief complaint of a single tooth that responds normally to cold testing but shows a widened periodontal ligament space and mild tenderness to percussion after a recent high restoration was placed. Which is the MOST likely explanation?

A. Occlusal trauma from a high restoration causing localized ligament inflammation
B. Irreversible pulpitis requiring root canal therapy
C. An unrelated periapical cyst

D. A vertical root fracture requiring extraction

26. Which best describes an appropriate approach when a practice's patient portal experiences a data breach exposing protected health information?

A. Waiting to see if any patients notice or complain before acting

B. Fixing the technical issue only, without any patient notification

C. Following applicable breach notification requirements, including timely notification to affected patients

D. Notifying only the practice's insurance carrier and no one else

27. A 19-year-old patient presents with a chief complaint of recurrent, painful ulcerations only during final exam periods at school, each resolving within 10 days without treatment, with no other systemic symptoms. Which factor is MOST relevant to this pattern?

A. A chronic viral infection requiring antiviral therapy

B. Psychological stress as a recognized trigger for recurrent aphthous ulcers

C. An underlying autoimmune blistering disease

D. A nutritional deficiency requiring immediate correction

28. Which best describes an appropriate approach when a practice's shared computer workstation remains logged into a patient's chart after the clinician steps away?

A. Leaving it as is if no one else is currently in the room

B. Relying on staff to remember to log out eventually

C. Considering it a minor issue not worth addressing

D. Implementing automatic screen locks or requiring staff to log out when stepping away

29. A 45-year-old patient presents with a chief complaint of a burning sensation localized specifically to an area of ill-fitting partial denture contact, with visible erythema confined to that exact site. Which is the MOST likely explanation?

A. Localized mechanical/pressure-related mucosal irritation from the prosthesis

B. Burning mouth syndrome as a diagnosis of exclusion

C. An unrelated systemic vitamin deficiency

D. Idiopathic trigeminal neuralgia

30. Which best describes an appropriate approach when a practice is deciding whether to adopt a new locally anesthetic delivery device based on a manufacturer's promotional materials alone?

A. Adopting it immediately since manufacturer materials are generally reliable

B. Seeking independent, peer-reviewed evidence of safety and efficacy before adoption

C. Adopting it only if it costs less than the current device

D. Deciding based solely on how it looks in demonstration videos

31. A 60-year-old patient presents with a chief complaint of progressive difficulty wearing a lower complete denture due to increasing looseness over several years, with a panoramic radiograph showing significant alveolar ridge resorption. Which treatment option addresses the underlying anatomic limitation?

A. A new conventional denture with a heavier base only

B. Denture adhesive as the sole long-term solution

C. An implant-retained overdenture anchored independent of ridge height

D. Reline of the existing denture without addressing ridge loss

32. Which best describes an appropriate approach when a practice's emergency oxygen tank is found to be significantly below the recommended fill level during a routine check?

A. Noting it for the next scheduled maintenance visit

B. Assuming there is enough for a typical emergency

C. Using it as-is until it runs out completely

D. Arranging prompt refill or replacement before it is needed in an emergency

33. A 38-year-old patient presents with a chief complaint of a tooth that has intermittent, sharp pain specifically when chewing on one particular side, with no visible caries and normal periodontal probing depths. Which additional finding would be MOST useful to confirm a suspected cracked tooth?

A. A normal-appearing periapical radiograph alone
B. A negative response to electric pulp testing
C. Transillumination revealing a visible crack line under fiber-optic light
D. Generalized tenderness across the entire arch

34. Which best describes an appropriate approach when a practice's written office policy conflicts with a more recent regulatory update that staff have not yet been trained on?

A. Continuing to follow the outdated written policy until it is formally replaced with no urgency
B. Ignoring the regulatory update if it seems minor
C. Waiting for the next scheduled staff meeting no matter how far off
D. Updating the policy and training staff promptly on the current regulatory requirement

35. A 27-year-old patient presents with a chief complaint of a single tooth that is markedly extruded and mobile following a sports injury 2 hours earlier, with the tooth still in its socket. Which is the MOST appropriate immediate management?

A. Repositioning the tooth and stabilizing it with a splint
B. Extracting the tooth immediately given the mobility
C. Leaving the tooth untreated and rechecking in one week
D. Prescribing antibiotics alone with no repositioning

36. Which best describes an appropriate approach when a practice's billing software auto-populates a diagnosis code that does not match the documented clinical findings?

A. Submitting the auto-populated code since the software is usually accurate
B. Correcting the code to match the actual documented findings before submission
C. Letting the biller decide without clinical input

D. Submitting whichever code results in the highest reimbursement

37. A 48-year-old patient presents with a chief complaint of chronic snoring and a partner-reported history of pauses in breathing during sleep, with a large tongue and retrognathic mandible noted on exam. Which referral is MOST appropriate?

A. No referral is needed since snoring is rarely significant
B. Referral for oral appliance fabrication without any medical workup
C. Referral for orthodontic treatment alone
D. Referral for a sleep study evaluation given the described symptoms

38. Which best describes an appropriate approach when a practice's informed consent process for implant placement does not currently mention the possibility of implant failure?

A. Assuming implant failure is too rare to mention
B. Leaving the consent form unchanged since no patient has complained
C. Revising the consent process to include this material risk
D. Only mentioning it if the patient specifically asks about failure rates

39. A 22-year-old patient presents with a chief complaint of pain and limited jaw opening that began after a long dental appointment the previous day, with tenderness of the muscles of mastication on palpation and no history of trauma. Which is the MOST likely diagnosis?

A. Myofascial pain from muscle overuse/strain during the prolonged appointment
B. A mandibular fracture requiring further imaging studies
C. An acute odontogenic infection of dental origin
D. Trigeminal neuralgia affecting the mandibular division

40. Which best describes an appropriate approach when a practice's sterilization area layout does not clearly separate contaminated (dirty) instruments from clean, sterilized ones?

A. Continuing current workflow since staff are experienced

B. Reorganizing the workflow to ensure clear separation of contaminated and clean zones

C. Addressing it only if cross-contamination is suspected

D. Relying on verbal reminders alone without changing the physical layout

41. A 34-year-old patient presents with a chief complaint of a tooth that has a deep carious lesion approaching the pulp on radiograph, with no spontaneous pain and a normal, quick response to cold testing. Which treatment is MOST appropriate?

A. Extraction as the only option given the depth of the lesion

B. Root canal therapy as the first-line treatment

C. Observation only, with no restorative intervention

D. Excavation and a vital pulp therapy technique (e.g., indirect pulp cap) with restoration

42. Which best describes an appropriate approach when a practice's new hire has not yet completed required infection control training but is scheduled to begin clinical duties tomorrow?

A. Delaying clinical duties until the required training is completed

B. Allowing supervised clinical duties without the training since a mentor is present

C. Assuming prior experience elsewhere covers the requirement

D. Proceeding as scheduled and completing training later

43. A 41-year-old patient presents with a chief complaint of persistent bad taste and mild discomfort at a site where a crown was placed 2 weeks ago, with a radiograph showing a slight overhang of restorative material at the margin. Which is the MOST likely contributing factor?

A. An unrelated systemic infection

B. Referred pain from an adjacent healthy tooth

C. Plaque accumulation and irritation from the overhanging restoration margin

D. A normal expected finding after any crown placement

44. Which best describes an appropriate approach when a practice's standard operating procedure for a common technique has not been reviewed or updated in over 5 years despite evolving evidence?

A. Continuing to use it unchanged since it has worked so far
B. Periodically reviewing and updating the procedure to reflect current evidence
C. Waiting for a negative outcome before reconsidering it
D. Assuming outdated procedures are equivalent to current ones

45. A 29-year-old patient presents with a chief complaint of a tooth that has become sensitive to sweets and cold only in the past week, with a radiograph showing a radiolucency confined to the outer half of the dentin and no cavitation on clinical exam. Which management approach is MOST appropriate?

A. Immediate root canal therapy
B. Remineralization therapy and monitoring given the early, non-cavitated stage
C. Extraction given the radiographic finding
D. No action needed since sensitivity always resolves on its own

46. Which best describes an appropriate approach when a practice's patient satisfaction data show a consistent pattern of complaints about unclear cost estimates before treatment begins?

A. Dismissing the pattern as normal for any dental practice
B. Addressing only the specific patients who filed a complaint
C. Assuming all patients understand costs regardless of documentation
D. Revising the estimate process to improve clarity and consistency for all patients

47. A 52-year-old patient presents with a chief complaint of a persistent, unpleasant taste and difficulty with denture retention, along with recently noted unintentional weight loss, in a patient who reports no changes to the denture itself. Which approach is MOST appropriate?

A. Referring for broader medical evaluation given the systemic symptoms alongside the oral complaint
B. Adjusting the denture alone without further evaluation
C. Reassuring the patient that this is a normal aging change

D. Fabricating a new denture without addressing the other symptoms

48. Which best describes an appropriate approach when a practice's staff scheduling regularly leaves the front desk unstaffed during lunch, causing missed calls from patients?

A. Accepting missed calls as an unavoidable part of running a practice
B. Assuming patients will call back later if it matters
C. Adjusting staff scheduling or using a system to cover calls during that period
D. Ignoring the pattern unless a patient specifically complains

49. A 36-year-old patient presents with a chief complaint of a tooth with a draining sinus tract on the adjacent gingiva, tracked with a gutta-percha point on radiograph back to a periapical radiolucency at a nonvital tooth. Which treatment is MOST appropriate?

A. Antibiotics alone without addressing the nonvital tooth
B. Observation only, since sinus tracts often resolve spontaneously
C. Incision and drainage of the sinus tract only
D. Root canal therapy or extraction to address the nonvital source tooth

50. Which best describes an appropriate approach when a practice's continuing education tracking shows a staff member is behind on state-mandated hours close to their license renewal deadline?

A. Waiting until after the deadline to address it
B. Assuming the licensing board will grant an automatic extension
C. Proactively notifying the staff member and helping them complete the required hours before the deadline
D. Ignoring the gap since it is the staff member's sole responsibility

51. A 44-year-old patient with long-standing rheumatoid arthritis on chronic low-dose corticosteroids requires a surgical extraction. Which consideration is MOST important preoperatively?

A. Possible adrenal suppression warranting consideration of stress-dose steroid coverage

B. No special consideration is needed for chronic low-dose steroid use

C. Corticosteroids must be stopped abruptly the day before surgery

D. General anesthesia is mandatory for any steroid-treated patient

52. Which best describes an appropriate approach when a practice's shared drug reference resource has not been updated in several years?

A. Continuing to rely on it since drug information rarely changes

B. Replacing it with a current, regularly updated reference resource

C. Using it only for well-known, common medications

D. Assuming staff experience compensates for an outdated reference

53. A 37-year-old patient presents with a chief complaint of a single tooth that has become increasingly mobile over several weeks, with radiograph showing a well-defined radiolucency at the apex and a history of a large restoration placed a year earlier. Pulp testing shows no response. Which diagnosis is MOST likely?

A. A periodontal abscess unrelated to the restoration

B. Reversible pulpitis

C. Pulp necrosis with associated periapical pathology

D. A traumatic bone cyst

54. Which best describes an appropriate approach when a practice is deciding staffing levels for a day with several complex, lengthy procedures scheduled back-to-back?

A. Ensuring adequate staff coverage is planned in advance for the anticipated workload

B. Scheduling as usual regardless of case complexity

C. Assuming existing staff can absorb any additional workload

D. Adding staff only if a problem arises during the day

55. A 26-year-old patient presents with a chief complaint of a painless, exophytic mass on the gingiva that appeared over 3 months, biopsy showing dense collagenous tissue with minimal vascularity, and a history of an ill-fitting orthodontic retainer rubbing the area. Which is the MOST likely diagnosis?

A. Pyogenic granuloma
B. Peripheral giant cell granuloma
C. Squamous cell carcinoma
D. Irritation fibroma from the retainer's chronic contact

56. Which best describes an appropriate approach when a practice's after-hours voicemail greeting fails to mention what patients should do in a true dental emergency?

A. Leaving the greeting as is since most calls are non-urgent
B. Updating the greeting to include clear emergency guidance for patients
C. Assuming patients will call 911 on their own if needed
D. Waiting for a patient complaint before updating it

57. A 55-year-old patient presents with a chief complaint of a chronic, low-grade ache in an edentulous area of the mandible, with radiograph showing a diffuse, poorly defined radiopacity and a history of a tooth extracted from that site 2 years earlier. Which is the MOST likely diagnosis?

A. Chronic (sclerosing) osteomyelitis related to the prior extraction site
B. Acute suppurative osteomyelitis with systemic infection
C. A simple bone cyst without infection
D. Osteosarcoma of the mandible

58. Which best describes an appropriate approach when a practice's patient-facing brochures contain clinical claims that are not supported by current evidence?

A. Leaving the brochures unchanged since printing new ones is costly
B. Revising the brochures to accurately reflect current, evidence-supported information
C. Assuming patients will not read the brochures carefully

D. Adding a disclaimer instead of correcting the claims

59. A 63-year-old patient presents with a chief complaint of progressive difficulty swallowing and a sensation of dry mouth that has worsened steadily over the past year, with no history of radiation therapy or medication changes. Which additional finding would be MOST helpful in evaluating for Sjogren syndrome?

A. A normal complete blood count alone
B. A negative rheumatoid factor alone
C. An unremarkable panoramic radiograph
D. Positive anti-SSA/SSB antibodies and dry eye symptoms

60. Which best describes an appropriate approach when a practice's new patient intake form does not ask about prior adverse reactions to dental materials?

A. Assuming this information is unnecessary for routine care
B. Only asking about it if a reaction seems to occur during treatment
C. Revising the intake form to specifically ask about this history
D. Relying on patients to volunteer this information unprompted

61. A 41-year-old patient presents with a chief complaint of a tooth with a large defective restoration that has intermittent sensitivity to sweets, with radiograph showing recurrent decay extending close to, but not into, the pulp. Which treatment is MOST appropriate?

A. Removal of the defective restoration, caries excavation, and a new definitive restoration
B. Root canal therapy given the depth of the decay
C. Extraction given the extent of recurrent decay
D. Observation only, since the tooth is not currently painful

62. Which best describes an appropriate approach when a practice's staff are unsure whether a specific over-the-counter supplement a patient is taking is clinically relevant to an upcoming procedure?

A. Assuming supplements are never clinically relevant

B. Looking up the specific supplement's interactions or consulting a reliable reference before proceeding

C. Ignoring supplements since they are not prescription drugs

D. Proceeding without further inquiry since the patient did not raise concern

63. A 48-year-old patient presents with a chief complaint of a burning, raw sensation of the entire oral mucosa and gingiva that started shortly after switching to a new toothpaste, with diffuse erythema and mild peeling of the gingival tissue. Which is the MOST likely explanation?

A. Herpes simplex reactivation

B. Oral candidiasis

C. An unrelated nutritional deficiency

D. An allergic/contact reaction to a toothpaste ingredient

64. Which best describes an appropriate approach when a practice's emergency drug kit includes a medication that expired 3 months ago?

A. Keeping it in the kit since it likely still has some effect

B. Replacing the expired medication promptly with a current one

C. Using it only as a last resort in a true emergency

D. Removing it without replacing it to simplify the kit

65. A 30-year-old patient presents with a chief complaint of a firm, painless swelling of the posterior mandible discovered incidentally, with radiograph showing a well-defined radiopaque mass fused to the root apex of a vital tooth surrounded by a thin radiolucent rim. Which is the MOST likely diagnosis?

A. Osteosarcoma

B. Central giant cell granuloma

C. Cementoblastoma

D. Ameloblastoma

66. Which best describes an appropriate approach when a practice's staff are asked by a patient why a specific fee differs from what they paid at a previous visit for what seems like the same procedure?

A. Reviewing the record and explaining the actual factors behind any fee difference honestly
B. Assuming the patient is mistaken without checking the record
C. Refusing to discuss fee differences with patients at all
D. Adjusting the fee to match without reviewing what actually changed

67. A 20-year-old patient presents with a chief complaint of a painless, well-defined radiolucency at the apex of an unerupted mandibular third molar, biopsy showing reduced enamel epithelium without keratinization. Which is the MOST likely diagnosis?

A. Radicular cyst
B. Odontogenic keratocyst
C. Central giant cell granuloma
D. Dentigerous cyst

68. Which best describes an appropriate approach when a practice's exam rooms are not consistently stocked with the same basic supplies, causing delays during appointments?

A. Accepting the inconsistency as a normal part of daily operations
B. Assuming staff will remember to restock without a formal system
C. Establishing a standardized stocking checklist and restocking routine
D. Addressing it only when a specific delay is noticed by a patient

69. A 58-year-old patient presents with a chief complaint of a slowly enlarging, painless swelling of the anterior maxilla, radiograph showing a well-defined unilocular radiolucency between the roots of vital central incisors with a heart-shaped appearance. Which is the MOST likely diagnosis?

A. Radicular cyst
B. Dentigerous cyst
C. Odontogenic keratocyst

D. Nasopalatine duct cyst

70. Which best describes an appropriate approach when a practice's patient education materials about a specific medication list an outdated recommended dosage?

A. Distributing the materials as-is since patients rarely follow dosing details closely
B. Updating the materials promptly to reflect current, accurate dosing information
C. Adding a verbal caveat instead of correcting the printed material
D. Assuming the prescribing information given verbally overrides the printed error

71. A 34-year-old patient presents with a chief complaint of a painless, exophytic, red mass on the gingiva that developed rapidly over 2 weeks during the second trimester of pregnancy, bleeding easily with minimal contact. Which is the MOST likely diagnosis?

A. Peripheral ossifying fibroma
B. Squamous cell carcinoma
C. Pyogenic granuloma (pregnancy tumor)
D. Irritation fibroma

72. Which best describes an appropriate approach when a practice's staff notice that a specific supplier consistently ships dental materials close to their expiration date?

A. Raising the concern with the supplier and adjusting ordering practices as needed
B. Continuing to order from the same supplier without addressing the pattern
C. Using the materials quickly regardless of the remaining shelf life
D. Assuming this is normal and unavoidable for all suppliers

73. A 46-year-old patient presents with a chief complaint of a firm, painless mass on the posterior hard palate, slowly enlarging over 8 months, biopsy showing a mixed proliferation of ductal epithelial and myoepithelial cells with a myxoid stroma. Which is the MOST likely diagnosis?

A. Mucocele
B. Pleomorphic adenoma
C. Torus palatinus
D. Squamous papilloma

74. Which best describes an appropriate approach when a practice's staff are unsure how to properly document a patient's verbal refusal of a recommended radiograph?

A. Not documenting it since it was only a verbal exchange
B. Documenting only that the patient declined, without further detail
C. Assuming the next visit will resolve any lack of documentation
D. Documenting the specific recommendation, reasons given, and the patient's informed refusal

75. A 39-year-old patient presents with a chief complaint of a firm, asymptomatic swelling of the posterior mandible, radiograph showing a multilocular radiolucency with cortical expansion and root resorption of adjacent teeth, biopsy confirming ameloblastoma. Which management approach is MOST appropriate given the root resorption and expansion?

A. Observation only, since ameloblastoma is histologically benign
B. Antibiotics alone without surgical intervention
C. Surgical resection with adequate margins given the locally aggressive behavior
D. Extraction of adjacent teeth only, leaving the lesion in place

76. Which best describes an appropriate approach when a practice's staff are asked by a patient to backdate a treatment record to support an insurance claim for a service performed on a different date?

A. Declining the request, since backdating records constitutes falsification
B. Backdating the record if the treatment was, in fact, provided
C. Backdating the record only for a small date discrepancy
D. Letting the billing department decide without dentist involvement

77. A 27-year-old patient presents with a chief complaint of a solitary, exophytic, cauliflower-like white lesion on the soft palate, present for 4 months, biopsy showing benign papillary epithelial proliferation. Which is the MOST likely diagnosis?

A. Leukoplakia of idiopathic origin
B. Lichen planus
C. Squamous papilloma
D. Candidiasis

78. Which best describes an appropriate approach when a practice's staff observe that a patient appears to be under the influence of alcohol at a scheduled elective appointment?

A. Deferring elective treatment and rescheduling given the safety and consent concerns
B. Proceeding with treatment as scheduled regardless of the observation
C. Proceeding but reducing the local anesthetic dose without discussion
D. Ignoring the observation unless the patient is visibly unstable

79. A 52-year-old patient presents with a chief complaint of a painless, firm nodule on the buccal mucosa along the bite line, unchanged over 6 months, biopsy showing dense fibrous connective tissue with minimal cellularity, related to chronic cheek-biting. Which is the MOST likely diagnosis?

A. Squamous cell carcinoma
B. Irritation (traumatic) fibroma
C. Pyogenic granuloma
D. Peripheral giant cell granuloma

80. Which best describes an appropriate approach when a practice's staff are asked by a patient's family member for detailed information about the patient's treatment without the patient's knowledge or consent?

A. Sharing general information since family involvement is usually helpful
B. Assuming the family member has an implicit right to this information

C. Providing the information if the family member seems trustworthy

D. Declining to share protected information without the patient's authorization

81. A 35-year-old patient presents with a chief complaint of a single tooth that has a greenish discoloration and a history of a root canal treatment performed 5 years earlier, with no current pain or radiographic abnormality. Which is the MOST likely explanation?

A. An active periapical infection requiring retreatment

B. Staining from residual endodontic material within the tooth structure

C. A vertical root fracture

D. An unrelated systemic condition

82. Which best describes an appropriate approach when a practice's staff identify that a specific piece of equipment does not have a current maintenance or calibration record on file?

A. Arranging for the equipment to be inspected and calibrated before further clinical use

B. Continuing to use it since it appears to be functioning correctly

C. Assuming maintenance was done but simply not recorded

D. Using it only for lower-priority procedures until it is eventually addressed

83. A 24-year-old patient presents with a chief complaint of a painless, well-defined radiolucency at the mandibular angle discovered incidentally, biopsy showing multiple small odontoma-like calcified structures within a fibrous stroma associated with an unerupted second molar. Which is the MOST likely diagnosis?

A. Ameloblastoma

B. Central giant cell granuloma

C. Radicular cyst

D. Compound odontoma

84. Which best describes an appropriate approach when a practice's staff notice a colleague appears impaired (e.g., from alcohol or drugs) while scheduled to treat patients that day?

A. Saying nothing unless a patient is harmed
B. Assuming it is a one-time, isolated occurrence
C. Intervening promptly to prevent patient treatment and escalating per practice protocol
D. Waiting to see if the colleague seems to improve later in the day

85. A 29-year-old patient presents with a chief complaint of a painless, slow-growing radiolucent lesion in the posterior mandible, biopsy showing loosely arranged spindle and stellate cells within a myxoid stroma with minimal epithelial component. Which is the MOST likely diagnosis?

A. Odontogenic myxoma
B. Ameloblastoma
C. Squamous odontogenic tumor
D. Central giant cell granuloma

86. Which best describes an appropriate approach when a practice's staff realize a patient was given post-operative instructions for the wrong procedure due to a paperwork mix-up?

A. Assuming the patient will figure out the correct instructions themselves
B. Waiting for the patient to call back with a question before correcting it
C. Ignoring the mix-up if the two procedures have similar recovery needs
D. Promptly contacting the patient to correct the instructions and clarify the error

87. A 61-year-old patient presents with a chief complaint of a painless, firm swelling of the posterior maxilla, radiograph showing a poorly defined radiolucent-radiopaque lesion, biopsy showing islands of odontogenic epithelium within a densely hyalinized connective tissue stroma. Which is the MOST likely diagnosis?

A. Ameloblastoma
B. Odontogenic keratocyst
C. Desmoplastic ameloblastoma
D. Central giant cell granuloma

88. Which best describes an appropriate approach when a practice's staff are asked by a patient to provide a diagnosis code for a condition the patient does not actually have, to justify insurance coverage?

A. Complying since the patient is ultimately responsible for the claim
B. Declining, since submitting a false diagnosis code constitutes insurance fraud
C. Complying if the requested procedure is otherwise reasonable
D. Complying but noting patient responsibility in the record

89. A 43-year-old patient presents with a chief complaint of a painless, exophytic mass at an extraction site 4 weeks after tooth removal, bleeding easily, biopsy showing a proliferation of small blood vessels in a loose stroma. Which is the MOST likely diagnosis?

A. Pyogenic granuloma at the extraction site
B. Osteomyelitis
C. Squamous cell carcinoma
D. A retained root fragment

90. Which best describes an appropriate approach when a practice's staff are asked by a patient whether a specific implant brand is 'the best' on the market?

A. Guaranteeing that the brand used by the practice is superior to all others
B. Refusing to discuss implant brands at all
C. Providing an honest, balanced explanation of why the practice uses its chosen system
D. Deferring entirely to what the patient read online

91. A 31-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the anterior mandible, radiograph showing a well-defined unilocular radiolucency, biopsy showing epithelial rests within a thin fibrous capsule along the lateral root surface of a vital tooth. Which is the MOST likely diagnosis?

A. Radicular cyst

B. Lateral periodontal cyst

C. Dentigerous cyst

D. Traumatic bone cyst

92. Which best describes an appropriate approach when a practice's staff are unsure whether a patient's stated over-the-counter pain medication use is relevant before a planned extraction?

A. Assuming over-the-counter medications are never relevant to surgical planning

B. Ignoring it since the patient did not ask about it directly

C. Proceeding without further inquiry since it is not a prescription

D. Reviewing the specific medication (e.g., aspirin, NSAIDs) for any bleeding-risk relevance

93. A 49-year-old patient presents with a chief complaint of a painless, firm, radiopaque lesion at the apices of several vital mandibular anterior teeth, asymptomatic and stable over 3 years of monitoring. Which is the MOST likely diagnosis?

A. Periapical cemental (osseous) dysplasia in a mature stage

B. Acute periapical abscess with active infection

C. Osteosarcoma, a malignant bone tumor

D. Ameloblastoma, a benign odontogenic tumor

94. Which best describes an appropriate approach when a practice's staff are asked by a patient to explain why a specific lab-fabricated crown does not match the requested shade?

A. Blaming the patient for an unclear shade request without review

B. Assuming the mismatch is unavoidable and cannot be corrected

C. Refusing to address the concern since the crown is already fabricated

D. Reviewing the shade communication and working with the lab to correct the discrepancy

95. A 22-year-old patient presents with a chief complaint of a painless, well-defined radiolucency at the mandibular angle, biopsy showing a thin, uniform parakeratinized epithelial lining with a corrugated surface and palisaded basal layer. Which is the MOST likely diagnosis?

A. Dentigerous cyst
B. Radicular cyst
C. Odontogenic keratocyst
D. Traumatic bone cyst

96. Which best describes an appropriate approach when a practice's staff are asked by a patient to explain the difference between two treatment options with substantially different costs but similar clinical outcomes?

A. Recommending only the costlier option without explanation
B. Explaining the relevant clinical and cost differences so the patient can decide
C. Avoiding the cost discussion to keep the conversation brief
D. Assuming the patient already understands the cost difference

97. A 57-year-old patient presents with a chief complaint of a painless, exophytic mass on the gingiva with superficial cupping resorption of the underlying bone visible on radiograph, biopsy showing dense fibrous tissue from chronic mechanical irritation. Which is the MOST likely diagnosis?

A. Pyogenic granuloma
B. Irritation fibroma
C. Peripheral ossifying fibroma
D. Squamous papilloma

98. Which best describes an appropriate approach when a practice's staff are asked by a patient why a specific procedure recommended today was not mentioned at a prior visit?

A. Assuming the patient misremembers the prior visit
B. Dismissing the question since treatment plans can change
C. Reviewing the record and explaining what has changed clinically since the prior visit
D. Avoiding a direct answer to prevent the patient from questioning the plan further

99. A 33-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a well-defined unilocular radiolucency, biopsy showing a fibrous wall without epithelial lining, found to be an empty cavity on surgical exploration with vital adjacent teeth. Which is the MOST likely diagnosis?

A. Radicular cyst
B. Dentigerous cyst
C. Ameloblastoma
D. Traumatic (simple) bone cyst

100. Which best describes an appropriate approach when a practice's staff are asked by a patient to keep certain medical history information out of the official chart at the patient's request?

A. Explaining that complete records are required for safe care, while respecting lawful restriction requests
B. Complying fully with the request regardless of its clinical relevance to care
C. Refusing to treat the patient until full disclosure is provided upfront
D. Recording the information but labeling it as unreliable

101. A 40-year-old patient with a history of a heart transplant on chronic immunosuppressive therapy presents for a routine extraction. Which consideration is MOST important?

A. Increased infection risk warranting careful surgical technique and possible antibiotic consideration in coordination with the transplant team
B. No special precautions of any kind are needed for transplant patients
C. General anesthesia is always mandatory for any transplant patient
D. Immunosuppressive medications should always be stopped before any procedure

102. A patient asks the dentist directly why a specific restorative material was chosen over another the patient read about online. Which is the MOST appropriate response?

A. Dismissing the patient's research without discussion

B. Assuming the online information is automatically more current than the dentist's knowledge

C. Refusing to discuss material selection rationale at all

D. Explaining the clinical rationale for the chosen material based on the patient's specific situation

103. A 25-year-old patient presents with a chief complaint of a tooth with a large carious lesion and a history of spontaneous, lingering pain to cold that has now stopped entirely, with radiograph showing a periapical radiolucency. Pulp testing shows no response. Which is the MOST likely explanation for the resolved pain?

A. The tooth has healed spontaneously on its own

B. The pulp has become necrotic, ending the pain from the (now dead) pulp tissue

C. The original clinical diagnosis was simply incorrect

D. The patient's own pain threshold has gradually changed

104. Which best describes an appropriate approach when a practice's staff notice that a specific type of patient complaint (e.g., about wait times) has increased noticeably over the past quarter?

A. Assuming the increase is a temporary, random fluctuation

B. Waiting for the complaints to resolve on their own over time

C. Investigating the underlying cause and implementing a targeted improvement

D. Addressing only the most recent complainant directly

105. A 46-year-old patient presents with a chief complaint of a single tooth with a deep periodontal pocket on one surface only, radiograph showing a J-shaped radiolucency along the root, and a history of a vertical root fracture suspected clinically. Which diagnostic step would be MOST confirmatory?

A. Standard bitewing radiographs reviewed alone without other imaging

B. Surgical exploration or a cone-beam CT to directly visualize the fracture line

C. Vitality testing performed alone without any imaging

D. Periodontal probing depth measured alone without any imaging

106. Which best describes an appropriate approach when a practice's staff are asked to explain a technical complication that occurred during a procedure to the patient afterward?

A. Minimizing the complication's significance to avoid patient worry
B. Waiting to see if the patient notices any symptoms before saying anything
C. Explaining the complication honestly, including how it is being managed
D. Only disclosing it if the patient asks directly

107. A 33-year-old patient presents with a chief complaint of a firm, painless swelling of the anterior mandible in an area of missing teeth, radiograph showing multiple small radiopaque, tooth-like structures within a radiolucent lesion. Which is the MOST likely diagnosis?

A. Compound odontoma
B. Ameloblastoma
C. Central giant cell granuloma
D. Radicular cyst

108. A patient asks the dentist to explain the risks of an upcoming procedure in simpler, non-technical language. Which is the MOST appropriate response?

A. Providing only the technical version since simplification could be seen as incomplete
B. Declining to simplify and referring the patient to written materials only
C. Assuming the patient will understand the technical terms with repetition
D. Rephrasing the risks in plain language while preserving the accuracy of the information

109. A 52-year-old patient presents with a chief complaint of a chronic, dull ache and stiffness in the jaw joint that worsens with wide opening, with radiograph showing flattening and irregularity of the condylar head. Which is the MOST likely diagnosis?

A. Acute TMJ dislocation
B. Degenerative joint disease (osteoarthritis) of the TMJ
C. A mandibular fracture

D. Trigeminal neuralgia

110. Which best describes an appropriate approach when a practice's staff are unsure whether a specific patient's reported herbal supplement use is relevant before a planned surgical procedure?

A. Researching the specific supplement's known effects on bleeding or healing before proceeding
B. Assuming herbal supplements are always safe to ignore
C. Proceeding without further inquiry since herbal products are natural
D. Only asking about it if the patient specifically raises a concern

111. A 29-year-old patient presents with a chief complaint of a painless, well-defined radiolucency at the mandibular angle discovered incidentally, biopsy showing epithelial rests within a fibrous capsule along the lateral surface of a vital tooth root, with multiple small interconnected cystic cavities noted microscopically. Which is the MOST likely diagnosis?

A. Radicular cyst
B. Dentigerous cyst
C. Botryoid odontogenic cyst
D. Traumatic bone cyst

112. During a visit, a patient wants to understand why two different dentists in the same practice gave slightly different treatment recommendations. Which is the MOST appropriate response?

A. Assuming one dentist is simply wrong without further discussion
B. Dismissing the discrepancy as unimportant
C. Avoiding the topic to prevent the patient from losing confidence
D. Facilitating a discussion between the treating dentists and the patient to clarify the reasoning behind each recommendation

113. A 37-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a well-defined unilocular radiolucency with cortical expansion, biopsy showing sheets of odontogenic epithelium with peripheral columnar cells exhibiting reverse polarity. Which is the MOST likely diagnosis?

A. Odontogenic keratocyst
B. Ameloblastoma
C. Traumatic bone cyst
D. Central giant cell granuloma

114. A patient asks whether a lower-cost alternative treatment would be 'just as good' as the recommended option. Which is the MOST appropriate response?

A. Providing an honest comparison of expected outcomes, risks, and longevity between the options
B. Automatically agreeing the alternative is just as good to avoid conflict
C. Refusing to compare options directly
D. Assuming cost alone determines which option is better

115. A 60-year-old patient presents with a chief complaint of a painless, firm, radiopaque mass fused to the root of a vital mandibular molar, discovered incidentally, with a thin radiolucent rim on radiograph. Which is the MOST likely diagnosis?

A. Osteosarcoma
B. Central giant cell granuloma
C. Condensing osteitis
D. Cementoblastoma

116. A patient asks why a specific over-the-counter mouth rinse recommended at a prior visit is no longer recommended. Which is the MOST appropriate response?

A. Assuming the patient simply misunderstood the prior recommendation given
B. Avoiding a direct explanation entirely to prevent patient confusion
C. Explaining what has changed clinically or in the evidence supporting the new recommendation
D. Ignoring the question since recommendations naturally evolve over time

117. A 31-year-old patient presents with a chief complaint of a painless, well-defined radiolucency between the roots of a vital mandibular canine and lateral incisor, biopsy showing a thin, non-keratinized epithelial lining with focal plaque-like thickenings. Which is the MOST likely diagnosis?

A. Lateral periodontal cyst
B. Radicular cyst
C. Dentigerous cyst
D. Odontogenic keratocyst

118. A patient asks the dentist to justify why a recommended crown is necessary rather than a large filling. Which is the MOST appropriate response?

A. Assuming the patient will trust the recommendation without explanation
B. Recommending the crown regardless of patient questions
C. Explaining the specific structural or clinical reasons supporting the crown over a large filling
D. Avoiding the question to keep the visit efficient

119. A 44-year-old patient presents with a chief complaint of a painless, expansile, multilocular radiolucency of the posterior mandible, biopsy showing blood-filled cystic spaces without an endothelial lining. Which is the MOST likely diagnosis?

A. Simple bone cyst
B. Radicular cyst
C. Ameloblastoma
D. Aneurysmal bone cyst

120. A patient asks for the specific steps of an upcoming procedure to be explained before it begins. Which is the MOST appropriate response?

A. Assuming the patient does not really want the details
B. Providing a clear, step-by-step explanation appropriate to the patient's level of understanding
C. Declining since detailed explanations may increase anxiety

D. Giving only a brief, vague overview regardless of the patient's questions

121. A 48-year-old patient presents with a chief complaint of a painless, firm swelling of the posterior maxilla, radiograph showing a poorly defined mixed radiolucent-radiopaque lesion, biopsy showing round calcified structures resembling cementum surrounded by odontogenic epithelium. Which is the MOST likely diagnosis?

A. Ameloblastoma
B. Ameloblastic fibrodentinoma/fibro-odontoma spectrum lesion
C. Odontogenic keratocyst
D. Central giant cell granuloma

122. A patient asks why their recall interval was shortened from the previous standard 6-month schedule. Which is the MOST appropriate response?

A. Assuming the patient will not care about the reasoning
B. Changing it back to avoid the discussion
C. Explaining the specific risk factors that led to a shorter, individualized recall interval
D. Declining to explain since it is a routine clinical decision

123. A 35-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a well-defined unilocular radiolucency associated with an impacted tooth, biopsy showing an ameloblastoma-like epithelial component admixed with primitive ectomesenchyme without hard tissue formation. Which is the MOST likely diagnosis?

A. Complex odontoma
B. Compound odontoma
C. Dentigerous cyst
D. Ameloblastic fibroma

124. A patient asks why fluoride varnish is recommended even though they already use fluoride toothpaste daily. Which is the MOST appropriate response?

A. Explaining that professionally applied varnish provides a concentrated, targeted benefit beyond daily home fluoride use

B. Assuming toothpaste alone is always sufficient and stopping the recommendation

C. Declining to explain the added benefit

D. Assuming the patient will not understand the distinction

125. A 27-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a multilocular radiolucency with a 'honeycomb' trabecular pattern, biopsy showing loosely arranged spindle and stellate cells in a myxoid stroma with minimal epithelium. Which is the MOST likely diagnosis?

A. Odontogenic myxoma

B. Ameloblastoma

C. Squamous odontogenic tumor

D. Central giant cell granuloma

126. A patient pauses mid-appointment to ask why a specific medication was prescribed instead of a more familiar one they have taken before. Which is the MOST appropriate response?

A. Assuming the patient will not question the prescription

B. Prescribing the familiar medication instead without clinical reassessment

C. Explaining the clinical reasoning for the current choice based on the patient's specific situation

D. Declining to explain the prescribing rationale

127. A 50-year-old patient presents with a chief complaint of a painless, firm swelling of the posterior mandible, radiograph showing a unilocular radiolucency with a corticated border, biopsy showing thin non-keratinized epithelium with abundant mucous-secreting cells. Which is the MOST likely diagnosis?

A. Radicular cyst

B. Glandular odontogenic cyst

C. Dentigerous cyst

D. Traumatic bone cyst

128. Before proceeding, a patient asks why a specific procedure requires two separate visits rather than one. Which is the MOST appropriate response?

A. Assuming the patient will not care about the scheduling reasoning
B. Declining to explain the clinical basis for the staging
C. Scheduling it as one visit regardless of clinical appropriateness to avoid the question
D. Explaining the specific clinical reasons requiring staged treatment over two visits

129. A 41-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a well-defined unilocular radiolucency with cortical expansion, biopsy showing thin epithelium with a corrugated parakeratinized surface and palisaded basal layer, along with satellite cysts nearby. Which is the MOST likely diagnosis?

A. Dentigerous cyst
B. Odontogenic keratocyst
C. Radicular cyst
D. Traumatic bone cyst

130. A patient who researched the topic beforehand asks why an x-ray is being repeated after one was already taken recently elsewhere. Which is the MOST appropriate response?

A. Assuming the prior image is automatically adequate without any review
B. Repeating it routinely regardless of the prior image's availability
C. Reviewing the prior image's quality and explaining why a new image is needed if it falls short
D. Declining to explain the reason for repeating the image at all

131. A 39-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the anterior mandible, radiograph showing a well-defined radiolucency associated with an unerupted lateral incisor, biopsy showing reduced enamel epithelium without keratinization. Which is the MOST likely diagnosis?

A. Dentigerous cyst

B. Radicular cyst

C. Odontogenic keratocyst

D. Central giant cell granuloma

132. A patient's parent asks on their behalf why a specific implant case requires a bone graft before placement. Which is the MOST appropriate response?

A. Assuming the patient will not understand the anatomic reasoning

B. Declining to explain the specific anatomic limitation

C. Placing the implant without grafting to avoid the added step

D. Explaining the specific anatomic deficiency (e.g., insufficient bone volume) requiring grafting first

133. A 45-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a well-defined unilocular radiolucency, biopsy showing bland squamous epithelial islands without peripheral palisading or reverse polarity. Which is the MOST likely diagnosis?

A. Ameloblastoma

B. Squamous odontogenic tumor

C. Odontogenic keratocyst

D. Central giant cell granuloma

134. At checkout, a patient asks the front desk why a specific antibiotic was prescribed for a shorter duration than expected. Which is the MOST appropriate response?

A. Assuming the patient will not notice the shorter duration

B. Extending the duration automatically to match patient expectations without clinical basis

C. Declining to explain the prescribing rationale

D. Explaining that current evidence-based guidance supports the shorter, clinically appropriate duration prescribed

135. A 32-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a well-defined unilocular radiolucency with a corticated border, biopsy showing an empty cavity with a thin fibrous wall lacking any epithelial lining. Which is the MOST likely diagnosis?

A. Traumatic (simple) bone cyst
B. Radicular cyst
C. Dentigerous cyst
D. Odontogenic keratocyst

136. A returning patient asks why a specific filling material was chosen for a visible front tooth versus a back tooth. Which is the MOST appropriate response?

A. Assuming the patient will not care about material selection reasoning
B. Declining to explain material selection differences
C. Explaining the esthetic and functional considerations behind the material choice for each location
D. Using the same material everywhere to avoid the question entirely

137. A 58-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a multilocular radiolucency with cortical expansion and root resorption, biopsy confirming classic follicular pattern ameloblastoma. Given root resorption and expansion, which management approach is MOST appropriate?

A. Observation only, given the benign histologic classification
B. Antibiotics alone without surgical intervention
C. Extraction of adjacent teeth only, leaving the lesion untreated
D. Surgical resection with adequate margins given the locally aggressive, infiltrative behavior

138. A skeptical patient questions why a nightguard is being recommended in addition to routine cleanings. Which is the MOST appropriate response?

A. Explaining the specific findings (e.g., wear facets, muscle tenderness) supporting the nightguard recommendation

B. Assuming the patient will not want to hear the reasoning

C. Declining to explain and simply providing the nightguard

D. Recommending it universally to all patients regardless of findings

139. A 36-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a well-defined unilocular radiolucency, biopsy showing a fibrous wall with dense hyalinized collagen and minimal cellularity, found to be an empty cavity on exploration. Which is the MOST likely diagnosis?

A. Radicular cyst

B. Dentigerous cyst

C. Traumatic (simple) bone cyst

D. Ameloblastoma

140. A patient calls ahead of their appointment to ask why an additional x-ray view is being taken beyond the routine series. Which is the MOST appropriate response?

A. Declining to explain the additional imaging

B. Explaining the specific diagnostic question the additional view is intended to help answer

C. Assuming the patient will not want an explanation

D. Taking the additional view without any patient communication

141. A 42-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a well-defined radiolucency at the apex of a nonvital tooth, biopsy showing a fibrous cyst wall lined by non-keratinized stratified squamous epithelium with chronic inflammation. Which is the MOST likely diagnosis?

A. Radicular cyst

B. Dentigerous cyst

C. Odontogenic keratocyst

D. Traumatic bone cyst

142. A patient brings up during the consent discussion why a specific procedure is being referred to a specialist rather than performed in-house. Which is the MOST appropriate response?

A. Assuming the patient will not want to know the reasoning
B. Performing the procedure anyway despite the referral recommendation
C. Declining to explain the referral rationale
D. Explaining the specific complexity or specialized skill/equipment reasons behind the referral

143. A 39-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a well-defined unilocular radiolucency associated with an impacted third molar, biopsy showing reduced enamel epithelium consistent with a dentigerous origin. Which is the MOST likely diagnosis?

A. Radicular cyst
B. Odontogenic keratocyst
C. Dentigerous cyst
D. Traumatic bone cyst

144. A patient compares notes with a friend and then asks why a sealant is being recommended for a permanent molar that has no visible decay. Which is the MOST appropriate response?

A. Assuming the patient will not want the preventive rationale explained
B. Explaining that sealants prevent decay in susceptible pit-and-fissure anatomy before it starts
C. Declining to explain the preventive purpose of the sealant
D. Recommending sealants universally without explaining the specific rationale

145. A 47-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a poorly defined radiolucent-radiopaque lesion, biopsy showing odontogenic epithelial islands compressed within densely hyalinized fibrous stroma. Which is the MOST likely diagnosis?

A. Ameloblastoma, classic follicular pattern

B. Odontogenic keratocyst

C. Desmoplastic ameloblastoma

D. Central giant cell granuloma

146. A curious patient asks why a specific medication interaction was flagged by the prescribing software. Which is the MOST appropriate response?

A. Assuming the flag is a false alarm without review

B. Overriding the flag automatically to save time

C. Ignoring the flag since software alerts are often overly cautious

D. Reviewing the specific interaction and explaining the clinical reasoning behind the final prescribing decision

147. A 34-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a multilocular radiolucency, biopsy showing a plexiform pattern of thin, anastomosing epithelial strands rather than discrete follicles. Which is the MOST likely diagnosis?

A. Plexiform ameloblastoma

B. Odontogenic keratocyst

C. Traumatic bone cyst

D. Central giant cell granuloma

148. A patient flips through their chart and asks why a specific tooth is being monitored rather than treated immediately despite a small carious lesion. Which is the MOST appropriate response?

A. Explaining that the lesion is early-stage and appropriate for monitoring and preventive measures rather than immediate intervention

B. Assuming the patient will not want the monitoring rationale explained

C. Declining to explain the clinical basis for watchful monitoring

D. Treating it immediately regardless of the actual clinical indication to avoid the question

149. A 55-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a well-defined unilocular radiolucency, biopsy showing a fibrous wall with hyaline (Rushton) bodies within a non-keratinized epithelial lining, tied to a nonvital tooth. Which is the MOST likely diagnosis?

A. Dentigerous cyst
B. Radicular cyst
C. Odontogenic keratocyst
D. Traumatic bone cyst

150. A patient hesitant about treatment asks why a denture reline is being recommended rather than a completely new denture. Which is the MOST appropriate response?

A. Assuming the patient will not want the clinical reasoning explained
B. Declining to explain the rationale for choosing a reline over a new denture
C. Recommending a new denture regardless of clinical appropriateness to simplify the conversation
D. Explaining why the existing denture's framework remains adequate, making a reline appropriate rather than full replacement

151. A 46-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a well-defined unilocular radiolucency, biopsy showing a fibrous wall lined by thin epithelium with prominent mucous-producing goblet cells and a recognized tendency to recur locally. Which is the MOST likely diagnosis?

A. Radicular cyst
B. Dentigerous cyst
C. Glandular odontogenic cyst
D. Traumatic bone cyst

152. A patient calls the office upset that a text reminder included specific details about their upcoming root canal treatment, worried a family member saw the message. What should the practice change going forward?

A. Limiting reminder text content to date, time, and general appointment information only

B. Continuing the same practice since the information is already in the chart

C. Switching entirely to phone calls for every single patient regardless of preference

D. Discontinuing all appointment reminders to avoid the issue entirely

153. A 38-year-old patient presents with a chief complaint of a firm, painless swelling at the mandibular angle, radiograph showing a well-defined radiolucency with scalloping between the roots of vital teeth without displacement. Which is the MOST likely diagnosis?

A. Radicular cyst

B. Dentigerous cyst

C. Traumatic (simple) bone cyst

D. Ameloblastoma

154. A dental hygienist notices a coworker consistently skips the recommended time for high-level disinfection wipe contact on surfaces between patients. What is the coworker's supervisor's best first step?

A. Retraining the employee on proper contact time and confirming understanding going forward

B. Terminating the employee immediately without any retraining opportunity

C. Ignoring it since visible cleanliness seems adequate

D. Waiting for an infection complaint before addressing the pattern

155. A 51-year-old patient presents with a chief complaint of a tooth with lingering pain to cold that has been present for 3 days, worse when lying down, with no response to over-the-counter analgesics and a large existing restoration. Which diagnosis is MOST likely?

A. Reversible pulpitis

B. Symptomatic irreversible pulpitis

C. Acute apical periodontitis alone

D. Cracked tooth syndrome

156. A patient with a documented severe latex allergy is scheduled for treatment. Which practice preparation is MOST appropriate?

A. Using standard latex gloves since reactions are usually mild
B. Scheduling the patient last in the day without any material changes
C. Premedicating with an antihistamine and using standard latex materials
D. Preparing a latex-free treatment room with non-latex gloves and materials

157. A 28-year-old patient presents with a chief complaint of a painless, exophytic mass on the ventral tongue, biopsy showing a well-circumscribed collection of minor salivary tissue with mucus retention following a reported bite injury. Which is the MOST likely diagnosis?

A. Fibroma
B. Lipoma
C. Pyogenic granuloma
D. Mucocele

158. A patient mentions during history-taking that they have been taking a friend's leftover antibiotic for a toothache. What should the dentist do first?

A. Ignore the comment since the antibiotic is already almost finished
B. Discuss the risks of using another person's prescription and address the actual dental problem directly
C. Prescribe an additional antibiotic on top of what they are taking
D. Assume the friend's antibiotic is appropriate and continue the current plan

159. A 33-year-old patient presents with a chief complaint of a painless, well-defined radiolucency at the apex of a nonvital maxillary incisor with a fibrous wall containing hyaline bodies on biopsy. Which is the MOST likely diagnosis?

A. Dentigerous cyst
B. Odontogenic keratocyst
C. Radicular cyst

D. Traumatic bone cyst

160. During a routine review, a practice manager finds that several patient files are missing a signed HIPAA acknowledgment. What is the BEST way to resolve this?

A. Contacting the affected patients to provide the notice and document a good-faith effort to obtain acknowledgment

B. Backdating an acknowledgment form for each file

C. Ignoring the gap since the notice was likely provided verbally

D. Removing the requirement from the practice's policy going forward

161. A 40-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a multilocular radiolucency, biopsy showing sheets of odontogenic epithelium with peripheral palisading and reverse polarity surrounding stellate reticulum-like tissue. Which is the MOST likely diagnosis?

A. Odontogenic keratocyst

B. Central giant cell granuloma

C. Traumatic bone cyst

D. Ameloblastoma

162. A patient asks the front desk to email their entire treatment history to a new employer's wellness program. What should staff confirm before sending anything?

A. That the practice's fax machine can send the records instead

B. That the patient has provided specific written authorization naming the intended recipient and purpose

C. That the employer has called to formally request the records first

D. That the patient's insurance company has approved the release

163. A 45-year-old patient presents with a chief complaint of a painless, well-defined radiolucency between the roots of a vital mandibular premolar and canine, biopsy showing thin non-keratinized epithelium with focal plaque-like thickenings. Which is the MOST likely diagnosis?

A. Radicular cyst

B. Dentigerous cyst

C. Lateral periodontal cyst

D. Odontogenic keratocyst

164. A patient with a history of a prosthetic knee replacement 8 years ago with no complications asks whether antibiotic prophylaxis is still needed before a routine cleaning. What is the MOST accurate response?

A. Prophylaxis is required for all prosthetic joint patients indefinitely

B. Routine prophylaxis is generally not recommended for most prosthetic joint patients undergoing dental procedures

C. Prophylaxis should be doubled for any joint replacement

D. Prophylaxis depends solely on the patient's personal preference

165. A 36-year-old patient presents with a chief complaint of a painless, firm mass fused to the root apex of a vital mandibular molar, radiograph showing a radiopaque mass with a thin radiolucent rim. Which is the MOST likely diagnosis?

A. Cementoblastoma

B. Osteosarcoma

C. Central giant cell granuloma

D. Ameloblastoma

166. A patient's spouse calls asking for details about a scheduled procedure without the patient present. What should staff do?

A. Share general scheduling information only, since spouses are usually authorized

B. Provide full clinical details since spouses typically have implied authorization

C. Decline to share protected information without confirmed patient authorization

D. Ask the spouse to guess details to confirm their identity first

167. A 52-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the anterior maxilla, radiograph showing a well-defined radiolucency with fine calcified flecks associated with an unerupted canine, biopsy showing duct-like epithelial structures. Which is the MOST likely diagnosis?

A. Adenomatoid odontogenic tumor
B. Radicular cyst
C. Traumatic bone cyst
D. Central giant cell granuloma

168. A practice notices that a specific referral pathway to a local specialist results in inconsistent follow-up communication about patient outcomes. What is the BEST next step?

A. Continuing the same referral pattern since the specialist is well-regarded
B. Discontinuing all referrals to any specialist entirely
C. Assuming the specialist will eventually improve on their own
D. Establishing a clearer follow-up expectation with the specialist's office for referred cases

169. A 30-year-old patient presents with a chief complaint of a painless, exophytic, red mass on the gingiva that developed rapidly during pregnancy, bleeding easily. Which is the MOST likely diagnosis?

A. Peripheral ossifying fibroma
B. Squamous cell carcinoma
C. Pyogenic granuloma
D. Irritation fibroma

170. A patient asks why their dentist recommends a specific brand of electric toothbrush over a cheaper manual one. What is the MOST appropriate response?

A. Explaining the specific evidence-based benefits relevant to the patient's individual oral health needs
B. Recommending the brand simply because it is what the practice sells
C. Insisting the manual toothbrush is never adequate for any patient

D. Declining to give a reason and letting the patient decide alone

171. A 58-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a well-defined unilocular radiolucency, biopsy showing thin parakeratinized epithelium with a corrugated surface and satellite cysts nearby. Which is the MOST likely diagnosis?

A. Dentigerous cyst
B. Radicular cyst
C. Traumatic bone cyst
D. Odontogenic keratocyst

172. A practice's sterilizer log shows two consecutive failed biological indicator tests on the same unit. What is the appropriate response?

A. Continuing normal use while monitoring for a third result
B. Taking the unit out of service and having it serviced before any further use
C. Using it only for non-critical instruments in the meantime
D. Assuming the indicator strips themselves are defective without further testing

173. A 43-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a poorly defined mixed radiolucent-radiopaque lesion, biopsy showing round calcified cementum-like structures surrounded by odontogenic epithelium and mesenchyme. Which is the MOST likely diagnosis?

A. Ameloblastoma
B. Ameloblastic fibrodentinoma
C. Odontogenic keratocyst
D. Central giant cell granuloma

174. A patient reports that a previous dental office kept them on a strong pain medication for several weeks after a simple extraction. What is the MOST appropriate current approach?

A. Continuing the same medication and duration as the previous office without reassessment

B. Ignoring the history since it was a different practice

C. Reassessing current pain needs and prescribing the lowest effective dose for the shortest necessary duration

D. Refusing to prescribe any pain medication at all going forward

175. A 26-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a well-defined unilocular radiolucency associated with an impacted molar, biopsy showing reduced enamel epithelium without keratinization. Which is the MOST likely diagnosis?

A. Dentigerous cyst

B. Odontogenic keratocyst

C. Radicular cyst

D. Central giant cell granuloma

176. A patient's chart shows a documented penicillin anaphylaxis, but today's prescription pad order defaults to amoxicillin. What should the prescribing dentist do?

A. Prescribe the amoxicillin anyway at a lower dose

B. Assume the default is safe since it is commonly prescribed

C. Ask the patient to confirm the allergy is no longer a concern

D. Override the default and select an appropriate non-beta-lactam alternative

177. A 34-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a multilocular radiolucency with a 'soap bubble' pattern, biopsy showing abundant multinucleated giant cells in a vascular, hemosiderin-laden stroma. Which is the MOST likely diagnosis?

A. Odontogenic keratocyst

B. Central giant cell granuloma

C. Ameloblastoma
D. Traumatic bone cyst

178. A practice wants to start using a new caries-detection device but has only seen the manufacturer's marketing brochure. What should happen before adoption?

A. Reviewing independent, peer-reviewed evidence of the device's accuracy and clinical value
B. Purchasing it immediately given manufacturer confidence in the product
C. Adopting it only if it is the cheapest option available
D. Deciding based on how impressive the marketing demonstration looked

179. A 48-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a well-defined unilocular radiolucency, biopsy showing an empty cavity with a thin fibrous wall and no epithelial lining. Which is the MOST likely diagnosis?

A. Radicular cyst
B. Dentigerous cyst
C. Odontogenic keratocyst
D. Traumatic (simple) bone cyst

180. A patient's family member, who is also a patient of record, asks to look at the patient's radiographs displayed on a nearby monitor while waiting together. What should staff do?

A. Allow it since they are both patients of the same practice
B. Allow it only if the images are of a tooth, not the whole mouth
C. Decline unless the patient present specifically authorizes sharing their own images
D. Allow it since the family member will likely see the patient's mouth anyway

181. A 37-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a well-defined unilocular radiolucency, biopsy showing thin epithelium with occasional clear cells confined to the basal layer, in an otherwise typical keratinized lining. Which is the MOST likely diagnosis?

A. Odontogenic keratocyst (clear cell variant feature)
B. Dentigerous cyst
C. Radicular cyst
D. Traumatic bone cyst

182. A patient tells the hygienist they have been skipping their prescribed blood pressure medication because of the cost. What is the MOST appropriate next step?

A. Ignoring the comment since it is outside the scope of dental care
B. Prescribing a different blood pressure medication directly
C. Documenting the finding and encouraging the patient to discuss options with their physician
D. Advising the patient to simply stop taking blood pressure medication altogether

183. A 54-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a multilocular radiolucency, biopsy showing thin, anastomosing strands of odontogenic epithelium rather than discrete follicles. Which is the MOST likely diagnosis?

A. Odontogenic keratocyst
B. Central giant cell granuloma
C. Traumatic bone cyst
D. Plexiform ameloblastoma

184. A practice discovers that a specific consent form used for years does not mention the risk of nerve injury for third molar extractions. What should happen next?

A. Continuing to use the form since no patient has ever complained
B. Revising the form to include this material risk before further use
C. Adding a verbal mention only, without changing the written form
D. Waiting until the form is due for a routine periodic update

185. A 41-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a well-defined unilocular radiolucency with cortical expansion,

biopsy showing loosely arranged spindle and stellate cells in a myxoid stroma. Which is the MOST likely diagnosis?

A. Ameloblastoma
B. Odontogenic myxoma
C. Squamous odontogenic tumor
D. Cementoblastoma

186. A patient asks why the office requires full payment at the time of an elective cosmetic procedure rather than billing afterward. What is the MOST appropriate response?

A. Explaining the practice's payment policy clearly and the reasoning behind it for elective procedures
B. Making an exception without explanation to avoid the conversation
C. Assuming the patient already knows the policy from the website
D. Declining to discuss payment policy directly with patients

187. A 49-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a well-defined unilocular radiolucency, biopsy showing bland squamous epithelial islands without peripheral palisading. Which is the MOST likely diagnosis?

A. Ameloblastoma
B. Central giant cell granuloma
C. Squamous odontogenic tumor
D. Traumatic bone cyst

188. A staff member is unsure whether a patient's stated marijuana use is relevant to a planned sedation appointment. What is the MOST appropriate approach?

A. Assuming recreational drug use is never relevant to sedation planning
B. Ignoring it since the patient volunteered the information casually
C. Proceeding with standard sedation dosing regardless of the disclosure
D. Reviewing the specific timing and amount for possible sedation interaction or tolerance effects

189. A 32-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a poorly defined radiolucent-radiopaque lesion, biopsy showing odontogenic epithelial islands within densely hyalinized fibrous stroma. Which is the MOST likely diagnosis?

A. Ameloblastoma, classic pattern
B. Odontogenic keratocyst
C. Desmoplastic ameloblastoma
D. Central giant cell granuloma

190. A patient asks why the office charges a fee for a missed appointment when they called only 2 hours before the scheduled time. What is the MOST appropriate response?

A. Explaining the practice's stated missed-appointment policy and the notice period it requires
B. Waiving the fee automatically without discussing the policy
C. Refusing to discuss the fee policy with the patient at all
D. Assuming the patient already agreed to the policy without reviewing it together

191. A 56-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a well-defined unilocular radiolucency, biopsy showing a fibrous wall lined by thin epithelium with abundant goblet cells and small duct-like structures. Which is the MOST likely diagnosis?

A. Radicular cyst
B. Dentigerous cyst
C. Traumatic bone cyst
D. Glandular odontogenic cyst

192. A patient wants to know why the practice recommends a nightguard rather than simply prescribing a muscle relaxant for their jaw clenching. What is the MOST appropriate response?

A. Prescribing the muscle relaxant instead without any further discussion

B. Explaining that a nightguard directly protects the teeth and joint from ongoing mechanical load, addressing the underlying cause

C. Declining to explain the difference between the two options at all

D. Assuming the patient will not understand the clinical distinction

193. A 39-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a well-defined unilocular radiolucency, biopsy showing thin epithelium with scattered clear cells throughout its full thickness. Which is the MOST likely diagnosis?

A. Dentigerous cyst

B. Radicular cyst

C. Odontogenic keratocyst (clear cell variant)

D. Traumatic bone cyst

194. A patient asks why the practice recommends replacing an old amalgam filling that is not currently causing any pain. What is the MOST appropriate response?

A. Recommending replacement of all amalgam fillings regardless of condition

B. Declining to explain and proceeding with replacement anyway

C. Assuming the patient will not want the specific findings explained

D. Explaining the specific findings, such as marginal breakdown or recurrent decay, supporting replacement

195. A 44-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a well-defined radiolucency at the apex of a nonvital tooth, biopsy showing non-keratinized epithelium with chronic inflammatory infiltrate. Which is the MOST likely diagnosis?

A. Radicular cyst

B. Dentigerous cyst

C. Odontogenic keratocyst

D. Traumatic bone cyst

196. A patient asks why a specific X-ray view was retaken after the first image came out slightly blurry. What is the MOST appropriate response?

A. Declining to explain the reason for the retake

B. Explaining that diagnostic-quality images are necessary for accurate interpretation, and the first did not meet that standard

C. Assuming the patient will not want to know the reason

D. Blaming the patient for moving during the first exposure without review

197. A 29-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a well-defined unilocular radiolucency associated with an impacted third molar, biopsy showing reduced enamel epithelium consistent with a dentigerous origin. Which is the MOST likely diagnosis?

A. Radicular cyst

B. Odontogenic keratocyst

C. Traumatic bone cyst

D. Dentigerous cyst

198. A patient asks why the office recommends a specific mouthguard for sports rather than a cheaper generic one. What is the MOST appropriate response?

A. Explaining the specific fit, protection, and comfort advantages of a custom-fitted guard

B. Recommending it simply because the office sells it

C. Insisting the generic guard is never acceptable for any patient

D. Declining to explain the reasoning and letting the patient decide alone

199. A 51-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a well-defined unilocular radiolucency, biopsy showing a thin fibrous wall with dense hyalinized collagen, found to be an empty cavity on exploration. Which is the MOST likely diagnosis?

A. Radicular cyst
B. Dentigerous cyst
C. Traumatic (simple) bone cyst
D. Ameloblastoma

200. A patient asks why the dentist recommends waiting on a small, non-cavitated white spot lesion rather than restoring it right away. What is the MOST appropriate response?

A. Restoring it immediately regardless of the actual clinical indication
B. Explaining that early, non-cavitated lesions are appropriate for remineralization and monitoring rather than immediate restoration
C. Declining to explain the clinical basis for monitoring
D. Assuming the patient will not want the reasoning explained

201. A 62-year-old patient on long-term warfarin therapy with a stable INR of 2.5 needs two teeth extracted. What is the MOST appropriate management approach?

A. Discontinue warfarin one week before the procedure
B. Bridge to a different anticoagulant regardless of indication
C. Continue warfarin and use local hemostatic measures during and after extraction
D. Refer to a hospital for any extraction while anticoagulated

202. A 9-year-old presents with an avulsed permanent central incisor that has been out of the mouth for 20 minutes, stored dry in a tissue by a parent. What is the MOST appropriate immediate step?

A. Rinse the tooth briefly and replant it as soon as possible, then splint
B. Discard the tooth since it was stored dry too long to save
C. Soak the tooth in alcohol before replanting
D. Wait until the child reaches a specialist before any action

203. A patient's chart shows a documented allergy to sulfa drugs. Which local anesthetic-related consideration is MOST relevant?

A. Avoiding lidocaine itself, which is chemically related to sulfa drugs

B. Avoiding cartridges containing sodium metabisulfite, given potential cross-sensitivity concerns

C. No anesthetic-related precaution is needed for a sulfa allergy

D. Avoiding epinephrine specifically due to the sulfa allergy

204. A dental office is deciding how to label hazardous chemicals stored in secondary containers used daily. What is the MOST appropriate approach?

A. Leaving secondary containers unlabeled since staff know what they contain

B. Labeling only containers used less than once a week

C. Relying on container color alone to identify contents

D. Labeling every secondary container per OSHA Hazard Communication requirements

205. A 34-year-old patient reports a 2-day history of severe, spontaneous pain in a mandibular molar that lingers well after cold exposure, with a deep carious lesion visible clinically and a normal periapical radiograph. Which diagnosis is MOST likely?

A. Reversible pulpitis

B. Chronic apical periodontitis

C. Symptomatic irreversible pulpitis

D. Periodontal abscess

206. A dental assistant asks whether they may take a final impression for a crown without direct supervision, per the state practice act in a jurisdiction that restricts this task. What is the appropriate response?

A. Allowing it since the assistant has done it informally before

B. Allowing it only for simple cases

C. Allowing it if the patient consents

D. Declining, since this task falls outside the assistant's legally permitted scope in that jurisdiction

207. A 55-year-old patient with poorly controlled type 2 diabetes (HbA1c 10.2%) presents for elective implant placement consultation. Which statement is MOST accurate regarding treatment planning?

A. Implants should never be placed in any diabetic patient

B. Poor glycemic control increases the risk of impaired healing and implant failure, warranting optimization first

C. HbA1c has no bearing on implant treatment planning

D. General anesthesia is required for implants in diabetic patients

208. A practice wants to confirm a new associate's license is active and in good standing before their first day. What is the MOST appropriate verification method?

A. Directly verifying license status through the state dental board

B. Accepting the associate's verbal assurance without independent verification

C. Assuming the license is valid since they graduated from an accredited program

D. Waiting until after the associate begins treating patients to verify

209. A 41-year-old patient presents with a chief complaint of intermittent clicking of the jaw joint on opening that has been present for years without pain or limitation. What is the MOST appropriate management?

A. Reassurance and observation, since asymptomatic clicking often requires no treatment

B. Immediate TMJ surgery

C. A prescription muscle relaxant regardless of symptoms

D. Extraction of posterior teeth to change the bite

210. A hygienist is unsure whether a specific expanded function, such as placing a temporary filling, is permitted under the state's dental hygiene practice act. What is the appropriate first step?

A. Performing the function since the dentist verbally approved it

B. Assuming it is permitted since other hygienists do it elsewhere

C. Performing it only for established patients

D. Reviewing the specific state practice act or contacting the licensing board to confirm scope

211. A 47-year-old patient with a history of head and neck radiation therapy 2 years ago needs an extraction in the previously irradiated field. Which complication is of GREATEST concern?

A. Simple dry socket
B. Osteoradionecrosis
C. Ankylosis of the TMJ
D. Unrelated xerostomia

212. A practice wants to reduce the risk of wrong-tooth extractions. Which protocol addition is MOST effective?

A. Relying on the treatment plan printout alone without verbal confirmation
B. Trusting the surgeon's memory of the treatment plan
C. Verifying tooth number and site verbally with the team immediately before the procedure begins
D. Confirming the tooth only if the patient raises a concern

213. A 6-year-old presents with early childhood caries affecting multiple maxillary anterior teeth with sparing of the mandibular incisors. Which factor is MOST associated with this specific pattern?

A. Fluorosis from excessive systemic fluoride exposure
B. Genetic enamel defects affecting formation
C. Root caries related to xerostomia
D. Prolonged bottle or breastfeeding with sugary liquids at night

214. A practice discovers a batch of gloves has an unusually high tear rate during use. What is the appropriate response?

A. Continuing to use them since tears are rare overall
B. Using them only for low-risk procedures

C. Reporting the issue and discontinuing use of the affected batch pending review

D. Ignoring the pattern unless an exposure incident occurs

215. A 29-year-old patient presents with a chief complaint of a single tooth with a normal cold response but tenderness to biting only on release of pressure, with no visible fracture line and normal periodontal probing. Which diagnosis is MOST likely?

A. Symptomatic irreversible pulpitis

B. Cracked tooth syndrome

C. Periodontal abscess

D. Acute apical periodontitis

216. A practice wants to verify a patient's identity using two identifiers before starting a procedure. Which combination is MOST appropriate?

A. Full name and date of birth

B. Appointment time alone

C. Insurance card alone

D. First name only, confirmed verbally

217. A 50-year-old patient with a history of long-term oral bisphosphonate use for osteoporosis (3 years) requires a single tooth extraction, with no current signs of exposed bone. What is the MOST appropriate approach?

A. Proceeding with extraction using conservative technique, in consultation with the prescriber as appropriate

B. Refusing to extract any tooth in a patient on bisphosphonates

C. Requiring the patient to stop the bisphosphonate permanently first

D. Referring for hospital admission for any extraction on bisphosphonates

218. A dental office wants to ensure staff know how to respond to a patient having a seizure in the waiting room. What is the MOST appropriate preparation?

A. Assuming front desk staff will know intuitively what to do

B. Providing specific seizure-response training and protocol to all staff

C. Relying solely on calling 911 with no interim staff action

D. Addressing it only if a seizure has occurred before

219. A 44-year-old patient presents with a chief complaint of a chronic ulcer on the lateral tongue with rolled, indurated borders present for over a month, in a patient with a significant smoking history. What is the MOST appropriate next step?

A. Reassurance since tongue ulcers are usually benign

B. A two-week course of antifungal medication

C. Continued observation for another month

D. Prompt biopsy given the chronicity, induration, and risk factors

220. A practice is deciding how to handle patient requests for records transfer when there is an outstanding balance on the account. What is the MOST appropriate approach?

A. Refusing to release any records until the balance is paid in full

B. Charging an excessive fee specifically to discourage transfer requests

C. Transferring the requested records promptly regardless of the outstanding balance

D. Ignoring the transfer request until the balance is resolved

221. A 38-year-old patient presents with a chief complaint of a firm, painless swelling on the hard palate under a poorly fitting denture, with hyperplastic tissue folds along the flange area. Which is the MOST likely diagnosis?

A. Epulis fissuratum from chronic denture flange irritation

B. Pleomorphic adenoma

C. Torus palatinus

D. Squamous cell carcinoma

222. A practice wants to reduce medication errors from look-alike drug names in its e-prescribing system. Which approach is MOST effective?

A. Relying on staff memory alone to catch mix-ups
B. Enabling built-in clinical alerts and using a double-check step for similarly named drugs
C. Disabling alerts that seem overly frequent or repetitive
D. Assuming e-prescribing systems never make errors at all

223. A 31-year-old patient presents with a chief complaint of gradual, painless enlargement of the tongue with scalloped borders from teeth pressure, and a history of poorly managed hypothyroidism. Which is the MOST likely diagnosis?

A. Lingual thyroid
B. Hairy tongue
C. Angioedema
D. Macroglossia secondary to myxedema

224. A practice wants to establish a clear protocol for managing a suspected anaphylactic reaction during treatment. Which step should occur FIRST?

A. Administering an antihistamine only
B. Administering intramuscular epinephrine and activating emergency medical services
C. Waiting several minutes to see if symptoms progress
D. Continuing the procedure while monitoring the patient

225. A 48-year-old patient presents with a chief complaint of a painless, firm, radiopaque lesion at the apex of a nonvital tooth with a history of chronic low-grade pulpal inflammation. Which is the MOST likely diagnosis?

A. Cementoblastoma
B. Central giant cell granuloma
C. Condensing osteitis

D. Ameloblastoma

226. A practice wants to ensure that patients with limited English proficiency receive adequate informed consent. Which approach is MOST appropriate?

A. Using written English forms only, regardless of language ability
B. Relying on a young child in the family to interpret complex clinical terms
C. Assuming gestures are sufficient for informed consent
D. Arranging a qualified interpreter for the consent discussion

227. A 26-year-old patient presents with a chief complaint of recurrent, small, painful ulcers on the labial mucosa that flare during periods of high stress, resolving within 2 weeks each time. Which is the MOST likely diagnosis?

A. Primary herpetic gingivostomatitis
B. Pemphigus vulgaris
C. Minor recurrent aphthous stomatitis
D. Herpes zoster

228. A practice wants to confirm that all sharps containers are replaced before they become overfilled. What is the MOST appropriate protocol?

A. Replacing containers when they reach the manufacturer's fill line, per OSHA guidance
B. Replacing containers only when visibly overflowing
C. Replacing containers on a fixed monthly schedule regardless of fill level
D. Allowing staff discretion with no defined fill threshold

229. A 53-year-old patient presents with a chief complaint of a painless, exophytic mass on the gingiva with cupping resorption of underlying bone, related to years of contact with a rough denture clasp. Which is the MOST likely diagnosis?

A. Pyogenic granuloma
B. Irritation fibroma
C. Peripheral ossifying fibroma
D. Squamous papilloma

230. A practice wants to ensure controlled substance prescriptions are properly tracked. Which practice is MOST appropriate?

A. Checking the state prescription drug monitoring program before prescribing, where required
B. Prescribing based on patient report alone without any verification
C. Assuming all patients are truthful about prior prescriptions
D. Skipping monitoring program checks for established patients

231. A 36-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a well-defined unilocular radiolucency, biopsy showing a thin fibrous wall with no epithelial lining and an empty cavity on exploration. Which is the MOST likely diagnosis?

A. Radicular cyst
B. Dentigerous cyst
C. Ameloblastoma
D. Traumatic (simple) bone cyst

232. A practice wants to reduce aerosol exposure during routine restorative procedures. Which measure is MOST effective?

A. Relying on saliva ejectors alone
B. Skipping evacuation for brief procedures
C. Using high-volume evacuation consistently during aerosol-generating procedures
D. Using evacuation only if the patient requests it

233. A 22-year-old patient presents with a chief complaint of a painless, well-defined radiolucency associated with an unerupted mandibular third molar, biopsy showing reduced enamel epithelium without keratinization. Which is the MOST likely diagnosis?

A. Dentigerous cyst
B. Radicular cyst
C. Odontogenic keratocyst
D. Central giant cell granuloma

234. A practice wants to ensure staff maintain current CPR certification. Which approach is MOST appropriate?

A. Assuming staff certifications from years ago remain valid indefinitely
B. Requiring certification only for the lead dentist
C. Tracking certification expiration dates and ensuring timely renewal for all clinical staff
D. Addressing certification status only after an emergency occurs

235. A 26-year-old patient presents with a chief complaint of a painless, expansile radiolucent lesion of the posterior mandible discovered incidentally, biopsy showing scattered odontogenic epithelial rests within a densely myxomatous, loosely cellular stroma with fine collagen fibrils and no mineralized component. Which is the MOST likely diagnosis?

A. Central giant cell granuloma
B. Ameloblastoma
C. Cementoblastoma
D. Odontogenic myxoma

236. A practice wants to properly document a patient's informed refusal of a recommended crown after risks were explained. Which documentation is MOST appropriate?

A. No documentation, since it was a verbal conversation
B. Recording the specific recommendation, risks discussed, and the patient's informed refusal

C. Noting only that the patient declined, without further detail

D. Assuming the next visit will address any documentation gap

237. A 33-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a poorly defined mixed radiolucent-radiopaque lesion, biopsy showing round cementum-like calcifications with odontogenic epithelium and mesenchyme. Which is the MOST likely diagnosis?

A. Ameloblastoma

B. Odontogenic keratocyst

C. Ameloblastic fibrodentinoma

D. Central giant cell granuloma

238. A practice wants to establish clear protocol for managing a dropped, previously sterile instrument during a procedure. Which is the MOST appropriate response?

A. Wiping it with alcohol and continuing use

B. Continuing use if it appears visually clean

C. Using it only for the remainder of that procedure

D. Removing it from use and replacing it with a properly sterilized instrument

239. A 47-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a well-defined unilocular radiolucency with scalloping between roots of vital teeth without displacement. Which is the MOST likely diagnosis?

A. Traumatic (simple) bone cyst

B. Dentigerous cyst

C. Ameloblastoma

D. Radicular cyst

240. A practice wants to ensure emergency medications in the office kit remain effective. Which practice is MOST appropriate?

A. Checking expiration dates only after an emergency occurs

B. Regularly checking expiration dates and replacing medications before they expire

C. Assuming medications remain effective indefinitely

D. Replacing medications only when the kit is opened for an emergency

241. A 54-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a well-defined unilocular radiolucency, biopsy showing loosely arranged spindle and stellate cells in a myxoid stroma. Which is the MOST likely diagnosis?

A. Odontogenic myxoma

B. Ameloblastoma

C. Squamous odontogenic tumor

D. Central giant cell granuloma

242. A practice wants to confirm sterility of an instrument set before a scheduled surgical procedure. Which verification is MOST appropriate?

A. Assuming sterility based on the sterilizer's general reputation

B. Skipping verification for routine, frequently performed procedures

C. Confirming chemical and, where applicable, biological indicators before opening the set

D. Checking indicators only if the patient asks about sterilization

243. A 28-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a well-defined unilocular radiolucency associated with an impacted second molar, biopsy showing reduced enamel epithelium consistent with a dentigerous origin. Which is the MOST likely diagnosis?

A. Radicular cyst

B. Odontogenic keratocyst

C. Traumatic bone cyst

D. Dentigerous cyst

244. A practice wants to properly manage a patient's request to review their own dental x-rays for a second opinion. Which response is MOST appropriate?

A. Refusing to release the images since they are practice property
B. Providing the requested images promptly per applicable record access laws
C. Requiring a court order before releasing any images
D. Charging an excessive fee to discourage the request

245. A 45-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a well-defined unilocular radiolucency, biopsy showing a fibrous wall lined by non-keratinized epithelium with abundant mucous cells and small duct-like structures. Which is the MOST likely diagnosis?

A. Radicular cyst
B. Dentigerous cyst
C. Traumatic bone cyst
D. Glandular odontogenic cyst

246. A practice wants to confirm a patient's pregnancy status before taking radiographs on a patient of uncertain status. What is the MOST appropriate approach?

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

247. A 39-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a well-defined unilocular radiolucency, biopsy showing thin epithelium with a corrugated parakeratinized surface and palisaded basal layer. Which is the MOST likely diagnosis?

A. Dentigerous cyst
B. Radicular cyst
C. Odontogenic keratocyst
D. Traumatic bone cyst

248. A practice wants to properly manage a colleague who appears impaired while scheduled to treat patients. What is the MOST appropriate first step?

A. Intervening promptly to prevent patient treatment and escalating per practice protocol
B. Saying nothing unless a patient is actually harmed
C. Assuming it is a one-time occurrence
D. Waiting to see if the colleague improves later in the day

249. A 50-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a multilocular radiolucency, biopsy showing thin, anastomosing strands of odontogenic epithelium in a plexiform pattern. Which is the MOST likely diagnosis?

A. Odontogenic keratocyst
B. Central giant cell granuloma
C. Traumatic bone cyst
D. Plexiform ameloblastoma

250. A practice wants to establish a clear policy for verifying informed consent before a sedation-based procedure. Which step is MOST appropriate?

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

251. A 24-year-old patient presents with a chief complaint of a painless, exophytic mass on the gingiva that developed 3 weeks after tooth extraction, bleeding easily on contact. Which is the MOST likely diagnosis?

A. Osteomyelitis
B. Squamous cell carcinoma
C. Pyogenic granuloma at the extraction site
D. A retained root fragment

252. A practice wants to standardize how staff verify a patient's current medication list at each visit. Which approach is MOST appropriate?

A. Assuming the list on file from the last visit is still accurate
B. Actively reviewing and updating the medication list with the patient at each visit
C. Only updating the list if the patient mentions a change unprompted
D. Reviewing the list only at annual exams

253. A 57-year-old patient presents with a chief complaint of a firm, painless mass fused to the root of a vital tooth, radiograph showing a radiopaque mass with a thin radiolucent rim. Which is the MOST likely diagnosis?

A. Cementoblastoma
B. Osteosarcoma
C. Central giant cell granuloma
D. Ameloblastoma

254. A practice wants to reduce the risk of medication errors related to a patient's reported herbal supplement use before a planned extraction. Which approach is MOST appropriate?

A. Ignoring supplements since they are not prescription drugs
B. Assuming all supplements are safe to disregard
C. Researching the specific supplement's known effects on bleeding before proceeding

D. Proceeding without inquiry unless the patient raises a concern

255. A 35-year-old patient presents with a chief complaint of a painless, well-defined radiolucency at the apex of a nonvital tooth, biopsy showing a fibrous wall lined by non-keratinized epithelium with chronic inflammatory infiltrate. Which is the MOST likely diagnosis?

A. Dentigerous cyst
B. Radicular cyst
C. Odontogenic keratocyst
D. Traumatic bone cyst

256. A practice wants to ensure patient consent forms for a new cosmetic procedure include a realistic discussion of expected outcomes. Which approach is MOST appropriate?

A. Guaranteeing a specific cosmetic result regardless of biologic variability
B. Avoiding any discussion of possible limitations to keep the patient positive
C. Proceeding without any preoperative photographs or mock-up discussion
D. Discussing realistic outcomes, limitations, and obtaining informed consent about esthetic variability

257. A 43-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a multilocular radiolucency with a 'soap bubble' pattern, biopsy showing abundant multinucleated giant cells in a vascular stroma. Which is the MOST likely diagnosis?

A. Odontogenic keratocyst
B. Central giant cell granuloma
C. Ameloblastoma
D. Traumatic bone cyst

258. A practice wants to confirm a patient truly understands a proposed treatment plan before signing consent. Which approach is MOST appropriate?

A. Asking the patient to explain the plan back in their own words to confirm understanding

B. Assuming a signature alone confirms understanding

C. Providing only written materials with no verbal discussion

D. Skipping this step for patients who have been treated before

259. A 49-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a poorly defined mixed radiolucent-radiopaque lesion, biopsy showing sheets of polyhedral epithelial cells with amyloid-like Liesegang ring calcifications. Which is the MOST likely diagnosis?

A. Ameloblastoma

B. Odontogenic keratocyst

C. Calcifying epithelial odontogenic tumor (Pindborg tumor)

D. Central giant cell granuloma

260. A practice wants to establish a clear protocol for a patient who becomes unresponsive and stops breathing normally during treatment. Which step is MOST appropriate FIRST?

A. Administering local anesthetic with epinephrine to stimulate the patient

B. Waiting a few minutes to see if the patient recovers spontaneously

C. Continuing the procedure while monitoring the patient closely

D. Activating emergency medical services and beginning chest compressions

261. A 31-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a well-defined unilocular radiolucency, biopsy showing epithelial rests within a fibrous capsule along the lateral root surface of a vital tooth. Which is the MOST likely diagnosis?

A. Radicular cyst

B. Dentigerous cyst

C. Lateral periodontal cyst

D. Traumatic bone cyst

262. A practice wants to ensure a patient's refusal of a recommended treatment is properly handled after risks were fully explained. Which approach is MOST appropriate?

A. Proceeding with the treatment anyway since the dentist believes it is best
B. Refusing to provide any further care to the patient
C. Ignoring the refusal and rescheduling the same treatment without further discussion
D. Documenting the informed refusal discussion, risks explained, and the patient's decision clearly

263. A 26-year-old patient presents with a chief complaint of a painless, well-defined radiolucency associated with an unerupted mandibular canine, biopsy showing reduced enamel epithelium without keratinization. Which is the MOST likely diagnosis?

A. Radicular cyst
B. Dentigerous cyst
C. Odontogenic keratocyst
D. Central giant cell granuloma

264. A practice wants to ensure a patient's request for a treatment plan modification mid-treatment is handled appropriately. Which approach is MOST appropriate?

A. Discussing the clinical implications, feasibility, and cost or timeline changes before proceeding
B. Refusing to consider any modification once treatment has begun
C. Automatically implementing the requested change without discussion
D. Charging a punitive fee specifically to discourage the change

265. A 39-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a well-defined unilocular radiolucency, biopsy showing thin epithelium with a corrugated parakeratinized surface and satellite cysts nearby. Which is the MOST likely diagnosis?

A. Dentigerous cyst
B. Radicular cyst

C. Traumatic bone cyst
D. Odontogenic keratocyst

266. A practice wants to ensure that a patient with a documented allergy to a specific restorative material receives an appropriate alternative. Which approach is MOST appropriate?

A. Selecting an alternative, allergen-free restorative material for the situation
B. Using the known allergen since reactions are rarely severe
C. Proceeding with the allergen after verbal reassurance from the patient alone
D. Ignoring the documented allergy if no other material is immediately available

267. A 45-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a multilocular radiolucency, biopsy showing thin, anastomosing strands of odontogenic epithelium in a plexiform arrangement. Which is the MOST likely diagnosis?

A. Odontogenic keratocyst
B. Plexiform ameloblastoma
C. Traumatic bone cyst
D. Central giant cell granuloma

268. A practice wants to ensure a patient's request to review their own complete treatment cost estimate before starting comprehensive care is handled appropriately. Which approach is MOST appropriate?

A. Proceeding with treatment before providing any cost estimate
B. Providing only a verbal, non-itemized estimate with no written documentation
C. Providing a clear, itemized cost estimate and discussing payment options before starting treatment
D. Assuming the patient does not need cost information before starting

269. A 52-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a well-defined unilocular radiolucency associated with an impacted molar, biopsy showing reduced enamel epithelium consistent with a dentigerous origin. Which is the MOST likely diagnosis?

A. Radicular cyst
B. Odontogenic keratocyst
C. Dentigerous cyst
D. Traumatic bone cyst

270. A practice wants to establish clear protocol for a patient who develops a rash and mild swelling during a procedure without airway involvement. Which approach is MOST appropriate?

A. Ignoring the reaction since it is localized
B. Administering epinephrine intramuscularly as first-line treatment regardless of severity
C. Proceeding with additional injections of the same agent to finish treatment
D. Monitoring closely, considering an antihistamine, and documenting the reaction for future avoidance

271. A 33-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a well-defined unilocular radiolucency, biopsy showing a fibrous wall with dense hyalinized collagen, found to be an empty cavity on exploration. Which is the MOST likely diagnosis?

A. Radicular cyst
B. Traumatic (simple) bone cyst
C. Dentigerous cyst
D. Ameloblastoma

272. A practice wants to ensure a patient considering elective third molar extraction understands the specific risk of nerve injury. Which approach is MOST appropriate?

A. Disclosing the specific risk based on radiographic proximity and discussing alternatives such as monitoring
B. Omitting nerve injury risk since it is relatively uncommon
C. Assuming the patient already understands surgical risks generally
D. Mentioning the risk only if the patient specifically asks

273. A 47-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a well-defined unilocular radiolucency, biopsy showing bland squamous epithelial islands lacking peripheral palisading. Which is the MOST likely diagnosis?

A. Squamous odontogenic tumor
B. Ameloblastoma
C. Odontogenic keratocyst
D. Central giant cell granuloma

274. A practice wants to ensure a patient's dental anxiety, documented as a diagnosed anxiety disorder, is appropriately considered in treatment planning. Which approach is MOST appropriate?

A. Treating it identically to routine situational nervousness
B. Refusing to treat any patient with a diagnosed anxiety disorder
C. Ignoring the diagnosis and using standard behavioral techniques only
D. Considering the diagnosis when planning behavioral and, if appropriate, pharmacologic strategies, coordinating with other providers as needed

275. A 40-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a well-defined unilocular radiolucency with a corticated border, biopsy showing thin epithelium with occasional clear cells confined to the basal layer. Which is the MOST likely diagnosis?

A. Dentigerous cyst
B. Odontogenic keratocyst (clear cell variant feature)
C. Radicular cyst
D. Traumatic bone cyst

276. A practice wants to establish a clear approach for a patient who presents intoxicated requesting elective sedation. Which approach is MOST appropriate?

A. Proceeding with sedation as requested regardless of intoxication

B. Ignoring visible signs of intoxication and proceeding with routine care

C. Deferring elective sedation until the patient is no longer intoxicated, given interaction and airway risks

D. Assuming intoxication is irrelevant to safe sedation dosing

277. A 38-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a well-defined unilocular radiolucency, biopsy showing a fibrous wall lined by non-keratinized epithelium with abundant mucous-secreting cells. Which is the MOST likely diagnosis?

A. Radicular cyst

B. Dentigerous cyst

C. Glandular odontogenic cyst

D. Traumatic bone cyst

278. A practice wants to ensure a patient's request for records to be sent to a life insurance company for underwriting is handled appropriately. Which approach is MOST appropriate?

A. Releasing complete records to any insurance company without verifying authorization

B. Releasing records only with proper written patient authorization specifying the recipient and purpose

C. Assuming verbal patient permission is sufficient without written authorization

D. Refusing to release any records to insurance companies under any circumstance

279. A 55-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a well-defined unilocular radiolucency, biopsy showing a thin fibrous wall lacking any epithelial lining, confirmed as an empty cavity on exploration. Which is the MOST likely diagnosis?

A. Traumatic (simple) bone cyst

B. Dentigerous cyst

C. Radicular cyst

D. Ameloblastoma

280. A practice wants to ensure a patient's request to have a support animal present during treatment is handled appropriately. Which approach is MOST appropriate?

A. Refusing entry to any animal regardless of documented service animal status

B. Requiring extensive documentation beyond what is legally required before allowing a service animal

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

281. A 42-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a well-defined unilocular radiolucency, biopsy showing sheets of odontogenic epithelium with granular eosinophilic cytoplasm rather than typical stellate reticulum. Which is the MOST likely diagnosis?

A. Granular cell odontogenic tumor (a rare ameloblastoma variant)

B. Odontogenic keratocyst with parakeratinized lining

C. Traumatic bone cyst lacking any epithelial lining

D. Central giant cell granuloma with hemosiderin deposits

282. A practice wants to ensure a colleague's substandard care affecting patient safety is addressed appropriately when discovered. Which approach is MOST appropriate?

A. Ignoring it to avoid interpersonal conflict

B. Discussing it only on social media

C. Reporting through appropriate professional or regulatory channels

D. Confronting the colleague only if a mutual patient complains first

283. A 34-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a poorly defined radiolucent-radiopaque lesion, biopsy showing odontogenic epithelial islands compressed within densely hyalinized fibrous stroma. Which is the MOST likely diagnosis?

A. Ameloblastoma, classic pattern
B. Odontogenic keratocyst
C. Central giant cell granuloma
D. Desmoplastic ameloblastoma

284. A practice wants to ensure a patient's request for a treatment estimate for tax or reimbursement purposes is handled appropriately. Which approach is MOST appropriate?

A. Refusing to provide any written estimate under any circumstance
B. Providing a clear, accurate written treatment estimate suitable for the stated purpose
C. Providing only a verbal estimate regardless of the stated purpose
D. Charging an excessive fee specifically to discourage the request

285. A 48-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a well-defined unilocular radiolucency, biopsy showing thin, uniform epithelium with a corrugated surface and palisaded basal layer. Which is the MOST likely diagnosis?

A. Odontogenic keratocyst
B. Dentigerous cyst
C. Radicular cyst
D. Traumatic bone cyst

286. A practice wants to ensure a patient's dental laboratory case items are handled safely before shipment to prevent cross-contamination. Which approach is MOST appropriate?

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

287. A 36-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a multilocular radiolucency with root resorption of adjacent teeth, biopsy confirming classic follicular ameloblastoma. Which management is MOST appropriate given the root resorption?

A. Observation only, since it is histologically benign
B. Antibiotics alone without surgical intervention
C. Surgical resection with adequate margins given the locally aggressive behavior
D. Extraction of adjacent teeth only, leaving the lesion in place

288. A practice wants to ensure a patient's medical history form illegible in the medication section is properly clarified before treatment. Which approach is MOST appropriate?

A. Proceeding with treatment and skipping that section entirely
B. Guessing at the medications based on common patterns
C. Assuming the patient takes no medications if the writing is unclear
D. Contacting the patient directly to clarify before proceeding with treatment

289. A 30-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a well-defined unilocular radiolucency, biopsy showing loosely arranged spindle and stellate cells in a myxoid stroma with minimal epithelium. Which is the MOST likely diagnosis?

A. Ameloblastoma
B. Odontogenic myxoma
C. Squamous odontogenic tumor
D. Central giant cell granuloma

290. A practice wants to ensure a patient's request to be present during their minor child's entire dental procedure is handled appropriately. Which approach is MOST appropriate?

A. Automatically refusing all parental presence regardless of circumstances

B. Requiring parental presence for every pediatric procedure regardless of preference

C. Accommodating reasonable parental presence when feasible while balancing operational and safety considerations

D. Ignoring the parent's request without any response

291. A 44-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a well-defined unilocular radiolucency, biopsy showing a fibrous wall lined by thin epithelium with hyaline (Rushton) bodies. Which is the MOST likely diagnosis?

A. Dentigerous cyst

B. Odontogenic keratocyst

C. Traumatic bone cyst

D. Radicular cyst

292. A practice wants to ensure a patient's request for a specific staff member due to personal preference is handled appropriately. Which approach is MOST appropriate?

A. Accommodating reasonable staffing preferences when feasible without compromising care quality

B. Refusing any patient preference regarding staff assignment

C. Ignoring the request entirely without any response

D. Requiring the patient to justify the preference before considering it

293. A 51-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a well-defined unilocular radiolucency associated with an unerupted molar, biopsy showing reduced enamel epithelium consistent with a dentigerous origin. Which is the MOST likely diagnosis?

A. Radicular cyst

B. Odontogenic keratocyst

C. Traumatic bone cyst

D. Dentigerous cyst

294. A practice wants to ensure a patient's request to review radiographs for a second opinion is handled without unnecessary delay. Which approach is MOST appropriate?

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

295. A 37-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a well-defined unilocular radiolucency, biopsy showing a thin epithelial lining with scattered clear cells throughout the full thickness. Which is the MOST likely diagnosis?

A. Dentigerous cyst
B. Odontogenic keratocyst (clear cell variant)
C. Radicular cyst
D. Traumatic bone cyst

296. A practice wants to ensure a patient's disclosure of intimate partner violence during a visit is handled appropriately. Which approach is MOST appropriate?

A. Responding supportively, documenting appropriately, and providing information about relevant resources or following mandatory reporting where applicable
B. Ignoring the disclosure and proceeding with routine dental treatment only
C. Confronting the patient's partner directly if present in the waiting room
D. Refusing to treat the patient until the situation is resolved

297. A 46-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a well-defined unilocular radiolucency, biopsy showing a thin, uniform parakeratinized epithelial lining with a corrugated surface. Which is the MOST likely diagnosis?

A. Odontogenic keratocyst
B. Dentigerous cyst
C. Radicular cyst
D. Traumatic bone cyst

298. A practice wants to ensure a patient's request for their own dental records to bring to a new provider is handled appropriately, even with an outstanding account balance. Which approach is MOST appropriate?

A. Refusing to release any records until the balance is paid in full
B. Transferring the requested records promptly regardless of the outstanding balance
C. Charging a punitive fee specifically to discourage the transfer
D. Ignoring the transfer request until the balance is resolved

299. A 41-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a well-defined unilocular radiolucency, biopsy showing a fibrous wall with cholesterol clefts and multinucleated giant cells reacting to cholesterol crystals, tied to a nonvital tooth. Which is the MOST likely diagnosis?

A. Dentigerous cyst tied to an unerupted tooth
B. Odontogenic keratocyst with parakeratinized lining
C. Radicular cyst with cholesterol clefts, a common secondary finding
D. Traumatic bone cyst lacking any epithelial lining

300. A practice wants to ensure a patient's request to have their treatment cost broken down into medically necessary versus elective components is handled appropriately. Which approach is MOST appropriate?

A. Refusing to distinguish medically necessary from elective components under any circumstance
B. Classifying all treatment as medically necessary regardless of actual clinical indication
C. Classifying all treatment as elective to avoid insurance complications
D. Providing an accurate, itemized breakdown distinguishing medically necessary from elective components

301. A 45-year-old patient reports waking with jaw soreness and reports a partner's observation of grinding sounds at night, with generalized flattened occlusal wear noted on exam. Which initial management is MOST appropriate?

A. Full-mouth reconstruction immediately
B. Extraction of posterior teeth
C. Occlusal splint therapy and behavioral modification
D. Orthognathic surgery

302. A practice wants to reduce the risk of a wrong-site surgical error for implant placement. Which safeguard is MOST effective?

A. Relying on memory of the treatment plan discussion
B. Marking and verbally confirming the exact site with the team immediately before surgery
C. Confirming the site only if the patient raises a question
D. Trusting the surgical guide alone without verbal confirmation

303. A 24-year-old patient presents with a chief complaint of a painless, firm mass on the tongue, biopsy showing a well-circumscribed collection of mature adipose tissue. Which is the MOST likely diagnosis?

A. Fibroma
B. Granular cell tumor
C. Pyogenic granuloma
D. Lipoma

304. A practice wants to ensure a patient's insurance claim narrative accurately reflects the documented clinical findings. Which approach is MOST appropriate?

A. Writing the narrative to match the documented findings exactly, without exaggeration
B. Exaggerating findings to guarantee claim approval
C. Letting billing staff write the narrative without any clinical review
D. Declining to provide any narrative regardless of insurer request

305. A 33-year-old patient presents with a chief complaint of a firm, painless mass on the posterior hard palate, biopsy showing a mixed proliferation of ductal and myoepithelial cells with a myxoid stroma. Which is the MOST likely diagnosis?

A. Mucocele
B. Pleomorphic adenoma
C. Torus palatinus
D. Squamous papilloma

306. A practice wants to ensure a patient with a documented latex allergy has an appropriately prepared treatment environment. Which approach is MOST appropriate?

A. Using non-latex gloves and latex-free materials throughout the visit
B. Using standard latex gloves since reactions are usually mild
C. Premedicating with an antihistamine and using standard materials
D. Scheduling the patient last in the day without material changes

307. A 50-year-old patient presents with a chief complaint of a chronic ulcer of the lower lip with induration, present for 6 weeks, in a patient with significant sun exposure history. Which is the MOST appropriate next step?

A. Reassurance since lip ulcers are usually benign
B. A two-week course of an antiviral medication
C. Continued observation for another month
D. Prompt biopsy given the chronicity and induration

308. A practice wants to ensure staff properly manage a patient who becomes combative or confused during sedation recovery. Which approach is MOST appropriate?

A. Restraining the patient forcefully without further assessment
B. Ignoring the behavior since it usually resolves on its own

C. Ensuring patient safety, monitoring vital signs, and reassessing for a medical cause while providing gentle reorientation

D. Discharging the patient immediately regardless of their condition

309. A 41-year-old patient presents with a chief complaint of a painless, firm, radiopaque lesion at the apices of several vital mandibular anterior teeth, stable over 4 years of monitoring. Which is the MOST likely diagnosis?

A. Acute periapical abscess

B. Osteosarcoma

C. Ameloblastoma

D. Periapical cemental (osseous) dysplasia

310. A practice wants to ensure a patient's request for a treatment summary to share with a new specialist is handled appropriately. Which approach is MOST appropriate?

A. Providing an accurate, appropriately detailed summary suited to the stated purpose

B. Declining to provide any summary regardless of purpose

C. Providing only a verbal summary with no written documentation

D. Requiring the new specialist to contact the practice first

311. A 36-year-old patient presents with a chief complaint of a painless, exophytic mass on the gingiva with a stippled, granular surface, biopsy showing large cells with abundant granular eosinophilic cytoplasm. Which is the MOST likely diagnosis?

A. Pyogenic granuloma

B. Granular cell tumor

C. Fibroma

D. Neurofibroma

312. A practice wants to ensure a patient's request to have a family member remain in the room during a routine cleaning is handled appropriately. Which approach is MOST appropriate?

A. Refusing all companion presence regardless of circumstances

B. Requiring the patient to justify the need before considering it

C. Accommodating reasonable companion presence when feasible, consistent with practice policy

D. Ignoring the request without any response

313. A 29-year-old patient presents with a chief complaint of a painless, well-defined radiolucency at the mandibular angle, biopsy showing scalloping between vital tooth roots without displacement and no epithelial lining on exploration. Which is the MOST likely diagnosis?

A. Radicular cyst

B. Traumatic (simple) bone cyst

C. Dentigerous cyst

D. Ameloblastoma

314. A practice wants to ensure a patient's request for documentation of medical necessity for a workplace accommodation is handled appropriately. Which approach is MOST appropriate?

A. Refusing to provide documentation regardless of the clinical situation

B. Providing documentation regardless of whether findings support the request

C. Providing accurate, clinically supported documentation relevant to the specific accommodation requested

D. Requiring the employer to contact the dentist first

315. A 47-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a well-defined unilocular radiolucency, biopsy showing thin epithelium with a corrugated parakeratinized surface and satellite cysts. Which is the MOST likely diagnosis?

A. Dentigerous cyst

B. Radicular cyst

C. Traumatic bone cyst

D. Odontogenic keratocyst

316. A practice wants to ensure a patient's request for a copy of their treatment records be sent securely to their personal email is handled appropriately. Which approach is MOST appropriate?

A. Using a secure, encrypted transmission method appropriate for protected health information
B. Sending records via unencrypted standard email for convenience
C. Refusing email transmission of any patient records
D. Requiring an in-person visit as the only acceptable method

317. A 52-year-old patient presents with a chief complaint of a painless, firm swelling on the hard palate midline, present for years, covered by thin, normal-appearing mucosa. Which is the MOST likely diagnosis?

A. Torus palatinus
B. Osteosarcoma
C. Pleomorphic adenoma
D. Squamous cell carcinoma

318. A practice wants to establish a clear protocol for a patient who reports a needle broke during an injection. Which step is MOST appropriate FIRST?

A. Reassuring the patient without any further assessment
B. Completing the planned procedure before addressing the broken needle
C. Ignoring it if the patient reports no pain
D. Immediately stopping, assessing the fragment's location, and arranging appropriate retrieval or referral

319. A 38-year-old patient presents with a chief complaint of a painless, exophytic, cauliflower-like white lesion on the palate, biopsy showing benign papillary epithelial proliferation. Which is the MOST likely diagnosis?

A. Leukoplakia of idiopathic origin
B. Lichen planus

C. Squamous papilloma
D. Candidiasis

320. A practice wants to ensure a patient's request to switch providers mid-treatment for a multi-visit procedure is handled appropriately. Which approach is MOST appropriate?

A. Refusing to release any treatment information to the new provider
B. Facilitating a transfer of care with complete records and treatment summary
C. Requiring the patient to complete treatment before any transfer
D. Charging a punitive fee to discourage the provider switch

321. A 43-year-old patient presents with a chief complaint of a painless, exophytic, red mass on the gingiva that appeared rapidly during pregnancy, bleeding easily. Which is the MOST likely diagnosis?

A. Squamous cell carcinoma
B. Pyogenic granuloma (pregnancy tumor)
C. Irritation fibroma
D. Peripheral ossifying fibroma

322. A practice wants to ensure a patient's request to review their own occupational exposure incident report is handled appropriately. Which approach is MOST appropriate?

A. Refusing to allow the employee to review their own report
B. Charging an excessive fee to discourage the request
C. Requiring a court order before allowing review
D. Providing access to their own exposure incident report per applicable recordkeeping requirements

323. A 31-year-old patient presents with a chief complaint of a painless, well-defined radiolucency associated with an unerupted mandibular premolar, biopsy showing reduced enamel epithelium without keratinization. Which is the MOST likely diagnosis?

A. Dentigerous cyst
B. Radicular cyst
C. Odontogenic keratocyst
D. Central giant cell granuloma

324. A practice wants to ensure a patient's request to have their treatment documented for a workers' compensation claim is handled appropriately. Which approach is MOST appropriate?

A. Refusing to release any records related to a workers' compensation claim
B. Releasing the patient's entire complete record regardless of relevance
C. Releasing relevant records per the specific authorization and applicable reporting requirements
D. Assuming general treatment consent already covers this specific disclosure

325. A 48-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a multilocular radiolucency, biopsy showing sheets of odontogenic epithelium with peripheral palisading and reverse polarity. Which is the MOST likely diagnosis?

A. Odontogenic keratocyst
B. Ameloblastoma
C. Traumatic bone cyst
D. Central giant cell granuloma

326. A practice wants to ensure a patient's request to be informed of all incidental radiographic findings, even minor ones, is respected. Which approach is MOST appropriate?

A. Disclosing only major findings by default
B. Waiting until the next recall visit to mention minor findings
C. Respecting the stated preference and communicating incidental findings, including minor ones, as requested
D. Assuming all patients want the same level of detail

327. A 35-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a well-defined unilocular radiolucency, biopsy showing an empty cavity with a thin fibrous wall lacking epithelial lining. Which is the MOST likely diagnosis?

A. Traumatic (simple) bone cyst
B. Dentigerous cyst
C. Radicular cyst
D. Ameloblastoma

328. A practice wants to ensure a patient's request for a second opinion from another dentist within the same practice is handled appropriately. Which approach is MOST appropriate?

A. Refusing any internal second opinion request
B. Assuming the request implies distrust and discontinuing treatment
C. Charging an additional undisclosed fee for the second opinion
D. Facilitating the internal consultation as a reasonable patient request

329. A 44-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a poorly defined mixed radiolucent-radiopaque lesion, biopsy showing round cementum-like calcifications with odontogenic epithelium. Which is the MOST likely diagnosis?

A. Ameloblastoma
B. Odontogenic keratocyst
C. Ameloblastic fibrodentinoma
D. Central giant cell granuloma

330. A practice wants to ensure a patient's request to be informed why a specific x-ray view is being repeated is handled appropriately. Which approach is MOST appropriate?

A. Assuming the patient will not want any explanation given
B. Declining to explain the reason for the retaken image

C. Repeating it routinely regardless of the prior image's actual quality

D. Reviewing the prior image's quality and explaining why a new one is needed if it falls short

331. A 39-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a well-defined unilocular radiolucency, biopsy showing thin epithelium with abundant mucous-secreting cells and duct-like structures. Which is the MOST likely diagnosis?

A. Radicular cyst

B. Glandular odontogenic cyst

C. Dentigerous cyst

D. Traumatic bone cyst

332. A practice wants to ensure a patient's request to compare the cost and outcomes of two treatment options is handled appropriately. Which approach is MOST appropriate?

A. Providing an honest comparison of expected outcomes, risks, and costs between the options

B. Automatically recommending the costlier option without explanation

C. Refusing to compare options directly

D. Assuming cost alone determines which option is better

333. A 46-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a poorly defined radiolucent-radiopaque lesion, biopsy showing odontogenic epithelial islands within densely hyalinized stroma. Which is the MOST likely diagnosis?

A. Ameloblastoma, classic pattern

B. Odontogenic keratocyst

C. Central giant cell granuloma

D. Desmoplastic ameloblastoma

334. A practice wants to ensure a patient's request to understand why a nightguard is recommended over medication alone is handled appropriately. Which approach is MOST appropriate?

A. Prescribing medication instead without any further discussion

B. Declining to explain the difference between the two treatment options

C. Explaining that a nightguard directly protects the dentition from ongoing mechanical load, addressing the underlying cause

D. Assuming the patient will not understand the clinical distinction

335. A 58-year-old patient presents with a chief complaint of a firm, painless swelling of the anterior maxilla, radiograph showing a well-defined, heart-shaped radiolucency in the midline between the roots of vital central incisors. Which is the MOST likely diagnosis?

A. Radicular cyst

B. Nasopalatine duct cyst

C. Odontogenic keratocyst

D. Central giant cell granuloma

336. A practice wants to ensure a patient's request to understand why a specific sealant is recommended for a molar with no visible decay is handled appropriately. Which approach is MOST appropriate?

A. Explaining that sealants prevent decay in susceptible pit-and-fissure anatomy before it starts

B. Recommending sealants universally without explaining the rationale

C. Declining to explain the preventive purpose

D. Assuming the patient will not want the rationale explained

337. A 50-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a multilocular radiolucency, biopsy showing thin, anastomosing strands of odontogenic epithelium in a plexiform arrangement. Which is the MOST likely diagnosis?

A. Odontogenic keratocyst

B. Central giant cell granuloma

C. Traumatic bone cyst

D. Plexiform ameloblastoma

338. A practice wants to ensure a patient's request to understand why a recall interval was shortened is handled appropriately. Which approach is MOST appropriate?

A. Assuming the patient will not care about the reasoning
B. Explaining the specific risk factors that led to the shorter, individualized recall interval
C. Reverting to the standard interval to avoid the discussion
D. Declining to explain a routine clinical decision

339. A 37-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a well-defined unilocular radiolucency, biopsy showing a fibrous wall with hyaline (Rushton) bodies tied to a nonvital tooth. Which is the MOST likely diagnosis?

A. Dentigerous cyst
B. Odontogenic keratocyst
C. Radicular cyst
D. Traumatic bone cyst

340. A practice wants to ensure a patient's request to understand why a crown is recommended over a large filling is handled appropriately. Which approach is MOST appropriate?

A. Explaining the specific structural or clinical reasons supporting the crown over a large filling
B. Assuming the patient will trust the recommendation without explanation
C. Recommending the crown regardless of patient questions
D. Avoiding the question to keep the visit efficient

341. A 42-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a well-defined unilocular radiolucency associated with an impacted third molar, biopsy showing reduced enamel epithelium consistent with a dentigerous origin. Which is the MOST likely diagnosis?

A. Radicular cyst

B. Dentigerous cyst
C. Odontogenic keratocyst
D. Traumatic bone cyst

342. A practice wants to ensure a patient's request to understand why an implant case requires a bone graft first is handled appropriately. Which approach is MOST appropriate?

A. Explaining the specific anatomic deficiency requiring grafting to support a stable implant
B. Assuming the patient will not understand the anatomic reasoning
C. Placing the implant without grafting to avoid the added step
D. Declining to explain the specific anatomic limitation

343. A 55-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a well-defined unilocular radiolucency, biopsy showing a fibrous wall lacking any epithelial lining, an empty cavity on exploration. Which is the MOST likely diagnosis?

A. Radicular cyst
B. Dentigerous cyst
C. Ameloblastoma
D. Traumatic (simple) bone cyst

344. A practice wants to ensure a patient's request to understand why a specific antibiotic was prescribed for a shorter duration than expected is handled appropriately. Which approach is MOST appropriate?

A. Assuming the patient will not notice the shorter duration
B. Extending the duration automatically to match expectations without clinical basis
C. Explaining that current evidence-based guidance supports the shorter, clinically appropriate duration
D. Declining to explain the prescribing rationale

345. A 40-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a well-defined unilocular radiolucency, biopsy showing loosely arranged spindle and stellate cells in a myxoid stroma. Which is the MOST likely diagnosis?

A. Ameloblastoma
B. Squamous odontogenic tumor
C. Odontogenic myxoma
D. Central giant cell granuloma

346. A practice wants to ensure a patient's request to understand why a specific tooth is being monitored rather than treated immediately is handled appropriately. Which approach is MOST appropriate?

A. Treating it immediately regardless of the actual clinical indication
B. Assuming the patient will not want the monitoring rationale explained
C. Declining to explain the clinical basis for watchful monitoring
D. Explaining that the lesion is early-stage and appropriate for monitoring rather than immediate intervention

347. A 30-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the anterior maxilla, radiograph showing a well-defined radiolucency with scattered fine calcified flecks associated with an unerupted canine. Which is the MOST likely diagnosis?

A. Dentigerous cyst alone
B. Adenomatoid odontogenic tumor
C. Radicular cyst
D. Central giant cell granuloma

348. A practice wants to ensure a patient's request to understand why a denture reline is recommended over a new denture is handled appropriately. Which approach is MOST appropriate?

A. Explaining that the existing denture's framework and fit remain adequate, making a reline appropriate
B. Declining to explain the rationale for choosing a reline

C. Recommending a new denture regardless of clinical appropriateness

D. Assuming the patient will not want the reasoning explained

349. A 53-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a well-defined unilocular radiolucency, biopsy showing a thin, uniform parakeratinized epithelial lining with a corrugated surface. Which is the MOST likely diagnosis?

A. Dentigerous cyst

B. Radicular cyst

C. Odontogenic keratocyst

D. Traumatic bone cyst

350. A practice wants to ensure a patient's request to understand why a same-day emergency appointment could not be accommodated when the schedule is full is handled appropriately. Which approach is MOST appropriate?

A. Refusing to explain the scheduling limitation at all

B. Explaining the triage process used and offering the earliest appropriate alternative or urgent referral

C. Assuming the patient will understand without any explanation

D. Ignoring the request until the next routine scheduling slot

351. A 49-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a well-defined, unilocular radiolucent-radiopaque mixed lesion with a thin radiolucent rim, biopsy showing a well-circumscribed mass of cementum-like and bony trabeculae in a fibrous stroma, separate from any tooth root. Which is the MOST likely diagnosis?

A. Ameloblastoma

B. Odontogenic keratocyst

C. Central giant cell granuloma

D. Central (cemento-)ossifying fibroma

352. A practice wants to ensure a patient's request to understand why an over-the-counter mouth rinse recommended previously is no longer advised is handled appropriately. Which approach is MOST appropriate?

A. Explaining what has changed clinically or in the evidence supporting the updated recommendation
B. Assuming the patient simply misunderstood the prior recommendation given
C. Avoiding a direct explanation entirely to prevent patient confusion
D. Ignoring the question since recommendations naturally evolve over time

353. A 46-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a well-defined unilocular radiolucency at the mandibular angle, biopsy showing scalloping between vital tooth roots with no epithelial lining on exploration. Which is the MOST likely diagnosis?

A. Radicular cyst
B. Traumatic (simple) bone cyst
C. Dentigerous cyst
D. Ameloblastoma

354. A practice wants to ensure a patient's request to understand why two different dentists in the practice gave different recommendations is handled appropriately. Which approach is MOST appropriate?

A. Assuming one dentist is simply wrong without further discussion
B. Dismissing the discrepancy as unimportant
C. Avoiding the topic to prevent the patient from losing confidence
D. Facilitating a discussion between the treating dentists and the patient to clarify the reasoning

355. A 33-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the anterior mandible, radiograph showing a well-defined radiolucency with expansion and root divergence of adjacent teeth, biopsy showing abundant multinucleated giant cells within a cellular, hemosiderin-laden fibrous stroma. Which is the MOST likely diagnosis?

A. Central giant cell granuloma
B. Odontogenic keratocyst
C. Cementoblastoma
D. Squamous odontogenic tumor

356. A practice wants to ensure a patient's request to understand whether a lower-cost alternative treatment is 'just as good' is handled appropriately. Which approach is MOST appropriate?

A. Automatically agreeing the alternative is just as good to avoid conflict
B. Refusing to compare options directly
C. Providing an honest comparison of expected outcomes, risks, and longevity between the options
D. Assuming cost alone determines which option is better

357. A 51-year-old patient presents with a chief complaint of a painless, firm, radiopaque mass fused to the root of a vital mandibular molar, with a thin radiolucent rim on radiograph. Which is the MOST likely diagnosis?

A. Osteosarcoma
B. Central giant cell granuloma
C. Ameloblastoma
D. Cementoblastoma

358. A practice wants to ensure a patient's request to understand why a specific x-ray angle is being taken beyond the routine series is handled appropriately. Which approach is MOST appropriate?

A. Declining to explain the additional imaging
B. Explaining the specific diagnostic question the additional view is intended to help answer
C. Assuming the patient will not want an explanation
D. Taking the additional view without any patient communication

359. A 45-year-old patient presents with a chief complaint of a painless, well-corticated radiolucency at the mandibular premolar-molar region discovered incidentally, unrelated to any adjacent tooth, biopsy

confirming normal salivary gland tissue within a lingual cortical concavity. Which is the MOST likely diagnosis?

A. Stafne defect (lingual mandibular salivary gland depression)
B. Radicular cyst
C. Odontogenic keratocyst
D. Central giant cell granuloma

360. A practice wants to ensure a patient's request to understand why a procedure is being referred to a specialist is handled appropriately. Which approach is MOST appropriate?

A. Assuming the patient will not want to know the reasoning
B. Performing the procedure anyway despite the referral recommendation
C. Explaining the specific complexity or specialized skill and equipment reasons behind the referral
D. Declining to explain the referral rationale

361. A 44-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a well-defined unilocular radiolucency, biopsy showing a fibrous wall lacking any epithelial lining, empty cavity on exploration. Which is the MOST likely diagnosis?

A. Radicular cyst
B. Dentigerous cyst
C. Ameloblastoma
D. Traumatic (simple) bone cyst

362. A practice wants to ensure a patient's request to understand why a sealant is being recommended for a molar with no visible decay is handled appropriately. Which approach is MOST appropriate?

A. Explaining that sealants prevent decay in susceptible pit-and-fissure anatomy before it starts
B. Assuming the patient will not want the preventive rationale explained
C. Declining to explain the preventive purpose of the sealant

D. Recommending sealants universally without explaining the specific rationale

363. A 37-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a poorly defined mixed radiolucent-radiopaque lesion, biopsy showing sheets of polyhedral epithelial cells with amyloid-like Liesegang ring calcifications. Which is the MOST likely diagnosis?

A. Ameloblastoma
B. Odontogenic keratocyst
C. Calcifying epithelial odontogenic tumor (Pindborg tumor)
D. Central giant cell granuloma

364. A practice wants to ensure a patient's request to understand why a specific medication interaction was flagged by the prescribing software is handled appropriately. Which approach is MOST appropriate?

A. Assuming the flag is a false alarm without review
B. Reviewing the specific interaction and explaining the clinical reasoning behind the final prescribing decision
C. Overriding the flag automatically to save time
D. Ignoring the flag since software alerts are often overly cautious

365. A 55-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a multilocular radiolucency, biopsy showing thin, anastomosing strands of odontogenic epithelium in a plexiform pattern. Which is the MOST likely diagnosis?

A. Odontogenic keratocyst
B. Central giant cell granuloma
C. Plexiform ameloblastoma
D. Traumatic bone cyst

366. A practice wants to ensure a patient's request to understand why a specific medication was prescribed instead of a more familiar one is handled appropriately. Which approach is MOST appropriate?

A. Assuming the patient will not question the prescription
B. Explaining the clinical reasoning for the current choice based on the patient's specific situation
C. Prescribing the familiar medication instead without clinical reassessment
D. Declining to explain the prescribing rationale

367. A 24-year-old patient presents with a chief complaint of a painless, well-defined radiolucency of the posterior mandible associated with an impacted second molar, biopsy showing an ameloblastoma-like epithelial component intermixed with primitive, cellular ectomesenchyme resembling dental papilla, without hard tissue formation. Which is the MOST likely diagnosis?

A. Ameloblastic fibroma
B. Dentigerous cyst alone
C. Traumatic bone cyst
D. Central giant cell granuloma

368. A practice wants to ensure a patient's request to understand why a specific antibiotic interaction requires an alternative agent is handled appropriately. Which approach is MOST appropriate?

A. Assuming the patient will not want the interaction explained
B. Prescribing the interacting agent anyway since interactions are usually minor
C. Declining to explain the specific interaction concern
D. Explaining the specific interaction risk and the reasoning behind selecting a safer alternative agent

369. A 27-year-old patient presents with a chief complaint of a painless, exophytic, purple-red nodule on the gingiva that developed over several weeks, biopsy showing scattered multinucleated giant cells within a vascular fibrous stroma, arising from the periodontal ligament. Which is the MOST likely diagnosis?

A. Irritation fibroma
B. Peripheral giant cell granuloma
C. Squamous papilloma
D. Torus mandibularis

370. A practice wants to ensure a patient's request to understand why a specific implant case requires additional bone grafting is handled appropriately. Which approach is MOST appropriate?

A. Explaining the specific anatomic deficiency requiring grafting to support a stable implant
B. Assuming the patient will not understand the anatomic reasoning
C. Placing the implant without grafting to avoid the added step
D. Declining to explain the specific anatomic limitation

371. A 41-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a well-defined radiolucency, biopsy showing bland, well-differentiated islands of squamous epithelium without peripheral columnar palisading or reverse polarity. Which is the MOST likely diagnosis?

A. Ameloblastoma
B. Odontogenic keratocyst
C. Squamous odontogenic tumor
D. Central giant cell granuloma

372. A practice wants to ensure a patient's request to understand why a specific x-ray was retaken after coming out blurry is handled appropriately. Which approach is MOST appropriate?

A. Declining to explain the reason for the retake
B. Blaming the patient for moving during the first exposure without review
C. Assuming the patient will not want to know the reason
D. Explaining that diagnostic-quality images are necessary and the first did not meet that standard

373. A 35-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a well-defined unilocular radiolucency associated with an unerupted second molar, biopsy showing reduced enamel epithelium consistent with dentigerous origin. Which is the MOST likely diagnosis?

A. Radicular cyst
B. Dentigerous cyst
C. Odontogenic keratocyst
D. Traumatic bone cyst

374. A practice wants to ensure a patient's request to understand why an old amalgam filling without pain is being recommended for replacement is handled appropriately. Which approach is MOST appropriate?

A. Recommending replacement of all amalgam fillings regardless of condition
B. Declining to explain and proceeding with replacement anyway
C. Assuming the patient will not want the specific findings explained
D. Explaining the specific findings, such as marginal breakdown or recurrent decay, supporting replacement

375. A 48-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a unilocular radiolucency with a well-corticated border, biopsy showing a thin, uniform parakeratinized epithelial lining with a corrugated luminal surface and a palisaded basal cell layer. Which is the MOST likely diagnosis?

A. Dentigerous cyst
B. Radicular cyst
C. Odontogenic keratocyst
D. Traumatic bone cyst

376. A practice wants to ensure a patient's request to understand why the office requires full payment upfront for elective cosmetic treatment is handled appropriately. Which approach is MOST appropriate?

A. Explaining the practice's payment policy clearly and the reasoning behind it for elective procedures
B. Making an exception without explanation to avoid the conversation
C. Assuming the patient already knows the policy from the website
D. Declining to discuss payment policy directly with patients

377. A 38-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a well-defined unilocular radiolucency associated with an impacted canine, biopsy showing reduced enamel epithelium consistent with a dentigerous origin. Which is the MOST likely diagnosis?

A. Dentigerous cyst
B. Odontogenic keratocyst
C. Radicular cyst
D. Traumatic bone cyst

378. A practice wants to ensure a patient's request to understand why a missed-appointment fee applies despite calling 2 hours ahead is handled appropriately. Which approach is MOST appropriate?

A. Waiving the fee automatically without discussing the policy
B. Refusing to discuss the fee policy with the patient at all
C. Assuming the patient already agreed to the policy without reviewing it together
D. Explaining the practice's stated missed-appointment policy and the notice period it requires

379. A 39-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior maxilla, radiograph showing a well-defined radiolucency, biopsy showing a thin epithelial lining containing scattered clear cells confined to the basal layer within an otherwise typical keratinized cyst wall. Which is the MOST likely diagnosis?

A. Dentigerous cyst
B. Odontogenic keratocyst (clear cell variant feature)
C. Radicular cyst
D. Central giant cell granuloma

380. A practice wants to ensure a patient's request to understand why a specific toothbrush is recommended over a cheaper one is handled appropriately. Which approach is MOST appropriate?

A. Recommending the brand simply because it is what the practice sells
B. Insisting the cheaper brush is never adequate for any patient
C. Explaining the specific evidence-based benefits relevant to the patient's individual oral health needs
D. Declining to give a reason and letting the patient decide alone

381. A 36-year-old patient presents with a chief complaint of a painless, well-defined radiolucency of the posterior mandible discovered incidentally, radiograph showing scalloping between the roots of adjacent vital teeth without any displacement. Which is the MOST likely diagnosis?

A. Radicular cyst
B. Dentigerous cyst
C. Ameloblastoma
D. Traumatic (simple) bone cyst

382. A practice wants to ensure a patient's request to understand why a custom-fitted sports mouthguard is recommended over a generic one is handled appropriately. Which approach is MOST appropriate?

A. Explaining the specific fit, protection, and comfort advantages of a custom-fitted guard
B. Recommending it simply because the office sells it
C. Insisting the generic guard is never acceptable for any patient
D. Declining to explain the reasoning and letting the patient decide alone

383. A 29-year-old patient presents with a chief complaint of a painless, well-defined radiolucency at the mandibular angle discovered incidentally on a panoramic radiograph, unrelated to any adjacent tooth, confirmed on biopsy to represent normal salivary gland tissue within a cortical concavity. Which is the MOST likely diagnosis?

A. Radicular cyst tied to a nonvital tooth
B. Stafne defect (lingual mandibular salivary gland depression)

C. Odontogenic keratocyst with parakeratinized lining

D. Ameloblastoma with aggressive epithelial architecture

384. A practice wants to ensure a patient's request to understand why a small non-cavitated white spot lesion is being monitored rather than restored is handled appropriately. Which approach is MOST appropriate?

A. Restoring it immediately regardless of the actual clinical indication

B. Declining to explain the clinical basis for monitoring

C. Explaining that early, non-cavitated lesions are appropriate for remineralization and monitoring rather than immediate restoration

D. Assuming the patient will not want the reasoning explained

385. A 58-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a multilocular radiolucency with root resorption of adjacent teeth, biopsy confirming classic follicular ameloblastoma. Which management is MOST appropriate given the root resorption?

A. Observation only, since it is histologically benign

B. Antibiotics alone without surgical intervention

C. Extraction of adjacent teeth only, leaving the lesion in place

D. Surgical resection with adequate margins given the locally aggressive behavior

386. A practice wants to ensure a patient's request to understand why their recall interval was shortened from the standard schedule is handled appropriately. Which approach is MOST appropriate?

A. Assuming the patient will not care about the reasoning

B. Reverting to the standard interval to avoid the discussion

C. Explaining the specific risk factors that led to the shorter, individualized recall interval

D. Declining to explain a routine clinical decision

387. A 40-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a well-defined unilocular radiolucency, biopsy showing an empty cavity with dense collagen and no epithelial lining. Which is the MOST likely diagnosis?

A. Radicular cyst
B. Traumatic (simple) bone cyst
C. Dentigerous cyst
D. Ameloblastoma

388. A patient asks why the office recommends a prescription-strength fluoride toothpaste rather than continuing with an over-the-counter formula. Which is the MOST appropriate response?

A. Explaining that the prescription formula has a higher fluoride concentration matched to the patient's elevated caries risk
B. Assuming over-the-counter fluoride is always sufficient for any patient risk level
C. Declining to explain the concentration difference to the patient at all
D. Recommending the switch to the new toothpaste without discussing any reasoning

389. A 36-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a well-defined unilocular radiolucency associated with an impacted premolar, biopsy showing reduced enamel epithelium consistent with dentigerous origin. Which is the MOST likely diagnosis?

A. Radicular cyst
B. Odontogenic keratocyst
C. Traumatic bone cyst
D. Dentigerous cyst

390. A practice wants to ensure a patient's request to understand why a specific procedure requires two separate visits is handled appropriately. Which approach is MOST appropriate?

A. Assuming the patient will not care about the scheduling reasoning

B. Declining to explain the clinical basis for the staging

C. Explaining the specific clinical reasons requiring staged treatment over two visits

D. Scheduling it as one visit regardless of clinical appropriateness to avoid the question

391. A 54-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a well-defined unilocular radiolucency, biopsy showing loosely arranged spindle and stellate cells in a myxoid stroma with minimal epithelium. Which is the MOST likely diagnosis?

A. Odontogenic myxoma

B. Ameloblastoma

C. Squamous odontogenic tumor

D. Central giant cell granuloma

392. A practice wants to ensure a patient's request to understand why a specific material was chosen for a visible front tooth versus a back tooth is handled appropriately. Which approach is MOST appropriate?

A. Assuming the patient will not care about material selection reasoning

B. Explaining the esthetic and functional considerations behind the material choice for each location

C. Declining to explain material selection differences

D. Using the same material everywhere to avoid the question entirely

393. A 43-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a well-defined unilocular radiolucency, biopsy showing a fibrous wall lined by thin epithelium with occasional mitotic figures in the basal layer, otherwise a typical keratocyst. Which is the MOST appropriate interpretation?

A. Definitive evidence of malignant transformation requiring immediate radical resection

B. An indication for oncologic staging workup

C. Evidence the diagnosis must be reclassified as ameloblastoma

D. A normal, expected finding reflecting baseline proliferative turnover rather than malignancy

394. A practice wants to ensure a patient's request to understand why a nightguard is recommended alongside routine cleanings is handled appropriately. Which approach is MOST appropriate?

A. Assuming the patient will not want to hear the reasoning

B. Explaining the specific findings, such as wear facets or muscle tenderness, supporting the recommendation

C. Declining to explain and simply providing the nightguard

D. Recommending it universally to all patients regardless of findings

395. A 42-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a poorly defined mixed radiolucent-radiopaque lesion, biopsy showing sheets of polyhedral odontogenic epithelial cells forming concentric amyloid-like Liesegang ring calcifications. Which is the MOST likely diagnosis?

A. Ameloblastoma

B. Odontogenic keratocyst

C. Calcifying epithelial odontogenic tumor (Pindborg tumor)

D. Central giant cell granuloma

396. A practice wants to ensure a patient's request to understand why an additional x-ray view is being taken beyond the routine series is handled appropriately. Which approach is MOST appropriate?

A. Explaining the specific diagnostic question the additional view is intended to help answer

B. Declining to explain the additional imaging

C. Assuming the patient will not want an explanation

D. Taking the additional view without any patient communication

397. A 41-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a well-defined unilocular radiolucency, biopsy showing a fibrous wall with focal squamous metaplasia within an otherwise typical dentigerous cyst lining. Which is the MOST appropriate interpretation?

A. Evidence the diagnosis should be changed to squamous cell carcinoma

B. A recognized secondary epithelial change that does not alter the underlying dentigerous cyst diagnosis

C. Evidence the diagnosis should be changed to odontogenic keratocyst

D. Evidence the diagnosis should be changed to radicular cyst

398. A practice wants to ensure a patient's request to understand why a specific procedure was not mentioned at a prior visit is handled appropriately. Which approach is MOST appropriate?

A. Assuming the patient misremembers the prior visit

B. Dismissing the question since treatment plans can change

C. Avoiding a direct answer to prevent the patient from questioning the plan further

D. Reviewing the record and explaining what has changed clinically since the prior visit

399. A 47-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a well-defined unilocular radiolucency, biopsy showing a fibrous wall with a documented history of a previously restored, now nonvital tooth after a deep restoration years earlier. Which is the MOST appropriate classification?

A. A dentigerous cyst, given the prior restorative history

B. A traumatic bone cyst, given the prior restorative history

C. A radicular cyst, since it arises from a nonvital tooth regardless of restorative cause

D. An odontogenic keratocyst, given the prior restorative history

400. A practice wants to ensure a patient's request to understand why the office recommends a specific mouthguard for sports rather than a cheaper generic one is handled appropriately. Which approach is MOST appropriate?

A. Explaining the specific fit, protection, and comfort advantages of a custom-fitted guard

B. Recommending it simply because the office sells it

C. Insisting the generic guard is never acceptable for any patient

D. Declining to explain the reasoning and letting the patient decide alone

401. A 34-year-old patient with a history of a single seizure 5 years ago, well-controlled on medication, presents for a routine extraction. Which consideration is MOST relevant?

A. General anesthesia is mandatory for any patient with a seizure history

B. Reviewing seizure control status and known triggers, with standard precautions and no special contraindication for local anesthesia

C. Local anesthetics with epinephrine are absolutely contraindicated

D. No dental treatment should be performed until the patient is seizure-free for life

402. A practice wants to ensure a patient's request to understand why a specific implant system was chosen over another is handled appropriately. Which approach is MOST appropriate?

A. Dismissing the patient's question without discussion

B. Assuming the patient will not understand the clinical reasoning

C. Explaining the clinical rationale for the chosen system based on the patient's specific situation

D. Declining to discuss implant system selection at all

403. A 26-year-old patient presents with a chief complaint of a tooth with a large carious lesion and a history of spontaneous pain that has now stopped, radiograph showing a periapical radiolucency, pulp testing negative. Which is the MOST likely explanation for the resolved pain?

A. The pulp has become necrotic, ending the pain signal from the now-dead tissue

B. The tooth has healed completely on its own

C. The original clinical diagnosis was simply incorrect

D. The patient's own pain threshold has gradually changed

404. A practice wants to ensure a patient's request for a second implant opinion from another dentist in the same practice is handled appropriately. Which approach is MOST appropriate?

A. Refusing any internal second opinion request

B. Assuming the request implies distrust and discontinuing treatment

C. Charging an additional undisclosed fee for the consultation

D. Facilitating the internal consultation as a reasonable patient request

405. A 48-year-old patient presents with a chief complaint of a single tooth with tenderness only on release of biting pressure, normal cold response, no visible fracture line, and normal periodontal probing. Which additional finding would be MOST confirmatory of a suspected crack?

A. A normal periapical radiograph alone
B. A negative response to electric pulp testing
C. Transillumination revealing a visible crack line under fiber-optic light
D. Generalized tenderness across the entire arch

406. A practice wants to ensure a patient's request to understand why a specific x-ray retake was needed is handled appropriately. Which approach is MOST appropriate?

A. Explaining that diagnostic-quality images are necessary and the first did not meet that standard
B. Declining to explain the reason for the retake
C. Assuming the patient will not want to know the reason
D. Blaming the patient for the retake without review

407. A 55-year-old patient presents with a chief complaint of jaw pain and stiffness worsening with wide opening, radiograph showing flattening and irregularity of the condylar head. Which is the MOST likely diagnosis?

A. Acute TMJ dislocation
B. Degenerative joint disease (osteoarthritis) of the TMJ
C. A mandibular fracture
D. Trigeminal neuralgia

408. A practice wants to ensure a patient's request to understand why a specific over-the-counter supplement matters before surgery is handled appropriately. Which approach is MOST appropriate?

A. Assuming supplements are never clinically relevant

B. Ignoring the question to save time during history-taking

C. Skipping the explanation since the patient did not ask directly

D. Explaining the supplement's known effects on bleeding or healing relevant to the planned surgery

409. A 30-year-old patient presents with a chief complaint of a single tooth with a J-shaped radiolucency along one root and a deep, isolated periodontal pocket, with a suspected vertical root fracture. Which diagnostic approach is MOST confirmatory?

A. Surgical exploration or cone-beam CT to directly visualize the fracture line

B. Standard bitewing radiographs reviewed alone without other imaging

C. Vitality testing performed alone without any imaging

D. Periodontal probing depth measured alone without any imaging

410. A practice wants to ensure a patient's request to understand why a specific medication dosage seems lower than expected is handled appropriately. Which approach is MOST appropriate?

A. Assuming the patient will not notice the lower dose

B. Explaining the clinical reasoning behind the specific dose selected for this patient

C. Increasing the dose automatically to match patient expectations

D. Declining to explain the dosing rationale

411. A 44-year-old patient with well-controlled hypothyroidism on stable levothyroxine presents for routine restorative care. Which statement is MOST accurate?

A. General anesthesia is required for any restorative procedure

B. Local anesthetics with epinephrine are absolutely contraindicated

C. Well-controlled hypothyroidism generally poses minimal additional risk for routine dental treatment

D. Antibiotic prophylaxis is required before any dental procedure

412. A practice wants to ensure a patient's request to understand why a filling is being placed instead of simply monitoring a small cavity is handled appropriately. Which approach is MOST appropriate?

A. Assuming the patient will not want the clinical reasoning explained

B. Monitoring regardless of the actual clinical indication to avoid the question

C. Declining to explain the basis for restorative intervention

D. Explaining the specific findings, such as cavitation or lesion depth, supporting restorative treatment now

413. A 38-year-old patient reports a 1-day history of severe pain in a mandibular molar worsened by chewing, with a large existing restoration and no visible fracture line. Which diagnostic step is MOST useful?

A. Having the patient bite on a stick or cotton roll to reproduce the pain

B. Extracting the tooth immediately without any further diagnostic testing

C. Prescribing an antibiotic as the first step without further testing

D. Assuming the pain is psychogenic without any further diagnostic testing

414. A practice wants to ensure a patient's request to understand why a specific denture adjustment is needed rather than a full remake is handled appropriately. Which approach is MOST appropriate?

A. Recommending a full remake regardless of the actual clinical appropriateness

B. Explaining that the specific sore spot can be resolved with a targeted adjustment rather than requiring full replacement

C. Declining to explain the clinical rationale for the adjustment at all

D. Assuming the patient will not want the reasoning explained to them

415. A 61-year-old patient presents with a chief complaint of intermittent, sharp facial pain triggered by light touch to the cheek, lasting seconds, following the distribution of one trigeminal branch. Which is the MOST likely diagnosis?

A. Myofascial pain

B. Temporal arteritis

C. Cluster headache

D. Trigeminal neuralgia

416. A practice wants to ensure a patient's request to understand why a specific occlusal adjustment is needed after a new crown is handled appropriately. Which approach is MOST appropriate?

A. Remaking the crown regardless of the occlusal finding

B. Assuming the patient will not want the occlusal explanation

C. Explaining that articulating paper identified a high contact requiring adjustment for comfortable function

D. Declining to explain the reason for the adjustment

417. A 49-year-old patient presents with a chief complaint of a firm, painless swelling of the posterior mandible, radiograph showing a well-defined unilocular radiolucency, biopsy showing thin non-keratinized epithelium with abundant mucous-secreting cells and duct-like structures. Which is the MOST likely diagnosis?

A. Radicular cyst

B. Dentigerous cyst

C. Glandular odontogenic cyst

D. Traumatic bone cyst

418. A practice wants to ensure a patient's request to understand why a specific referral to an endodontist rather than in-house retreatment is handled appropriately. Which approach is MOST appropriate?

A. Performing the retreatment anyway despite the referral recommendation

B. Explaining the specific case complexity or specialized technique reasons behind the referral

C. Declining to explain the referral rationale

D. Assuming the patient will not want to know the reasoning

419. A 42-year-old patient presents with a chief complaint of a painless, well-defined radiolucency associated with an unerupted mandibular second molar, biopsy showing reduced enamel epithelium without keratinization. Which is the MOST likely diagnosis?

A. Dentigerous cyst

B. Radicular cyst

C. Odontogenic keratocyst

D. Central giant cell granuloma

420. A practice wants to ensure a patient's request to understand why a specific whitening product is recommended over a cheaper drugstore option is handled appropriately. Which approach is MOST appropriate?

A. Recommending it simply because the office sells it

B. Insisting the drugstore option is never adequate for any patient

C. Declining to explain the reasoning and letting the patient decide alone

D. Explaining the specific evidence-based differences in concentration, fit, and supervision relevant to the patient

421. A 35-year-old patient presents with a chief complaint of a painless, exophytic, red mass on the gingiva that appeared rapidly during the second trimester of pregnancy, bleeding easily. Which is the MOST likely diagnosis?

A. Squamous cell carcinoma

B. Pyogenic granuloma (pregnancy tumor)

C. Irritation fibroma

D. Peripheral giant cell granuloma

422. A practice wants to ensure a patient's request to understand why a specific mouthwash is no longer being recommended is handled appropriately. Which approach is MOST appropriate?

A. Assuming the patient simply misunderstood the prior recommendation given

B. Avoiding a direct explanation entirely to prevent patient confusion

C. Explaining what has changed clinically or in the evidence supporting the updated recommendation

D. Ignoring the question since recommendations naturally evolve over time

423. A 44-year-old patient presents with a chief complaint of a painless, well-defined radiolucency at the apex of a nonvital maxillary incisor with a history of trauma, biopsy showing a fibrous cyst wall with occasional hyaline (Rushton) bodies within the epithelial lining. Which is the MOST likely diagnosis?

A. Dentigerous cyst
B. Odontogenic keratocyst
C. Traumatic bone cyst
D. Radicular cyst

424. A practice wants to ensure a patient's request to understand why a specific treatment sequence prioritizes disease severity over cosmetic concerns is handled appropriately. Which approach is MOST appropriate?

A. Discussing the clinical rationale for the sequence and reasonable compromises addressing both priorities
B. Automatically implementing the patient's preferred sequence without discussion
C. Refusing to discuss any alternative sequencing
D. Proceeding with the original sequence without acknowledging the request

425. A 31-year-old patient presents with a chief complaint of a painless, well-corticated radiolucency of the posterior mandible discovered incidentally, radiograph showing scalloping between roots of vital, non-displaced teeth, with an empty cavity confirmed on surgical exploration. Which is the MOST likely diagnosis?

A. Dentigerous cyst
B. Radicular cyst
C. Ameloblastoma
D. Traumatic (simple) bone cyst

426. A practice wants to ensure a patient's request to understand why a specific lab turnaround cannot be expedited without quality trade-offs is handled appropriately. Which approach is MOST appropriate?

A. Always accommodating rush requests regardless of quality implications

B. Refusing to discuss the request at all

C. Communicating realistic laboratory timelines and the quality considerations of rushing fabrication

D. Rushing the case without informing the patient of quality trade-offs

427. A 53-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a multilocular radiolucency with cortical thinning, biopsy showing follicles of odontogenic epithelium with peripheral columnar cells exhibiting reverse nuclear polarity around a stellate reticulum-like center. Which is the MOST likely diagnosis?

A. Ameloblastoma

B. Odontogenic keratocyst

C. Traumatic bone cyst

D. Central giant cell granuloma

428. A practice wants to ensure a patient's request to understand why an antibiotic prescribed for a shorter duration than expected is appropriate is handled appropriately. Which approach is MOST appropriate?

A. Assuming the patient will not notice the shorter duration

B. Explaining that current evidence-based guidance supports the shorter, clinically appropriate duration prescribed

C. Extending the duration automatically to match expectations

D. Declining to explain the prescribing rationale

429. A 27-year-old patient presents with a chief complaint of a painless, well-defined radiolucency associated with the crown of an unerupted maxillary canine, biopsy showing thin reduced enamel epithelium without any keratinization or hard tissue elements. Which is the MOST likely diagnosis?

A. Radicular cyst

B. Dentigerous cyst

C. Odontogenic keratocyst

D. Central giant cell granuloma

430. A practice wants to ensure a patient's request to understand why a specific bone graft material was chosen over an alternative is handled appropriately. Which approach is MOST appropriate?

A. Explaining the clinical rationale for the chosen material based on the patient's specific anatomic situation
B. Assuming the patient will not understand the material science involved
C. Declining to discuss graft material selection
D. Using whichever material is cheapest without explanation

431. A 46-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a slightly ill-defined radiolucency with a 'tennis racket' trabecular pattern, biopsy showing loosely arranged spindle and stellate cells within an abundant myxoid stroma. Which is the MOST likely diagnosis?

A. Ameloblastoma
B. Squamous odontogenic tumor
C. Odontogenic myxoma
D. Central giant cell granuloma

432. A practice wants to ensure a patient's request to understand why a specific treatment plan modification changes the overall cost is handled appropriately. Which approach is MOST appropriate?

A. Automatically implementing the change without discussing cost implications
B. Refusing to discuss any cost changes with the patient
C. Assuming the patient will not want the cost breakdown explained
D. Discussing the clinical implications and any resulting cost or timeline changes before proceeding

433. A 40-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a well-defined unilocular radiolucency, biopsy showing thin epithelium with a corrugated parakeratinized surface and satellite cysts. Which is the MOST likely diagnosis?

A. Odontogenic keratocyst
B. Dentigerous cyst
C. Radicular cyst
D. Traumatic bone cyst

434. A practice wants to ensure a patient's request to understand why a specific occlusal splint is recommended over extraction of posterior teeth for bruxism is handled appropriately. Which approach is MOST appropriate?

A. Extracting the teeth regardless of the actual clinical indication present
B. Declining to explain the rationale behind the conservative approach chosen
C. Explaining that a splint conservatively protects the dentition, reserving extraction for cases where it is truly indicated
D. Assuming the patient will not want the reasoning explained at all

435. A 44-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a multilocular radiolucency with a honeycomb trabecular pattern, biopsy showing loosely arranged stellate and spindle cells within a myxoid stroma and scattered thin collagen fibers. Which is the MOST likely diagnosis?

A. Ameloblastoma
B. Squamous odontogenic tumor
C. Central giant cell granuloma
D. Odontogenic myxoma

436. A practice wants to ensure a patient's request to understand why a specific implant abutment material was chosen is handled appropriately. Which approach is MOST appropriate?

A. Assuming the patient will not care about the material reasoning
B. Explaining the specific biocompatibility and esthetic reasons behind the abutment material choice
C. Declining to explain material selection
D. Using whichever abutment is cheapest without explanation

437. A 50-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a multilocular radiolucency, biopsy showing thin strands of odontogenic epithelium interconnected in a plexiform network rather than discrete follicles. Which is the MOST likely diagnosis?

A. Odontogenic keratocyst
B. Plexiform ameloblastoma
C. Traumatic bone cyst
D. Central giant cell granuloma

438. A practice wants to ensure a patient's request to understand why a specific periodontal maintenance interval is more frequent than a typical cleaning schedule is handled appropriately. Which approach is MOST appropriate?

A. Assuming the patient will not care about the reasoning
B. Declining to explain a routine clinical decision
C. Explaining the specific periodontal risk factors supporting the more frequent maintenance interval
D. Reverting to a standard interval to avoid the discussion

439. A 51-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a well-defined unilocular radiolucency, biopsy showing an empty cavity with a thin fibrous wall lacking epithelial lining. Which is the MOST likely diagnosis?

A. Traumatic (simple) bone cyst
B. Dentigerous cyst
C. Radicular cyst
D. Ameloblastoma

440. A practice wants to ensure a patient's request to understand why a specific temporary crown material was used rather than a stronger option is handled appropriately. Which approach is MOST appropriate?

A. Assuming the patient will not care about the material reasoning

B. Declining to explain the temporary material selection

C. Using the strongest available material for every temporary regardless of need

D. Explaining that temporary materials are selected for ease of removal and short-term function, not permanent strength

441. A 33-year-old patient presents with a chief complaint of a painless, well-defined radiolucency associated with the crown of an unerupted mandibular premolar, biopsy showing thin reduced enamel epithelium without keratinization or hard tissue elements. Which is the MOST likely diagnosis?

A. Dentigerous cyst

B. Odontogenic keratocyst

C. Radicular cyst

D. Traumatic bone cyst

442. A practice wants to ensure a patient's request to understand why a specific retainer material was chosen over another after orthodontic treatment is handled appropriately. Which approach is MOST appropriate?

A. Assuming the patient will not care about the material reasoning

B. Explaining the specific durability, comfort, and retention considerations behind the material choice

C. Declining to explain retainer material selection

D. Using whichever retainer material is cheapest without explanation

443. A 40-year-old patient presents with a chief complaint of a painless, firm, slow-growing swelling of the posterior mandible, radiograph showing a radiopaque mass fused directly to the root apex of a vital molar with a thin surrounding radiolucent rim. Which is the MOST likely diagnosis?

A. Osteosarcoma

B. Central giant cell granuloma

C. Cementoblastoma

D. Ameloblastoma

444. A practice wants to ensure a patient's request to understand why a specific fluoride treatment concentration was chosen for a high-risk patient is handled appropriately. Which approach is MOST appropriate?

A. Assuming the patient will not care about the concentration reasoning
B. Declining to explain the fluoride concentration selection
C. Using the lowest available concentration regardless of risk level
D. Explaining that the higher concentration is matched to the patient's elevated caries risk

445. A 46-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a poorly defined mixed radiolucent-radiopaque lesion, biopsy showing sheets of polyhedral epithelial cells with Liesegang ring calcifications. Which is the MOST likely diagnosis?

A. Ameloblastoma
B. Odontogenic keratocyst
C. Calcifying epithelial odontogenic tumor (Pindborg tumor)
D. Central giant cell granuloma

446. A practice wants to ensure a patient's request to understand why a specific impression material was used rather than a digital scan is handled appropriately. Which approach is MOST appropriate?

A. Assuming the patient will not care about the material or method reasoning
B. Declining to explain the impression method selection
C. Using whichever method is fastest regardless of case suitability
D. Explaining the specific clinical factors, such as case complexity, favoring the chosen impression method

447. A 54-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a well-defined unilocular radiolucency, biopsy showing thin, uniform parakeratinized epithelium with palisaded basal layer. Which is the MOST likely diagnosis?

A. Odontogenic keratocyst

B. Dentigerous cyst

C. Radicular cyst

D. Traumatic bone cyst

448. A practice wants to ensure a patient's request to understand why a specific post-operative pain regimen relies on NSAIDs rather than opioids is handled appropriately. Which approach is MOST appropriate?

A. Assuming the patient will not want the reasoning explained at all

B. Explaining that NSAIDs effectively target the inflammatory source of most dental pain with a favorable safety profile

C. Prescribing opioids automatically to match the patient expectations

D. Declining to explain the pain management rationale entirely

449. A 37-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a well-defined unilocular radiolucency associated with an unerupted premolar, biopsy showing reduced enamel epithelium consistent with dentigerous origin. Which is the MOST likely diagnosis?

A. Radicular cyst

B. Dentigerous cyst

C. Odontogenic keratocyst

D. Traumatic bone cyst

450. A practice wants to ensure a patient's request to understand why a specific night splint thickness was chosen over a thinner option is handled appropriately. Which approach is MOST appropriate?

A. Assuming the patient will not care about the thickness reasoning

B. Declining to explain the splint thickness selection

C. Using the thinnest available splint regardless of the patient's bruxism severity

D. Explaining that the thickness was matched to the severity of the patient's bruxism and protective needs

451. A 37-year-old patient presents with a chief complaint of a painless, well-defined radiolucency at the apex of a nonvital maxillary lateral incisor with a history of a large restoration placed 2 years earlier, biopsy showing a fibrous wall lined by non-keratinized epithelium with dense chronic inflammatory infiltrate. Which is the MOST likely diagnosis?

A. Dentigerous cyst
B. Odontogenic keratocyst
C. Radicular cyst
D. Traumatic bone cyst

452. A practice wants to ensure a patient's request to understand why a specific occlusal guard material was chosen over a softer option is handled appropriately. Which approach is MOST appropriate?

A. Explaining the specific durability and bruxism-severity reasons behind the harder material choice
B. Assuming the patient will not care about the material reasoning
C. Declining to explain guard material selection
D. Using whichever material is cheapest without explanation

453. A 41-year-old patient presents with a chief complaint of a painless, well-corticated radiolucency of the posterior mandible discovered incidentally, radiograph showing scalloping around the roots of adjacent vital, non-displaced teeth. Which is the MOST likely diagnosis?

A. Radicular cyst
B. Traumatic (simple) bone cyst
C. Ameloblastoma
D. Dentigerous cyst

454. A practice wants to ensure a patient's request to understand why a specific crown margin location was chosen is handled appropriately. Which approach is MOST appropriate?

A. Assuming the patient will not care about the margin reasoning
B. Declining to explain margin placement decisions

C. Placing the margin wherever is fastest regardless of biologic width

D. Explaining the biologic width and esthetic considerations behind the specific margin location chosen

455. A 32-year-old patient presents with a chief complaint of a painless, well-defined radiolucency associated with the crown of an unerupted maxillary lateral incisor, biopsy showing thin reduced enamel epithelium without any keratinization. Which is the MOST likely diagnosis?

A. Dentigerous cyst

B. Radicular cyst

C. Odontogenic keratocyst

D. Central giant cell granuloma

456. A practice wants to ensure a patient's request to understand why a specific bite registration material was used is handled appropriately. Which approach is MOST appropriate?

A. Assuming the patient will not care about the material reasoning

B. Declining to explain bite registration material selection

C. Explaining the specific accuracy and setting-time considerations behind the material choice

D. Using whichever material is fastest regardless of accuracy needs

457. A 44-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior maxilla, radiograph showing a poorly defined mixed radiolucent-radiopaque lesion, biopsy showing polyhedral epithelial cells and concentric amyloid-like Liesegang ring calcifications. Which is the MOST likely diagnosis?

A. Ameloblastoma

B. Odontogenic keratocyst

C. Calcifying epithelial odontogenic tumor (Pindborg tumor)

D. Central giant cell granuloma

458. A practice wants to ensure a patient's request to understand why a specific post-and-core material was chosen for a root-canal-treated tooth is handled appropriately. Which approach is MOST appropriate?

A. Explaining the specific strength and esthetic reasons behind the post-and-core material choice
B. Assuming the patient will not care about the material reasoning
C. Declining to explain post-and-core material selection
D. Using whichever material is cheapest without explanation

459. A 30-year-old patient presents with a chief complaint of a painless, well-corticated radiolucency of the posterior mandible discovered incidentally, radiograph showing scalloping between roots of vital teeth, surgical exploration revealing an empty cavity without any epithelial lining. Which is the MOST likely diagnosis?

A. Radicular cyst
B. Dentigerous cyst
C. Ameloblastoma
D. Traumatic (simple) bone cyst

460. A practice wants to ensure a patient's request to understand why a specific denture base resin was chosen over another is handled appropriately. Which approach is MOST appropriate?

A. Assuming the patient will not care about the resin reasoning
B. Explaining the specific strength, fit, and biocompatibility considerations behind the resin choice
C. Declining to explain denture base material selection
D. Using whichever resin is cheapest without explanation

461. A 45-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing an expansile multilocular radiolucency with root resorption of adjacent teeth, biopsy showing odontogenic epithelium with peripheral columnar cells and reverse polarity. Which is the MOST likely diagnosis?

A. Odontogenic keratocyst
B. Ameloblastoma
C. Traumatic bone cyst
D. Central giant cell granuloma

462. A practice wants to ensure a patient's request to understand why a specific orthodontic wire was chosen at a particular stage of treatment is handled appropriately. Which approach is MOST appropriate?

A. Assuming the patient will not care about the wire reasoning
B. Declining to explain wire selection at this stage
C. Explaining the specific force and flexibility considerations behind the wire choice at this treatment stage
D. Using whichever wire is available regardless of the treatment stage

463. A 38-year-old patient presents with a chief complaint of a painless, ill-defined swelling of the posterior mandible, radiograph showing a radiolucency with a faint 'honeycomb' trabecular pattern, biopsy showing loosely arranged stellate cells within an abundant myxoid ground substance and minimal epithelium. Which is the MOST likely diagnosis?

A. Odontogenic myxoma
B. Ameloblastoma
C. Squamous odontogenic tumor
D. Central giant cell granuloma

464. A practice wants to ensure a patient's request to understand why a specific tooth-whitening tray thickness was chosen is handled appropriately. Which approach is MOST appropriate?

A. Assuming the patient will not care about the tray reasoning
B. Declining to explain the tray thickness selection
C. Using the thinnest tray regardless of the whitening gel concentration used
D. Explaining that the tray thickness is matched to the specific whitening gel concentration and delivery needs

465. A 61-year-old patient presents with a chief complaint of a painless, firm swelling of the anterior mandible, radiograph showing a well-defined, unilocular radiolucency situated between the roots of two vital anterior teeth, biopsy showing thin non-keratinized epithelium arising from dental lamina rests. Which is the MOST likely diagnosis?

A. Radicular cyst
B. Lateral periodontal cyst
C. Dentigerous cyst
D. Odontogenic keratocyst

466. A practice wants to ensure a patient's request to understand why a specific temporary cement was used over a stronger permanent one is handled appropriately. Which approach is MOST appropriate?

A. Assuming the patient will not care about the cement reasoning
B. Declining to explain the temporary cement selection
C. Explaining that temporary cement allows for planned removal and evaluation before final cementation
D. Using the strongest available cement for every temporary regardless of need

467. A 57-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a multilocular radiolucency, biopsy showing anastomosing strands of odontogenic epithelium forming a plexiform network without discrete follicular structures. Which is the MOST likely diagnosis?

A. Odontogenic keratocyst
B. Central giant cell granuloma
C. Traumatic bone cyst
D. Plexiform ameloblastoma

468. A practice wants to ensure a patient's request to understand why a specific dental adhesive system was chosen over another is handled appropriately. Which approach is MOST appropriate?

A. Explaining the specific bond strength and technique-sensitivity considerations behind the adhesive choice

B. Assuming the patient will not care about the adhesive reasoning

C. Declining to explain adhesive system selection

D. Using whichever adhesive is cheapest without explanation

469. A 24-year-old patient presents with a chief complaint of a painless, well-defined radiolucency associated with the crown of an unerupted mandibular canine, biopsy showing thin reduced enamel epithelium without any keratinization. Which is the MOST likely diagnosis?

A. Dentigerous cyst

B. Radicular cyst

C. Odontogenic keratocyst

D. Central giant cell granuloma

470. A practice wants to ensure a patient's request to understand why a specific impression tray size was selected is handled appropriately. Which approach is MOST appropriate?

A. Assuming the patient will not care about the tray size reasoning

B. Declining to explain tray size selection

C. Using whichever tray is fastest to prepare regardless of fit

D. Explaining that the tray size was matched to the patient's specific arch dimensions for an accurate impression

471. A 33-year-old patient presents with a chief complaint of a painless, well-defined radiolucency between the roots of a vital mandibular first and second premolar, biopsy showing thin non-keratinized epithelium with focal plaque-like thickenings arising from dental lamina rests. Which is the MOST likely diagnosis?

A. Radicular cyst

B. Lateral periodontal cyst

C. Dentigerous cyst

D. Odontogenic keratocyst

472. A practice wants to ensure a patient's request to understand why a specific composite shade layering technique was used is handled appropriately. Which approach is MOST appropriate?

A. Assuming the patient will not care about the layering reasoning

B. Declining to explain the shade layering technique

C. Explaining that layering different shades mimics natural tooth translucency and depth for a more esthetic result

D. Using a single uniform shade regardless of esthetic outcome

473. A 47-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a poorly defined mixed radiolucent-radiopaque lesion, biopsy showing odontogenic epithelial islands embedded within a densely hyalinized, collagenized fibrous stroma. Which is the MOST likely diagnosis?

A. Ameloblastoma, classic pattern

B. Desmoplastic ameloblastoma

C. Odontogenic keratocyst

D. Central giant cell granuloma

474. A practice wants to ensure a patient's request to understand why a specific gingival retraction technique was used before an impression is handled appropriately. Which approach is MOST appropriate?

A. Explaining that retraction exposes the margin fully for an accurate impression of the prepared tooth

B. Assuming the patient will not care about the retraction reasoning

C. Declining to explain the retraction technique used

D. Skipping retraction regardless of margin location to save time

475. A 26-year-old patient presents with a chief complaint of a painless, well-corticated radiolucency of the anterior mandible discovered incidentally, radiograph showing scalloping between roots of vital, non-displaced teeth, surgical exploration revealing an empty cavity. Which is the MOST likely diagnosis?

A. Radicular cyst
B. Dentigerous cyst
C. Ameloblastoma
D. Traumatic (simple) bone cyst

476. A practice wants to ensure a patient's request to understand why a specific provisional restoration is being kept in place longer than usual is handled appropriately. Which approach is MOST appropriate?

A. Assuming the patient will not care about the reasoning
B. Declining to explain the extended provisional period
C. Explaining the specific clinical reason, such as monitoring tissue response, for the extended provisional period
D. Placing the final restoration regardless of the actual clinical readiness

477. A 39-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a well-defined unilocular radiolucency associated with an impacted second molar, biopsy showing reduced enamel epithelium consistent with dentigerous origin. Which is the MOST likely diagnosis?

A. Radicular cyst
B. Odontogenic keratocyst
C. Dentigerous cyst
D. Traumatic bone cyst

478. A practice wants to ensure a patient's request to understand why a specific splint design was chosen for periodontally involved teeth is handled appropriately. Which approach is MOST appropriate?

A. Explaining the specific stabilization and hygiene-access considerations behind the splint design chosen
B. Assuming the patient will not care about the splint design reasoning
C. Declining to explain splint design selection
D. Using whichever splint design is fastest to fabricate regardless of need

479. A 46-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a well-defined unilocular radiolucency, biopsy showing an empty cavity with dense hyalinized collagen and no epithelial lining. Which is the MOST likely diagnosis?

A. Radicular cyst
B. Traumatic (simple) bone cyst
C. Dentigerous cyst
D. Ameloblastoma

480. A practice wants to ensure a patient's request to understand why a specific implant healing period was recommended before loading is handled appropriately. Which approach is MOST appropriate?

A. Assuming the patient will not care about the healing period reasoning
B. Declining to explain the healing period recommendation
C. Loading the implant immediately regardless of osseointegration status
D. Explaining that the healing period allows adequate osseointegration before functional loading begins

481. A 33-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a well-defined unilocular radiolucency, biopsy showing thin, uniform parakeratinized epithelium with palisaded basal layer. Which is the MOST likely diagnosis?

A. Odontogenic keratocyst
B. Dentigerous cyst
C. Radicular cyst
D. Traumatic bone cyst

482. A practice wants to ensure a patient's request to understand why a specific bruxism appliance is recommended for daytime versus nighttime use is handled appropriately. Which approach is MOST appropriate?

A. Assuming the patient will not care about the timing reasoning

B. Declining to explain the daytime versus nighttime distinction

C. Explaining that the specific appliance design is matched to when the patient's clenching or grinding actually occurs

D. Recommending the same appliance for both daytime and nighttime regardless of the patient's pattern

483. A 50-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a well-defined unilocular radiolucency associated with an unerupted molar, biopsy showing reduced enamel epithelium consistent with dentigerous origin. Which is the MOST likely diagnosis?

A. Radicular cyst

B. Dentigerous cyst

C. Odontogenic keratocyst

D. Traumatic bone cyst

484. A practice wants to ensure a patient's request to understand why a specific dental cement was chosen for a final crown seating is handled appropriately. Which approach is MOST appropriate?

A. Assuming the patient will not care about the cement reasoning

B. Declining to explain the final cement selection

C. Using whichever cement is cheapest regardless of the clinical situation

D. Explaining the specific retention, esthetic, and sensitivity considerations behind the final cement choice

485. A 29-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the anterior maxilla, radiograph showing an expansile radiolucency with a 'soap bubble' pattern, biopsy showing numerous multinucleated giant cells in a cellular, vascular fibrous stroma with hemosiderin deposits. Which is the MOST likely diagnosis?

A. Odontogenic keratocyst

B. Central giant cell granuloma

C. Ameloblastoma

D. Traumatic bone cyst

486. A practice wants to ensure a patient's request to understand why a specific flossing technique was demonstrated over a simpler alternative is handled appropriately. Which approach is MOST appropriate?

A. Assuming the patient will not care about the technique reasoning
B. Declining to explain the flossing technique demonstrated
C. Using whichever technique is quickest to demonstrate regardless of effectiveness
D. Explaining that the specific technique more effectively removes plaque from the patient's particular tooth contacts and spacing

487. A 43-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a poorly defined mixed radiolucent-radiopaque lesion, biopsy showing round cementum-like calcifications with odontogenic epithelium. Which is the MOST likely diagnosis?

A. Ameloblastoma
B. Odontogenic keratocyst
C. Ameloblastic fibrodentinoma
D. Central giant cell granuloma

488. A practice wants to ensure a patient's request to understand why a specific local anesthetic was chosen for a lengthy procedure over a shorter-acting one is handled appropriately. Which approach is MOST appropriate?

A. Explaining that the chosen agent's longer duration better matches the expected length of the planned procedure
B. Assuming the patient will not care about the anesthetic reasoning
C. Declining to explain anesthetic selection
D. Using whichever anesthetic is available regardless of procedure length

489. A 35-year-old patient presents with a chief complaint of a painless, ill-defined swelling of the anterior mandible, radiograph showing a radiolucency with a subtle honeycomb trabecular pattern,

biopsy showing loose, myxoid connective tissue with scattered spindle cells and minimal true epithelium. Which is the MOST likely diagnosis?

A. Ameloblastoma
B. Squamous odontogenic tumor
C. Odontogenic myxoma
D. Central giant cell granuloma

490. A practice wants to ensure a patient's request to understand why a specific x-ray sensor size was used is handled appropriately. Which approach is MOST appropriate?

A. Assuming the patient will not care about the sensor size reasoning
B. Explaining that the sensor size was selected to adequately capture the specific area needing diagnostic evaluation
C. Declining to explain sensor size selection
D. Using whichever sensor is fastest to place regardless of diagnostic coverage

491. A 48-year-old patient presents with a chief complaint of a painless, well-defined radiolucency at the apex of a nonvital mandibular first molar with a history of a deep carious lesion, biopsy showing a fibrous cyst wall lined by non-keratinized epithelium with dense chronic inflammation. Which is the MOST likely diagnosis?

A. Radicular cyst
B. Odontogenic keratocyst
C. Traumatic bone cyst
D. Dentigerous cyst

492. A practice wants to ensure a patient's request to understand why a specific retraction cord size was used for a crown preparation is handled appropriately. Which approach is MOST appropriate?

A. Assuming the patient will not care about the cord size reasoning
B. Declining to explain retraction cord size selection

C. Using whichever cord size is available regardless of sulcus depth

D. Explaining that the cord size was matched to the patient's specific gingival sulcus depth for adequate retraction

493. A 52-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a multilocular radiolucency, biopsy showing sheets of odontogenic epithelium with peripheral palisading and reverse polarity around stellate reticulum-like tissue. Which is the MOST likely diagnosis?

A. Ameloblastoma

B. Odontogenic keratocyst

C. Traumatic bone cyst

D. Central giant cell granuloma

494. A practice wants to ensure a patient's request to understand why a specific bleaching tray reservoir was added is handled appropriately. Which approach is MOST appropriate?

A. Assuming the patient will not care about the reservoir reasoning

B. Declining to explain the reservoir addition

C. Omitting the reservoir regardless of the whitening gel's needs

D. Explaining that the reservoir holds additional gel against specific teeth needing more contact time

495. A newborn presents with a chief complaint of small, white, keratin-filled papules along the midline of the hard palate, present since birth, resolving spontaneously without treatment within a few weeks. Which is the MOST likely diagnosis?

A. Congenital epulis of the newborn

B. Gingival cysts of the newborn (Epstein pearls)

C. Natal teeth present at birth

D. Ranula of the floor of mouth

496. A practice wants to ensure a patient's request to understand why a specific occlusal adjustment sequence was used across multiple teeth is handled appropriately. Which approach is MOST appropriate?

A. Assuming the patient will not care about the sequencing reasoning

B. Declining to explain the adjustment sequence used

C. Explaining that the sequence systematically identifies and resolves interferences from posterior to anterior contacts

D. Adjusting teeth in a random order regardless of interference patterns

497. A 56-year-old patient presents with a chief complaint of a painless, slow-growing swelling of the posterior mandible, radiograph showing a poorly defined radiolucent-radiopaque lesion, biopsy showing odontogenic epithelial islands within densely hyalinized stroma. Which is the MOST likely diagnosis?

A. Ameloblastoma, classic pattern

B. Odontogenic keratocyst

C. Central giant cell granuloma

D. Desmoplastic ameloblastoma

498. A practice wants to ensure a patient's request to understand why a specific fissure sealant material was chosen over another is handled appropriately. Which approach is MOST appropriate?

A. Explaining the specific retention and moisture-tolerance considerations behind the sealant material choice

B. Assuming the patient will not care about the material reasoning

C. Declining to explain sealant material selection

D. Using whichever sealant is cheapest without explanation

499. A 43-year-old patient presents with a chief complaint of a firm, painless swelling on the hard palate midline present for many years, slowly enlarging, with normal thin mucosa covering the bony mass on exam. Which is the MOST likely diagnosis?

A. Pleomorphic adenoma

B. Torus palatinus

C. Osteosarcoma

D. Squamous cell carcinoma

500. A practice wants to ensure a patient's request to understand why the office closes out a treatment file with a specific documentation checklist after comprehensive care is completed is handled appropriately. Which approach is MOST appropriate?

A. Assuming the patient will not care about the closeout process at all

B. Declining to explain the file closeout process entirely

C. Explaining that the checklist ensures all notes, consent, and recall recommendations are finalized before closing the active file

D. Skipping the checklist regardless of whether documentation is truly complete

Practice Exam 5: Answer Key and Explanations

1. C — Patients with a prosthetic heart valve fall into the highest-risk cardiac category for infective endocarditis, and prophylaxis is indicated for procedures involving gingival manipulation such as scaling and root planing. Prophylaxis is not limited to orthopedic implants, nor is it required for every routine cleaning regardless of tissue manipulation or bleeding risk.

2. B — An unresolved allergy alert conflicting with a planned prescription requires pausing to directly clarify the allergy with the patient and adjusting the prescription accordingly before proceeding, since assuming the alert is outdated risks a preventable adverse reaction. Waivers or administrative-only resolution do not substitute for direct clinical verification of a safety-relevant allergy conflict.

3. A — A deep carious lesion in a primary molar without periapical involvement or spontaneous pain is appropriately managed with indirect pulp therapy to preserve remaining healthy dentin and pulp vitality, followed by a stainless steel crown for durable coverage. Immediate extraction or pulpectomy are more aggressive than indicated, and observation alone leaves active decay untreated.

4. D — A report of sharps mishandling by a coworker warrants prompt investigation and, if confirmed, retraining or correction of the practice to prevent injury, rather than placing the burden on the reporting employee or waiting for an actual injury or formal written complaint. Timely correction of unsafe sharps handling is a basic infection-control and occupational-safety obligation.

5. A — Selective anesthesia testing, administering local anesthetic to individual teeth in sequence, is a useful diagnostic technique for isolating a poorly localized pain source when the patient cannot pinpoint a specific tooth. Prescribing antibiotics or extracting a tooth based on patient pointing alone, without objective localization, risks treating the wrong tooth entirely.

6. B — When a hygienist identifies a suspicious lesion, the appropriate step is documenting the finding and notifying the supervising dentist for evaluation before the patient leaves, ensuring timely diagnostic follow-up. Independently biopsying the lesion exceeds the hygienist's scope of practice, and dismissing the finding or deferring it to the next recall risks a harmful delay.

7. D — For a patient with a mild, non-anaphylactic penicillin allergy, current guidance supports cephalexin, azithromycin, clarithromycin, or doxycycline as appropriate prophylactic alternatives, since clindamycin is no longer recommended due to its association with more frequent, severe reactions including C. difficile infection. Reduced-dose amoxicillin remains contraindicated, and omitting prophylaxis ignores the qualifying indication.

8. C — When an insurer requests a narrative justifying medical necessity, the dentist should provide an accurate account reflecting the actual documented clinical findings, supporting a legitimate claim without misrepresentation. Ignoring the request, exaggerating findings to guarantee approval, or redirecting the insurer to the patient all fail this straightforward documentation obligation owed to a payer.

9. D — A denture-related ulcer that fails to resolve after adjustment and relief of the prosthesis for an appropriate period raises concern for a process beyond simple mechanical irritation, such as a premalignant or malignant lesion, warranting biopsy for a definitive diagnosis. Continued adjustment, reassurance, or a new denture without addressing the non-healing ulcer itself all risk missing a significant finding.

10. A — An illegible medication history section requires directly contacting the patient to clarify the actual current medications before proceeding with treatment, since guessing, skipping the section, or assuming no medications are taken all risk missing a clinically significant drug interaction or contraindication. Accurate, verified medication reconciliation is foundational to safe treatment planning for every patient.

11. C — Intermittent, meal-triggered facial swelling near the jaw angle is a classic pattern suggesting salivary gland or duct obstruction, warranting evaluation including palpation for a possible stone and appropriate imaging to confirm the diagnosis before determining management. Prescribing antibiotics or recommending gland removal without this basic workup skips necessary diagnostic steps.

12. B — When a patient requests skipping standard laboratory quality-control steps to expedite a case, the appropriate response is explaining why those steps protect the fit, function, and longevity of the final restoration, and declining to bypass them. Skipping steps for any case, or deferring the decision entirely to the lab, both risk delivering a compromised final product.

13. D — A single tooth that darkens after trauma, even without pain and with a currently normal-appearing radiograph, requires pulp vitality testing to determine whether the pulp remains vital or has become necrotic, since discoloration alone does not confirm the pulpal status. Extraction, bleaching, or crown placement without this basic diagnostic step would be premature.

14. A — Local anesthetic cartridges exposed to temperatures above the manufacturer's recommended storage range should be quarantined and their stability confirmed before further clinical use, since heat exposure can degrade the active agent and reduce anesthetic efficacy or safety. Using the cartridges as normal, reserving them for select patients, or discarding all office anesthetic unnecessarily are inappropriate responses.

15. B — ACE inhibitors are a recognized cause of taste disturbance (dysgeusia), and a new metallic taste with oral discomfort following initiation of this medication class is most consistent with a known pharmacologic side effect, rather than an unrelated dental infection, a vitamin deficiency, or a coincidental normal finding requiring no explanation at all.

16. C — When asked to perform a procedure beyond their legally permitted scope of practice, a dental assistant should decline and clarify the scope-of-practice limitation directly with the supervising dentist, protecting both the patient and the assistant from an unauthorized, unsafe delegation of duties. Proceeding regardless of direction, patient consent, or discretion all violate state practice act requirements.

17. C — Having the patient bite on a stick or cotton roll to selectively load individual cusps is a classic clinical technique to reproduce sharp pain on release, supporting a diagnosis of a cracked tooth even without a visible fracture line. Assuming a psychogenic cause, extracting immediately, or prescribing antibiotics all skip this simple, informative diagnostic test.

18. A — A biological indicator (spore test) failure indicates the sterilization cycle may not have adequately killed all microorganisms, and this result should be trusted and acted upon even if the cycle appeared visually normal, since visual inspection cannot confirm true sterility. Continuing normal use, waiting for a second failure, or limiting use to non-critical instruments all disregard this critical safety signal.

19. B — For a patient with an insulin pump, scheduling the appointment to avoid periods of peak insulin activity and ensuring the patient has eaten normally beforehand reduces the risk of an intraoperative hypoglycemic episode. Ignoring meal and insulin timing, stopping insulin unsupervised, or requiring hospitalization for routine extractions are all inappropriate or unnecessary responses to well-controlled diabetes.

20. D — Discovering an unusually high fracture rate for a specific bur brand warrants reporting the issue to the manufacturer or relevant regulatory body and discontinuing use pending review, protecting patients and staff from a recognized product safety concern. Continuing use, limiting use to lower-risk sites, or waiting for actual patient harm before acting all delay an appropriate safety response.

21. D — Progressive swelling, warmth, and trismus from an untreated carious tooth over several days indicates a developing odontogenic infection requiring prompt drainage and definitive management of the causative tooth, combined with antibiotics as clinically indicated, rather than antibiotics alone, analgesics alone, or observation, none of which address the underlying source of the infection.

22. B — A patient significantly overdue for periodontal maintenance should be proactively re-engaged through outreach that is documented in the record, supporting continuity of preventive care rather than passively waiting for the patient to initiate contact. Removing the patient from recall or assuming they found another provider without confirmation both abandon appropriate follow-up responsibility.

23. A — Moderate chronic periodontitis with horizontal bone loss is appropriately managed initially with nonsurgical scaling and root planing followed by reevaluation of tissue response, before considering more invasive options. Immediate extraction of mobile teeth, antibiotics without mechanical debridement, or surgery as a first step all bypass this foundational, evidence-based initial therapy.

24. C — An outdated insurance list on a practice website should be promptly updated to reflect current, accurate contract information, preventing patient confusion or billing disputes arising from relying on stale information. Leaving it unchanged, assuming patients will verify independently, or removing insurance information entirely instead of updating it all fail this basic accuracy obligation.

25. A — A normal cold response combined with a widened periodontal ligament space and percussion tenderness following a recently placed high restoration is classic for localized occlusal trauma causing ligament inflammation, rather than pulpitis, a cyst, or a root fracture, none of which fit this specific presentation tied temporally to the new restoration.

26. C — A data breach exposing protected health information requires following applicable breach notification requirements, including timely notification to affected patients as mandated by law, rather than waiting passively, fixing only the technical issue, or notifying solely the insurance carrier. Prompt, compliant notification protects patients and fulfills the practice's legal and ethical obligations.

27. B — Recurrent aphthous ulcers commonly correlate with psychological stress as a recognized precipitating trigger, consistent with this pattern tied specifically to exam periods and resolving within the typical two-week window without other systemic symptoms. A chronic viral infection, autoimmune blistering disease, or nutritional deficiency would typically present with additional distinguishing features not described here.

28. D — A shared workstation left logged into a patient's chart creates a privacy and security risk, and the appropriate fix is implementing automatic screen locks or requiring staff to log out whenever stepping away, rather than relying on memory, situational judgment about who else is present, or treating it as a minor, low-priority issue.

29. A — Burning localized precisely to the area of contact with an ill-fitting partial denture, with visible erythema confined to that site, points to localized mechanical or pressure-related mucosal irritation from the prosthesis rather than burning mouth syndrome, which requires ruling out identifiable causes, a systemic deficiency, or trigeminal neuralgia, none of which match this localized pattern.

30. B — Adopting a new clinical device based on manufacturer promotional materials alone risks basing patient care on unverified claims, so the appropriate approach is seeking independent, peer-reviewed evidence of safety and efficacy before adoption. Deciding based on cost alone or demonstration video appearance both substitute marketing impressions for genuine evidence-based evaluation.

31. C — Significant alveolar ridge resorption undermines the retention of a conventional complete denture regardless of base weight or adhesive use, while an implant-retained overdenture provides mechanical retention independent of ridge height, directly addressing the underlying anatomic limitation. A heavier base, adhesive alone, or a simple reline do not correct the loss of ridge support.

32. D — An emergency oxygen tank found significantly below the recommended fill level should be promptly refilled or replaced before it is needed, since an inadequate emergency oxygen supply could be life-threatening during an actual medical emergency. Deferring to the next scheduled maintenance, assuming adequacy, or using it until empty all create unacceptable emergency-preparedness risk.

33. C — Transillumination revealing a visible crack line under fiber-optic light is a useful supplementary finding supporting a diagnosis of cracked tooth syndrome when combined with the classic history of sharp pain on chewing. A normal radiograph, a negative pulp test, or generalized arch tenderness do not specifically confirm a crack and would not add the same diagnostic value here.

34. D — When a written office policy conflicts with a more recent regulatory update, the policy should be revised and staff trained promptly on the current requirement, rather than continuing to follow outdated guidance, dismissing the update as minor, or waiting indefinitely for a routinely scheduled meeting. Timely compliance updates protect both patients and the practice.

35. A — An acutely extruded, mobile tooth still present in its socket after trauma is appropriately managed with prompt repositioning and stabilization using a splint to support periodontal ligament healing and preserve the tooth. Extraction, observation without repositioning, or antibiotics alone without addressing the displacement all risk unnecessary tooth loss or poor healing.

36. B — When billing software auto-populates a diagnosis code inconsistent with documented clinical findings, the code must be corrected to accurately reflect what was actually found and treated before claim submission, since submitting an inaccurate code, however generated, constitutes improper billing. Deferring entirely to non-clinical billing staff or choosing the highest-reimbursement code both risk a compliance violation.

37. D — Chronic snoring with partner-reported breathing pauses, combined with anatomic risk factors such as a large tongue and retrognathic mandible, raises concern for obstructive sleep apnea, warranting referral for a formal sleep study to establish a diagnosis before considering an oral appliance. Dismissing the symptoms or jumping directly to an appliance or orthodontics without this workup would be premature.

38. C — An informed consent process for implant placement that omits the possibility of implant failure is materially incomplete and should be revised to include this recognized risk, supporting the patient's

ability to make a genuinely informed decision. Assuming the risk is too rare to mention, leaving the form unchanged, or disclosing it only when specifically asked all fail proper consent standards.

39. A — Jaw pain and limited opening beginning after a prolonged dental appointment, with tenderness of the muscles of mastication and no trauma history, is classic for myofascial pain from muscle strain or overuse during extended mouth opening, distinguishing it from a fracture, an odontogenic infection, or trigeminal neuralgia, none of which fit this specific onset and exam pattern.

40. B — A sterilization area lacking clear separation between contaminated and clean zones creates meaningful cross-contamination risk, and the appropriate response is reorganizing the workflow to establish this separation clearly, rather than relying on staff experience, addressing it only after suspected contamination, or using verbal reminders alone without changing the physical layout.

41. D — A deep carious lesion approaching the pulp without spontaneous pain and a normal, quick cold response supports pulp vitality, making excavation with a vital pulp therapy technique such as indirect pulp capping, followed by definitive restoration, the appropriate conservative treatment. Extraction or root canal therapy are more aggressive than indicated, and observation alone leaves active decay untreated.

42. A — A new hire who has not completed required infection control training should have their clinical duties delayed until training is finished, since supervised participation, assumed equivalency from prior experience elsewhere, or completing training afterward all allow an insufficiently trained individual to begin patient-facing clinical work, creating unacceptable infection-control risk for patients and staff alike.

43. C — Persistent bad taste and discomfort at a recent crown site, combined with a radiographically visible overhanging restoration margin, points to plaque accumulation and localized irritation from the overhang as the most likely contributing factor, requiring correction of the margin rather than assuming an unrelated infection, referred pain, or a normal expected post-crown finding.

44. B — A standard operating procedure left unreviewed for over five years despite evolving evidence should be periodically reviewed and updated to reflect current best practice, rather than continuing it unchanged indefinitely, waiting for a negative outcome to prompt reconsideration, or assuming an outdated procedure remains equivalent to current, evidence-based clinical approaches.

45. B — A radiolucency confined to the outer half of dentin without clinical cavitation represents an early, non-cavitated carious lesion appropriate for remineralization therapy and continued monitoring rather than immediate invasive treatment. Root canal therapy or extraction would be excessive at this early stage, and assuming spontaneous resolution ignores an actionable, progressive disease process.

46. D — A consistent pattern of patient complaints about unclear cost estimates indicates a systemic communication issue best addressed by revising the estimate process itself to improve clarity and consistency for all patients going forward, rather than dismissing the pattern, addressing only individual complainants, or assuming universal patient understanding despite the documented feedback pattern.

47. A — Persistent unpleasant taste, denture retention difficulty without a device change, and unintentional weight loss together suggest a possible underlying systemic condition warranting broader medical evaluation and referral, rather than addressing only the denture fit, reassuring the patient that this is normal aging, or fabricating a new denture while ignoring the concerning systemic symptoms.

48. C — Recurrent missed patient calls due to an unstaffed front desk during lunch reflects a fixable scheduling gap, best addressed by adjusting staff coverage or implementing a system to handle calls during that period, rather than accepting missed calls as inevitable, assuming patients will call back, or waiting for a specific complaint before making a change.

49. D — A draining sinus tract traced radiographically to a periapical radiolucency at a nonvital tooth requires root canal therapy or extraction to address the underlying source of infection, since the sinus tract itself will not resolve until the causative tooth is treated. Antibiotics alone, observation, or incision and drainage of the tract alone all fail to address the actual source.

50. C — A staff member falling behind on state-mandated continuing education hours close to a renewal deadline should be proactively notified and supported in completing the required hours in time, protecting their ability to maintain licensure. Waiting until after the deadline, assuming an automatic extension, or treating it as solely the individual's problem all risk an avoidable lapse in licensure.

51. A — Chronic corticosteroid use can suppress the hypothalamic-pituitary-adrenal axis, impairing the body's ability to mount an adequate stress response during surgery, so stress-dose steroid coverage should be considered in coordination with the prescribing physician before a surgical extraction. Assuming no precaution is needed, abrupt discontinuation, or mandating general anesthesia all misapply this well-established perioperative consideration.

52. B — A drug reference resource that has not been updated in several years risks providing outdated dosing, interaction, or safety information, so it should be replaced with a current, regularly updated reference to support safe prescribing decisions. Continuing to rely on it, limiting its use to common medications, or assuming staff experience compensates all leave a preventable information gap in place.

53. C — Increasing tooth mobility, a periapical radiolucency, and a negative pulp test following a large restoration together indicate pulp necrosis with associated periapical pathology, since the restoration likely led to pulpal death and subsequent periapical breakdown. A periodontal abscess, reversible pulpitis, or a traumatic bone cyst would not produce this specific combination of findings tied to a nonvital pulp.

54. A — A day with several complex, lengthy procedures scheduled together requires proactively planning adequate staff coverage in advance to support safe, efficient care throughout the day. Scheduling without regard to case complexity, assuming existing staff can simply absorb extra workload, or waiting to add staff until a problem arises all risk compromised care or unsafe rushing.

55. D — An irritation fibroma is a reactive, benign fibrous hyperplasia arising from chronic low-grade mechanical trauma, such as an ill-fitting retainer rubbing the gingiva, presenting as a firm, stable nodule

with dense, minimally vascular collagenous tissue on biopsy. This differs from the vascular pyogenic granuloma or peripheral giant cell granuloma, or the indurated, non-stable presentation of carcinoma.

56. B — An after-hours voicemail greeting should be updated to include clear guidance for patients experiencing a true dental emergency, ensuring they know how to seek urgent care when the office is closed. Leaving the greeting unchanged, assuming patients will independently call emergency services, or waiting for a complaint before updating it all risk a patient not receiving timely guidance.

57. A — A chronic, low-grade ache with a diffuse, poorly defined radiopacity at a healed extraction site suggests chronic (sclerosing) osteomyelitis, a low-grade, indolent bone infection that can follow extraction, distinguishing it from the acute, more severe presentation of suppurative osteomyelitis, a simple bone cyst, or the more aggressive, destructive pattern of osteosarcoma.

58. B — Patient-facing brochures containing clinical claims unsupported by current evidence should be revised to accurately reflect current, evidence-based information, since misleading materials can create false expectations and undermine informed decision-making. Leaving them unchanged due to cost, assuming patients will not read carefully, or adding a disclaimer instead of correcting the claims all fail this accuracy obligation.

59. D — Sjogren syndrome is supported by a combination of dry eye symptoms alongside dry mouth and positive anti-SSA (Ro) and anti-SSB (La) autoantibodies, reflecting the autoimmune exocrinopathy underlying this condition. A normal complete blood count, a negative rheumatoid factor alone, or an unremarkable panoramic radiograph do not specifically support or refute this particular autoimmune diagnosis.

60. C — An intake form that does not ask about prior adverse reactions to dental materials should be revised to specifically include this question, ensuring the practice proactively identifies relevant allergy or sensitivity history before treatment. Assuming this information is unnecessary, waiting for a reaction to occur, or relying on unprompted patient disclosure all risk missing a preventable adverse reaction.

61. A — Recurrent decay close to, but not into, the pulp under a defective restoration is appropriately managed by removing the failing restoration, excavating the decay, and placing a new definitive restoration, preserving the tooth conservatively. Root canal therapy or extraction would be more aggressive than indicated, and observation ignores active, progressive disease requiring intervention.

62. B — When staff are uncertain whether a specific supplement is clinically relevant to an upcoming procedure, the appropriate step is looking up the supplement's known interactions or consulting a reliable reference before proceeding, rather than assuming irrelevance, dismissing it as a non-prescription product, or proceeding without further inquiry simply because the patient did not raise a concern.

63. D — A burning, raw sensation with diffuse erythema and mild peeling shortly after switching toothpaste is characteristic of an allergic or contact reaction to a specific toothpaste ingredient, such as a flavoring agent or detergent. This distinguishes it from herpes simplex reactivation, candidiasis, or a nutritional deficiency, none of which would present with this clear temporal link to a new product.

64. B — An expired medication in the emergency drug kit should be replaced promptly, since expired medications cannot be relied upon for full potency during an actual emergency, when effective, predictable drug action is critical. Keeping it in place, reserving it as a last resort, or removing it without replacement all leave the kit inadequately prepared for genuine emergencies.

65. C — Cementoblastoma presents as a well-circumscribed radiopaque mass fused directly to the root apex of a vital tooth, typically surrounded by a thin radiolucent rim, distinguishing it from osteosarcoma (aggressive, ill-defined), central giant cell granuloma (radiolucent, not fused to a root), or ameloblastoma, which shows a distinct multilocular radiolucent pattern rather than this fused radiopaque mass.

66. A — When a patient asks why a fee differs from a previous visit, the appropriate response is reviewing the record and honestly explaining the actual factors behind any difference, such as a change in procedure complexity or materials used. Assuming the patient is mistaken, refusing to discuss fees, or adjusting the fee without reviewing what changed all fail this transparency obligation.

67. D — A dentigerous cyst forms from the reduced enamel epithelium surrounding the crown of an unerupted tooth, such as a third molar, presenting as a well-defined periapical-appearing radiolucency with a thin, non-keratinized lining consistent with this origin, distinguishing it from a radicular cyst (nonvital erupted tooth), odontogenic keratocyst (parakeratinized lining), or central giant cell granuloma (no epithelial lining).

68. C — Inconsistent supply stocking across exam rooms causing appointment delays should be addressed by establishing a standardized stocking checklist and routine restocking process, ensuring reliable availability of basic supplies. Accepting the inconsistency, relying on staff memory alone, or waiting until a patient-noticed delay occurs all allow a preventable, recurring workflow problem to persist.

69. D — A nasopalatine duct cyst arises from epithelial remnants within the incisive canal, presenting as a firm anterior midline swelling with a classic heart-shaped radiolucency between the roots of vital maxillary central incisors, distinguishing it from a radicular cyst (nonvital tooth required), dentigerous cyst (unerupted tooth), or odontogenic keratocyst, none of which share this specific midline, heart-shaped presentation.

70. B — Patient education materials listing an outdated medication dosage should be promptly updated to reflect current, accurate dosing information, since patients may rely directly on printed instructions when taking a medication. Distributing outdated materials as-is, adding only a verbal caveat, or assuming verbal instructions override a printed error all risk a patient following incorrect dosing guidance.

71. C — Pyogenic granuloma, sometimes called a pregnancy tumor when linked to pregnancy-related hormonal changes, presents as a rapidly growing, red, easily bleeding gingival mass reflecting reactive vascular proliferation. This distinguishes it from carcinoma (firm, indurated), peripheral ossifying fibroma (firmer, calcified foci), or irritation fibroma (pale, non-bleeding, slower growing) given this rapid, vascular, pregnancy-associated presentation.

72. A — A supplier consistently shipping materials close to their expiration date should prompt the practice to raise the concern directly with the supplier and adjust ordering practices as needed, ensuring adequate shelf life for proper clinical use. Continuing unchanged ordering, rushing to use short-dated materials, or assuming this pattern is unavoidable all risk future shortages of usable, non-expired supplies.

73. B — Pleomorphic adenoma is the most common benign minor salivary gland tumor, presenting as a slow-growing, firm, painless mass on the posterior hard palate, with histology showing ductal epithelial and myoepithelial cells within a variable, often myxoid stroma. This distinguishes it from mucocele, torus palatinus, or squamous papilloma, none sharing this glandular histologic pattern.

74. D — Proper documentation of a verbal radiograph refusal requires recording the specific recommendation made, the reasons given for it, and a clear statement of the patient's informed refusal, protecting both patient autonomy and legal defensibility. Failing to document it, recording only a bare refusal without detail, or assuming a future visit will resolve the gap all leave inadequate documentation in place.

75. C — Confirmed ameloblastoma with cortical expansion and root resorption demonstrates locally aggressive, infiltrative growth despite its benign histologic classification, requiring surgical resection with adequate margins to minimize the substantial recurrence risk associated with more conservative treatment. Observation, antibiotics alone, or addressing only adjacent teeth while leaving the lesion in place would all permit continued destructive growth.

76. A — Backdating a treatment record to align with a different insurance-relevant date constitutes record falsification and insurance-related misconduct regardless of whether treatment was actually provided, exposing the dentist to serious legal, licensure, and financial consequences. Backdating for any reason, including a small discrepancy, or deferring the decision to billing staff without dentist involvement all fail this fundamental documentation integrity standard.

77. C — Squamous papilloma presents as a solitary, exophytic, cauliflower-like or papillary lesion caused by human papillomavirus infection, with histology showing benign papillary epithelial proliferation, commonly treated with simple excision. This distinctive papillary architecture distinguishes it from idiopathic leukoplakia, lichen planus (lacy striations), or candidiasis (removable pseudomembrane), none of which share this papillomatous growth pattern.

78. A — A patient who appears intoxicated at a scheduled elective appointment presents both safety and informed consent concerns, since intoxication can impair judgment and interact unpredictably with anesthetics, warranting deferral of elective treatment and rescheduling. Proceeding as scheduled, silently adjusting anesthetic dosing, or ignoring the observation unless visibly unstable all create avoidable patient safety risk.

79. B — An irritation (traumatic) fibroma from chronic cheek-biting presents as a firm, stable nodule along the bite line with histology showing dense, minimally cellular fibrous connective tissue reflecting a reactive response to ongoing mechanical trauma. This distinguishes it from the more aggressive,

indurated carcinoma, the vascular pyogenic granuloma, or the giant-cell-containing peripheral giant cell granuloma.

80. D — Protected health information may not be shared with a family member without the patient's authorization, regardless of the family member's apparent trustworthiness or typical involvement in care, and staff should decline such a request absent documented patient consent. Sharing general information, assuming implicit family rights, or judging trustworthiness informally all violate the patient's privacy rights under applicable law.

81. B — A greenish discoloration years after root canal treatment, without current pain or radiographic abnormality, most likely reflects staining from residual endodontic materials within the tooth structure rather than an active problem. This differs from an active infection (radiographic or symptomatic signs expected), a root fracture, or an unrelated systemic condition, none fitting this stable presentation.

82. A — Equipment lacking a current maintenance or calibration record should be inspected and calibrated before further clinical use, since undocumented maintenance status cannot confirm the equipment is functioning safely and accurately. Continuing use based on apparent function, assuming undocumented maintenance occurred, or reserving it for lower-priority procedures all risk using unverified, potentially unsafe equipment on patients.

83. D — Compound odontoma presents radiographically as a radiolucent lesion containing multiple small, discrete tooth-like calcified structures (denticles), typically associated with and obstructing an unerupted tooth such as a second molar, reflecting an organized hamartomatous proliferation of dental hard tissue. This distinguishes it from ameloblastoma, central giant cell granuloma, or radicular cyst, none of which form these distinct tooth-like structures.

84. C — A colleague who appears impaired while scheduled to treat patients poses an immediate patient safety risk, requiring prompt intervention to prevent that colleague from treating patients that day, followed by escalation per the practice's established protocol for suspected impairment. Saying nothing, assuming a one-time occurrence, or waiting to see if the colleague improves all risk serious, avoidable harm to patients.

85. A — Odontogenic myxoma is a benign but locally infiltrative tumor of odontogenic mesenchymal origin, with histology showing loosely arranged stellate and spindle-shaped cells within an abundant myxoid stroma and minimal epithelial component. This distinguishes it from ameloblastoma (prominent epithelium), squamous odontogenic tumor (bland epithelial islands), or central giant cell granuloma, which shows multinucleated giant cells rather than myxoid stroma.

86. D — When a paperwork mix-up results in a patient receiving post-operative instructions for the wrong procedure, the appropriate response is promptly contacting the patient to correct the instructions and clarify the actual error, preventing improper post-operative self-care. Assuming the patient will self-correct, waiting for a follow-up question, or dismissing the mix-up based on assumed similarity all risk a genuine care error.

87. C — Desmoplastic ameloblastoma is a distinct histologic variant showing odontogenic epithelial islands compressed within a densely hyalinized, collagenized fibrous stroma, producing a characteristic poorly defined, mixed radiolucent-radiopaque radiographic appearance rather than the typical multilocular pattern of conventional ameloblastoma. This distinguishes it from classic ameloblastoma, odontogenic keratocyst, or central giant cell granuloma, each with different histology.

88. B — Providing a diagnosis code for a condition the patient does not actually have to secure insurance coverage constitutes insurance fraud regardless of whether the requested procedure itself might be otherwise reasonable, exposing the dentist to serious legal, licensure, and financial consequences. Complying under any framing, including noting patient responsibility, still involves knowingly submitting a false diagnosis code.

89. A — A pyogenic granuloma can develop at a healing extraction site from local irritation, presenting as an exophytic, easily bleeding mass with histology showing small blood vessels within a loose, edematous stroma reflecting a reactive vascular process. This differs from osteomyelitis (deeper bone infection), carcinoma (indurated, non-bleeding), or a retained root fragment, radiographically distinct.

90. C — When asked whether a specific implant brand is 'the best,' the appropriate response is providing an honest, balanced explanation of why the practice uses its chosen system, including relevant evidence and experience, rather than making an absolute superiority guarantee, refusing to discuss the topic, or simply deferring to unverified information the patient may have found online.

91. B — A lateral periodontal cyst is a developmental odontogenic cyst arising from epithelial rests along the lateral root surface of a vital tooth, presenting as a well-defined unilocular radiolucency with a thin fibrous capsule, distinguishing it from a radicular cyst (nonvital tooth), dentigerous cyst (unerupted tooth), or traumatic bone cyst, which lacks any true epithelial lining on histology.

92. D — Before a planned extraction, staff should review the specific over-the-counter medication a patient reports taking, such as aspirin or another NSAID, for any relevance to bleeding risk, rather than assuming non-prescription status means clinical irrelevance. Ignoring it, proceeding without inquiry, or dismissing it because the patient did not raise the topic directly all risk missing a relevant bleeding-risk factor.

93. A — Periapical cemental (osseous) dysplasia in its mature stage presents as firm, radiopaque, asymptomatic lesions at the apices of vital anterior teeth, remaining stable over years as a benign fibro-osseous process needing no treatment once identified. This distinguishes it from an acute infectious abscess, malignant osteosarcoma, or the more aggressive, expansile ameloblastoma, none remaining stable like this.

94. D — When a lab-fabricated crown does not match the requested shade, the response is reviewing the original shade communication for gaps and working with the laboratory to correct the discrepancy before final delivery. Blaming the patient, assuming the mismatch is unfixable, or refusing to address a completed crown all fail the obligation to deliver an accurate final restoration.

95. C — Odontogenic keratocyst presents with a thin, uniform parakeratinized epithelial lining showing a corrugated surface and a well-defined palisaded basal cell layer, a histologic pattern associated with a notably high recurrence rate if incompletely removed. This distinguishes it from a dentigerous cyst, radicular cyst, or traumatic bone cyst, none of which share this specific keratinized epithelial architecture.

96. B — When treatment options differ substantially in cost but offer similar clinical outcomes, the appropriate approach is explaining the relevant clinical and cost differences clearly so the patient can make a fully informed choice aligned with their own priorities. Recommending only the costlier option, avoiding the cost discussion, or assuming existing patient understanding all undermine genuinely informed decision-making.

97. B — An irritation fibroma can, in some cases, cause superficial cupping resorption of the underlying alveolar bone from sustained chronic mechanical pressure, reflecting a benign, slow reactive process with histology showing dense fibrous tissue rather than a vascular or calcified composition. This distinguishes it from pyogenic granuloma, peripheral ossifying fibroma, or squamous papilloma, each with a different characteristic histology.

98. C — When a patient asks why a procedure was not recommended at a prior visit, the appropriate response is reviewing the record and clearly explaining what has changed clinically since then, supporting transparent, trust-building communication. Assuming the patient misremembers, dismissing the question, or avoiding a direct answer to prevent further questioning all fail this basic communication obligation to the patient.

99. D — A traumatic (simple) bone cyst presents as a well-defined radiolucency discovered incidentally, with exploration revealing an empty cavity and a fibrous wall lacking true epithelial lining, while adjacent teeth remain vital since the lesion is not dental in origin. This distinguishes it from a radicular cyst, dentigerous cyst, or ameloblastoma, each showing a true epithelial lining on biopsy.

100. A — When a patient requests certain information be excluded from their chart, the dentist should explain that complete, accurate records are necessary for safe care, while respecting any lawful restriction request permitted under applicable privacy rules where feasible. Complying fully regardless of relevance, refusing all care, or mislabeling information as unreliable all fail this balanced obligation.

101. A — Chronic immunosuppressive therapy after a heart transplant increases susceptibility to infection, so extraction planning should include careful surgical technique and possible antibiotic consideration, ideally coordinated with the patient's transplant team given the complexity of their immune status. Assuming no precautions are needed, mandating general anesthesia, or stopping immunosuppressants unsupervised all create unnecessary risk.

102. D — When a patient asks why a specific restorative material was chosen over an alternative read about online, the appropriate response is explaining the clinical rationale based on the patient's situation, such as location, occlusal forces, or esthetic needs. Dismissing the patient's research, assuming online information is automatically superior, or refusing to discuss the rationale all fail this obligation.

103. B — Resolution of spontaneous, lingering cold pain combined with a nonvital pulp test and a periapical radiolucency indicates the pulp has progressed to necrosis, ending the pain signal from what is now dead pulp tissue rather than reflecting healing. Assuming spontaneous healing, an incorrect original diagnosis, or a changed pain threshold misinterpret this classic progression from pulpitis to necrosis.

104. C — A noticeable quarterly increase in a specific type of patient complaint, such as wait times, warrants investigating the underlying cause and implementing a targeted improvement to address the systemic issue driving the pattern. Assuming random fluctuation, waiting passively for resolution, or addressing only the most recent complainant all fail to correct the actual, ongoing problem affecting the broader patient experience.

105. B — A suspected vertical root fracture with a J-shaped radiolucency is most definitively confirmed through surgical exploration or cone-beam CT imaging, which can directly visualize the fracture line in three dimensions. Standard bitewings, vitality testing alone, or probing depth alone may suggest the diagnosis but cannot directly confirm the fracture the way direct visualization or advanced imaging can.

106. C — Ethical and legal obligations require honestly explaining any technical complication to the patient afterward, including how it is being managed, supporting trust and appropriate ongoing care decisions. Minimizing the complication's significance, waiting to see if symptoms develop, or disclosing only upon direct patient inquiry all violate the duty of honest, proactive disclosure owed to the patient.

107. A — Compound odontoma presents radiographically as multiple small, discrete tooth-like radiopaque structures (denticles) within a radiolucent lesion, typically in an area of missing or unerupted teeth, reflecting an organized hamartomatous proliferation of dental hard tissue. This distinguishes it from ameloblastoma, central giant cell granuloma, or radicular cyst, none of which form these distinct tooth-like denticles.

108. D — When a patient requests a simpler explanation of procedural risks, the appropriate response is rephrasing the information in accessible, plain language while preserving its clinical accuracy, supporting genuine understanding as part of informed consent. Providing only technical language, declining to simplify, or assuming comprehension through repetition alone all fail to meet the patient where their understanding actually is.

109. B — Chronic jaw ache and stiffness worsening with wide opening, combined with radiographic flattening and irregularity of the condylar head, is characteristic of degenerative joint disease (osteoarthritis) of the TMJ, a slowly progressive condition distinct from an acute dislocation, a traumatic fracture, or trigeminal neuralgia, none of which produce this specific chronic radiographic condylar change.

110. A — Before a planned surgical procedure, staff should research the specific herbal supplement a patient reports taking for any known effects on bleeding or wound healing, since natural origin does not guarantee clinical safety or irrelevance. Assuming safety, proceeding without inquiry, or waiting for the patient to raise a concern unprompted all risk missing a relevant perioperative interaction.

111. C — Botryoid odontogenic cyst is a multicystic variant within the lateral periodontal cyst family, presenting as multiple small, interconnected cystic cavities lined by thin, non-keratinized epithelium along a vital tooth's lateral root surface. This distinguishes it from a radicular cyst (nonvital tooth), dentigerous cyst (unerupted tooth), or traumatic bone cyst, which lacks any true epithelial lining.

112. D — When two dentists in the same practice give differing recommendations, the response is facilitating a discussion between the treating dentists and the patient to clarify the reasoning behind each recommendation, supporting a coherent decision. Assuming one dentist is simply wrong, dismissing the discrepancy, or avoiding the topic leave the patient without the clarity needed to choose confidently.

113. B — Ameloblastoma classically presents as an expansile, unilocular or multilocular radiolucency of the posterior mandible, with histology showing sheets of odontogenic epithelium featuring peripheral columnar cells with reverse nuclear polarity surrounding a central stellate reticulum-like area. This distinguishes it from odontogenic keratocyst, traumatic bone cyst, or central giant cell granuloma, none of which show this specific epithelial architecture.

114. A — When asked whether a lower-cost alternative is 'just as good,' the appropriate response is providing an honest comparison of the expected outcomes, risks, and longevity of both options, supporting a genuinely informed patient decision. Automatically agreeing to avoid conflict, refusing to compare options, or assuming cost alone determines quality all fail this comparative counseling obligation.

115. D — Cementoblastoma presents as a well-circumscribed radiopaque mass fused directly to the root of a vital tooth, most commonly a mandibular molar, surrounded by a thin radiolucent rim, distinguishing it from osteosarcoma (aggressive, ill-defined), central giant cell granuloma (radiolucent, not fused to a root), or condensing osteitis, a reactive rather than neoplastic bony response.

116. C — When a previously recommended mouth rinse is no longer advised, the appropriate response is explaining what has changed clinically or in the supporting evidence, helping the patient understand the updated recommendation. Assuming misunderstanding, avoiding a direct explanation, or dismissing the question as simply reflecting evolving practice all fail this transparency obligation to the patient.

117. 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 lining showing focal plaque-like thickenings. This distinguishes it from a radicular cyst (nonvital tooth), dentigerous cyst (unerupted tooth), or odontogenic keratocyst (parakeratinized lining).

118. C — When a patient questions why a crown is recommended over a large filling, the appropriate response is explaining the specific structural or clinical factors, such as remaining tooth structure or fracture risk, supporting the crown recommendation. Assuming automatic trust, proceeding regardless of questions, or avoiding the explanation for efficiency all fail to support genuinely informed treatment acceptance.

119. D — An aneurysmal bone cyst presents as an expansile, multilocular radiolucency with histology showing blood-filled cystic spaces lacking a true endothelial lining, distinguishing it from a simple bone

cyst (typically non-expansile and fluid-filled rather than blood-filled), a radicular cyst (requires a nonvital tooth), or ameloblastoma, which shows a distinct epithelial component rather than these vascular spaces.

120. B — When a patient asks for the specific steps of an upcoming procedure, the appropriate response is providing a clear, step-by-step explanation tailored to the patient's level of understanding, supporting genuine informed consent and reducing anxiety through familiarity. Assuming disinterest, withholding detail to limit anxiety, or giving only a vague overview all fail to meet this patient's expressed information need.

121. B — A lesion along the ameloblastic fibrodentinoma/fibro-odontoma spectrum shows odontogenic epithelium and mesenchyme admixed with round, cementum-like calcified structures, representing rare mixed odontogenic lesions with a mineralized hard-tissue component. This distinguishes it from ameloblastoma, odontogenic keratocyst, or central giant cell granuloma, none of which show this specific calcified, cementum-like histologic feature.

122. C — When a recall interval is shortened from a standard six-month schedule, the response is explaining the specific risk factors, such as active caries or periodontal disease progression, that led to this individualized recommendation. Assuming disinterest, reverting to avoid discussion, or declining to explain a routine clinical decision fail to justify an individualized care plan.

123. D — Ameloblastic fibroma is a benign mixed odontogenic tumor showing an ameloblastoma-like epithelial component combined with primitive, cellular ectomesenchymal tissue resembling dental papilla, without the mature dental hard tissue formation seen in complex or compound odontoma. This distinguishes it from those odontomas and from a simple dentigerous cyst, which lacks this mesenchymal proliferative component entirely.

124. A — Professionally applied fluoride varnish delivers a concentrated, targeted fluoride dose directly to the tooth surface, providing an added remineralizing benefit beyond what daily fluoride toothpaste alone achieves, particularly for higher-risk patients or specific areas of concern. Assuming toothpaste alone is always sufficient, or declining to explain this added benefit, both undersell a genuinely additive preventive measure.

125. A — Odontogenic myxoma classically presents with a multilocular radiolucency showing a distinctive 'honeycomb' trabecular pattern, with histology showing loosely arranged stellate and spindle cells within an abundant myxoid stroma and minimal epithelial component. This distinguishes it from ameloblastoma (prominent epithelium), squamous odontogenic tumor (bland epithelial islands), or central giant cell granuloma, each with different histology.

126. C — When a patient questions why a less familiar medication was prescribed instead of one they have taken before, the appropriate response is explaining the specific clinical reasoning behind the current choice based on the patient's present situation. Assuming no questions will arise, switching automatically to the familiar drug without reassessment, or declining explanation all fail sound, patient-centered prescribing communication.

127. B — Glandular odontogenic cyst is a rare developmental cyst notable for a thin, non-keratinized epithelial lining containing abundant mucous-secreting cells, presenting as a well-corticated unilocular radiolucency with a recognized tendency toward local recurrence. This distinguishes it from radicular cyst, dentigerous cyst, or traumatic bone cyst, none of which show this specific glandular epithelial differentiation.

128. D — When a patient asks why a procedure requires two separate visits, the appropriate response is explaining the specific clinical reasons necessitating staged treatment, such as material setting time or healing requirements between steps. Assuming disinterest, declining explanation, or scheduling as one visit regardless of clinical appropriateness all fail to justify staged treatment to the patient properly.

129. B — Odontogenic keratocyst presents with a thin, uniform parakeratinized epithelial lining showing a corrugated surface and palisaded basal layer, along with a well-recognized tendency toward 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 sharing this specific epithelial architecture.

130. C — When a patient questions a repeated x-ray after one was recently taken elsewhere, the appropriate response is reviewing whether the prior image is available and of adequate diagnostic quality, and explaining the specific reason a new image is needed if it is not sufficient. Assuming automatic adequacy, repeating routinely, or declining explanation all fail proper ALARA-consistent radiographic decision-making.

131. A — A dentigerous cyst forms from the reduced enamel epithelium surrounding the crown of an unerupted tooth, such as a lateral incisor, presenting as a well-defined radiolucency with a thin, non-keratinized lining consistent with this developmental origin. This distinguishes it from a radicular cyst (nonvital erupted tooth), odontogenic keratocyst (parakeratinized lining), or central giant cell granuloma, which lacks epithelial lining.

132. D — When a patient asks why a bone graft is needed before implant placement, the response is explaining the specific anatomic deficiency, such as insufficient bone volume, that requires grafting to support a stable implant. Assuming the patient will not understand, declining explanation, or skipping the graft to avoid the added step compromise both communication and clinical outcome.

133. 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. This histologic distinction from ameloblastoma, odontogenic keratocyst, and central giant cell granuloma is key to recognizing this generally less aggressive, distinct odontogenic tumor.

134. D — When a patient expects a longer antibiotic course than prescribed, the appropriate response is explaining that current evidence-based guidance supports the shorter duration actually prescribed, reflecting updated antimicrobial stewardship principles. Assuming the patient will not notice, extending the course without clinical basis, or declining to explain the rationale all fail sound, evidence-based prescribing communication.

135. A — A traumatic (simple) bone cyst presents as a well-corticated radiolucency, with surgical exploration revealing an empty cavity and a thin fibrous wall lacking any true epithelial lining, distinguishing it from a radicular cyst, dentigerous cyst, or odontogenic keratocyst, all of which show a definite epithelial lining as part of their diagnostic criteria on biopsy.

136. C — When a patient asks why different materials were chosen for a visible front tooth versus a back tooth, the appropriate response is explaining the esthetic and functional considerations, such as visibility and occlusal load, driving the material choice at each location. Assuming disinterest, declining explanation, or using identical materials everywhere regardless of location all fail sound, patient-centered material selection communication.

137. D — Confirmed classic ameloblastoma with cortical expansion and root resorption demonstrates locally aggressive, infiltrative growth despite its benign histologic classification, requiring surgical resection with adequate margins to minimize the substantial recurrence risk of more conservative treatment. Observation, antibiotics alone, or addressing only adjacent teeth while leaving the lesion in place would all permit continued destructive growth.

138. A — When recommending a nightguard alongside routine cleanings, the appropriate response is explaining the specific clinical findings, such as occlusal wear facets or muscle tenderness, that support the recommendation for this particular patient. Assuming disinterest, declining explanation, or recommending nightguards universally regardless of actual findings all fail sound, evidence-based, individualized treatment communication.

139. C — A traumatic (simple) bone cyst is defined by the absence of any true epithelial lining despite appearing as a radiolucent cavity on imaging, with surgical exploration confirming an empty space and a fibrous wall of dense, hyalinized collagen with minimal cellularity. This distinguishes it from a radicular cyst, dentigerous cyst, or ameloblastoma, each of which shows a true epithelial component.

140. B — When a patient questions an additional x-ray view beyond the routine series, the appropriate response is explaining the specific diagnostic question the additional image is intended to help answer, supporting justified, purposeful radiographic decision-making. Declining explanation, assuming disinterest, or taking the additional view without any patient communication all fail transparent, ALARA-consistent radiographic practice.

141. A — A radicular cyst arises from epithelial rests of Malassez stimulated by chronic periapical inflammation from a nonvital tooth, presenting as a periapical radiolucency with a fibrous wall lined by non-keratinized stratified squamous epithelium and chronic inflammatory infiltrate. This distinguishes it from a dentigerous cyst (unerupted tooth), odontogenic keratocyst (parakeratinized lining), or traumatic bone cyst (no epithelial lining).

142. D — When a patient asks why a procedure is being referred to a specialist rather than performed in-house, the appropriate response is explaining the specific complexity or specialized skill and equipment considerations behind the referral, supporting the patient's understanding of the care pathway. Assuming disinterest, proceeding despite the referral indication, or declining explanation all fail sound referral communication practice.

143. C — A dentigerous cyst forms from the reduced enamel epithelium surrounding the crown of an unerupted tooth, such as an impacted third molar, presenting as a well-defined radiolucency with histology confirming this dentigerous origin. This distinguishes it from a radicular cyst (nonvital erupted tooth), odontogenic keratocyst (parakeratinized lining), or traumatic bone cyst, which lacks any true epithelial lining.

144. B — When a patient questions a sealant recommendation for a molar with no visible decay, the appropriate response is explaining that sealants proactively prevent decay from developing in susceptible pit-and-fissure anatomy, representing genuine preventive rather than restorative treatment. Assuming disinterest, declining explanation, or recommending sealants universally without rationale all fail sound, evidence-based preventive counseling.

145. C — Desmoplastic ameloblastoma is a distinct histologic variant showing odontogenic epithelial islands compressed within densely hyalinized, collagenized fibrous stroma, producing a characteristic poorly defined, mixed radiolucent-radiopaque radiographic appearance rather than the typical multilocular pattern of classic follicular ameloblastoma. This distinguishes it from classic ameloblastoma, odontogenic keratocyst, or central giant cell granuloma.

146. D — When prescribing software flags a potential medication interaction, the appropriate response is reviewing the specific interaction in detail and explaining the clinical reasoning behind the final prescribing decision to the patient, whether that means adjusting the prescription or proceeding with appropriate monitoring. Dismissing the flag, overriding it automatically, or ignoring it as overly cautious all bypass a genuine safety check.

147. A — Plexiform ameloblastoma is a histologic variant characterized by thin, anastomosing strands of odontogenic epithelium arranged in a plexiform network rather than the discrete follicles of the more common variant, while retaining the same overall locally aggressive clinical behavior as other ameloblastoma variants. This distinguishes it from odontogenic keratocyst, traumatic bone cyst, or central giant cell granuloma.

148. B — An early-stage, non-cavitated carious lesion is appropriately managed with monitoring and preventive measures such as fluoride and improved hygiene rather than immediate restorative intervention, and this rationale should be clearly explained to the patient questioning the watchful approach. Assuming the patient has no interest, declining explanation, or treating regardless of actual indication all fail sound, conservative, evidence-based communication.

149. B — Hyaline (Rushton) bodies are eosinophilic structures found within the epithelial lining of a meaningful proportion of radicular cysts, tied to a nonvital tooth and chronic periapical inflammation, representing a relatively specific though not universal supporting histologic finding. This distinguishes it from a dentigerous cyst (unerupted tooth), odontogenic keratocyst (parakeratinized lining), or traumatic bone cyst (no epithelial lining).

150. D — When a patient questions why a reline rather than a new denture is recommended, the response is explaining that the existing denture's underlying framework and fit remain adequate, making

a reline a suitable, conservative solution. Assuming disinterest, declining explanation, or recommending a new denture regardless of actual need both fail sound, patient-centered communication.

151. C — Glandular odontogenic cyst is a rare developmental cyst with a thin epithelial lining containing prominent mucous-producing goblet cells and a well-documented tendency toward local recurrence if incompletely excised. This distinguishes it from a radicular cyst (nonvital tooth), dentigerous cyst (unerupted tooth), or traumatic bone cyst, none of which show this specific glandular epithelial differentiation.

152. A — Appointment reminder texts should be limited to basic information such as date, time, and general appointment details, minimizing exposure of protected health information if the message is seen by an unintended recipient like a family member. Continuing detailed content, switching entirely to calls for everyone, or discontinuing reminders altogether all overcorrect or fail to address the actual privacy concern raised.

153. C — A traumatic (simple) bone cyst characteristically scallops between the roots of adjacent vital teeth without displacing them, presenting as a well-corticated radiolucency without a true epithelial lining on exploration. This distinguishes it from a radicular cyst (nonvital tooth required), dentigerous cyst (unerupted tooth), or ameloblastoma, which shows a distinct, more aggressive epithelial architecture on biopsy.

154. A — When a coworker consistently skips proper disinfectant contact time, the supervisor's best first step is retraining the employee on correct technique and confirming their understanding going forward, correcting the unsafe practice before it causes harm. Termination without retraining, ignoring visible cleanliness, or waiting for an infection complaint all fail to proactively address a clear, correctable infection-control gap.

155. B — Spontaneous, lingering cold pain that worsens when lying down, unrelieved by over-the-counter analgesics, reflects pulpal inflammation confined within the tooth, characteristic of symptomatic irreversible pulpitis. Reversible pulpitis lacks spontaneous pain, apical periodontitis alone would show percussion sensitivity from periapical involvement, and cracked tooth syndrome typically causes sharp pain specifically on release of biting pressure.

156. D — For a patient with a documented severe latex allergy, the treatment room should be prepared as latex-free, using non-latex gloves and materials throughout the appointment to eliminate exposure risk. Using standard latex gloves, scheduling last without material changes, or premedicating with an antihistamine while still using latex all fail to address the actual allergen exposure directly.

157. D — A mucocele results from trauma to a minor salivary gland duct, such as from a bite injury, causing mucus extravasation or retention that forms a well-circumscribed, fluctuant swelling, commonly on the ventral tongue or lower lip. This differs from fibroma (dense collagen), lipoma (adipose tissue), or pyogenic granuloma (vascular, easily bleeding), none tied to this specific ductal trauma mechanism.

158. B — When a patient reports using another person's leftover antibiotic, the dentist should discuss the risks of this practice, including inappropriate dosing and antimicrobial resistance, while directly

addressing the actual dental problem causing the toothache. Ignoring the comment, adding another antibiotic on top, or assuming the borrowed medication is appropriate all fail to properly manage this situation.

159. C — A radicular cyst arises from epithelial rests of Malassez stimulated by chronic periapical inflammation from a nonvital tooth, with hyaline (Rushton) bodies representing a relatively specific, though not universal, supporting histologic finding within its epithelial lining. This distinguishes it from a dentigerous cyst, odontogenic keratocyst, or traumatic bone cyst, none of which classically show this specific feature.

160. A — HIPAA requires providing the Notice of Privacy Practices and making a documented good-faith effort to obtain a signed acknowledgment, so missing acknowledgments should be resolved by contacting affected patients to provide the notice and document that effort. Backdating forms, ignoring the gap, or removing the requirement from policy all fail to meet this ongoing federal compliance obligation.

161. D — Ameloblastoma classically presents as an expansile, multilocular radiolucency of the posterior mandible, with histology showing sheets of odontogenic epithelium featuring peripheral columnar cells with reverse nuclear polarity surrounding a stellate reticulum-like center. This distinguishes it from odontogenic keratocyst, central giant cell granuloma, or traumatic bone cyst, none showing this specific epithelial architecture.

162. B — Before releasing a patient's complete treatment history to a third party such as an employer wellness program, staff must confirm the patient has provided specific written authorization naming the intended recipient and purpose. Relying on a fax machine alone, an employer's own request, or insurance approval does not substitute for the patient's documented authorization.

163. C — 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 lining sometimes showing focal plaque-like thickenings. This distinguishes it from a radicular cyst (nonvital tooth), dentigerous cyst (unerupted tooth), or odontogenic keratocyst (parakeratinized lining).

164. B — Current guidance generally does not recommend routine antibiotic prophylaxis for most prosthetic joint replacement patients undergoing dental procedures, reserving prophylaxis for specific higher-risk situations determined in consultation with the patient's orthopedic surgeon. Requiring prophylaxis indefinitely for all such patients, doubling dosing, or basing the decision solely on patient preference all misapply current evidence-based guidance.

165. A — Cementoblastoma presents as a well-circumscribed radiopaque mass fused directly to the root apex of a vital tooth, typically surrounded by a thin radiolucent rim, distinguishing it from osteosarcoma (aggressive, ill-defined), central giant cell granuloma (radiolucent, not root-fused), or ameloblastoma, which shows a distinct multilocular radiolucent pattern rather than this fused radiopaque mass.

166. C — Protected health information, including scheduling and clinical details, may not be shared with a spouse or any other person without the patient's confirmed authorization, regardless of the relationship or apparent implied trust. Sharing general scheduling information, providing full clinical details, or requiring a guessing game to verify identity all fail to properly protect the patient's privacy rights.

167. A — Adenomatoid odontogenic tumor classically presents as a radiolucent lesion with fine calcified flecks in a 'driven snow' pattern, associated with an unerupted tooth such as a canine, with histology showing characteristic duct-like epithelial structures. This distinguishes it from a radicular cyst, traumatic bone cyst, or central giant cell granuloma, none of which show this specific ductal histologic pattern.

168. D — Inconsistent follow-up communication about outcomes from a referral pathway should be addressed by establishing a clearer, mutually understood follow-up expectation directly with the specialist's office, improving continuity of care for referred patients. Continuing unchanged, discontinuing all referrals, or passively hoping for improvement all fail to proactively resolve a recognized communication gap affecting patient care.

169. C — Pyogenic granuloma, sometimes called a pregnancy tumor when linked to pregnancy-related hormonal changes, presents as a rapidly growing, red, easily bleeding gingival mass reflecting reactive vascular proliferation. This distinguishes it from carcinoma (firm, indurated), peripheral ossifying fibroma (firmer, calcified foci), or irritation fibroma (pale, slower-growing, non-bleeding), given this rapid, vascular presentation.

170. A — When recommending a specific toothbrush type, the appropriate response is explaining the specific evidence-based benefits relevant to that particular patient's oral health needs, such as plaque removal efficiency or manual dexterity limitations. Recommending it simply because the practice sells it, insisting manual brushes are never adequate, or declining to explain the reasoning all fail sound, individualized preventive counseling.

171. D — Odontogenic keratocyst presents with a thin parakeratinized epithelial lining showing a corrugated surface, along with a well-recognized tendency toward adjacent satellite (daughter) cysts, contributing to its notably high recurrence rate if incompletely removed. This distinguishes it from a dentigerous cyst, radicular cyst, or traumatic bone cyst, none sharing this specific epithelial architecture and satellite tendency.

172. B — Two consecutive failed biological indicator tests on the same sterilizer strongly suggest a genuine equipment malfunction rather than a testing artifact, requiring the unit be taken out of service and serviced before further clinical use. Continuing normal use, limiting use to non-critical instruments, or assuming faulty test strips without verification all risk an unreliable sterilizer being used on patients.

173. B — Ameloblastic fibrodentinoma is a rare mixed odontogenic lesion showing round, cementum-like calcified structures admixed with odontogenic epithelium and mesenchyme, representing an intermediate lesion along the spectrum of mixed odontogenic tumors. This distinguishes it from

ameloblastoma, odontogenic keratocyst, or central giant cell granuloma, none of which show this specific calcified, cementum-like histologic component.

174. C — Regardless of a prior practice's approach, current pain management should involve reassessing the patient's actual current needs and prescribing the lowest effective dose for the shortest necessary duration, reflecting sound opioid stewardship principles. Continuing a prior regimen without reassessment, dismissing the history, or refusing any pain medication outright all fail to provide appropriately individualized, evidence-based pain management.

175. A — A dentigerous cyst forms from the reduced enamel epithelium surrounding the crown of an unerupted tooth, such as an impacted molar, presenting as a well-defined radiolucency with histology confirming this developmental origin. This distinguishes it from odontogenic keratocyst (parakeratinized lining), radicular cyst (nonvital erupted tooth required), or central giant cell granuloma, which lacks any true epithelial lining.

176. D — A documented penicillin anaphylaxis is an absolute contraindication to amoxicillin regardless of a prescription pad's default selection, requiring the prescriber to override the default and choose an appropriate non-beta-lactam alternative such as azithromycin as clinically indicated. Prescribing at a lower dose, assuming the default is safe, or asking the patient to reconsider a documented severe allergy are all dangerous responses.

177. B — Central giant cell granuloma presents as a solitary radiolucent lesion, often with a multilocular 'soap bubble' pattern, with histology showing abundant multinucleated giant cells within a vascular, hemosiderin-laden fibrous stroma reflecting prior hemorrhage. This distinguishes it from odontogenic keratocyst, ameloblastoma, or traumatic bone cyst, none of which show this specific giant-cell-rich histologic pattern.

178. A — Before adopting a new caries-detection device, a practice should review independent, peer-reviewed evidence of its diagnostic accuracy and genuine clinical value, rather than relying solely on manufacturer marketing materials. Purchasing based on manufacturer confidence, choosing the cheapest option, or deciding based on demonstration impressiveness all substitute marketing impressions for a genuine evidence-based adoption decision.

179. D — A traumatic (simple) bone cyst is defined by the absence of any true epithelial lining despite appearing as a cavity on imaging, confirmed by exploration revealing an empty space and a thin fibrous wall. This distinguishes it from a radicular cyst, dentigerous cyst, or odontogenic keratocyst, which all require a definite epithelial lining as part of their diagnostic criteria.

180. C — Sharing a patient's radiographic images, even with another patient of the same practice such as a family member, requires that patient's specific authorization, regardless of the family relationship or apparent low sensitivity of the images. Allowing viewing based on shared practice status, image type, or assumed future visibility all fail to properly protect the patient's confidentiality rights.

181. A — Odontogenic keratocyst can show occasional clear cell change confined to the basal epithelial layer as a recognized but uncommon variant feature, while retaining the classic parakeratinized,

corrugated lining that defines this cyst and its notable recurrence tendency. This distinguishes it from a dentigerous cyst, radicular cyst, or traumatic bone cyst, none showing this specific keratinized, recurrence-prone pattern.

182. C — When a patient discloses skipping prescribed blood pressure medication due to cost, the appropriate response is documenting the finding and encouraging the patient to discuss affordable options, such as generic alternatives or assistance programs, with their prescribing physician. Ignoring it, prescribing a different medication directly, or advising discontinuation all fall outside the dentist's scope and risk harm.

183. D — Plexiform ameloblastoma is a histologic variant characterized by thin, anastomosing strands of odontogenic epithelium arranged in a plexiform network rather than the discrete follicles of the more common variant, while retaining the same overall locally aggressive behavior. This distinguishes it from odontogenic keratocyst, central giant cell granuloma, or traumatic bone cyst, each with different histology.

184. B — A consent form lacking mention of a material risk, such as nerve injury for third molar extraction, should be revised promptly to include this risk, supporting genuinely informed decisions. Continuing to use the deficient form, adding only a verbal mention without updating the document, or waiting for a routine update cycle all leave an inadequate consent process in place.

185. B — Odontogenic myxoma is a benign but locally infiltrative tumor of odontogenic mesenchymal origin, with histology showing loosely arranged stellate and spindle-shaped cells within an abundant myxoid stroma and minimal epithelial component. This distinguishes it from ameloblastoma (prominent epithelium), squamous odontogenic tumor (bland epithelial islands), or cementoblastoma, a mineralized mass fused to a root.

186. A — When a patient questions a full-payment policy for elective cosmetic procedures, the appropriate response is clearly explaining the practice's payment policy and the business reasoning behind it for elective, non-insurance-covered treatment. Making an unexplained exception, assuming prior website awareness, or declining to discuss payment policy directly all fail transparent financial communication with the patient.

187. C — 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 characteristic of ameloblastoma. This histologic distinction from ameloblastoma, central giant cell granuloma, and traumatic bone cyst is key to recognizing this generally less aggressive, distinct odontogenic tumor.

188. D — Before a planned sedation appointment, staff should review the specific timing and amount of a patient's reported marijuana use for possible interaction with sedative agents or altered drug tolerance, rather than assuming casual disclosure means clinical irrelevance. Ignoring it, dismissing recreational use as never relevant, or proceeding with standard dosing regardless all risk an unsafe sedation plan.

189. C — Desmoplastic ameloblastoma is a distinct histologic variant showing odontogenic epithelial islands compressed within densely hyalinized, collagenized fibrous stroma, producing a characteristic poorly defined, mixed radiolucent-radiopaque appearance rather than the typical multilocular pattern of classic ameloblastoma. This distinguishes it from classic ameloblastoma, odontogenic keratocyst, or central giant cell granuloma, each with distinct histology.

190. A — When a patient questions a missed-appointment fee for short-notice cancellation, the appropriate response is explaining the practice's stated policy and the specific notice period it requires, supporting transparent, consistent enforcement. Waiving the fee automatically, refusing to discuss the policy, or assuming prior agreement without reviewing it together all fail clear, fair policy communication with the patient.

191. D — Glandular odontogenic cyst is a rare developmental cyst notable for a thin epithelial lining with abundant mucous-producing goblet cells and small duct-like structures, presenting as a well-corticated radiolucency with a recognized tendency toward local recurrence. This distinguishes it from radicular cyst, dentigerous cyst, or traumatic bone cyst, none sharing this specific glandular epithelial pattern.

192. B — A nightguard directly protects the teeth and temporomandibular joint from the ongoing mechanical load of clenching or grinding, addressing the underlying biomechanical cause, whereas a muscle relaxant only manages symptoms temporarily without protecting the dentition. Prescribing the relaxant instead, declining explanation, or assuming the patient will not understand all fail sound, mechanism-based patient counseling.

193. C — 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 described in some otherwise typical keratocysts, though overall clinical behavior remains consistent with the standard keratocyst diagnosis regardless of this histologic distinction.

194. D — When a patient questions replacing an asymptomatic amalgam filling, the appropriate response is explaining the specific findings, such as marginal breakdown, recurrent decay, or fracture risk, that support replacement despite the absence of pain. Recommending universal replacement regardless of condition, declining explanation, or assuming disinterest all fail sound, findings-based restorative treatment communication.

195. A — A radicular cyst arises from epithelial rests of Malassez stimulated by chronic periapical inflammation from a nonvital tooth, presenting as a periapical radiolucency with a non-keratinized epithelial lining and chronic inflammatory infiltrate reflecting this inflammatory origin. This distinguishes it from a dentigerous cyst, odontogenic keratocyst, or traumatic bone cyst, none tied to a nonvital tooth this way.

196. B — When a patient questions a retaken x-ray, the appropriate response is explaining that diagnostic-quality images are necessary for accurate interpretation and that the first exposure did not meet that standard, justifying the additional image. Declining explanation, assuming disinterest, or

blaming the patient without review all fail transparent, ALARA-consistent radiographic communication with the patient.

197. D — A dentigerous cyst forms from the reduced enamel epithelium surrounding the crown of an unerupted tooth, such as an impacted third molar, presenting as a well-defined radiolucency with histology confirming this dentigerous origin. This distinguishes it from a radicular cyst (nonvital erupted tooth), odontogenic keratocyst (parakeratinized lining), or traumatic bone cyst, lacking a true epithelial lining.

198. A — When recommending a custom-fitted mouthguard over a generic one, the appropriate response is explaining the specific fit, protection, and comfort advantages a custom guard provides for the individual patient's dentition and sport. Recommending it simply because the office sells it, insisting the generic is never acceptable, or declining to explain the reasoning all fail sound, individualized preventive counseling.

199. C — A traumatic (simple) bone cyst is defined by the absence of a true epithelial lining despite appearing as a radiolucent cavity on imaging, confirmed by exploration revealing an empty space and a fibrous wall of dense, hyalinized collagen. This distinguishes it from a radicular cyst, dentigerous cyst, or ameloblastoma, each of which shows a true epithelial component on biopsy.

200. B — An early, non-cavitated white spot lesion is appropriate for remineralization therapy and continued monitoring rather than immediate restorative intervention, since the enamel surface remains intact and potentially reversible with preventive measures. Restoring immediately regardless of the actual indication, declining explanation, or assuming the patient does not want the reasoning all fail sound, conservative caries management communication.

201. C — For a patient on stable warfarin therapy with a therapeutic INR, current guidance favors continuing anticoagulation for routine extractions and controlling bleeding with local hemostatic measures, since discontinuing anticoagulation raises thromboembolic risk that generally outweighs the modest, locally manageable bleeding risk expected from a limited extraction procedure like this one.

202. A — For an avulsed permanent tooth, the priority is minimizing extraoral dry time by rinsing debris gently and replanting as soon as possible, then stabilizing with a splint, since periodontal ligament cell survival and prognosis decline rapidly the longer the tooth remains outside the socket. Discarding the tooth, using alcohol, or delaying care all worsen the outcome unnecessarily.

203. B — Sodium metabisulfite, an antioxidant preservative added specifically to epinephrine-containing anesthetic cartridges, is chemically related to sulfa compounds, so a patient with a documented sulfa allergy may warrant avoiding cartridges containing this preservative. Lidocaine itself is not chemically related to sulfonamides, and epinephrine itself is not the source of this particular cross-reactivity concern.

204. D — OSHA's Hazard Communication standard requires labeling all hazardous chemicals, including those transferred into secondary containers used in daily work, regardless of frequency of use, to ensure staff can identify contents and associated hazards at all times. Leaving containers unlabeled,

labeling only infrequently used ones, or relying on color alone all violate this fundamental chemical safety requirement.

205. C — Severe, spontaneous pain that lingers after cold exposure, combined with a deep carious lesion and a normal periapical radiograph, reflects pulpal inflammation confined within the tooth before periapical extension, characteristic of symptomatic irreversible pulpitis. Reversible pulpitis lacks spontaneous pain, chronic apical periodontitis would show radiographic changes, and a periodontal abscess would show distinct periodontal findings.

206. D — A dental assistant should decline to perform a task, such as taking a final crown impression, that falls outside their legally permitted scope of practice in that specific jurisdiction, protecting both the patient and the assistant from an unauthorized delegation of duties. Informal past practice, case simplicity, or patient consent do not override state practice act scope-of-practice restrictions.

207. B — Poorly controlled diabetes, reflected by a markedly elevated HbA1c, impairs wound healing and increases susceptibility to infection and implant failure, warranting glycemic optimization in coordination with the patient's physician before proceeding with elective implant placement. Refusing implants to all diabetics outright, ignoring HbA1c entirely, or requiring general anesthesia are all inappropriate blanket responses to this modifiable risk factor.

208. A — Before a new associate's first day, the practice should independently verify their license status directly through the state dental board, confirming it is active and in good standing rather than relying on the associate's own assurance, assumed validity from program accreditation, or waiting until after they begin treating patients to check credentials properly.

209. A — Asymptomatic TMJ clicking present for years without pain or functional limitation is a common finding often related to a stable disc displacement with reduction, and generally warrants reassurance and observation rather than invasive intervention. Surgery, a muscle relaxant regardless of symptoms, or altering the bite through extraction are all excessive responses to an asymptomatic, longstanding finding.

210. D — When uncertain whether a specific expanded function is permitted for a dental hygienist, the appropriate first step is reviewing the specific state dental hygiene practice act or contacting the licensing board directly to confirm the scope of practice, since verbal dentist approval, informal precedent elsewhere, or patient status do not override statutory scope-of-practice restrictions.

211. B — Osteoradionecrosis is a serious complication risk following extraction within a previously irradiated field, resulting from radiation-induced hypovascularity and impaired healing capacity in the affected bone, making it the complication of greatest concern in this scenario. This risk substantially exceeds that of a simple dry socket, TMJ ankylosis, or xerostomia unrelated to the extraction itself.

212. C — Verifying the correct tooth number and surgical site verbally with the entire clinical team immediately before beginning the procedure, similar to a surgical time-out, is the most effective safeguard against wrong-tooth extraction errors. Relying solely on a printed treatment plan, trusting memory alone, or waiting for patient-raised concern all leave room for a preventable identification error.

213. D — Early childhood caries classically affects the maxillary anterior smooth surfaces first due to prolonged exposure to sugary liquids during nighttime bottle or breastfeeding, while the mandibular incisors are relatively protected by tongue position and salivary flow during feeding. This distinctive pattern differs from fluorosis, genetic enamel defects, or root caries, none of which follow this specific nursing-related distribution.

214. C — Discovering an unusually high tear rate in a specific glove batch warrants reporting the issue to the manufacturer or relevant authority and discontinuing use of that batch pending review, protecting staff and patients from a recognized product defect. Continuing use, limiting use to low-risk procedures, or waiting for an actual exposure incident all delay an appropriate safety response.

215. B — Pain specifically on release of biting pressure, without a visible fracture line, abnormal pulp testing, or periodontal findings, is the classic presentation of cracked tooth syndrome, in which an incomplete fracture causes pain from tooth flexure during mastication. Irreversible pulpitis, periodontal abscess, and apical periodontitis would each show distinct abnormal findings not present in this specific scenario.

216. A — Verifying at least two independent patient identifiers, such as full name and date of birth, before beginning any procedure is a standard patient safety practice that reduces the risk of a wrong-patient error. Appointment time alone, an insurance card alone, or first name confirmed verbally without a second identifier are all insufficiently specific for reliable identity verification.

217. A — For a patient on oral bisphosphonates for a few years with no current signs of jaw osteonecrosis, current guidance generally supports proceeding with extraction using minimally traumatic surgical technique, ideally with consultation with the prescriber regarding overall risk. Refusing all extractions, mandating permanent discontinuation, or requiring hospital admission for a routine extraction are all excessive responses to this moderate-risk scenario.

218. B — Providing specific seizure-response training and a clear protocol to all staff, including front desk personnel, ensures a coordinated, appropriate response if a patient has a seizure anywhere in the office, including public areas like the waiting room. Assuming intuitive knowledge, relying solely on calling emergency services without interim action, or waiting for a prior occurrence all leave staff unprepared.

219. D — A chronic, indurated tongue ulcer with rolled margins persisting over a month in a patient with significant smoking history is highly concerning for squamous cell carcinoma, warranting prompt biopsy rather than reassurance, empiric antifungal treatment, or continued observation, all of which risk a dangerous delay in diagnosing a potentially malignant lesion given these specific risk factors and presentation.

220. C — Patient records should be transferred promptly upon a valid request regardless of an outstanding account balance, since withholding records to leverage payment is both an ethical violation and, in many jurisdictions, illegal, potentially jeopardizing continuity of care. Refusing release, charging a punitive fee, or ignoring the request until payment all improperly obstruct the patient's right to their own records.

221. A — Epulis fissuratum presents as hyperplastic fibrous tissue folds forming along the flange of a poorly fitting denture due to chronic mechanical irritation, typically requiring surgical excision along with denture adjustment or replacement. This differs from pleomorphic adenoma (a salivary gland tumor), torus palatinus (a bony exostosis), or squamous cell carcinoma, each with a distinct clinical presentation and etiology.

222. B — Reducing look-alike/sound-alike medication errors is best achieved through enabling built-in clinical decision support alerts within the e-prescribing system, combined with a deliberate double-check step for similarly named medications, systematically reducing dangerous mix-up risk. Relying on memory alone, disabling frequent alerts, or assuming electronic systems are inherently error-free all increase preventable prescribing error risk.

223. D — Macroglossia secondary to myxedema results from glycosaminoglycan deposition in the tongue during longstanding, poorly controlled hypothyroidism, causing progressive, painless enlargement with scalloping 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 typically acute rather than chronic.

224. B — Suspected anaphylaxis requires immediate administration of intramuscular epinephrine as the first-line, life-saving treatment, combined with prompt activation of emergency medical services, since anaphylaxis can rapidly progress to airway compromise and cardiovascular collapse without swift intervention. Antihistamines alone, waiting to see if symptoms progress, or continuing the procedure all dangerously delay necessary emergency treatment.

225. C — Condensing osteitis (focal sclerosing osteomyelitis) presents as a radiopaque area of increased bone density near a tooth with a history of chronic low-grade pulpal inflammation, representing a reactive bony response to mild chronic infection rather than a true neoplasm. This distinguishes it from cementoblastoma (fused to a root), central giant cell granuloma (radiolucent), or ameloblastoma, a distinct odontogenic tumor.

226. D — Genuine informed consent for a patient with limited English proficiency requires arranging a qualified interpreter for the consent discussion, ensuring the patient truly understands the diagnosis, treatment, risks, and alternatives being presented. Using English-only forms, relying on an untrained child interpreter, or assuming gestures suffice all fail to meet the ethical and legal standard for valid informed consent.

227. C — Minor recurrent aphthous stomatitis presents as small, painful, recurring ulcers on non-keratinized mucosa that flare with stress and heal without scarring within about two weeks, without other systemic symptoms. This distinguishes it from primary herpetic gingivostomatitis (a single childhood infection with fever), pemphigus vulgaris (positive Nikolsky sign), or herpes zoster, which follows a dermatomal distribution.

228. A — Sharps containers should be replaced when they reach the manufacturer's designated fill line, per OSHA guidance, preventing overfilling that increases needlestick injury risk during disposal or

handling. Waiting for visible overflow, replacing on a fixed schedule regardless of fill level, or leaving the decision to staff discretion without a defined threshold all risk unsafe sharps handling.

229. B — An irritation fibroma can result from years of chronic mechanical irritation, such as contact with a rough denture clasp, occasionally causing superficial cupping resorption of the underlying bone from sustained pressure, with histology showing dense fibrous tissue reflecting this reactive process. This distinguishes it from pyogenic granuloma, peripheral ossifying fibroma, or squamous papilloma, each with different histology.

230. A — Checking the state prescription drug monitoring program before prescribing a controlled substance, where required, helps identify concerning prescribing patterns or potential misuse across multiple providers, supporting responsible, well-informed controlled substance prescribing. Relying solely on patient report, assuming universal honesty, or skipping checks for established patients all bypass this important safety and diversion-prevention tool.

231. D — A traumatic (simple) bone cyst presents as a well-corticated radiolucency discovered incidentally, with surgical exploration confirming an empty cavity and a thin fibrous wall lacking any true epithelial lining. This distinguishes it from a radicular cyst, dentigerous cyst, or ameloblastoma, each of which shows a true epithelial component on biopsy, unlike this simple, non-epithelialized pseudocyst.

232. C — Consistent use of high-volume evacuation during aerosol-generating restorative procedures significantly reduces airborne particle concentration and splatter exposure for both patient and clinical staff, an important infection-control mitigation strategy supported by current guidance. Relying on saliva ejectors alone, skipping evacuation for brief procedures, or using it only upon patient request all leave staff and patients unnecessarily exposed.

233. A — A dentigerous cyst forms from the reduced enamel epithelium surrounding the crown of an unerupted tooth, such as a third molar, presenting as a well-defined radiolucency with a thin, non-keratinized lining consistent with this developmental origin. This distinguishes it from a radicular cyst (nonvital erupted tooth), odontogenic keratocyst (parakeratinized lining), or central giant cell granuloma, lacking epithelial lining.

234. C — Dental practices should track staff CPR certification expiration dates and ensure timely renewal for all clinical personnel, not just the lead dentist, since emergencies can occur at any time and require immediate, properly trained response from any available team member. Assuming indefinite validity, limiting certification requirements, or addressing gaps only after an emergency all create preventable preparedness deficiencies.

235. D — Odontogenic myxoma is a benign but locally infiltrative tumor of odontogenic mesenchymal origin, presenting as an expansile radiolucency with histology showing scattered epithelial rests within an abundant myxomatous, loosely cellular stroma containing fine collagen fibrils and no mineralized tissue. This distinguishes it from central giant cell granuloma, ameloblastoma, or cementoblastoma, each with a different composition.

236. B — Proper documentation of an informed refusal requires recording the specific recommendation made, the risks discussed with the patient, and a clear statement of the patient's informed decision to decline, protecting both patient autonomy and legal defensibility. Omitting documentation entirely, recording only a bare refusal without detail, or deferring to a future visit all leave inadequate documentation in place.

237. C — Ameloblastic fibrodentinoma is a rare mixed odontogenic lesion showing round, cementum-like calcified structures admixed with odontogenic epithelium and mesenchyme, representing an intermediate lesion along the spectrum between ameloblastic fibroma and odontoma. This distinguishes it from ameloblastoma, odontogenic keratocyst, or central giant cell granuloma, none of which show this specific mineralized, cementum-like component.

238. D — An instrument dropped during a procedure must be removed from further use and replaced with a properly sterilized instrument before continuing, since the dropped instrument is now considered contaminated regardless of its apparent visual cleanliness. Wiping it with alcohol, assuming visual cleanliness suffices, or continuing to use it for the remainder of the procedure all violate basic sterile technique principles.

239. A — A traumatic (simple) bone cyst characteristically scallops between the roots of adjacent vital teeth without displacing them, presenting as a well-corticated radiolucency without a true epithelial lining on surgical exploration. This distinguishes it from a dentigerous cyst (unerupted tooth), ameloblastoma (aggressive epithelial architecture), or radicular cyst, which requires a nonvital tooth as its origin.

240. B — Regularly checking expiration dates on emergency medications and replacing them proactively before they expire ensures the office kit remains reliably effective for a genuine emergency, when predictable drug potency and action are critical. Checking only after an emergency occurs, assuming indefinite effectiveness, or replacing only when the kit happens to be opened all leave the kit inadequately prepared.

241. A — Odontogenic myxoma is a benign but locally infiltrative tumor of odontogenic mesenchymal origin, with histology showing loosely arranged stellate and spindle-shaped cells within an abundant myxoid stroma and minimal epithelial component. This distinguishes it from ameloblastoma (prominent epithelium), squamous odontogenic tumor (bland epithelial islands), or central giant cell granuloma, which shows multinucleated giant cells instead.

242. C — Before opening and using an instrument set for surgery, confirming that chemical indicators and, where applicable, biological indicator results show successful sterilization ensures sterility is objectively verified rather than assumed. Relying on general sterilizer reputation, skipping verification for routine procedures, or checking only upon patient inquiry all bypass this essential final safety confirmation before surgery begins.

243. D — A dentigerous cyst forms from the reduced enamel epithelium surrounding an unerupted tooth's crown, such as an impacted second molar, presenting as a well-defined radiolucency with histology confirming this developmental origin. This distinguishes it from a radicular cyst (nonvital

erupted tooth), odontogenic keratocyst (parakeratinized lining), or traumatic bone cyst, lacking any true epithelial lining.

244. B — Patients generally have a right to access their own radiographic images, and the practice should provide the requested images promptly to facilitate a second opinion consultation, in compliance with applicable patient record access laws. Refusing release, requiring a court order, or charging an excessive discouraging fee all improperly obstruct the patient's legal right to their own diagnostic imaging records.

245. D — Glandular odontogenic cyst is a rare developmental cyst notable for a thin, non-keratinized epithelial lining with abundant mucous cells and small duct-like structures, presenting as a well-corticated radiolucency with a recognized tendency toward local recurrence. This distinguishes it from radicular cyst, dentigerous cyst, or traumatic bone cyst, none sharing this specific glandular epithelial differentiation.

246. B — For a patient of uncertain pregnancy status, appropriate practice involves directly discussing pregnancy status, using appropriate shielding such as a lead apron, and limiting radiographic exposure to only clinically necessary images. Refusing all radiographs outright, proceeding without discussion, or assuming pregnancy is not possible without asking all fail to balance patient safety with necessary diagnostic care.

247. C — Odontogenic keratocyst presents with a thin, uniform parakeratinized epithelial lining showing a corrugated surface and prominent palisaded basal cell layer, a histologic pattern associated with a notably high recurrence rate if incompletely removed. This distinguishes it from a dentigerous cyst, radicular cyst, or traumatic bone cyst, none of which share this specific keratinized epithelial architecture.

248. A — A colleague who appears impaired while scheduled to treat patients poses an immediate patient safety risk, requiring prompt intervention to prevent that colleague from treating patients, followed by escalation per the practice's established protocol for suspected impairment. Saying nothing, assuming a one-time occurrence, or waiting to see if the colleague improves all risk serious, avoidable harm to patients.

249. D — Plexiform ameloblastoma is a histologic variant characterized by thin, anastomosing strands of odontogenic epithelium arranged in a plexiform network rather than the discrete follicles seen in the more common variant, while retaining the same overall locally aggressive clinical behavior as other ameloblastoma variants. This distinguishes it from odontogenic keratocyst or central giant cell granuloma.

250. A — Valid informed consent before a sedation-based 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 consent standard.

251. C — A pyogenic granuloma can develop at a healing extraction site from local irritation, presenting as an exophytic, easily bleeding 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 retained root fragment, which would appear radiographically distinct.

252. B — Actively reviewing and updating a patient's medication list at each visit, rather than assuming prior records remain accurate, ensures the practice has current information to guide safe treatment and prescribing decisions. Relying on an outdated list, waiting for unprompted patient disclosure, or reviewing only annually all risk missing a clinically significant medication change between visits.

253. A — Cementoblastoma presents as a well-circumscribed radiopaque mass fused directly to the root of a vital tooth, surrounded by a thin radiolucent rim, distinguishing it from osteosarcoma (aggressive, ill-defined), central giant cell granuloma (radiolucent, not root-fused), or ameloblastoma, which shows a distinct multilocular radiolucent pattern rather than this fused radiopaque mass.

254. C — Before a planned extraction, researching the specific herbal supplement a patient reports taking for known effects on bleeding or healing is essential, since natural origin does not guarantee clinical safety or irrelevance to surgical risk. Ignoring supplements, assuming universal safety, or waiting for the patient to raise a concern unprompted all risk missing a relevant perioperative interaction.

255. B — A radicular cyst arises from epithelial rests of Malassez stimulated by chronic periapical inflammation from a nonvital tooth, presenting as a periapical radiolucency with a non-keratinized epithelial lining and chronic inflammatory infiltrate reflecting this inflammatory origin. This distinguishes it from a dentigerous cyst (unerupted tooth), odontogenic keratocyst (parakeratinized lining), or traumatic bone cyst (no lining).

256. D — Appropriately managing expectations before an elective cosmetic procedure requires a thorough discussion of realistic achievable outcomes, inherent limitations of the material and technique, and documented informed consent accounting for biologic and material variability. Guaranteeing a specific result or avoiding discussion of limitations both set unrealistic expectations and risk patient dissatisfaction after treatment.

257. B — Central giant cell granuloma presents as a solitary radiolucent lesion, often with a multilocular 'soap bubble' pattern, with histology showing abundant multinucleated giant cells within a vascular, hemosiderin-laden fibrous stroma reflecting prior hemorrhage. This distinguishes it from odontogenic keratocyst, ameloblastoma, or traumatic bone cyst, none showing this specific giant-cell-rich histologic pattern.

258. A — Asking a patient to explain a proposed treatment plan back in their own words is an effective way to confirm genuine comprehension before obtaining signed consent, going beyond a signature alone as proof of understanding. Assuming a signature confirms understanding, providing only written materials, or skipping this step for returning patients all risk an inadequately informed consent process.

259. C — Calcifying epithelial odontogenic tumor (Pindborg tumor) presents as a slow-growing radiopaque-radiolucent mass with histology showing sheets of polyhedral odontogenic epithelial cells and characteristic amyloid-like material forming concentric Liesegang ring calcifications, a distinctive feature. This distinguishes it from ameloblastoma, odontogenic keratocyst, or central giant cell granuloma, none showing this specific amyloid deposition pattern.

260. D — An unresponsive patient who is not breathing normally requires immediate activation of emergency medical services and initiation of chest compressions, since this presentation suggests cardiac arrest rather than a simpler event. Administering epinephrine-containing anesthetic, waiting for spontaneous recovery, or continuing the procedure all critically delay necessary, life-saving intervention in this emergency.

261. C — A lateral periodontal cyst is a developmental odontogenic cyst arising from epithelial rests along the lateral root surface of a vital tooth, presenting as a well-defined unilocular radiolucency with a thin fibrous capsule. This distinguishes it from a radicular cyst (nonvital tooth), dentigerous cyst (unerupted tooth), or traumatic bone cyst, which lacks a true epithelial lining on histology.

262. D — When a patient declines recommended treatment after adequate disclosure of risks, benefits, and alternatives, the dentist must document the informed refusal discussion, including risks explained and the patient's decision, protecting both patient autonomy and legal defensibility. Proceeding against the patient's wishes or refusing all further care are both inappropriate responses to a valid informed refusal.

263. B — 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 with a thin, non-keratinized lining consistent with this developmental origin. This distinguishes it from a radicular cyst (nonvital erupted tooth), odontogenic keratocyst (parakeratinized lining), or central giant cell granuloma, lacking epithelial lining.

264. A — When a patient requests a treatment plan modification after treatment has begun, the appropriate approach involves discussing the clinical implications, technical feasibility, and any resulting changes to cost or timeline before proceeding, ensuring a fully informed decision. Refusing any modification, implementing changes without discussion, or charging a punitive fee all fail transparent, patient-centered handling of this request.

265. D — Odontogenic keratocyst presents with a thin, uniform parakeratinized epithelial lining showing a corrugated surface, along with a well-recognized tendency toward adjacent satellite (daughter) cysts, contributing to its characteristically high recurrence rate if incompletely removed. This distinguishes it from a dentigerous cyst, radicular cyst, or traumatic bone cyst, none sharing this specific epithelial architecture.

266. A — For a patient with a documented allergy to a specific restorative material, selecting an alternative, allergen-free material appropriate for the clinical situation avoids unnecessary exposure to a known sensitizing agent. Using the known allergen, proceeding based on verbal reassurance alone, or

ignoring the documented allergy due to material unavailability all risk triggering a preventable allergic reaction.

267. B — Plexiform ameloblastoma is a histologic variant characterized by thin, anastomosing strands of odontogenic epithelium arranged in a plexiform network rather than the discrete follicles seen in the more common variant, while retaining the same overall locally aggressive clinical behavior. This distinguishes it from odontogenic keratocyst, traumatic bone cyst, or central giant cell granuloma, each with distinct histology.

268. C — Proper financial informed consent requires providing a clear, itemized estimate of expected treatment costs and discussing available payment options before beginning comprehensive care, supporting the patient's ability to make a fully informed financial decision. Proceeding without an estimate, offering only a vague verbal figure, or assuming the patient needs no such information all fail this transparency obligation.

269. C — A dentigerous cyst forms from the reduced enamel epithelium surrounding the crown of an unerupted tooth, such as an impacted molar, presenting as a well-defined radiolucency with histology confirming this developmental origin. This distinguishes it from a radicular cyst (nonvital erupted tooth), odontogenic keratocyst (parakeratinized lining), or traumatic bone cyst, which lacks any true epithelial lining.

270. D — A localized allergic reaction limited to a rash and mild swelling without airway involvement should prompt close monitoring, consideration of an antihistamine for symptomatic relief, and documentation of the reaction and suspected agent to prevent future re-exposure. Administering epinephrine is reserved for anaphylaxis, and continuing with the same agent risks worsening the reaction unnecessarily.

271. B — A traumatic (simple) bone cyst is defined by the absence of any true epithelial lining despite appearing as a cavity on imaging, confirmed by exploration revealing an empty space and a fibrous wall of dense collagen. This distinguishes it from a radicular cyst, dentigerous cyst, or ameloblastoma, each showing a true epithelial component on biopsy, unlike this lesion.

272. A — Proper informed consent for elective third molar extraction requires disclosing the specific, documented risk of nerve injury based on radiographic proximity to the mandibular canal, along with reasonable alternatives such as continued monitoring, allowing the patient to weigh risks against benefits. Omitting this risk or assuming general understanding both fail proper, procedure-specific consent standards for this decision.

273. A — 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 characteristic of ameloblastoma. This histologic distinction from ameloblastoma, odontogenic keratocyst, and central giant cell granuloma is key to recognizing this generally less aggressive, distinct odontogenic tumor entity.

274. D — A patient with a formally diagnosed anxiety disorder, beyond typical situational nervousness, warrants consideration of this diagnosis when planning both behavioral management and, where clinically appropriate, pharmacologic strategies, ideally coordinated with the patient's mental health or primary care provider for integrated care. Treating it identically to routine nervousness or ignoring the diagnosis both fail the patient's documented clinical needs.

275. B — Odontogenic keratocyst can show occasional clear cell change confined to the basal epithelial layer as a recognized but uncommon variant feature, while retaining the classic parakeratinized, corrugated lining that defines this cyst and its notable recurrence tendency. This distinguishes it from a dentigerous cyst, radicular cyst, or traumatic bone cyst, none showing this specific keratinized pattern.

276. C — 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 risk.

277. C — Glandular odontogenic cyst is a rare developmental cyst notable for a thin, non-keratinized epithelial lining with abundant mucous-secreting cells, presenting as a well-corticated radiolucency with a recognized tendency toward local recurrence. This distinguishes it from radicular cyst, dentigerous cyst, or traumatic bone cyst, none of which share this specific glandular epithelial differentiation.

278. B — Releasing patient records to a life insurance company for underwriting purposes requires proper written patient authorization that specifically identifies the intended recipient and purpose of the disclosure, protecting patient privacy while complying with legitimate third-party requests. Releasing records without verified authorization or refusing all such requests outright both fail proper privacy standards for this type of disclosure.

279. A — A traumatic (simple) bone cyst presents as a well-corticated radiolucency discovered incidentally, with surgical exploration confirming an empty cavity and a thin fibrous wall lacking any true epithelial lining. This distinguishes it from a dentigerous cyst, radicular cyst, or ameloblastoma, each of which shows a true epithelial component on biopsy, unlike this simple, non-epithelialized pseudocyst.

280. D — Applicable disability access laws, such as the Americans with Disabilities Act, require accommodating a legitimate service animal during treatment, while the practice may still reasonably address practical considerations for the treatment area to maintain a safe, sterile clinical environment. Refusing entry outright or demanding excessive documentation beyond legal requirements both misapply these access protections improperly.

281. A — 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. This requires careful histologic recognition to distinguish it from classic ameloblastoma, odontogenic keratocyst, or central giant cell granuloma.

282. C — 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 or publicizing it on social media both fail the profession's self-regulatory duty appropriately.

283. D — Desmoplastic ameloblastoma is a distinct histologic variant showing odontogenic epithelial islands compressed within densely hyalinized, collagenized fibrous stroma, producing a characteristic poorly defined, mixed radiolucent-radiopaque appearance rather than the typical multilocular pattern of classic ameloblastoma. This distinguishes it from classic ameloblastoma, odontogenic keratocyst, or central giant cell granuloma, each with distinct histologic features.

284. B — When a patient requests a written treatment estimate for a documented tax or reimbursement purpose, such as a flexible spending account, providing a clear, accurate written estimate suitable for that stated purpose supports the patient's legitimate financial needs. Refusing to provide any written form or offering only a verbal estimate both fail this routine, reasonable administrative service obligation.

285. A — Odontogenic keratocyst presents with a thin, uniform epithelial lining showing a corrugated surface and a well-defined palisaded basal cell layer, a histologic pattern associated with a notably high recurrence rate if incompletely removed. This distinguishes it from a dentigerous cyst, radicular cyst, or traumatic bone cyst, none of which share this specific keratinized epithelial architecture and recurrence tendency.

286. B — Proper infection control for laboratory case items requires disinfecting impressions, prostheses, or other materials per manufacturer and CDC guidance before shipment, along with clear labeling confirming disinfection has occurred, protecting laboratory personnel from cross-contamination. Sending items undisinfected or assuming the laboratory will disinfect them both risk exposing lab staff to infectious material unnecessarily.

287. C — Confirmed ameloblastoma with root resorption demonstrates locally aggressive, infiltrative growth despite its benign histologic classification, requiring surgical resection with adequate margins to minimize the substantial recurrence risk associated with more conservative treatment approaches. Observation, antibiotics alone, or addressing only adjacent teeth while leaving the lesion in place would all permit continued destructive growth.

288. D — An illegible medication history section requires directly contacting the patient to clarify the actual current medications before proceeding with treatment, since guessing, skipping the section, or assuming no medications are taken all risk missing a clinically significant drug interaction or contraindication that could seriously jeopardize the patient's safety during planned treatment.

289. B — Odontogenic myxoma is a benign but locally infiltrative tumor of odontogenic mesenchymal origin, with histology showing loosely arranged stellate and spindle-shaped cells within an abundant myxoid stroma and minimal epithelial component. This distinguishes it from ameloblastoma (prominent

epithelium), squamous odontogenic tumor (bland epithelial islands), or central giant cell granuloma, which shows giant cells instead.

290. C — 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 or mandating it universally regardless of circumstance both fail to reasonably address this parental request.

291. D — Hyaline (Rushton) bodies are eosinophilic structures found within the epithelial lining of a meaningful proportion of radicular cysts, tied to chronic periapical inflammation from a nonvital tooth, representing a relatively specific though not universal supporting histologic finding. This distinguishes it from a dentigerous cyst, odontogenic keratocyst, or traumatic bone cyst, none classically showing this specific feature.

292. A — Reasonable patient preferences regarding staff assignment can generally be accommodated when feasible without compromising the quality or continuity of care, supporting patient comfort within practical scheduling constraints. Refusing to consider any such preference, ignoring the request entirely, or requiring justification before considering it all disregard a legitimate, low-risk patient comfort request most practices can accommodate.

293. D — A dentigerous cyst forms from the reduced enamel epithelium surrounding the crown of an unerupted tooth, such as an impacted molar, presenting as a well-defined radiolucency with histology confirming this developmental origin. This distinguishes it from a radicular cyst (nonvital erupted tooth), odontogenic keratocyst (parakeratinized lining), or traumatic bone cyst, lacking any true epithelial lining.

294. C — 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, in compliance with applicable patient record access laws. Refusing release, requiring a court order, or charging an excessive discouraging fee all improperly obstruct this legal right to diagnostic records.

295. 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 described in some otherwise typical keratocysts, though overall clinical behavior remains consistent with the standard keratocyst diagnosis regardless of this distinction.

296. A — When a patient discloses intimate partner violence during a 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 or confronting a partner directly both create potentially dangerous, inappropriate responses to this sensitive situation.

297. A — Odontogenic keratocyst presents with a thin, uniform parakeratinized epithelial lining showing a corrugated surface, a histologic pattern strongly associated with a notably high recurrence

rate if incompletely removed at initial treatment. This distinguishes it from a dentigerous cyst, radicular cyst, or traumatic bone cyst, none of which share this specific keratinized, recurrence-prone epithelial architecture.

298. B — Patient records should be transferred promptly upon a valid request regardless of an outstanding account balance, since withholding records to leverage payment is both an ethical violation and, in many jurisdictions, illegal, potentially jeopardizing the patient's continuity of care with a new provider. Refusing release or charging a punitive fee both improperly obstruct the patient's right to their own records.

299. C — 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.

300. D — When a patient requests documentation distinguishing medically necessary from purely elective treatment components, providing an accurate, itemized breakdown reflecting the actual clinical indication for each component supports the patient's legitimate need for this information, such as for insurance or tax purposes. Refusing this distinction or misclassifying components in either direction both violate honest documentation standards.

301. C — Bruxism with morning jaw soreness and generalized occlusal wear is initially managed conservatively with an occlusal splint to protect the dentition and reduce muscle strain, combined with behavioral strategies such as stress management. Full-mouth reconstruction, extraction, or orthognathic surgery are all invasive and unwarranted before conservative, reversible measures have been attempted first.

302. B — Marking the intended implant site and verbally confirming it with the entire clinical team immediately before surgery, similar to a surgical time-out, is the most effective safeguard against a wrong-site error. Relying on memory, waiting for patient-raised concern, or trusting a surgical guide alone without verbal confirmation all leave room for a preventable identification error.

303. D — Lipoma presents as a soft, well-circumscribed mass composed histologically of mature adipose tissue, occurring in the oral cavity including the tongue, distinguishing it from fibroma (dense collagen, not fat), granular cell tumor (granular eosinophilic cytoplasm), or pyogenic granuloma, which is vascular and easily bleeding rather than composed of adipose tissue.

304. A — An insurance narrative should be written to accurately reflect the actual documented clinical findings without exaggeration, supporting a legitimate claim while maintaining honest, defensible documentation. Exaggerating findings, allowing non-clinical staff to write the narrative without review, or refusing to provide one regardless of request all fail this basic documentation obligation to a payer.

305. B — Pleomorphic adenoma is the most common benign minor salivary gland tumor, presenting as a slow-growing, painless mass most often on the posterior hard palate, with histology showing a mixed

proliferation of ductal and myoepithelial cells within a variable, often myxoid stroma. This distinguishes it from mucocele, torus palatinus, or squamous papilloma.

306. A — For a patient with a documented latex allergy, the treatment room should be prepared as latex-free, using non-latex gloves and materials throughout the appointment to eliminate exposure risk to the known allergen. Using standard latex gloves, premedicating while still using latex, or scheduling changes without material substitution all fail to address the actual exposure risk.

307. D — A chronic, indurated lip ulcer persisting six weeks in a patient with significant sun exposure history is concerning for actinic damage progressing toward squamous cell carcinoma, warranting prompt biopsy rather than reassurance, antiviral therapy, or further observation, all of which risk a dangerous delay in diagnosing a potentially premalignant or malignant lesion given this presentation.

308. C — A patient who becomes combative or confused during sedation recovery should be managed by ensuring their physical safety, closely monitoring vital signs, and reassessing for an underlying medical cause such as hypoxia, while providing gentle reorientation. Forceful restraint without assessment, ignoring the behavior, or discharging the patient in this state are all inappropriate and potentially dangerous responses.

309. D — Periapical cemental (osseous) dysplasia presents as firm, radiopaque, asymptomatic lesions at the apices of vital anterior teeth, remaining stable over years of monitoring as a benign fibro-osseous process requiring no treatment once correctly identified. This distinguishes it from an acute infectious abscess, malignant osteosarcoma, or ameloblastoma, none of which remain stable and asymptomatic like this.

310. A — When a patient requests a treatment summary to share with a new specialist, providing an accurate, appropriately detailed summary suited to that specific purpose supports continuity of care and effective communication between providers. Declining to provide one, offering only a verbal summary, or requiring the specialist to initiate contact first all fail this reasonable, routine communication obligation.

311. B — Granular cell tumor presents as a solitary, firm nodule most often on the tongue but also the gingiva, with characteristic histology showing large cells packed with abundant eosinophilic granular cytoplasm of neural (Schwann cell) origin, distinguishing it from the vascular pyogenic granuloma, fibrous fibroma, or the spindle-cell architecture of a neurofibroma.

312. C — Accommodating a patient's reasonable request to have a companion present during a routine, low-risk procedure like a cleaning, when feasible and consistent with practice policy, reflects patient-centered care. Refusing all companion presence outright, requiring justification before consideration, or ignoring the reasonable request all represent unnecessarily rigid responses to this low-risk situation.

313. B — A traumatic (simple) bone cyst characteristically scallops between the roots of adjacent vital teeth without displacing them, presenting as a well-corticated radiolucency without a true epithelial lining on surgical exploration. This distinguishes it from a radicular cyst (nonvital tooth required), dentigerous cyst (unerupted tooth), or ameloblastoma, which shows aggressive epithelial architecture.

314. C — When a patient requests medical necessity documentation for a workplace accommodation, the dentist should provide accurate, clinically supported documentation that genuinely reflects the relevant findings and their connection to the specific accommodation requested, supporting the patient's legitimate need. Refusing outright, fabricating unsupported documentation, or requiring employer contact first all fail this documentation obligation appropriately and fairly.

315. D — Odontogenic keratocyst presents with a thin parakeratinized epithelial lining showing a corrugated surface, along with a well-recognized tendency toward adjacent satellite (daughter) cysts, contributing to its characteristically high recurrence rate if incompletely removed. This distinguishes it from a dentigerous cyst, radicular cyst, or traumatic bone cyst, none sharing this specific epithelial architecture.

316. A — Transmitting protected health information such as treatment records via email requires using a secure, encrypted transmission method appropriate for sensitive health data, complying with HIPAA security requirements while honoring the patient's request for personal access. Unencrypted standard email, refusing transmission entirely, or requiring an in-person visit as the only option all fail to balance security with reasonable access.

317. 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 requiring no treatment unless it interferes with denture fabrication or becomes traumatized. This distinguishes it from osteosarcoma, pleomorphic adenoma, or squamous cell carcinoma, each with distinct features.

318. D — A reported broken needle during injection requires immediately stopping the procedure, carefully assessing the fragment's location clinically and radiographically, and arranging appropriate retrieval or specialist referral as needed, since a retained fragment can migrate and cause complications if not promptly addressed. Reassurance alone, completing the procedure first, or ignoring a painless report all delay necessary management.

319. C — Squamous papilloma presents as a solitary, exophytic, cauliflower-like or papillary lesion caused by human papillomavirus infection, with histology showing benign papillary epithelial proliferation, typically treated with simple surgical excision. This distinctive papillary architecture distinguishes it from idiopathic leukoplakia, lichen planus (lacy striations), or candidiasis, which shows a removable pseudomembrane instead.

320. B — When a patient transfers to a different provider mid-treatment, the dentist should facilitate an appropriate transfer of care by providing complete treatment records and a clear 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 improperly obstruct the patient's right to choose.

321. B — Pyogenic granuloma, sometimes called a pregnancy tumor when linked to pregnancy-related hormonal changes, presents as a rapidly growing, red, easily bleeding gingival mass reflecting reactive vascular proliferation. This distinguishes it from carcinoma (firm, indurated), peripheral ossifying

fibroma (calcified foci), or irritation fibroma (pale, slower-growing), given this rapid, vascular, pregnancy-associated presentation.

322. D — An employee who experiences an occupational exposure incident generally has a right to access their own exposure incident report under applicable occupational health and recordkeeping 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 legitimate right to this record.

323. A — A dentigerous cyst forms from the reduced enamel epithelium surrounding the crown of an unerupted tooth, such as a premolar, presenting as a well-defined radiolucency with a thin, non-keratinized lining consistent with this developmental origin. This distinguishes it from a radicular cyst (nonvital erupted tooth), odontogenic keratocyst (parakeratinized lining), or central giant cell granuloma.

324. C — Releasing dental 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, releasing the complete unrelated record, or assuming general consent suffices all fail proper disclosure standards.

325. B — Ameloblastoma classically presents as an expansile, multilocular radiolucency of the posterior mandible, with histology showing sheets of odontogenic epithelium featuring peripheral columnar cells with reverse nuclear polarity surrounding a stellate reticulum-like center. This distinguishes it from odontogenic keratocyst, traumatic bone cyst, or central giant cell granuloma, none showing this specific architecture.

326. C — 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 tailored to individual preference. Selectively omitting minor findings, delaying disclosure until the next visit, or assuming a uniform preference across all patients all disregard this specific patient's stated wishes.

327. A — A traumatic (simple) bone cyst is defined by the absence of any true epithelial lining despite appearing as a cavity on imaging, confirmed by exploration revealing an empty space and a thin fibrous wall. This distinguishes it from a dentigerous cyst, radicular cyst, or ameloblastoma, each of which shows a true epithelial component on biopsy, unlike this pseudocystic lesion.

328. D — Facilitating an internal second-opinion consultation from another dentist within the same practice supports the patient's informed decision-making for a complex plan and reflects patient-centered care, rather than being interpreted as a sign of distrust. Refusing the reasonable request, assuming distrust, or charging an undisclosed additional fee all represent inappropriate responses to this legitimate patient request.

329. C — Ameloblastic fibrodentinoma is a rare mixed odontogenic lesion showing round, cementum-like calcified structures admixed with odontogenic epithelium and mesenchymal tissue, representing an

intermediate lesion along the spectrum between ameloblastic fibroma and odontoma. This distinguishes it from ameloblastoma, odontogenic keratocyst, or central giant cell granuloma, none showing this specific mineralized component.

330. D — When a patient questions a repeated x-ray, the appropriate response is reviewing whether the prior image is available and of adequate diagnostic quality, and explaining the specific reason a new image is needed if it falls short of that standard. Assuming disinterest, declining explanation, or repeating routinely regardless of quality all fail transparent, ALARA-consistent radiographic decision-making.

331. B — Glandular odontogenic cyst is a rare developmental cyst notable for a thin epithelial lining with abundant mucous-secreting cells and small duct-like structures, presenting as a well-corticated radiolucency with a recognized tendency toward local recurrence. This distinguishes it from radicular cyst, dentigerous cyst, or traumatic bone cyst, none sharing this specific glandular differentiation.

332. A — When a patient asks to compare cost and outcomes between two treatment options, providing an honest comparison of expected outcomes, risks, and relative costs supports a genuinely informed patient decision aligned with their own priorities. Automatically recommending the costlier option, refusing to compare, or assuming cost alone determines quality all fail this comparative counseling obligation.

333. D — Desmoplastic ameloblastoma is a distinct histologic variant showing odontogenic epithelial islands compressed within densely hyalinized, collagenized fibrous stroma, producing a characteristic poorly defined, mixed radiolucent-radiopaque radiographic appearance rather than the typical multilocular pattern of classic ameloblastoma. This distinguishes it from classic ameloblastoma, odontogenic keratocyst, or central giant cell granuloma, each with distinct histology.

334. C — A nightguard directly protects the teeth and temporomandibular joint from the ongoing mechanical load of clenching or grinding, addressing the underlying biomechanical cause, whereas medication alone only manages symptoms temporarily without protecting the dentition. Prescribing medication instead, declining explanation, or assuming the patient will not understand all fail sound, mechanism-based patient counseling.

335. B — A nasopalatine duct cyst arises from epithelial remnants within the incisive canal, presenting as a firm midline anterior maxillary swelling with a classic heart-shaped radiolucency between the roots of vital central incisors. This distinguishes it from a radicular cyst (requires a nonvital tooth), odontogenic keratocyst (parakeratinized lining), or central giant cell granuloma, which lacks this midline association.

336. A — When a patient questions a sealant recommendation for a molar with no visible decay, explaining that sealants proactively prevent decay from developing in susceptible pit-and-fissure anatomy represents genuine preventive rather than restorative treatment reasoning. Recommending sealants universally without rationale, declining explanation, or assuming disinterest all fail sound, evidence-based preventive counseling for this patient.

337. D — Plexiform ameloblastoma is a histologic variant characterized by thin, anastomosing strands of odontogenic epithelium arranged in a plexiform network rather than the discrete follicles of the more common variant, while retaining the same overall locally aggressive clinical behavior. This distinguishes it from odontogenic keratocyst, central giant cell granuloma, or traumatic bone cyst.

338. B — When a recall interval is shortened, explaining the specific risk factors, such as active caries or periodontal disease progression, that led to this individualized, more frequent recommendation supports the patient's understanding of their personalized care plan. Assuming disinterest, reverting to avoid discussion, or declining explanation all fail to justify an individualized care plan to the patient.

339. C — Hyaline (Rushton) bodies are eosinophilic structures found within the epithelial lining of a meaningful proportion of radicular cysts, tied to chronic periapical inflammation from a nonvital tooth, representing a relatively specific though not universal supporting histologic finding. This distinguishes it from a dentigerous cyst, odontogenic keratocyst, or traumatic bone cyst, none classically showing this feature.

340. A — When a patient questions why a crown is recommended over a large filling, explaining the specific structural or clinical factors, such as remaining tooth structure or fracture risk, supports genuinely informed treatment acceptance for this particular case. Assuming automatic trust, proceeding regardless of questions, or avoiding the explanation for efficiency all fail this counseling obligation.

341. B — A dentigerous cyst forms from the reduced enamel epithelium surrounding the crown of an unerupted tooth, such as an impacted third molar, presenting as a well-defined radiolucency with histology confirming this dentigerous origin. This distinguishes it from a radicular cyst (nonvital erupted tooth), odontogenic keratocyst (parakeratinized lining), or traumatic bone cyst, lacking epithelial lining.

342. A — When a patient questions why a bone graft is needed before implant placement, explaining the specific anatomic deficiency, such as insufficient bone volume or height, that requires grafting to support a stable, successful implant addresses the patient's genuine concern directly. Assuming the patient will not understand, skipping the graft, or declining explanation all compromise both communication and clinical outcome.

343. D — A traumatic (simple) bone cyst is defined by the absence of any true epithelial lining despite appearing as a cavity on imaging, confirmed by exploration revealing an empty space and a fibrous wall lacking epithelium. This distinguishes it from a radicular cyst, dentigerous cyst, or ameloblastoma, each of which shows a true epithelial component on biopsy, unlike this lesion.

344. C — When a patient expects a longer antibiotic course than prescribed, explaining that current evidence-based guidance supports the shorter duration actually prescribed reflects updated antimicrobial stewardship principles and reassures the patient the treatment is appropriate. Assuming the patient will not notice, extending the course without clinical basis, or declining explanation all fail sound prescribing communication.

345. C — Odontogenic myxoma is a benign but locally infiltrative tumor of odontogenic mesenchymal origin, with histology showing loosely arranged stellate and spindle-shaped cells within an abundant

myxoid stroma and minimal epithelial component. This distinguishes it from ameloblastoma (prominent epithelium), squamous odontogenic tumor (bland epithelial islands), or central giant cell granuloma, showing giant cells.

346. D — An early-stage, non-cavitated carious lesion is appropriately managed with monitoring and preventive measures such as fluoride and improved hygiene rather than immediate restorative intervention, and this rationale should be clearly explained to a patient questioning the watchful approach. Treating regardless of actual indication, or declining explanation, both fail sound, conservative communication about this care decision.

347. B — Adenomatoid odontogenic tumor classically presents in young patients as a radiolucency with a 'driven snow' pattern of fine calcified flecks, associated with an unerupted tooth such as a canine, with histology showing characteristic duct-like epithelial structures. This distinguishes it from a simple dentigerous cyst (lacks calcifications), radicular cyst (nonvital tooth), or central giant cell granuloma.

348. A — When a patient questions why a reline rather than a new denture is recommended, explaining that the existing denture's underlying framework and fit remain fundamentally adequate makes a reline a suitable, more conservative solution than full replacement. Declining explanation, recommending a new denture regardless of need, or assuming disinterest all fail sound, patient-centered communication about this decision.

349. C — Odontogenic keratocyst presents with a thin, uniform parakeratinized epithelial lining showing a corrugated surface, a histologic pattern strongly associated with a notably high recurrence rate if incompletely removed at initial treatment. This distinguishes it from a dentigerous cyst, radicular cyst, or traumatic bone cyst, none of which share this specific keratinized, recurrence-prone architecture.

350. B — When a same-day emergency request cannot be immediately accommodated, explaining the triage process used to prioritize genuine emergencies and offering the earliest appropriate alternative appointment or urgent referral respects the patient's concern while managing realistic scheduling constraints. Refusing explanation, assuming understanding, or ignoring the request until a routine slot all fail this communication obligation.

351. D — Central (cemento-)ossifying fibroma is a benign fibro-osseous neoplasm presenting as a well-circumscribed, expansile mixed radiolucent-radiopaque mass with histology showing cementum-like and bony trabeculae within a fibrous stroma, distinct from and not fused to any tooth root. This distinguishes it from ameloblastoma, odontogenic keratocyst, or central giant cell granuloma, each with different composition.

352. A — When a previously recommended mouth rinse is no longer advised, explaining what has changed clinically or in the supporting evidence helps the patient understand the updated recommendation and maintains trust in the practice's guidance. Assuming misunderstanding, avoiding a direct explanation, or dismissing the question as simply reflecting evolving practice all fail this transparency obligation to the patient.

353. B — A traumatic (simple) bone cyst characteristically scallops between the roots of adjacent vital teeth without displacing them, presenting as a well-corticated radiolucency without a true epithelial lining on surgical exploration. This distinguishes it from a radicular cyst (nonvital tooth required), dentigerous cyst (unerupted tooth), or ameloblastoma, which shows aggressive epithelial architecture on biopsy.

354. D — When two dentists in the same practice give differing recommendations, facilitating a discussion between the treating dentists and the patient to clarify the clinical reasoning behind each recommendation supports a coherent, informed decision. Assuming one dentist is simply wrong, dismissing the discrepancy, or avoiding the topic all leave the patient without the clarity needed to choose confidently.

355. A — Central giant cell granuloma presents as a radiolucent lesion of the anterior mandible with expansion and root divergence, histology showing abundant multinucleated giant cells within a cellular, hemosiderin-laden fibrous stroma reflecting prior hemorrhage. This distinguishes it from odontogenic keratocyst (parakeratinized epithelial lining), cementoblastoma (radiopaque, root-fused), or squamous odontogenic tumor, which shows bland epithelial islands instead.

356. C — When asked whether a lower-cost alternative is 'just as good,' providing an honest comparison of the expected outcomes, risks, and longevity of both options supports a genuinely informed patient decision aligned with their priorities. Automatically agreeing to avoid conflict, refusing to compare options, or assuming cost alone determines quality all fail this comparative counseling obligation.

357. D — Cementoblastoma presents as a well-circumscribed radiopaque mass fused directly to the root of a vital tooth, most commonly a mandibular molar, surrounded by a thin radiolucent rim, distinguishing it from osteosarcoma (aggressive, ill-defined), central giant cell granuloma (radiolucent, not root-fused), or ameloblastoma, which shows a distinct multilocular radiolucent pattern instead.

358. B — When a patient questions an additional x-ray view beyond the routine series, explaining the specific diagnostic question the additional image is intended to help answer supports justified, purposeful radiographic decision-making. Declining explanation, assuming disinterest, or taking the additional view without any patient communication all fail transparent, ALARA-consistent radiographic practice for this patient.

359. 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 and requiring no treatment once identified. This distinguishes it from a radicular cyst (nonvital tooth), odontogenic keratocyst (parakeratinized lining), or central giant cell granuloma (true lesion).

360. C — When a patient asks why a procedure is being referred to a specialist rather than performed in-house, explaining the specific complexity or specialized skill and equipment considerations behind the referral supports the patient's understanding of the care pathway. Assuming disinterest, proceeding despite the referral indication, or declining explanation all fail sound referral communication practice.

361. D — A traumatic (simple) bone cyst is defined by the absence of any true epithelial lining despite appearing as a cavity on imaging, confirmed by exploration revealing an empty space and a fibrous wall lacking epithelium. This distinguishes it from a radicular cyst, dentigerous cyst, or ameloblastoma, each of which shows a true epithelial component on biopsy, unlike this pseudocystic lesion.

362. A — When a patient questions a sealant recommendation for a molar with no visible decay, explaining that sealants proactively prevent decay from developing in susceptible pit-and-fissure anatomy represents genuine preventive rather than restorative treatment reasoning. Assuming disinterest, declining explanation, or recommending sealants universally without rationale all fail sound, evidence-based preventive counseling for this patient.

363. C — Calcifying epithelial odontogenic tumor (Pindborg tumor) presents as a slow-growing radiopaque-radiolucent mass with histology showing sheets of polyhedral odontogenic epithelial cells and characteristic amyloid-like material forming concentric Liesegang ring calcifications, a distinctive feature. This distinguishes it from ameloblastoma, odontogenic keratocyst, or central giant cell granuloma, none showing this deposition pattern.

364. B — When prescribing software flags a potential medication interaction, reviewing the specific interaction in detail and explaining the clinical reasoning behind the final prescribing decision, whether adjusting the prescription or proceeding with monitoring, reflects a genuine safety check. Dismissing the flag, overriding it automatically, or ignoring it as overly cautious all bypass this essential safety review.

365. C — Plexiform ameloblastoma is a histologic variant characterized by thin, anastomosing strands of odontogenic epithelium arranged in a plexiform network rather than the discrete follicles seen in the more common variant, while retaining the same overall locally aggressive clinical behavior. This distinguishes it from odontogenic keratocyst, central giant cell granuloma, or traumatic bone cyst.

366. B — When a patient questions why a less familiar medication was prescribed instead of one they have taken before, explaining the specific clinical reasoning behind the current choice based on the patient's present situation supports sound, patient-centered prescribing communication. Assuming no questions will arise, switching without reassessment, or declining explanation all fail this obligation.

367. A — Ameloblastic fibroma is a benign mixed odontogenic tumor showing an ameloblastoma-like epithelial component combined with primitive, cellular ectomesenchymal tissue resembling dental papilla, without the mature hard tissue formation seen in an ameloblastic fibro-odontoma, typically associated with an impacted tooth. This distinguishes it from a simple dentigerous cyst, traumatic bone cyst, or central giant cell granuloma.

368. D — When a documented drug interaction requires an alternative agent, explaining the specific interaction risk and the reasoning behind selecting a safer alternative supports the patient's understanding and confidence in the prescribing decision made on their behalf. Assuming disinterest, prescribing the interacting agent anyway, or declining explanation all fail sound, safety-focused prescribing communication for this patient.

369. B — Peripheral giant cell granuloma is a reactive gingival lesion arising from the periosteum or periodontal ligament, presenting as a purple-red, sessile or pedunculated mass with histology showing multinucleated giant cells within a vascular fibrous stroma. This distinguishes it from irritation fibroma (dense collagen, no giant cells), squamous papilloma (papillary viral lesion), or torus mandibularis, a bony exostosis.

370. A — When a patient asks why a bone graft is needed before implant placement, explaining the specific anatomic deficiency, such as insufficient bone volume or height, that requires grafting to support a stable, successful implant addresses the patient's genuine concern directly. Assuming the patient will not understand, skipping the graft, or declining explanation all compromise communication and clinical outcome.

371. C — Squamous odontogenic tumor presents as a slow-growing radiolucent lesion with histology showing bland, well-differentiated islands of squamous epithelium that lack the peripheral columnar palisading and reverse polarity characteristic of ameloblastoma, representing a distinct and generally less aggressive odontogenic tumor. This distinction from ameloblastoma, odontogenic keratocyst, and central giant cell granuloma is diagnostically important.

372. D — When a patient questions a retaken x-ray, explaining that diagnostic-quality images are necessary for accurate interpretation and that the first exposure did not meet that standard justifies the additional image taken. Declining explanation, assuming disinterest, or blaming the patient without review all fail transparent, ALARA-consistent radiographic communication with the patient regarding the retake.

373. B — A dentigerous cyst forms from the reduced enamel epithelium surrounding the crown of an unerupted tooth, such as an impacted second molar, presenting as a well-defined radiolucency with histology confirming this dentigerous origin. This distinguishes it from a radicular cyst (nonvital erupted tooth), odontogenic keratocyst (parakeratinized lining), or traumatic bone cyst, lacking any true epithelial lining.

374. D — When a patient questions replacing an asymptomatic amalgam filling, explaining the specific findings, such as marginal breakdown, recurrent decay, or fracture risk, that support replacement despite the absence of pain justifies the recommendation clearly. Recommending universal replacement regardless of condition, declining explanation, or assuming disinterest all fail sound, findings-based restorative communication.

375. 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, a pattern associated with a notably high recurrence rate. This distinguishes it from a dentigerous cyst, radicular cyst, or traumatic bone cyst, none sharing this specific architecture.

376. A — When a patient questions a full-payment policy for elective cosmetic procedures, clearly explaining the practice's payment policy and the business reasoning behind it for elective, non-insurance-covered treatment supports transparent financial communication. Making an unexplained

exception, assuming prior website awareness, or declining to discuss payment policy directly all fail this obligation to the patient.

377. A — A dentigerous cyst forms from the reduced enamel epithelium surrounding the crown of an unerupted tooth, such as an impacted canine, presenting as a well-defined radiolucency with histology confirming this developmental origin. This distinguishes it from odontogenic keratocyst (parakeratinized lining), radicular cyst (nonvital erupted tooth required), or traumatic bone cyst, which lacks any true epithelial lining.

378. D — When a patient questions a missed-appointment fee for short-notice cancellation, explaining the practice's stated policy and the specific notice period it requires supports transparent, consistent enforcement of a previously disclosed policy. Waiving the fee automatically, refusing to discuss the policy, or assuming prior agreement without reviewing it together all fail clear, fair policy communication with the patient.

379. B — Odontogenic keratocyst can show occasional clear cell change confined to the basal epithelial layer as a recognized but uncommon variant feature, while retaining the classic parakeratinized, corrugated lining and notable recurrence tendency that define this cyst. This distinguishes it from a dentigerous cyst, radicular cyst, or central giant cell granuloma, none showing this specific pattern.

380. C — When recommending a specific toothbrush type, explaining the specific evidence-based benefits relevant to that particular patient's oral health needs, such as plaque removal efficiency or manual dexterity limitations, supports individualized preventive counseling. Recommending it simply because the practice sells it, insisting cheaper brushes are never adequate, or declining to explain all fail sound counseling.

381. D — A traumatic (simple) bone cyst characteristically scallops between the roots of adjacent vital teeth without displacing them, presenting as a well-corticated radiolucency without any true epithelial lining on surgical exploration. This distinguishes it from a radicular cyst (requires a nonvital tooth), dentigerous cyst (tied to an unerupted tooth), or ameloblastoma, which shows aggressive epithelial architecture on biopsy.

382. A — When recommending a custom-fitted mouthguard over a generic one, explaining the specific fit, protection, and comfort advantages a custom guard provides for the individual patient's dentition and sport supports individualized preventive counseling. Recommending it simply because the office sells it, insisting the generic is never acceptable, or declining explanation all fail sound, patient-centered counseling.

383. B — A Stafne defect represents a developmental concavity in the lingual cortical plate of the mandible housing normal salivary gland tissue, typically found incidentally near the mandibular angle and unrelated to any adjacent tooth, requiring no treatment once correctly identified. This distinguishes it from a radicular cyst, odontogenic keratocyst, or ameloblastoma, each a true pathologic lesion.

384. C — An early, non-cavitated white spot lesion is appropriate for remineralization therapy and continued monitoring rather than immediate restorative intervention, since the enamel surface remains

intact and potentially reversible with preventive measures explained clearly to the patient. Restoring immediately regardless of the actual indication, declining explanation, or assuming disinterest all fail sound conservative caries management communication.

385. D — Confirmed classic ameloblastoma with root resorption demonstrates locally aggressive, infiltrative growth despite its benign histologic classification, requiring surgical resection with adequate margins to minimize the substantial recurrence risk associated with more conservative treatment approaches. Observation, antibiotics alone, or addressing only adjacent teeth while leaving the lesion in place would all permit continued destructive growth.

386. C — When a recall interval is shortened from a standard schedule, explaining the specific risk factors, such as active caries or periodontal disease progression, that led to this individualized, more frequent recommendation supports the patient's understanding of their personalized care plan. Assuming disinterest, reverting to avoid discussion, or declining explanation all fail to justify this individualized decision.

387. B — A traumatic (simple) bone cyst presents as an incidentally discovered, well-corticated radiolucency, with surgical exploration revealing an empty cavity and a thin fibrous wall of dense collagen lacking any true epithelial lining. This distinguishes it from a radicular cyst, dentigerous cyst, or ameloblastoma, each of which shows a true epithelial component unlike this pseudocystic lesion on biopsy.

388. A — When recommending a prescription-strength fluoride toothpaste, explaining that its higher fluoride concentration is specifically matched to the patient's elevated caries risk supports individualized, evidence-based preventive counseling tailored to their actual needs. Assuming over-the-counter fluoride is always sufficient, declining to explain the concentration difference, or recommending the switch without discussion all fail this counseling obligation.

389. D — A dentigerous cyst forms from the reduced enamel epithelium surrounding the crown of an unerupted tooth, such as an impacted premolar, presenting as a well-defined radiolucency with histology confirming this developmental origin. This distinguishes it from a radicular cyst (nonvital erupted tooth), odontogenic keratocyst (parakeratinized lining), or traumatic bone cyst, which lacks any true epithelial lining.

390. C — When a patient asks why a procedure requires two separate visits, explaining the specific clinical reasons necessitating staged treatment, such as material setting time or healing requirements between steps, justifies the scheduling clearly. Assuming disinterest, declining explanation, or scheduling as one visit regardless of clinical appropriateness all fail to properly justify staged treatment to the patient.

391. A — Odontogenic myxoma is a benign but locally infiltrative tumor of odontogenic mesenchymal origin, with histology showing loosely arranged stellate and spindle-shaped cells within an abundant myxoid stroma and minimal epithelial component. This distinguishes it from ameloblastoma (prominent epithelium), squamous odontogenic tumor (bland epithelial islands), or central giant cell granuloma, showing giant cells instead.

392. B — When a patient asks why different materials were chosen for a visible front tooth versus a back tooth, explaining the esthetic and functional considerations, such as visibility and occlusal load, driving the material choice at each location supports individualized restorative communication. Assuming disinterest, declining explanation, or using identical materials everywhere regardless of location all fail this obligation.

393. D — 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 unnecessary oncologic staging workup.

394. B — When recommending a nightguard alongside routine cleanings, explaining the specific clinical findings, such as occlusal wear facets or muscle tenderness, that support the recommendation for this particular patient supports sound, evidence-based treatment communication. Assuming disinterest, declining explanation, or recommending nightguards universally regardless of actual findings all fail this individualized counseling obligation.

395. C — Calcifying epithelial odontogenic tumor (Pindborg tumor) presents as a slow-growing radiopaque-radiolucent mass with histology showing sheets of polyhedral odontogenic epithelial cells and characteristic amyloid-like material forming concentric Liesegang ring calcifications, a distinctive diagnostic feature. This distinguishes it from ameloblastoma, odontogenic keratocyst, or central giant cell granuloma, none showing this specific pattern.

396. A — When a patient questions an additional x-ray view beyond the routine series, explaining the specific diagnostic question the additional image is intended to help answer supports justified, purposeful radiographic decision-making for that individual case. Declining explanation, assuming disinterest, or taking the additional view without any patient communication all fail transparent radiographic practice.

397. B — Focal squamous metaplasia is a recognized but clinically non-diagnostic secondary epithelial change that can occur within an otherwise typical dentigerous cyst lining, representing an adaptive response of the epithelium rather than indicating a fundamentally different underlying diagnosis. This distinguishes it from squamous cell carcinoma, odontogenic keratocyst, or radicular cyst, each requiring distinct defining features beyond this change.

398. D — When a patient asks why a procedure was not recommended at a prior visit, reviewing the record and clearly explaining what has changed clinically since then supports transparent, trust-building communication between the dentist and patient. Assuming the patient misremembers, dismissing the question, or avoiding a direct answer all fail this basic communication obligation to the patient.

399. C — 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 placed years earlier, since the defining feature is the tooth's nonvital status. This distinguishes it from a dentigerous cyst, traumatic bone cyst, or odontogenic keratocyst.

400. A — When recommending a custom-fitted mouthguard over a generic one, explaining the specific fit, protection, and comfort advantages a custom guard provides for the individual patient's dentition and sport supports individualized preventive counseling for this patient. Recommending it simply because the office sells it, insisting the generic is never acceptable, or declining explanation all fail sound counseling.

401. B — For a patient with well-controlled seizure history on stable medication, appropriate management involves reviewing current seizure control and known triggers, then proceeding with standard local anesthesia precautions, since there is no absolute contraindication to epinephrine-containing anesthetic in well-controlled patients. Mandating general anesthesia or requiring lifelong seizure freedom before any treatment are both excessive, unsupported responses.

402. C — When a patient asks why a specific implant system was chosen over another, explaining the clinical rationale based on the patient's specific anatomic situation, bone quality, or esthetic needs supports genuinely informed treatment acceptance. Dismissing the question, assuming lack of understanding, or declining to discuss selection rationale at all all fail this counseling obligation to the patient.

403. A — Resolution of spontaneous pain combined with a nonvital pulp test result and a periapical radiolucency indicates the pulp has progressed to necrosis, ending the pain signal from what is now dead pulp tissue rather than reflecting healing. Assuming spontaneous healing, an incorrect original diagnosis, or a changed pain threshold all misinterpret this classic progression from pulpitis to necrosis.

404. D — Facilitating an internal second-opinion consultation from another dentist within the same practice supports the patient's informed decision-making for a complex implant plan and reflects patient-centered care, rather than implying distrust of the treating dentist. Refusing the reasonable request, assuming distrust, or charging an undisclosed fee all represent inappropriate responses to this legitimate request.

405. C — Transillumination revealing a visible crack line under fiber-optic light is a useful supplementary finding supporting a diagnosis of cracked tooth syndrome when combined with the classic history of sharp pain on release of biting pressure. A normal radiograph, a negative pulp test, or generalized arch tenderness do not specifically confirm a crack the way direct visualization does.

406. A — When a patient questions a retaken x-ray, explaining that diagnostic-quality images are necessary for accurate interpretation and that the first exposure did not meet that standard justifies the additional image taken for this specific patient. Declining explanation, assuming disinterest, or blaming the patient without review all fail transparent, ALARA-consistent radiographic communication regarding the retake.

407. B — Chronic jaw pain and stiffness worsening with wide opening, combined with radiographic flattening and irregularity of the condylar head, is characteristic of degenerative joint disease (osteoarthritis) of the TMJ, a slowly progressive condition distinct from an acute dislocation, a traumatic fracture, or trigeminal neuralgia, none of which produce this specific chronic radiographic condylar change.

408. D — Before a planned surgical procedure, explaining the specific supplement's known effects on bleeding or healing relevant to the patient's own surgery directly addresses a genuine safety concern rather than dismissing the topic as irrelevant. Assuming irrelevance, ignoring the question to save time, or skipping explanation because the patient did not directly ask all risk an uninformed patient going into surgery.

409. A — A suspected vertical root fracture with a J-shaped radiolucency and an isolated deep periodontal pocket is most definitively confirmed through surgical exploration or cone-beam CT imaging, which can directly visualize the fracture line in three dimensions. Standard bitewings, vitality testing alone, or probing depth alone may suggest but cannot directly confirm the fracture.

410. B — When a patient questions a medication dose that seems lower than expected, explaining the specific clinical reasoning behind the dose selected for that individual patient, such as weight, renal function, or indication, supports sound, patient-centered prescribing communication. Assuming the patient will not notice, increasing the dose to match expectations, or declining explanation all fail this obligation.

411. C — 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 for this patient. Mandatory general anesthesia, absolute epinephrine contraindication, or universal antibiotic prophylaxis are not supported for well-managed hypothyroidism in this scenario.

412. D — When a patient questions why a filling is being placed rather than simply monitoring a small cavity, explaining the specific findings, such as cavitation or radiographic depth, that support restorative intervention now justifies the recommended treatment clearly. Assuming disinterest, monitoring regardless of the actual indication, or declining explanation all fail sound, findings-based restorative communication.

413. A — Having the patient bite on a stick or cotton roll to selectively load individual cusps is a classic clinical technique to reproduce sharp pain on release, supporting a diagnosis of a cracked tooth even without a visible fracture line. Extracting immediately, prescribing antibiotics, or assuming a psychogenic cause all skip this simple, informative diagnostic test for this presentation.

414. B — When a patient questions why a targeted adjustment rather than a full denture remake is recommended, explaining that the specific sore spot can be resolved with pressure-indicating paste and localized relief addresses the concern directly without unnecessary replacement. Recommending a full remake regardless of appropriateness, declining explanation, or assuming disinterest all fail sound, conservative prosthodontic communication.

415. D — Trigeminal neuralgia classically presents as brief, severe, electric shock-like paroxysms of unilateral facial pain triggered by innocuous stimuli such as light touch, following the distribution of one or more trigeminal branches. Myofascial pain is typically dull and persistent, temporal arteritis presents with scalp tenderness, and cluster headache produces periorbital pain with autonomic features, none matching this trigger pattern.

416. C — When a patient questions an occlusal adjustment after a new crown, explaining that articulating paper identified a specific high contact requiring selective adjustment for comfortable function directly addresses the change in bite the patient noticed. Remaking the crown unnecessarily, assuming disinterest, or declining explanation all fail sound, findings-based restorative communication for this straightforward occlusal issue.

417. C — Glandular odontogenic cyst is a rare developmental cyst notable for a thin, non-keratinized epithelial lining with abundant mucous-secreting cells and duct-like structures, presenting as a well-corticated radiolucency with a recognized tendency toward local recurrence. This distinguishes it from radicular cyst, dentigerous cyst, or traumatic bone cyst, none sharing this specific glandular differentiation.

418. B — When a patient questions why an endodontic retreatment is being referred rather than performed in-house, explaining the specific case complexity or specialized technique required behind the referral supports the patient's understanding of the care pathway chosen for their case. Performing the retreatment despite the referral indication, declining explanation, or assuming disinterest all fail sound referral communication.

419. A — A dentigerous cyst forms from the reduced enamel epithelium surrounding the crown of an unerupted tooth, such as a second molar, presenting as a well-defined radiolucency with a thin, non-keratinized lining consistent with this developmental origin. This distinguishes it from a radicular cyst (nonvital erupted tooth), odontogenic keratocyst (parakeratinized lining), or central giant cell granuloma, lacking lining.

420. D — When recommending a professional whitening product over a cheaper drugstore option, explaining the specific evidence-based differences in gel concentration, custom tray fit, and professional supervision relevant to the patient's needs supports individualized preventive and esthetic counseling. Recommending it simply because the office sells it, or declining to explain, both fail sound patient counseling.

421. B — Pyogenic granuloma, sometimes called a pregnancy tumor when linked to pregnancy-related hormonal changes, presents as a rapidly growing, red, easily bleeding gingival mass reflecting reactive vascular proliferation. This distinguishes it from carcinoma (firm, indurated), irritation fibroma (pale, slower-growing), or peripheral giant cell granuloma, given this rapid, vascular, pregnancy-associated presentation described here.

422. C — When a previously recommended mouthwash is no longer advised, explaining what has changed clinically or in the supporting evidence helps the patient understand the updated recommendation and maintains trust in the practice's guidance over time. Assuming misunderstanding, avoiding a direct explanation, or dismissing the question as simply reflecting evolving practice all fail this transparency obligation.

423. D — Hyaline (Rushton) bodies are eosinophilic structures found within the epithelial lining of a meaningful proportion of radicular cysts, tied to chronic periapical inflammation from a nonvital tooth following trauma, representing a relatively specific supporting histologic finding. This distinguishes it

from a dentigerous cyst, odontogenic keratocyst, or traumatic bone cyst, none classically showing this feature.

424. A — When a patient questions a treatment sequence prioritizing disease severity over cosmetic concerns, discussing the clinical rationale behind the recommended sequence and exploring reasonable compromises addressing both legitimate priorities supports a collaborative treatment planning discussion. Automatically implementing the patient's preference, refusing to discuss alternatives, or ignoring the request entirely all fail this discussion.

425. D — A traumatic (simple) bone cyst characteristically scallops between the roots of adjacent vital teeth without displacing them, with surgical exploration confirming an empty cavity and a thin fibrous wall lacking any true epithelial lining. This distinguishes it from a dentigerous cyst (unerupted tooth), radicular cyst (nonvital tooth), or ameloblastoma, which shows aggressive epithelial architecture on biopsy.

426. C — When a patient requests an expedited lab turnaround, communicating realistic laboratory timelines and the potential quality trade-offs of rushing fabrication helps 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 to this patient.

427. A — Ameloblastoma classically presents as an expansile, multilocular radiolucency of the posterior mandible, with histology showing follicles of odontogenic epithelium featuring peripheral columnar cells with reverse nuclear polarity surrounding a stellate reticulum-like center. This distinguishes it from odontogenic keratocyst, traumatic bone cyst, or central giant cell granuloma, none showing this specific follicular epithelial architecture.

428. B — When a patient expects a longer antibiotic course than prescribed, explaining that current evidence-based guidance supports the shorter duration actually prescribed reflects updated antimicrobial stewardship principles and reassures the patient the treatment is appropriate for their condition. Assuming the patient will not notice, extending the course without basis, or declining explanation all fail sound prescribing communication.

429. B — A dentigerous cyst forms from the reduced enamel epithelium surrounding the crown of an unerupted tooth, such as a maxillary canine, presenting as a well-defined radiolucency with a thin, non-keratinized lining consistent with this developmental origin. This distinguishes it from a radicular cyst (nonvital erupted tooth), odontogenic keratocyst (parakeratinized lining), or central giant cell granuloma, lacking epithelial lining.

430. A — When a patient asks why a specific bone graft material was chosen over an alternative, explaining the clinical rationale based on the patient's specific anatomic situation, such as defect size or healing potential, supports genuinely informed surgical decision-making for this patient. Assuming lack of understanding, declining to discuss selection, or choosing based on cost alone all fail this obligation.

431. C — Odontogenic myxoma classically presents with a radiolucency showing a distinctive 'tennis racket' or 'soap bubble' trabecular pattern, with histology showing loosely arranged stellate and spindle cells within an abundant myxoid stroma and minimal epithelial component. This distinguishes it from ameloblastoma (prominent epithelium), squamous odontogenic tumor (bland epithelial islands), or central giant cell granuloma (giant cells).

432. D — When a treatment plan modification changes the overall cost, discussing the clinical implications and any resulting cost or timeline changes before proceeding ensures the patient makes a fully informed decision about the modified plan. Automatically implementing the change, refusing to discuss cost changes, or assuming disinterest in the cost breakdown all fail transparent, patient-centered handling of this modification.

433. A — Odontogenic keratocyst presents with a thin parakeratinized epithelial lining showing a corrugated surface, along with a well-recognized tendency toward adjacent satellite (daughter) cysts, contributing to its characteristically high recurrence rate if incompletely removed at initial treatment. This distinguishes it from a dentigerous cyst, radicular cyst, or traumatic bone cyst, none sharing this specific architecture.

434. C — When a patient questions a splint recommendation over extraction for bruxism, explaining that a splint conservatively protects the dentition from ongoing mechanical load while reserving extraction for cases where it is genuinely clinically indicated supports sound, conservative treatment communication. Extracting regardless of indication, declining explanation, or assuming disinterest all fail this counseling obligation.

435. D — Odontogenic myxoma is a benign but locally infiltrative tumor of odontogenic mesenchymal origin, showing a honeycomb radiographic trabecular pattern with histology showing loosely arranged stellate and spindle cells within a myxoid stroma and scattered thin collagen fibers. This distinguishes it from ameloblastoma (prominent epithelium), squamous odontogenic tumor (bland epithelial islands), or central giant cell granuloma, showing giant cells instead.

436. B — When a patient asks why a specific implant abutment material was chosen, explaining the specific biocompatibility and esthetic reasons, such as tissue response or shade-matching needs, behind the material choice supports genuinely informed treatment understanding for this patient's case. Assuming disinterest, declining explanation, or choosing based on cost alone all fail this counseling obligation.

437. B — Plexiform ameloblastoma is a histologic variant characterized by thin, anastomosing strands of odontogenic epithelium arranged in a plexiform network rather than the discrete follicles of the more common variant, while retaining the same overall locally aggressive clinical behavior. This distinguishes it from odontogenic keratocyst, traumatic bone cyst, or central giant cell granuloma, each with distinct histology.

438. C — When a periodontal maintenance interval is more frequent than a typical cleaning schedule, explaining the specific periodontal risk factors, such as pocket depth or attachment loss history, supporting this individualized interval helps the patient understand their personalized care plan.

Assuming disinterest, declining explanation, or reverting to a standard interval to avoid discussion all fail this counseling obligation.

439. A — A traumatic (simple) bone cyst presents as an incidentally discovered, well-corticated radiolucency, with exploration revealing an empty cavity and a thin fibrous wall lacking any true epithelial lining, distinguishing it from a radicular cyst, dentigerous cyst, or ameloblastoma, each of which shows a definite epithelial component on biopsy, unlike this pseudocystic lesion described here.

440. D — When a patient questions why a specific temporary crown material was used rather than a stronger option, explaining that temporary materials are intentionally selected for ease of removal and adequate short-term function rather than permanent strength addresses the concern appropriately. Assuming disinterest, declining explanation, or using an unnecessarily strong material for a temporary all fail sound clinical communication.

441. A — A dentigerous cyst forms from the reduced enamel epithelium surrounding the crown of an unerupted tooth, such as a premolar, presenting as a well-defined radiolucency with a thin, non-keratinized lining consistent with this developmental origin. This distinguishes it from odontogenic keratocyst (parakeratinized lining), radicular cyst (nonvital erupted tooth), or traumatic bone cyst, lacking any true epithelial lining.

442. B — When a patient asks why a specific retainer material was chosen after orthodontic treatment, explaining the specific durability, comfort, and retention considerations, such as wear resistance or ease of cleaning, behind the material choice supports genuinely informed understanding of the recommended retention plan for this patient. Assuming disinterest or declining explanation both fail this obligation.

443. C — Cementoblastoma presents as a well-circumscribed radiopaque mass fused directly to the root apex of a vital tooth, typically a mandibular molar, surrounded by a thin radiolucent rim, distinguishing it from osteosarcoma (aggressive, ill-defined), central giant cell granuloma (radiolucent, not root-fused), or ameloblastoma, which shows a distinct multilocular radiolucent pattern instead.

444. D — When a patient asks why a higher fluoride concentration was chosen for their treatment, explaining that the concentration is specifically matched to the patient's elevated caries risk supports individualized, evidence-based preventive counseling tailored to their actual risk profile. Assuming disinterest, declining explanation, or using the lowest concentration regardless of risk level all fail sound preventive counseling.

445. C — Calcifying epithelial odontogenic tumor (Pindborg tumor) presents as a slow-growing radiopaque-radiolucent mass with histology showing sheets of polyhedral odontogenic epithelial cells and characteristic Liesegang ring calcifications, reflecting amyloid-like protein deposition, a distinctive diagnostic feature. This distinguishes it from ameloblastoma, odontogenic keratocyst, or central giant cell granuloma, none showing this pattern.

446. D — When a patient questions why a physical impression material was used rather than a digital scan, explaining the specific clinical factors, such as case complexity or deep subgingival margins, favoring the chosen impression method supports genuinely informed understanding of the clinical

decision made for this particular case. Assuming disinterest or declining explanation both fail this obligation.

447. A — Odontogenic keratocyst presents with a thin, uniform parakeratinized epithelial lining showing a corrugated surface and a well-defined palisaded basal cell layer, a histologic pattern associated with a notably high recurrence rate if incompletely removed at initial surgical treatment. This distinguishes it from a dentigerous cyst, radicular cyst, or traumatic bone cyst, none sharing this specific architecture.

448. B — When a patient questions a post-operative regimen relying on NSAIDs rather than opioids, explaining that NSAIDs effectively target the inflammatory source of most acute dental pain with a favorable safety profile compared to opioids supports sound, evidence-based pain management counseling. Assuming disinterest, prescribing opioids automatically to match expectations, or declining explanation all fail this counseling obligation.

449. B — A dentigerous cyst forms from the reduced enamel epithelium surrounding the crown of an unerupted tooth, such as a premolar, presenting as a well-defined radiolucency with histology confirming this developmental origin. This distinguishes it from a radicular cyst (nonvital erupted tooth), odontogenic keratocyst (parakeratinized lining), or traumatic bone cyst, which lacks any true epithelial lining on biopsy.

450. D — When a patient questions why a specific night splint thickness was chosen over a thinner option, explaining that the thickness was specifically matched to the severity of the patient's bruxism and their protective needs supports individualized, evidence-based treatment counseling tailored to their situation. Assuming disinterest, declining explanation, or using the thinnest splint regardless of severity all fail this obligation.

451. C — A radicular cyst arises from epithelial rests of Malassez stimulated by chronic periapical inflammation following pulpal necrosis, here secondary to a deep restoration, presenting as a periapical radiolucency with a non-keratinized epithelial lining and dense chronic inflammatory infiltrate. This distinguishes it from a dentigerous cyst, odontogenic keratocyst, or traumatic bone cyst, none tied to a nonvital tooth this way.

452. A — When a patient asks why a harder occlusal guard material was chosen over a softer option, explaining the specific durability needed to withstand the patient's bruxism severity and protect the dentition supports genuinely informed treatment understanding for this individual case. Assuming disinterest, declining explanation, or choosing based on cost alone all fail this counseling obligation.

453. B — A traumatic (simple) bone cyst characteristically scallops around the roots of adjacent vital teeth without displacing them, presenting as a well-corticated radiolucency without any true epithelial lining confirmed on surgical exploration. This distinguishes it from a radicular cyst (requires a nonvital tooth), ameloblastoma (aggressive epithelial architecture), or dentigerous cyst, which is tied to an unerupted tooth.

454. D — When a patient asks why a specific crown margin location was chosen, explaining the biologic width and esthetic considerations, such as avoiding tissue irritation or improving visibility, behind the margin placement supports genuinely informed understanding of this restorative decision. Assuming disinterest, declining explanation, or placing margins for speed alone all fail this obligation.

455. A — A dentigerous cyst forms from the reduced enamel epithelium surrounding the crown of an unerupted tooth, such as a lateral incisor, presenting as a well-defined radiolucency with a thin, non-keratinized lining consistent with this developmental origin. This distinguishes it from a radicular cyst (nonvital erupted tooth), odontogenic keratocyst (parakeratinized lining), or central giant cell granuloma, lacking epithelial lining.

456. C — When a patient asks why a specific bite registration material was used, explaining the specific accuracy and setting-time considerations, such as dimensional stability, behind the material choice supports genuinely informed understanding of this clinical decision for their case. Assuming disinterest, declining explanation, or choosing based on speed alone all fail this obligation.

457. C — Calcifying epithelial odontogenic tumor (Pindborg tumor) presents as a slow-growing radiopaque-radiolucent mass with histology showing sheets of polyhedral odontogenic epithelial cells and characteristic Liesegang ring calcifications reflecting amyloid-like deposition, a distinctive diagnostic feature of this rare tumor. This distinguishes it from ameloblastoma, odontogenic keratocyst, or central giant cell granuloma, none showing this pattern.

458. A — When a patient asks why a specific post-and-core material was chosen for a root-canal-treated tooth, explaining the specific strength and esthetic reasons, such as remaining tooth structure or visibility, behind the material choice supports genuinely informed understanding of this restorative decision. Assuming disinterest or declining explanation both fail this obligation.

459. D — A traumatic (simple) bone cyst presents as a well-corticated radiolucency scalloping between the roots of adjacent vital teeth, with surgical exploration confirming an empty cavity and no true epithelial lining on histologic examination. This distinguishes it from a radicular cyst (nonvital tooth required), dentigerous cyst (unerupted tooth), or ameloblastoma, which shows aggressive epithelial architecture instead.

460. B — When a patient asks why a specific denture base resin was chosen, explaining the specific strength, fit, and biocompatibility considerations, such as reduced allergic potential or improved adaptation, behind the resin choice supports genuinely informed understanding of this prosthodontic decision for their case. Assuming disinterest or declining explanation both fail this obligation.

461. B — Ameloblastoma presents as an expansile, multilocular radiolucency capable of causing root resorption of adjacent teeth, with histology showing odontogenic epithelium featuring peripheral columnar cells with reverse nuclear polarity surrounding stellate reticulum-like tissue. This distinguishes it from odontogenic keratocyst, traumatic bone cyst, or central giant cell granuloma, none showing this specific aggressive epithelial architecture.

462. C — When a patient asks why a specific orthodontic wire was chosen at a particular treatment stage, explaining the specific force and flexibility considerations appropriate to that stage of tooth movement supports genuinely informed understanding of the treatment progression for this patient. Assuming disinterest, declining explanation, or using an arbitrary wire regardless of stage all fail this obligation.

463. A — Odontogenic myxoma is a benign but locally infiltrative tumor of odontogenic mesenchymal origin, presenting with a radiolucency showing a faint honeycomb trabecular pattern and histology showing loosely arranged stellate cells within an abundant myxoid ground substance with minimal epithelium. This distinguishes it from ameloblastoma, squamous odontogenic tumor, or central giant cell granuloma, each with different histology.

464. D — When a patient asks why a specific whitening tray thickness was chosen, explaining that the thickness is matched to the specific gel concentration and delivery needs of the whitening protocol supports genuinely informed understanding of this cosmetic treatment decision for their case. Assuming disinterest, declining explanation, or using an arbitrary thickness all fail this obligation.

465. B — A lateral periodontal cyst is a developmental odontogenic cyst arising from rests of the dental lamina along the lateral root surface of a vital tooth, presenting as a well-defined unilocular radiolucency between adjacent roots. This distinguishes it from a radicular cyst (nonvital tooth), dentigerous cyst (unerupted tooth), or odontogenic keratocyst, which shows a parakeratinized lining instead.

466. C — When a patient asks why a temporary cement rather than a stronger permanent one was used, explaining that temporary cement intentionally allows for planned removal and evaluation of tissue response or fit before final cementation supports genuinely informed understanding of this staged clinical decision. Assuming disinterest or declining explanation both fail this obligation.

467. D — Plexiform ameloblastoma is a histologic variant of ameloblastoma showing thin, anastomosing strands of odontogenic epithelium forming a plexiform network rather than discrete follicles, while retaining the same locally aggressive clinical behavior as other variants of this tumor. This distinguishes it from odontogenic keratocyst, central giant cell granuloma, or traumatic bone cyst, each with distinct histology.

468. A — When a patient asks why a specific dental adhesive system was chosen over another, explaining the specific bond strength and technique-sensitivity considerations, such as moisture control needs, behind the adhesive choice supports genuinely informed understanding of this restorative decision for their case. Assuming disinterest or declining explanation both fail this obligation.

469. A — 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 with a thin, non-keratinized lining consistent with this developmental origin. This distinguishes it from a radicular cyst (nonvital erupted tooth), odontogenic keratocyst (parakeratinized lining), or central giant cell granuloma, which lacks epithelial lining.

470. D — When a patient asks why a specific impression tray size was selected, explaining that the tray size was matched to the patient's specific arch dimensions to ensure an accurate, complete impression supports genuinely informed understanding of this clinical decision for their case. Assuming disinterest, declining explanation, or prioritizing speed over fit all fail this obligation.

471. B — A lateral periodontal cyst is a developmental odontogenic cyst arising from rests of the dental lamina along a vital tooth's lateral root surface, presenting as a well-defined radiolucency between adjacent roots with a thin lining showing focal plaque-like thickenings. This distinguishes it from a radicular cyst (nonvital tooth), dentigerous cyst (unerupted tooth), or odontogenic keratocyst (parakeratinized lining).

472. C — When a patient asks why a specific composite shade layering technique was used, explaining that layering different shades and opacities mimics natural tooth translucency and depth for a more lifelike, esthetic result supports genuinely informed understanding of this restorative approach for their case. Assuming disinterest or declining explanation both fail this obligation.

473. B — Desmoplastic ameloblastoma is a distinct histologic variant showing odontogenic epithelial islands embedded within densely hyalinized, collagenized fibrous stroma, producing a characteristic poorly defined, mixed radiolucent-radiopaque appearance rather than the typical multilocular pattern of the classic variant. This distinguishes it from classic ameloblastoma, odontogenic keratocyst, or central giant cell granuloma, each with distinct histology.

474. A — When a patient asks why a specific gingival retraction technique was used before an impression, explaining that retraction exposes the prepared tooth's margin fully to capture an accurate impression supports genuinely informed understanding of this clinical step for their restorative treatment. Assuming disinterest, declining explanation, or skipping retraction regardless of margin location all fail this obligation.

475. D — A traumatic (simple) bone cyst presents as a well-corticated radiolucency scalloping between the roots of adjacent vital teeth, with surgical exploration confirming an empty cavity and no true epithelial lining on histologic examination of the cyst wall. This distinguishes it from a radicular cyst (nonvital tooth), dentigerous cyst (unerupted tooth), or ameloblastoma, which shows aggressive epithelial architecture.

476. C — When a patient asks why a provisional restoration is being kept in place longer than usual, explaining the specific clinical reason, such as monitoring tissue response or healing before final impression, supports genuinely informed understanding of this staged clinical decision for their treatment. Assuming disinterest, declining explanation, or rushing to final restoration regardless of readiness all fail this obligation.

477. C — A dentigerous cyst forms from the reduced enamel epithelium surrounding the crown of an unerupted tooth, such as an impacted second molar, presenting as a well-defined radiolucency with histology confirming this developmental origin. This distinguishes it from a radicular cyst (nonvital erupted tooth), odontogenic keratocyst (parakeratinized lining), or traumatic bone cyst, lacking any true epithelial lining.

478. A — When a patient asks why a specific splint design was chosen for periodontally involved teeth, explaining the specific stabilization needs and hygiene-access considerations behind the design chosen supports genuinely informed understanding of this periodontal treatment decision for their case. Assuming disinterest, declining explanation, or prioritizing fabrication speed over need all fail this obligation.

479. B — A traumatic (simple) bone cyst presents as an incidentally discovered, well-corticated radiolucency, with exploration revealing an empty cavity and a thin fibrous wall of dense, hyalinized collagen lacking any true epithelial lining. This distinguishes it from a radicular cyst, dentigerous cyst, or ameloblastoma, each of which shows a definite epithelial component on biopsy, unlike this pseudocystic lesion described here.

480. D — When a patient asks why a specific implant healing period was recommended before loading, explaining that the healing period allows adequate osseointegration to occur before functional forces are applied supports genuinely informed understanding of this surgical staging decision for their treatment. Assuming disinterest, declining explanation, or loading prematurely regardless of osseointegration status all fail this obligation.

481. A — Odontogenic keratocyst presents with a thin, uniform parakeratinized epithelial lining showing a corrugated surface and a well-defined palisaded basal cell layer, a histologic pattern associated with a notably high recurrence rate if incompletely removed at initial treatment. This distinguishes it from a dentigerous cyst, radicular cyst, or traumatic bone cyst, none sharing this specific keratinized architecture.

482. C — When a patient asks why a specific bruxism appliance is recommended for daytime versus nighttime use, explaining that the appliance design is specifically matched to when the patient's clenching or grinding actually occurs supports genuinely informed understanding of this individualized treatment decision. Assuming disinterest, declining explanation, or recommending the same appliance regardless of pattern all fail this obligation.

483. B — A dentigerous cyst forms from the reduced enamel epithelium surrounding the crown of an unerupted tooth, such as an impacted molar, presenting as a well-defined radiolucency with histology confirming this developmental origin. This distinguishes it from a radicular cyst (nonvital erupted tooth), odontogenic keratocyst (parakeratinized lining), or traumatic bone cyst, which lacks any true epithelial lining on biopsy.

484. D — When a patient asks why a specific dental cement was chosen for final crown seating, explaining the specific retention, esthetic, and sensitivity considerations, such as film thickness or fluoride release, behind the cement choice supports genuinely informed understanding of this final restorative decision for their case. Assuming disinterest or declining explanation both fail this obligation.

485. B — Central giant cell granuloma presents as an expansile radiolucent lesion, often with a 'soap bubble' pattern, with histology showing numerous multinucleated giant cells within a cellular, vascular fibrous stroma containing hemosiderin deposits from prior hemorrhage. This distinguishes it from

odontogenic keratocyst, ameloblastoma, or traumatic bone cyst, none showing this specific giant-cell-rich histologic composition.

486. D — When a patient asks why a specific flossing technique was demonstrated over a simpler alternative, explaining that the technique more effectively removes plaque from that patient's particular tooth contacts and spacing supports genuinely informed understanding of this individualized preventive instruction. Assuming disinterest, declining explanation, or prioritizing demonstration speed over effectiveness all fail this obligation.

487. C — Ameloblastic fibrodentinoma is a rare mixed odontogenic lesion showing round, cementum-like calcified structures admixed with odontogenic epithelium and mesenchymal tissue, representing an intermediate lesion along the spectrum between ameloblastic fibroma and odontoma. This distinguishes it from ameloblastoma, odontogenic keratocyst, or central giant cell granuloma, none showing this specific mineralized component present.

488. A — When a patient asks why a longer-acting local anesthetic was chosen for a lengthy procedure, explaining that the agent's extended duration better matches the expected length of the planned treatment supports genuinely informed understanding of this anesthetic decision for their specific procedure. Assuming disinterest, declining explanation, or using an arbitrary agent regardless of procedure length all fail this obligation.

489. C — Odontogenic myxoma is a benign but locally infiltrative tumor of odontogenic mesenchymal origin, presenting with a radiolucency showing a subtle honeycomb trabecular pattern and histology showing loose, myxoid connective tissue with scattered spindle cells and minimal true epithelium. This distinguishes it from ameloblastoma, squamous odontogenic tumor, or central giant cell granuloma, each with different histology.

490. B — When a patient asks why a specific x-ray sensor size was used, explaining that the sensor size was selected to adequately capture the specific anatomic area needing diagnostic evaluation supports genuinely informed understanding of this radiographic decision for their case. Assuming disinterest, declining explanation, or prioritizing placement speed over diagnostic coverage all fail this obligation.

491. A — A radicular cyst arises from epithelial rests of Malassez stimulated by chronic periapical inflammation following pulpal necrosis from untreated caries, presenting as a periapical radiolucency with a non-keratinized epithelial lining and dense chronic inflammatory infiltrate. This distinguishes it from odontogenic keratocyst (parakeratinized lining), traumatic bone cyst (no lining), or dentigerous cyst, tied to an unerupted tooth.

492. D — When a patient asks why a specific retraction cord size was used for a crown preparation, explaining that the cord size was matched to the patient's specific gingival sulcus depth to achieve adequate tissue retraction supports genuinely informed understanding of this clinical decision for their case. Assuming disinterest or declining explanation both fail this obligation.

493. A — Ameloblastoma classically presents as an expansile, multilocular radiolucency of the posterior mandible, with histology showing sheets of odontogenic epithelium featuring peripheral columnar cells

with reverse nuclear polarity surrounding stellate reticulum-like tissue. This distinguishes it from odontogenic keratocyst, traumatic bone cyst, or central giant cell granuloma, none showing this specific epithelial architecture.

494. D — When a patient asks why a specific bleaching tray reservoir was added, explaining that the reservoir holds additional whitening gel against specific teeth needing more contact time for even results supports genuinely informed understanding of this cosmetic treatment design for their case. Assuming disinterest, declining explanation, or omitting the reservoir regardless of gel needs all fail this obligation.

495. B — Gingival cysts of the newborn (Epstein pearls) are small, keratin-filled developmental cysts arising from remnants of the dental lamina, presenting as white papules along the midline palate or alveolar ridge in newborns that resolve spontaneously without any treatment. This distinguishes them from congenital epulis, natal teeth, or a ranula, each with a distinct clinical presentation.

496. C — When a patient asks why a specific occlusal adjustment sequence was used across multiple teeth, explaining that the sequence systematically identifies and resolves interferences, typically working from posterior to anterior contacts, supports genuinely informed understanding of this clinical process for their case. Assuming disinterest, declining explanation, or adjusting randomly regardless of interference patterns all fail this obligation.

497. D — Desmoplastic ameloblastoma is a distinct histologic variant showing odontogenic epithelial islands compressed within densely hyalinized, collagenized fibrous stroma, producing a characteristic poorly defined, mixed radiolucent-radiopaque radiographic appearance rather than the typical multilocular pattern of classic ameloblastoma. This distinguishes it from classic ameloblastoma, odontogenic keratocyst, or central giant cell granuloma, each with distinct features.

498. A — When a patient asks why a specific fissure sealant material was chosen over another, explaining the specific retention and moisture-tolerance considerations, such as performance in a partially erupted molar, behind the sealant material choice supports genuinely informed understanding of this preventive decision for their case. Assuming disinterest or declining explanation both fail this obligation.

499. B — Torus palatinus is a common benign bony exostosis presenting as a slow-growing, hard, midline swelling of the hard palate covered by normal, thin mucosa, typically asymptomatic and requiring no treatment unless it interferes with denture fabrication. This distinguishes it from pleomorphic adenoma (soft tissue tumor), osteosarcoma (aggressive), or squamous cell carcinoma, each with distinct features.

500. C — When a patient asks why the office uses a specific documentation checklist to close out a treatment file, explaining that the checklist ensures all treatment notes, consent documentation, and recall recommendations are finalized before the active file is closed supports transparency about sound recordkeeping practice. Assuming disinterest, declining explanation, or skipping the checklist regardless of completeness both fail this obligation.