



## 7. Conservative Dentistry

1. *Proximal caries occurs in:*
  - a. Contact area
  - b. Gingival
  - c. Above contact area
  - d. Below the contact area
2. *About caries, all are true except:*
  - a. Lactobacillus is main causative organism in plaque.
  - b. Smooth surface caries occur due to Streptococcus mutans.
  - c. Pit and fissure can be protected by using pit and fissure cements.
  - d. Fluoride helps in reducing caries incidence.
3. *Acceptable amount of daily wear of amalgam from the amalgam restoration ingested in the body is:*
  - a. 1 - 3  $\mu\text{g}$  /day of mercury.
  - b. 10 - 15  $\mu\text{g}$  /day of mercury.
  - c. 25  $\mu\text{g}$  /day of mercury.
  - d. 50  $\mu\text{g}$  /day of mercury.
4. *You extracted a tooth with large amalgam restoration, how to manage to dispose the extracted tooth?*
  - a. Autoclave and deep buried.
  - b. Sharp container.
  - c. Ordinary waste container
  - d. Container designed, not to be burned.
5. *Hunter Schrufer bands are white and dark lines that appear in:*
  - a. Enamel, when view is in horizontal ground.
  - b. Enamel when view is in longitudinal ground
  - c. Dentin when view is in horizontal ground.
  - d. Dentin when view is in longitudinal ground.
6. *Zinc polycarboxylate cement was the first material to:*
  - a. Mechanically bond to tooth structure.
  - b. Chemically bond to tooth structure.
  - c. Have a significantly greater compressive strength as compared to zinc phosphate cement.
  - d. Have a much lower film thickness as compared to zinc phosphate cement.
7. *The time duration of etchant of most dentine bonding systems is applied for:*
  - a. 15 seconds.
  - b. 30 seconds.
  - c. 40 seconds.
  - d. 60 seconds.
8. *What is the pH of  $\text{Ca}(\text{OH})_2$ ?*
  - a. 5.5.
  - b. 7.5.
  - c. 12.5.
  - d. 19.5.
9. *Which of the following can be used as a base for composite restoration?*
  1. Varnish.
  2. Zinc oxide and eugenol.
  3.  $\text{Ca}(\text{OH})_2$ .
  4. Zinc phosphate cement.
  - a. 1+2.
  - b. 2+3.
  - c. 3+4.
  - d. 2+4.

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10. A patient presented to you having gingival recession in his canine tooth. He has pain when you are doing probe gently on the exposed root surface. What is the diagnosis?
- a. Dentin hypersensitivity  
b. Reversible pulpitis.  
c. Irreversible pulpitis.  
d. Apical periodontitis.
11. Which of the following is/are dentin desensitizing agent?
- a. Potassium salts  
b. 33% Sodium fluoride solution  
c. Strontium salts  
d. All of the above
12. A patient came to you with the complaint of pain in his one month old amalgam restoration. That pain may be due to:
- a. Gamma 1.  
b. Gamma 2.  
c. Zinc containing alloy  
d. Improper Hg ratio.
13. In GV black formula: The measurement of the angle of the blade to the long axis of the handle is:
- a. First number.  
b. Second number  
c. Third number.  
d. Sixth number
14. Father of a 12 year old child patient asked you about, the age for the amalgam restoration, which you have done on his child. What will you tell him?
- a. 2 years.  
b. 9 years.  
c. 2nd decade.  
d. All life.
15. Ag-Cu eutectic alloy has a characteristic property of that the fusion temperature of:
- a. The resultant alloy is greater.  
b. The resultant alloy is lesser.  
c. The resultant alloy varies with the content of Ag and Cu.  
d. None of the above.
16. Tooth discoloration from amalgam filling can be prevented by following steps:
- a. Cavity varnish.  
b. Proper triturating.  
c. Thick base application  
d. Proper finishing
17. Arrange the steps of following materials in amalgam restoration:
1. Varnish  
2. Ca (OH)  
3. Amalgam.  
4. Bases
- a. 2-4-1-3  
b. 4-1-2-3  
c. 2-1-4-3  
d. 1-4-2-3
18. Progression of initial caries convert into cavitation. This process will take 18 months, but this is based on the activity of following microorganism:
- a. Streptococcus mutans  
b. Lactobacilli.  
c. Staphylococcus  
d. Streptococcus salivarius
19. Enamel spindles are:
- a. Extensions of odontoblasts in the DEJ  
b. Enamel rods change their direction.  
c. Enamel rods get crowded  
d. None of the above
20. Visible light test is used for detection of:
- a. Cracked tooth  
b. Proximal caries  
c. Secondary caries  
d. Occlusal caries
21. Which of the following is true regarding permeability of dentin?
- a. Bacterial products go through it  
b. Decrease by smear layer  
c. Allow bacteria to go in  
d. Increase by smear layer



Section II: Topicwise Questions / Answers

22. *What is the curing time of dentin conditioning agent?*  
a. 10 sec                      b. 15 sec                      c. 30 sec                      d. 60 sec
23. *What is the following feature of reparative dentin?*  
a. Secondary dentin  
b. Formed as dentine bridge above the pulp  
c. Highly tubular dentin and it is defective form of primary dentin  
d. Sclerosing dentine with less permeability
24. *What is the composition of dentin in tooth?*  
a. 60 – 65% organic by weight                      b. 35% water by weight  
c. 43% inorganic by weight                      d. 65% inorganic by weight
25. *7 days after amalgam restoration patient came complaining of pain during placing spoon on the restored tooth. This is due to:*  
a. Irreversible pulpitis                      b. Reversible pulpitis  
c. Broken amalgam                      d. Galvanic action
26. *The aim of conditioning/etching agent on dentin before GIC is to remove smear layer:*  
a. True                      b. False
27. *Patient feels pain of short duration after Class II restoration. Diagnosis is:*  
a. Hyperemia                      b. Irreversible pulpitis  
c. Periodontitis                      d. Gingival irritation
28. *Which type of composite is used for restoring posterior teeth?*  
a. Microfilled + fine filler                      b. Macrofilled + fine filler  
c. Hybrid + rough filler                      d. All the above
29. *Light curing time for simple shallow class III composite:*  
a. 10 sec                      b. 15 sec                      c. 20 sec                      d. 25 sec
30. *Which of the following about "enamel" is true?*  
a. Repair by ameloblasts                      b. Permeability reduce with age  
c. Permeability increase with age                      d. Permeable to certain ions
31. *The rationale for pit-and-fissure sealants in caries prevention is that they:*  
a. Increase the tooth resistance to dental caries.  
b. Act as a barrier between the sealed sites and the oral environment.  
c. Have anti-microbial effect on the bacteria.  
d. None of the above answers is correct.
32. *Which of the following is produced by secondary odontoblasts in response to irritants?*  
a. Primary dentin.                      b. Secondary dentin.  
c. Tertiary dentin.                      d. Sclerotic dentin.
33. *Mercury scraps can be stored in:*  
a. Developer solution                      b. Fixer solution  
c. Water                      d. HCl
34. *Diamond abrasive having particle size of 60 to 74 micrometer is classified as:*  
a. Medium.                      b. Fine.  
c. Extrafine.                      d. Coarse.
35. *Indirect composite inlay has the following advantages over the direct composite except:*  
a. Efficient polymerization.                      b. Good contact proximally.  
c. Gingival seal.                      d. Good retention.

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36. *After you do class V GIC restoration, removal of a thin flush of GIC is done by?*
1. Scaler or knife immediately.
  2. Finishing stone immediately.
  3. Scaler or knife later.
  4. Finishing stone later
- a. 1 and 2.                      b. 1 and 4.                      c. 3 and 4.
37. *The best finished composite surface is achieved by:*
- a. 12 fluted bur.
  - b. Diamond bur.
  - c. Matrix band with no additional finish.
  - d. None of the above
38. *In class V composite restorations a layer of bonding agent is applied:*
- a. Following removal of cement then cured.
  - b. Following removal of cement and not cured.
  - c. Cured then remove cement.
  - d. None of the above
39. *Marginal deterioration of amalgam restoration may be due to:*
1. No enough bulk of dentine
  2. Corrosion.
  3. Over carving.
  4. Improper manipulation of amalgam.
- a. 1+2.                      b. 3+4.                      c. 2+3+4.                      d. All the above.
40. *When you are placing pins in amalgam restoration the length of pins must be equal in both tooth and restoration by a depth of:*
- a. 1 mm.                      b. 2 mm.                      c. 3 mm.                      d. 4 mm.
41. *Stainless steel pin is used in amalgam for:*
- a. Increase in retention.
  - b. Increase in resistance.
  - c. Increase in strength.
  - d. 1+2.
42. *Which of the following can be used under composite restoration?*
- a. Ca (OH)<sub>2</sub>.                      b. ZOE.                      c. Reinforced ZOE.                      d. Varnish
43. *Hyperemia results in:*
- a. Trauma from occlusion.
  - b. Pain of short duration.
  - c. Radiographic changes.
  - d. All of short duration.
44. *We should select the shade for a composite resin utilizing a:*
- a. Bright light.
  - b. Dry shade guide.
  - c. Dry tooth isolated by the rubber dam.
  - d. None of the above are corrects.
45. *Proximal retentive grooves in class II restoration should be placed in:*
- a. Always cut in the axiobuccal and axiolingual line angles.
  - b. Prevent lateral displacement of restoration.
  - c. Axiopulpal and axiogingival.
  - d. None of the above
46. *Best matrix for mild II restoration is:*
- a. Tofilmire matrix                      b. Celluloid strip.                      c. Copper bond.                      d. Stainless steel band
47. *Regarding the use of pins, all of the following statements are true except:*
- a. Use one pin per missing axial line angle, cusp, or marginal ridge, up to a maximum of four.
  - b. Use large diameter pins whenever possible
  - c. Use the minimum number of pins compatible with adequate retention (pins weaken amalgam).
  - d. Pins are bent to make them parallel or to increase their retentiveness.



## Section II: Topicwise Questions / Answers

48. You want to make amalgam restoration with pin; the 2 mm pin is in the dentine. How much it should be in amalgam restoration
- a. 1 mm.                      b. 2 mm.                      c. 5 mm.                      d. 4 mm
49. All these are right ways to handle the instrument except:
- a. Modified pen handle.                      b. Inverted pen.  
c. Pen handle.                      d. Palm and thumb.
50. When preparing class II cavity you found that there is no gingival seat for the restoration material. What is your management?
- a. Make seat with GIC.                      b. Make seat with flowable composite.  
c. Make seat with amalgam.                      d. Make the axis wall in the root.
51. Which of the following teeth have convexity in buccal and lingual surfaces?
- a. Upper premolars.                      b. Lower incisor  
c. Lower canine                      d. Upper canine
52. The depth of cavity preparation for composite restoration in posterior tooth:
- a. Limited to enamel                      b. 0.5 mm in dentin  
c. Depends on caries extension                      d. Depends on tooth discoloration  
e. 0.2 mm in dentin
53. Zinc phosphate cement and polycarboxylate cement both have:
- a. Silica quartz particles                      b. Polyacrylic acid  
c. Zinc oxide particles.                      d. Phosphoric acid
54. GIC compared to composite:
- a. Increase linear coefficient of thermal expansion                      b. Polymerization shrinkage  
c. More wear resistant                      d. Less soluble  
e. Stiff
55. Which of the following is correct about dentine permeability?
- a. Coronal dentin less than root dentin.                      b. Permeability increase toward DEJ.  
c. Permeability increase toward DCJ.                      d. Permeability decrease toward DEJ
56. Enamel tufts are:
- a. Extensions of odontoblasts in the DEJ                      b. Enamel rods change their direction.  
c. Enamel rods get crowded                      d. None of the above
57. Which one of the following was the most frequent reason for replacement of a molar restoration with larger restoration:
- a. New caries.                      b. Recurrent caries.  
c. Faulty restoration.                      d. All of the above.
58. Which of the following is the best method for the detection of cracked teeth?
- a. Horizontal percussion                      b. Vertical percussion  
c. Electric pulp test                      d. Transillumination test
59. Patient suffering from a cracked enamel, his chief complaint is pain on :
- a. Hot stimuli                      b. Cold stimuli                      c. a & b.                      d. Electric test.





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73. The optimal interpin distance depends on the size of the pin to be used. The minimal interpin distance is \_\_\_\_\_ for the Minikin pin and \_\_\_\_\_ for the Minim pin:
- a. 0.5 mm, 2 mm.
  - b. 1.0 mm, 3 mm.
  - c. 3 mm, 5 mm.
  - d. 5 mm, 7 mm.
74. What is the most important factor encouraging dental caries:
- a. Xerostomia.
  - b. Hypocalcification.
  - c. Smoking.
  - d. Pan chewing
75. Incipient caries in the old patients is mostly due to:
- a. Smoking
  - b. Saliva
  - c. Xerostomia.
  - d. Oral habits
76. The spontaneous production of an electric current resulting from two dissimilar metal in the oral cavity is called:
- a. Nuclear reaction
  - b. Galvanic action.
  - c. Precipitation reaction.
  - d. Thermodynamics.
  - e. Fission.
77. What is the proper cavity preparation for V-shaped cervical erosion lesion to be restored with glass ionomer cement:
- a. Cervical groove, incisal groove.
  - b. Cervical groove, incisal bevel.
  - c. 4 Retention points, 90 degree margin.
  - d. No mechanical preparation is necessary
78. One week after filling of class II restoration, the patient presents with a complain of tenderness on mastication and bleeding from the gingival. The dentist should initially:
- a. Check the occlusion.
  - b. Check the contract area.
  - c. Consider the probability of hyperemia.
  - d. Explain to the patient that the retainer irritated the surrounding soft tissue and prescribe an analgesic and warm oral rinse.
79. Which of the following streptococcus strain is not cariogenic?
- a. Streptococcus mitior.
  - b. Streptococcus milleri.
  - c. Streptococcus oralis.
  - d. Streptococcus lactis.
80. Which one of the following is not a characteristic of dentinal hypersensitivity?
- a. It is one of the most successfully treated chronic dental problems.
  - b. Its prevalence range from 8 to 30%.
  - c. The majority of the patients who experience it are from 20 to 40 years of age.
  - d. One source of the irritation that leads to hypersensitivity is improper tooth brushing.
81. Hypersensitivity is due to:
- a. Exposed dentine with opened dentinal tubules.
  - b. Obliterated dentinal tubule
  - c. Exposed root surface
  - d. Fracture enamel
82. Specific gravity of enamel is:
- a. 1.9.
  - b. 2.2
  - c. 2.5.
  - d. 2.8.
83. Proximal caries should be opened when:
- a. Confined within enamel
  - b. Pass DE junction.
  - c. Dentin laterally
  - d. All of the above

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84. *Proximal caries confined within enamel:*
- a. Prevention.
  - b. Observation
  - c. Restore with G I
  - d. Root canal
85. *The cement under MOD amalgam have this character:*
- a. High modulus of elasticity
  - b. Low modulus of elasticity
  - c. The high modulus of elasticity prevent of bonding and decrease tensile strength
  - d. Both a & c
86. *In amalgam pin restoration the pins are insert into:*
- a. Enamel.
  - b. Dentin.
  - c. DEJ.
  - d. All.
87. *After etching of enamel, and bond it with 5th generation the strength of?*
- a. 5-10 Mp.
  - b. 25 Mp.
  - c. 30 Mp.
  - d. 100 Mp.
88. *Composite restoration that was matching in shade, after one week it became much light in shade. The reason could be:*
- a. Light started photo initiation.
  - b. Absorption of water.
  - c. Shade selected after rubber dam
  - d. Its usual in composite restoration
89. *Zinc phosphate cement:*
- a. Mechanical attachment
  - b. Chemical attachment
  - c. Mechano-chemical attachment
  - d. All the above
90. *Amalgam pain after restoration is due to:*
- a. Phase 2 gamma
  - b. Phase 1 gamma
  - c. Zinc containing alloy.
  - d. Admix alloy
91. *Which tooth requires special attention when preparing the occlusal aspect for restoration?*
- a. Lower 2nd molar
  - b. Lower 1st premolar.
  - c. Lower 2nd premolar
  - d. Upper 1st molar
92. *Types of dentine are all, except:*
- a. Primary dentine
  - b. Peritubular dentine
  - c. Intertubular dentine
  - d. Sclerotic dentin
  - e. None of the above
93. *Abrasion of enamel and root surfaces may result from the long term use of:*
- a. A hard toothbrush.
  - b. Tooth abrasive toothpaste or powder.
  - c. Vigorous use of the toothbrush.
  - d. a and b only.
  - e. a, b and c.
94. *Removal of undermined enamel in class II cavity is done by:*
- a. Chisel
  - b. Angle former
  - c. Excavator
  - d. Hoe
95. *To plan the line-angles in the proximal cavity in a class II you use:*
- a. Straight chisel
  - b. Biangled chisel
  - c. Enamel hatchet
  - d. Excavator
96. *Hand instrument which we use to make internal angles retentive grooves and preparation of cavity walls in the cavity is:*
- a. Angle former
  - b. Chisel
  - c. File
  - d. Enamel hatched



Section II: Topicwise Questions / Answers

97. *What is the cavo-surface angle of preparation for amalgam restoration?*  
a. 30 degrees      b. 60 degrees      c. 90 degrees      d. 130 degrees
98. *To provide maximum strength of amalgam restoration the cavo-surface angles should:*  
1. Approach 75° with outer surface.  
2. Approach 90° with outer surface.  
3. Be supported by sound dentine.  
4. Be located in area free of occlusal stress.  
a. 1+3.      b. 2+3+4.      c. 3+4      d. 2+3
99. *Which of the following burs would you prefer to use preparing a slot for the relation of an extensive amalgam restoration on maxillary molar, except:*  
a. Number 5 round bur.      b. Number 56 fissure bur.  
c. Number 556 fissure bur.      d. Number 35 cone bur.
100. *Which of the following materials has been shown to simulate reparative dentine formation most effectively when applied to the pulpal wall of a very deep cavity:*  
a. Copalite varnish.      b. Calcium hydroxide preparation.  
c. Zinc phosphate cement.      d. Anhydrous class inomer cement.
101. *Calcium hydroxide is best pulp capping material because:*  
a. It has best seal over pulp.      b. It is alkaline  
c. Less irritating to pulp.      d. It induces reparation dentine formation.  
Clinical Endodontics, Tronstad, page 224
102. *The functions of cement bases are:*  
a. To act alike a barrier against acids or thermal shocks.  
b. The minimal thickness, which is required, is 0.5 mm of base.  
c. a and b.  
d. None of the above.
103. *It has been proven that amalgam restoration has the following characteristics:*  
a. Micro leakage decrease with aging of the amalgam restoration.  
b. It is the least techniques sensitive of all current direct restorations.  
c. High dimensional changes.  
d. a, b and c.  
e. a and c.  
f. a and b.  
g. b only.
104. *When polishing the amalgam restoration:*  
a. Avoid heat generation by using wet polishing paste.      b. Wait 24 hours.  
c. a and b.      d. b only.      e. a only.
105. *Silicate cement:*  
a. First tooth colored restoration.      b. It can be used as permanent filling.  
c. It contains 15 % fluoride.  
1. a, b and c.      2. b and c.      3. a and c.      4. a only.

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106. *Overhanging restoration margins should be removed because:*
- It provides ideal location for plaque accumulation.
  - It tears the gingival fibers leading to attachment loss.
  - Stimulate inflammatory reaction directly.
  - Its removal permits more effective plaque control.
  - a & d.
107. *Depth of amalgam restoration should be:*
- 1 - 1.5 mm.
  - 1.5 - 2 mm.
  - 2 - 3 mm.
  - 3 - 5 mm.
108. *Length of pins must be equal in both tooth and restoration by a depth of:*
- 1 mm.
  - 2 mm.
  - 3 mm.
  - 4 mm.
109. *Stainless steel pin is used in amalgam for:*
- Increase retention.
  - Increase resistance.
  - Increase strength.
  - a and b.
110. *What can we use under composite restoration:*
- Ca (OH)<sub>2</sub>
  - ZOE.
  - Zinc phosphate cement.
  - Varnish
111. *What is the copper ratio that eliminates gamma phase 2?*
- 2% copper
  - 4% copper
  - 10 % copper
  - 13 % copper
112. *Cervical enamel projections are most likely to be found in:*
- Buccal surface of maxillary first molar
  - Buccal surface of mandibular 3rd molar
  - Buccal surface maxillary 2nd molar
  - Buccal surface of mandibular 2nd molar.
113. *Incipient caries is diagnosed by:*
- Fiberoptic light
  - Tactile examination
  - X-ray film
  - Dye
114. *What is the cavo-surface angle of prep for amalgam resto?*
- 30 degrees
  - 60 degrees
  - 90 degrees
  - 130 degrees
115. *When will you do amalgam finishing?*
- Immediately
  - 24 hours later
  - All the above
  - None of the above
116. *When polishing amalgam:*
- Avoid heat generation by using wet polishing paste
  - Wait for 24 hours
  - All of the above
  - None of the above
117. *Caries susceptibility of teeth which lost pits and fissure sealant is:*
- The same with non sealed teeth
  - Higher than non sealed teeth
  - Lower than non sealed teeth
  - None of the above
118. *A class IV composite resin restoration should be finished with a:*
- No. 330 tungsten carbide bur.
  - Mounted stone.
  - 12 fluted carbide bur.
  - Coarse diamond point
119. *The minimum thickness of cement bases in amalgam restoration is*
- 0.5 mm
  - 0.75 mm
  - 1 mm
  - 2 mm



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120. *The effects of natural fluoride versus added fluoride in reducing dental caries as it relates to the concentration are:*
- a. Greater                      b. Less                      c. The same                      d. All the above
121. *Overhanging amalgam restoration is due to:*
- a. Lack of matrix usage                      b. Lack of burnishing  
c. Lack of polishing                      d. All the above
122. *At which of the following locations on a mandibular molar do you complete the excavation of caries first?*
- a. Axial walls                      b. Pulpal floor over the mesial pulp horns  
c. Peripheral caries                      d. All of the above are correct
123. *A patient that had a class II amalgam restoration, next day he returns complaining of discomfort at the site of the restoration, Radiographically an overhanging amalgam is present. This is due to:*
- a. Lack of matrix usage.                      b. No burnishing for amalgam  
c. Insufficient                      d. Carving
124. *The life of amalgam restoration is:*
- a. 1-2 years                      b. 5-9 years                      c. 10-15 years                      d. All life
125. *Marginal deterioration of Ag restoration may be due to:*
- a. No enough bulk.                      b. Corrosion over carving.  
c. No dentin.                      d. Improper manipulation  
e. b, c, d.                      f. All of above.
126. *The base cement of amalgam should have*
- a. Low modulus of elasticity  
b. The high modulus of elasticity prevent of bonding and decrease tensile strength.  
c. High modulus of elasticity  
d. Both b & c
127. *Due to capillary action the dentinal tubule fluid theoretically moves at the rate of:*
- a. 2-3 mm/sec                      b. 1-2 mm sec.                      c. 4 mm/sec.                      d. 5 mm/sec.
128. *Caries detection dye is composed mainly of:*
- a. Acid fuschin                      b. Basic fuchsin                      c. Propylene glycol.                      d. b+c
129. *Clinical failure of the amalgam restoration usually occurs from:*
- a. Improper cavity preparation                      b. Faulty manipulation  
c. Both of the above                      d. None of the above
130. *The fracture of amalgam restoration at isthmus portion, is due to:*
- a. High occlusal contact                      b. Shallow preparation of isthmus  
c. Wide preparation at isthmus.                      d. Constricted isthmus
131. *Scale to measure marginal deterioration:*
- a. Mahler scale.                      b. Color analogues scale.  
c. Perio scale                      d. All the above
132. *What is the time duration for complete remineralization of an accidentally etched enamel surface of tooth in oral cavity?*
- a. After hours                      b. After weeks                      c. After months                      d. None of the above

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133. *The number one indication for the use of direct filling gold is:*
- The large class II lesion.
  - The small initial class II lesion.
  - The small class II lesion.
  - The large class III lesion.
134. *For cavity class II amalgam restoration in a second maxillary premolar, the best matrix to be used is:*
- Celluloid strips
  - Tofflemire matrix.
  - Gold matrix
  - Mylar matrix
135. *How will you treat dental hypersensitivity tooth?*
- Sedative medication
  - Restoration by adhesion.
  - Amalgam
  - Hard tooth brush
136. *The main mechanism of action by which calcium is able to focus a dentinal barrier is:*
- Stimulation
  - Irritation
  - Inflammation
  - None of the above
137. *What is the bonding strength of 5th generation enamel bonding agent?*
- 10 Mp
  - 25 Mp.
  - 30 Mp.
  - 40 Mp
138. *At which location in enamel is the density of enamel crystals is lowest:*
- DEJ.
  - Center of enamel prisms.
  - Edge of enamel prisms.
  - Facial enamel.
139. *To fasten zinc oxide cement, you add:*
- Zinc sulfide.
  - Zinc acetate.
  - Barium sulfide.
  - Barium chloride.
140. *Laser core can be used in curing of composite:*
- ND (YAG).
  - HeNe.
  - Argon laser
  - CO<sub>2</sub>
141. *Hunter Schreger bands are white and dark lines that appear in:*
- Enamel when viewed in horizontal ground.
  - Enamel when viewed in longitudinal ground.
  - Dentin when viewed in horizontal ground.
  - Dentin when viewed in longitudinal ground.
142. *Which surface of the tooth is affected most by caries?*
- Proximal surface.
  - Root surface.
  - Pit and fissure.
  - All the above
143. *Unmounted sharpening instruments are better than mounted because:*
- Have finer grains.
  - Easier to sterilize.
  - Don't alter the bevel of the instrument.
  - Less particles of the instruments are removed
144. *Which of the following types of base materials can be placed in contact with polymethyl methacrylate & not inhibit the polymerize of resin:*
- ZoE.
  - GI.
  - Zn phosphate cement.
  - Varnish.
  - B+C
145. *Success of pit & fissure sealants is affected mainly by:*
- Increased time of etching.
  - Contamination by oral saliva
  - Salivary flow rate.
  - Proper fissure sealant.
146. *Secondary dentine can form in following conditions except:*
- Occlusal trauma
  - Tooth fracture
  - Recurrent caries
  - Attrition of tooth



147. *We can use under the composite restoration:*
- |             |                            |                           |                           |
|-------------|----------------------------|---------------------------|---------------------------|
| 1. Varnish. | 2. Zinc oxide and eugenol. | 3. Ca (OH) <sub>2</sub> . | 4. Zinc phosphate cement. |
| a. 1+2.     | b. 2+3.                    | c. 3+4.                   | d. 2+4.                   |
148. *The most desirable finished surface composite resin can be provided by:*
- |                           |                        |
|---------------------------|------------------------|
| a. White stones           | b. Hand instruments    |
| c. Carbide finishing burs | d. Diamond finish burs |
| e. Celluloid matrix band  |                        |
149. *Indirect composite inlay overcome the direct composite by:*
- |                                 |                            |
|---------------------------------|----------------------------|
| 1. Insufficiency polymerization | 2. Good contact proximally |
| 3. Gingival seal                | 4. Good retention          |
| a. 1-2-4                        | b. 1-2-3                   |
|                                 | c. 4-3                     |
150. *Lack of matrix usage in class II amalgam will cause:*
- |                            |                           |
|----------------------------|---------------------------|
| a. Overhanging restoration | b. Marginal deterioration |
| c. Fracture of isthmus     | d. All the above          |
151. *A young patient with amalgam after week comes with pain due to:*
- |                          |                      |
|--------------------------|----------------------|
| a. Gamma 1               | b. Gamma 2           |
| c. Zinc containing alloy | d. None of the above |
152. *In caries prevention, the pit-and-fissure sealants are:*
- Increase the tooth resistance to dental caries.
  - Have anti-microbial effect on the bacteria.
  - Act as a barrier between the sealed sites and the oral environment.
  - None of the above answers is correct.
153. *Abrasion of enamel and root surfaces may result from which of the following except?*
- |                                    |   |
|------------------------------------|---|
| a. A hard toothbrush.              | b. Tooth abrasive toothpaste or powder. |
| c. Vigorous use of the toothbrush. | d. Dental caries                        |
154. *Retention of amalgam depends on:*
- |                                    |                                     |
|------------------------------------|-------------------------------------|
| a. Amalgam bond.                   | b. Convergence of walls occlusally. |
| c. Divergence of walls occlusally. | d. Retentive pins.                  |
155. *Reparative dentin occurs due to:*
- |                       |                      |
|-----------------------|----------------------|
| a. Occlusal trauma.   | b. Recurrent caries. |
| c. Attrition dentine. | d. All of the above. |
156. *When restoring asymptomatic healthy tooth with amalgam, the normal physiologic symptom after that is:*
- |                     |                     |                     |                    |
|---------------------|---------------------|---------------------|--------------------|
| a. Cold sensitivity | b. Heat sensitivity | c. Bite sensitivity | d. Air sensitivity |
|---------------------|---------------------|---------------------|--------------------|
157. *Cavity class II restoration with composite resin all cavosurface angles should be:*
- |                  |                  |                  |                   |
|------------------|------------------|------------------|-------------------|
| a. Well rounded. | b. Right angles. | c. Acute angles. | d. Obtuse angles. |
|------------------|------------------|------------------|-------------------|
158. *Which of the following is moisture sensitive?*
- |                  |                     |                    |                 |
|------------------|---------------------|--------------------|-----------------|
| a. Glass ionomer | b. Polycarboxylate. | c. Zinc phosphate. | d. ZnO eugenol. |
|------------------|---------------------|--------------------|-----------------|

## 7. Conservative Dentistry

159. *Dentinal hypersensitivity is due to:*
- a. Fractured root
  - b. Exposed roots
  - c. Exposed dentine with opened dentinal tubules.
  - d. Caries
160. *After finish class V glass ionomer cement we do finishing with:*
- a. Pumis slurry.
  - b. Aluminum-oxide paste.
  - c. Polishing bur
  - d. All the above
161. *Stained margin in old composite restoration is due to:*
- a. Secondary caries
  - b. Hydraulic destruction on bond
  - c. Polymerization shrinkage
  - d. Fracture of composite
162. *Photopolymorphism stress build up can be reduced by:*
- a. High density curing.
  - b. Soft start polymerization.
  - c. Low density curing.
  - d. Short exposure time.
163. *Sterptococcus mutans cause caries and this disease is:*
- a. Epidemic
  - b. Endemic
  - c. Isolated
  - d. All the above
164. *Which of the following will transfer occlusal stress under amalgam?*
- a. With thin base layer
  - b. Sound dentin
  - c. With thick base layer
  - d. None of the above
165. *All of the following are true about resistance form except:*
- a. Flat pulpal floor.
  - b. Rounded internal line angle.
  - c. Inclusions of weak tooth within restoration.
  - d. Extension upto 1 mm in dentin.
166. *Bonding agent for enamel we use.*
- a. Unfilled resin
  - b. Primer & adhesive bonding agent
  - c. Resin dissolve in acetone or alcohol
  - d. Primer with resin modified glass ionomer
167. *High copper amalgam restoration refilling can be done only in:*
- a. Open margin less than 0.5 mm
  - b. Proximal marginal defect.
  - c. Both
  - d. None of the above.
168. *Thickness of amalgam restoration in cusp tip area:*
- a. 0.5 mm
  - b. 1-1.5 mm
  - c. 1.5-2 mm
  - d. 2-3 mm
169. *Treatment of cervical caries in old patients with a temporary restoration is best done by:*
- a. Glass ionomer
  - b. Composite restoration
  - c. Amalgam
  - d. All the above
170. *Thickness of amalgam in complex amalgam restoration in cusp tip area:*
- a. 0.5 mm
  - b. 1-1.5 mm
  - c. 1.5-2 mm
  - d. 2-3 mm.
171. *For resin composite restoration in a second maxillary premolar, the best matrix to be used:*
- a. Tofflemire matrix.
  - b. Mylar matrix
  - c. Gold matrix
  - d. Celluloid strips
172. *Sharping of hand instrument in mounted air driven is better than unmounted, due to:*
- a. Fine grains
  - b. Sterilization
  - c. Ability to curve instrument
  - d. All the above



Section II: Topicwise Questions / Answers

173. *The percentage of simple caries located in the outer wall of the dentin which left with outcavitations is around:*  
 a. 20%                      b. 50%                      c. 60%                      d. 65%
174. *In primary tooth for restoration before placing the filling you place:*  
 a. Base.                      b. Calcium hydroxide.                      c. Varnish.                      d. All the above
175. *During final inlay cementation which of the following you will do?*  
 a. Polishing                      b. Remove occlusal interferences  
 c. Lowering occlusal surfaced.                      d. Burnishing of peripheries of restoration
176. *What do we use as temporary filling material in anterior teeth when aesthetic is important:*  
 a. Composite.                      b. Glass ionomer cement.                      c. Zinc oxide eugenol.                      d. Calcium hydroxide
177. *Smear layer is composed of:*  
 a. Dentine debris.                      b. Inorganic particles.                      c. Bacteria.                      d. All the above.
178. *Potassium nitrate, strontium chloride, all are dentin desensitizing agents that work by:*  
 a. Neural blocking                      b. Tubular occlusion                      c. Tubular necrosis                      d. Both a+b
179. *When we should treat proximal caries?*  
 a. Confined within enamel                      b. Dentine lateraly  
 c. Pass DE junction                      d. All of the above
180. *When the caries cross half of enamel in tooth, what is the treatment?*  
 a. Prevention                      b. Leave it                      c. Restoration                      d. RCT
181. *Which hand instrument is used for making internal angle retentive groove and preparation of cavity wall in the cavity:*  
 a. Chisel                      b. File                      c. Angle former                      d. Enamel hatchet
182. *After finish class V GIC restoration, we do finishing with:*  
 a. Pumice slurry.                      b. Aluminum-oxide disc.                      c. 12 fluted carbide bur                      d. diamond bur
183. *A glossy finish is best retained on a:*  
 a. Microfilled composite resin restoration.                      b. Macrofilled resin restoration.  
 c. Hybrid composite resin restoration.                      d. Fiber reinforced composite resin restoration
184. *Composite for posterior teeth:*  
 a. Microfilled + fine filler.                      b. Macrofilled + rough filler.  
 c. Hybrid + rough filler                      d. All the above.
185. *Child came to the clinic with amalgam restoration fracture at isthmus portion, this fracture is due to:*  
 a. Wide preparation at isthmus.                      b. High occlusal.  
 c. Shallow preparation                      d. Constricted isthmus
186. *Dental caries:*  
 a. Is a transmissible disease                      b. Is world wide in distribution but uneven in intensity.  
 c. Can be prevented                      d. All of the above.  
 e. None of the above
187. *What mixture of different size particles allows advantages of higher filler levels and good finishing?*  
 a. Micro filled resin based composites                      b. Foldable resin based composites.  
 c. Packable resin based composites                      d. Hybrid resin based composites.

## 7. Conservative Dentistry

188. *The best finishing of class IV composite resin restoration can be done by which of the following?*
- a. Mounted stone.
  - b. Coarse diamond point
  - c. 12- fluted carbide bur.
  - d. No. 330 tungsten carbide bur.
189. *The total tubular surface area near the DEJ is \_\_\_\_\_ % whereas rear the pulp is \_\_\_\_\_ %:*
- a. 10%, 90%
  - b. 90%, 10%
  - c. 1%, 45%
  - d. 45%, 1%
190. *Patient complaint from pain in 45 which had gold onlay. The pain could be due to:*
- a. Chemicals from cement.
  - b. High thermal conductivity of gold.
  - c. Related to periodontal ligament.
  - d. Cracked tooth or fractured surface gold has high thermal conductivity.
191. *For onlay preparation, reduction of non functioning cusp should be:*
- a. 1 mm.
  - b. 1.5 mm.
  - c. 2 mm.
  - d. 3 mm
192. *Class II composite resin is lined by:*
- a. G.I.
  - b. Reinforced ZOE.
  - c. Calcium hydroxide
  - d. All the above
193. *Pits and fissure sealants are indicated in:*
- a. Deep pits and fissure.
  - b. Newly erupted teeth.
  - c. a and b
  - d. None of the above
194. *Caries consist of:*
- a. Bacteria.
  - b. Fluid.
  - c. Epithelial cells.
  - d. All the above
195. *Most tooth surface is affected by caries:*
- a. Pit and fissure.
  - b. Root surface.
  - c. Proximal surface.
  - d. smooth surface
196. *The cause of fracture isthmus in amalgam class II restoration is:*
- a. Thin thickness at the marginal ridge.
  - b. Wide flared cavity proximally.
  - c. Deep cavity.
  - d. All the above
197. *Pit and fissure sealant:*
- a. New erupted teeth
  - b. Deep fissure and pits in molars
  - c. Proximal caries
  - d. a & b
198. *We should select the shade for a composite resin utilizing a:*
- a. Dry shade guide.
  - b. Dry tooth isolated by the rubber dam.
  - c. Bright light.
  - d. In natural light
199. *Retentive grooves*
- a. Always axiobuccal and axiolingual
  - b. Prevent lateral displacement of restoration.
  - c. Is axiopulpal and axiokingival.
  - d. 1 and 2 both true
200. *Best finishing of composite done by:*
- a. Carbide bur.
  - b. Diamond bur.
  - c. Mounted stone.
  - d. Best retained under matrix band
201. *If class II restored composite and you want to cover it with bond, then:*
- a. Pull bond then remove excess composite then cure.
  - b. Remove excess then apply bond and light cure.
  - c. Apply bond then cure then remove the excess.
  - d. None of the above



Section II: Topicwise Questions / Answers

202. Which of the following should be checked first when a casting that fits on its die cannot be seated on the tooth in the mouth?
- a. Occlusal contacts  
b. Taper of the preparation.  
c. Proximal contacts.  
d. Impression used to pour the cast.
203. A patient is having galvanic action on teeth due to amalgam filling, you will:
- a. Put a varnish  
b. Extract the tooth  
c. Replace the filling  
d. Put a separating medium
204. For light cure system which light can be used:
- a. Helium neon  
b. Argon  
c. Barium light  
d. None of the above
205. Teeth that have lost pits and fissures. The same susceptibility to caries as teeth that have not been sealed:
- a. Higher susceptibility than non sealed teeth  
b. Lower susceptibility than non sealed teeth.  
c. The same susceptibility as teeth with full retained sealant
206. Selection of shade for composite is done:
- a. Low light.  
b. Bright light  
c. Yellow light.  
d. Natural light
207. Reparative dentine:
- a. Same like secondary dentine.  
b. Happen as site of irritation.  
c. Sclerosing dentine with less permeability.  
d. Highly tubular dentine
208. Which of the following is primary for isolating a tooth for restoration?
- a. Cotton roll.  
b. Rubber dam.  
c. Vac-ejector moisture control system.  
d. All the above
209. Which statement concerning sensitive teeth is false?
- a. Small dentin exposure can result in sensitivity.  
b. The extent of dental hard tissue loss always correlates with sensitivity.  
c. A wide variety of clinical condition can cause teeth to become sensitive.  
d. Oral hygiene habits and diet can contribute to clinical sensitivity problems.
210. The pH of fully set zinc phosphate is:
- a. 3 to 4.  
b. 4 to 5.  
c. 6 to 7.  
d. 7 to 8.
211. A veneer is planned and you want to give shoulder finish line which bur would you use?
- a. End cutting bur  
b. Crosscut fissure  
c. Straight fissure  
d. Tapering fissure
212. The wavelength of ultraviolet light in composite curing is:
- a. 200-250 nm  
b. 450-500 nm  
c. 500-550 nm  
d. Above 650 nm
213. Which of the following cements which contains fluoride?
- a. Glass ionomer  
b. Zinc oxide eugenol  
c. Reinforced zinc oxide eugenol  
d. Polycarboxylate cement
214. Most of the dentin bonding material need conditioning time:
- a. 15 sec  
b. 30 sec  
c. 45 sec  
d. 60 sec
215. Cavity varnish should be applied at least in:
- a. 1 layer  
b. 2 layers  
c. 3 layers  
d. 4 layers

## 7. Conservative Dentistry

216. *Pit & fissure sealant is least effective with:*
- a. Twenty-four month year
  - b. Primary molar
  - c. 2nd permanent molar
  - d. Incisors
217. *Selection of shade for composite is done:*
- a. Before preparation
  - b. We must rest the eye by looking to a yellow color.
  - c. We must look to the tooth only after preparation
  - d. None of the above
218. *Which of the following is the best core material in the anterior teeth?*
- a. Composite
  - b. GIC
  - c. Amalgam
  - d. All the above
219. *Class IV cavity:*
- a. Occurs on the proximal surface not involving the incisal edge of anterior teeth.
  - b. Occurs on proximal surface involving the incisal edge of anterior teeth.
  - c. Occurs on proximal surface involving the occlusal edge of posterior teeth.
  - d. Involves the buccal surface of anterior and posterior teeth.
220. *Amalgam restoration with post and core in the posterior teeth decide by:*
- a. Canal curvature
  - b. Canal length and diameter
  - c. Amount of crown destruction
  - d. All the above
221. *If a zinc phosphate cement base is used when restoring a tooth, when should the varnish be applied?*
- a. Prior to placement of the base
  - b. After placement of the base.
  - c. Makes no difference when the varnish is applied.
  - d. Varnish should not be used in conjunction with zinc phosphate cement.
222. *Pit and fissure sealants are indicated to prevent dental caries in pits and fissure:*
- a. In primary teeth
  - b. In permanent teeth
  - c. a & b.
223. *What can we use under composite restoration?*
- a. CaOH
  - b. ZOE
  - c. Reinforced ZOE
  - d. Zinc phosphate
224. *In gamma 2 amalgam, the amount of Cu is:*
- a. 13.1
  - b. 21.5
  - c. 16.2
  - d. 30.5
225. *In cavity preparation, the width of the cavity is:*
- a. 1/2 intercuspal distance
  - b. 1/3 intercuspal distance
  - c. 3/4 intercuspal distance
  - d. None of the above
226. *Trituration period of amalgam is:*
- a. 1 min
  - b. 3 min
  - c. 5 min
  - d. 10 min
227. *In black classification of "instrument formula 3" is for?*
- a. Width of the blade in mm
  - b. Height of the blade in mm
  - c. Length of the blade
  - d. Angulation of the blades
228. *Xylitol effect:*
- a. Increase caries incidence
  - b. Reduce caries incidence
  - c. Reduce plaque index
  - d. Increase plaque index



Section II: Topicwise Questions / Answers

229. *Probably the most efficient and least traumatic instruments for correcting overhanging or over-contoured proximal alloy and resin restorations are the motor driven diamond files of:*
- a. Perioscopy system
  - b. EVA system
  - c. Ultrasonic system
  - d. Sonic system
230. *Indirect composite inlay has the following advantages*
- a. Efficient polymerization
  - b. Good contact proximally
  - c. Gingival seal
  - d. All the above
231. *Studies have shown that incipient carious lesions \_\_\_\_\_ after sealant placement:*
- a. Progressively get bigger.
  - b. Are arrested
  - c. Spread rapidly into the interproximal areas.
  - d. Remain the same.
232. *Which of the following are true about enamel tufts, except:*
- a. Extensions of odontoblasts in the DCJ
  - b. Extensions of odontoblasts in the DEJ
  - c. Enamel rods change their direction.
  - d. All the above
233. *Essential properties of a class V cavity prepared for direct filling gold include all of the following except:*
- a. Rounded internal line and point angles.
  - b. Small retentive undercuts placed in the axio occlusal and axio gingival line angles.
  - c. Mesial and distal walls that flair and meet the cavosurface at a 90 degree angle.
  - d. An axial wall that is convex and follows the external contour of the tooth 5 mm into dentin.
234. *The percentage of simple caries located within the outer wall of the dentin:*
- a. 10%
  - b. 30%
  - c. 60%
  - d. 90%
235. *After final inlay cementation and before complete setting of cement we should:*
- a. Remove occlusal interferences
  - b. Burnishing of peripheries of restoration for more adaptation.
  - c. Lowering occlusal surface
  - d. All the above
236. *When esthetic is important, posterior class I composite is done in:*
- a. Subgingival box.
  - b. Bad oral hygiene.
  - c. Contact free area.
  - d. Class I without central contact.
  - e. C+D
237. *How will you manage amalgam waste in your clinic?*
- a. Dark container with fixer solution
  - b. Sharp container.
  - c. Ordinary waste container.
  - d. Office container.
238. *Compomer release fluoride as GI:*
- a. True.
  - b. False.
239. *Composite for anterior teeth teeth:*
- a. Microfilled + fine filler.
  - b. Macrofilled + rough filler.
  - c. Hybrid + rough filler
  - d. All the above
240. *Which of the following has highest coefficient of thermal expansion?*
- a. Type II glass ionomer.
  - b. Tooth enamel.
  - c. Pure gold.
  - d. Amalgam.

241. Which one of the following sentences is a characteristic of dentinal hypersensitivity?
- Its prevalence range from 8 to 30%.
  - The majority of the patients who experience it are from 20 to 40 years of age.
  - One source of the irritation that leads to hypersensitivity is improper tooth brushing.
  - All the above
242. The type of cement which give retention to crown:
- Zn phosphate
  - Zn polycarboxylate
  - Resin
  - Resin modified glass ionomer
243. Regarding sensitive teeth which of the following is true?
- Small dentin exposure can result in sensitivity.
  - Many conditions can cause sensitive teeth
  - Oral hygiene habits and diet can contribute to clinical sensitivity problems.
  - All the above
244. Minimum film thickness is the important property of:
- Silicates.
  - Glass ionomers.
  - Zinc phosphate.
  - ZOE.
245. Dentine hypersensitivity is best relieved or controlled by:
- Using efficient cooling system
  - Blacking exposed tubules on the dentin surface
  - Opening tubules to permit release of intrapulpal pressure
  - Applying anti inflammatory agent to exposed dentin
246. How to reduce the composite polymerization shrinkage?
- Restore layer by layer
  - Use curing light for less time
  - Use curing light for long time
  - Use high intensity curing light
247. Marginal deterioration of amalgam restoration due to except?
- No enough bulk of dentine.
  - Corrosion.
  - Over carving.
  - Under carving
  - Improper manipulation of amalgam.
248. Which of the following is best finishing bur in composite restoration?
- Diamond bur.
  - Mounted stone.
  - Carbide bur.
  - None of the above
249. Dentinal tubules getting blocked by the ppt of hydroxyapatite and whitelockite crystals within the tubules is known as:
- Dentinal sclerosis
  - Pathologic sclerosis
  - Diffuse sclerosis
  - Diffuse
250. What will be the reason for the pain after class II restoration in young patient?
- Periodontitis.
  - Hyperemia
  - Irreversible pulpitis.
  - Periapical abscess
251. The cause of fracture in amalgam class II restoration is:
- Thin thickness at the marginal ridge.
  - Wide flared cavity
  - Deep cavity.
  - All the above



Section II: Topicwise Questions / Answers

252. *In onlay, stopping of cusp is 1.5-2 m.m:*
- a. True. b. False.
253. *Which of the following burs would you prefer to use for preparation a slot for the retention of an extensive amalgam restoration on the maxillary molar?*
- a. Number 5 round bur. b. Number 58 fissure bur.  
c. Number 558 fissure bur. d. Number 35 inverted cone bur
254. *Which of the following materials has been shown to stimulate reparative dentine formation most effectively when applied to the pulpal wall of a very deep cavity?*
- a. Copalite varnish. b. Calcium hydroxide.  
c. Zinc phosphate cement. d. Glass ionomer cement.
255. *Discoloration of the tooth under big amalgam restoration can be prevented by:*
- a. Using cavity varnish b. Using correct alloy: mercury ratio  
c. Using zinc phosphate cement base d. Washing the prepared cavity with NaCl
256. *Zinc if added to amalgam:*
- a. Increase moisture sensitivity and cause expansion  
b. Increase marginal integrity and longevity than zinc free amalgam  
c. a + b.  
d. None of the above
257. *Class II amalgam restoration with deep caries the patient comes with localized pain related to it after 3 months due to:*
- a. Undetected pulp horn exposure b. Over occlusion  
c. Moisture contamination during the restoration d. All the above
258. *Provisional cement, main advantage:*
- a. Prevent leakage and caries b. Prevent dislodgement of the restoration.  
c. a + b d. None of the above
259. *The external shape of an initial class V carious lesion in enamel is related to the:*
- a. Lines of Retzius. b. Contour of the gingival.  
c. Number of enamel tufts. d. Enamel lamella in the lesion.
260. *Class II amalgam restoration failure will be prevented by:*
- a. Axial line angle will be round/beveled b. Removal of unsupported enamel in cavosurface  
c. Dough tail d. All the above
261. *What is the step done before applying sealant?*
- a. Fluoride. b. Etching. c. Cleaning tooth surface d. Polishing
262. *The success of fissure sealant depends more on:*
- a. Isolating the tooth from the saliva. b. Etching of tooth surface  
c. Curing of sealants d. All the above
263. *A patient came and asked for fissure sealant for his lower molar, the dentist found that it has class I cavity but not deep, the decision is:*
- a. Preventive class I after removing caries. b. Restore the cavity  
c. Apply fissure sealant d. Restore with calcium hydroxide

## 7. Conservative Dentistry

264. *Upper central with class II fracture not involving the pulp and the patient still have the fragment:*
- a. Class IV composite filling.
  - b. Rebonding the broken fragment.
  - c. No treatment needed
  - d. Shaping and polishing of fracture site
265. *In cavity preparation class II, the (isthmus) cavity width is:*
- a. 1/2 intercuspal distance.
  - b. 1/3 intercuspal distance.
  - c. 1/4 intercuspal distance
  - d. 3/4 intercuspal distance.
266. *Retention of amalgam restoration depends on:*
- a. Amalgam bond
  - b. Convergency of walls occlusally
  - c. Divergency of walls occlusally
  - d. Retentive pins
267. *GIC compared to composite:*
- a. Increased linear cof, of thermal expansion
  - b. More wear resistant
  - c. Less soluble
  - d. Stiffer
  - e. Less polymerization shrinkage
268. *Pit and fissure sealers act by:*
- a. Sealers are antibiotic
  - b. Bacteria and caries is sealed off from their nutrient supply
  - c. They provide remineralization
  - d. All the above
269. *Dentine permeability increases*
- a. Coronal less than root dentine
  - b. Permeability increase toward DEJ
  - c. Permeability increase toward BCJ
  - d. None of the above
270. *The best restoration for the maxillary central incisor that has received root canal treatment through a conservative access opening would be:*
- a. Post retained metal crow
  - b. Post retained porcelain jacket crown
  - c. Composite resin
  - d. Amalgam
271. *Instrument used to remove dark color in dentin:*
- a. Round stone bur with low speed
  - b. Round diamond bur with low speed
  - c. Round stone bur with high speed
  - d. Round diamond bur with high speed
272. *The test for testing the bur all the blades of the burs pass through a single point:*
- a. Run out
  - b. Concentricity
  - c. Run out and concentricity
  - d. None of above
273. *Percentage of teeth which show proximal radiolucency extended to half dentine thickness but without cavitation:*
- a. 10%
  - b. 20%
  - c. 30%
  - d. 40%
274. *It has been proved that following is more conductive in caries in adults:*
- a. Saliva
  - b. Xerostomia
  - c. Plaque
  - d. Calculus
275. *Sugar activity test, the incidence of caries activity will reduce by:*
- a. Glucose
  - b. Mannitol
  - c. Xylitol
  - d. Lactose
276. *Incidence of secondary caries is decreased after placement of GIC over amalgam restoration. Even after the loss of restoration still incidence of secondary caries is declined. What would be the reason?*
- a. Sudden fluoride release
  - b. Enamel has exposed to fluorine already
  - c. Due to corrosive product
  - d. All the above



Section II: Topicwise Questions / Answers

277. *The main function of cavity liners is to:*
- Act as thermal insulators.
  - Provide a barrier against chemical irritation.
  - Produce a structural form for the cavity preparation.
  - Resist forces applied during condensation of the restorative material.
278. *Class III amalgam restoration in canine. Which of the following matrix band will be useful?*
- Mylar strip
  - Copper band
  - Toffermair band
  - S shape band
279. *Food low cariogenic affect the following should be characteristic:*
- Low buffering capacity
  - pH lower than 3
  - Contain mineral
  - All the above
280. *High copper amalgam is used to:*
- Eliminate gamma 2
  - Eliminate gamma 1
  - Eliminate late expansion
  - None of the above
281. *The micro mechanical bond of GIC will be modified by:*
- Itching with phosphoric acid
  - Will be increase by cleaning the itching surface with chlorhexidine antiseptic
  - Apply chlorhexidine with dentine bonding agent.
  - All the above
282. *The cement material with uniform film thickness:*
- Zinc oxide eugenol
  - Resin
  - GIC
  - Zinc phosphate
283. *Decrease the polymerization shrinkage of composite by:*
- Incremental placement with increase time of curing
  - Incremental placement with decrease time of curing
  - Incremental placement with high intensity light cure
  - Incremental placement with low intensity light cure
284. *What is the blade width of cutting instruments with the following formula: 10-85-8-14?*
- 10 mm.
  - 1.0 mm.
  - 0.85 mm.
  - 0.80 mm.
285. *What is the best instrument used for removing unsupported enamel at the gingival wall of class II cavity preparation for amalgam restoration?*
- Chisel
  - Hatchet
  - Gingival marginal trimmer
  - Hoe
286. *Which of the following materials is used for cavity etching before applying GIC restoration?*
- Polyacrylic acid 10 seconds.
  - Polyacrylic acid 60 seconds.
  - Phosphoric acid 10 seconds.
  - Phosphoric acid 60 seconds.
287. *What is Hunter-Schreger band?*
- Extensions of odontoblasts in the DEJ
  - Enamel rods change their direction.
  - Enamel rods get crowded
  - None of the above

## 7. Conservative Dentistry

288. Which of the following microorganisms particularly associated with the initiation of the carious process is?
- Streptococcus mutans.
  - Streptococcus salivary.
  - Lacto bacillus
  - Staphylococcus
289. You want to make amalgam restoration with pin; the ideal depth of the pin should go into the dentine is:
- 1 mm.
  - 2-3 mm
  - 5 mm.
  - Should be in the enamel.
290. After you have completed the bleaching of a tooth, you want to restore the tooth with composite resin, you don't want to compromise the bonding, so you decide to:
- Wait for 24 hours.
  - Wait for A week.
  - Wait for one month
  - Choose a different material.
291. A 30 years old patient came to the clinic with brownish discoloration of all his teeth clinical examination. You found its all intrinsic discoloration & tooth looks yellowish in UV light. What will be the most likely cause for this?
- Flourosis.
  - Tetracycline discoloration
  - Amelogenesis imperfect.
  - Dentogenesis imperfecta
292. Which of the following cavity bases are moisture sensitive?
- Zinc polycarboxylate
  - Zinc phosphate
  - GI cement
  - ZnO eugenol
  - a & c
293. The most important microorganism in dental caries is:
- Streptococcus mutans
  - Streptococcus salivarius
  - Fusobacterium spirochetes
  - Mucobacterium
294. For etching 15 sec for composite use:
- 37% phosphoric acid
  - 15% nitric acid
  - 3% sulfuric acid
  - None of the above
295. Polishing bur for composite have:
- Less than 6 blades.
  - 6-7 blades.
  - 10-12 blades
  - More than 12 blades.
296. In gamma 2 amalgam, the amount of copper is:
- 13.1.
  - 21.5.
  - 16.2.
  - 18.3
297. During preparation for cast gold restoration the cusp that is weekend by the cavity preparation must be:
- Reduced and covered by cast restoration.
  - Strengthened by the use of cement or an amalgam core.
  - Beveled to reduced forces.
  - All of the above.
298. Tertiary dentine deposition is seen in:
- Severe attrition
  - Occlusal trauma
  - Recurrent carries
  - All of the above
299. On radiograph proximal radioluceny on outer aspect of dentine does indicate caries. Clinically or approximate 60% of teeth with radiographic proximal lesion in outer half of dentin are likely to be non cavitated:
- 10 percent cases
  - 30 percent cases
  - 90 percent cases
  - 50 percent case



Section II: Topicwise Questions / Answers

300. *What are compomers?*  
a) Composite and ceramics  
b) Resin with fluoride releasing glass  
c) GIC  
d) Composite with micro fillers
301. *One day after filling of class II restoration, the patient present with a complain of tenderness on mastication and bleeding from the gingival. The dentist should initially:*  
a. Check the occlusion.  
b. Check the contract area.  
c. Consider the probability of hyperemia.  
d. Explain to the patient that the retainer irritated the surrounding soft tissue and prescribe an analgesic and warm oral rinse
302. *Loose enamel rods at the gingival floor of a class II amalgam cavity should be removed by using:*  
a. Straight chisel.  
b. Hatchet.  
c. Gingival curette.  
d. GMT
303. *To provide maximum strength of amalgam restoration the cavo-surface angles should place all except:*  
a. Approach 75 with outer surface.  
b. Approach 90 with outer surface.  
c. Be supported by sound dentine.  
d. Be located in area free of occlusal stress.
304. *Mercury scraps can be stored in:*  
a. Developer  
b. Fixer  
c. Water  
d. HCl
305. *Reparative dentine is best described:*  
a. At surface of pulp due to irritational response  
b. It is stimulated by CaOH  
c. Reduced dentinal hypersensitivity  
d. None of the above
306. *Normal-reaction after amalgam filling is:*  
a. Sensitivity to heat  
b. Sensitivity to cold  
c. Sensitivity to sweet  
d. All the above
307. *Pain in amalgam filling after 10 days is due to*  
a. Zinc containing alloy  
b. Zinc free alloy  
c. Cu containing alloy  
d. Galvanic current
308. *Gingival bevel in cast restoration is given by:*  
a. GMT  
b. Enamel hatchet  
c. Chisel  
d. Hoe
309. *For a class V cavity for amalgam:*  
a. Mesiodistal walls are parallel and occlusogingival walls converging.  
b. Mesiodistal walls diverging and occlusogingival walls diverging.  
c. Mesiodistal walls are diverging and occlusogingival walls diverging.  
d. Mesiodistal walls and occlusogingival walls parallel.
310. *In enamel caries passing half of enamel:*  
a. Leave it.  
b. Restoration.  
c. Preventive  
d. Temporary restoration
311. *The matrix band should be above the adjacent tooth occlusal surface by:*  
a. 1-2 mm  
b. 2-3 mm.  
c. 2.5-3.5 mm.  
d. Below to it.

## 7. Conservative Dentistry

312. Which type of burs is the least in heat generation?  
a. Diamond                      b. Carbide                      c. Titanium                      d. All the above
313. Composite restoration follow-up after 2 years. It showed stained margin. This is due to:  
a. Stress from polymerization shrinkage                      b. Hydraulic destruction on bond  
c. Secondary caries                      d. All the above
314. To detect the caries we use:  
a. Acid red dye                      b. OPG  
c. Mouth mirror                      d. All the above
315. For best results in Class III malocclusion correction, orthopedic appliance should be worn atleast:  
a. 12 to 16 hours per day.                      b. 8 to 10 hours per day.  
c. 5 to 8 hours per day.                      d. Throughout the night.
316. Class 5 amalgam tooth preparation in canine. What would determine the mesial and distal extent of cavity preparation:  
a. Extend of caries                      b. Direction of the enamel rods  
c. a+b                      d. None of the above
317. While drilling a pin hole in vital tooth you perforated pulp accidentally. What will you do?  
a. Coat the tip of pin with calcium hydroxide and put the pin.  
b. Proceed with pin placement in usual manner.  
c. Fill the drilled hole with calcium hydroxide and then put the pin.  
d. Root canal treatment
318. MOD amalgam restoration with deep proximal mesial box, patient comes with pain related to it after one month which is due to:  
a. Pulp involvement.                      b. Supra occlusion.  
c. Open contact.                      d. Gingival recession.
319. Reduction in tooth for amalgam restoration should be:  
a. 1-1.5 mm.                      b. 1.5-2 mm.                      c. 2-3 mm.                      d. 3-5 mm.
320. Selection of shade for composite is done:  
a. Under light.                      b. After seeing yellow color  
c. After drying tooth and isolation without rubber dam.                      d. None of the above.
321. Most common problem after placement of amalgam restoration is pain due to:  
a. Hot.                      b. Cold.                      c. Occlusal pressure.                      d. Galvanic shock.
322. Calcium hydroxide is used in deep cavity because it:  
a. Stimulate formation of secondary dentin.                      b. Not irritant to the pulp.  
c. For thermal isolation.                      d. Antibacterial effect
323. The powder for GI cement contains:  
a.  $\text{SiO}_2$ ,  $\text{Al}_2\text{O}_3$ ,  $\text{CaF}_2$ .                      b.  $\text{SiO}_2$ ,  $\text{ZnO}$ , barium sulphate  
c.  $\text{SiO}_2$ ,  $\text{ZnO}$ , Aluminum phosphate                      d. None of the above.
324. A tailor is presented to your dental office. What is the most common feature to be found in his teeth upon examination:  
a. Attrition.                      b. Abrasion.                      c. Erosion.                      d. Abfraction



Section II: Topicwise Questions / Answers

325. A patient came with severe pain in relation to 46 which had amalgam restoration done. Clinical examination reveals cast metal restoration on opposite tooth. What should be the treatment?
- a. Varnish on amalgam
  - b. Protective coating
  - c. Change the restoration
  - d. Extraction of 46
326. Amalgam restoration and there is also gold restoration, result in galvanic action to manage:
- a. Wait.
  - b. Change restoration.
  - c. Varnish.
  - d. Separating medium.
327. How can you prevent dental hypersensitivity?
- a. Restoration by adhesion
  - b. Controlled by alcohol
  - c. Put sedative medication
  - d. Proper oral hygiene
328. What will be the effect of acid etching in prepared dentinal surface of the tooth?
- a. To remove smear layer
  - b. To remove bacteria
  - c. To sterilize the area
  - d. All the above
329. Which of the following instruments should be used to plane the facio – proximal cavosurface margin of a standard Class II preparation on a mandibular molar?
- a. Straight chisel
  - b. Binanagle chisel
  - c. Enamel hatchet
  - d. Bibeveled hatchet
330. Which tooth requires special attention when preparing the occlusal aspect for class II cast metal restoration?
- a. Lower 2nd molar.
  - b. Lower 1st premolar
  - c. Lower 2nd premolar.
  - d. Upper 1st molar.
331. Dentin permeability:
- a. Decreases with the increase of cavity preparation.
  - b. Increase when sclerotic dentin develops under a carious lesion.
  - c. Increase with smear layer.
  - d. Bacterial toxins can pass through before the actual penetration of bacteria.
332. The divergence should be mesio distally for an amalgam restoration only it should be convergent if the remaining proximal marginal ridge:
- a. Equal to 1.6 mm
  - b. More than 1.6 mm
  - c. Less than 1.6 mm
  - d. Not correct, it should be convergence
333. In pin retained amalgam restoration we put the pin very close to line angle because this area:
- a. Less material of restoration need
  - b. Intiate dentin caries
  - c. Need more pressure
  - d. Needs less condensation of material
334. In FPD you use GIC for cementation. What is the best to do?
- a. Remove smear layer by acid to increase adhesion
  - b. Don't varnish because it affect adhesion
  - c. Mixed slowly on small area until become creamy
  - d. Remove excess when it in dough stage
  - e. All the above
335. Which of the following regarding enamel is true?
- a. Repair by ameloblasts
  - b. Permeability reduce with age
  - c. Permeability increase with age
  - d. Permeable to some ions
336. Which of the following cements contain fluoride?
- a. Glass ionomer.
  - b. Zinc oxide eugenol.
  - c. Reinforced zinc oxide eugenol.
  - d. Polycarboxylate cement.

## 7. Conservative Dentistry

337. *Incipient or recurrent caries can be detected before they are visible on a radiograph by:*
- Visible light.
  - Ultrasonic light.
  - Fibre optic trans-illumination.
  - Digital fibre optic trans-illumination.
338. *The best pulpal protection under composite restorations would be:*
- Calcium hydroxide paste.
  - Polycarboxylate cement.
  - ZOE cement.
  - Cavity varnish and zinc phosphate cement.
339. *Overhanging margin should be reduced. Which of the following is true?*
- It provides ideal location for plaque accumulation.
  - It tears gingival fibers leading to attachment level.
  - It stimulates inflammatory reaction directly.
  - Its removal permits more effective plaque control.
  - a & d
340. *What is the reason for decrease in caries after filling of GIC?*
- Enamel uptake of fluoride
  - Dentin uptake of fluoride
  - Antibiotic activity
  - All the above
341. *Traditional glass ionomer:*
- Mechanical bonding.
  - Acid-base reaction
  - Mechanical chemical bonding.
  - None of the above
342. *Secondary dentine is formed after?*
- Occlusal trauma
  - Recurrent caries
  - Severe attrition
  - None of the above
343. *In G.V. Black classification study what is the number represented in the "instrument formula 2" is for?*
- Width
  - Length
  - Angulation
  - Size
344. *Which are the following are features of incipient caries?*
- The surface zone is the largest portion with the highest pore volume
  - Tooth preparation and composite is the best treatment.
  - Pulpal reaction is not possible.
  - Caries progress in enamel is faster than dentin.
  - None of the above
345. *You put a proximo-occlusal inlay on a teeth and on adjacent there is proximoocclusal amalgam filling. Patient returns after 1 day with a feeling of tightness and pulpitis. What is the diagnosis?*
- Tight proximal contact,
  - High point on inlay,
  - Galvanic current,
  - Irritation from the cement.
346. *Bruxism patient what do you expect to see?*
- Abraded occlusal surface of molars,
  - Early morning TMJ tenderness,
  - Thickness of lamina dura,
  - Widened periodontal space.
  - All the above
347. *Finishing and polishing of amalgam restoration causes:*
- Increase in tarnish and corrosion resistance.
  - Increase the marginal strength.
  - Decrease in tarnish and corrosion resistance.
  - Increased compressive strength.



Section II: Topicwise Questions / Answers

348. Composite restoration that was matching in shade perfectly during the restoration, after one or 2 weeks it became much lighter in colour. The reason could be?
- a. Light started photoinitiation.
  - b. Absorption water.
  - c. Shade selected after tooth isolation by rubber dam
  - d. All the above
349. Tertiary dentin:
- a. To protect from bacterial toxins
  - b. Formed as dentine bridge above the pulp
  - c. It is defective from of 1st dentine.
  - d. Sclerosing dentine
350. Posterior class II amalgam restoration, patient came after 3 days complaining that striking of floss during dental flossing. Radiographic features showing overhanging restoration. Probable reason is:
- a. Improper wedge
  - b. Less condensing
  - c. Improper burnishing in matrix region
  - d. Over condensing
351. Conditioning agent before GIC restoration used is:
- a. Phosphoric acid
  - b. Citric acid
  - c. Polyacrylic acid
  - d. EDTA
  - e. Tannic acid
352. Time for conditioning agent before GIC restoration is:
- a. 10 sec
  - b. 15 sec
  - c. 20 sec
  - d. 1 min
353. Extension for prevention is directly related to:
- a. Removal of unsupported enamel on proximal surface of class III cavity.
  - b. Depth of the axial wall of a class III cavity preparation.
  - c. Elimination of all carious dentin beyond average depth of pulpal wall.
  - d. The outline form of cavity preparation.
354. A patient came with severe pain on tooth number 46, on the same evening after he gets done his onlay restoration. Clinical examination shows patient having cast metal restoration on opposite restoration. The line of treatment is?
- a. Varnish on onlay
  - b. Preventive coating
  - c. Change the restoration
  - d. Extraction of 46
355. What is the best cement under composite with deep cavity of molar?
- a. Zinc oxide eugenol
  - b. Calcium hydroxide
  - c. GIC
  - d. Zinc phosphate
356. Varnish applied under amalgam at least in how many layers:
- a. 1 Layer
  - b. 2 Layers
  - c. 3 Layers
  - d. 4 Layers
357. To prevent discoloration under amalgam filling:
- a. Use Zn phosphate box.
  - b. Use cavity varnish.
  - c. Wash the cavity with NaOCL before filling.
  - d. Use the correct amalgam-alloy ratio.
358. Which of the following would be clinically unacceptable as a primary of isolating a tooth for sealant placement?
- a. Cotton roll.
  - b. Rubber dam.
  - c. Vac-ejector moisture control system.
  - d. None of the above
359. Thickness of luting cement:
- a. 100 micrometer.
  - b. 40 micrometer.
  - c. 1 mm

## 7. Conservative Dentistry

360. *Best filling material of maxillary central incisor of deciduous is:*
- a. Formacresol
  - b. Iodoform
  - c. Zinc oxide eugenol (ZOE)
  - d. Calcium hydroxide
361. *In incipient caries what is true?*
- a. Impossible to reach to the pulp
  - b. Integrant surface zone
  - c. Preventive measures are indicated
  - d. No need for treatment
362. *Which sentences are true regard to the caries?*
- a. Most common type of caries is pits and fissure
  - b. Most common type of caries is proximal caries
  - c. Fluoride is least effective in pits & fissure
  - d. a & c
363. *To decrease or prevent fracture the restoration is placed on:*
- a. Dentine
  - b. Enamel
  - c. In thin base
  - d. In thick base
364. *Class V in anterior teeth reach to cementum best restored with:*
- a. Composite
  - b. GI
  - c. Amalgam
365. *Important property in sealer:*
- a. Strength
  - b. Solubility
  - c. Brittleness
  - d. Condensed or viscosity
366. *Hard caries removed by:*
- a. Spoon excavator
  - b. Bur high speed
  - c. Bur low speed
  - d. Chisel
367. *A patient came with pain on biting on newly restored upper 6 with composite restoration. Patient says that the filing is high. By oral examination there is only sensitivity to touch the tooth. Your management is:*
- a. Reduce the high point
  - b. Remove filling then replaced with temporary filling
  - c. RCT
368. *A female patient with multiple erosions on her palatal surface of her anterior teeth. What is the more common reason?*
- a. Peptic ulcer
  - b. Alcohol consume
  - c. Anaroxia nervosa
369. *Polishing of glass ionomer filling is by?*
- a. Aluminum-oxide disc.
  - b. Celofenpaper
  - c. Polishing burs
  - d. Carbide burs
370. *Dentine dark and hard, how to remove?*
- a. Spoon excavator
  - b. Round with high speed
  - c. Round with low speed
371. *What are the names of tools used to measure and detect the fissure groove?*
- a. Diagnodent
  - b. Mouth mirror
  - c. Probe
  - d. All the above
372. *What does enamel bonding agent (EBA) consist of:*
- a. Unfilled resin
  - b. Primer and bonding agent
  - c. A mixture of resins in an acetone or ethanol solvent
  - d. A wetting agent and resins



Section II: Topicwise Questions / Answers

373. To hasten zinc oxide cement, you add:

- a. Zinc sulfide.
- b. Barium sulfide.
- c. Zinc acetate.
- d. Barium chloride

374. Carbohydrate effect on caries is by:

- a. Duration
- b. Form
- c. Type
- d. Frequency

375. A patient with high masticatory force need esthetic restoration in posterior area:

- a. Composite with no bevel
- b. Composite with bevel
- c. Glass ionomer

376. Base under composite posterior restoration:

- a. Zinc poly carboxylate
- b.  $\text{Ca(OH)}_2$

377. After trituration of amalgam condensation must be:

- a. After (3-4) min. at least in order to remove excess mercury
- b. Vertically
- c. With little pressure

378. What is most favorable place for *Streptococcus mutans*?

- a. Smooth surface
- b. Deep pits and fissure
- c. Root

379. How much mercury can you swallow every day?

- a. 10 mg/day
- b. 5 mg/day
- c. 60 mg/day

380. For the prevention of mercury toxicity in the clinic, put it in:

- a. Water.
- b. Sodium chloride.
- c. Appearance of radial.
- d. Fixer of radial.

381. The only advantage of plain GI without additives over GI with additives:

- a. Strength
- b. Less contraction
- c. Shelf life
- d. Rapid setting

382. Critical pH for tooth demineralization?

- a. 3.5
- b. 5.5
- c. 7.5
- d. 9

383. Treatment of cementum carious in older pt. is best with:

- a. RMGI
- b. Compomer
- c. Amalgam
- d. Composite

384. A female patient, 35 years old comes complaining of white halo around enamel margin of class IV in II. The restoration is done before 3 months and not complaining from pain and sensitivity. What is the cause of this white line?

- a. Injury to enamel of adjacent tooth
- b. Inadequate itching and bonding
- c. Using different bonding system.

385. A female patient, 35 years old come complaining of white halo around enamel margin of class IV in II. The restoration is done before 3 months and not complaining from pain and sensitivity. How to manage this case?

- a. Adding composite
- b. Finishing and polishing
- c. Replacement

## 7. Conservative Dentistry

386. *The most important criteria during preparation of proximal surface of teeth:*
- a. Avoid injury to adjacent teeth
  - b. Clear finish line
  - c. Anatomical prep.
387. *A patient comes for routine dental checkup. The dentist found that he has susceptibility of caries lesion and applied for him fluoride varnish and instructed him to reduce sugar intake and use fluoridated dentifrice and rinses. After 2 days the pt. came complaining of a side effect of treatment. How to treat him?*
- a. No treatment
  - b. Prescribe salivary encouragement
  - c. Give him local anesthetic
388. *A 70 years old male patient comes to restore his badly decayed upper second molar. As comparing this patient to young adult patient, with regard to older patient:*
- a. Have less pulp affection
  - b. Pulp inflamed.
  - c. Progress slower than adult
  - d. Higher pulp involvement
389. *Adult patients show high caries risk. What is the smoothest surface suspect to have caries?*
- a. Labial of maxillary anterior.
  - b. Lingual of maxillary anterior.
  - c. Labial of maxillary posterior.
  - d. Lingual of maxillary posterior.
390. *In deep caries dentin is:*
- a. Sclerotic
  - b. Discolored
  - c. Reparative
391. *Which part of tooth is parallel to long axis of tooth instrument?*
- a. Shank
  - b. Blade
  - c. Cutting edge
  - d. Handle
392. *In class three composite upper central what is the type of groove?*
- a. Full
  - b. Short incisal and gingival grooves
  - c. Ground
393. *Father for child 12 yr old asks you about the age for amalgam restoration you say:*
- a. 2 yr
  - b. 20 yr
  - c. 50 yr
394. *A patient 25 years old mild to moderate caries and no demineralization symptom. What is the treatment plan?*
- a. Sealant.
  - b. Fluoride.
  - c. No treatment
395. *Sound tooth and no demineralization symptom but fissure white yellow color:*
- a. Inactive lesion.
  - b. Sclerotic dentin.
  - c. Arrested caries
396. *Hunter Schreger bands:*
- a. White and black line
  - b. Appear in dentin
  - c. Cross section of tooth
  - d. All the above
397. *Hybrid layer:*
- a. Between dentin and bond resin
  - b. Between dentin and enamel
  - c. Between enamel and bond resin
398. *Young pt. needs replacement of old restoration on lower molar. He has high attrition on molar area. Use:*
- a. Amalgam
  - b. Composite
  - c. G ionomer
  - d. Full crown
  - e. All ceramic restoration
399. *A patient with white spot on his tooth and tooth not cavitated, tell the patient to check up after:*
- a. 3 months
  - b. 4-6 months
  - c. 7-9 months
  - d. 11-12 months



Section II: Topicwise Questions / Answers

400. *The relation between the working edge of the instrument and the tooth surface is:*  
a. Angulation                      b. Adaptation                      c. Access                      d. Activation
401. *Composite resin with large size filler. What is most badly affected:*  
a. Resin bond                      b. Hardness                      c. Polish ability
402. *A patient restored his tooth by composite restoration and came after one week with lighter color of composite. Lighter color caused by:*  
a. Insufficient light curing.                      b. Improper isolation.  
c. Water resorption.
403. *Pain with cold in upper premolars with proximal composite restoration back to back for 5 months. There is a gap between them. What to do?*  
a. Change restoration                      b. Endo                      c. Pulp extirpation
404. *Pain with cold in upper premolars with proximal composite restoration back to back for 5 months. There is a gap between them. What is the cause?*  
a. Composite shrinkage                      b. No wedge
405. *A patient want make bridge and routine examination. Doctor says that the abutment wants RCT as pulp is stressed. What is the mean of pulp stress?*  
a. Have numerous restorations for a long time                      b. Pulp with no response  
c. Exposed pulp                      d. Infected pulp
406. *Why do we use calcium hydroxide as medication between visits?*  
a. It dissolves necrotic remnants                      b. Has antimicrobial action  
c. Form tissue bridge at the apex
407. *A patient with attrition in upper teeth and lower teeth. All teeth are healthy, no complaints:*  
a. Hypercementosis                      b. External resorption  
c. Pulp obliteration
408. *Amalgam flush is:*  
a. Over carving                      b. Under filling                      c. Over hanging                      d. Under carving
409. *When you remove the carious dentine, sudden appearance of the canal orifice is?*  
a. Dark                      b. Pink                      c. Brown                      d. Light
410. *We do etching for porcelain by:*  
a. hydrofluoride 37%                      b. hydrofluoride (4-10%)                      c. Phosphoric acid 35%
411. *Caries diagnosis by electric device:*  
a. UV light                      b. Diagnodent                      c. Flourecent illumination
412. *What is the first reaction of dentin to caries?*  
a. Fatty degeneration                      b. Decalcification  
c. Bacterial toxins pass through the dentinal tubules                      d. Dentinal sclerosis
413. *A patient with xerostomia and pic for case:*  
a. Erosion                      b. Aabrasion                      c. Attrition                      d. Root caries
414. *Dentist trim 1 mm from size 30 cone, because there is no friction. After trim there is friction. What is the size now?*  
a. 28 mm, size 28                      b. 29 mm, size 29                      c. 30 mm, size 30                      d. 32 mm, size 32

## 7. Conservative Dentistry

415. *Snyder test* means what for dental caries:

- a. To know the caries extension
- b. To know pulpal involvement
- c. Amount of aerobic microorganism
- d. Amount of acid producing microorganism

416. *Best enamel*:

- a. Long enamel rods supported by short enamel rods and they are supported by dentin
- b. Long enamel rods supported by dentin
- c. Long enamel rods supported by restoration

417. *Abfraction* is

- a. V shaped cervical lesion
- b. Occurs in CEJ
- c. Non caries lesion
- d. All the above



## EXPLANATION

1. Answer: d

*Reference:* Sturdevant's Art and Science of Operative Dentistry

2. Answer: a

*Reference:* Sturdevant's Art and Science of Operative Dentistry, page 95

3. Answer: a

4. Answer: d

Container designed not to be burned. because to avoid mercury toxic vapour

5. Answer: b

6. Answer: b

*Reference:* Sturdevant's Art and Science of Operative Dentistry, page 218

7. Answer: a

8. Answer: c

9. Answer: d

Varnish will prevent composite restoration's mechanical bond with tooth. ZOE will prevent composite restoration's polymerization reaction.

10. Answer: a

*Reference:* Tyldesley's Oral Medicine, 5th ed, page 132

11. Answer: d

12. Answer: c

Zinc cause delayed expansion in amalgam restoration if the amalgam is contaminated with water during restorative process.

13. Answer: c

*Reference:* Sturdevant's Art and Science of Operative Dentistry, page 311

In GV black formula: (In black three number formula) for instrument numbering is,  
First number will represent blade width,

Second number will represent blade length, third number will represent blade angle.

14. Answer: c

15. Answer: b

*Reference:* Phillips, Science of Dental Materials, 11th ed, page 131

16. Answer: a

*Reference:* Sturdevant's Art and Science of Operative Dentistry

17. Answer: ~~a~~ b

1 Ca (OH) → 2 bases → 3 varnish → 4 amalgam.

*Reference:* Sturdevant's Art and Science of Operative Dentistry

### 7. Conservative Dentistry

18. **Answer: b**  
Streptococcus mutans initiates caries but Lactobacilli progress caries to cavitation
19. **Answer: a**
20. **Answer: a**  
*Reference:* Pickard's Manual of Operative Dentistry, 8th ed, Oxford, page 213  
*Reference:* Oxford Handbook of Clinical Dentistry, 4th ed, page 260  
Visible light test is otherwise called transillumination test, it will be best test for the detection of cracked tooth.
21. **Answer: b**  
*Reference:* Sturdevant's Art and Science of Operative Dentistry.  
*Reference:* Oxford Handbook of Clinical Dentistry, 4th ed.
22. **Answer: b**  
*Reference:* Sturdevant's Art and Science of Operative Dentistry
23. **Answer: d**  
*Reference:* Sturdevant's Art and Science of Operative Dentistry, 4th ed, page 24
24. **Answer: c**  
*Reference:* Wheeler's Dental Anatomy Physiology and Occlusion  
Mature dentin composition is 45%, inorganic (70% inorganic by volume), 55% organic component of dentin is 33% collagens, non collagenous proteins and lipids (20% organic by volume), 22% water (12% water by volume)
25. **Answer: d**
26. **Answer: a**  
*Reference:* Sturdevant's Art and Science of Operative Dentistry  
*Reference:* Oxford Handbook of Clinical Dentistry, 4th ed.
27. **Answer: a**
28. **Answer: c**
29. **Answer: b**
30. **Answer: d**
31. **Answer: b**
32. **Answer: c**  
*Reference:* Dental Decks, 2nd ed, page 2250  
Pit and fissure sealants (sealants) have been described as materials which are applied in order to obliterate the fissures and remove the sheltered environment in which caries may thrive. Initially developed to prevent caries their use has been developed further and they now have a place in the treatment of caries.
33. **Answer: b**

### Section II: Topicwise Questions / Answers

34. **Answer: b**  
*Reference:* Sturdevant's Art and Science of Operative Dentistry, 5th ed, page-358
35. **Answer: d**
36. **Answer: b**  
Scaler or knife immediately.  
Finishing stone after 24 hrs
37. **Answer: a**  
12-fluted tungsten carbide finishing bur
38. **Answer: a**
39. **Answer: d**  
*Reference:* Sturdevant's Art and Science of Operative Dentistry, page 157
40. **Answer: b**  
*Reference:* Sturdevant's Art and Science of Operative Dentistry, page 773
41. **Answer: d**  
*Reference:* Sturdevant's Art and Science of Operative Dentistry, page 773
42. **Answer: a**
43. **Answer: b**
44. **Answer: d**  
*Reference:* Sturdevant's Art and Science of Operative Dentistry
45. **Answer: a**
46. **Answer: a**
47. **Answer: d**  
*Reference:* Sturdevant's Art and Science of Operative Dentistry, page 773
48. **Answer: b**  
*Reference:* Sturdevant's Art and Science of Operative Dentistry, page 773
49. **Answer: c**  
*Reference:* Sturdevant's Art and Science of Operative Dentistry, 4th ed, page 315  
There are four grasps used with the hand instruments:  
Modified pen.  
Inverted pen.  
Palm and thumb.  
Modified palm and thumb
50. **Answer: d**
51. **Answer: a**
52. **Answer: c**



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53. Answer: c  
*Reference:* Sturdevant's Art and Science of Operative Dentistry, page 218  
Composition – Polycarboxylate cement powder is similar to zinc phosphate with zinc oxide as the main component
54. Answer: b  
GICs exhibit significantly less polymerization shrinkage than do composites.
55. Answer: b  
*Reference:* Wheeler's Dental Anatomy Physiology and Occlusion  
Permeability of the root is 10 to 20 times less than coronal dentin.
56. Answer: c  
*Reference:* Wheeler's Dental Anatomy Physiology and Occlusion
57. Answer: d
58. Answer: d  
*Reference:* Pickard's Manual of Operative Dentistry, 8th ed, Oxford, page 213
59. Answer: c  
*Reference:* Pickard's Manual of Operative Dentistry 8th ed, Oxford, page 213
60. Answer: b  
GIC release more fluoride than compomer
61. Answer: d  
*Reference:* Sturdevant's Art and Science of Operative Dentistry 4th ed, page 24
62. Answer: a
63. Answer: a  
*Reference:* Dental Decks, 2nd ed, page 2300
64. Answer: a  
*Reference:* Sturdevant's Art and Science of Operative Dentistry, 4th ed, page 315
65. Answer: c  
*Reference:* Sturdevant's Art and Science of Operative Dentistry 4th ed, page 315
66. Answer: a
67. Answer: a
68. Answer: a
69. Answer: b
70. Answer: c
71. Answer: a
72. Answer: a  
*Reference:* Summary of Operative dentistry, page 220
73. Answer: c  
*Reference:* Sturdevant's Art and Science of Operative Dentistry, 4th ed, page 774

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74. Answer: a
75. Answer: c
76. Answer: b
77. Answer: d
78. Answer: b
79. Answer: d  
*Reference:* Shafer's Textbook of Oral Pathology, page 575
80. Answer: a
81. Answer: a
82. Answer: d  
*Reference:* Urban's Oral Histology and Embryology, page 45
83. Answer: b
84. Answer: a
85. Answer: a
86. Answer: b  
*Reference:* Sturdevant's Art and Science of Operative Dentistry, page 773  
Should be atleast 2 mm depth in dentin, 0.5 mm from DEJ, 2 mm thickness of amalgam above it
87. Answer: b
88. Answer: c
89. Answer: a
90. Answer: c  
Setting converted zinc to zinc oxide and produce H<sub>2</sub> gas that could expand amalgam excessively resulting in patient pain but this is true only when there is moisture contamination.
91. Answer: b  
*Reference:* Dental Decks, 2nd ed, page 2295
92. Answer: e
93. Answer: e
94. Answer: a
95. Answer: c
96. Answer: a
97. Answer: c
98. Answer: b
99. Answer: c
100. Answer: b  
*Reference:* Clinical Endodontics Textbook, Tronstad, page 224
101. Answer: d  
*Reference:* Clinical Endodontics Textbook, Tronstad, page 224

## 7. Conservative Dentistry

102. **Answer: a**

Liners and bases are materials placed between dentin (and sometimes pulp) and the restoration to provide pulpal protection or pulpal response.

Bases (cement bases, typically 1 to 2 mm) are used to provide thermal protection for the pulp and to supplement mechanical support for the restoration by distributing local stresses from the restoration across the underlying dentin surface. This mechanical support provides resistance against disruption of thin dentin over the pulp during amalgam condensation procedures or cementation procedures of indirect restorations.

Liners are relatively thin layers of material used primarily to provide a barrier to protect the dentin from residual reactants diffusing out of a restoration and/or oral fluids that may penetrate leaky tooth-restoration interfaces. They also contribute initial electrical insulation; generate some thermal protection and in some formulations provide pulpal treatment. The need for liners is greatest with pupally extended metallic restorations that are not well bonded to tooth structure and that are not insulating, such as amalgam and cast gold or with other indirect restoration.

Thin liners (1-50 mm) subdivided into solution liners (varnishes 2-5 mm) and suspension liners (typically 20-25 mm) Thick liners(200-1000 mm= 0.2-1 mm)

103. **Answer: f**

Research has shown that freshly packed amalgam restorations leak but that this leakage tends to decrease as fillings age. Cavity varnishes and liners reduce initial leakage of the material.

Form the disadvantages of amalgam is more technique sensitive if bonded.

During electrochemical corrosion of low-copper amalgams, the Sn-Hg phase is oxidized into Sn-O and/or Sn-O-Cl. The oxychloride species is soluble. The oxide precipitates as crystals and tends to fill up the spaces occupied by the original Sn-Hg phase. Along the margins of the amalgam, Sn-O helps seal the space against microleakage.

During setting, most amalgams undergo very little dimensional change - The dimensional change during the setting of amalgam is one of its most - characteristic properties. Modern amalgams mixed with mechanical amalgamators usually have negative dimensional changes

The only exception to this statement is the excessive delayed dimensional change resulting from contamination of a zinc-containing alloy with water during tritura-tion or condensation.

104. **Answer: c**

*Reference:* Sturdevant's Art and Science of Operative Dentistry, 5th ed, page 7

Polishing procedure by using a coarse, rubber abrasive point at low speed or "stall out" speed and air-water spray for 2 reasons:

1. The danger of the point disintegrating at high speeds.
2. The danger of elevating the temperature of the restoration and the tooth.

Alternative to rubber abrasive points polishing may be accomplished using a rubber cup with flour of pumice followed by a high luster agent, such as precipitated chalk.

Additional finishing and polishing procedures for amalgam are not attempted within 24 hours of insertion because crystallization is not incomplete.

105. **Answer: 1**

*Reference:* Sturdevant's Art and Science of Operative Dentistry, 5th ed.

"Dental Materials & Thier Selection 2002"



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106. **Answer: e**  
Removal of overhangs permits more effective control of plaque resulting in reduction of gingival inflammation and small increase in radiographic alveolar bone support.
107. **Answer: b**  
*Reference:* Sturdevant's Art and Science of Operative Dentistry
108. **Answer: b**  
*Reference:* Sturdevant's Art and Science of Operative Dentistry, page 773
109. **Answer: d**  
*Reference:* Sturdevant's Art and Science of Operative Dentistry, page 773
110. **Answer: a**
111. **Answer: d**  
*Reference:* Oxford Handbook of Clinical Dentistry, 4th ed, page 664
112. **Answer: c**  
*Reference:* Glickman 10 ed, page 619
113. **Answer: a**
114. **Answer: c**
115. **Answer: a**  
*Reference:* Sturdevant's Art and Science of Operative Dentistry, page 685
116. **Answer: c**  
*Reference:* Sturdevant's Art and Science of Operative Dentistry, page 685
117. **Answer: c**
118. **Answer: c**  
*Reference:* <http://www.apad.cc/e-journal/issue2007/daniel.pdf>  
The 12-fluted carbide burs (#7901, #7804 ET series) have traditionally been used to perform gross finishing of resin composites.
119. **Answer: d**  
A minimum thickness should be 0.75 mm is needed to achieve thermal insulation.
120. **Answer: c**  
*Reference:* Sturdevant's Art and Science of Operative Dentistry, page 95
121. **Answer: a**
122. **Answer: c**  
In deep carious lesion all peripheral caries is removed, some of the soft dentin in the floor of the cavity can be left and indirect pulp capping is performed.
1. Remove all peripheral caries
  2. Remove caries in the axial wall (DEJ)
  3. Leave soft dentin in the floor of the cavity
  4. Indirect pulp capping

7. Conservative Dentistry.

123. Answer: a

Reference: Dental Decks, 2nd ed, page 2300

124. Answer: c

Reference: Sturdevant's Art and Science of Operative Dentistry, page 766

Complex amalgam restoration with pins: Smales reported that 72% of amalgam restorations survived for 15 years, including those with cuspal coverage.

125. Answer: f

Reference: Sturdevant's Art and Science of Operative Dentistry, page 157

These objectives help to conserve the dentinal support and strength of the tooth, and they aid in establishing an enamel cavosurface angle as close as possible to 90 degrees. They also help to minimize marginal deterioration of the restoration by locating the margins away from enamel eminencies where occlusal forces may be concentrated.

126. Answer: c

Reference: "Sturdevant's Art and Science of Operative Dentistry, page 479  
Stiffness, flexibility

127. Answer: b

128. Answer: d

Reference: "Paediatric Dentistry, 3rd ed, page 165

"Dental pulp, 2002"

"Operative Dentistry" propylene glycol

129. Answer: c

Reference: "Clinical Aspects of Dental Materials: Theory, Practice, and Cases, 3rd ed."

"Sturdevant's Art and Science of Operative Dentistry" page 168

Clinical failure is the point at which the restoration is no longer serviceable or at which time the restoration poses other severe risks if it is not replaced. Amalgam restoration-related failures include:

- (1) Bulk fracture of the restoration
- (2) Corrosion and excessive marginal fracture
- (3) Sensitivity or pain
- (4) Secondary caries
- (5) Fracture of tooth structure forming the restorative tooth preparation walls

130. Answer: b

Reference: Sturdevant, 5th ed, page 291

Oxford Handbook of Clinical Dentistry, 4th ed.

Isthmus joins the occlusal key with the interproximal box. It is the part of the filling most prone to fracture.

131. Answer: a

Reference: Sturdevant's Art and Science of Operative Dentistry, page 158

Progression of the events to deeper or more extensive ditching has been used as visible clinical evidence of conventional amalgam deterioration and was the basis of the Mahler scale.

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132. Answer: a

Reference: Oxford Handbook of Clinical Dentistry, 4th ed.

Remineralization of etched enamel occurs from the saliva, and after 24 h it is indistinguishable from untreated enamel.

133. Answer: b

134. Answer: b

Reference: Summary of Operative Dentistry, page 220

Types of matrices:

Metal-Firm — used for amalgam restorations.

Mylar-Easily mouldable and can light-cure through; used for resin composite.

Plastic-Rigid, can light-cure through; used in Class V cavities.

Difficult cases — In deep subgingival cavities use of special matrices such as toffemire or automatrix or copper bands often achieve better contact points and marginal adaptation.

Occasionally electrosurgery is required to permit matrix adaptation.

135. Answer: b

136. Answer: d

137. Answer: b

138. Answer: c

Reference: Wheeler's Dental Anatomy Physiology and Occlusion

139. Answer: b

140. Answer: c

141. Answer: b

142. Answer: c

143. Answer: d

Reference: "Clinical Aspects of Dental Materials: Theory, Practice, and Cases, 3rd, ed."

144. Answer: e

145. Answer: b

146. Answer: b

Reference: Sturdevant's Art and Science of Operative Dentistry, 4th ed, page 24

147. Answer: c

148. Answer: a

149. Answer: b

150. Answer: a

151. Answer: c

152. Answer: c

Reference: Dental Decks, 2nd ed, page 2250



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153. Answer: d  
154. Answer: b  
155. Answer: d  
156. Answer: a  
157. Answer: a  
All internal line angles should be rounded for composite restoration  
All internal line angles should be right angles for amalgam restorations  
158. Answer: a  
159. Answer: c  
160. Answer: b  
Reference: Sturdevant's Art & Science of Operative Dentistry  
161. Answer: c  
162. Answer: b  
Reference: Sturdevant's Art and Science of Operative Dentistry, 5th ed, page-504  
163. Answer: b  
164. Answer: c  
165. Answer: d  
Reference: Sturdevant's Art and Science of Operative Dentistry, 5th ed, page 306  
166. Answer: a  
167. Answer: b  
168. Answer: c  
Reference: Dental Decks, 2nd ed, page 2170  
169. Answer: a  
170. Answer: d  
Reference: Dental Decks, 2nd ed, page 2170  
Working cusp reduction for amalgam 2.5-3 mm  
171. Answer: b  
Reference: Summery of Operative dentistry, page 220  
Types of matrices  
Metal - Firm, used for amalgam restorations.  
Mylar - Easily mouldable and can light-cure through; used for resin composite.  
Plastic - Rigid, can light-cure through; used in Class V cavities.  
Difficult cases - In deep subgingival cavities use of special matrices such as toffiemire or automatrix or copper bands often achieve better contact points and marginal adaptation. Occasionally electrosurgery is required to permit matrix adaptation.  
172. Answer: a  
Reference: "Clinical Aspects of Dental Materials: Theory, Practice, and Cases, 3rd ed."

## Section II: Topicwise Questions / Answers

- The mounted-stone technique.  
This technique is especially useful in sharpening instruments with curved or irregularly shaped nibs. Equipment consists of mandrel-mounted stones, a straight handpiece, lubricant, two-inch by two-inch gauge, and again, the instrument to be sharpened. Mounted stones are made of two materials, Arkansas stones and ruby stones (sometimes called sandstones). Ruby stones are primarily composed of aluminum oxide. The ruby stone is comparatively coarse, has a rapid cutting ability, and is used for sharpening instruments that are dull. Mounted stones are cylindrical in shape and appear in several sizes. They have a fine grit and are used with the straight handpiece. The stones permit rapid sharpening, but without extreme care, will remove too much metal and may overheat the instrument. Overheating the instrument will destroy the temper, thereby causing the instrument to no longer hold a sharp edge.  
173. Answer: c  
Reference: Art & Science of Restorative Dentistry, page 102  
Approximately 60% of teeth with radiographic proximal lesions in the outer half of dentin are likely to be noncavitated.  
174. Answer: c  
175. Answer: d  
Reference: "Pickard's Manual of Operative Dentistry, 8th ed, oxford page 186"  
It is easier to remove excess cement before it finally sets. Once the cement is hard the rubber dam is removed and the occlusion checked with articulating paper and adjusted with fine diamond burs.  
176. Answer: b  
177. Answer: a  
Reference: Dental Secrets, Stephen T. Sonis  
The smear layer is a film of microcrystalline debris that remains on dentin after it is cut with rotary instruments. After removing the organic and inorganic debris of the smear layer by etching  
Reference: Sturdevant's Art and Science of Operative Dentistry  
The composition of the smear layer is basically hydroxyapatite and altered denatured collagen.  
Reference: Oxford Handbook of Clinical Dentistry, 4th ed.  
The smear layer consists of an amorphous layer of organic and inorganic debris, produced by cutting dentine.  
178. Answer: a  
179. Answer: c  
180. Answer: c  
181. Answer: c  
Reference: Sturdevant's Art and Science of Operative Dentistry  
182. Answer: b  
"Reference: Sturdevant's Art & Science of Operative Dentistry"  
Dental Decks, 2nd ed, page 2098  
Micron finishing diamonds used with a petroleum lubricant to prevent desiccation are ideal for contouring and finishing conventional glass ionomers.  
Also, flexible abrasive discs used with a lubricant can be very effective. A fine grit aluminum ioxide polishing paste applied with a prophly cup is used to impart a smooth surface.

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183. **Answer: a**

*Reference:* Dental Decks, 2nd ed, page 2100

Fundamentals of operative dentistry, a contemporary approach, 2nd ed, page 237

Microfill (fine particle composite) 0.01-0.1 develop smoothest finish.

Microfilled resin composite can be polished to the highest luster and smoothest surface of all the resin composites

184. **Answer: c**

*Reference:* Clinical Aspects of Dental Materials Theory, Practice, and Cases, 3rd ed.

The strength and other physical properties, except wear resistance and surface roughness, of macrofilled composites are adequate for Class III, IV, and V restorations. Excessive wear when used for Class I and II restorations limited their posterior use. Macrofills were used before dentinal bonding systems were developed; placing them in posterior teeth resulted in postoperative sensitivity, leakage, and recurrent decay.

The problem with microfilled composites is the low percentage filler (40–50%). The surface area of the very small filler particles requires much more resin to wet the surface of the filler particles. This high resin content results in an increased coefficient of thermal expansion and lower strength.

Microfilled composites were used when esthetics are the dominant concern. Large composite restorations, such as an extensive Class IV restoration, are built in layers of several different shades and translucencies. The first layers to be placed are a hybrid composite selected for strength. The final layer, a veneer of sorts, is a microfilled composite selected for surface luster.

Microfilled composites are also used in Class V restorations at the cemento–enamel junction. Microfills have a lower modulus of elasticity and flex with the tooth better than the strongest composite materials. Clinical research has shown Class V microfill composite restorations are more likely to be retained than other composite materials.

Hybrid composites are very popular; their strength and abrasion resistance are acceptable for small to medium Class I and II restorations. Their surface finish is nearly as good as that of microfills; thus, they are also used for Class III and IV restorations

185. **Answer: c**

*Reference:* Sturdevant, 5th ed, page 291

Oxford Handbook of Clinical Dentistry, 4th ed, page 270

186. **Answer: d**

Dental caries is a transmissible and multi-factorial disease.

“It suggests an impact on populations of entire countries, continents, or much of the world. The term therefore implies two elements: global distribution and severe consequence. Dental caries is a disease that usually can be successfully prevented or controlled.

187. **Answer: d**

*Reference:* Sturdevant’s Art and Science of Operative Dentistry, 4th ed, page 477

188. **Answer: c**

*Reference:* <http://www.apad.cc/e-journal/issue2007/daniel.pdf>

189. **Answer: b**

190. **Answer: b**

Gold has high thermal conductivity.

191. **Answer: a**



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192. Answer: a

193. Answer: c

194. Answer: a

195. Answer: a

196. Answer: a

*Reference:* Sturdevant, 5th ed, page 291

Oxford Handbook of Clinical Dentistry, 4th ed, page 270

197. Answer: d

*Reference:* Dental Decks, 2nd ed, page 2250

198. Answer: d

199. Answer: d

200. Answer: a

12 bladed (fluted) Carbide bur

201. Answer: b

202. Answer: c

*Reference:* Sturdevant's Art and Science of Operative Dentistry, page 861

203. Answer: c

204. Answer: b

Argon lasers also have the ability to cure composite resin, a feature shared by none of the other lasers.

205. Answer: b

*Reference:* Primary Preventive Dentistry, 6th ed.

Teeth that have been sealed and then have lost the sealant have had fewer lesions than control teeth. This is possibly due to the presence of tags that are retained in the enamel after the bulk of the sealant has been sheared from the tooth surface. When the resin sealant flows over the prepared surface, it penetrates the finger-like depressions created by the etching solution. These projections of resin into the etched areas are called tags.

206. Answer: d

207. Answer: b

*Reference:* Sturdevant's Art and Science of Operative Dentistry 4th ed, page-24

Reparative dentin: dentin formed in response to injury by either primary or secondary odontoblasts (repairing odontoblasts). Equivalent terms commonly used are irregular secondary dentin, irritation dentin and tertiary dentin

208. Answer: d

209. Answer: b

210. Answer: c

*Reference:* Skinner's Science of Dental Materials, 10th ed, page 566

211. Answer: a

212. Answer: b

The blue wavelength of 488 nm is used mainly for composite curing.

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213. Answer: a  
214. Answer: b  
*Reference:* Sturdevant's Art and Science of Operative Dentistry.
215. Answer: b  
(A second application of cavity varnish is placed over the first to thoroughly coat the surfaces of the dentin and fill any voids from bubbles created when the first application dries)
216. Answer: b  
217. Answer: a  
218. Answer: a  
(Casted Post and Core is better than composite)
219. Answer: b  
*Reference:* Sturdevant's Art and Science of Operative Dentistry, page 281, 283
220. Answer: c  
221. Answer: a  
*Reference:* Sturdevant's Art and Science of Operative Dentistry 4th, ed, page 218
222. Answer: c  
Dental Decks, 2nd ed, page 2250
223. Answer: a  
224. Answer: a  
*Reference:* Oxford Handbook of Clinical Dentistry, 4th ed, page 664
225. Answer: b  
226. Answer: b  
227. Answer: d  
*Reference:* Sturdevant's Art and Science of Operative Dentistry, page 311
228. Answer: b  
229. Answer: b  
*Reference:* Glickman 9th ed, page-580
230. Answer: d  
231. Answer: b  
*Reference:* Sturdevant's Art and Science of Operative Dentistry, page-123
232. Answer: d  
233. Answer: a  
234. Answer: c  
*Reference:* Art & Science of Restorative Dentistry, page 102
235. Answer: b  
*Reference:* "Pickard's Manual of Operative Dentistry, 8th ed, Oxford, page 186"

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236. Answer: c  
237. Answer: a  
238. Answer: b  
(GI has a continuous release of fluoride because it reabsorbs it from the saliva but compomer has a limited release of fluoride).
239. Answer: a  
*Reference:* Clinical Aspects of Dental Materials Theory, Practice, and Cases, 3rd ed.  
Microfilled composites were used when esthetics are the dominant concern.
240. Answer: d  
*Reference:* Skinner's Science of Dental Materials, page 55
241. Answer: d  
*Reference:* Sturdevant's Art and Science of Operative Dentistry.
242. Answer: c  
243. Answer: d  
244. Answer: c  
*Reference:* Skinner's Science of Dental Materials, 10th ed, page-557
245. Answer: b  
246. Answer: a  
247. Answer: d  
Sturdevant's Art and Science of Operative Dentistry, page 157  
Amalgams that are corroded or have inadequate bulk to distribute stresses may fracture. At margins, where amalgams are thinner, extrusion may have occurred, and corrosion may have compromised the integrity of the amalgam, fracture is even more likely.
248. Answer: c  
249. Answer: a  
250. Answer: b  
251. Answer: a  
252. Answer: a  
253. Answer: d  
254. Answer: b  
*Reference:* Clinical Endodontics, Tronstad, page 224
255. Answer: a  
256. Answer: c  
*Reference:* Sturdevant's Art and Science of Operative Dentistry, page 155  
Fundamental of Operative Dentistry, page 341  
*Reference:* Dental Decks 2nd ed, page 2312



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Zinc added to amalgam to enhance mechanical properties, reduce marginal fracture and prolong service of Rx. zinc tend to oxidize preferentially forming a zinc oxide that covers surface of alloy and suppresses oxidation of other elements

Side effect of zinc was moisture contamination in low copper amalgam

257. Answer: c

258. Answer: a

259. Answer: b

Reference: Sturdevant's Art and Science of Operative Dentistry, 5th ed.

260. Answer: d

261. Answer: b

262. Answer: a

Reference: Oxford Handbook of Clinical Dentistry, 4th ed, page 38-39

263. Answer: a

264. Answer: b

265. Answer: b

Reference: Sturdevant, 5th ed, page 291

Oxford Handbook of Clinical Dentistry, 4th ed, page 270

266. Answer: b

267. Answer: e

268. Answer: b

269. Answer: b

270. Answer: c

271. Answer: b

272. Answer: a

Reference: [http://www.ada.org/sections/scienceandresearch/pdfs/0607\\_carbide\\_testmethods.pdf](http://www.ada.org/sections/scienceandresearch/pdfs/0607_carbide_testmethods.pdf)

**Run-Out:** A dynamic test measuring the accuracy with which the neck passes through a single point when the instrument is rotated. When compared with "concentricity," it is the more significant term clinically because it is the factor that determines the minimum diameter of the hole that can be drilled by a given bur (i.e., the trueness of the bur).

273. Answer: d

274. Answer: b

275. Answer: c

276. Answer: b

Reference: Soban Peter's Essentials of Preventive and Community Dentistry, page 346

277. Answer: b

Reference: Sturdevant's Art and Science of Operative Dentistry, page 173

278. Answer: d

### Section II: Topicwise Questions / Answers

279. Answer: c

Reference: <http://www.foodproductdesign.com/articles/2009/10/dentist-approved-foods.aspx>

280. Answer: a

Reference: Oxford Handbook of Clinical Dentistry, 4th ed, page-664

281. Answer: a

Abfraction or theory of abfraction is a theory explaining the non-carious cervical lesions (NCCL). It suggests that they are caused by flexural forces, usually from cyclic loading; the enamel, especially at the cemento-enamel junction (CEJ), undergoes this pattern of destruction by separating the enamel rods, believed to cause V-shaped depressions on the side under tension and C-shaped depressions on the side under compression.

282. Answer: b

283. Answer: a

284. Answer: a

Reference: Sturdevant's Art and Science of Operative Dentistry, page 311

285. Answer: c

Reference: Shillingburg's Fundamental of Fixed Prosthodontics, page 130

286. Answer: a

287. Answer: b

288. Answer: a

289. Answer: b

290. Answer: b

Reference: Clinical Aspects of Dental Materials Theory, Practice, and Cases, 3rd ed.

Esthetic restoration of teeth should be delayed for 2 weeks after the completion of tooth whitening.

291. Answer: b

292. Answer: c

293. Answer: a

Reference: Sturdevant's Art and Science of Operative Dentistry, page 95

294. Answer: a

295. Answer: d

296. Answer: a

Reference: Oxford Handbook of Clinical Dentistry, 4th ed, page 664

297. Answer: a

Reference: Sturdevant's Art and Science of Operative Dentistry, page 822

298. Answer: d

299. Answer: b

300. Answer: b

Reference: Oxford Handbook of Clinical Dentistry 4th ed, page 680

301. Answer: d

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302. Answer: d  
303. Answer: a  
304. Answer: b  
305. Answer: a  
306. Answer: b  
307. Answer: a  
308. Answer: a  
309. Answer: c  
*Reference:* Sturdevant's Art and Science of Operative Dentistry, page 756
310. Answer: b  
If there is no cavitation, the best is preventive measurement.
311. Answer: a  
*Reference:* Textbook of Operative Dentistry - with MCQs, page 139  
Matrix band should extend 2 mm above the marginal ridge height and 1 mm below gingival margin of the cavity.  
The matrix band should not extend more than 2 mm beyond the occluso-gingival height of the crown of the tooth. This facilitates vision and speed up working.  
Thickness of band is 0.05 mm = 0.002 inch  
Concepts in: Nonsurgical Periodontal Therapy, page 100  
For adequate closure of the margin, a minimum 0.5 mm of matrix band beyond the margin is necessary.
312. Answer: b  
*Reference:* Dental Secrets by Stephen T. Sonis, page 200, more heat generated in diamond burs
313. Answer: a  
314. Answer: a  
Acid red dye 1% or propylene glycol, basic fuschin are used for caries detection.
315. Answer: a  
*Reference:* Bhalaji Orthodontics the Art and Science, page 376
316. Answer: c  
317. Answer: c  
*Reference:* Clinical Endodontics Textbook, Tronstad, page 224
318. Answer: b  
Delayed expansion of zinc containing amalgam will cause supraocclusion
319. Answer: b  
320. Answer: d  
321. Answer: b  
322. Answer: a  
323. Answer: a

Section II: Topicwise Questions / Answers

- sGIC Powder: Silica 41.9% - Alumina 28.6% - Calcium fluoride 15.7% - Sodium fluoride 9.3% - Aluminium phosphate 3.8% - Aluminium fluoride 1.6%
324. Answer: b  
325. Answer: c  
326. Answer: b  
327. Answer: a  
328. Answer: a  
329. Answer: c  
330. Answer: b  
Because lower 1st premolar anatomy is unique.
331. Answer: d  
*Reference:* Sturdevant's Art and Science of Operative Dentistry  
Dentin permeability:  
Increases with the increase of cavity preparation  
Decreases when sclerotic dentin develops under a carious lesion decrease with smear layer
332. Answer: b  
333. Answer: d  
334. Answer: e  
*Reference:* Sturdevant's Art and Science of Operative Dentistry  
*Reference:* Oxford Handbook of Clinical Dentistry, 4th ed.
335. Answer: d  
336. Answer: a  
337. Answer: d  
338. Answer: a  
*Reference:* National Board Dental Examination-March 1982
339. Answer: e  
340. Answer: a  
341. Answer: b  
*Reference:* Dental Decks, 2nd ed. page 2060
342. Answer: d  
*Reference:* Sturdevant's Art and Science of Operative Dentistry 4th ed, page 24  
*Reparative/ Tertiary dentin* is formed by replacement odontoblasts (termed secondary odontoblasts) in response to moderate level irritants, such as attrition, abrasion, erosion, trauma, moderate rate dental caries and some operative procedures.
343. Answer: b  
*Reference:* Sturdevant's Art and Science of Operative Dentistry, page 311



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344. Answer: e

345. Answer: c

346. Answer: e

347. Answer: a

Reference: Sturdevant's Art and Science of Operative Dentistry, page 685

348. Answer: c

349. Answer: b

350. Answer: a

351. Answer: c

Reference: Sturdevant's Art and Science of Operative Dentistry

352. Answer: a

Reference: Sturdevant's Art and Science of Operative Dentistry

353. Answer: d

Reference: Sturdevant's Art and Science of Operative Dentistry, page 277

354. Answer: c

355. Answer: c

356. Answer: b

357. Answer: b

358. Answer: d

359. Answer: b

360. Answer: c

Shoba Tandan, Textbook of Pedodontics, 1st ed, page 354.

361. Answer: c

Reference: Sturdevant's Art and Science of Operative Dentistry 5th ed, page 298

362. Answer: a

Reference: Shroff's Textbook of Oral Pathology, 7th ed, page 424

363. Answer: a

364. Answer: b

365. Answer: d

Reference: Grossman's Endodontic Practice, page 301

366. Answer: b

Reference: Ramyaraghu's Operative Dentistry, page 116

367. Answer: a

368. Answer: a

Peptic ulcer will be caused by regurgitation erosion

369. Answer: a

Section II: Topicwise Questions / Answers

370. Answer: b

371. Answer: a

372. Answer: a

373. Answer: c

374. Answer: d

375. Answer: a

376. Answer: a

377. Answer: a

378. Answer: a

379. Answer: b

380. Answer: d

381. Answer: b

382. Answer: b

383. Answer: a

384. Answer: b

Reasons of white lines:

Traumatic finishing and polishing technique.

Improper etching and bonding.

High intensity light curing which cause polymerization shrinkage.

385. Answer: a

386. Answer: a

387. Answer: b

388. Answer: c

389. Answer: c

390. Answer: c

391. Answer: b

392. Answer: b

393. Answer: b

394. Answer: b

395. Answer: b

396. Answer: a

White and black line appear in longitudinal ground of enamel.

397. Answer: a

398. Answer: a

399. Answer: a

400. Answer: b

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401. Answer: c

402. Answer: a

Because most three causes of color lighten of composite.

1. Photoionization.

2. Under-polymerization of composite.

3. Choosing color after isolation.

403. Answer: a

404. Answer: a

405. Answer: a

406. Answer: b

407. Answer: a

408. Answer: d

409. Answer: a

410. Answer: b

The concentration of hydrofluoride is 9.6%

411. Answer: b

412. Answer: d

*Reference:* Nisha Garg's Operative Dentistry, 2<sup>nd</sup> ed, page 67

413. Answer: d

414. Answer: d

415. Answer: d

416. Answer: a

417. Answer: d