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2015

MCQ's with Authentic Answers and Explanations For

AIIMS SR Ship Orthodontics Jan
AIIMS SR Ship Prosthodontics Jan
AIIMS SR Ship Oral Surgery Jan
AIIMS SR Ship Prosthodontics July
AIIMS SR Ship Oral Surgery July
AIIMS May
Kerala
Rajasthan
Bihar
Jammu and Kashmir
Tamil Nadu
Gujarat
Madhya Pradesh
Andhra Pradesh
AB Shetty



Written by
Subject Experts

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JAYPEE

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MDS Entrance Exam Rank Holders *434*

AIIMS SRShip Oral Surgery January 2015

Questions

1. **Best reconstruction for orbital floor fractures is:**
   a. Titanium mesh
   b. Bioresorbable plates
   c. Reconstruction plate
   d. All of the above
2. **Best incision for nasal bridge fracture is:**
   a. Gull view incision
   b. Vertical midline nasal incision
   c. Coronal approach
   d. None of the above
3. **Most important step for reduction of NOE fractures is:**
   a. Reduction of nasal fracture
   b. Reduction of ethmoid fracture
   c. Reduction of medial canthus
   d. Reduction of lacrimal fracture
4. **Transnasal wiring in NOE fractures is done from:**
   a. Medial canthus to media canthus
   b. Posterior to lacrimal crest
   c. Nasal bone to lacrimal crest
   d. None of the above
5. **For obliteration of frontal sinus, all are correct except:**
   a. Done with fat or bone
   b. Done in anterior table fracture and obstruction of frontonasal duct
   c. Done in posterior table fracture
   d. Done in comminuted fractures
6. **Best approach to infraorbital rim fracture is by:**
   a. Transconjunctival incision
   b. Infraorbital incision
   c. Vestibular incision
   d. Subciliary approach
7. **In low energy zygomatic fracture reduction, most important step is:**
   a. Reduction of frontozygomatic junction
   b. Reduction of zygomatic buttress
   c. Reduction of infraorbital rim
   d. Reduction of spenozygomatic junction
8. **In panfacial fractures, most important step in last is:**
   a. Soft tissue suspension
   b. Reduction of horizontal buttress
   c. Lefort 1 reduction
   d. NOE reduction
9. **In panfacial fractures if the entire buttresses are comminuted, best possible guide for achieving midfacial height is:**
   a. Incisor lip show
   b. Dividing 1/3rd of the face
   c. Ramus reduction
   d. Pterygoid plate reduction
10. **Carold girrard device is used for:**
    a. Surgically assisted rapid palatal expansion
    b. Zygoma reduction
    c. Condylar reduction
    d. None of the above
11. **Ellis manuver is used for:**
    a. Symphyseal and B/L subcondylar fracture
    b. Parasymphyseal fracture
    c. Body fracture of mandible
    d. Angle fracture of mandible
12. **Polypathy is done with:**
    a. Steroids
    b. Sodium metabisulphide
    c. Blood
    d. Saline
13. **According to nitzins theory, organism responsible for dry socket is:**
    a. *Treponema denticola*
    b. *Pseudomonas*
    c. *Staph aureus*
    d. *M. tuberculosis*
14. **A 6-year-old child with right parasymphysis and left subcondylar fracture, occlusion severely deranged is best treated by:**
    a. ORIF with active physiotherapy
    b. ORIF with IMF
    c. IMF for 4 weeks
    d. No treatment required
15. **A 65-year-old male, chronic smoker, highly diabetic, edentulous mandible encounters body fracture of mandible. Best line of treatment would be:**
    a. ORIF with IMF
    b. 2 champy plates
    c. One champy plate with bone graft
    d. Gunnings splint

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16. According to recent hypothesis in angle fracture, pressure on 2nd and 3rd molar causes which forces of superior border of angle:
a. Compressive forces
b. Tensile forces
c. Both
d. Torsion

17. An infected angle fracture of mandible is best treated by:
a. Single champys plate
b. Debridement, I & D and IMF
c. Two champys plate
d. Reconstruction plate

18. For transbuccal trocar following is incorrect:
a. One stab incision is used
b. Inferior border plate can be fixed
c. Superior border can be fixed
d. Use of cheek retractor is optional

19. Best line of treatment for angle fracture is:
a. One superior border plate
b. Two plates
c. Compression plate
d. Osteosynthesis wires

20. Lag screw works on the principal of:
a. Dynamic compression
b. Tensile forces
c. None of the above
d. Torsional forces

21. Following is correct for the use of non-locking screw in a compression plate:
a. Screw head needs to be perpendicular to plate
b. Screw plate interface should be perfect
c. Plate should be adapted to the bone

22. In panfacial fracture reduction, pterygoid reduction is done with:
a. No reduction required
b. 1.5 mm miniplate fixation
c. 2.5 mm miniplate reduction
d. External pin fixation

23. Most important step in closure of vestibular incision is:
a. Suturing of muscle stubs
b. Suturing of periosteum
c. Suturing of periosteum at base to avoid witch chin
d. Suturing of mucosa

24. A 50-year-old male with panfacial fracture, severe pain. His CT brain is normal. His pain control should not be done by:
a. Tramadol
b. NSAIDs
c. IMF
d. Plating

25. Most important treatment consideration in nasal fractures is:
a. Treatment of nasal septum
b. Treatment of septal hematoma
c. Treatment of NOE fracture
d. Treatment of nasal fracture

26. Noe type II is:
a. Single fragment without medial canthus attached
b. Single fragment with medial canthus attached
c. Comminuted fragment without medial canthus attached
d. Comminuted fragment with medial canthus attached

27. Incorrect about orbital apex injury:
a. Uncommon in children
b. Loss of vision
c. Uncommon in adults
d. Treatment to be done in adults

28. Width limiting plate is used in:
a. Symphysis and midpalatal fractures
b. B/L parasymphysis fractures
c. Body fracture of the mandible
d. Subcondylar fracture of the mandible

29. Supramucosal plate is used for:
a. Atropic mandibular fracture
b. Symphysis fracture of the mandible
c. Parasymphysis fracture of the mandible
d. Subcondylar fracture of the mandible

30. Fracture simplification is done in:
a. Linear angle fracture of the mandible
b. Symphysis fracture of the mandible
c. Comminuted fracture of the mandible
d. Subcondylar fracture of the mandible

31. Best reconstruction for mandible is:
a. Iliac graft
b. Vascularised fibula graft
c. Scapula graft
d. Reconstruction plate

32. Force applied laterally to the mandible causes compression on:
a. Lateral surface
b. Inferior border
c. Posterior border
d. Medial surface

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33. To avoid bigonial flaring, best line of treatment would be to plate along:
a. Labial surface
b. Lingual surface
c. Superior border
d. Inferior border

34. One turn of synthesis distraction device completes a turn of:
a. 0.25 mm b. 0.5 mm
c. 1 mm d. 2 mm

35. Best incision for subcondylar fractures is:
a. Risdons incision
b. Transparotid retromandibular incision
c. Alkayet bramley incision
d. Preauricular incision

36. Extension of parotid fascia is:
a. Deep cervical fascia
b. Massetric fascia
c. Stylomandibular ligament
d. None of the above

37. According to recent hypothesis, cause of ankylosis is:
a. Middle ear infection
b. Medially displaced subcondylar fracture
c. Condylar burst
d. Trauma

38. To avoid postoperative haematoma in a case of TMJ ankylosis, following is done:
a. Physiotherapy
b. Titanium graft
c. Vacuum drain
d. Costocondral graft

39. To avoid heterotropic bone formation in an operated case of TMJ ankylosis, following is a replacement of choice:
a. Temporalis muscle
b. Fat
c. Titanium graft
d. None of the above

40. A case of rheumatoid arthritis with limited mouth opening and anterior open bite is best treated with:
a. Costocondral graft
b. Titanium condyle
c. Gap arthroplasty
d. Interpositioning arthroplasty

41. Safe length of condral bone in costocondral graft is:
a. 2 mm b. 2–4 mm
c. 4–6 mm d. 6 mm

42. Most important step in an operated case of costocondral graft is:
a. Vacuum drain
b. Use of saline
c. Use of c.c. anesthetic block
d. Pressure draining

43. Most important step in planning for bsso:
a. Mock surgery on an articulator
b. CBCT of inferior alveolar nerve
c. Extraction of 2nd and 3rd molars
d. Radiographs

44. True about BSSO is:
a. Medial osteotomy should be extending till the posterior border
b. Horizontal osteotomy should be parallel to mandibular occlusal plane
c. Horizontal osteotomy should be parallel to the line extending from external auditory meautus to angle of the mouth
d. Osteotomy should be bicortical

45. In BSSO, inferior alveolar nerve is in:
a. Proximal segment
b. Distal fragment
c. Both the fragments
d. None of the above

46. In bijaw orthognathic surgery:
a. BSSO preceds lefort I osteotomy
b. Lefort I osteotomy preceeds BSSO
c. Subapical osteotomy with BSSO
d. IVRO precedes lefort I osteotomy

47. A case of class II division I malocclusion requiring an advancement of 13 mm. Best line of treatment would be:
a. Distraction
b. Subapical osteotomy
c. BSSO
d. Vertical ramus osteotomy

48. A case of prognathic mandible, needs a seback of 16 mm. Best line of treatment would be:
a. BSSO
b. Vertical ramus osteotomy
c. Subapical osteotomy
d. None of the above

49. Long acting local anaesthetic is:
a. Lignocaine and bupivacaine
b. Bupivacaine and propoxycaine
c. Bupivacaine and etidocaine
d. Lignocaine and ropivacaine

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50. Nasolabial cyst is derived from:
a. Maxillary sinus epithelium
b. Epilthelial cell rests of malassez
c. Epiltelial cell rests of serre
d. Remnanats of embryonic nasolacrimal duct

51. True about adenoid cystic carcinoma is all except:
a. Neural invasion
b. Tendency to recur
c. Has acidophilic and basophilic cells
d. None of the above

52. Parotid tumor with facial nerve paralysis is:
a. Pleomorphic adenoma
b. Warthis tumour
c. Epithelial carcinoma
d. Mucoepidermoid carcinoma

53. Most aggressive, common and recurrent odontogenic keratocyst is:
a. Orthokeratinised
b. Parakeratinised
c. Both of the above
d. None of the above

54. Which of the following tumour shows no metastasis?
a. Ameloblastoma
b. Basal cell carcinoma,adenoid cystic carcinoma
c. Verrucuos carcinoma
d. Squamous carcinoma

55. Coin lesion in lung, in a case of ameloblastic carcinoma of jaw shows cells showing features of:
a. Ameloblastoma
b. Keratin pearls
c. Pleomorphism
d. Mitosis

56. Prolonged bleeding is not seen in:
a. Hemophilia
b. Vonwillibrand disease
c. Thalassemia
d. Clotting disorder

57. Best instrument to harvest a condral segment of a costocondral graft is:
a. Oscillating saw
b. No 701 bur
c. Rib cutter
d. Chisel and mallet

58. In a CT angiogram ,internal maxillary artery is close to ankylotic mass, which is the best instrument to do gap arthroplasty:
a. No 701 bur
b. Chisel and mallet
c. Oscillating saw
d. Piezocutter

59. Investigation to be done in a case of facial asymmetry before orthognathic surgery is:
a. CT scan
b. Bone scan
c. CBCT
d. MRI

60. Hypothyroidism in children causes:
a. Acromegaly
b. Cretinism
c. Gigantism
d. Myxedema

61. A dentist who gets a biopsy report as central giant cell granuloma should correlate the following lesion because of the clinical and radiological resemblance to:
a. Fibrous dysplasia
b. Hyperparathyroidism
c. Multiple myeloma
d. Pagets disease

62. Stongioform pattern of fibrous tissue is seen in:
a. Fibroma
b. Neurofibroma
c. Malignant fibrous histiocytoma
d. Fibrosarcoma

63. Best line of management for a microcomminuted fracture is:
a. Simplify the fracture
b. Debridement of the fracture segments
c. Application of reconstruction plate
d. Miniplate fixation

64. Mccarthys procedure is used to treat:
a. TMJ dislocation
b. Reduction of fractures
c. Removal of TMJ ankylosis
d. Disc dislocation

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Answers

1. Answer (a) Titanium mesh
2. Answer (a) Gull view incision
3. Answer (c) Reduction of medial canthus
4. Answer (a) Medial canthus to media canthus
5. Answer (b) Done in anterior table fracture and obstruction of frontonasal duct
6. Answer (a) Transconjunctival incision
7. Answer (b) Reduction of zygomatic buttress
8. Answer (a) Soft tissue suspension
9. Answer (b) Dividing 1/3rd of the face
10. Answer (b) Zygoma reduction
11. Answer (a) Symphyseal and B/L subcondylar fracture
12. Answer (a) Steroids
13. Answer (a) *Treponema denticola*
14. Answer (c) IMF for 4 weeks
15. Answer (d) Gunnings splint
16. Answer (b) Tensile forces
17. Answer (d) Reconstruction plate
18. Answer (c) Superior border can be fixed
19. Answer (a) One superior border plate
20. Answer (a) Dynamic compression
21. Answer (b) Screw plate interface should be perfect
22. Answer (a) No reduction required
23. Answer (c) Suturing of periosteum at base to avoid witch chin
24. Answer (a) Tramadol
25. Answer (b) Treatment of septal haematoma
26. Answer (d) Comminuted fragment with medial canthus attached
27. Answer (a) Uncommon in children
28. Answer (a) Symphysis and midpalatal fractures
29. Answer (a) Atropic mandibular fracture
30. Answer (c) Comminuted fracture of the mandible
31. Answer (b) Vascularised fibula graft
32. Answer (a) Lateral surface
33. Answer (a) Labial surface
34. Answer (a) 0.25 mm
35. Answer (b) Transparotid retromandibular incision
36. Answer (a) Deep cervical fascia
37. Answer (c) Condylar burst
38. Answer (b) Titanium graft
39. Answer (a) Temporalis muscle
40. Answer (b) Titanium condyle
41. Answer (b) 2–4 mm
42. Answer (b) Use of saline
43. Answer (a) Mock surgery on an articulator
44. Answer (b) Horizontal osteotomy should be parallel to mandibular occlusal plane
45. Answer (b) Distal fragment
46. Answer (a) BSSO preceds lefort I osteotomy
47. Answer (a) Distraction
48. Answer (b) Vertical ramus osteotomy
49. Answer (c) Bupivacaine and etidocaine
50. Answer (d) Remnanats of embryonic nasolacrimal duct
51. Answer (d) None of the above
52. Answer (d) Mucoepidermoid carcinoma
53. Answer (b) Parakeratinised
54. Answer (b) Basal cell carcinoma,adenoid cystic carcinoma
55. Answer (a) Ameloblastoma
56. Answer (c) Thalassemia
57. Answer (c) Rib cutter
58. Answer (d) Piezocutter
59. Answer (b) Bone scan
60. Answer (d) Myxedema
61. Answer (a) Fibrous dysplasia
62. Answer (c) Malignant fibrous histiocytoma
63. Answer (b) Debridement of the fracture segments
64. Answer (c) Removal of TMJ ankylosis

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