

**BDS FINAL PROFESSIONAL EXAMINATION 2007**  
**ORAL SURGERY**  
**(SEQs)**  
**Model Paper**

**No. of SEQs 15**  
**Time Allowed 2 hours 15 minutes**

**Total Marks 45**  
**03 Marks of each SEQ**

**Q.1 Define Trigeminal Neuralgia? What are different options in the treatment of Trigeminal neuralgia?**

**Topic Specification: Oro-Facial Pain.**

**Key of Q.1:**

Definition: (1)

It is a sudden, sharp (lancinating) pain of paroxysmal nature and of short duration. It is usually unilateral affecting the areas supplied by the trigeminal nerve and often has a trigger point.

Treatment Options: (2)

**1. Drug Therapy:**

Anticonvulsants such as:

- Carbamazepine 400mg/day gradually raised if necessary to 1200mg/day
- Phenytoin 300-600mg/day

**2. Surgical Treatment:**

- Alcohol / glycerol injections.
- Cryotherapy.
- Surgical peripheral neurectomies.
- Peripheral radio frequency thermoneurolysis.
- Radio frequency thermogangliolysis.
- Microvascular decompression of trigeminal ganglion.

**Reference: Kruger Textbook of Oral and Maxillo-Facial Surgery.**

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#### **Q.2 What are the causes of xerostomia?**

##### **Topic Specification: Salivary Glands.**

##### **Key of Q.2:**

##### Causes:

##### 1. Organic Causes:

(1)

Sjogrens syndrome

Irradiation

Sialadenitis

Mumps (transient)

HIV infection

HCV infection

Sarcoidosis

Amyloidosis

##### 2. Functional Causes:

(1)

Dehydration

Fluid loss

Haemorrhage

Persistent diarrhea/vomiting

Psychogenic

##### 3. Drugs:

(1)

Diuretic over dosage

Drugs with antimuscarinic effects (Atropine, tricyclic antidepressants)

Drugs with sympathomimetic actions (Decongestants, Bronchodilators)

##### **Reference:**

- i. Kruger Textbook of Oral and Maxillo-Facial Surgery.**
- ii. Contemporary Oral and Maxillo-Facial Surgery by Peterson, Tucker.**
- iii. Medical Problems in Dentistry by Scully and Cawson.**

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**Q.3 Define BIOPSY. Name types of Biopsy and explain Incisional Biopsy.**

**Topic Specification: Oncology.**

**Key of Q.3:**

Definition:

(1)

Histo-pathological examination (diagnostic examination) of tissue removed surgically from living individual.

Types:

- i. Oral cytology.
- ii. Aspiration biopsy.
- iii. Incisional biopsy.
- iv. Excisional biopsy.
- v. Bone biopsy (Hard tissue).

Incisional Biopsy:

(2)

- It is taken when lesion is large (more than 1 cm).
- A deep wedge shaped specimen is taken.
- Specimen should include, bleeding, painful, ulcerated or indurated area.
- Also shall include surrounding normal tissue.
- Necrotic tissue should be avoided.
- Antiseptic should not be applied to surface.
- Local anaesthesia should be given away from the lesion.

**Reference:**

- i. **Minor Oral Surgery by G. L. Howe.**
- ii. **Contemporary Oral and Maxillo-Facial Surgery by Peterson, Tucker.**

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## **ORAL SURGERY**

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**Q.4 Name the complications of local anesthesia?**

**Topic Specification: Local Anaesthesia.**

**Key of Q.4:**

Local:

(2)

1. Failure to obtain anesthesia
2. Pain during and after injection
3. Haematoma formation
4. Blanching
5. Trismus
6. Facial paralysis
7. Breakage of the needle
8. Infection
9. Lip trauma

General:

(1)

1. Syncope
2. Sensitivity Reactions
3. Cardio respiratory emergencies

**Reference:**

- i. **Kruger Textbook of Oral and Maxillo-Facial Surgery.**
- ii. **Oral and Maxillo-Facial Surgery by Laskin.**

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#### **Model Paper**

**Q.5 Define Oro-antral fistula? Enumerate the immediate and delayed signs and symptoms of oro antral communication?**

**Topic Specification: Maxillary Antrum.**

**Key of Q.5:**

Definition: (1)  
An abnormal persistent communication between oral cavity and maxillary antrum which may or may not be epithelialized.

Immediate Symptoms: (0.5)

1. Regurgitation from mouth to nose.
2. Unilateral epistaxis.
3. Escape of air from the nose.
4. Alteration in vocal resonance.

Delayed Symptoms: (0.5)

1. Foul salty or sweetish fetid taste.
2. Sinusitis
3. Antral polyp

Immediate Signs: (0.5)

1. Smooth upper surface of bone attached to the roots if the maxillary sinus is involved.
2. Air bubbles from the involved socket (Nose blowing test).

Delayed Signs: (0.5)

1. Discharge of pus from the orifice.
2. Radio opaque sinus.

**Reference: Minor Oral Surgery by J. Howe, Kruger Textbook of Oral and Maxillo-Facial Surgery**

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#### **Model Paper**

**Q.6 Define Apisectomy? Name the flaps that are used in peri-apical surgery? Name the indications of apisectomy?**

**Topic Specification: Surgical Aid to Endodontics (Periapical Surgery)**

**Key of Q.6:**

Definition: (1)

Surgical resection of the apical one third of the apex of root. It may also include retrograde root filling.

Names of Flaps: (0.5)

1. Envelop flap.
2. Two sided triangle flap.
3. Three sided rhomboid flap.
4. Semilunar flap.

Indications: (1.5)

1. Apical cyst.
2. Apical granulation.
3. Apical chronic infection (chronic abscess).
4. Over extended root filling.
5. Horizontal fracture of apical part of root.
6. If apical seal is not possible coronally due to a curved canal, calcified canal, broken instrument in the canal and open apex, this will also required retrograde root filling.

**Reference:**

- i. **Minor Oral Surgery by J. Howe.**
- ii. **Contemporary Oral and Maxillo-Facial Surgery by Peterson, Tucker.**

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#### **Model Paper**

#### **Q.7 What are the principles of suturing?**

#### **Topic Specification: Basic Principles of Surgery.**

#### **Key of Q.7:**

#### **Principles:**

1. Needle holder should hold the needle at 2/3<sup>rd</sup> from the pointed end. (0.25)
2. Needle entrance perpendicular to surface. (0.25)
3. Don't force the needle. (0.25)
4. Needle point must not be held with needle holder. (0.25)
5. Mobile tissue is entered first. (0.25)
6. Hold the needle in finger or palm. (0.25)
7. Tie gently. (0.25)
8. Keep sutures 3-5 mm apart. (0.25)
9. Remain 3 mm away from margins. (0.25)
10. Knot should be kept at one side of incision line. (0.25)
11. Remove after 5-7 days. (0.25)
12. Do not tie too tightly. (0.25)

**Reference: Minor Oral Surgery by J. Howe, Kruger Textbook of Oral and Maxillo-Facial Surgery.**

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#### **Model Paper**

**Q.8 Give the WHO recommended classification of upper canine impaction?**

**Topic Specification: Impactions.**

**Key of Q.8:**

WHO Modified Classification:

Class I (0.5)

Impacted cuspids located in palate:

- a. Horizontal.
- b. Vertical.
- c. Semivertical (oblique).

Class II (0.5)

Impacted cuspids located in the buccal or labial surface of maxilla:

- a. Horizontal.
- b. Vertical.
- c. Semivertical (oblique).

Class III (0.5)

Impacted cuspid located both in the palatal and labial/buccal bone. e.g; Crown towards palatal side and root towards labial/buccal side.

Class IV (0.5)

Impacted cuspids located in the alveolar process.

Class V (0.5)

Impacted cuspids located in the edentulous maxilla.

Class VI (0.5)

Impacted cuspid in an aberrant position.

**Reference: Kruger Textbook of Oral and Maxillo-Facial Surgery.  
Archer text book of Oral Surgery**



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### **Model Paper**

**Q.9 What are the spaces that can be involved in odontogenic infections? Name them.**

**Topic Specification: Spread of Oral Infections.**

**Key of Q.9:**

Spaces involved in Odontogenic Infections.

Primary maxillary spaces (1)

1. Canine
2. Buccal
3. Infratemporal

Primary mandibular spaces (1)

1. Submental
2. Buccal
3. Submandibular
4. Sublingual

Secondary Facial Space (1)

1. Masseteric
2. Pterygomandibular
3. Superficial and deep temporal
4. Lateral pharyngeal
5. Retropharyngeal
6. Prevertebral

**Reference:**

- i. **Kruger Oral and Maxillo-Facial Surgery.**
- ii. **Minor Oral Surgery by J. Howe.**

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**Q.10 Define Osseointegration? Enlist the complications of dental implant?**

**Topic Specification: Dental Implant.**

**Key of Q.10:**

Definition:

(1)

A direct connection between living bone and load bearing endosseous implant at light microscopic level.

Complications:

(2)

1. Maxillary sinus perforation
2. I.D canal perforation
3. Inferior border perforation
4. Peri-implantitis
5. Dehiscence of linguocortical or buccocortical plates.
6. Mandibular Fracture
7. Soft tissue dehiscence.
8. Loss of implant.

**Reference:**

- i. **Contemporary Oral and Maxillo-Facial Surgery by Peterson and Tucker.**
- ii. **Oral and Maxillo-Facial Surgery by Kruger.**

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**Q.11 What is TORUS PALATINUS? How would you surgically remove it?**

**Topic Specification: Pre-Prosthetic Surgery.**

**Key of Q.11:**

It is an exostosis (Bony prominence) along the suture line of the hard palate.  
(1)

Surgery: (2)

1. A mid line incision over the protuberance is given with Y limbs on both sides.
2. Flaps reflected.
3. Bony prominence removed by bur or bony cuts are made over the bony prominence and sections are removed by mallet and chisel.
4. Area smoothed with bur.
5. Closed with sutures.

**Reference: Minor Oral Surgery by J. Howe.**

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**Q.12 Define Marsupialization and give its indications.**

**Topic Specification: Jaw Cysts.**

**Key of Q.12:**

Marsupialization:

Definition:

(1)

Creating a surgical window in the wall of a cyst evacuating the contents of the cyst, and maintaining continuity between the cyst and the oral cavity. The lining of the cyst and oral mucosa are sutured together.

Indications:

(2)

1. Large cyst (Risk of jaw fracture).
2. Proximity of cyst to vital structures i.e; maxillary sinus, nasal cavity, neuro-vascular bundle (I.D canal), multiple teeth.
3. Poor access if all parts of cyst are not easily reached.
4. To assist in eruption of teeth (dentigerous cyst).
5. Medically compromised patient.
6. Simple procedure.

**Reference: Contemporary Oral and Maxillo-Facial Surgery by Peterson and Tucker.**

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**Q.13 A patient comes with limited mouth opening? Enlist the differential diagnosis of the patient?**

**Topic Specification: TMJ Ankylosis.**

**Key of Q.13: -**

Differential Diagnosis

- |                                          |        |
|------------------------------------------|--------|
| 1. Ankylosis                             | (0.25) |
| 2. TMJ pain dysfunction syndrome         | (0.25) |
| 3. Oral submucous fibrosis               | (0.25) |
| 4. Pericoronary abscess                  | (0.25) |
| 5. Muscle Hematoma                       | (0.25) |
| 6. Condylar neck fracture                | (0.25) |
| 7. Pterygomandibular space infection     | (0.25) |
| 8. Tumour                                | (0.25) |
| 9. Depressed zygomatic arch fracture     | (0.25) |
| 10. Traumatic arthritis and disc damage. | (0.25) |
| 11. Infective arthritis                  | (0.25) |
| 12. Irradiation                          | (0.25) |

**Reference:**

- i. Contemporary Maxillo-Facial Surgery by Peterson and Tucker.**
- ii. Oral and Maxillo-Facial Surgery by Kruger.**

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**Q.14 Give the indications of Odontectomy (Surgical Extraction)?**

**Topic Specification: Exodontia.**

**Key of Q.14:**

Indications:

- |                                 |        |
|---------------------------------|--------|
| 1. Hypercemented roots          | (0.25) |
| 2. Divergent roots              | (0.25) |
| 3. Locked roots                 | (0.25) |
| 4. Hooked roots                 | (0.25) |
| 5. Teeth with post crowns       | (0.25) |
| 6. Grossly carious teeth        | (0.25) |
| 7. RCT treated teeth.           | (0.25) |
| 8. Sclerosing ostitis           | (0.25) |
| 9. Hollow maxillary tuberosity. | (0.25) |
| 10. Thin mandibular bone.       | (0.25) |
| 11. Impactions                  | (0.25) |
| 12. Ankylosed tooth             | (0.25) |

**Reference:**

- i. Oral and Maxillo-Facial Surgery by Kruger.**
- ii. Contemporary Oral and Maxillo-Facial Surgery by Peterson and Tucker.**

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**Q.15 Enlist immobilization (fixation) options for Lefort-II fracture?**

**Topic Specification: Oral and Maxillo-Facial Trauma.**

**Key of Q.15:**

Immobilization Options:

Internal Fixation

(1.5)

1. Direct Osteosynthesis
  - a. Transosseous wiring at fracture sites
  - b. Mini plates and rigid fixation screws
  - c. Transfixation with Kirschner wire or Steinmann pin
2. Suspension wires to mandible.
  - a. Frontal- central or lateral
  - b. Circumzygomatic
  - c. Zygomatic
3. Support
  - a. Antral pack
  - b. Antral balloon

External Fixation

(1.5)

1. Craniomandiblar
  - a. Box frame
  - b. Halo frame
  - c. Plaster of Paris head cap
2. Craniomaxillary
  - a. Supra orbital pins
  - b. Zygomatic pins
  - c. Halo frame

**Reference:**

- i. **Oral and Maxillo-Facial Surgery by Kruger.**
- ii. **Fractures of Middle Third of Facial Skeleton by P. Bank, Killey.**