NATIONAL INSTITUTE FOR HEALTH SPECIALITIES

Emirates Dental Residency Entrance Examination (EDREE)

Applicant Guide

"Exam Blueprint"

(2025-2026)

Note:

A. *Blueprint distributions of the examination may differ up to +/-5% in each category.*
B. *See the website for the most up-to-date information.*
C. *As a validity measure, items are further classified to ensure they sample various dimensions of care.*
D. *The exam will implement the Federal (FDI) two-digit tooth numbering system as the standard reference across all exam components.*

Table of Contents

Emirates Dental Residency
Entrance Examination (EDREE) Blueprint

Overview and Purpose of the EDREE Test Blueprint

The test blueprint is a structured plan that specifies the content and focus areas of the EDREE. It serves as the guiding framework for constructing the examination, ensuring that questions align with the knowledge and skills expected of candidates before they enter supervised clinical practice. The blueprint is organized across multiple dimensions, including dental disciplines, core competencies, and levels of cognitive domain, so that the exam fairly represents the breadth and depth of practice-ready knowledge required of new dentists.

1. Discipline-Wise Content Distribution:

Section	Weight %
Endodontics	10%
Restorative Dentistry	12%
Prosthodontics	10%
Pediatric & Preventive Dentistry	8%
Orthodontics	7%
Oral & Maxillofacial Surgery	10%
Periodontics	8%
Oral Medicine & Oral Pathology	7%
Oral Radiology	5%
Ethics, Jurisprudence & Practice Management	5%
Patient safety & Occupational dental hazards	10%

Please Note: *Blueprint distributions of the exam may differ up to +/-5% in each category.*

2. Competency Domains:

Competency Domains	Diagnosis & Treatment Planning (DPT)
	Oral Health Management (OHM)
	Practice & Profession (PP)
	Clinical Foundational Knowledge (CFK)

Please Note:

- All sections assess a combination of the following competency domains: Diagnosis & Treatment Planning (DPT), Oral Health Management (OHM), Practice & Profession (PP), and Clinical Foundational Knowledge (CFK).
- Section weightages are approximate and may vary slightly to optimize overall test validity and reliability.

Description of Competency Domains:

The examination contains questions that assess clinical foundational knowledge as well as higher-order cognitive skills, including interpretation, analysis, decision making, reasoning, and problem solving. The four competency domains are integrated across all sections of the examination, with their relative emphasis determined by their relevance and importance to day-to-day clinical practice.

1) **Diagnosis & Treatment Planning (DPT):**
   This domain covers the ability to establish accurate diagnoses and formulate individualized, evidence-based treatment plans. Candidates are expected to integrate patient history, clinical examination findings, investigations (including radiographs), and relevant risk factors to develop safe and appropriate treatment strategies.

2) **Oral Health Management (OHM):**
   This domain focuses on the prevention, maintenance, and restoration of oral health over time. It includes planning and delivering comprehensive care, managing acute and chronic oral conditions, coordinating care when multiple providers are involved, and promoting long-term oral health and function.

3) **Practice & Profession (PP):**
   This domain encompasses the ethical, legal, and professional responsibilities of dental practice. It includes professionalism, communication with patients and the healthcare

team, informed consent, record keeping, infection control, patient safety, cultural sensitivity, teamwork, and engagement in lifelong learning and quality improvement.

4) **Clinical Foundational Knowledge (CFK):**

This domain comprises clinically relevant foundational knowledge that supports effective day-to-day dental practice and sound clinical decision making. CFK is primarily assessed within clinical scenarios and contributes a smaller proportion of the examination compared with analytical reasoning and judgement. Stand-alone basic science content that is not clearly linked to clinical practice is outside the scope of this examination and is assumed to have been achieved in prior training.

3. Cognitive Domains:

Bloom's Taxonomy	Recall and Comprehension
	Analytical Reasoning and Evaluation

The EDREE is designed primarily to assess higher levels of cognitive competence as described in Bloom's taxonomy, including application, analysis, and clinical decision-making.

The blueprint provides for a majority of items to be of low and moderate difficulty, ensuring broad coverage of essential knowledge and skills, while a smaller proportion of high-difficulty questions is included to maintain appropriate rigor and support the validity of the examination.

Discipline-wise Sections and Topics

1) Endodontics

So. N	Topics	Scope
1.	**Pulp-Dentin Complex and Access Preparation**	• Pulpal responses to caries and dental procedures. • Clinical significance of tooth morphology, access cavities, and Working length determination.
2.	**Clinical and Radiographic Examinations**	• Comprehensive history taking and clinical assessment (extra- and intra- oral). • Examination of pulpal and periapical tissues. • Radiographic evaluation and interpretation in endodontics.
3.	**Diagnosis and Pain Management in Endodontics**	• Diagnosis: assessment of pulpal and periapical diseases, differential diagnosis, and identification of cracks or vertical root fractures and resorption. • Pain management: physiology of dental and non-odontogenic pain, administration of local anesthesia, and control of endodontic • emergencies and postoperative discomfort.
4.	**Root Canal Treatment Procedures**	• Canal Preparation s Shaping: instrument materials, cleaning and shaping principles • Canal Disinfection: irrigation protocols, activation methods, and intracanal medicaments. • Canal Filling s Temporization: obturation materials and techniques, and temporary restoration.
5.	**Dental Trauma**	• Dental trauma: etiology, classification, and management of dento-alveolar injuries in permanent teeth.
6.	**Outcome of Endodontic Treatment**	• Success and prognosis of non-surgical root canal treatment.
7.	**Alternative Endodontic Treatments**	• Vital pulp therapy: rationale, indications, and treatment strategies for caries-related pulp exposure. • Regenerative endodontics: biological basis, techniques, and materials. • Apical Barrier Technique.

2) Restorative Dentistry

S. N	Topic	Scope
1.	**Fundamental of Operative Dentistry**	• Clinical implications in fundamentals of restorative dentistry.
2.	**Assessment, Examination, Diagnosis, and Treatment Planning**	• Patient-centered assessment. • Clinical and diagnostic examination. • Evidence-based decision making and treatment planning.
3.	**Dental Caries**	• Etiology & pathogenesis. • Clinical characteristics and detection. • Risk assessment and management.
4.	**Foundations of Safe and Effective Clinical Dentistry**	• Instruments and equipment. • Ergonomics. • Isolation and infection control.
5.	**Contemporary Concepts in Tooth Preparation and Restoration**	• Principle of cavity preparation. • Dental biomaterials & light curing of resin- based restorative materials. • Clinical techniques for different restorations • Periodontal considerations in restorative dentistry. • Management of non-carious lesions
6.	**Bonding Principles and Pulpal Management in Restorative Dentistry**	• Fundamental concepts of adhesion in dentistry. • Tooth sensitivity and pulp protection.
7.	**From Prevention to Aesthetic Dentistry**	• Preventive and minimally invasive dentistry. • Color and shade match in operative dentistry. • Conservative aesthetic dentistry.
8.	**Recent Advances in Operative Dentistry**	• Tooth preparation of CAD/CAM restorations. • Digital workflow in contemporary operative dentistry. • Chairside restorative materials and adhesives.

3) Prosthodontics

S. N	Topic	Scope
1.	**Fixed Prosthodontics**	• Principles of tooth preparation, types of posts, provisional restorations

2.	**Removable Prosthodontics & Complete Dentures**	• Edentulous assessment, occlusal schemes, • troubleshooting common problems
3.	**Removable Prosthodontics – Partial Dentures**	• Kennedy classification, surveying/design, • clasp assemblies, major and minor • connector designs
4.	**Occlusion**	• Centric relation vs maximum intercuspation, Posselt's envelope of motion, occlusal • concepts for GPs.
5.	**Tooth Wear s Compromised Dentition**	• Recognition of wear (attrition/erosion/abrasion/abfraction)
6.	**Dental Biomaterials**	• Basic properties of ceramics, composites, cement, impression materials
7.	**Digital Dentistry**	• digital impressions/workflows (trueness vs precision)

4) Pediatric & Preventive Dentistry.

S. N	Topic	Scope
1.	**Growth & Development of Dentition**	• Tooth development stages, eruption& exfoliation timelines • (primary/permanent). • Dental age estimation (Chronology), primary vs • permanent tooth morphology and its clinical significance. • Occlusal development basics, space considerations.
2.	**Dental Caries & Restorative Management in Children**	• Etiology & risk factors for dental caries in children. • Early Childhood Caries (ECC). • Minimal intervention dentistry Techniques. • Restorative materials selection to • used in primary teeth (MTA, Biodentine, GIC, composite, SSC),
3.	**Preventive Dentistry & Anticipatory Guidance**	• Fluoride therapy (systemic C topical). • Fissure sealants, ART, diet counselling, oral hygiene instructions. • Principle of Anticipatory Guidance. • School community-based prevention programs.

4.	**Behavior Management s Child Communication**	• Non-pharmacologic methods (tell–show–do, positive reinforcement, distraction, modeling). • Pharmacologic methods (nitrous oxide, sedation). • Parent–child communication strategies. • Factors affecting child behavior in dental setting.
5.	**Pain Management**	• Local anesthesia considerations in children, safe dosing. • Various Injection techniques used in children, as well anxiety • reduction protocols.
6.	**Pulp Therapy in Primary Teeth**	• Techniques for vital and non- vital pulp therapies in primary dentition, including the materials used and post- treatment care.
7.	**Traumatic Dental injuries in Children**	• Diagnosis and emergency management of hard and soft tissue injuries, with follow-up care in primary and young permanent teeth.

5) Oral Medicine and Oral Pathology.

S. N	Topic	Scope
1.	**Case history, Informed consent, diagnostics tests, investigations, Diagnosis of pain**	• Comprehensive case history, Components in informed consent. • Routine dental and medical diagnostics tests done with interpretation of tests related to oral medicine. • Diagnostic process of dental and non-dental pain.
2.	**Diagnosis of oral lesions, clinic-radiologic pathologic correlation, salivary gland disorders, and orofacial pain.**	• Ulcerative, white, red, pigmented lesions; Lumps and swellings; Oral premalignant and malignant lesions. • Developmental, infectious, obstructive, non-neoplastic, neoplastic lesions, xerostomia /TMDs disorders.
3.	**Oral Manifestations of Systemic Diseases**	• Hematological, endocrine, Gastro Intestine. • Autoimmune and infectious diseases with oral features.
4.	**Oral Precancer & Cancer**	• Risk factors, early detection, diagnostic aids, management and care.

5.	**Therapeutics in Oral Medicine**	• Pharmacological management, corticosteroids. • Pain management, lasers, new therapies.

6) Periodontics.

S.N	Topic	Scope
1.	**Etiology of Periodontal Disease**	• Dental plaque, biofilm, calculus, host-immune response, risk factors.
2.	**Diagnosis and classification**	• 2017 AAP new classification, clinical features, PDs, CAL, radiographs.
3.	**Nonsurgical Periodontal Therapy**	• Scaling and root planing, OHI, adjunctive • Antimicrobials, re- evaluations.
4.	**Surgical Periodontal Therapy**	• OFD, Osseous surgery, GTR. • Crown lengthening.
5.	**Periodontal-Systemic health relationships**	• DM, CVD, • Pregnancy, smoking.
6.	**Implants, and Peri- implant Disease**	• Peri-implant mucositis, peri- implantitis, maintenance, risk factors.
7.	**Periodontal maintenance and Prognosis**	• Supportive periodontal therapy, risk assessments, recall intervals, prognosis.
8.	**Medically Compromised patients**	• Periodontal treatment in patients with DM HTN or bleeding disorders
9.	**Treatment Planning**	• Sequencing therapy, interdisciplinary approaches (endo, ortho, prostho).

7) Oral Radiology

S. N	Topic	Scope
1.	**Basics of Radiation Radiation Protection & Safety**	• X-ray production, properties, • interaction with matter /Effects on cells, tissues, stochastic vs • deterministic effects, radio sensitivity • ALARA, International and national guidelines, barriers, dosimetry, patient/operator Protection.

2.	**Radiographic principles and interpretation of dental, periodontal, pulpal, periapical, jaw, sinus, and TMJ pathologies.**	• Image evaluation, normal anatomy, localization techniques, artifacts • Radiographic features, detection, limitations, differential diagnosis • Cysts, granulomas, abscess, rarefying/condensing osteitis • Odontogenic tumors, cysts, fibro- osseous lesions, malignancies Anatomy, pathology, imaging interpretation.
3.	**Digital Radiography & Image Processing**	• Techniques/Sensors, PSP, image enhancement.

8) Orthodontics

S.N.	Topics	scope
1.	**Growth & Development**	• Fundamental concepts and mechanisms underlying the major growth theories of the facial skeleton. • The developmental changes occurring in the cranial base, maxilla, mandible, and dentoalveolar complex.
2.	**Classification and etiology of malocclusion**	• The classification methods: including Angle's classification, skeletal, dental, and soft tissue classifications. • The skeletal, dental, and soft tissue factors that contribute to the development of malocclusion
3.	**Functional appliances and growth modification**	• Optimal timing for initiating treatment with functional appliances. • Different types of functional appliances. • The effects of functional appliance therapy on skeletal, dental, and soft tissue structures in Class II and Class III malocclusions.
4.	**Interceptive orthodontics**	• Deviations in the normal sequence or timing of tooth eruption. • Diagnosis and interceptive management of deleterious oral habits. • Interceptive orthodontic measures to guide normal occlusal development, minimize the severity of developing malocclusions, and reduce the need for complex future treatment.
5.	**Retention and relapse**	• Biological and mechanical factors contributing to

		post-treatment relapse, including tissue adaptation, growth changes, and occlusal instability. • Various types of retainers—removable, fixed, and vacuum-formed—and select the appropriate design based on treatment type and patient needs.

9) Oral & Maxillofacial Surgery

S.N.	Topics	scope
1.	**Anesthesia & Pharmacology**	• Local anesthesia, sedation, drug complications, ASA assessment.
2.	**Surgical Principles & Risk management**	• Flap design, suturing, extractions, complication prevention.
3.	**Orthognathic, TMJ & craniofacial surgery**	• Skeletal discrepancies, LeFort, TMJ disorders.
4.	**Maxillofacial trauma**	• Fracture diagnosis & management, airway. • ORIF principles.
5.	**Dental Implantology**	• Implant planning, osseointegration, sinus lift.
6.	**Infection & Medical Management**	• Odontogenic infections, • fascial spaces, antibiotic use.
7.	**Oral pathology & Reconstruction**	• Jaw lesions, biopsy, bone & soft tissue reconstruction.

10) Ethics, Jurisprudence & Practice Management

S. N	Topic	Scope
1.	**Dental Ethics & Professionalism**	• Principles of dental ethics, patient autonomy, confidentiality, beneficence, non- maleficence, justice, professional conduct, conflicts of interest.
2.	**Dental Law & Jurisprudence**	• Legal responsibilities of dentists, malpractice. • Informed consent, negligence, regulatory compliance. • Patient rights, reporting obligations.

3.	**Practice Management**	• Dental Clinic operations, record keeping, Financial Management, appointment scheduling.
4.	**Risk Management & Quality Assurance**	• Identifying and preventing errors. • Patient safety protocols, documentation, insurance, continuous quality improvement.
5.	**Communication & Interpersonal Skills**	• Effective patient and team communication, cultural competence, handling complaints, professional relationships.

11) Patient safety & Occupational dental hazards

S. N	Topic	Scope
1.	**Ergonomics & Musculoskeletal Injury Prevention**	• Proper operator/patient positioning, posture control, musculoskeletal injury prevention strategies.
2.	**Hazard Handling & Waste Management**	• Biomedical waste segregation, sharps protocols, chemical handling, environmental safety.
3.	**Dental Operatory Safety & Risk Management**	• Safety protocols, equipment hazards, infection control compliance, incident reporting.
4.	**Emergency Preparedness in Dental Settings**	• Recognition and initial management of medical emergencies, emergency kits, staff readiness.
5.	**Occupational Exposure & Hazard Prevention**	• Needle-stick protocol, radiation protection, PPE standards, exposure prevention guidelines.

Suggested EDREE Reading Resources

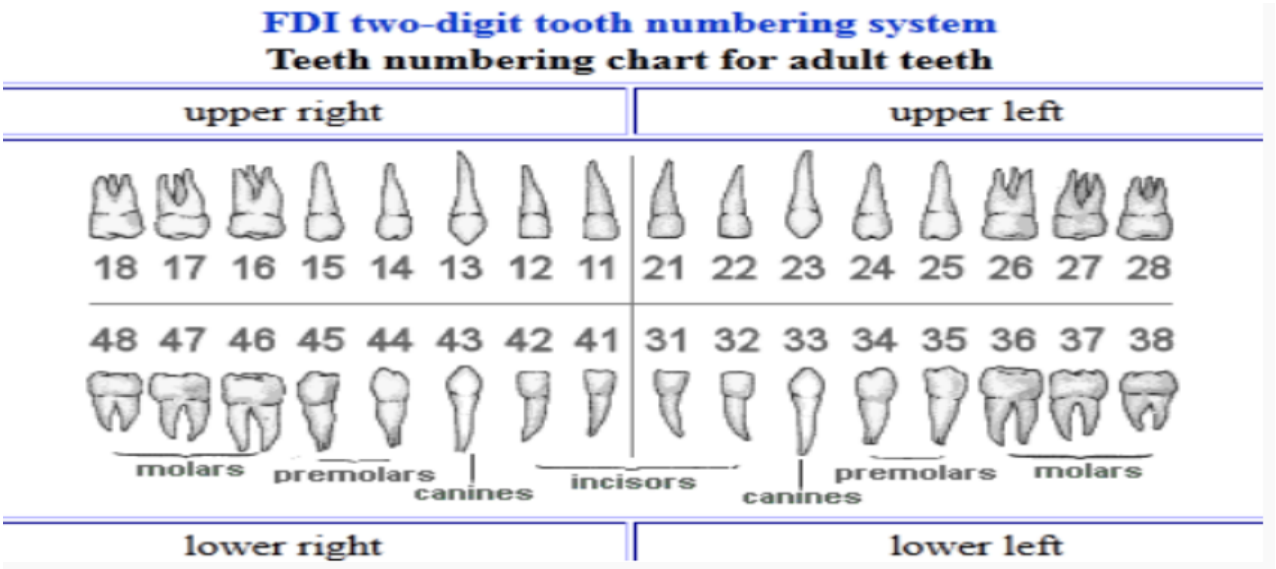
Sections	Reading Resources
Endodontics	▪ Cohen's Pathways of the Pulp (12th ed., Berman & Hargreaves, 2020). ▪ Essential Endodontology: Prevention and Treatment of Apical Periodontitis (3rd ed., Ørstavik, 2020). ▪ AAE Guidelines: Glossary of Endodontic Terms (8th ed., 2012). ▪ Diagnosis in Endodontics (AAE). ▪ Textbook and Color Atlas of Traumatic Injuries to the Teeth (Andreasen et al., 5th ed., 2018).
Restorative Dentistry	▪ Sturdevant's Art and Science of Operative Dentistry, 7th Edition,2018). ▪ Phillip's Science of Dental Materials, 13th Edition, 2022).
Prosthodontics	▪ Shillingburg, H.T. Fundamentals of Fixed Prosthodontics, 4th ed. Quintessence, 2012. ▪ Zarb, G., Hobkirk, J., Eckert, S., & Jacob, R. Prosthodontic Treatment for Edentulous Patients: Complete Dentures and Implant-Supported Prostheses, 13th ed. Elsevier, 2012. ▪ Carr, A., & Brown, D. McCracken's Removable Partial Prosthodontics, 13th ed. Elsevier, 2015. ▪ Wassell, R., Naru, A., Steele, J., & Nohl, F. Applied Occlusion, 2nd ed. Quintessence, 2015. ▪ Tamimi, F., & Hirayama, H. Digital Restorative Dentistry: A Guide to Materials, Equipment, and Clinical Procedures, Springer, 2019.
Pediatric and Preventive Dentistry	▪ McDonald and Avery's Dentistry for the Child and Adolescent (11th Edition,2022). ▪ Textbook of Pediatric Dentistry (5th Edition, 2023) By Nikhil Marwah. ▪ AAPD Handbook of Pediatric Dentistry (6th Edition, 2024), Clinical Guide. ▪ AAPD Reference Manual of Pediatric Dentistry (2024–2025), Policy and guidelines document.
Oral Medicine and Oral Pathology	▪ Cawson's Essentials of Oral Pathology and Oral Medicine, International Edition, 10th Edition. Author: Edward W. Odel;2024. ▪ Oral and Maxillofacial Pathology 5thEdition; Brad W. Neville DDS, Douglas D. Damm DDS, Carl M. Allen DDS MSD, Angela C. Chi DMD; 2023. ▪ Scully's Oral and Maxillofacial Medicine: The Basis of Diagnosis and Treatment, 4th Edition; Authors: Stephen J. Challacombe, Barbara Carey, Jane Setterfield; 2023. ▪ Medical Problems in Dentistry: C Scully & R. Cawson, 7th edition. Churchill Livingstone 2014.
Periodontics	▪ Current Concepts in the Management of Periodontitis" by T.H. Kwon 2021. ▪ Periodontitis: etiology, conventional treatments, and recent advances (2024). ▪ Fundamentals of Periodontology and Oral Implantology" by Paul Rosen and Jeffrey A. Genco. ▪ Carranza's Clinical Periodontology,13th Edition (2019).
Oral Radiology	▪ White and Pharoah s Oral Radiology Principles and Interpretation, Sanjay M Mallya, Ernest W N Lam, 9th ed, 2025. ▪ Essentials of Dental Radiography and Radiology, Eric

	Whaites, Nicholas Drage, 6th Edition - January 18, 2020.
Orthodontics	▪ Cobourne MT, DiBiase AT. *Handbook of Orthodontics*. 3rd ed. Edinburgh: Elsevier; 2024. ▪ Littlewood SJ, Mitchell L. *An Introduction to Orthodontics*. 5th ed. Oxford: Oxford University Press; 2023.
Oral & Maxillofacial Surgery	▪ Peterson's Principles of Oral and Maxillofacial Surgery — 3rd Edition (2024 Reprint). ▪ Fonseca's Oral and Maxillofacial Surgery — 4th Edition (2023–2024). ▪ Contemporary Oral and Maxillofacial Surgery — Hupp, 8th Edition (2024). ▪ Implant Dentistry by Misch — 4th Edition (2024). ▪ Handbook of Local Anesthesia — Malamed, 7th Edition (2023).
Ethics, Jurisprudence & Practice Management	▪ Ethics, Jurisprudence C Practice Management in Dentistry (3rd Edition, 2022). ▪ Practice Management for the Dental Team (10th Edition, 2025). ▪ Dental Ethics at Chairside: Professional Principles & Practical Applications, 3rd Edition, 2018.
Patient safety & Occupational dental hazards	▪ Dental Management of the Medically Compromised Patient (10th Edition). ▪ Mosby's Dental Assisting Textbook (14th Edition). ▪ Infection Control & Management of Hazardous Materials for the Dental Team (6th Edition). ▪ Ergonomics and Work-Related Musculoskeletal Disorders in Dentistry (2nd Edition).

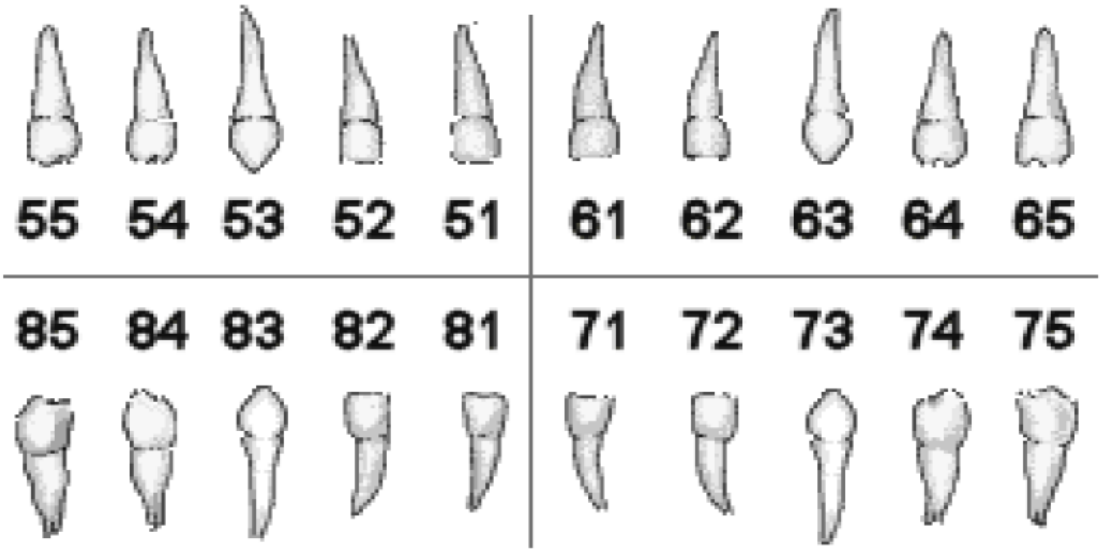
FDI Numbering System

FDI Numbering System: The FDI (Fédération dentaire internationale) two-digit tooth numbering system is used in EDREE.

A. **The FDI Dental Numbering System for Permanent Teeth**:



B. The FDI Dental Numbering System for Primary Teeth:



Sample Questions

1. **A 9-year-old patient is evaluated during the mixed dentition period. Mandibular crowding measures 3 mm. Tanaka-Johnston analysis predicts that 4 mm of space will be required in each quadrant to accommodate the permanent teeth.**
   Based on this analysis, which interpretation is most accurate?
   A. Space is sufficient; no intervention is necessary at this stage.
   B. Mild space deficiency; consider early interceptive treatment.
   C. Moderate to severe space deficiency; extraction of primary teeth or permanent premolars is immediately indicated.
   D. Space cannot be accurately predicted until eruption of all permanent teeth.

   Answer (B)

2. **During examination of 14 years old boy; he said that the tooth 4.6 had been hypersensitive to cold and sweets over the past few months but the symptoms have subsided. Now there is no response to thermal testing with no tenderness to percussion. Radiographically, there are diffuse radiopacities around the root apices.**
   What is the most appropriate diagnosis?
   A. Normal apical tissues
   B. Symptomatic apical periodontitis
   C. Condensing osteitis
   D. Asymptomatic apical periodontitis

   Answer (C)

3. **A 17-year-old male becomes pale, sweaty, and dizzy during local anesthesia administration. He loses consciousness briefly.**
   What is the first immediate action you should take?
   A. Administer oxygen and call emergency services (EMS).
   B. Place the patient in a supine position with legs elevated.
   C. Give intramuscular epinephrine.
   D. Continue the procedure after reassuring the patient.

   Answer (B)

4. **A 5-year-old child presents for restorative treatment of carious lesions in primary teeth. As you plan the cavity preparation, you need to account for certain morphological differences between primary and permanent teeth. Which morphological feature of the primary tooth will most influence modifications in your cavity design**
   A. Ramification of Pulp in apical one-third.
   B. The color of primary teeth.

C. Absence of root trunk.
D. Direction of enamel rods in cervical area of the crown.

Answer (D)

5. **A 17-year-old patient presents with pain from an impacted wisdom tooth. Clinical examination reveals an angular impact approaching the adjacent second molar. You plan a surgical flap to protect the neighboring tooth. In the context of dental ethics, this action demonstrates which principle?**
   A. Beneficence.
   B. Autonomy.
   C. Justice.
   D. Veracity.

   Answer (A)

6. **A 21-year-old male presents to the dental clinic for a routine check-up. He reports no pain but mentions sensitivity to cold in several teeth. Upon examination, the dentist notes multiple Class V lesions on the buccal surfaces of his premolars and molars. The patient has a history of gastroesophageal reflux disease (GERD) and admits to frequent consumption of acidic beverages. The dentist decides to use a universal adhesive system for restorations.**
   What is the most appropriate treatment plan to ensure optimal adhesion and longevity of the restorations in this patient?
   A. Apply the adhesive using the etch-and-rinse technique without selective etching.
   B. Use the self-etch technique without additional surface preparation.
   C. Selectively etch the enamel and use the self-etch technique on dentin.
   D. Apply the adhesive using the etch-and-rinse technique with selective etching of dentin.

   Answer (C)

7. **A 6-year-old child with Down syndrome is present for a routine dental check-up. The child has difficulty cooperating with toothbrushing and consumes a high-sugar diet. On examinations, multiple early enamel lesions are observed on the primary molars.**
   Which preventive intervention provides the most effective evidence-based protection in this patient?
   A. Glass Ionomer Sealants.
   B. Fluoride varnish.
   C. Diet counselling.
   D. Extraction of affected teeth.

   Answer (B)

8. **A 28-year-old male presents to the dental clinic for the preparation of a crown on his upper right first molar. He has a history of mild gingival recession and reports occasional sensitivity to cold. The dentist plans to take an impression**

for a crown. The patient expresses concern about the accuracy of the impression material and his gingival condition.
Which impression material is most appropriate for this procedure?

A. Polyether.
B. Alginate.
C. Condensation silicone.
D. Additional silicone.

Answer (D)

9. **A 68-year-old male presents to the dental clinic following a recent extraction of his lower left third molar. He reports persistent numbness in his lower lip and chin on the left side, which started immediately after the procedure. He denies any issues with taste or difficulty in mouth opening. On examination, there is no swelling or signs of infection at the extraction site, and the patient can open his mouth without discomfort.**
What is the most likely sign of inferior alveolar nerve injury in this patient?

A. Loss of taste sensation.
B. Numbness of the lower lip and chin.
C. Pain in temporalis region.
D. Difficulty opening mouth.

Answer (B).

10. **A patient returns for a recall appointment 12 months after the placement of a single implant in the #30 position. The clinical and radiographic examination reveals visibly red and slightly swollen soft tissues around the implant. Gentle probing (0.25N force) induces a continuous line of bleeding within 30 seconds. Probing depths are 5 mm, which have increased from 3 mm recorded at the 3-month baseline appointment. The radiograph reveals stable bone levels with no evidence of further bone loss beyond the initial 1 mm of crestal bone remodeling observed after healing.**

Based on the 2017 World Workshop classification, what is the correct diagnosis for this condition?

A. Peri-implant health.
B. Peri-implant mucositis.
C. Peri-implantitis.
D. A failing implant.

Answer (B)

GOOD LUCK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