

**FEDERAL STATE BUDGET EDUCATIONAL  
HIGHER EDUCATION INSTITUTION  
"ROSTOV STATE MEDICAL UNIVERSITY"  
MINISTRY OF HEALTH OF THE RUSSIAN FEDERATION**

FACULTY OF DENTAL

Evaluation materials

by discipline **dentistry**

Speciality:05/31/01 "Medicine"

2023

**List of competencies formed by the discipline (in whole or in part) *general professional (OPK-5):***

Code and name general professional competence	Indicator(s) of achieving general professional competence
OPK-5. Capable of assessing morphofunctional, physiological conditions and pathological processes in the human body to solve professional problems	ID-1 OPK-5 Determines and analyzes morphofunctional, physiological states and pathological processes of the human body. ID-2OPK-5 Takes into account morphofunctional features, physiological conditions and pathological processes in the human body when drawing up a plan examination and treatment

**1. Types of assessment materials in accordance with the competencies being developed**

Name competencies	Types of assessment materials	number of tasks <b>for 1 competency</b>
OPK-5	Closed tasks	25 with sample answers
	Tasks open type: Situational tasks	75 with sample answers

**OPK-5. Closed type tasks:**

Task 1. Instructions: Choose one correct answer. Complaints - constant pain, "a feeling of an overgrown tooth" are characteristic of:

1. chronic pulpitis
2. acute periodontitis
3. chronic pulpitis

*Response standard:* 2. acute periodontitis

Task 2. Instructions: Choose one correct answer. In acute herpetic stomatitis the following occurs:

1. crust
2. blister
3. bubble

*Response standard:* 3. bubble

Task 3. Instructions: Choose one correct answer. With periostitis, the purulent process is localized:

1. under the skin
2. under the muscle
3. under the periosteum

*Response standard:* 3. under the periosteum

Task 4. Instructions: Choose one correct answer.

A characteristic sign of acute odontogenic osteomyelitis of the mandible: 1. purulent nasal discharge

2. muff-like infiltrate around the alveolar part of the entire lower jaw
3. fistula on the gum

*Response standard:* 2. muff-like infiltrate around the alveolar part of the entire lower jaw

Task 5. Instructions: Choose one correct answer.

Difficulty in swallowing appears with phlegmon 1.

temporal

2. zygomatic

3. floor of the mouth

*Response standard:* 3. floor of the mouth

Task 6. Instructions: Choose one correct answer. A serious complication of phlegmon of the lower parts of the face is 1.

mumps

2. mediastinitis

3. facial nerve paresis *Response*

*standard:* 2. mediastinitis

Task 7. Instructions: Choose one correct answer. Specify the main symptoms of odontogenic sinusitis: 1.

unilateral lesion of the maxillary sinus

2. atypical cells during cytological examination of punctate

3. bilateral lesion of the maxillary sinus

*Response standard:* 1. unilateral lesion of the maxillary sinus Task 8.

Instructions: Choose one correct answer.

A sign of perforation of the bottom of the maxillary sinus is: 1. the probe passes freely through the hole into the sinus

2. bleeding from the socket

3. fracture of the alveolar process

*Response standard:* 1. the probe passes freely through the hole

into the sinus Task 9. Instructions: Choose one correct answer. X-ray picture of chronic odontogenic sinusitis: 1. darkening of the sinus occurs

2. There are no changes in the sinus pattern

3. there is no right answer

*Response standard:* 1. darkening of the sinus occurs Task 10. Instructions:

Choose one correct answer. Symptoms of salivary stone disease of the submandibular salivary gland: 1. symptom of "salivary colic"

2. limited mouth opening of II-III degrees

3. bilateral damage

*Response standard:* 1. symptom of "salivary colic" Task 11.

Instructions: Choose one correct answer.

Specify the main symptoms of chronic parenchymal sialadenitis: 1.

symptom of salivary colic

2. rare exacerbations of the process

3. saliva mixed with mucus and sometimes purulent inclusions is released from the duct *Response*

*standard:* 3. saliva mixed with mucus and sometimes purulent inclusions is released from the duct

Task 12. Instructions: Choose one correct answer. Paresis of facial muscles occurs when damage to: 1. the first branch of the trigeminal nerve

2. second branch of the trigeminal nerve

3. facial nerve

*Response standard:* 3. facial nerve

Task 13. Instructions: Choose one correct answer.

Features of facial soft tissue injuries:

1. the appearance of the wound does not correspond to the severity of the damage

2. presence of local hematoma, edema

### 3. pain when closing teeth

*Response standard:* 1. the appearance of the wound does not correspond to the severity of the damage Task 14. Instructions: Choose one correct answer

Features of wounds of soft tissues of the face:

1. wide possibility of infection of wounds
2. presence of local hematoma, edema
3. pain when closing teeth

*Response standard:* 1. wide possibility of infection of wounds Task 15. Instructions: Choose one correct answer.

The main cause of dislocation of the lower jaw is: 1. TMJ arthritis

2. inferior macrognathia
3. reduction in the height of the articular tubercle

*Response standard:* 3. reduction in the height of the articular tubercle

Task 16. Instructions: Choose one correct answer. A mandatory symptom of a fracture of the base of the skull is: 1. liquorrhea

### 2. nosebleed

### 3. pathological mobility of the lower jaw

*Response standard:* 1. liquorrhea

Task 17. Instructions: Choose one correct answer. The main symptoms of a zygomatic bone fracture:

1. hematoma of the zygomatic region
2. nasal deformity, hematoma
3. "step" symptom along the lower edge of the orbit

*Response standard:* 3. symptom of a "step" along the lower edge of the orbit Task 18. Instructions: Choose one correct answer.

The X-ray picture of a radicular cyst is characterized by destruction of bone tissue:

1. in the form of "melting sugar"
2. with unclear boundaries in the field of education
3. with clear contours in the area of the apexes of one or more teeth *Response standard:* 3. with clear contours in the area of the apexes of one or more teeth

Task 19. Instructions: Choose one correct answer.

The X-ray picture of a follicular cyst is characterized by destruction of bone tissue:

1. in the form of "melting sugar"
2. with clear boundaries and shadow of the tooth in the cavity
3. with unclear boundaries in the area of formation and the shadow of the tooth in the cavity *Response standard:* 2. with clear boundaries and shadow of the tooth in the cavity

Task 20. Instructions: Choose one correct answer.

The main etiological factor in the development of malignant tumors of the oral mucosa is:

1. hypersalivation
2. partial edentia
3. precancerous diseases

*Response standard:* 3. precancerous diseases

Task 21. Instructions: Choose one correct answer. Early symptoms of central sarcomas of the jaws are: 1.

1. hypersalivation, chills, muff-like infiltration of the jaw
2. dry mouth, paroxysmal acute pain, difficulty swallowing

3. mobility of teeth, periodic aching pain, Vincent's symptoms, thickening of the jaw

*Response standard:* 3. mobility of teeth, periodic aching pain, Vincent's symptoms, thickening of the jaw

Task 22. Instructions: Choose one correct answer.

With congenital clefts of the upper lip, the following functions are impaired: 1. chewing

2. sucking

3. all specified functions are violated

*Response standard:* 2. Sucking

Task 23. Instructions: Choose one correct answer.

With congenital cleft palate, the following functions are impaired: 1.

hearing

2. speech

3. both functions are impaired.

*Response standard:* 2. Speeches

Task 24. Instructions: Choose one correct answer.

Children with congenital clefts of the upper lip and palate should be treated:

1. by a dental surgeon

2. from a dental surgeon and orthodontist

3. from a group of specialists in medical examination centers of this profile

*Response standard:* 3. from a group of specialists in medical examination centers of this profile

Task 25. Instructions: Choose one correct answer.

Symptom of a fracture of the lower jaw: 1.

hematoma of the zygomatic region

2. nasal deformity, hematoma

3. malocclusion

*Response standard:* 3. malocclusion

## Open type tasks:

### Situational tasks

Exercise 1.

A 63-year-old patient, after long-term dental treatment under anesthesia, cannot close his mouth in one visit. From the anamnesis: he was sent for treatment of the 27th tooth for prosthetic purposes. After anesthesia, I sat for a long time with my mouth wide open (they wanted to complete the treatment in one visit). When I tried to close my mouth, a sharp pain appeared in the temporomandibular joints.

During the examination: the coronoid process of the mandible, which has shifted anteriorly, is palpated from the side of the oral cavity. Open bite.

Make a preliminary diagnosis.

*Sample answer:*

Bilateral anterior dislocation of the mandible

Task 2.

A 54-year-old patient complained of pain in the TMJ on the right, which arose 3 weeks ago after the flu. First there was a clicking sound, then pain. Objectively: hyperemia, swelling in the joint area on the right. Regional lymph nodes are enlarged and painful. On the tomogram, the bone structures are unchanged, the joint space on the right is widened. Make a preliminary diagnosis.

*Sample answer:*

Acute arthritis of the TMJ on the right.

### Task 3.

A 20-year-old patient was admitted with complaints of pain, stiffness and clicking in the TMJ on both sides. In the morning, mouth opening is limited. From the medical history, 12 months ago, treatment was carried out for rheumatoid arthritis of the knee joints. Blood composition is within normal limits. Objectively: there is swelling and hyperemia in the joint area. On the tomogram, the joint spaces are widened.

Which related specialist does the patient need to consult? *Sample*

*answer:*

Consultation with a rheumatologist is necessary.

### Task 4.

A 22-year-old patient complained of the inability to open his mouth, which gradually developed from childhood, when he suffered from otitis media. From the age of 13-14 I noticed facial asymmetry. My teeth hurt, the dentist refused to treat me because I couldn't open my mouth. What disease can we think about based on complaints and anamnesis?

*Sample answer:*

Based on complaints and medical history, it can be assumed that the patient has TMJ ankylosis.

### Task 5.

A 19-year-old patient complained of severe limitation of mouth opening. The dentist cannot perform oral sanitation. In early childhood he suffered osteomyelitis of the body of the lower jaw. Currently, the deformity of the lower part of the face is pronounced.

Crossbite.

List the examination methods necessary to clarify the diagnosis.

*Sample answer:*

X-ray examination of the TMJ, computed tomography of the facial skull.

### Task 6.

A 32-year-old patient came to the clinic with complaints of pain when opening her mouth wide, clicking in the area of the temporomandibular joint and displacement of the lower jaw to the right. Objectively: the dentition is intact, the bite is orthognathic. History: 3 months ago traumatic extraction of tooth 4.8.

1. Make a diagnosis.

2. In which direction does the chin shift in case of unilateral dislocation of the lower jaw?

*Sample answer:*

1. Habitual dislocation of the lower jaw.

2. In the opposite direction.

### Task No. 7.

A 28-year-old patient went to a dental clinic and was unable to express her complaints clearly because she could not close her mouth. Facial expressions and gestures make it clear that there is severe pain in the upper part of the parotid areas, a desire to close the mouth, and profuse salivation. From the anamnesis it was found that an hour ago the patient yawned, after which she was unable to close her mouth. Objectively: the configuration of the face has been changed due to the lengthening of the lower third of it and the displacement of the chin anteriorly. There is a lot of saliva coming from the mouth and the tongue is dry. The chewing muscles themselves are tense and clearly contoured in the form of ridges. The tissues in front of the tragus of the ear on the left and right sink, and under the zygomatic arch (symmetrically on both sides) the displaced heads of the condylar processes are palpated. It is not possible to palpate them through the external auditory canal. When trying to close a sore mouth by pressing upward on the chin, the lower jaw exerts springy resistance, which is accompanied by pain. On palpation

of the anterior edge of the branch of the lower jaw from the side of the oral cavity on the right and left, the right and left coronoid processes that have shifted anteriorly are clearly visible. The bite is open because only the last large molars are in contact. Make a preliminary diagnosis.

*Sample answer:*

Acute anterior bilateral dislocation of the lower jaw.

#### Task 8.

A 37-year-old patient came to the clinic with complaints of severe, paroxysmal, spontaneous pain in the area of the 1.4 tooth, radiating to the upper jaw on the right. From the anamnesis it was revealed that within a year the patient had 1.7, 1.5, 1.3, 1.2 teeth removed due to periodontitis, which arose immediately after treatment of pulpitis. But intense pain attacks began in one tooth or another, and at the moment she associates them with 1.4 teeth. Among the past diseases, he notes childhood infections, acute respiratory viral infections, and vegetative-vascular dystonia. General condition is satisfactory. The configuration of the face is not changed, palpation in the area of the infraorbital foramen on the right is slightly painful. No pathological changes were detected in the oral cavity. Tooth 1.4 is intact, percussion is painless, and an X-ray examination did not reveal any pathology in the periodontal 1.4 tooth.

Provide justification for the diagnosis.

*Sample answer:*

Based on the patient's complaints of paroxysmal pain in the area of innervation of the second branch of the trigeminal nerve on the right, and medical history (removal of 1.7, 1.5, 1.3, 1.2 teeth), neuralgia of the second branch of the trigeminal nerve on the right can be assumed.

#### Task 9.

A 39-year-old patient complained of constant aching pain in the lower jaw on the right, numbness in the lower lip on the right. From the anamnesis it was found that the pain appeared a month ago after treatment of the 46th tooth for pulpitis. The configuration of the face has not changed; an area of hypoesthesia is identified in the area of the lower lip on the right. An X-ray examination of the lower jaw on the right reveals a radiopaque shadow, measuring 0.2x0.1 cm, in the mandibular canal below the distal root of the 46th tooth.

Provide justification for the diagnosis.

*Sample answer:*

Based on the history of constant pain that appeared after treatment of tooth 4.6 for pulpitis and X-ray data indicating the presence of filling material in the mandibular canal on the right, neuritis of the third branch of the trigeminal nerve on the right can be assumed.

#### Task 10.

A 22-year-old patient complained of a feeling of numbness in the left lower lip and constant aching pain in the left lower jaw. From the anamnesis it was found that a month ago pain appeared after a complex extraction of the 3.8 tooth (using a drill). There is a lack of sensitivity in the lower lip area on the left. In the oral cavity, the socket of the 3.8 tooth is epithelialized, no inflammatory phenomena are detected. An X-ray examination of the body and branch of the lower jaw on the left reveals the shadow of the socket of the removed 3.8 tooth, reaching the mandibular canal, and the absence of a bone septum between the socket and the mandibular canal.

Which of the following signs confirm a cause-and-effect relationship between the intervention performed and the subsequent disease?

*Sample answer:*

The cause-and-effect relationship is confirmed by radiological signs: the shadow of the socket of the extracted tooth is adjacent to the shadow of the mandibular canal, as well as the absence of a bone septum between the socket and the canal.

#### Task 11.

The patient, 32 years old, complained of constant aching, periodically increasing pain in the chin area on the left, pain in the lower lip and gums on the left. The pain intensifies when eating hot or cold food, talking, and lately it has been bothering me even at night. Constantly used analgesics provide improvement.

From the anamnesis it was revealed that a month ago, after the traumatic removal of the 38 semi-impacted tooth on the lower jaw on the left, a feeling of numbness arose in the area of the lower lip and chin on the left. The next day, severe pain arose in the socket of the extracted tooth, and later pain appeared in the gums, lower jaw and lower lip. She was treated as an outpatient, the pain subsided, but the numbness did not go away. Hyperesthesia with areas of anesthesia of the skin of the chin, lower lip and gums on the left. The radiograph shows no changes in bone tissue in the area of the removed 36, 37, 38 teeth.

Based on clinical and additional examination data, make a diagnosis. *Sample answer:*

Neuritis of the left inferior alveolar nerve.

#### Task 12.

A 40-year-old patient complained of severe pain in the lower jaw area on the left, which began suddenly at night and was accompanied by severe chills. On admission: body temperature 39.5°. Moderate condition. There is swelling of the soft tissues of the buccal area and lower eyelid on the left. The skin in this area is not changed in color, it gathers into a fold. Palpation is painless. The submandibular lymph nodes are enlarged on both sides, their palpation is painful. In the oral cavity: there is collateral swelling of the perimaxillary soft tissues on the vestibular and lingual sides of the alveolar part of the lower jaw on the left. The mucous membrane of this area is hyperemic, painful on palpation, and an infiltrate with an area of fluctuation is detected. 44.45 - II-III degrees of mobility, their percussion is sharply painful, the coronal parts 44.45 are partially destroyed.

Make and justify the diagnosis.

*Sample answer:* Patient's history, general condition, clinical picture (mobility groups of teeth, swelling and hyperemia of the mucous membrane on the vestibular and lingual sides of the alveolar process of the mandible on the left) allow us to make a diagnosis of acute odontogenic osteomyelitis of the mandible on the left.

#### Task 13.

A 20-year-old patient was admitted with complaints of severe pain in the chin area, which began in the morning and C. Accompanied by tremendous chills, a rise in body temperature to 40.0 C. The condition is serious. Swelling of soft tissues - admission: body temperature 39.5 lower lip and chin area. The skin of this area is not changed in color, it gathers into a fold. Palpation is painless. The submandibular lymph nodes are enlarged on both sides, their palpation is painful. In the oral cavity there is collateral swelling of the perimaxillary soft tissues on the lingual and vestibular sides of the alveolar part in the anterior part of the lower jaw. Make a preliminary diagnosis.

*Sample answer:*

Acute odontogenic osteomyelitis bottom jaws submental areas.

#### Task 14.

A 46-year-old patient complained of fistula tracts with purulent

discharge and aching pain in the lower jaw area on the left. From the anamnesis it was revealed that periodically the pain had appeared before, with swelling in the lower jaw area on the left, the body temperature increased to 37.5 C, and he did not consult a doctor. On admission: condition was satisfactory. Body temperature is 37.1 C. The configuration of the face is changed due to swelling of the soft tissues in the lower buccal region on the left. When palpating the body of the lower jaw on the left, a thickening is determined. The left submandibular lymph nodes are slightly enlarged, mobile and slightly painful. In the oral cavity: the crowns of 567 are partially destroyed, on the mucous membrane of the alveolar part of the lower jaw on the left vestibular side there are several fistulous tracts with purulent discharge. The mucous membrane in this area is hyperemic. On the lateral radiograph of the lower jaw on the left, shadows of small sequestrars in the area of the molars are determined.

Justify And put diagnosis.

*Sample answer:*

Anamnesis, clinical and radiological pictures allow us to make a diagnosis: chronic odontogenic osteomyelitis of the lower jaw on the left.

Problem 15.

In a 43-year-old patient, examination revealed a sharply painful inflammatory infiltrate in the left temporal region, occupying the anterior 2/3 of this region. The skin over it is hyperemic and does not fold. In the anterior lower parts of the infiltrate, a symptom of fluctuation is determined. Opening of the mouth and lateral movements of the jaw are limited and severely painful. The oral cavity is not sanitized.

Make a presumptive diagnosis based on the available data. *Sample answer:*

Phlegmon of the temporal region on the left.

Exercise 16.

Patient V. went to the dentist and received a blow to his front upper teeth. There is no visual mobility, the integrity of the teeth is preserved. There are no changes on the x-ray. Passed from the anamnesis 5 days, the pain does not subside.

What additional research method is needed? *Sample answer:*

Electroodontodiagnosis is a method of studying the reaction of the nerve elements of the dental pulp to irritation by electric current. Reaction to current from 60 to 90  $\mu$ A should be assumed a pathological process in the pulp in the form of its death.

Exercise 17.

Patient U. A 40-year-old man came to the clinic with complaints about the roots of the 48th tooth. From the anamnesis it was found that the patient worked at a lead factory. The patient underwent mandibular and infiltration anesthesia Sol. Lido 31ini 2% - 4ml. During the removal of the 48th tooth, the patient felt a sharp pain. Additional anesthesia Sol was performed. Lido 31ini 2% - 4ml. After 10 minutes, an attempt was made to remove the roots of the 48th tooth, the patient again complained of sharp pain. The doctor administered anesthesia again Sol. Lido 31ini 2% - 6ml. Through 2 minutes after the administration of the anesthetic, the patient became agitated, a feeling of fear appeared, tightness in the chest, noise in the head, trembling, cramps, nausea. On auscultation, breathing is weakened. Pulse up 30 beats per minute. Please indicate your diagnosis. Provide assistance.

*Sample answer:*

Intoxication. Administer immediately intravenously 2 ml of 1% sodium thiopental solution.

Exercise 18.

A patient came to the dentist with complaints of painful swelling in the lower jaw, general weakness, high body temperature (38°). From the patient's medical history it was found that he fell ill a week ago 38 tooth, which was previously treated, but not completely. The patient was treated independently: she took analgesics and soda rinses. Three days ago, the pain in the tooth subsided, but the above symptoms appeared. When examining the maxillofacial area: a violation of the configuration of the face due to swelling in the area of the lower jaw on the left. The skin over it is not changed in color. Hyperemia and swelling of the gums in the area are determined 36, 37, 38 teeth, the transitional fold in this area is smoothed, Palpation revealed fluctuation. Crown The 38th tooth is destroyed, percussion positive.

Your diagnosis.

*Sample answer:*

These complaints, anamnesis, and local status correspond to the clinical characteristics of acute purulent periostitis of the lower jaw on the left.

Task 19.

The patient complains of short-term pain in the 2.6 tooth.

What tools should you choose to conduct the survey? *Sample answer:*

Sterile kidney-shaped tray, dental mirror, angled dental probe, dental tweezers.

Task 20.

Patient B., 32 years old, consulted a dentist with complaints of dry lips, itching, aesthetic defects, pain when eating, and wide mouth opening. From the anamnesis: allergic reactions to certain foods and medications are possible. Changes appeared after using a new lipstick. Objectively: regional lymph nodes are not enlarged. Swelling of the red border of the lips, moderate erythema with peeling, and small cracks are somewhat noticeable. The oral mucosa is unchanged.

Prescribe additional research methods to clarify the diagnosis. *Sample answer:*

Allergy tests.

Task No. 21.

Patient Z., 43 years old, consulted a doctor with a complaint about the appearance of formations in the form of large spots on the back of his tongue.

History: I noticed the appearance of spots a month ago. The patient was not bothered by the spots, so he did not see a doctor.

Objectively: on the back of the tongue there are papules in the form of large ring-shaped discs. The filiform papillae of the tongue on the surface of the papules are atrophied, have the shape of oval, smooth, shiny surfaces, located below the level ("mown meadow symptom"). Palpation is painless. When the papules are scraped with a spatula, the existing whitish coating is easily removed, revealing the eroded surface

copper-red color. The papules are separated by a red inflammatory halo. What additional research methods need to be carried out?

*Sample answer:*

Laboratory research methods (RW, etc.) and bacteriscope methods for identifying *Treponema pallidum* from the surface of erosion.

Task No. 22. Patient K., 20 years old, complains of prolonged throbbing pain in the 3.6 tooth, radiating to the ear. Malaise, headache, sleep disturbance are noted. The tooth has been bothering me for 3 days.

Objectively: the mouth is half-open, mobility of 3.6 teeth of the first degree, on the chewing surface there is a deep carious cavity that does not communicate with the tooth cavity, percussion is sharply painful. X-ray 3.6 shows no pathological changes.

What is an additional method for determining the death of dental pulp?

*Sample answer:*

Electroodontodiagnostics.

Task No. 23. Patient N., 19 years old, complains of intense spontaneous pain in the right upper jaw, which appeared 2 days ago and is aggravated by cold. The patient woke up at night from pain and could not sleep until the morning. During an attack, pain radiates along the branches of the trigeminal nerve. The face is symmetrical. Upon examination, deep carious cavities were revealed on the chewing surface of the 1.6 tooth.

What additional examination methods are required? *Sample*

*answer:*

Electroodontodiagnostics and radiography of 1.6 teeth.

Task No. 24. Patient Z., 18 years old, complains of tissue growth in the 4.6 tooth, pain and bleeding when eating. Objectively: on the chewing surface of the 4.6 tooth there is a deep carious cavity filled with granulation tissue; upon probing, the formation bleeds and is painful.

What examination methods are needed to clarify the diagnosis? *Sample*

*answer:*

Percussion, EDI, radiography.

Task 25.

Patient N., 34 years old, was hospitalized in the maxillofacial department with a diagnosis of acute odontogenic lymphadenitis of the submental region. What microorganism is most often the causative agent of acute lymphadenitis of the face and neck?

*Sample answer:*

*Streptococcus, Staphylococcus aureus.*

Task 26.

Patient L., 43 years old, consulted a dentist with complaints of a tumor-like formation in the thickness of the left parotid gland, which appeared two days ago after the skin around the abrasion of the left parotid region, received during shaving, became inflamed. The doctor diagnosed Herzenberg's pseudomumps. What it is? *Sample answer:*

Lymphadenitis of the parotid-masticatory region.

Task 27.

Patient S., 50 years old, a resident of a rural area, a cattle breeder, consulted a dentist with complaints of a conglomerate of enlarged tubercles fused together.

inflammatory process in the lymph nodes (at different stages of inflammation) in the region of the middle jugular chain on the left. The doctor suggested specific lymphadenitis. What can cause it?

*Sample answer:*

*Mycobacterium tuberculosis.*

Task 28.

Patient D., 36 years old, was hospitalized in the maxillofacial department with a preliminary diagnosis: chronic lymphadenitis of the submental region. Choose the most significant diagnostic method that allows you to differentiate chronic lymphadenitis from cysts of various etiologies.

*Sample answer:*

Ultrasound

Task 29.

Patient O., 28 years old, consulted a dentist with complaints of pain in the right submandibular region, weakness, high (38.5-C) body temperature, and facial asymmetry. A week ago, the decayed 46th tooth began to hurt; touching the tooth became sharply painful. Four days ago, a "ball" appeared in the right submandibular region, which at first was slightly painful to touch and mobile, and then the pain in this area began to increase. "The ball" began to lose its orientation when palpated and stopped being mobile. The night before, a tissue compaction formed in this place, and the contours of the "ball" disappeared. Today the pain has intensified, the general and local temperature has increased, and redness of the skin has appeared. Probable diagnosis?

*Sample answer:*

*Adenophlegmon of the right submandibular region.*

Task No. 30.

A 40-year-old patient complained of severe pain in the lower jaw area on the left, which began suddenly at night and was accompanied by severe chills. On admission: body temperature 39.5 C. Condition of moderate severity. There is swelling of the soft tissues of the buccal area and lower eyelid on the left. The skin in this area is not changed in color, it gathers into a fold. Palpation is painless. The submandibular lymph nodes are enlarged on both sides, their palpation is painful. In the oral cavity: there is collateral swelling of the perimaxillary soft tissues on the vestibular and lingual sides of the alveolar part of the lower jaw on the left. The mucous membrane of this area is hyperemic, painful on palpation, and an infiltrate with an area of fluctuation is detected. 44.45 - II-III degrees of mobility, their percussion is sharply painful, the coronal parts 44.45 are partially destroyed.

Guess the most likely diagnosis. *Sample answer:*

The patient's history, general condition, clinical picture (mobility of a group of teeth, swelling and hyperemia of the mucous membrane on the vestibular and lingual sides of the alveolar process of the lower jaw on the left) allow us to make a diagnosis of acute odontogenic osteomyelitis of the lower jaw on the left.

Task No. 31.

A 20-year-old patient was admitted with complaints of severe pain in the chin area, which began in the morning, accompanied by tremendous chills and a rise in body temperature to 40.0 C. The condition is serious. Swelling of the soft tissues of the lower lip and chin area. On admission: body temperature 39.5 C. The skin of this area is not changed in color, it gathers into a fold. Palpation is painless. The submandibular lymph nodes are enlarged on both sides, their palpation is painful. In the oral cavity there is collateral swelling of the perimaxillary soft tissues on the lingual and vestibular sides of the alveolar part in the anterior part of the lower jaw. On the mucous membrane of the red border of the lower lip on the right there is a rounded formation, protruding above the red border, bluish in color, soft, painless. The patient notes slow growth of the tumor. Make a preliminary diagnosis. What data is irrelevant?

*Sample answer:*

Acute odontogenic osteomyelitis of the lower jaw. An insignificant sign is the existing neoplasm on the mucous membrane of the red border of the lower lip on the right. It is not important for drawing up a treatment plan for osteomyelitis of the chin of the mandible.

Task No. 32.

A 46-year-old patient complained of the presence of fistula tracts with purulent discharge and aching pain in the lower jaw area on the left. From the anamnesis it was revealed that periodically the pain had appeared before, with swelling in the lower jaw area on the left, the body temperature increased to 37.5 C, and he did not consult a doctor. On admission: condition was satisfactory. Body temperature is 37.1 C. The configuration of the face is changed due to swelling of the soft tissues in the lower buccal region on the left. When palpating the body of the lower jaw on the left, a thickening is determined. The left submandibular lymph nodes are slightly enlarged, mobile and slightly painful. In the oral cavity: crowns 35, 36, 37 are partially destroyed, on the mucous membrane of the alveolar part of the lower jaw on the left vestibular side there are several fistulous tracts with purulent discharge. The mucous membrane in this area is hyperemic. On the lateral radiograph of the lower jaw on the left, shadows of small sequestrars in the area of the molars are determined. Make a preliminary diagnosis. Where should the patient be treated?

*Sample answer:*

Chronic odontogenic osteomyelitis of the lower jaw. In the Department of Maxillofacial Surgery.

Task No. 33.

A 46-year-old patient complained of moderate aching pain in the upper jaw on the left, radiating to the left occipital region and temple. There is also pain when swallowing and opening the mouth. From the anamnesis it was revealed that a week ago 27 fell ill. I was bothered by a constant aching pain that intensified when biting. Body temperature increased to 37.5 C. The patient did not consult a doctor, but independently used warm soda rinses. Within four days, the pain in the tooth went away, but on the eve of going to the doctor, pain appeared when swallowing and opening the mouth. He contacted an ENT doctor, after whose examination no pathology of the ENT organs was detected, and was referred to a dentist for consultation. Upon examination: a single, enlarged, painful lymph node is detected in the submandibular region on the left. Minor swelling of the soft tissues above the zygomatic arch on the left. Mouth opening is limited to 1.0 cm between the incisors and is sharply painful. An intraoral examination revealed: crown 27 is partially destroyed, its percussion is slightly painful, and degree II mobility is noted. The transitional fold on the vestibular side at levels 26,27,28 is swollen, hyperemic,

smoothed out. When tissue is pressed in the projection of the tubercle of the upper jaw on the left, a sharply painful inflammatory infiltrate is determined. X-ray examination 27 reveals areas of rarefaction of bone tissue in the area of the roots and bifurcations with unclear contours, deep bone pockets. Guess the most likely diagnosis.

*Sample answer:*

Abscess of the infratemporal fossa

Task No. 34.

A 37-year-old patient was admitted to the clinic with complaints of severe, constant pain in the right side of the head, pain when swallowing and opening the mouth, and visual disturbances.

Symptoms of intoxication were expressed: increase in body temperature to 39.0-39.5°C, dizziness, nausea, vomiting, chills. From the anamnesis it was revealed that three days ago he fell ill. I was bothered by a constant, aching pain that intensified when biting. I didn't go to the doctor, I took analgesics. Two days ago, the pain spread to the entire right half of the upper jaw, radiating to the ear and temple. There was pain when swallowing and opening the mouth. The symptoms grew rapidly, and soon symptoms of visual impairment appeared: diplopia, decreased visual acuity in the right eye. On examination: swelling is detected in the parotid-masticatory and temporal areas on the right, and the "hourglass" symptom is noted. Palpation in these areas is painless. The swelling of the eyelids on the right is significant, the eye is completely closed. The conjunctiva of both eyelids is hyperemic. Swelling of the eyelids of the left eye is also detected. With symmetrical pressure on the eyeballs, sharp pain is detected on the right. There is a deep carious cavity, percussion is sharply painful, mobility is grade II. The mucous membrane along the transitional fold and the gums on the vestibular side at the level of the molars are hyperemic. When pressing on the soft tissues towards the tubercle of the upper jaw on the right, a painful infiltrate is determined. An X-ray examination in area 18 reveals a loss of bone tissue in the area of the root apex with clear contours, measuring 0.4-0.5 cm. Make a diagnosis. Where should the patient be treated? *Sample answer:*

Odontogenic phlegmon of the face. In the Department of Oral and Maxillofacial Surgery

Task No. 35.

In a 43-year-old patient, examination revealed a sharply painful inflammatory infiltrate in the left temporal region, occupying the anterior 2/3 of this region. The skin over it is hyperemic and does not fold. In the anterior lower parts of the infiltrate, a symptom of fluctuation is determined. Opening of the mouth and lateral movements of the jaw are limited and severely painful. The oral cavity is not sanitized. What data is missing to clarify the diagnosis?

*Sample answer:* There is not enough anamnestic data: when, in connection with what it arose the disease, the dynamics of its development before the moment of treatment, what treatment was carried out? There is a lack of clinical examination data, primarily concerning the degree and nature of dysfunction. It is necessary to find out whether there are any other signs of inflammation in the tissues of neighboring areas. There is no data indicating the cause of inflammation. There is no X-ray examination data: the condition of the dental system, the condition of the bones of the skull.

Task No. 36.

A 34-year-old patient was admitted with complaints of sharply painful swelling in both submandibular and submental areas, weakness, malaise, and increased body temperature. There is also difficulty and pain when talking, chewing, and swallowing. Mouth opening is limited and painful. The disease began a week ago when it appeared at 47, worsening when biting. The pain grew and appeared

slight, painful diffuse swelling in the right submandibular region. Two days ago I went to the district clinic, where 47 was removed due to exacerbation of chronic periodontitis. Despite the removal of the tooth, the swelling increased, pain and symptoms of dysfunction increased. After a second visit to the dentist, he was sent to the maxillofacial surgery hospital. Objectively: the patient is pale, pulse is rapid, body temperature is  $-38.5^{\circ}\text{C}$ . In both submandibular and submental areas, an extensive, painful infiltrate with unclear boundaries is determined, more pronounced on the right. The skin over it is hyperemic, does not fold in the right submandibular region, and folds to a limited extent in the submental and left submandibular regions. Mouth opening 1.5-2.0 cm, sharply painful. Movement of the tongue, especially its displacement forward, is sharply painful. The mucous membrane of both maxillo-lingual grooves and sublingual areas is swollen, hyperemic on the right, somewhat infiltrated and painful. The socket of the removed 47 is filled with an organizing blood clot, covered with fibrinous plaque. An orthopantomogram showed pathological changes in the area of socket 47 and no foreign bodies were detected. In the area of the body of the lower jaw, closer to its edge at level 43, an area of high intensity bone tissue compaction with clear contours of a regular oval shape is determined. Make a diagnosis and justify it.

*Sample answer:*

Phlegmon of the floor of the mouth. The diagnosis is made based on the localization of the inflammatory infiltrate, which occupies several cellular spaces of the floor of the mouth: both submandibular, submental region, maxillary lingual groove on the right, area of the root of the tongue.

Task No. 37.

A 44-year-old patient complained of a sharply painful swelling in the sublingual area. The pain intensifies when eating and talking. From the anamnesis it was revealed that three days ago, after hypothermia, a slightly painful swelling appeared under the tongue. The patient independently used warm mouth rinses with soda solution. Despite this, the swelling increased and the pain intensified. Objectively: upon external examination, tissue swelling is determined in the left submandibular region. When palpating the tissues, the pain in the sublingual area increases. Crown 41 is destroyed, with slight pain on percussion. In the sublingual region on the left, a sharply painful infiltrate with clear boundaries is determined. The mucous membrane over it is hyperemic, collateral edema is slightly expressed. In the center of the infiltrate, a focus of fluctuation is determined. In area 41 at the root apex, bone loss with vague contours of 0.3 x 0.3 cm is determined.

Make a diagnosis and justify it. *Sample answer:*

Exacerbation of chronic periodontitis. Abscess of the sublingual area. The diagnosis was made on the basis of complaints and objective examination data: the presence of an inflammatory infiltrate with a focus of fluctuation in the sublingual area, destruction of the crown 41, characteristic radiological changes.

Task No. 38.

A 51-year-old patient was admitted with complaints of a painful swelling in the sublingual area on the right, which appeared two days ago. The appearance of swelling is not associated with anything. The pain intensifies when eating, when moving the tongue. An objective examination revealed an enlarged, hardened, painful right submandibular salivary gland. Palpable in the submental area

enlarged, painful lymph node. During intraoral examination: 48,46,45,34,35,36,38 are absent. The remaining teeth are intact, which is confirmed by X-ray examination data. In the sublingual area on the right, a painful inflammatory infiltrate and fluctuation are palpated. When massaging the submandibular salivary glands, saliva is not released from the right duct, and an insignificant amount is released from the left.

What data is missing to make a diagnosis?

*Sample answer:*

There is not enough radiograph to identify a stone in the excretory duct of the submandibular salivary gland.

Task No. 39.

A 57-year-old patient was admitted with complaints of pain in the area of the right half of the tongue, aggravated by talking, eating, and difficult and painful opening of the mouth. For five years, he has been observed by an otolaryngologist for chronic tonsillitis. Peritonsillar abscesses have been opened twice previously. A week ago I had a sore throat and went to an ENT doctor. Treatment was carried out for exacerbation of chronic tonsillitis. Despite the treatment, the pain when swallowing slightly increased, more so on the right side, there was difficulty opening the mouth, and severe pain. The symptoms grew worse. The ENT doctor referred him for consultation to a dentist. Objectively: enlarged, painful lymph nodes are detected in both submandibular areas, as well as in the retromandibular area on the right. Opening the mouth up to 1.5-2.0 cm, sharply painful. Movements of the tongue are not limited and are painful. Swelling of the mucous membrane of the maxillo-lingual groove on the right is determined. A sharply painful infiltrate is palpated in the maxillo-lingual groove on the right. A slight deformation of the body of the lower jaw on the right due to swelling is determined; palpation is painless. At 46 there is a deep carious cavity. Probing and percussion are painless.

Make a presumptive diagnosis.

*Sample answer:*

Abscess of the maxillo-lingual groove on the right.

Task No. 40.

A 53-year-old patient complained of painful swelling in the left cheek area and limited mouth opening. From the anamnesis it was revealed that for four years she has been undergoing medical observation and treatment by a dentist for chronic bilateral parenchymal parotitis. About two months ago I was treated in a dental hospital for phlegmon of the left cheek area. The phlegmon was opened and purulent exudate was obtained. No teeth were removed. About three weeks ago, induration and swelling reappeared in the lower parts of the left cheek area. There was no pain for several days, then slight soreness appeared. Four days ago the pain intensified and redness of the skin appeared. Objectively: in the lower parts of the left cheek area there is an inflammatory infiltrate measuring 5.0 x 7.0 cm with unclear boundaries, slightly painful. The skin over it is slightly hyperemic, cyanotic, and does not gather into a fold. An enlarged, mobile, slightly painful lymph node is palpated in the left submandibular region. Opening of the mouth is limited due to pain, but gradually it was possible to open the mouth completely. The mucous membrane of the left cheek is swollen and cyanotic. No saliva is secreted from the left parotid duct. From the right parotid duct, saliva is secreted in small quantities with flakes. Preliminary diagnosis.

*Sample answer:*

## Specific inflammatory diseases.

### Task No. 41.

A 25-year-old patient was repeatedly admitted to the clinic with complaints of a sharp limitation in mouth opening, the presence of a painful swelling in the right parotid-masticatory region, pain in the area of the angle of the lower jaw on the right when biting, an increase in body temperature to 38.0°C, general weakness, malaise, chills. A month and a half ago, I went to the clinic for the first time, where a diagnosis was made: a fracture of the lower jaw in the area of the angle on the right without displacement, after which bimaxillary immobilization was performed with Tigerstedt splints with hooking loops. It was decided not to remove intact 48 from the fracture line to avoid displacement of the fragments. The course of the disease is smooth, however, seven days ago swelling and then pain appeared in the right parotid-masticatory area. The symptoms grew worse. I returned to the clinic again. Objectively: a painful infiltrate measuring 5.0 x 7.0 cm without clear contours is palpated in the right parotid-masticatory region. The skin over it is hyperemic, thinned, and does not fold. An extensive focus of fluctuation is determined. Collateral edema is mild. Opening the mouth up to 0.5 cm is painful.

What data is missing to make a final diagnosis? Make a preliminary diagnosis.

*Sample answer:*

There is insufficient X-ray data. It is necessary to clarify what caused the development of the acute inflammatory process.

Phlegmon of the parotid-masticatory area on the right. Exacerbation of traumatic osteomyelitis of the lower jaw on the right in the area of the corner.

### Task No. 42.

The patient, 25 years old, first arrived at the clinic 10 days ago. A diagnosis was made: a displaced fracture of the lower jaw in the area of 35 on the left. 35 was removed from the fracture line, bimaxillary wire splints with hooking loops and rubber traction were applied. Anti-inflammatory therapy was prescribed. The patient was sent for outpatient observation and treatment. However, I did not follow the instructions; on the second day I removed the rubber rod myself. He was admitted again with complaints of a sharply painful swelling in the left submandibular region, discharge of pus through the removed socket 35, slight pain when swallowing, general weakness, malaise, increased body temperature to 38.0-38.5°C. Upon examination, a sharply painful diffuse inflammatory infiltrate measuring 10.0 x 7.0 cm is palpated in the right submandibular region. The skin over it is hyperemic and gathers in a fold to a limited extent. In the depth of the infiltrate, the symptom of fluctuation is not clearly defined. Collateral edema is moderately expressed. Mouth opening is limited to 0.5 cm and is painful. The numbness of the tissues of the lip and skin of the chin on the left, diagnosed at the first visit, persists. The wire bars are fixed well. The removed socket 35 contains purulent discharge. There is swelling of the mucous membrane in the sublingual area on the left and the absence of infiltration. An X-ray examination of the body and ramus of the lower jaw on the left reveals the shadow of the fracture gap passing through the socket of the removed 35. The position of the fragments is satisfactory. No pathological changes in bone tissue were detected. Make a diagnosis.

*Sample answer:*

Suppuration of a bone wound. Phlegmon of the submandibular region on the left.

### Task No. 43.

A 47-year-old patient was admitted to the clinic with complaints of slight swelling in the right submandibular region, sharp pain in the lower jaw area on the right,

inability to open the mouth, painful swallowing (liquid food is more difficult to swallow than solid food). Also of concern is slight pain and a feeling of heaviness in the upper jaw on the right, nasal congestion is greater on the right, general weakness, chills, increased body temperature to 39.0°C. Three days ago I caught a cold, and then a moderate sore throat appeared, worsening when swallowing. The therapist at the district clinic diagnosed ARVI, issued a sick leave certificate, prescribed warming, rinsing, and vitamin therapy. Since yesterday, the pain has intensified, restrictions on opening the mouth have appeared and developed, and symptoms of intoxication have increased. The ambulance team took her to the maxillofacial surgery department.

On examination: there is moderate swelling in the submandibular and retromandibular areas. The skin color is not changed, it gathers into a fold. The submandibular lymph nodes are enlarged and sharply painful. When the doctor's fingers are inserted behind the branch of the lower jaw on the right, sharp pain is noted. The jaws are closed, there is no mouth opening. It was possible to examine the oral cavity only after blocking the motor branches of the trigeminal nerve on the right using the Egorov method. The oral cavity is not sanitized, there are multiple carious cavities. The mucous membrane of the pterygomandibular fold, velum palatine, and lateral wall of the pharynx on the right is sharply swollen, hyperemic, and bulges to the center line. On palpation, an extensive, sharply painful inflammatory infiltrate is detected, localized in the area of the pterygomandibular space and the lateral wall of the pharynx on the right. An X-ray examination reveals a homogeneous darkening of the right maxillary sinus and foci of rarefaction of bone tissue at the apexes of the roots.

Questions: 1. Make a diagnosis

2. Indicate what, in your opinion, was the cause of the development of the acute inflammatory process.

*Sample answer:*

Phlegmon of the pterygomaxillary and peripharyngeal space on the right. Cold factor.

The cause of the development of an acute inflammatory process was an unsanitized oral cavity (the presence of a focus of chronic intoxication and allergization of the body), decreased immunity and untimely provision of first aid.

Task No. 44.

A 45-year-old patient complained of pain in the root of the tongue, which increased with swallowing, talking and eating. The pain appeared 4 days ago and gradually increased; its appearance is not associated with anything. The medical history revealed that six months ago surgery was performed to remove a cyst of the root of the tongue. Immediately after the operation, I noticed numbness in the anterior two-thirds of the tongue on the left, which persisted for about three months. Over the past few years, the sensitivity of the tongue has slowly begun to recover. Objectively: in the right submandibular region an enlarged, painful lymph node, fused with the surrounding tissues, is detected. Opening the mouth fully is painful. The tongue is swollen more in the posterior third, and moving it out of the mouth is sharply painful. The mucous membrane of the tongue in the posterior third of the back and lateral surfaces is hyperemic. The mucous membrane in the sublingual area is swollen and of normal color. Vertical pressure on the area of the tongue root is sharply painful. An inflammatory infiltrate measuring 3.0 x 4.0 cm is palpated in the root area. The oral cavity is sanitized. Make a diagnosis.

Indicate what may be associated with the development of the inflammatory process. process.

*Sample answer:*

Abscess of the root of the tongue. The development of an abscess may be due to the fact that the operation to remove the tongue root cyst was not carried out radically - a section of the membrane was left.

As a result, a recurrence of the tongue root cyst and its suppuration and abscess formation could occur.

#### Task No. 45.

A 60-year-old patient consulted a dentist at a local clinic with complaints of pain in the tongue, aggravated by eating and talking, and swelling of the tongue. These complaints appeared after the patient bit her tongue two days ago. She independently used warm soda mouth baths, but the symptoms worsened. After examination, the dentist diagnosed: an abscess of the anterior third of the tongue on the right.

Based on what signs was the diagnosis made?

#### *Sample answer:*

The diagnosis was made based on the presence of a sharply painful inflammatory infiltrate in the anterior third of the tongue on the right. The mucous membrane over it is hyperemic and edematous. The symptom of fluctuation is determined.

#### Task No. 46.

A 52-year-old patient was admitted to the clinic in serious condition with complaints of the inability to swallow, open his mouth, an increasing state of suffocation, and significant difficulty speaking. Objectively, a diffuse, sharply painful, inflammatory infiltrate is determined, occupying the submental, both submandibular areas, spreading to the upper parts of the anterior surface of the neck. Odontogenic phlegmon of the floor of the mouth was diagnosed. The phlegmon was opened and 46,45,37 were removed due to chronic periodontitis. A tracheostomy was performed. The next day after the operation, against the background of prescribed drug treatment, the patient's condition began to deteriorate. The skin is pale, jaundiced, the face is covered with cold sweat. Body temperature 40.0°C, pulse 110 beats per minute, weak filling and tension. The "effleurage" symptom is sharply positive, the liver protrudes from under the costal arch by 2.0 cm, and is sharply painful. Anemia is noted, ESR is 55 mm/hour, hypoproteinemia. A high content of protein and leukocytes was found in the urine. What is the preliminary diagnosis?

#### *Sample answer:*

Sepsis (septicopyemia). Toxic hepatitis and nephritis. Complicated course of odontogenic phlegmon of the floor of the mouth. Additionally, it is necessary to culture the blood for the presence of microflora in it, at a minimum.

#### Task No. 47.

A 38-year-old patient has been treated in the clinic for a week with a diagnosis of phlegmon of the floor of the mouth. In the first three days after treatment, the patient's condition improved slightly, then began to deteriorate again. The spread of the inflammatory process to the anterolateral surface of the neck was noted. Currently, the patient's condition is serious. The skin and visible mucous membranes are pale and earthy in color. There are many pustules on the skin of the body. The patient is in a comatose state. On palpation, sharp pain is detected in the area of the liver and right hip joint. Heart sounds are muffled.

Question: It can be assumed that the patient will develop odontogenic sepsis. This is evidenced by a sharp deterioration in the patient's condition during the therapy, and the spread of the process to adjacent cellular spaces.

Presumptive diagnosis?

#### *Sample answer:*

It can be assumed that the patient will develop odontogenic sepsis. This is evidenced by a sharp deterioration in the patient's condition during the therapy, and the spread of the process to adjacent cellular spaces.

#### Task No. 48.

In a 48-year-old patient undergoing treatment for phlegmon of the upper lateral region of the neck, which developed as a result of suppuration of the lateral neck cyst on the right, after the operation of opening the phlegmon, the condition continued to worsen, the symptoms of intoxication increased. A few hours after the operation, a dry cough appeared, pain in the chest area, and shortness of breath increased. The pain became less intense when the head was lowered to the chest.

What complication can be expected to develop?

*Sample answer:*

The development of anterior mediastinitis can be assumed.

#### Task No. 49.

A 28-year-old patient was admitted to the clinic with a diagnosis of a blind shrapnel wound in the retromandibular region and the upper lateral region of the neck on the left. As a result of the injury he suffered massive blood loss. Posthemorrhagic shock was diagnosed. Blood transfusion was performed and the patient was brought out of shock. During the initial surgical treatment of the wound, the damaged vessels were ligated and sutured, the foreign body (splinter) was removed, and non-viable tissue was excised. The wound was partially sutured with drainage inserted. After two days, inflammation in the wound began to increase. Its edges and tissues along the periphery were infiltrated, swelling increased, descending to the entire anterolateral surface of the neck on the left, and purulent discharge along the drainages. The pain in the wound area intensified, then there was pain in the chest area and coughing. A decision was made to revise the wound. The sutures were removed, the edges of the wound were separated, and a large amount of pus was obtained. The wound was inspected and purulent leaks were exposed. A wound dialysis system has been installed. However, the symptoms of intoxication and chest pain increased. The cough got worse. Shortness of breath appeared and increased.

Question: What general complication of the local inflammatory process can develop in this case?

*Sample answer:* It is possible to assume the development of mediastinitis based on data on the presence of pain in the chest, coughing, increasing shortness of breath, increasing symptoms of intoxication.

#### Task No. 50.

A 63-year-old patient, after long-term dental treatment under anesthesia, cannot close his mouth in one visit. From the anamnesis: he was sent for treatment of the 27th tooth for prosthetic purposes. After anesthesia, I sat for a long time with my mouth wide open (they wanted to complete the treatment in one visit). When I tried to close my mouth, a sharp pain appeared in the temporomandibular joints. During the examination: the coronoid processes of the lower jaw, which have shifted anteriorly, are palpated from the side of the oral cavity. Open bite. An x-ray of the skull reveals the heads of the lower jaw, located on the anterior slope of the articular tubercle.

Make a diagnosis.

*Sample answer:*

Answer: Bilateral anterior dislocation of the mandible.

#### Task No. 51.

Patient V., 45 years old, complained of aching pain and crunching when opening the mouth wide in the right temporomandibular joint.

From the anamnesis it was found that she had been sick for a week; she had noticed a crunching sound before when yawning and vigorous chewing. Several years ago, for acute pain, I treated 46 and removed 45. He chews mainly on the left side. Upon examination, a slight asymmetry of the face was noted due to the different severity of the nasolabial folds and the development of the masticatory muscle itself. Mouth opening - 4 cm. Crunching and pain in the right temporomandibular joint with lateral movements of the lower jaw and wide opening of the mouth. An X-ray of the right temporomandibular joint shows a slight deformation of the head of the articular process and exostosis.

Make a detailed diagnosis.

*Sample answer:*

Deforming arthrosis-arthritis of the right temporomandibular joint, degree I.

Task No. 52.

A 54-year-old patient complained of pain in the TMJ on the right, which arose 3 weeks ago after the flu. First there was a clicking sound, then pain. Objectively; hyperemia, swelling in the joint area on the right. Regional lymph nodes are enlarged and painful. On the tomogram, the bone structures are unchanged, the joint space on the right is widened. Make a diagnosis.

*Sample answer:*

Acute arthritis of the right TMJ.

Task No. 53.

A 22-year-old patient complained of the inability to open his mouth, which gradually developed from childhood, when he suffered from otitis media. From the age of 13-14 I noticed facial asymmetry. My teeth hurt, the dentist refused to treat me because I couldn't open my mouth.

Question: What additional examination methods should be used to make a diagnosis and draw up a treatment plan?

*Sample answer:*

To make a diagnosis and draw up a treatment plan, it is necessary to conduct an X-ray examination of the TMJ and CT scan of the facial skull.

Task No. 54.

A 19-year-old patient complained of severe limitation of mouth opening. A dentist cannot perform sanitation of the oral cavity. In early childhood he suffered osteomyelitis of the body of the lower jaw. Currently, the deformity of the lower part of the face is pronounced. Crossbite.

Question: What pathology of TMJ can we think about?

*Sample answer:*

Based on complaints and medical history, it can be assumed that the patient has TMJ ankylosis.

Task No. 55.

A 32-year-old patient came to the clinic with complaints of pain when opening her mouth wide, clicking in the area of the temporomandibular joint and displacement of the lower jaw to the right. Objectively: the dentition is intact, the bite is orthognathic. History: 3 months ago traumatic extraction of tooth 4.8.

Question: Make a diagnosis.

*Sample answer:*

Habitual dislocation of the lower jaw.

Task No. 56.

A 35-year-old patient complained of pain in the area of the right temporomandibular joint (TMJ) and difficulty opening the mouth. The anamnesis revealed:

has been ill for about 7 days, when pain appeared when opening the mouth and pain radiating along the mandibular nerve, she went to the clinic at her place of residence, where teeth 48 and 44 were removed for the purpose of sanitation. There was no improvement. Objectively, the skin and visible mucous membranes are clean and of normal color. Heart sounds are muffled and rhythmic. BELL

– 120/80 mm Hg. Art. Pulse – 80 beats. per minute Vesicular breathing RR – 16 per minute. The abdomen is soft and painless. The liver is not enlarged. The spleen is not palpable. The symptom of tapping on both sides is negative. Stool and diuresis are not disturbed. Local status: facial contours are not changed. Opening the mouth is difficult and painful. Palpation in the area of the right TMJ is painful. When moving the lower jaw, a “crunching” and clicking sound is noted in the area of the right TMJ.

Question: Justify the diagnosis.

*Sample answer:*

“When the lower jaw moves, there is a crunching” and clicking sound in the area of the right TMJ, which indicates an exacerbation of chronic arthritis of the TMJ on the right.

#### Task No. 57.

The patient, 28 years old, went to the dental clinic; she cannot express her complaints clearly because she cannot close her mouth. Facial expressions and gestures make it clear that there is severe pain in the upper part of the parotid areas, a desire to close the mouth, and profuse salivation. From the anamnesis it was found that an hour ago the patient yawned, after which she was unable to close her mouth. Objectively: the configuration of the face has been changed due to the lengthening of the lower third of it and the displacement of the chin anteriorly. There is a lot of saliva coming from the mouth and the tongue is dry. The chewing muscles themselves are tense. The tissues in front of the tragus of the ear on the left and right sink, and under the zygomatic arch (symmetrically on both sides) the displaced heads of the condylar processes are palpated. It is not possible to palpate them through the external auditory canal. When trying to close a sore mouth by pressing upward on the chin, the lower jaw exerts springy resistance, which is accompanied by pain. When palpating the anterior edge of the lower jaw branch from the side of the oral cavity on the right and left, the right and left coronoid processes that have shifted anteriorly are clearly identified. The bite is open because only the last large molars are in contact. Preliminary diagnosis.

*Sample answer:*

Answer: Acute anterior bilateral dislocation of the lower jaw.

#### Task No. 58.

A 52-year-old patient came to the clinic with complaints of paroxysmal pain in the left half of the face that occurred when touching the left cheek with a hand, towel, clothing, etc. and lasting for 3-4 seconds, pain of a burning nature, spreading to the temple, back of the head. From the anamnesis it was revealed that two months ago he suffered from acute respiratory viral infection with a high temperature; two weeks after the onset of acute respiratory viral infection, the first attack of pain appeared in the left half of the face lasting 1-2 seconds, then the attacks began to last up to 1 minute. I went to the doctor for the first time. Past illnesses indicate childhood infections and colds. General condition is satisfactory. Upon examination, the face is somewhat asymmetrical due to swelling of the left half. Palpation of the exit points of the II and III branches of the trigeminal nerve on the face is more painful on the left. When palpating the buccal area on the left, an attack of pain lasted 3 seconds. The oral cavity was sanitized, no pathological changes were detected. Justify the diagnosis.

*Sample answer:*The patient complains of paroxysmal burning pain that occurs during touching, most likely, the trigger zones on the skin of the face on the left, the onset of the disease (after an acute respiratory viral infection) and anamnesis data indicate neuralgia of the II-III branches of the trigeminal nerve.

Task No. 59.

A 57-year-old patient came to the clinic with complaints of pain in the upper jaw on the left, radiating to the occipital, temporal and eye areas on the left. The pain is short-term, 2-3 seconds, intense, tearing, spontaneous. From the anamnesis it was revealed that she had been ill for two years, was treated by a neuropathologist at her place of residence for trigeminal neuralgia, with no effect. Sent for consultation to a dentist. Past illnesses indicate childhood infections, colds, appendectomy. General condition is satisfactory. The configuration of the face is not changed, there is pastiness and slight hyperemia of the infraorbital and buccal areas on the left, and hyperesthesia. In the oral cavity, the teeth of the upper jaw on the right are intact, percussion is painless. When palpating the transitional fold in the area 2.4, 2.5, a painful attack begins lasting 3 seconds. Provide justification for the diagnosis.

*Sample answer:*

The patient's complaints of paroxysmal tearing pain, medical history (she was treated by a neurologist for trigeminal neuralgia on the left), the presence of a trigger zone on the mucous membrane along the transitional fold in the area of 2.4, 2.5 teeth and hyperesthesia of the buccal region on the left indicate neuralgia of the second branch of the trigeminal nerve left.

Task No. 60.

A 37-year-old patient came to the clinic with complaints of severe, paroxysmal, spontaneous pain in the area of the 1.4 tooth, radiating to the upper jaw on the right. From the anamnesis it was revealed that within a year the patient had 1.7, 1.5, 1.3, 1.2 teeth removed due to periodontitis, which arose immediately after treatment of pulpitis. But intense pain attacks began in one tooth or another, and at the moment she associates them with 1.4 teeth. Among the past diseases, he notes childhood infections, acute respiratory viral infections, and vegetative-vascular dystonia. General condition is satisfactory. The configuration of the face is not changed, palpation in the area of the infraorbital foramen on the right is slightly painful. No pathological changes were detected in the oral cavity. Tooth 1.4 is intact, percussion is painless, and an X-ray examination did not reveal any pathology in the periodontal 1.4 tooth.

Question: Justify the diagnosis.

*Sample answer:*

Based on the patient's complaints of paroxysmal pain in the area of innervation of the second branch of the trigeminal nerve on the right, and medical history (removal of 1.7, 1.5, 1.3, 1.2 teeth), neuralgia of the second branch of the trigeminal nerve on the right can be assumed.

Task No. 61.

A 22-year-old patient complained of a feeling of numbness in the left lower lip and constant aching pain in the left lower jaw. From the anamnesis it was found that a month ago pain appeared after a complex extraction of the 3.8 tooth (using a drill). There is a lack of sensitivity in the lower lip area on the left. In the oral cavity, the socket of the 3.8 tooth is epithelialized, no inflammatory phenomena are detected. An X-ray examination of the body and branch of the lower jaw on the left reveals the shadow of the socket of the removed 3.8 tooth, reaching the mandibular canal, and the absence of a bone septum between the socket and the mandibular canal.

*Sample answer:*

Make a diagnosis.

Answer: Neuritis of the third branch of the trigeminal nerve on the left.

Task No. 62.

A 39-year-old patient complained of constant aching pain in the lower jaw on the right, numbness in the lower lip on the right. From the anamnesis it was found that the pain appeared a month ago after treatment of the 46th tooth for pulpitis. The configuration of the face has not changed; an area of hypoesthesia is identified in the area of the lower lip on the right. An X-ray examination of the lower jaw on the right shows radiopaque shadow, 0.2x0.1 cm in size, in the mandibular canal below the distal root of the 46th tooth. Make a diagnosis.

*Sample answer:*

Neuritis of the third branch of the trigeminal nerve on the right. Foreign body (filling material) in the canal of the lower jaw.

Task No. 63.

The patient, 32 years old, complained of constant aching, periodically increasing pain in the chin area on the left, pain in the lower lip and gums on the left. The pain intensifies when eating hot or cold food, talking, and lately it has been bothering me even at night. Constantly used analgesics provide improvement.

From the anamnesis it was revealed that a month ago, after the removal of the 38th semi-impacted tooth on the lower jaw on the left, a feeling of numbness arose in the area of the lower lip and chin on the left. The next day, severe pain arose in the socket of the extracted tooth, and later pain appeared in the gums, lower jaw and lower lip. She was treated as an outpatient, the pain subsided, but the numbness did not go away. The dentist surgeon removed the 36th and 37th teeth on the left lower jaw. After the removal of teeth, against the background of numbness, the patient noted increased pain and a burning sensation in the chin area. Palpation of Valle's points is painless. No trigger zones were identified. Vertical percussion of the remaining teeth in the lower jaw is painful. Hyperesthesia with areas of anesthesia of the skin of the chin, lower lip and gums on the left. The radiograph shows no changes in bone tissue in the area of the removed 36, 37, 38 teeth.

Question: What is your diagnosis?

*Sample answer:*

Post-extraction (injury to the inferior alveolar nerve during removal of 38) neuritis of the left inferior alveolar nerve.

Task No. 64.

A 63-year-old patient complained of severe paroxysmal pain in the upper jaw and upper lip on the right, radiating to the temporal region on the right. Duration of pain is 6-10 seconds. Attacks of pain are accompanied by lacrimation, increased salivation, and hyperemia of the skin on the right. Eating food and hygiene measures in the morning provoke attacks of pain, which forces the patient to refuse them. From the anamnesis it was revealed that a year ago severe pain and swelling appeared in the infraorbital region and in the area of the 15th tooth; this tooth had periodically hurt before. The patient consulted a dentist and was diagnosed with a suppurating peri-radicular cyst of the upper jaw to the right of the 15th tooth. The doctor made an incision along the transitional fold, opened the cyst shell, evacuated the purulent exudate, and drained the wound. Adequate drug treatment. The patient's condition improved. Two weeks later, tooth 15 was filled and surgery was performed to remove the cyst. After the operation, severe paroxysmal pain appeared. Among the diseases he has suffered, he notes childhood infections, acute respiratory infections, and suffers from arterial hypertension. Palpation of the upper lip on the right provokes attacks of pain. Make a diagnosis.

*Sample answer:*

Answer: Neuralgia of the middle dental branches of the second branch of the trigeminal nerve.

Task No. 65.

A 27-year-old patient came to the clinic with complaints of constant severe pain in the area of the lower jaw on the right, numbness in the area of the lower lip on the right. The pain radiates to the ear and temporal region on the right. From the anamnesis it was found that the pain appeared a week ago after treatment of the 45th tooth for periodontitis. Objectively: the configuration of the face has not changed, the submandibular lymph nodes on the right are slightly enlarged and slightly painful. Hypoesthesia is detected in the area of the skin of the chin and lower lip on the right. In the 45th tooth there is a filling on the chewing surface, percussion is sharply positive, the surrounding mucosa is hyperemic. An X-ray examination of the lower jaw on the right: the canal of the 45th tooth is sealed, behind the apex of the root of the 45th tooth there is a radiopaque shadow measuring 0.5 by 0.7 cm, extending into the mandibular canal.

Based on clinical and additional examination data, make a diagnosis. What could provoke such a clinical condition?

*Sample answer:*

Traumatic compression neuritis of the inferior alveolar nerve. The cause of the development of the disease is excessive removal of filling material into the mandibular canal, compression of the terminal section of the inferior alveolar nerve, and ischemia of the nerve fiber.

Task No. 66.

A 28-year-old patient came to the clinic with complaints of pain and swelling in the chin region of the lower jaw. From the anamnesis it was found that about 3 days ago he received a blow to the lower jaw. I did not lose consciousness, there was no nausea or vomiting. He did not seek medical help. Increasing swelling in the chin area and pain in the area of the lower front teeth forced the patient to seek help. Upon examination, a hematoma is detected in the chin area; no violation of the integrity of the soft tissues and mucous membrane of the lower lip is detected. There is a malocclusion due to a slight displacement of fragments in the frontal region between 41 and 31. Pathological mobility of fragments of the lower jaw is determined, accompanied by significant pain. An X-ray examination reveals a violation of the integrity of the bone tissue of the lower jaw - a fracture gap between the central incisors of the lower jaw, passing to the lower edge, deviating from the midline to the right and ending in the area of the right incisor. Make a diagnosis.

*Sample answer:*

Answer: Fracture of the lower jaw in the frontal region with displacement of fragments.

Task No. 67.

A 20-year-old patient suffered a lower jaw injury as a result of an accident. I did not lose consciousness, there was no nausea or vomiting. On the third day after the injury, he went to the trauma center at his place of residence and was sent to a specialized clinic. The mouth opens up to 1.5 cm, pain is detected by palpation in the area of the condylar process on the left. When putting pressure on the chin, pain occurs in the area of the condylar process of the mandible on the left. 37 is missing, the remaining teeth are motionless, in bite. An X-ray examination reveals a violation of the integrity of the bone tissue of the lower jaw - a fracture line in the area of the base of the condylar process of the lower jaw on the left. The small fragment is displaced anteriorly and medially. Make a diagnosis. Transport immobilization?

*Sample answer:*

Answers: Fracture of the lower jaw on the left in the area of the base of the condylar process with displacement of fragments. Sling bandage (mentoparietal).

Task No. 68.

A 24-year-old patient complained of swelling in the left chin area and pain there during meals. From the anamnesis it was found that three days ago at work he was hit in the chin area with a metal part. I didn't immediately attach any importance to this. Upon examination, swelling of the soft tissues of the face in the chin area is determined, the mouth opens 2.5 cm. Palpation in the chin area and the branches of the lower jaw on the left is slightly painful. Pressing on the chin causes pain in the temporomandibular joint on the left. In the oral cavity: the bite is not disturbed, no mobility of fragments of the lower jaw was detected, including at the site of the former fracture, 48 is absent. There is a thickening of the bone along the mandibular edge on the right in the area of the angle. What additional information and clinical data are needed for staging? Presumable diagnosis:

*Sample answer:*

X-ray data is required as additional information. Fracture of the lower jaw on the left in the area of the condylar process, or acute post-traumatic arthritis on the left.

Task No. 69.

A 32-year-old patient came to the clinic with complaints of painful and incomplete opening of the mouth. From the anamnesis it was found that three days ago he received a blow to the chin. I did not lose consciousness, there was no nausea or vomiting. Upon examination, a small abrasion is detected on the skin of the chin on the left. The mouth opens 2.0 cm, wider opening of the mouth is difficult and painful. When opening the mouth, the lower jaw moves to the left. Palpation reveals pain in the area of the anterior surface of the branch on the left and in the area of the coronoid process. Your preliminary diagnosis.

*Sample answer:*

Answer: Fracture of the lower jaw on the left in the area of the coronoid process.

Task No. 70.

A 35-year-old patient complained of headache and inability to close his jaw. From the anamnesis it is clear that he was beaten the night before and did not lose consciousness. Among the diseases he has suffered: childhood infections, frequent colds, appendectomy. Currently he considers himself healthy. Upon examination, significant swelling of the middle part of the face and hemorrhages in the lower eyelids on both sides are determined. In the oral cavity, there is a violation of the occlusion of the teeth, such as an open bite. When palpating the bones of the middle zone of the face, no mobility of the fragments is noted, but there is sharp pain. In the area of the back of the nose, the "step" symptom is determined. Upon palpation from the oral cavity, the mobility of the upper jaw is determined. There is bloody discharge from the nose. Make a diagnosis.

*Sample answer:*

Answer: Le Fort II fracture of the upper jaw.

Task No. 71.

A 28-year-old patient was admitted to the clinic after a car accident. He is in an unconscious state. A local examination reveals numerous facial abrasions in the area of the left eyebrow, right wing of the nose, left cheekbone and chin. When examining the oral cavity, a chipping of the coronal part 21 is visible, and pathological mobility of the block of the frontal group of teeth of the lower jaw is determined. The patient has a moderate concussion and a fracture of the left tibia. What pathological condition can you assume and where should the patient be treated in a multidisciplinary hospital?

*Sample answer:*

Answer: Combined injury. Fracture of the coronal part. Fracture of the alveolar process of the lower jaw in the frontal region. Fracture of the left tibia, traumatic brain injury, concussion of the brain. In the department of combined trauma.

#### Task No. 72.

A 32-year-old patient was admitted to the clinic with complaints of swelling in the lower part of the buccal region on the right and the presence of a fistula with purulent discharge, swelling in the submandibular region on the right and pain in this area, aggravated by eating. From the anamnesis it was revealed that 5 weeks ago he received an injury in the area of the lower jaw on the right during a fight. He consulted a doctor a week after the injury with signs of inflammation. He was treated in a hospital, then in a clinic. A week after removing the double-jaw dental splints, swelling again appeared in the perimaxillary tissues on the right, skin hyperemia, and a fistulous tract with purulent discharge opened. In general, he is practically healthy. On local examination: the configuration of the face is changed due to swelling in the lower part of the buccal region on the right, there is hyperemia of the skin here, a dense infiltrate is palpated, in the center of which a fistulous tract with purulent discharge is detected. There is no mobility of the fragments of the lower jaw on the right at the site of the previous fracture; teeth were not removed from the fracture line.

Question: Your preliminary diagnosis.

*Sample answer:*

Chronic post-traumatic osteomyelitis of the lower jaw on the right,

#### Task No. 73.

A 42-year-old patient was diagnosed with a deforming scar in the area of the upper lip on the right. The examination revealed: a linear defect in the area of the skin and subcutaneous fat, 3 cm long, on the mucous membrane without any features. As the mouth opens and closes, the deformity increases.

Determine the indications for surgical treatment.

*Sample answer:*

Answer: The appearance of deformities when opening the mouth requires reconstructive surgery.

#### Task No. 74.

A 75-year-old patient is diagnosed with a defect in the auricle after surgical excision of a tumor. 6 months have passed since the operation.

Question: Is reconstructive surgery on the auricle indicated?

*Sample answer:*

Reconstructive surgery is not indicated, because Only 6 months have passed and yet - the age of the patient is a contraindication to the operation.

#### Task No. 75.

A 24-year-old patient was admitted to the clinic 30 hours after a dog bite. There is a defect in the lower lip on the right, measuring 4.0x3.0 cm.

Question: Give a diagnosis and treatment.

*Sample answer:*

Bite wound with a defect in the lower lip. Thorough antiseptic and surgical treatment of the wound to bleeding tissue. Plastic surgery with local tissues.

<b>Grade "unsatisfactory" (not accepted) or absence formation competencies</b>	<b>Grade "satisfactorily" (passed) or satisfactory (threshold) level of development competencies</b>	<b>Grade "Fine" (passed) or sufficient level development competencies</b>	<b>Grade "Great" (passed) or high level development competencies</b>
failure to student on one's own demonstrate knowledge when solving assignments, lack independence in application of skills. No confirmation of availability formation competencies indicates negative results of mastering educational disciplines	student demonstrates independence in application of knowledge skills and abilities to solve educational tasks in full According to sample given teacher, by tasks, solution which were shown teacher, it should be assumed that competence formed on satisfactory level.	student demonstrates independent application knowledge, skills and skills at solving tasks, similar samples that confirms Availability formed competencies for higher level. Availability such competencies for sufficient level testifies about sustainable fixed practical skill	student demonstrates ability to full independence in choosing a method solutions non-standard assignments within disciplines with using knowledge, skills and skills, received as in development progress given disciplines and adjacent disciplines should be considered competence formed on high level.

***Criteria for assessing test control:***

percentage of correct answers	Marks
91-100	Great
81-90	Fine
70-80	satisfactorily
Less than 70	unsatisfactory

When grading tasks with multiple correct answers, one error is allowed.

***Interview assessment criteria:***

<b>Mark</b>	<b>Descriptors</b>		
	<b>strength of knowledge</b>	<b>ability to explain (introduce) the essence of phenomena, processes, do conclusions</b>	<b>logic and sequence b answer</b>
Great	strength of knowledge, knowledge of basic processes of the studied	high skill explain the essence phenomena, processes,	high logic And

	<p>subject area, the answer is different depth and completeness disclosure of the topic; possession terminological apparatus; logic and consistency answer</p>	<p>events, do conclusions and generalizations, give reasoned answers, give examples</p>	<p>subsequence answer</p>
Fine	<p>solid knowledge main processes subject matter being studied area, different depth and completeness disclosure of the topic; possession terminological apparatus; free possession monologue speech, however one is allowed - two inaccuracies in the answer</p>	<p>ability to explain essence, phenomena, processes, events, draw conclusions and generalizations, give reasoned answers, give examples; however one or two inaccuracies in the answer are allowed</p>	<p>logic and subsequence answer</p>
satisfy flax	<p>satisfactory process knowledge subject matter being studied areas, answer, different insufficient depth and completeness of disclosure Topics; knowledge of basic theoretical issues. Several are allowed errors in content answer</p>	<p>satisfactory ability to give reasoned answers and provide examples; satisfactorily formed analysis skills phenomena, processes. Allowed several errors in content of the answer</p>	<p>satisfactory logic and subsequence answer</p>
dissatisfy strictly	<p>poor knowledge of the subject area being studied, shallow opening Topics; poor knowledge main issues theories, weak skills analysis of phenomena, processes. Allowed serious mistakes in content of the answer</p>	<p>inability to give reasoned answers</p>	<p>absence logic and sequences answer</p>

**Criteria for assessing situational tasks:**

Mark	Descriptors			
	understanding Problems	analysis situations	skills solutions situations	professional thinking

Great	complete implication problems. All requirements, <b>declared task, completed</b>	<b>high benefit analyze situation, draw conclusions</b>	<b>high benefit select method solutions problems, faithful solution skills situations</b>	<b>high level professional thoughts</b>
Fine	complete implication problems. All requirements, <b>declared task, completed</b>	<b>benefit analyze situation, draw conclusions</b>	<b>benefit select method solutions problems faithful solution skills situations</b>	<b>residual level professional thoughts. one goes down - there are inaccuracies in reply</b>
satisfy flax	astastic implication problems. majority requirements <b>declared task, completed</b>	please satisfy nyaya <b>benefit analyze situation, draw conclusions</b>	<b>satisfactory skills solutions situations, falsity with choosing a method solutions to the problem</b>	<b>residual level professional thoughts. falls more a bunch of inaccuracies in reply or error</b>  <b>sequences solutions</b>
dissatisfy strictly	misunderstanding problems. <b>legs requirements, declared task, not completed. No Tveta. Did not have experiments to solve hello</b>	izkaya <b>benefit analyze situation</b>	<b>insufficient solution skills situations</b>	<b>missing</b>

