

## Remembered Q's. Nov.

1. heart attack, what type of necrosis?
2. Metabolic acidosis is associated with: HYPERKALEMIA
3. Hyoid bone develops mainly from: 2nd & 3rd ARCH
4. Thoracic duct posterior to- Esophagus
5. Mutation and cause improper metabolism- Oncogene
6. Western blot: specific proteins in complex
7. Central groove of MX molar- formed by what
8. Innervation to lung
9. Testlet about parkinson's. what's low in this patient?
10. Penicillin allergy, what type of hypersensitivity?
11. Innervation of the upper lip: INFRAORBITAL N.
12. Inferior parathyroid origin- 3rd pouch
13. Movement of small intestine- segmentation
14. How many canals in MX 1st molar- 4 (2MB, 1P, 1DB)
15. Where is extra canal in MX? Mesial, MB, D or P
16. Decreased size of nuclei & condensed chromatin- pyknosis
17. Questions about anemia and lab test to confirm. What type of anemia, normochromic vs hypochromic
18. Diabetic patient on insulin, what cells are destroyed? Beta
19. Patient with Graves disease- less TSH, more T3 and T4
20. Microangiopathy, what causes it?
21. What does Ca bind to in coagulation?
22. What will you find in stratum granulosum- Keratohyalin (three of four times the same question)
23. Why does 25yr old patient have 2MN still in mouth
24. Antibiotic resistance— can be transferred by conjugation
25. Origin of PDL- Dental follicle
26. What nerve innervates parotid- IX
27. MOA of aminoglycosides- bind to 30s Ribosomal subunits and inhibits translation
28. Structure passing by Foramen Rotundum- V2
29. Aldosterone- increase sodium and water absorption
30. innervation of biceps brachii- Musculocutaneous
31. Sensory innervation for TMJ- Auriculotemporal
32. What is always found within protein structure- Alanine
33. What is needed for prostaglandins to synthesis
34. Not innervated by hypoglossal nerve- palatoglossus
35. Testlet about arthritis. Crepitus of the TMJ- Osteoarthritis
36. Mottled teeth- fluorosis
37. Bone after 1 month of fracture- lamellar
38. Protrusion- both lateral pterygoids, which head?
39. Postural position- resting position- how much space usually?
40. Straight messiah surface- MN canine (3 or 4 times)
41. Lingual and facial HOC of post. upper and lower
42. Nissl bodies

43. Respiratory acidosis- hypoventilation.
44. Questions about histamine
45. Where will max. infection spread to after maxillary sinus infection- ethmoid sinus?
46. Afferent Breuer stretch reflex. where are receptors?
47. why do ATB for patient's tooth infection give relief in patient with peptic ulcer? lower acid secretion
48. Fibers that protect against apical forces
49. GVH reaction- why?
50. Palatal glands are- mucous
51. Does not pass jugular foramen- hypoglossal
52. How many pulp horns in MD 1stM- 5
53. Which cusps contribute to oblique ridge
54. Sensory pain from buccal vestibule- Long buccal
55. What separates diencephalon- 3rd ventricle
56. Not found in dermis- melanocytes/myelinated nerve fibers
57. Similarity between salivary gland and kidneys- striated ducts
58. Sensation of face- VPM
59. Cell cycle that might take the longest- G1
60. What innervates muscles below vocal cords— Recurrent laryngeal
61. Which muscle is inserted to coronoid- temporal
62. what forms majority of maxillary alveolar ridge
63. Fluorosis, 3 or 4 questions and one on testlet
64. Why is there edema? Hypoalbuminemia/low protein levels
65. mechanism of action of diuretics for HBP
66. When does 1MN begin calcification-
67. Cervical cross-section of MX central incisor: TRIANGULAR
68. Hapten: NON-ANTIGENIC PROTEIN, REQUIRE PROTEIN CARRIER
69. What is not seen in a 10-week-old pregnancy: TMJ
70. Height of contour in MX molars, facially: CERVICAL 1/3
71. Primary MN molar, cervical ridge: PROMINENT ON MN 1st PRIMARY MOLAR
72. Pulp chamber is triangular, becomes ovoid in mid-root: MAXILLARY CENTRAL INCISOR
73. Number of pulp horns and canals in MN 1st molar: 5 HORNS, 3 CANALS (sometimes 4 canals)
74. Tooth swelling, lined with epithelium: CYST
75. Epithelium of the cervix: NONKERATINIZED STRATIFIED SQUAMOUS
76. Vestibular swelling epithelium: NONKERATINIZED STRATIFIED SQUAMOUS
77. Action of norepinephrine on heart rate: increase HR
78. Action of norepinephrine on the force of contraction: increase the force
79. Protein bodies in Parkinson disease are called: LEWY BODIES
80. (Where are adenoids?) Adenoids removed due to upper airway obstruction, present where: NASOPHARYNX OPENING AT CHOANCHA
81. Testlet with a patient with Parkinsons disease: while performing RCT on MX 2nd molar the patient moved and the dentist penetrated the cheek with a handpiece, pulsating blood flow was seen, which structure was involved: BUCCAL ARTERY

82. Cusp height in a cast restoration is least affected by: INTERCONDYLAR DISTANCE
83. Buccal aspect of the crown of max. canine: pentagonal
84. Oblique ridge connects: ML TO DB CUSPS
85. Anesthesia for MX 1st molar: POSTERIOR SUPERIOR ALVEOLAR NERVE, MIDDLE SUPERIOR ALVEOLAR NERVE, GREATER PALATINE NERVE
86. PALATINE NERVE
87. Transformation of the tumor, meaning: DIFFERENT TUMOR AT THE SAME SITE. Name for this transformation
88. Tip of the tongue drains where? Submental
89. Glossopharyngeal muscle: 3rd PHARYNGEAL ARCH
90. High levels of acid phosphatase? Metastatic prostatic cancer
91. Longest root on max 1PM?
92. Contour lines of Owen (in dentin) can be analogous to: STRIAE OF RETZIUS (FOUND IN ENAMEL)
93. Not a part of the enamel: ENAMEL SPINDLE
94. Opportunistic diseases in Aids
95. Nerve that don't pass through jugular foramen: CN XII (CN IX, X, XI pass)
96. What is not from the 1st arch: BUCCINATOR MUSCLE
97. Lewy bodies: PARKINSON DISEASE
98. Hashimoto disease – hypothyroidism by a reaction of immune system against the thyroid gland. autoimmune?
99. DiGeorge syndrome – deletion in chromosome 22: CATCH 22 and no thymus
100. Screw like tooth, when/what phase does it happen in development?
101. Voluntary movements in muscles, which tract: CORTICOSPINAL