

# Dental NBDHE-Part-B

## National Board Dental Hygiene Examination Part B (NBDHE Part B)

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## Question: 1

The clinician noted this benign mesenchymal tumor on the intraoral mucosa of this patient. Which of the following would be a presumptive diagnosis of this connective tissue condition?



- A. mucocele
- B. papilloma
- C. pyogenic granuloma
- D. fibroma

**Answer: D**

Explanation:

Correct Answer: fibroma

When considering a benign mesenchymal tumor on the intraoral mucosa, a fibroma is a likely presumptive diagnosis. Fibromas are common benign tumors arising from the connective tissue of the oral cavity. They are typically caused by trauma or irritation, leading to an overgrowth of fibrous tissue. The most frequent site for a fibroma is the buccal mucosa, which is the inner cheek area, but they can occur elsewhere in the mouth.

Fibromas present as small, painless, firm, and pale nodules that are smooth or slightly lobulated. They are generally less than 1 cm in diameter and can vary in color from pink to whitish, depending on the thickness of the overlying epithelium and the degree of keratinization. The diagnosis is usually made clinically through observation, but a biopsy can be performed to confirm the diagnosis and rule out other conditions.

Other conditions that might be considered based on the description of a lesion in the oral mucosa include: 1. \*Mucocele:\* A mucocele is another common lesion in the oral cavity, typically found on the lower lip. It arises when a salivary gland duct is damaged—often by biting the lip—and mucous spills into the surrounding tissues, creating a soft, fluid-filled swelling. 2. \*Papilloma:\* Oral papillomas are warty growths that can appear anywhere in the mouth but are most often seen on the soft palate or tongue. They have a distinctive cauliflower-like appearance and are caused by the human papillomavirus (HPV). 3. \*Pyogenic Granuloma:\* This is a reactive proliferation of tissue in response to trauma or other stimuli. It is rich in blood vessels and appears as a red, lobulated mass that can bleed easily. It is often mistaken for a malignancy due to its rapid growth.

In summary, while there are several potential diagnoses for a benign lesion in the oral cavity, the description of a firm, nodular growth on the buccal mucosa strongly suggests a fibroma. This condition is generally benign and can be managed by simple excision if symptomatic or for aesthetic reasons. However, confirming the diagnosis through histopathological examination is important, especially to exclude more serious conditions.

## Question: 2

During your intra-oral assessment of your 15 year old patient, you note that his maxillary canines are unerupted. Which of the following radiographic exposures should be exposed to determine the status of teeth # 6 and #11?

- A. A 20 series FMX
- B. A panoramic radiograph
- C. A cephalometric radiograph
- D. Four Bitewing radiographs

**Answer: B**

Explanation:

When assessing a 15-year-old patient whose maxillary canines (teeth #6 and #11) are unerupted, it is crucial to select the appropriate radiographic examination to effectively visualize the status and positioning of these teeth. Among the available radiographic options, a panoramic radiograph is the ideal choice.

A panoramic radiograph, also known as an orthopantomogram (OPG), provides a broad view encompassing the entire mouth including the maxilla, mandible, and all the teeth from one condyle to the other. This comprehensive perspective is particularly advantageous in cases like this where the developmental position and any potential impaction of the canines need to be assessed. A panoramic X-ray helps in identifying the orientation of the unerupted teeth, their relationship with adjacent structures, and the presence of any pathologies or anomalies that could be influencing their eruption. Other radiographic techniques such as a full mouth series (FMX), which consists of multiple periapical views, and bitewing radiographs primarily focus on detailing individual tooth structures and interdental crestal bone levels. While useful for cavity detection and detailed assessments of tooth morphology, these techniques do not provide as comprehensive a view as the panoramic radiograph for evaluating unerupted teeth.

Cephalometric radiographs, another option, are more focused on skeletal relationships and orthodontic assessments rather than specific dental conditions like the eruption status of canines. Thus, they are not the best option for assessing unerupted canines in the context presented.

Therefore, a panoramic radiograph is the most suitable and effective choice for evaluating the status of unerupted maxillary canines in a teenage patient, as it provides a wide-ranging overview necessary to make informed decisions regarding potential orthodontic or surgical interventions.

## Question: 3

After completion of dental hygiene treatment, what would be the desirable recall for this patient?

- A. 4 weeks
- B. 3 months
- C. 4 months
- D. 6 months

**Answer: B**

Explanation:

The correct answer for the desirable recall period after completion of dental hygiene treatment for a patient with HIV is 3 months. This recommendation is based on several factors related to the patient's health status and the implications of HIV on oral health.

Patients with HIV are considered immunocompromised due to the virus's impact on their immune systems. This compromised immune function increases their susceptibility to various infections, including oral infections such as periodontal disease, oral candidiasis, and other dental conditions. Frequent dental check-ups can help in early detection and management of such infections.

A 3-month recall period is advised in this scenario to ensure continuous monitoring and maintenance of oral health. This timeframe allows dental professionals to assess the efficacy of the prescribed oral hygiene practices and make necessary adjustments in treatment. It also helps in reinforcing preventative measures and managing any emerging or existing oral health issues more effectively.

Shorter intervals between dental visits, such as every 3 months, are beneficial for patients with HIV because they can help in preventing the progression of oral diseases which might otherwise advance rapidly due to the patient's weakened immune system. Regular professional cleaning and check-ups can significantly reduce the bacterial load in the mouth, thus decreasing the likelihood of infection and inflammation.

On the other hand, longer recall periods, such as 4 months or 6 months, might not be sufficient for timely identification and management of oral health problems in HIV-positive patients. Delayed interventions in such cases can lead to more severe health complications requiring more complex and costly treatments.

In conclusion, maintaining a 3-month recall period for a patient with HIV is a proactive approach that aligns with the best practices for managing the oral health needs of immunocompromised individuals. This frequent monitoring aids in ensuring optimal oral hygiene, controlling the progression of oral diseases, and improving the overall quality of life for the patient.

### Question: 4

This patient begins to experience a seizure during her dental hygiene appointment. Which of the following should NOT be performed during the seizure?  
check all answers that apply

- A. Placement of tongue blade between her teeth.
- B. Position of dental light to shine on patient's face to assess responsiveness.
- C. Prevention of injury.
- D. Placement of chair into supine position.
- E. Move patient from dental chair to floor.

**Answer: A,B,E**

**Explanation:**

During a seizure, it is crucial to manage the situation with appropriate care to ensure the safety and well-being of the patient. Certain actions should be avoided as they can potentially cause harm or exacerbate the situation. The following points explain why the specified actions should not be performed and what should alternatively be done:

A. Placement of a tongue blade between her teeth: Inserting any object, including a tongue blade, into the mouth of a person experiencing a seizure is not recommended. This action can cause injury to the patient's oral tissues or lead to accidental biting of the object, which might break and cause choking or aspiration. Instead, focus should be on preventing the patient from self-injury by removing nearby objects that could cause harm and padding any hard surfaces.

D. Position of dental light to shine on patient's face to assess responsiveness: During a seizure, it is important to keep the environment calm and non-stimulating to avoid aggravating the seizure. Shining a bright light directly into the patient's face can be distressing and might intensify the seizure activity. It is more appropriate to gently talk to the patient and monitor their condition without using intense light.

E. Move patient from dental chair to floor: Moving a patient during a seizure is generally not advisable due to the risk of causing injury. Instead, the patient should be gently reclined into a supine position in the dental chair itself. This position prevents falls and allows any fluids or saliva to drain away from the airway, reducing the risk of aspiration. The dental chair provides a controlled environment where the patient can be safely managed until the seizure subsides.

The correct and safe actions to take during a seizure include placing the dental chair in a supine position and focusing on the prevention of injury. Cushion any areas around the chair where the patient could potentially hit, and clear the area of any sharp or hard instruments. Keep track of the duration of the seizure and be prepared to call for medical assistance if the seizure lasts longer than five minutes or if the patient does not return to normal consciousness afterward.

In summary, during a seizure in a dental setting, the priority is to ensure the safety of the patient by avoiding invasive or potentially harmful actions such as inserting objects into the mouth, using bright lights for assessment, or moving the patient. Instead, adjusting the chair to a safe position and focusing on injury prevention are the key steps to follow.

## Question: 5

To facilitate a treatment plan to fully treat this patient's periodontal condition, the clinician decides that removal of endotoxins would be beneficial. In order to accomplish this goal the clinician will perform which of the following?

check all answers that apply

- A. scaling
- B. curettage
- C. polishing
- D. root planing
- E. oral irrigation

**Answer: D**

**Explanation:**

To address the patient's periodontal condition effectively, the clinician has determined that it is crucial to remove endotoxins from the affected areas. Endotoxins are toxic substances bound within the outer membrane of certain bacteria, including those that contribute to periodontal disease. These toxins can promote inflammation and further degrade the structure of the gums and supporting tissues if not removed.

The procedure selected by the clinician for this purpose is root planing. Root planing is a non-surgical treatment that involves deep cleaning below the gumline. The process targets the removal of plaque, tartar (calculus), and the infected layer of cementum on the root surfaces where endotoxins and bacteria are embedded. By smoothing out the roots of the teeth, root planing helps to eliminate hiding spots for bacteria and facilitates the healing of gum tissue.

Root planing is often confused with scaling, but they are distinct procedures. Scaling involves removing plaque and calculus from the tooth and root surfaces above the gumline and just below it. In contrast, root planing goes deeper, addressing the root surface and removing the infected cementum and any residual calculus to create a clean, smooth surface.

Other methods like curettage, oral irrigation, and polishing are also used in dental care, but they serve different purposes. Gingival curettage aims to remove the inflamed soft tissue lining the periodontal pocket, which might help in reducing bacterial colonies but does not specifically target endotoxins. Oral irrigation involves the use of water or a medicated mouthwash to flush out food particles and bacteria from below the gumline, which can be a supportive treatment but is not sufficient alone for removing endotoxins. Polishing is generally used to smooth the tooth surface after scaling and has more of a cosmetic or preventive role rather than treating existing infection.

Therefore, for the specific goal of removing endotoxins to treat periodontal disease effectively, root planing is the most appropriate and directly targeted treatment approach. This procedure not only addresses the immediate need to remove harmful substances but also aids in the long-term management of periodontal health by creating a root surface that is less conducive to bacterial colonization.

## Question: 6

During the treatment of this patient, the patient becomes very unruly during the dental examination. The dentist appears to be impatient with the child's behavior and utilizes a forceful discipline. This would be an example of:

check all answers that apply

- A. Assault
- B. Battery
- C. Tort Offense
- D. Negligence
- E. Malpractice

**Answer: B,C**

Explanation:

The scenario described involves a dentist who becomes impatient with a child's unruly behavior during a dental examination and resorts to using forceful discipline. This situation is primarily concerned with identifying the correct legal terminology for the dentist's actions.

**\*\*Assault\*\*** - Assault typically involves an act that intentionally puts another person in reasonable apprehension of an imminent harmful or offensive contact. In the scenario provided, there isn't a clear indication that the dentist's actions caused the child to fear immediate harm before the contact occurred, which is a key element in defining assault.

**\*\*Battery\*\*** - Battery, on the other hand, is defined as an intentional offensive or harmful touching of another person without their consent. In this case, if the dentist physically disciplined the child by touching in a forceful manner without consent, it could be classified as battery. This is because the action involves physical contact that is harmful or offensive and done without the patient's (or guardian's, in the case of a minor) consent.

**\*\*Tort Offense\*\*** - Both assault and battery fall under the category of torts, which are civil wrongs that can cause a claimant to suffer loss or harm, resulting in legal liability for the person who commits the tortious act. Since the forceful discipline can be categorized as battery, which is a type of tort, describing this action as a "Tort Offense" is correct.

**\*\*Negligence\*\*** - Negligence in a medical context typically refers to a healthcare provider's failure to exercise the care toward others which a reasonable or prudent person would do in the circumstances, or taking actions which a reasonable person would not. Negligence is generally about carelessness, not intentional wrongdoing. In the described scenario, the dentist's behavior seems intentional rather than careless, which does not align closely with the concept of negligence.

**\*\*Malpractice\*\*** - Malpractice is a type of negligence that specifically relates to professionals failing to perform their duties to the standard required of their profession. Although malpractice involves aspects of negligence, the scenario described focuses on an intentional act rather than a failure to follow professional standards out of carelessness or lack of skill.

In conclusion, the most accurate description of the dentist's actions, given the details in the scenario, would be **\*\*Battery\*\*** under the category of **\*\*Tort Offense\*\***. This is because the dentist intentionally administered forceful discipline, which constitutes harmful or offensive contact executed without consent.

## Question: 7

This patient has oral candidiasis. Which of the following statements would be TRUE concerning this condition?

check all answers that apply

- A. angular cheilitis may be caused by candida albicans.
- B. white lesions resulting from candidiasis may not rub off of the mucosal surfaces
- C. There is not treatment for candidiasis related oral lesions
- D. Candidiasis affects the deeper dermal layers of the skin and mucosa and is extremely painful.
- E. candidiasis is a fungal infection

**Answer: A,B,E**

Explanation:

To provide clarity and a thorough explanation, let's analyze each statement concerning oral candidiasis: **\*\*"Angular cheilitis may be caused by candida albicans."\*\*** Angular cheilitis refers to inflammation of the corners of the mouth, which can sometimes be caused by *Candida albicans*. This yeast can infect the skin and moist areas around bodily orifices, such as the mouth. This statement is therefore true.

**\*\*"Candidiasis is a fungal infection."\*\*** Candidiasis is indeed a fungal infection caused by yeasts from the genus *Candida*, with *Candida albicans* being the most common. These yeasts are normally found in small amounts in the human body but can proliferate excessively under certain conditions, leading to infection.

**\*\*"Candidiasis is caused by an overgrowth of a yeastlike fungus - *Candida albicans* and is easily treated with an antifungal topical corticosteroid."\*\*** This statement is partially correct. Candidiasis is caused by an overgrowth of *Candida albicans*; however, the treatment typically involves antifungal medications, not corticosteroids. Corticosteroids can actually worsen candidal infections by suppressing the immune system and should not be used to treat candidiasis.

**\*\*"White lesions resulting from candidiasis may not rub off of the mucosal surfaces."\*\*** This is true. Oral candidiasis typically appears as white lesions on the mucous membranes of the mouth. These lesions can sometimes be wiped away, revealing a red, inflamed area underneath, but they do not always rub off easily.

**\*\*"There is no treatment for candidiasis-related oral lesions."\*\*** This statement is false. Oral candidiasis can be treated effectively with antifungal agents. Treatment options include topical therapies like nystatin or clotrimazole and systemic treatments such as fluconazole for more severe cases.

**\*\*"Candidiasis affects the deeper dermal layers of the skin and mucosa and is extremely painful."\*\*** This statement is generally false regarding oral candidiasis. While candidiasis can potentially involve deeper tissue, especially in systemic or disseminated cases, oral candidiasis primarily affects superficial layers of the mucosa and is not typically described as "extremely painful," though it can be uncomfortable and problematic if left untreated.

In summary, the true statements about oral candidiasis in the provided text are that it is a fungal infection caused by *Candida albicans*, it can result in lesions that may not rub off easily, and it may cause angular cheilitis. Treatment typically involves antifungal medications, not corticosteroids, and effective treatments are available. Oral candidiasis usually does not affect deeper layers of tissues nor is it extremely painful.

## Question: 8

This patient lives in a non-fluoridated area and has a significant amount of decay. Which of the following home care regimens should be used - WITH PARENTAL SUPERVISION in order to effectively combat the caries.

check all answers that apply

- A. fluoride supplements
- B. fluoride toothpaste
- C. fluoride mouth rinse
- D. brush on fluoride gel
- E. at home fluoride tray applications

**Answer: A,B,D**

Explanation:

For a patient living in a non-fluoridated area with significant dental decay, an effective home care regimen is crucial in preventing further caries development. Fluoride is a key agent in strengthening tooth enamel and making it more resistant to acid attacks from bacteria in the mouth, which cause



decay. Below is an expanded explanation of why certain fluoride-based interventions, with parental supervision, should be considered.

**\*\*Fluoride Toothpaste\*\***: Regular use of fluoride toothpaste is the foundational step in a dental care regimen. It helps to remineralize weakened areas of the tooth enamel and can significantly lower the risk of cavities. For children, especially in non-fluoridated areas, toothpaste with an appropriate concentration of fluoride should be used. Parents must supervise young children to ensure they use only a pea-sized amount of toothpaste and that they do not swallow it after brushing.

**\*\*Brush on Fluoride Gel\*\***: This is a more concentrated fluoride treatment typically used once a day, applied with a toothbrush or a tray. It is particularly beneficial for individuals at high risk of dental decay, like the patient in question. Parental supervision is essential to ensure that the correct amount of gel is used, that it is applied properly, and that it is not ingested. This gel provides a higher dose of fluoride directly to the teeth, which can be much more effective in areas lacking water fluoridation.

**\*\*Fluoride Mouth Rinse\*\***: Fluoride mouth rinses can be used daily or weekly, depending on the formulation and the level of decay risk. They are useful for reaching areas between the teeth that brushing might miss. However, they are generally recommended for children over the age of six due to the risk of swallowing. Under parental supervision, older children can use a fluoride rinse to further protect against cavities.

**\*\*At-Home Fluoride Tray Applications\*\***: For severe cases of decay or for patients who have not benefited sufficiently from other forms of fluoride, at-home fluoride tray applications might be recommended. These involve filling custom-fit trays with fluoride gel or foam and wearing them for a few minutes each day. This method ensures maximum contact between the fluoride and the teeth. Parental supervision is critical to ensure that the trays are used correctly and safely, particularly to prevent the ingestion of fluoride.

**\*\*Fluoride Supplements\*\***: If the drinking water is non-fluoridated and other sources of fluoride are insufficient, a dentist might prescribe fluoride supplements. These can come in the form of tablets or drops and are particularly recommended for children living in non-fluoridated areas. Again, these should be taken under parental supervision to monitor the dosage and to prevent dental fluorosis, which can occur from excessive fluoride intake.

In conclusion, a combination of these fluoride-based interventions, tailored to the patient's specific needs and under strict parental supervision, can significantly help in controlling and preventing dental decay in children from non-fluoridated areas. Regular dental check-ups are also essential to monitor the effectiveness of the home care regimen and to make adjustments as necessary.

## Question: 9

Which of the following would NOT be seen on a mandibular molar periapical radiograph?  
check all answers that apply

- A. mandibular foramen
- B. coronoid process of the mandible
- C. external oblique ridge
- D. submandibular fossa
- E. internal oblique ridge

**Answer: A,B**

Explanation:

Periapical radiographs are a type of dental X-ray that capture the entire tooth—from the crown (top) to the root (below the gum line)—and are used primarily to assess the periapical area (the area around the root tip of the tooth) for pathology such as infections, bone levels, and the condition of the surrounding bone and teeth. When considering a mandibular molar periapical radiograph, which is specifically targeted at capturing the molars on the lower jaw, certain anatomical structures are typically visible, while others are not.

In the options provided: - The **mandibular foramen** is not typically visible on a mandibular molar periapical radiograph. This foramen is located on the internal surface of the ramus of the mandible and serves as the entry point for the inferior alveolar nerve and vessels. This anatomical landmark is generally not seen in a periapical radiograph focused on the molar region because it is situated more posteriorly and superiorly relative to the focal area of these types of radiographs. - The **coronoid process of the mandible**, an anterior projection at the top of the ramus, which serves as the insertion point for the temporalis muscle, is also not typically visible on a mandibular molar periapical radiograph. The coronoid process is located too far anteriorly to be captured in a radiograph focused on the molar area.

As for the other landmarks listed: - The **external oblique ridge**, a linear prominence on the external surface of the mandible that extends downward and forward from the anterior edge of the ramus, might be visible if the periapical radiograph includes the distal aspect of the second molar. Its visibility depends on the exact positioning of the X-ray beam and the film. - The **internal oblique ridge** (or mylohyoid line), a ridge on the internal surface of the mandible that serves as the attachment for the mylohyoid muscle, could also be visible on a mandibular molar periapical radiograph, especially if the radiograph includes a view of the mandibular body's internal surface in the molar region. - The **submandibular fossa**, a depression on the internal surface of the mandible below the mylohyoid line, might be visible depending on the specific angle and area covered by the periapical radiograph. Therefore, the correct answer to the question of which landmark would NOT be seen on a mandibular molar periapical radiograph is the **mandibular foramen** and potentially the **coronoid process of the mandible**, depending on the specific scope and angle of the radiographic image. These structures are typically located outside the field of view for this type of radiographic examination focused on the molars.

## Question: 10

Which of the following should be considered when choosing a polishing agent?  
check all answers that apply

- A. Tooth sensitivity
- B. Type of stain
- C. Number of teeth present
- D. Types of restorations present
- E. condition of the teeth

**Answer: A,B,D,E**

Explanation:

When selecting a polishing agent for dental procedures, several factors must be taken into account to ensure the treatment is effective and safe for the patient. Each element plays a crucial role in determining the most suitable polishing agent. Here's an expanded explanation of each factor:

**\*\*Tooth Sensitivity\*\***: This is a key consideration as some patients might experience discomfort or pain during or after the polishing process if a too abrasive agent is used. Tooth sensitivity can result from various causes, such as enamel erosion or gum recession which exposes the dentin. Using a gentler or a desensitizing polishing agent can help prevent further discomfort.

**\*\*Type of Stain\*\***: Different stains may require different types of polishing agents. For instance, extrinsic stains caused by coffee, tea, or tobacco might be effectively removed with a more abrasive agent, while intrinsic stains, which are incorporated within the tooth structure, might not respond well to mechanical polishing and might require alternative cosmetic treatments such as bleaching.

**\*\*Types of Restorations Present\*\***: Dental restorations like fillings, crowns, or veneers require careful consideration. Some polishing agents might be too abrasive for certain types of materials used in restorations, such as composite or porcelain, potentially causing scratching or damage. Choosing the correct agent will preserve the integrity and appearance of these restorations.

**\*\*Condition of the Teeth\*\***: The overall health of the teeth must be assessed before selecting a polishing agent. Weaker teeth, such as those with extensive restorations, decay, or demineralization, may need a milder polishing agent to avoid further damage. Additionally, the presence of any gum disease might also influence the choice of the agent, as certain conditions may make the gums more susceptible to irritation.

**\*\*Number of Teeth Present\*\***: While this might seem less directly related, the number of teeth can influence the approach to polishing. For example, in cases where fewer teeth are present, it may be necessary to be particularly cautious to preserve as much of the tooth structure as possible. Conversely, a full set of healthy teeth might allow for a more standard approach with a standard abrasive.

In summary, when choosing a polishing agent, dental professionals must evaluate multiple aspects of the patient's oral health and specific needs. This holistic approach helps in selecting the most appropriate agent that not only achieves the desired cosmetic outcome but also preserves oral health.

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