Section 4. Pathological anatomy of the main dental diseases

Topic 19. Diseases of hard dental tissues. Caries. Non-carious lesions of hard dental tissues. Diseases of the dental pulp. Acute pulpitis: Chronic pulpitis. Discirculatory changes and adaptive processes of pulp tissues. Periapical periodontitis: definition, etiology, pathogenesis, classification, pathological anatomy, complications and outcomes.

1. Classification of malformations of the orofacial area according to etiology P=3

2. Classification of malformations of the orofacial region according to clinical and morphological manifestations. P=4

3. Types of malformations of the face, jaws and lips. P=6

4. What is inferior prognathia? P=4

5. What is hypognathism? P=2

6. What are Fordyce granules? P=5

7. Name the main groups of dental malformations

8. Name the main anatomical disorders in congenital cleft lip P=3

9. What is cheiloschisis? P=3 Name the cleft lip depending on the degree of anatomical changes P=3

10. What is palatoschisis? P=1

11. Name the most important anatomical disorders in cleft palate. P=3

12. Name the clinical forms of cleft palate P=4

13. Name the types of congenital cleft palate P=3

14. Give a description of an incomplete cleft palate P= 1

15. List the atypical clefts of the craniofacial region P=2

16. Define the concept of "caries". P=5

17. Name the local cariogenic etiological factors P=3

18. Name the most cariogenic microorganism P=1

19. Give the classification of caries according to the depth of the lesion. P=4

20. Give the classification of caries as an independent nosological unit (international classification, ICD-10) P=5

21. Name the clinical and morphological variants of caries. P=5

22. Give the classification of caries by localization P=7

23. Name the forms of carious lesions of the tooth according to the depth of the lesion P=4

24. Describe the morphological picture of superficial caries. P=3

25. Describe the morphological picture of medium caries. P=6

26. Describe the morphological picture of deep caries. P=4

27. What zones are revealed in case of average caries when examining a tooth section in a light microscope P=3

28. Name the complications of caries P=2

29. Name the pathological process of hard tissues of teeth that develops after their eruption, during which demineralization and proteolysis occur, followed by the formation of a defect under the influence of external and internal factors. P=1

30. Name atypical types of caries in children. P=5

31. List non-carious lesions of hard dental tissues. P=4

32. Name the cause of fluorosis. P=2

33. Name the manifestations of fluorosis. P=3

34. What are the main diagnostic signs of fluorosis with the characteristics of lesions P=6

35. At what concentration of fluorine in water does fluorosis begin to develop? P=1

36. Clinical characteristics of tooth enamel with spotted form of fluorosis P=2

37. What is characteristic for the 1st degree of fluorosis development? P=1

38. What is characteristic for the 3rd degree of fluorosis development? P=3

39. What are the degrees of erosion of hard tissues of the tooth P=3

40. What are the clinical signs of erosion of hard tissues of the tooth P=1

41. List the causes of pathological tooth wear. P=6

42. List the signs of pathological abrasion of teeth P=2

43. Give a description of the 3rd degree of pathological abrasion of teeth P=3

44. Give a description of the 2nd degree of pathological abrasion of teeth P=3

45. What non-carious lesion is characterized by a decrease in the height of the crowns of the teeth P=1

46. What is a wedge-shaped defect of teeth P=2

47. Clinical characteristics of enamel with tetracycline teeth P=1

48. What are the causes of acid necrosis of teeth P=3

49. The most characteristic clinical signs of acid necrosis of teeth P=2

50. Describe the changes in the teeth with acid necrosis P=4

51. What will cause chemical necrosis of teeth in the absence of treatment P=1

52. Define pulpitis. P=4

53. Name the etiological factors of pulpitis. P=5

54. Name the pulpitis by origin. P=3

55. Give the classification of pulpitis according to the course of the process. P=3

56. Name the prevailing etiological factor of pulpitis P=2

57. Classification of pulpitis according to the prevalence of the inflammatory process. P=2

58. Classification of pulpitis by etiological factor P=5

59. Explain the pathogenesis of pulpitis. P=3

60. Where do structural changes occur first in pulpitis? P=1

61. What obstacles does the movement of microorganisms along the dentinal tubules encounter? P=2

62. Name the main pathways for the spread of microorganisms into the dental pulp. P=1

63. What are the most common ways of infection penetration into the tissues of the dental pulp P=2

64. Name the path of infection (zones) from the surface of the tooth to the pulp through caries P=2

65. Name the features of the course of inflammation of the dental pulp. P=1

66. Explain the term "reversible pulpitis". P=4

67. What does strong, spontaneous, throbbing pain in pulpitis testify to? P=2

68. What pulpitis is characterized by persistence of pain after removal of the stimulus P=1

69. What morphological processes accompany the pathogenesis of acute purulent pulpitis? P=2

70. Indicate the possible outcome of acute forms of pulpitis P=3

71. Name the morphological changes that occur in the pulp with reversible forms of pulpitis P=3

72. Name the forms of chronic pulpitis. P=3

73. What morphological changes are typical for chronic gangrenous pulpitis in the coronal pulp P=4

74. What morphological changes are typical for chronic gangrenous pulpitis in the root pulp? P=1

75. What morphological changes are typical for chronic fibrous pulpitis. P=2

76. Give the morphological characteristics of fibrous pulpitis. P=3

77. Name the characteristic morphological manifestations of chronic hypertrophic pulpitis. P=2

78. Describe the morphological picture of acute purulent (focal) pulpitis P= 7

79. Describe the morphological picture of chronic diffuse pulpitis. P=4

80. Name the characteristic morphological manifestations of chronic hypertrophic pulpitis. P=2

81. What morphological changes are typical for chronic hyperplastic pulpitis? P=2

82. Where do morphological changes mainly occur in reversible pulpitis P=2

83. Define apical periodontitis. P=2

84. What is the pathogenetic cause of the destructive-inflammatory process in the periodontium? P=2

85. Classification of periodontitis by origin P=3

86. What infectious agent is leading in the development of infectious periodontitis P=1

87. Name periodontitis according to localization. P=2

88. Clinical classification of periodontitis I.G. Lukomsky, taking into account the degree and type of periodontal tissue damage P=3

89. Classification of acute periodontitis P=2

90. Describe the pathomorphological picture of acute periodontitis. P=2

91. Describe the microscopic picture of acute serous periodontitis P=4

92. Describe the microscopic picture of acute purulent periodontitis P=2

93. Name the optimal way of exudate outflow from the periodontal fissure in acute purulent periodontitis. P=1

94. Name the outcomes of apical periodontitis. P=3

95. Classification of chronic apical periodontitis. P=3

96. Describe the microscopic picture of chronic fibrous periodontitis P=2

97. Give the concept of chronic apical granulating periodontitis. P=3

98. Name the types of periapical "granuloma". P=2

99. What is cystogranuloma? P=2

100. What is the morphological representation of a simple periapical "granuloma"? P=3

101. Morphological structure of a complex periapical "granuloma". P=2

102. Favorable outcome of granulomatous periodontitis P=2

103. What is morphologically characterized by chronic fibrous periodontitis. P=2

104. What is characteristic of granulating chronic periodontitis? P=3

105. Define the term "chronic apical granulating periodontitis" P=6

106. Name the complications of acute periodontitis. P=6

107. Name the favorable outcome of acute periodontitis. P=4

108. Complications of chronic periodontitis P=3

109. What reaction of the tooth occurs to percussion in acute periodontitis? P=1

110. Name the typical complaints for acute forms of periodontitis P=3

111. What periodontitis causes pain during probing and bleeding from the canal? P=2

Situational tasks

1. A 30-year-old patient went to the dentist with complaints of fast-passing pain from sweets in the 25th tooth, the pain appeared a month ago. Objectively: there is a carious cavity within the enamel on the chewing surface 25, probing is painless, the reaction to cold is painless. Make a diagnosis. P=1

2. A 24-year-old patient came to the clinic of therapeutic dentistry with complaints of short-term pain in the 37th tooth when eating. Pain appeared 2 months ago. An objective examination on the proximal-distal surface of the 37th tooth shows a deep carious cavity. Probing is painful along the bottom and walls of the carious cavity, percussion is painless. Make a diagnosis. P=1

3. A 34-year-old patient went to the dentist with complaints of pain at 15 when eating solid food, the pain appeared a month ago. Objectively: there is a deep carious cavity on the masticatory surface of 15, painful probing along the bottom of the cavity, the reaction to cold is painful, short-term. Make a diagnosis. P=2

4. The patient applied for sanitation. Makes no complaints. Objectively: on the vestibular surface 11 in the cervical area there is a chalk-like spot with fuzzy borders up to 0.3 cm in diameter, the surface of the spot is smooth, there is no reaction to thermal stimuli. Put a preliminary diagnosis P=2

5. A 23-year-old patient complained of short-term pain from temperature stimuli in the 16th tooth. When viewed on the crown, there are no visible carious cavities; when the tooth is irrigated with cold water, short-term pain is noted. On the intraoral radiograph on the proximal-distal surface, there is a violation of the structure of the hard tissues of the tooth in the middle layers of the dentin. 1. Make a diagnosis. P=2

6. A 44-year-old patient came to the clinic for the purpose of sanitation of the oral cavity. On examination: on the vestibular surface of the upper third tooth on the right in the cervical area, a defect in the hard tissues of the tooth of medium depth, oval was revealed; the dentin is dense, pigmented, the bottom is rough, probing and exposure to cold water causes short-term, quickly passing pains. Diagnose P=2

7. A 44-year-old patient came to the clinic for the purpose of sanitation of the oral cavity. On examination: on the vestibular surface of the upper third tooth on the right in the cervical area, a defect in the hard tissues of the tooth of medium depth, oval was revealed; the dentin is dense, pigmented, the bottom is rough, probing and exposure to cold water causes short-term, quickly passing pains. What complications of the described pathological process can be? P=4

8. In a 34-year-old patient, deep caries was found during oral cavity sanitation. What areas can be identified by microscopic examination? P=4

9. Patient, 38 years old, came to the clinic with complaints of short-term pain from sweet, salty, sour. On examination, an irregularly shaped defect was found, without shine in the region of the lower sixth tooth on the left. Probing is painful along the dentin-enamel junction. Diagnose R=2

10. A 20-year-old patient came to the clinic for a preventive examination. Makes no complaints. Objectively: tooth 2.3 - on the vestibular surface in the cervical region, a fuzzy demarcated area of grayish-white color is determined. The reaction to thermal stimuli is insignificant, quickly disappearing after the elimination of the stimulus. There is no loss of epithelial attachment, in the cervical region of all teeth, the presence of soft plaque is determined. Make a diagnosis. P=2

11. A 28-year-old patient came to the clinic with complaints of an aesthetic defect in the area of the anterior teeth, short-term, quickly passing pain when eating sweet or cold food. She has a history of orthodontic treatment with a fixed appliance. Objectively: tooth 21 has a carious cavity of medium depth on the distal contact surface, filled with pigmented and softened dentin. Probing the bottom and walls of the carious cavity is painful. Percussion of the tooth is painless. Make a diagnosis. P=2

12. Patient, 28 years old, came to the clinic with complaints of short-term pain from sweet, salty, sour. On examination, an irregularly shaped defect was found, without shine in the region of the lower sixth tooth on the left. Probing is painful along the dentin-enamel junction. What microscopic changes can be detected by microscopic examination P=4

13. Patient, 19 years old, complains about the presence of pigmented spots on her teeth. Anamnesis: stains on teeth since childhood. Relatives and acquaintances who have long lived in the Tver region have the same spotted teeth. The content of fluorides in drinking water in this area is increased. Examination of the oral cavity: physiological bite. The enamel of all teeth is matte with a yellow tint and multiple brown spots on all surfaces of the teeth. Make a diagnosis. P=1 Is the damage to the teeth systemic or local? P=1

14. A 17-year-old patient came to the clinic of therapeutic dentistry with complaints about the presence of light brown spots on the incisors of the upper and lower jaws. When probing, the surface of the spots is smooth, the enamel is shiny. From the anamnesis it is known that from 3 to 7 years the patient lived in an area with a fluorine content in water of 2.5 mg/l. Make a diagnosis based on the form. What caused the development of the disease? P=2

15. The patient went to the dentist with complaints about the presence of stains on the teeth. On examination: multiple chalk-like spots on all surfaces of the teeth, in the area of the spots the enamel is smooth. The content of fluoride in drinking water is 2.0 mg/l. Name the disease to which this clinical picture corresponds. Name the reason for the development of this disease.

16. A patient came to the dentist with complaints about the presence of defects in the hard tissues of the upper teeth, which are visible when smiling. Disturbed by short-term pain when taking sour and sweet food, brushing your teeth. When viewed on teeth 1.3, 1.4 in the cervical region, there are defects in hard tissues of a wedge-shaped form, a painful reaction to temperature stimuli and during probing. Name the disease corresponding to this clinical picture. P=2 Name the local factors that contribute to the development of pathology of hard dental tissues in this patient. P=3

17. A 14-year-old boy was admitted to the clinic with complaints of discolored teeth. When collecting an anamnesis, it was found that a boy aged 5-7 years was repeatedly ill with ARVI. Locally: on different surfaces of all teeth there are multiple defects in enamel of dark color. The teeth erupted already changed. Make a diagnosis indicating the form of the pathological process. P= 2 Indicate the reason that can cause such changes in tooth enamel. P=1

18. Patient M, 16 years old, went to the dentist with complaints about the appearance of dark spots on her teeth. The patient permanently lives in an area with fluorine content in drinking water up to 3 mg/l. On examination: the enamel on all teeth has lost its transparency and is covered with many spots of yellow-brown color. Microscopically: multiple enamel erosions, severe mineralization disorders in the form of hypomineralization, destruction of not only enamel, but also dentin. Make a diagnosis indicating the stage of the pathological process. P=2

19. A 21-year-old patient complains of a cosmetic defect on the front teeth. Likes Pepsi Cola. Internal examination and examination data: The mucosa is pale pink, moist. On the vestibular surface of the teeth 1.1 and 2.1 there are shallow erosions of a round shape, shiny, the probe slides, does not get stuck. Percussion of the tooth is painless, palpation is painless. Make a diagnosis taking into account the etiology and degree of damage to the process. P=3

20. A 39-year-old patient complained of discoloration of teeth and their abrasion, enamel chips. A change in the color of the teeth is noted from childhood, abrasion is observed from the age of 10. Similar defects are found in relatives and friends living in the area. Examination: the height of the lower part of the face is reduced. The crowns of the teeth of the upper and lower jaws are worn off by 1/3 of their height, and dark brown dentin is exposed. There are multiple pigmented spots and erosions on the preserved surface of the enamel. Make a diagnosis. P=2

21. A 65-year-old patient came to the dentist with complaints of paroxysmal pain in the region of the 16th tooth, aggravated at night and when hot and cold food was taken. The pain started three days ago. Previously, pain from temperature stimuli periodically occurred. The carious cavity communicates with the cavity of the tooth, when probing it is sharply painful. Make a diagnosis. P=4

22. A 65-year-old patient came to the dentist with complaints of paroxysmal pain in the area of the 16th tooth, aggravated at night and when taking hot and cold food. The pain started three days ago. Previously, pain from temperature stimuli periodically occurred. The carious cavity communicates with the cavity of the tooth, when probing it is sharply painful. List the possible outcomes. P=4

23. The patient has a significantly destroyed coronal part of the 26th tooth, a tissue of a reddish color, soft consistency protrudes from the extensive cavity of the tooth. When probing, the probe easily passes around this formation. She has a history of untreated acute pulpitis. Define the process and its form. P=3

24. The coronal part of the 26 tooth is significantly destroyed in the patient, a tissue of a reddish color, soft consistency protrudes from the extensive cavity of the tooth. When probing, the probe easily passes around this formation. She has a history of untreated acute pulpitis. What changes can be observed on the surface of the tissue protruding beyond the pulp cavity? P=3

25. A patient complains of prolonged aching pain in the tooth on the upper jaw on the right, which occurs when the ambient temperature changes and during meals. Examination in the cervical region of the 16th tooth revealed a deep carious cavity filled with a whitish dense tissue. Determine the disease and its form. P=3

26. An 18-year-old patient complains of tissue growth in the 4.6 tooth, pain and bleeding when eating. Objectively: there is a deep carious cavity filled with granulation tissue on the masticatory surface of the 4.6 tooth; the formation bleeds and is painful on probing. P=3

27. A 20-year-old patient came to the clinic with complaints of prolonged pain from a cold in tooth 2.7 during the day. Objectively: 2.7 - there is a deep carious cavity on the medial surface. The bottom is soft, the tooth cavity is not opened, probing is sharply painful in the region of the bucco-medial horn of the pulp, percussion is painless, EOD 30 μA. Make a diagnosis. P=3

28. Patient, 40 years old, complains of aching pain in tooth 1.4, aggravated by eating. Anamnesis: I noticed a carious cavity 1 year ago, six months ago the tooth ached for several nights in a row, I did not go to the doctor. The pain reappeared a week ago. Objectively: There is a deep carious cavity on the masticatory and distal surface of tooth 1.4, the bottom of the cavity

is softened, the tooth cavity is opened, the pulp is bleeding. Percussion is painless. EOD=55 μA. Diagnose P=3

29. A 39-year-old patient complained of bad breath, pain from hot in the 1.7 tooth. The pain started about a month ago. Objectively: there is a deep carious cavity on the masticatory surface of the 1.7 tooth. The tooth is grey. The tooth cavity was opened, probing of the coronal pulp was painless, and the root pulp was painful. Hot water causes an attack of pain. Diagnose P=3

30. A 65-year-old patient came to the dentist with complaints of paroxysmal pain in the area of the 16th tooth, aggravated at night and when taking hot and cold food. The pain started three days ago. Previously, pain from temperature stimuli periodically occurred. The carious cavity communicates with the cavity of the tooth, when probing it is sharply painful. Determine the disease and its form. P=4 Name the possible outcomes. P=5

31. Patient, 31 years old, complains of constant pain in the 36th tooth, aggravated by biting on the tooth. Anamnesis: 36 tooth was previously treated for caries, after the filling fell out, he did not go to the doctor. During the last two days there were aching pains of a constant nature. Objectively: a slight asymmetry of the face on the right due to swelling of the soft tissues of the left buccal region. On the chewing surface of the 36th tooth there is a deep carious cavity communicating with the tooth cavity. Sharp pain on percussion. The mucous membrane of the transitional fold in the area of the 36th tooth is hyperemic, edematous, palpation in the projection area of the root apex is painful. On the radiograph: there are no changes in the region of the root apex. Make a diagnosis. P=2

32. Patient, 33 years old, complains of constant pain, aching in the 15th tooth, aggravated by biting. Anamnesis: 5 days ago, arsenic paste was applied to the 15th tooth. The patient did not show up at the appointed time. Pain when biting appeared 3 days ago. Objectively: the gingival mucosa in the area of the 15th tooth is unchanged. There is a temporary filling on the chewing surface of the 15th tooth. Percussion of the 15th tooth is painful. EDI readings = 100 μA. On the radiograph of the 15th tooth, there are no pathological changes. Make a diagnosis. P=3

33. A 20-year-old patient complained of prolonged throbbing pain in the 36th tooth, radiating to the ear. There is malaise, headache, sleep disturbance. The tooth is disturbing for 3 days. Objectively: the mouth is half open, the mobility of the 36 tooth 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. There are no pathological changes on the radiograph 36. Make a diagnosis. P=3

34. Patient, 40 years old, complains of acute throbbing pains of a constant nature in the 14th tooth, radiating to the temple, ear, pain when touching the tooth. Anamnesis: I noticed a carious cavity 1 year ago, six months ago the tooth ached for several nights in a row. Didn't go to the doctor. Pain appeared three days ago, acquired a permanent character, a day ago there were pulsating pains, irradiation. Objectively: the transitional fold in the area of the 14th tooth is hyperemic, painful on palpation. On the chewing surface of the 14th tooth there is a deep carious cavity, the bottom of the cavity is softened, probing is painless. Percussion is sharply painful. EOD=120 μA. On the radiograph - loss of clarity of the pattern of the bone of the alveoli. Diagnose R=2

35. A 32-year-old patient complained of aching pain, aggravated by biting on the 44th tooth. Anamnesis: pain in the 44th tooth occurred a day ago. Objectively: the mucous membrane and transitional fold in the region of the 44th tooth are unchanged. There is a deep carious cavity on the masticatory-distal surface of the 44th tooth. Probing of the carious cavity of the 44th tooth is

painless, communication with the tooth cavity is not determined. The reaction to temperature stimuli is painless. EDI over 100 μA. There are no changes on the radiograph. Diagnose P=3

36. A 38-year-old patient complained of discoloration of the 12th tooth. Anamnesis: The tooth did not hurt, noticed a carious cavity for a long time, but did not go to the doctor. Objectively: there is a deep carious cavity on the medial surface of the 12th tooth. The cavity of the tooth was opened, probing and reaction to cold were painless, percussion was painless. On the radiograph of the 12th tooth - deformation of the bone tissue, expansion of the periodontal gap with clear boundaries. Diagnose P=3

37. Patient, 32 years old. Complaints about unpleasant aching pain in the 25th tooth when eating. I had a toothache before. Was repeatedly treated. Recently, aching pains, swelling of the gums often appear. Objectively: there is a deep carious cavity on the chewing surface of the 25th tooth. The cavity of the tooth is opened. Probing and reaction to cold are painless, pain during percussion of the 25th tooth. The mucous membrane of the gums in the region of the 25th tooth is hyperemic, edematous, palpation with a transitional fold is painful. There is a fistula with purulent discharge along the transitional fold in the area of the projection of the root apex. On the radiograph in the region of the root apex, destruction of bone tissue with fuzzy boundaries is observed. The root apex is shortened due to cement resorption. Make a diagnosis. P=4

38. A 40-year-old patient applied to a dental clinic for the purpose of sanitation of the oral cavity for further prosthetics. When examining the 25th tooth, the doctor noted a change in the color of the crown of the tooth and suggested that X-ray diagnostics be performed. On the radiograph of the 25th tooth in the region of the root apex, a granuloma with a diameter of 2.5-3.0 mm with clear, even edges was detected. Make a diagnosis. P=3

39. Patient, 32 years old. Complaints of unpleasant aching pain in the 14th tooth when eating. 14 tooth was previously treated for complicated caries. Recently, aching pains, swelling of the gums often appear. Objectively: there is a deep carious cavity on the chewing surface of the 14th tooth, there is a filling material on the mouths. Probing and reaction to cold painless, pain on percussion. The mucous membrane of the gums in the region of the 14th tooth is hyperemic, edematous, palpation with a transitional fold is painful. On the radiograph of the 14th tooth: the canals are sealed for 2/3 of the length, in the region of the root apex there is destruction of the bone tissue with fuzzy boundaries. Make a diagnosis. P=4

40. A 23-year-old patient complained of discoloration of the crown of the 22nd tooth. Anamnesis: 22nd tooth was treated for complicated caries 1.5 years ago. After treatment, the tooth did not hurt. Objectively: the vestibular surface of the crown of the 22nd tooth has a gray tint, the mucous membrane in the area of the projection of the apex of the 22nd tooth is pale pink, the percussion is painless. After the filling is removed, the tooth cavity is wide open, the mouth of the canal is closed with filling material. On the radiograph, the root canal of the 22nd tooth can be traced throughout. The filling material fills only the orifice of the canal. In the region of the root apex, there is a focus of bone tissue destruction with clear contours, 1-2 mm in size. Make a diagnosis. P=3

41. A 35-year-old patient complained of pain when chewing hard food, a feeling of heaviness and fullness in the 16th tooth. Anamnesis: the tooth has been disturbing for 2 weeks. Previously, pain was not noted, he did not go to the dentist. Objectively: the 16th tooth is discolored, there is an extensive, carious cavity communicating with the tooth cavity. Probing the mouths of the root canals is painless, vertical percussion is slightly painful. The mucous membrane of the transitional fold is stagnant-bluish in color. The fistulous course without discharge is determined.

There are symptoms of vasoparesis. EDI over 100 μA. On the radiograph: at the top of the palatine root of the 16th tooth there is a focus of bone tissue destruction with fuzzy contours 4 mm in size. Make a preliminary diagnosis. P=3

Topic 20. Diseases of the gums and periodontium. Diseases of the oral mucosa.

Diseases of the gums and periodontium. Classification of periodontal diseases. Gingivitis. Periodontitis.. Desmodontosis. Fibromatosis of the gums. Inflammatory diseases of the oral mucosa. Cheilite. Glossitis. Stomatitis. Ulcerative necrotic stomatitis of Vance.

1. List the local factors of periodontal disease. P=5
2. List the common factors contributing to the development of periodontal disease. P=7
3. Name the first signs of gum disease. P=6
4. Define the concept of "gingivitis" P=5
5. Specify the etiological factors of gingivitis. P=6
6. List the clinical and morphological forms of gingivitis. P=7
7. Name the types of gingivitis according to the prevalence of the process. P=4
8. Classification of gingivitis according to the course of the process P=3
9. Name the severity of gingivitis P=3
10. Name the clinical manifestations of gingivitis. P=3
11. At what age do inflammatory changes in the gums begin to appear? P=1
12. Name the local changes in catarrhal gingivitis P=5
13. Name the cause of hypertrophic gingivitis. P=2
14. Name the forms of hypertrophic gingivitis. P=2
15. Describe the manifestations of the fibrous form of hypertrophic gingivitis P=4
16. List the etiological factors of necrotizing ulcerative gingivitis P=4
17. Name the morphological changes of necrotizing ulcerative gingivitis. P=3
18. Etiology of plasmacytic gingivitis P=1
19. Describe the macroscopic picture of plasmacytic gingivitis P=3
20. What is morphologically characterized by plasmacytic gingivitis? P=3
21. Etiology of granulomatous gingivitis. P=1
22. What type of inflammation is typical for granulomatous gingivitis? P=2
23. Specify the characteristic prevalence of granulomatous gingivitis. P=1
24. What is characteristic of desquamative gingivitis? P=3
25. What processes precede the rejection of the integumentary epithelium of the gums in desquamative gingivitis? P=2
26. Name the varieties of atrophic gingivitis P=2
27. Describe the microscopic picture of chronic gingivitis P=5
28. What will the progression of pathological changes in the gums lead to. P=2
29. Define the term "periodontitis". P=3
30. List the etiological factors that cause inflammation in the periodontium P=5
31. What are the reasons for the transition of gingivitis to periodontitis. P=4
32. Name the morphological manifestations of periodontitis. P=5
33. Name the severity of chronic periodontitis. P=3
34. Define the concept of "periodontal disease". P=8
35. Give the characteristics of chronic generalized periodontitis of moderate severity: a) depth of periodontal pocket..., b) height of bone resorption..., c) tooth mobility.... P=3
36. Define the concept of "epulis" P=6
37. List the types of epulis. P=3
38. What is fibrous epulis? P=3

39. Microscopic characteristics of fibrous epulis. P=4
40. At what age is angiomatous epulis most often observed P=2
41. Macroscopic picture of angiomatous epulis. P=3
42. Microscopic characteristics of angiomatous epulis. P=5
43. Macroscopic picture of giant cell epulis. P=4
44. Name the localization of giant cell epulis. P=4
45. Microscopic picture of giant cell epulis. P=4
46. Define the concept of "pyogenic granuloma" P=6
47. Name the cause of pyogenic granuloma. P=2
48. List the predisposing factors of pyogenic granuloma of the oral mucosa. P=4
49. Describe the morphological picture of pyogenic granuloma P=6
50. Name the common symptom of idiopathic progressive periodontolysis (desmodontosis). P=2
51. Name the groups of diseases in which desmodontosis can develop. P=4
52. What is gingival fibromatosis? P=4
53. Define the concept of "acantosis". P=3
54. Name the morphological reactions of the oral mucosa in case of damage. P=8
55. Name the groups of diseases of the mucous membranes of the oral cavity P=3
56. Name the factors under the influence of which independent stomatitis occurs P=3
57. What causes the occurrence of symptomatic stomatitis P=1
58. Name the pathological manifestations that occur on the mucous membranes of the oral cavity P=3
59. Give the classification of stomatitis by etiology. P=6
60. Give a classification of stomatitis according to the nature of inflammation. P=6
61. List the factors leading to the appearance of stomatitis. P=7
62. What is the peculiarity of herpetic infection? P=2
63. Name the etiological factor of herpetic stomatitis. P=1
64. How is herpetic infection morphologically manifested? P=3
65. How long does the herpes virus remain in vesicles? P=1
66. Name the stages of development of a herpetic vesicle. P=4
67. Duration of the vesicular stage P=1 The vesicular stage lasts from 4 to 7 days. P=1
68. In what forms does the herpes simplex virus appear in the oral cavity? P=2
69. Name the conditions and age of development of acute herpes of oral mucosa and lips in children. P=2
70. Forms of acute herpetic stomatitis. P=3
71. Manifestations of the average form of acute herpetic stomatitis in the oral cavity. P=4
72. Clinical characteristics of a severe form of acute herpetic stomatitis. P=3
73. Manifestations of a severe form of acute herpetic stomatitis in the oral cavity. P=2
74. Complication of severe form of acute herpetic stomatitis P=2
75. Name the cause of chronic recurrent herpes. P=3
76. List the factors contributing to the reactivation of herpes simplex virus type I. P=5
77. Name the provoking factors of chronic recurrent herpes P=4
78. Localization and clinical and morphological manifestations of chronic recurrent herpes. P=9
79. Name and describe the forms of recurrent herpes, depending on the frequency of relapses. P=3
80. What is Vincent's ulcerative necrotic stomatitis. P=3
81. Etiology of ulcerative necrotic stomatitis Vincent. P=2
82. Name the areas of fusospirochetal ulcers P=2
83. Name the primary morphological elements of diseases of the oral mucosa. P=3

84. What is the typical localization of the lesion of the oral mucosa in tuberculosis P=3
85. What is the typical localization of the lesion of the oral mucosa in syphilis P=3
86. By what process is primary syphilis manifested? P=3
87. Name the morphological manifestations of hard chancre. P=6
88. Name the morphological manifestations of tertiary syphilis. P=2
89. The most frequent localization of manifestations of secondary syphilis in the defeat of the oral mucosa. P=2
90. Definition of candidomycosis. P=5
91. ORM is subdivided according to the course of candidiasis? P=2
92. Forms of acute candidiasis of oral mucosa. P=2
93. Forms of chronic candidiasis of oral mucosa. P=2
94. List the factors contributing to the development of candidal stomatitis. P=3
95. Manifestations of chronic hyperplastic candidiasis. P=3
96. Name the forms of candidiasis according to the clinical course. P=2
97. What is included in the composition of plaque on the oral mucosa in candidal stomatitis. P=6
98. List the morphological manifestations of chronic hyperplastic candidiasis. P=3
99. What is chronic recurrent aphthous stomatitis? P=4
100. Provoking factors of aphthous stomatitis. P=7
101. Name your favorite localization of aft. P=4
102. Clinical and morphological forms of aphthous stomatitis. P=3
103. Name the forms of recurrent aphthous ulcers. P=3
104. Give a morphological definition of the concept of "afta". P=6
105. Describe the stages of aphtha formation. P=4
106. Name and describe the main element of the lesion of aphthous stomatitis. P=4
107. Define leukoplakia OSM. P=4
108. List the main factors for the occurrence of mucosal leukoplakia. P=3
109. Name the forms of leukoplakia OSM. P=2
110. Clinical significance of leukoplakia OSM. P=2

Situational tasks

1. A 13-year-old teenager complains of bleeding gums while brushing his teeth and biting off hard food. Examination revealed swelling and hyperemia of the gingival margin in the anterior teeth of the upper and lower jaws, the deposition of soft plaque on the teeth. Make a diagnosis. P=3
2. A 16-year-old patient complains of enlarged gums in the area of the anterior teeth of both jaws, bleeding, pain during meals. When viewed in the area of the upper and lower frontal teeth, the interdental papillae are hypertrophied, cover the crowns up to 1/3 of the height, the gums are cyanotic, painful when touched, and bleed. Name the pathological process, determine the form and name the cause of the process. P=5
3. A 34-year-old patient complained of bleeding, itching in the gum area, increased plaque deposition. Notes bleeding for 4 months, suffers from chronic gastritis. On examination, the gingival papillae of the upper and lower jaws are stagnant-hyperemic, edematous, loose. Periodontal pockets are not defined, the teeth are stable, there are supragingival dental deposits. Name the pathological process and its clinical and anatomical form according to the macroscopic picture. P=4
4. A 43-year-old patient complained of sore gums when eating and talking, bad breath, discoloration of the gums. Weakness, fever. Objectively: Paleness of the skin. Lymphatic submandibular and chin nodes are enlarged, painful on palpation. The gingival margin is sharply

hyperemic and edematous, necrosis is determined along the margin in the form of a gray plaque. When touched, the gums are painful. Name the pathological process and its clinical and anatomical form according to the macroscopic picture. P=3
5. A 43-year-old patient complained of sore gums when eating and talking, bad breath, discoloration of the gums. Weakness, fever. Objectively: Paleness of the skin. Lymphatic submandibular and chin nodes are enlarged, painful on palpation. The gingival margin is sharply hyperemic and edematous, necrosis is determined along the margin in the form of a gray plaque. When touched, the gums are painful. Name the morphological changes in this process. P=3
6. A 44-year-old patient, when contacting a dentist, was diagnosed with Chronic catarrhal gingivitis of moderate severity. What is the possible outcome of an untreated process? P=3
7. Patient, 15 years old. Complaints of soreness and bleeding of the gums during brushing and eating. Similar phenomena disturb periodically, more often in spring and autumn for three years; the last three months, soreness and bleeding of the gums have increased. Objectively: The mucosa of the oral cavity is pale pink, without visible changes, there is hyperemia, swelling of the gingival margin up to 1/3 of the height of the tooth crown in the area of all teeth, false dentogingival pockets; intact teeth; there is an increased viscosity of saliva, abundant soft plaque; GI = 2.5. Make a preliminary diagnosis. P=4 Name the etiological factors of this disease. P=2
8. A 13-year-old patient applied to a children's dental clinic with complaints of pain in the gums, bleeding when brushing his teeth. Anamnesis: a few days ago there was pain in the gums when eating, bleeding when brushing teeth. Notes the periodic recurrence of these symptoms mainly in winter and spring, especially after suffering colds. Brushes teeth irregularly. When viewed in the oral cavity - there is a soft plaque on all teeth. GI = 2.4. Interdental papillae in the area of all groups of teeth are hyperemic, edematous, painful. Make a diagnosis. P=4
9. A 23-year-old patient complained of discomfort in the area of the gums and necks of the teeth on the lower jaw, gum bleeding during brushing. Notes frequent (6-7 times a year) respiratory diseases, chronic adenoiditis. On examination, there is a slight deposition of supra- and subgingival tartar. The gums are hyperemic and edematous in the area of 42 41 31 32 teeth, periodontal pockets up to 5 mm deep, gum retraction in the area of the lower incisors up to 1.5 mm, tooth mobility of 2-3 degrees, high attachment of the frenulum of the lower lip. On the radiograph, the height of the interalveolar septa of 42 41 31 32 teeth is reduced by more than ½ of the root length. Make a diagnosis, determine the severity and explain the reason for the development of the process. P=6
10. A 28-year-old patient came to the clinic with complaints of tooth mobility, recurrent suppuration from periodontal pockets. Periodontal abscesses were opened three times. She has a history of type 1 diabetes mellitus. On examination - abundant deposition of soft plaque, supragingival tartar. When probing, subgingival tartar is determined. The gums are hyperemic, swollen, and bleed easily on probing. The teeth are intact. Periodontal pockets - 4-5 mm. Mobility of teeth - II degree. On the radiograph - uneven resorption of the interalveolar septa: in the region of the incisors of the lower jaw in the form of gaps up to 1/2 of the length of the tooth root. In the area of the upper incisors and canines - from 1/3 to 1/2 of the length of the tooth root. Make a diagnosis, determine the severity P=4
11. Patient, 45 years old. Complaints: tooth mobility, bad breath. Anamnesis: Worried for several years. Previously noted bleeding gums when brushing teeth. Not treated. He considers himself physically healthy. Cleans teeth regularly. When viewed on all teeth deposits of supra- and subgingival tartar. The gingival margin is hyperemic with a bluish tinge. The gingival papillae do not adhere tightly to the necks of the teeth. Bleeding 2 degrees, periodontal pockets 4 mm in the area of chewing teeth of the upper and lower jaws. There is a serous-purulent

discharge. Mobility of teeth - 2 degrees. Name the pathological process and its severity. P=4 List the local factors of periodontal disease. P=5

12. A 20-year-old patient went to the dentist with complaints of bleeding gums when brushing his teeth, an unpleasant odor from the oral cavity. He considers himself ill for more than 10 years, when he began to pay attention to bleeding gums while brushing his teeth. Conducted examinations at the dentist every 6 months, dental treatment for caries. On external examination: the skin without visible changes. When examining the oral cavity: hygiene is unsatisfactory, the mucous membrane of the lips, cheeks is pale pink, sufficiently moist, without visible pathological changes. In the area of teeth 13 12 11 21 22 23 3.5 mm pockets. Make a diagnosis. P=4 Name the cause of pathological changes in the gums in this patient. P=1

13. A 43-year-old patient went to the dentist with complaints of mobility of the incisors of the upper jaw, the appearance of a gap between the teeth, blood during brushing, and swelling of the gums, which occurred three times during the last year. Examination of the oral cavity: gingival papillae and marginal gingiva are edematous, hyperemic, bleed during probing. Periodontal pockets in the area 13 12 11 21 22 23 are 4-5 mm. On contact intraoral radiographs in the area 11 21, the height of the interalveolar septum is reduced by the length of the roots of the teeth, there is no cortical plate at the top of the interalveolar septum, resorption of the alveolar bone II degree. Make a preliminary diagnosis. P=4

14. A 27-year-old patient went to the dentist with complaints of tooth mobility, absence of teeth 11 21 31, bleeding gums, pus, pain, bad breath, frequent swelling of the gums, accompanied by pain and fever up to 37, 9 degrees. She has a history of diabetes, fasting peripheral blood glucose of 7.5 mmol/L. External examination: skin without visible changes, regional lymph nodes are not palpable. Examination of the oral cavity: the mucous membrane of the lips, cheeks without pathological changes. The gums in the area of existing teeth are stagnantly hyperemic, there is purulent discharge from periodontal pockets. Periodontal pockets 6-9 mm pathological tooth mobility III degree. Make a diagnosis. P=4

15. A 20-year-old patient complains of aching pain in the region of the upper premolars on the left. The 24th tooth has a small carious cavity on the distal surface, the 25th tooth is intact. He does not brush his teeth, chews food mainly on the right side. Horizontal percussion of the 24th and 25th teeth is moderately painful, the gums are hyperemic. Formulate a preliminary diagnosis P=4

16. A 17-year-old patient went to the dentist with complaints of bleeding gums when brushing his teeth, an unpleasant odor from the oral cavity. He considers himself ill for more than 5 years, when he began to pay attention to the appearance of blood during brushing his teeth. Conducted examinations at the dentist every 6 months, dental treatment for caries. On external examination: the skin without visible changes. When examining the oral cavity: hygiene is unsatisfactory, the mucous membrane of the lips, cheeks is pale pink in color, sufficiently moistened, without visible pathological changes. In the area of teeth 3.2.1 | 1.2.3 3.5mm pockets. Make a preliminary diagnosis. P=4 Name the cause of pathological changes in the gums. P=1

17. A 16-year-old patient went to the dentist with complaints of mobility of the incisors of the upper jaw, the appearance of a gap between the teeth, blood during brushing, and swelling of the gums, which occurred three times during the last year. He visits the dentist regularly 2 times a year: dental treatment, removal of tartar. External examination: skin without visible pathology. Examination of the oral cavity: the mucous membrane of the lips, cheeks without pathological changes. The gingival papillae and marginal gingiva are swollen, hyperemic, and bleed on probing. Periodontal pockets in the area 3.2.1 | 1.2.3 are equal to 4-5 mm. Pathological mobility 2.1 | 1.2 corresponds to I degree. Formulate a preliminary diagnosis of the disease. P=4

18. A 44-year-old patient complained of a formation on the tip of the tongue. When viewed at the tip of the tongue, there is a dense, on a wide base, pale pink in color, with a finely tuberous surface, painless on palpation, a neoplasm up to 8 mm in diameter. The patient underwent surgery - excisional surgical biopsy. The result of a histological examination: a polypoid focus, divided by fibrous septa into lobules, each lobule consists of a centrally located large vessel surrounded by accumulations of capillaries and venules with edematous endothelial cells. The formation is covered with non-keratinizing stratified squamous epithelium. Make a diagnosis. P=1
19. An 18-year-old patient complained of severe pain when eating, talking, profuse salivation, and multiple rashes in the oral cavity. The disease is accompanied by an increase in body temperature up to 38.5 degrees, malaise, headache. Anamnesis: Considers himself ill for 4 days. The rash appeared on the day of visiting the doctor. Previously, the disease recurred 1-2 times a year. I had the flu two weeks ago. Objectively: the submandibular lymph nodes are enlarged and painful. Erosions and yellowish crusts are observed on the red border of the lips. On the skin in the area of the upper and lower lips, there are separate vesicles with yellowish contents. Make a diagnosis. P=2 What characteristic cells can be found in the area of lesions.
20. A 20-year-old patient complains of general malaise, headache, fever, pain in the gingiva, aggravated by eating.
Anamnesis: a month ago she had bronchitis. The above complaints appeared 2 days ago. Objectively: the mucous membrane of the gums is hyperemic throughout, abundant deposition of soft dental plaque. On the mucous membrane of the gingival margin of the lower jaw, five foci of ulceration are rounded, 2-3 mm in diameter, covered with necrotic plaque. The submandibular lymph nodes are enlarged up to 5 mm, painful, not soldered to the surrounding tissues. Make a diagnosis. P=2 Name the causative agent of this disease. P=1
21. An 18-year-old patient complained of severe pain when eating, talking, profuse salivation, and multiple rashes in the oral cavity. The disease is accompanied by an increase in body temperature up to 38.5 degrees, malaise, headache. Anamnesis: Considers himself ill for 4 days. The rash appeared on the day of visiting the doctor. Previously, the disease recurred 1-2 times a year. I had the flu two weeks ago.
Objectively; submandibular lymph nodes are enlarged and painful. Erosions and yellowish crusts are observed on the red border of the lips. On the skin in the area of the upper and lower lips, there are separate vesicles with yellowish contents. Make a diagnosis. P=2
22. A 21-year-old patient complained of pain when eating, weakness, malaise, bad breath. Anamnesis: bleeding gums have been noted for 3 years, pain appeared within 3 days. Objectively: abundant dental deposits, necrosis of the gingival papillae and marginal gingiva in the area of the anterior teeth and molars of the lower jaw. In the retromolar area on the left, there is ulceration of the hood above the semi-cutting third molar 0.5x1 cm in size. Make a diagnosis. P=2
23. A 30-year-old patient consulted a doctor with complaints of itching, burning, pain when eating. Anamnesis: a month ago, the patient had influenza. Objectively: on the SM of the lower lip and hard palate (on the border of the transition of the hard palate to the soft palate), on the cheeks and tongue, there are clearly defined erythematous spots on a hyperemic, edematous base. On the SM of the cheeks, erosions free from plaque and films are observed. Diagnose R=2
24. A 21-year-old patient complains of general malaise, headache, fever, inability to eat due to severe pain. Anamnesis: 2 months ago she had pneumonia. The above complaints appeared 3 days ago. Objectively: diffuse hyperemia of the mucous membrane of the gums on the upper and lower jaws, abundant deposition of soft dental plaque. On the gum in the region of the lower jaw,

there are three foci of ulceration with a diameter of up to 4 mm, covered with necrotic plaque. Make a diagnosis. P=2
25. A 45-year-old patient went to the doctor for a sharp soreness in the tongue when eating. Anamnesis: the patient has been suffering from pulmonary tuberculosis for 10 years. Objectively: there is an ulcer with undermined edges on the lateral surface of the tongue on the right, the bottom is granular with a yellowish coating, the base is soft and sharply painful on palpation. Make a diagnosis. P=1
26. A 25-year-old patient complained of a sharp pain in the 16th tooth, aggravated at night with light intervals of 10-15 minutes, radiating along the third branch of the trigeminal nerve. Anamnesis: the tooth fell ill a day ago, which was the reason to see a doctor. Objectively: there is a deep carious cavity on the chewing surface of the 16th tooth. A diagnosis of acute pulpitis was made. When examining the oral cavity, the doctor found a saucer-shaped ulcer, copper-red in color with a cartilage-like base, on the CO in the sublingual region. Palpation is painless. Lymph nodes are enlarged, painless on palpation. Make a diagnosis. P=2
27. A 46-year-old patient complained of dryness in the oral cavity, burning and plaque formation over the entire surface of the oral mucosa, including the dorsal surface of the tongue. Anamnesis: the patient has been using broad-spectrum antibiotics for the treatment of bronchitis for a long time. Objectively: the entire oral mucosa is affected, it is sharply hyperemic, covered with a brownish-brown tinge. When scraping, the plaque exfoliates with difficulty, erythema or bleeding erosions are found under it. Make a diagnosis. P=2 Name the factors contributing to the development of the disease. P=4
28. A 10-year-old child complains of decreased appetite, poor sleep. Got sick 3 days ago. The patient was being treated by a pediatrician for pneumonia. Took antibiotics. The mucous membrane of the oral cavity is hyperemic, edematous, the papillae are brightly smoothed, on the tongue there is a whitish curdled filmy coating. On the mucous membrane of the cheeks, lips of the hard and soft palate, a whitish coating. At the site of the removed plaque, erosive surfaces are noted in places. Submandibular lymph nodes are enlarged. Make a diagnosis. P=2 What research is necessary to diagnose this disease. P=2
29. A 53-year-old woman consulted a dentist complaining of a painful formation in her mouth. Suffering from contact dermatitis and biliary dyskinesia. The painful element of the lesion has been periodically appearing for 3 years in different places, but the patient did not seek help. Objectively: on the mucous membrane along the transitional fold in area 23 there is a rounded lesion element up to 3 mm in diameter, surrounded by a bright red inflammatory rim. Its surface is covered with a fibrinous coating of a grayish-white color, which is not removed by scraping. Palpation is sharply painful, tissue infiltration at the base is not determined, regional lymph nodes are not enlarged. At 23, the cervical carious cavity is determined. What is the most likely diagnosis? P=3
30. A 52-year-old patient complained of weakness, pain, burning sensation in the oral cavity when eating, plaque on the oral mucosa and in the corners of the mouth, increased thirst. Anamnesis: noticed signs within a few months, rinse your mouth with infusion of St. John's wort. Long-term use of antibiotics. Objectively: the red border of the lips is dry, in the corner of the mouth on the right there are streaks covered with a white cheesy coating. On the mucous membrane of the cheek on the right there is a white plaque, after the removal of which a hyperemic, sometimes eroded mucous membrane is exposed. Make a diagnosis. P=4
31. A 42-year-old man went to the dentist with complaints of pain in the oral cavity when eating. From the anamnesis it was established that a week ago he had been ill with an adenovirus infection, during the treatment he took antibiotics. She is under dispensary care of a gastroenterologist for chronic ulcerative colitis. Objectively: on the mucous membrane, along the

transitional fold on the left, an aphtha 3 mm in diameter is determined, surrounded by an inflammatory rim of bright red color. The surface of the aphtha is covered with a fibrinous coating of a grayish-white color, which is not removed when scraped. Palpation is painful, there is no tissue infiltration at the base of the aphtha, regional lymph nodes are not enlarged. Make a diagnosis. P=2 Name the provoking factors for this disease. P=10
32. Patient F, 45 years old, went to the doctor for the appearance of a white spot in the corner of the mouth on the right. Anamnesis: the spot has existed for 3 years. Don't worry. So I didn't go to the doctor. Works at a chemical plant. Objectively: on the inner surface of the mucous membrane of the vestibule of the oral cavity in the corner of the mouth on the right, a white spot in the form of a triangle with its apex facing the retromolar region. Make a diagnosis. P=2

Topic 21. Diseases of the salivary glands. Viral and bacterial sialadenitis. Autoimmune lesions of the salivary glands. Sjögren's syndrome. Obstructive lesions of the salivary glands. Sialolithiasis.

1. What is sialadenitis? P=2
2. What salivary glands are more often involved in the inflammatory process? P=2
3. Explain what causes the most frequent development of the inflammatory process in the parotid salivary gland. P=3
4. Name the disease and explain the mechanism of development of inflammation in the submandibular salivary gland. P=3
5. List the principles of classification of sialadenitis P=7
6. Name the etiological factors of inflammation of the salivary glands. P=5
7. What is calculous sialadenitis? P=3
8. Name the forms of sialadenitis according to the localization of the salivary gland lesion. P=2
9. What is macrosialadenitis? P=1
10. List macrosialadenitis. P=3
11. Forms of sialadenitis by lesions of various parts of the salivary gland P=2
12. Define interstitial sialadenitis. P=1
13. Define parenchymal sialadenitis P=1
14. Types of sialoadenitis by the nature of inflammation and its outcome. P=7
15. Varieties of fibroplastic sialadenitis. P=2
16. Forms of sialoadenitis according to the prevalence of the process. P=3
17. What is sialodochitis? P=1
18. Forms of sialadenitis along the course of the process. P=2
19. Stages of development of acute sialadenitis. P=3
20. Risk groups for the development of sialadenitis. P=6
21. Acute sialadenitis by etiology P=2
22. What is mumps (mumps, mumps) P=5
23. Etiology of mumps. P=1
24. Ways of transmission of mumps. P=2
25. How long is the incubation period for mumps? P=1
26. Entrance gate of mumps. P=4
27. What organs are affected in mumps? P=6
28. Is it typical for the prodromal period of mumps? P=4
29. Describe the parotid salivary glands with moderate severity of mumps. P=3
30. Describe the macroscopic picture of mumps. P=4

31. The most common complications of mumps in children. P=2
32. Name long-term complications after epidemic parotitis. P=4
33. Outcome of mumps P=2
34. Cause of death in mumps P=2
35. Etiology of cytomegalovirus infection. P=1
36. Source of cytomegalovirus infection. P=1
37. Ways of transmission of cytomegalovirus infection. P=5
38. Forms of cytomegalovirus infection. P=2
39. What is the manifestation of a localized form of cytomegalovirus infection? P=1
40. Name and describe the characteristic microscopic diagnostic sign of cytomegalovirus sialadenitis. P=3
41. Outcome of a localized form of cytomegalovirus sialadenitis. P=1
42. Complications of a localized form of cytomegalovirus sialadenitis. P=3
43. Typical for influenza sialadenitis. P=4
44. What salivary glands can be affected in influenza sialadenitis? P=4
45. Name the cause of acute bacterial sialadenitis. P=4
46. Name common factors of development of acute bacterial sialadenitis. P=4
47. Name the local factors of development of acute bacterial sialadenitis. P=5
48. List the predisposing factors of acute bacterial sialadenitis. P=4
49. Ways of spreading infection. P=3
50. Name the most common localization of acute bacterial sialadenitis. P=1
51. Clinical manifestations of acute bacterial sialadenitis. P=4
52. Name the types of acute bacterial sialadenitis according to the nature of exudative inflammation. P=3
53. Describe the morphological picture of serous bacterial sialadenitis. P=6
54. Describe the morphological picture of purulent bacterial sialadenitis. P=3
55. What are the outcomes of acute purulent sialadenitis P=2
56. What is characteristic of gangrenous bacterial sialadenitis? P=1
57. List the early complications of acute purulent sialadenitis. P=5
58. List the late complications of acute purulent sialadenitis. P=2
59. What is Herzenberg's false mumps? P=3
60. Name the important differences between false parotitis and bacterial sialadenitis. P=3
61. Name the causes of false parotitis. P=4
62. Specify the most important links in the pathogenesis of chronic sialadenitis. P=4
63. Name the forms of chronic sialoadenitis by the defeat of various parts of the salivary gland. P=3
64. What morphological structures are affected in chronic interstitial sialadenitis. P=3
65. Etiology of parenchymal sialadenitis. P=3
66. What is characteristic of chronic parenchymal sialadenitis? P=2
67. Morphological picture in chronic parenchymal parotitis. P=4
68. Clinical picture of the late stage of chronic parenchymal parotitis. P=3
69. Sialogram of the late stage of parenchymal sialadenitis. P=3
70. Clinical signs of chronic sialodochitis in the late stage. P=2
71. Clinical manifestations of salivary colic. P=2
72. Sialogram of chronic sialodochitis in the initial stage. P=3
73. What is sialodochitis? P=4
74. Name the most common causes of sialodochitis. P=2
75. Name chronic specific sialoadenitis by etiology. P=3

76. Manifestations of Sjögren's syndrome. P=6
77. Name the characteristic clinical signs of dry Sjögren's syndrome. P=5
78. List the forms of Sjögren's syndrome. P=2
79. List the morphological changes in the parenchyma of the salivary glands in the early stages of the development of Sjögren's syndrome. P=5
80. Specify the possible causes of death in Sjögren's syndrome. P=3
81. What are the diseases of the salivary glands related to obstructive lesions? P=3
82. What is sialolithiasis? P=4
83. Name the possible complications and outcome of salivary stone disease. P=4
84. What are the reasons for the formation of salivary gland cysts? P=5
85. Name the reasons for the development of a retention cyst. P=5
86. Describe the microscopic structure of the wall of the retention cyst. P=4
87. What is a mucocele? P=2
88. What are large mucoceles of the floor of the mouth called? P=1
89. Name reactive tumor-like lesions of the salivary glands. P=4
90. Clinical manifestations of tumor-like manifestations of the salivary glands P=2
91. What morphological process is typical for Mikulich's disease? P=2
92. What is the outcome of Mikulich's disease P=2
93. Etiology of sialosis. P=3 Morphological characteristics of sialosis. P=3
94. Name the types of sialosis according to the mechanism of development. P=3
95. Name the outcome of sialosis P=1
96. What is morphologically characterized by oncocytosis? P=2
97. What is necrotizing sialometaplasia? P=1
98. What is the most common localization of necrotizing sialometaplasia? P=1
99. Causes of development of necrotizing sialometaplasia? P=2

Situational tasks

1. Patient, 24 years old, kindergarten teacher. Complains of an increase in body temperature up to 39 ° C, pain and swelling in the area of the parotid salivary glands. General condition is satisfactory, body temperature is 38.5 °C.
2. Both parotid salivary glands are enlarged, more on the right. On palpation, they are painful, dense-elastic consistency. The skin over them is tense, the color is not changed. Tissue edema spread to the buccal, zygomatic regions, and the lateral surface of the neck. The earlobes are raised on both sides. The opening of the mouth is free. The mucous membrane of the oral cavity is dry, hyperemic. The mouths of the ducts of the parotid salivary glands are hyperemic, edematous, there is no discharge from the ducts. Make a diagnosis. P=1 Name the causative agent of this disease. P=1 What is the route of transmission? P=1
3. A 17-year-old patient complains of swelling under the tongue. A week ago I had an acute respiratory viral infection, after 5 days there was a swelling under the tongue. The configuration of the face is not changed, the submandibular lymph nodes are not palpable. The opening of the mouth is free. The sublingual folds are enlarged on both sides, on palpation they are determined by dense, painless sublingual salivary glands. The mucous membrane above them is edematous, hyperemic. From the mouth of the ducts of the submandibular salivary glands, a transparent liquid secretion is secreted. Make a diagnosis. P=2 Name the cause of the disease. P=1
4. A 20-year-old patient complains of swelling under the lower jaw on both sides, dry mouth, pain when taking sour and spicy foods. The swelling appeared a week ago, after suffering the flu. In the submandibular regions on the right and left, enlarged submandibular salivary glands are

determined, palpation is dense, slightly painful. The opening of the mouth is free. The mucous membrane in the area of the mouths of the ducts of the submandibular salivary glands is edematous, hyperemic. When massaging the submandibular salivary glands, the secret from the ducts is not released. The mucous membrane of the oral cavity is dry, hyperemic, on the mucous membrane of the tongue there are single aphthae. Make a diagnosis of the disease. R=2 What complications can arise? P=2

5. A dental surgeon was invited to the surgical department of the hospital for a consultation. Patient D., 76 years old, complains of swelling and pain in the lateral areas of the face, an increase in body temperature up to 39 °C. Seven days ago, he underwent abdominal surgery for intestinal obstruction. Concomitant diseases: type II diabetes mellitus, ischemic heart disease, hypertension, chronic bronchitis, chronic cholecystitis, enterocolitis. Parotid salivary glands are enlarged, dense, painful. A dense painful infiltrate is palpated in the left parotid-masticatory region. The skin above it is hyperemic, tense, not going into a fold. Pus is secreted from the ducts of both parotid salivary glands. Make a diagnosis of the disease, taking into account the complications that have arisen. P=4 Explain the mechanism of development of the disease. P=3

6. A 3-year-old boy presented with weakness and headache. Examination revealed bilateral enlargement and induration of the parotid salivary glands. Cytomegalovirus hominis was found in saliva during virological examination. Cytoscopy of saliva revealed characteristic cytomegals with a large nucleus and a narrow border of cytoplasm ("owl's eye"). What pathological process is diagnosed in a sick boy? P=2 Name the form of the infectious disease. P=1 Describe the possible microscopic appearance of the salivary glands in this infection. P=3

7. A 7-year-old boy complained of headache, muscle and joint pain, dry mouth, discomfort in the area of the parotid salivary glands. After 2 days the temperature rose to 39°, fever was accompanied by headache, general weakness, malaise, insomnia. When viewed in the projection of the parotid glands, swelling, painful on palpation, having a pasty consistency. The skin in the area of swelling is tense, shiny, hardly gathers into folds, its color is not changed. The mucous membrane around the opening of the stenon duct is hyperemic and edematous. What pathological process is diagnosed? P=2 What is the clinical form of this disease? P=1 Describe the microscopic appearance of this infection.

8. A 39-year-old patient went to the doctor with complaints of swelling and paroxysmal pain in the submandibular gland during meals, passing after meals. On examination, the gland is enlarged, painless, soft. On palpation, a dense formation was found in the area of the Wharton duct. The mucosa in the mouth of the duct without inflammatory changes. On the radiograph, a non-radiocontrast calculus is determined, with a contrast study - a uniform expansion of the duct proximal to the location of the stone. What pathological process is diagnosed in the patient? P=1 What are the main typical signs characterizing this pathological process? P=3 Possible complications and outcome in this pathology. P=3

9. A 48-year-old patient complained of the appearance of bilateral swelling in the area of the auricles, a feeling of heaviness in these areas, and a salty taste of saliva. Parotid salivary glands are enlarged, resilient-elastic consistency. A secret is secreted from the ducts with an admixture of mucous lumps. On the sialogram, a large number of cavities with a diameter of 2-3 mm are determined, the parenchyma and gland ducts of the III, IV orders are not determined. Make a diagnosis. P=2

10. A 50-year-old patient complains of constant painless swelling in the lateral areas of her face. The parotid salivary glands are evenly enlarged, have a smooth, even surface, and are not soldered to the underlying tissues. The skin over the glands is not changed, the mouth opening is free, the mucous membrane of the oral cavity is not changed in color, moderately moistened. The sialogram shows an increase in the size of the salivary glands, a decrease in the density of the

gland, a sharp narrowing of the ducts of the III, IV order while maintaining the evenness and clarity of the contours of the ducts. Make a diagnosis. P=2
11. A 37-year-old patient applied to a dental clinic with complaints of swelling and tingling in the lateral region of the face on the left, a salty taste in the mouth. The parotid salivary gland on the left is enlarged, soft-elastic consistency, slightly painful. On palpation of the buccal region on the left along the excretory duct of the left parotid salivary gland, a painless soft swelling in the form of a roller is determined. When pressing on it, a stagnant secret is secreted from the excretory duct into the oral cavity. In this case, the swelling decreases in size. On the sialogram, a significant expansion of the extraglandular and intraglandular part of the main excretory duct is determined, its contours are uneven, clear, areas of expansion alternate with areas of narrowing. Make a diagnosis. P=2
12. A patient suffering from diabetes mellitus consulted a doctor with complaints of shooting pains in the parotid gland radiating to the ear, fever up to 39°C, tonic tension of the masticatory muscles, decreased salivation, difficulty swallowing. On examination, there is swelling in the parotid gland, hyperemia and immobility of the skin over the gland. On palpation of the gland, a fluctuating dense painful infiltrate is determined. When the gland is massaged, a cloudy purulent liquid is released from the mouth of the ducts. What pathological process is diagnosed in the patient? P=3 What complications are possible in this disease? P=7
13. A 40-year-old patient went to the doctor with complaints of dry mouth, dryness and burning sensation in the eye area, pain in the joints. A biopsy study of the posterior parotid salivary gland was performed. Histological examination revealed: focal lymphohistiocytic infiltration of the stroma of the gland, degeneration and necrosis of acinar cells, atrophy of the gland acini, proliferation of the epithelium of the excretory ducts. What pathological process is diagnosed in this patient? P=1 What are the possible outcomes of this pathological process? P=1
14. A 23-year-old patient went to the doctor with complaints of a formation under the tongue that slowly increases, interferes with food intake, and disrupts speech. When viewed in the anterior-lateral section of the floor of the mouth near the frenulum of the tongue, an oval-shaped formation with a bluish tint, soft elastic consistency is determined. During the surgical intervention to remove this formation, it was found that it is closely related to the sublingual salivary gland. Macroscopic examination revealed that the formation is represented by a cavity with a thin whitish-blue shell, in the lumen of the cavity - a viscous transparent liquid. Microscopic examination revealed that the wall of the cavity was represented by fibrous and granulation tissue, in the lumen of the cyst there was an accumulation of eosinophilic mucous fluid. Among the granulation tissue and mucus in the cyst cavity, there are macrophages containing mucus with vacuolated cytoplasm. What pathological process is diagnosed in this patient? P=1 What are the possible causes of cyst formation. P=6

Topic 23. Diseases of the jaw bones. Inflammatory diseases of the jaws: osteitis, periostitis, osteomyelitis. Tumor-like lesions and cysts of the jaws.

1. Define the concept of "osteitis". P=3
2. Name the ways of infection penetration into the bone tissue from the root canal. P=2
3. Define the term "alveolar osteitis". P=3
4. Name the cause of alveolitis. P=1
5. List the predisposing factors of alveolitis. P=2
6. List the complications of alveolitis. P=5
7. Define the term "periostitis". P=4

8. Define the term "osteomyelitis". P=9
9. Name the ways of spreading the infectious agent in case of nonspecific osteomyelitis of the jaw bones. P=4
10. Name the types of osteomyelitis according to the course and nature of inflammation. P=4
11. Give a classification of osteomyelitis according to the prevalence of the process P=3
12. What is limited osteomyelitis? P=2
13. What is focal osteomyelitis? P=2
14. Name the diagnostic microscopic sign of acute purulent osteomyelitis. P=2
15. Name the possible outcomes of acute osteomyelitis. P=2
16. Name the local complications of chronic osteomyelitis. P=5
17. Name the local and general complications of chronic osteomyelitis. P=7
18. Name common complications of chronic osteomyelitis. P=2
19. Name the first clinical signs of chronic purulent osteomyelitis. P=3
20. What is chronic osteomyelitis characterized by? P=3
21. Name the types of benign fibro-osseous lesions of the jaw bones. P=3
22. Name the clinical and anatomical variants of fibrous dysplasia of the jaw bones. P=2
23. Define fibrous dysplasia of the jaws. P=5
24. Define central giant cell (reparative) granuloma. P=4
25. Give the clinical and morphological characteristics of cherubism. P=8
26. What is histiocytosis from Langerhans cells. P=5
27. Name the key diagnostic sign of histiocytosis from Langerhans cells. P=2
28. Name the clinical and morphological forms of histiocytosis from Langerhans cells. P=3
29. Name the forms of eosinophilic granuloma of the jaws. P=3
30. Name the main types of pseudocysts. P=3
31. What are true cysts? P=5
32. Name the types of epithelial cysts. P=2
33. Name the reasons for the development of odontogenic cysts. P=2
34. What is the characteristic feature of a dental cyst. P=2
35. Indicate the place of development of the dentocyst. P=1
36. Specify the most frequent localization of a dentocyst. P=2
37. Describe the microscopic picture of a dental cyst. P=3
38. Indicate what subgroups keratocysts are divided into. P=2
39. Describe the macroscopic picture of a keratocyst. P=3
40. Name the microscopic varieties of keratocyst. P=2
41. Name the main types of radicular cysts. P=3
42. Name the reason for the development of a radicular cyst. P=4
43. Name the stages of development of a radicular cyst. P=5
44. List the complications of radicular cyst. P=4
45. Describe the microscopic picture of the gingival (gingival) cyst. P=4
46. List nonodontogenic cysts. P=5
47. Name the reasons for the development of non-odontogenic cysts. P=3
48. Name the source of development of a follicular cyst. P=2
49. Describe the structure of the wall of the radicular cyst. P=4
50. Give the definition of Braitsev-Liechtenstein disease (fibrous dysplasia of the jaws) P=4
51. What is the cause of Braitsev-Liechtenstein disease (fibrous dysplasia of the jaws). P=3
52. In what age period is fibrous dystrophy detected? R=1 Explain what it is connected with. P=3
53. Explain the pathogenesis of Braitsev-Liechtenstein disease (fibrous dysplasia of the jaws). P=5

54. Name the first clinical manifestations of fibrous dysplasia P=2
55. Name the leading symptom of fibrous dysplasia. P=2
56. Name the most frequent localization of foci of fibrous degeneration P=3
57. Name the forms of fibrous dysplasia according to the number of bones of the facial skeleton involved in the pathological process. P=2
58. Describe the monoosseous form of fibrous degeneration. P=4
59. What is characteristic of the polyostotic form of fibrous degeneration? P=1
60. What is Albright syndrome? P=4
61. Manifestations in the oral cavity in Albright's syndrome. P=2
62. What is cherubism? P=5
63. Name the period of the most intensive growth of pathological foci in cherubism. P=1
64. Name the primary localization of the lesions that have arisen in cherubism. P=3
65. Describe the morphological manifestations in cherubism. P=6
66. In what period of a child's development does progression of cherubism occur? P=1
67. What will the resorption of bone tissue by osteoclasts (consequences of impaired tooth formation) lead to in cherubism? P=4
68. Name the characteristic feature of cherubism. P=2
69. Describe the radiograph of cherubism. P=5
70. What is central giant cell reparative granuloma? P=3
71. At what age does central giant cell reparative granuloma occur? P=1
72. Name the localization of the central giant cell reparative granuloma. P=2
73. Explain the pathogenesis of central giant cell reparative granuloma.
74. P=7
75. Name the first symptom of central giant cell reparative granuloma. P=1
76. Describe the macroscopic picture of the central giant cell reparative granuloma. P=8

Situational tasks

1. A patient came to the dentist with complaints of a fistula with purulent discharge in the region of the body of the lower jaw on the right. From the anamnesis it was found out that the appearance of the fistula was preceded by a disease of the 46th tooth. I did not go to the doctor, I treated myself. After 1.5 months, there was pain in the lower jaw on the right, and then - pus discharge through the fistulous tract. On examination, the deformation of the body of the lower jaw on the right is determined, on the skin at the level of the 46th tooth there is a fistula with a scanty purulent discharge. Easily bleeding granulations swell out of the fistula. On the radiograph of the lower jaw on the right, the destruction of bone tissue in the region of 45, 46, 47 teeth with fuzzy contours, sequesters is determined. Make a diagnosis. P=4
What morphological processes are typical for chronic osteomyelitis? P=4 3. Name a possible common complication of chronic purulent osteomyelitis. P=1
2. A patient consulted a dentist with complaints of painful swelling in the region of the lower jaw on the left, general weakness, headache, high body temperature (39°). From the anamnesis it is known that a week ago the 38th tooth fell ill, which had not been treated before. Three days ago, the pain in the tooth subsided, but the above symptoms and numbness of the lower lip and skin of the chin on the left appeared. When examining the maxillofacial region, there is a painful swelling in the region of the lower jaw on the left, difficulty opening the mouth. The mucous membrane of the gingival margin of the 36th, 37th, 38th teeth, the alveolar process and the transitional fold is hyperemic, edematous, pus is released from the interdental spaces and periodontal pockets, the teeth are mobile. The crown of the 38th tooth is destroyed, its percussion is painful. Make a diagnosis taking into account the classification according to the

course and nature of inflammation. P=3 Describe the microscopic picture of this process. P=8 What complications are possible in acute osteomyelitis of the mandible? P=4

3. A 23-year-old patient applied to a dentist with complaints of severe constant throbbing pain in the lower jaw, a feeling of a "grown tooth" and swelling of the soft tissues of the cheek on the left, general weakness, high body temperature (38°). On examination, there is swelling of the lower buccal, submandibular and parotid-masticatory regions on the left. The skin over the place of edema is not changed, it is taken in a fold. When examining the oral cavity, the crown of the 36th tooth is destroyed, its percussion is positive. The mucous membrane of the gums around the tooth is edematous, hyperemic. The transitional fold is thickened, smoothed. When palpating it, a diffuse, painful, roller-like infiltrate is determined. Enlarged, painful, mobile lymph nodes are palpated in the submandibular region on the left. 1. Make a diagnosis. P=3; 2. What process preceded the development of this disease? P=3; 3. Name the possible complications of this disease. P=4

4. A 43-year-old patient with a diagnosis of exacerbation of chronic granulating periodontitis underwent extraction of the 47th tooth. During the extraction of the tooth, a fragment of the alveolar process broke off. After 3 days, the patient again turned to the doctor with complaints of severe aching pain in the area of the extracted tooth. On external examination, the face is asymmetric, due to swelling of the buccal region on the right. The mouth opens freely, the oral mucosa in the area of the removed 47th tooth is edematous, hyperemic, painful on palpation. The tooth socket contains the remains of a disintegrated blood clot, its walls are covered with a gray coating with an unpleasant putrefactive odor. Submandibular lymph nodes are enlarged, painful. What complication arose after tooth extraction? P=1 Explain the etiology and pathogenesis of this complication. P=2

Name the terms of bone wound healing in this pathology. P=1

5. A patient was delivered to the clinic of maxillofacial surgery with complaints of pain in the lower jaw on the right, numbness of the lower lip, which appeared 4 days ago. Inflammatory phenomena intensified after the removal of the 46th tooth. On examination: asymmetry of the face due to soft tissue edema in the region of the lower jaw on the right, where a sharply painful infiltrate is palpated, extending to the submandibular region. The skin above it is hyperemic, does not form a fold. In the oral cavity - restriction of mouth opening due to pain, the socket of the extracted 46th tooth is filled with a dirty gray coating. A muff-like infiltrate is palpable on both sides of the alveolar process, the mucous membrane above it is edematous, cyanotic. The sublingual roller swells, there is a fibrinous coating on its crest. Make a diagnosis. P=3 Name the types of this pathological process by prevalence. P=3 Name the possible outcomes and complications of this pathological process. P=7

6. A 13-year-old child was diagnosed with a tumor - odontogenic myxoma. Define this tumor taking into account histogenesis. P=4.

7. A 13-year-old child was diagnosed with a tumor - odontogenic myxoma. Describe the macroscopic P=2 and microscopic appearance of this tumor P=7.

8. A 13-year-old child was diagnosed with a tumor - odontogenic myxoma. Name the distinguishing feature of odontogenic myxoma of the jaws from myxoma of another localization of the bones of the skeleton P=3.

9. An X-ray examination of the teeth of a 9-year-old child in the area of the 35th tooth of the lower jaw revealed numerous small conglomerates of tooth-like tissues of irregular shape with areas of rarefaction of the bone tissue around them and a rim of enlightenment (osteosclerosis). Make a diagnosis and name the cause of this pathology. P=4

10. An X-ray examination of the teeth of a 9-year-old child in the area of the 35th tooth of the lower jaw revealed numerous small conglomerates of tooth-like tissues of irregular shape with

areas of rarefaction of the bone tissue around them and a rim of enlightenment (osteosclerosis). Define this pathology taking into account histogenesis. P=7
11. An X-ray examination of the teeth of a 9-year-old child in the region of the 35th tooth of the lower jaw revealed numerous small conglomerates of tooth-like tissues of irregular shape with areas of rarefaction of the bone tissue around them and a rim of enlightenment (osteosclerosis). Name the clinical significance of this process. P=3
12. Dispensary examination of the patient from the vestibule of the oral cavity revealed swelling of the alveolar process in the projection of the root of the 42nd tooth, the mucous membrane above it was not changed. On palpation, the formation is springy. Puncture yielded a clear yellow liquid with an admixture of cholesterol crystals. On the radiograph, a rounded shadow with clear boundaries is noted, associated with the tip of the 42nd tooth. Make a diagnosis P=1 What can complicate this pathology? P=3 Name the main varieties of this pathological process. P=3
13. A 32-year-old patient went to the doctor with complaints of painless swelling in the lower jaw. On examination: slight bulging of the lower jaw area in the area of the 38th tooth. X-ray examination reveals a multi-chamber area of bone tissue enlightenment with clear contours. A biopsy study revealed a thin fibrous capsule lined with a wide layer of stratified squamous keratinized epithelium. Education removed by surgery. Macroscopic picture: the formation is represented by a branched cavity covered with a fibrous capsule with bay-like impressions into the adjacent bone structures, in the lumen of the cavity there are amorphous masses of an off-white color. Make a diagnosis. P=1 Name the histological variants of this process. P=2 What are the possible complications of this pathological process? P=2
14. A 25-year-old patient went to the doctor with complaints of painless deformity of the lower jaw on the right. On examination, the 48th tooth is missing. An x-ray examination shows a clearly demarcated area of bone tissue enlightenment surrounding the crown of an unerupted tooth facing the cyst cavity. Make a diagnosis. P=1 Describe the microscopic picture of this process. P=3
15. A patient was diagnosed with a globular maxillary cyst on the left. Indicate: a) source of this cyst P=3, b) localization of the cyst P=3, c) microscopic structure of the cyst wall. P=2
16. A patient was diagnosed with a cyst of the naso-palatine (incisive) canal on the left. Describe: a) macroscopic picture P=3, b) microscopic picture of this formation P=2.
17. The parents of a 5-year-old girl noticed a symmetrical deformity of the child's face in the corners of the lower jaw, an increase in the lower third of the face. What is your preliminary diagnosis? P=1
18. Examination of a 7-year-old child reveals a significant deformity of the face on both sides at the level of the jaw angles; the face is almost square. Palpation in areas from 34 to 44 or from 36 to 46 teeth towards the branches of the jaw reveals a "protrusion" of bone tissue with a bumpy, uneven surface only from the side of the vestibule. From the side of the lingual surface of the jaw, usually no changes are observed. In the neoplasm, areas of bone softening are determined next to the dense areas. Make a preliminary diagnosis. P=1
19. A 12-year-old girl in the area of the alveolar ridge of the removed 36th tooth of the lower jaw was found to have a tumor-like formation of the gums. Histological examination of the remote formation determines the growth of fibrous connective tissue, rich in fibroblasts, among which there are numerous multinucleated giant osteoclast-like cells. Inflammatory cells are also determined: lymphocytes, plasma cells, neutrophilic granulocytes. Make a diagnosis. P=3