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Chapter 2: Ulcerative Conditions
Test Bank

MULTIPLE CHOICE

1. Penicillin is the drug of choice for which of the following?
   a. Tuberculosis
   b. Histoplasmosis
   c. Aphthous ulcers
   d. Actinomycosis
   e. Intraoral herpes

   ANS: D REF: Chap 2 (Actinomycosis/Treatment), p 35

2. Which of the following would be regarded as an iatrogenic injury?
   a. Traumatic granuloma
   b. Factitial ulcer
   c. Cotton roll–induced ulcer
   d. Frictional hyperkeratosis
   e. All the above

   ANS: C REF: Chap 2 (Traumatic ulcerations/Etiology), pp 23-24

3. A 31-year-old man presents with a chronic draining sinus at the inferior margin of his jaw. He also has low-grade mandibular bone pain several weeks after the extraction of a molar in the area. This history is typical of which of the following?
   a. Post-zoster neuralgia
   b. Drug reaction
   c. Actinomycosis
   d. Lupus erythematosus
   e. Gumma

   ANS: C REF: Chap 2 (Actinomycosis—entire topic), pp 34-35

4. Granulomatous inflammation is characteristic of which the following diseases?
   a. Aphthous ulcers
   b. Histoplasmosis
   c. Pemphigus vulgaris
   d. Erythema multiforme
   e. Angioedema

   ANS: B
   REF: Chap 2 (Fungal infections/Deep fungal infections/Histopathology), p 35-36

5. The disease mechanism for angioedema is believed to be related to which of the following?
   a. Drug overdose
   b. Antigen interaction with IgE-coated mast cells
   c. Lymphocyte immune reaction
   d. Drug side effect
   e. Circulating IgG combining with circulating antigen

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ANS: B REF: Chap 2 (Drug reactions/Clinical features), pp 47-48

6. Contact allergies are:
   a. Seen in tissue directly adjacent to the antigen stimulus
   b. Mediated by Langerhans cells
   c. Rarely associated with denture material
   d. Treated by identification and removal of the offending agent
   e. All the above

   ANS: E REF: Chap 2 (Contact allergies), pp 49-50

7. Which of the following inflammatory cells characterizes the infiltrate seen microscopically in tuberculosis, histoplasmosis, and other deep fungal infections?
   a. Plasma cells
   b. Macrophages
   c. Neutrophils
   d. Basophils
   e. Eosinophils

   ANS: B REF: Chap 2 (Fungal infections/Deep fungal infections), pp 35-37

8. Clinical control of patients with aphthous ulcers is most consistently and rationally achieved with which of the following?
   a. Chemical cautery
   b. Excision
   c. Topical penicillin
   d. Mycelex troches (clotrimazole)
   e. Corticosteroids

   ANS: E REF: Chap 2 (Aphthous ulcers), pp 38-48

9. Oral tuberculosis:
   a. Is granulomatous in microscopic appearance
   b. May appear clinically like primary syphilis
   c. Is usually secondary to lung infection
   d. Is contagious
   e. All the above

   ANS: E REF: Chap 2 (Tuberculosis), pp 31-33

10. Which of the following oral lesions is associated with secondary syphilis?
    a. Herpetiform ulceration
    b. Notched incisors
    c. Gumma
    d. Hairy tongue
    e. Mucous patch

    ANS: E REF: Chap 2 (Syphilis/Clinical features), p 30

11. Although carcinoma of the hard palate is rare in the United States, it is relatively common in some other parts of the world because of different tobacco habits. In which of the following countries is this the case?

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a. Canada
b. Mexico
c. India
d. Finland
e. Russia

ANS: C REF: Chap 2 (Carcinoma of the palate), p 59

12. A 17-year-old patient presents with three large painful tongue ulcers, each of which measures greater than 0.5 cm in diameter. He has scars in his buccal mucosa from previous lesions. The ulcers generally last several weeks before healing. He most likely has:
a. Syphilis
b. Squamous cell carcinoma
c. Minor aphthous stomatitis
d. Major aphthous stomatitis
e. Tuberculosis

ANS: D REF: Chap 2 (Major aphthous ulcers), p 40

13. Metastasis from oral squamous cell carcinoma of the posterior lateral border of the tongue is most likely to appear in which of the following sites first?
a. Submental lymph nodes
b. Submandibular lymph nodes
c. Mandibular bone
d. Supraclavicular lymph nodes
e. Lung

ANS: B REF: Chap 2 (Carcinoma of the palate), p 59

14. A 24-year-old man developed multiple oral ulcers, several penile ulcers, and ocular pain. The lesions were not preceded by blisters. He was taking no medications and had no systemic complaints. This pattern of disease suggests which of the following?
a. Secondary syphilis
b. Erythema multiforme
c. Hereditary benign intraepithelial dyskeratosis
d. Primary herpes simplex infection
e. Behçet's syndrome

ANS: E REF: Chap 2 (Behçet's syndrome/Clinical features), p 43

15. Which of the following lesions is likely to be painful?
a. Idiopathic leukoplakia
b. Minor aphthous ulcer
c. Idiopathic erythroplakia
d. Lingual varix
e. None of the above

ANS: B REF: Chap 2 (Minor aphthous ulcers), p 40

16. All the following are characteristic of squamous cell carcinoma except:
a. Increased mitotic rate
b. Dyskeratosis

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c. Nuclear pleomorphism
d. Acanthosis
e. Nuclear hyperchromatism

ANS: D REF: Chap 2 (Squamous cell carcinoma—entire topic), pp 52-73

17. Examination of a patient who is an intense smoker revealed a 1 × 2 cm indurated red mass in the floor of his mouth. Submandibular lymph nodes on the same side were asymptomatic and indurated. This patient should be suspected of having:
a. Lichen planus
b. Erythroplakia
c. Carcinoma in situ
d. Squamous cell carcinoma
e. None of the above

ANS: D REF: Chap 2 (Carcinoma of the palate), pp 23-75

18. A 28-year-old patient developed a painful 0.5 × 0.5 cm oval ulcer in her lower anterior vestibular mucosa. She has had episodes (7 to 10 days' duration) of similar painful ulcers before. This patient most likely has:
a. Herpangina
b. Recurrent herpes
c. Recurrent aphthae
d. Secondary syphilis
e. None of the above

ANS: C REF: Chap 2 (Minor aphthous ulcers), p 39

19. A nonpainful, indurated lesion of the floor of the mouth that is present for 6 months best describes which of the following?
a. Lichen planus
b. Minor aphthous ulcer
c. Basal cell carcinoma
d. Squamous cell carcinoma
e. Iatrogenic ulcer

ANS: D
REF: Chap 2 (Squamous cell carcinoma of the oral cavity/Carcinoma of the floor of mouth), pp 52-61

20. Which of the following does not generally occur in the gingiva?
a. Primary herpes infection
b. Secondary herpes
c. Recurrent minor aphthae
d. Pyogenic granuloma
e. Peripheral giant cell granuloma

ANS: C REF: Chap 2 (Minor aphthous ulcers/Table 2-3), p 38

21. The most commonly occurring malignancy in the oral cavity is:
a. Basal cell carcinoma
b. Kaposi's sarcoma

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c. Adenocarcinoma
d. Metastatic cancer
e. None of the above

ANS: E REF: Chap 2 (Carcinoma of the tongue), pp 57-60

22. Prognosis for a patient with oral squamous cell carcinoma largely depends on which of the following factors?
a. Symptomology
b. Microscopic subtype
c. Clinical stage
d. Inflammatory cell infiltrate
e. All the above

ANS: C REF: Chap 2 (Squamous cell carcinoma/Prognosis), p 71

23. An opportunistic mycotic infection that affects the upper air passages in patients with uncontrolled diabetes is known as:
a. Actinomycosis
b. Mycoplasma
c. Mucormycosis
d. Tuberculosis
e. Primary syphilis

ANS: C REF: Chap 2 (Opportunistic fungal infections/Etiology and pathogenesis), p 37

24. The most important histologic feature for the diagnosis of oral squamous cell carcinoma is:
a. Invasion
b. A lymphocytic infiltrate
c. Pleomorphism
d. Encapsulation
e. Hyperchromatism

ANS: A REF: Chap 2 (Squamous cell carcinoma/Histopathology), pp 59-61

25. Chronic exposure to sunlight has been implicated in the pathogenesis of which of the following?
a. Basal carcinoma
b. Squamous cell carcinoma of the skin
c. Actinic cheilitis
d. Carcinoma of the lower lip
e. All the above

ANS: E
REF: Chap 2 (Squamous cell carcinoma/Carcinoma of the lower lip), pp 52-72 | Chap 3 (Actinic cheilitis/Box 3-8), pp 90-91

26. Small round painful ulcers were noted in the tongue of a 24-year-old man. This has been a recurrent problem. The duration of each episode is about 2 weeks. The lesions are not preceded by blisters. He probably has:
a. Pemphigus vulgaris
b. Lupus erythematosus

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c. Recurrent herpes simplex
d. Erosive lichen planus
e. Aphthous ulcers

ANS: E REF: Chap 2 (Aphthous ulcers—entire topic), pp 38-42

27. Actinomycosis is treated with:
a. Penicillin
b. Nystatin
c. Amphotericin B
d. Isoniazid
e. Ganciclovir

ANS: A REF: Chap 2 (Actinomycosis/Treatment), p 34

28. A middle-aged man developed multiple flat ulcers in his palate, tongue, and buccal mucosa. The lesions measured approximately 1 cm in diameter and were preceded briefly by bullae. The lesions have been persistent for 6 weeks. He has no skin, eye, or genital lesions. Biopsy shows acantholysis with intraepithelial separation. He most likely has:
a. Erythema multiforme
b. Discoid lupus erythematosus
c. Primary herpes simplex infection
d. Mucous membrane pemphigoid
e. None of the above

ANS: E
REF: Chap 1 (Herpes simplex infection/Mucous membrane pemphigoid), pp 1-6 |Chap 1 (Herpes simplex infection/Mucous membrane pemphigoid), pp 15-17 | Chap 2 (Erythema multiforme), pp 44-47| Chap 3 (Discoid lupus erythematosus), p 102

29. Oral aphthous ulcers:
a. Occur because of reinfection by HSV
b. Can be diagnosed by cytologic smears
c. Are typically preceded by vesicles
d. May be seen occasionally on the vermilion of the lips
e. None of the above

ANS: E REF: Chap 2 (Aphthous ulcers—entire topic), pp 38-42

30. The bullous eruption of attached gingiva mediated by autoantibodies directed against basement membrane antigens is known as:
a. Pemphigus vulgaris
b. Lupus erythematosus
c. Erythema multiforme
d. Behçet's syndrome
e. None of the above

ANS: E
REF: Chap 1 (Pemphigus vulgaris), pp 11-15 | Chap 2 (Erythema multiforme/Behçet's syndrome), pp 43-47 | Chap 3 (Lupus erythematosus), pp 102-104

31. Which of the following characteristically results in scarring following healing?

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a. Herpes simplex labialis
b. Erythema multiforme
c. Minor aphthae
d. Major aphthae
e. None of the above

ANS: D REF: Chap 2 (Major aphthous ulcers), p 40

32. Gummas are chronic inflammatory lesions associated with which of the following?
a. Gonorrhea
b. Tertiary syphilis
c. Erythema multiforme
d. Behçet's syndrome
e. None of the above

ANS: B REF: Chap 2 (Syphilis/Etiology and pathogenesis), pp 28-29

33. Ingestion of certain drugs is known to occasionally precipitate which of the following?
a. Herpetiform aphthous ulcers
b. Geographic tongue
c. Cicatricial pemphigoid
d. Mucous patches
e. None of the above

ANS: E
REF: Chap 1 (Mucous membrane pemphigoid), pp 15-17 | Chap 2 (Herpetiform aphthous ulcers), p 40 | Chap 3 (Geographic tongue), pp 95-97 | Chap 4 (Erythroplakia), pp 121-122

34. The second most common site of oral squamous cell carcinoma (excluding lip and pharynx) is the:
a. Hard palate
b. Soft palate
c. Gingiva
d. Buccal mucosa
e. Floor of the mouth

ANS: E REF: Chap 2 (Carcinoma of the floor of mouth), p 58

35. A middle-aged patient presents with a chronic tongue ulcer of at least 4 weeks' duration. This could be all the following except:
a. Chancre
b. Minor aphthous ulcer
c. Major aphthous ulcer
d. Tuberculosis
e. Squamous cell carcinoma

ANS: B REF: Chap 2 (Minor aphthous ulcers), p 39

36. Squamous cell carcinoma of the right floor of the mouth would most likely metastasize to which of the following sites?
a. Submental lymph nodes
b. Submandibular lymph nodes, right side

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c. Submandibular lymph nodes, left side
d. Lung
e. Mandible

ANS: B REF: Chap 2 (Carcinoma of the floor of mouth), p 58

37. Oral primary syphilis:
a. Is occasionally preceded by lung disease
b. Is treated with long-term high-dose amphotericin B
c. Is not a contagious lesion
d. May be confused clinically with secondary herpes
e. None of the above

ANS: E REF: Chap 2 (Syphilis—entire topic), pp 27-30

38. Hypersensitivity reactions to ingested immunogenic drugs appear on skin and mucosa as:
a. Erythema
b. Ulceration
c. Lichenoid reactions
d. Vesiculation
e. All the above

ANS: E REF: Chap 2 (Drug reactions/Clinical features), pp 46-47

39. Which of the following conditions is mediated by IgE (attached to mast cells)?
a. Contact allergy
b. Angioedema
c. Erythema multiforme
d. Aphthous ulcers
e. None of the above

ANS: B REF: Chap 2 (Drug reactions/Clinical features/Box 2-12), pp 47-49

40. Eye lesions may occur with which of the following conditions?
a. Congenital syphilis
b. Mucous membrane pemphigoid
c. Behçet's syndrome
d. Reiter's syndrome
e. All the above

ANS: E
REF: Chap 1 (Mucous membrane pemphigoid), pp 15-17 | Chap 2 (Syphilis/Behçet's syndrome/Reiter's syndrome), pp 27-30| Chap 2 (Syphilis/Behçet's syndrome/Reiter's syndrome), pp 43-44

41. The symptom of pain is a consistent feature of all the following except:
a. Squamous cell carcinoma
b. Secondary herpes
c. Zoster
d. Minor aphthae
e. Acute traumatic mucosal ulcer

ANS: A REF: Chap 2 (Squamous cell carcinoma), pp 52-72

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42. Currently, which of the following is believed to be the best explanation of the cause of oral aphthous ulcers?
    a. Nutritional deficiency
    b. Cell-mediated immune defect
    c. Viral infection
    d. Hormonal imbalance
    e. Stress

    ANS: B REF: Chap 2 (Aphthous ulcers/Etiology), pp 38-39

43. The keratinocyte desmosome complex is the pathologic target in which of the following diseases?
    a. Discoid lupus erythematosus
    b. Systemic lupus erythematosus
    c. Tuberculosis
    d. Pemphigoid
    e. None of the above

    ANS: E
    REF: Chap 1 (Mucous membrane pemphigoid/Bullous pemphigoid), pp 15-17|Chap 1 (Mucous membrane pemphigoid/Bullous pemphigoid), pp 17-18 | Chap 2 (Tuberculosis), pp 31-33 | Chap 3 (Discoid lupus erythematosus/Systemic lupus erythematosus), p 102

44. Granulomatous inflammation is defined microscopically as a focal collection of which of the following cells?
    a. Mast cells
    b. Neutrophils
    c. Plasma cells
    d. Lymphocytes
    e. None of the above

    ANS: E
    REF: Chap 2 (Tuberculosis/Histopathology/Deep fungal infections/Histopathology), p 32 |Chap 2 (Tuberculosis/Histopathology/Deep fungal infections/Histopathology), p 36

45. Granulomatous inflammation is characteristically seen in which of the following?
    a. Tuberculosis
    b. Histoplasmosis
    c. Blastomycosis
    d. Coccidioidomycosis
    e. All the above

    ANS: E
    REF: Chap 2 (Tuberculosis/Deep fungal infections), pp 31-33|Chap 2 (Tuberculosis/Deep fungal infections), pp 35-37

46. “Target” or “iris” skin lesions are the classic cutaneous counterpart of which of the following oral ulcerative diseases?
    a. Chronic lupus erythematosus
    b. Acute lupus erythematosus
    c. Behçet’s syndrome

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d. Secondary syphilis
e. Erythema multiforme

ANS: E REF: Chap 2 (Erythema multiforme/Box 2-10), pp 44-47

47. Vesicles or bullae are not evident clinically in which of the following?
a. Major aphthae
b. Primary herpes
c. Secondary herpes
d. Cicatricial pemphigoid
e. Epidermolysis bullosa

ANS: A
REF: Chap 1 (Mucous membrane pemphigoid/Epidermolysis bullosa/Herpes simplex infection), pp 1-6|Chap 1 (Mucous membrane pemphigoid/Epidermolysis bullosa/Herpes simplex infection), pp 15-17|Chap 1 (Mucous membrane pemphigoid/Epidermolysis bullosa/Herpes simplex infection), pp 19-20 | Chap 2 (Major aphthous ulcers), p 40

48. Intraoral trauma, hormonal changes, and some dietary substances seem to be able to trigger which of the following diseases?
a. Primary herpes
b. Varicella
c. Aphthous ulcers
d. Erythema multiforme
e. Angioedema

ANS: C REF: Chap 2 (Aphthous ulcers/Etiology), pp 38-40

49. Squamous cell carcinoma of the mouth:
a. Is seen more commonly in men than in women
b. Is responsible for approximately 100,000 deaths per year in the United States
c. Occurs with nearly equal frequency in other countries
d. Has a yearly incidence in the United States of about 1000 new cases per year
e. All the above

ANS: A REF: Chap 2 (Squamous cell carcinoma), p 52

50. A 32-year-old man experiences sudden diffuse swelling of his lips and face following ingestion of a 1.5 pound steamed Maine lobster. Virtually no redness is associated with the swelling. This suggests which of the following?
a. Angioedema
b. Contact allergy
c. Indigestion
d. Erythema multiforme
e. Stevens-Johnson syndrome

ANS: A REF: Chap 2 (Drug reactions/Clinical features), pp 47-48

51. Cutaneous lesions that exhibit characteristic concentric red and white rings (target lesions) may be seen in association with the oral lesions that appear as:
a. Persistent crateriform necrotic lesions
b. Erythematous patches

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c. Multiple large ulcers
d. Crops of small (1 mm) ulcers preceded by vesicles
e. White patches

ANS: C REF: Chap 2 (Erythema multiforme—entire topic), pp 44-47

52. Which of the following cells are believed to play an important role in the sensitization phase of contact allergic reactions?
a. Langhans giant cells
b. Langerhans cells
c. Neutrophils
d. Mast cells
e. Keratinocytes

ANS: B REF: Chap 2 (Contact allergies/Etiology and pathogenesis), p 49

53. Direct immunofluorescence is a laboratory test that is effective in confirming which of the following?
a. Major aphthae
b. Primary herpes simplex
c. Zoster
d. Drug allergy
e. None of the above

ANS: E
REF: Chap 1 (Herpes simplex infection/Varicella-zoster infection), pp 1-8 | Chap 2 (Drug reactions/Major aphthous ulcers), p 40| Chap 2 (Drug reactions/Major aphthous ulcers), pp 47-48

54. An otherwise healthy 24-year-old man presents with a painful ulcer on his tongue. The lesion is oval and measures approximately 3 mm in diameter. The lesion was not preceded by a blister. This problem has been cyclic (once per month), and the lesions have healed in about 1 week. He most likely has:
a. Minor aphthae
b. Major aphthae
c. Herpetiform aphthae
d. Secondary herpes
e. Erythema multiforme

ANS: A REF: Chap 2 (Minor aphthous ulcers), p 39

55. A 21-year-old patient developed oral ulcers, conjunctivitis, and genital ulcers. Which of the following should be considered?
a. Secondary syphilis
b. Gonorrhea
c. Mucous membrane pemphigoid
d. Phycomycosis
e. Behçet's syndrome

ANS: E REF: Chap 2 (Behçet's syndrome/Clinical features/Box 2-9), p 43

56. The etiology of oral aphthous ulcers has been associated with all the following except:
a. Crohn's disease

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b. Nontropical sprue
c. Iron deficiency
d. Ethanol intake
e. Folic acid deficiency

ANS: D REF: Chap 2 (Aphthous ulcers/Etiology), pp 38-39

57. Etiologic factors associated with oral cancer include:
a. Human papillomavirus
b. Alcohol consumption
c. Pipe smoking
d. Cigarette smoking
e. All the above

ANS: E REF: Chap 2 (Squamous cell carcinoma/Etiology), pp 52-53

58. Most oral tuberculous ulcers are believed to occur through which of the following mechanisms?
a. Direct mucosal infection from contact with an infected individual
b. Seeding of mucosa by organisms traveling through the blood
c. Seeding of mucosa by organisms traveling through the lymphatics
d. Mucosal implantation of organisms from infected sputum
e. None of the above

ANS: D REF: Chap 2 (Tuberculosis/Etiology and pathogenesis), pp 31-33

59. Oral squamous cell carcinoma:
a. Is most commonly seen on the dorsum of the tongue
b. Is more common in women than in men
c. Presents typically as a painful recurring ulcer
d. Has been linked etiologically to the use of tobacco in all forms
e. May be preceded by a vesiculobullous eruption

ANS: D REF: Chap 2 (Squamous cell carcinoma/Etiology), pp 52-53

60. "Cotton roll" injury could be classified as a(n):
a. Factitial injury
b. Traumatic granuloma
c. Idiopathic injury
d. White lesion
e. None of the above

ANS: E REF: Chap 2 (Traumatic ulcerations/Etiology), p 23

61. A spirochetemia is associated with which of the following?
a. Gonorrhea
b. Primary syphilis
c. Secondary syphilis
d. Primary tuberculosis
e. Cervicofacial actinomycosis

ANS: C REF: Chap 2 (Syphilis/Etiology and pathogenesis), pp 27-28

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62. Penicillin is the drug of choice for treatment of which of the following?
    a. Major aphthae
    b. Tuberculosis
    c. Histoplasmosis
    d. Actinomycosis
    e. None of the above

    ANS: D REF: Chap 2 (Actinomycosis), pp 34-35

63. Ziehl-Neelsen is a microscopic special stain that is used to demonstrate microorganisms (in tissue) that cause which of the following?
    a. Tuberculosis
    b. Histoplasmosis
    c. Actinomycosis
    d. Syphilis
    e. None of the above

    ANS: A REF: Chap 2 (Tuberculosis/Etiology and pathogenesis), pp 31-32

64. The dentist or hygienist, through careless physical contact, could contract all the following from a diseased patient (with oral lesions) except:
    a. Syphilis
    b. Tuberculosis
    c. Squamous cell carcinoma
    d. Histoplasmosis
    e. San Joaquin valley fever

    ANS: C REF: Chap 2 (Squamous cell carcinoma/Pathogenesis), pp 53-57

65. A clinical differential diagnosis of a chronic, relatively nonpainful ulcer of the hard palate would include all the following except:
    a. Squamous cell carcinoma
    b. Necrotizing sialometaplasia
    c. Tuberculosis
    d. Traumatic ulcer
    e. Aphthous ulcer

    ANS: E REF: Chap 2 (Aphthous ulcers), pp 38-42

66. A 45-year-old man presented with a draining chronic abscess, the origin of which was within the mandible. A cutaneous sinus, located at the lower posterior border of the mandible, exuded pus with yellow granules. This is a typical clinical presentation of which of the following diseases?
    a. Tertiary syphilis
    b. Actinomycosis
    c. Oral tuberculosis
    d. Mucormycosis
    e. None of the above

    ANS: B REF: Chap 2 (Actinomycosis/Clinical features), pp 34-35

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67. The combination of malformed permanent incisors and first molars suggests which of the following?
    a. Reiter's syndrome
    b. Childhood primary herpes simplex infection
    c. Measles
    d. Congenital syphilis
    e. Behçet's syndrome

    ANS: D REF: Chap 2 (Syphilis/Clinical features), pp 27-29

68. Degranulation of IgE-coated mast cells is associated with which of the following conditions?
    a. Hereditary angioedema
    b. Lupus erythematosus
    c. Erythema multiforme
    d. Contact allergy
    e. None of the above

    ANS: E
    REF: Chap 2 (Angioedema/Erythema multiforme/Contact allergies), pp 44-49 | Chap 3 (Lupus erythematosus), pp 102-104

69. A patient with stage I oral squamous cell carcinoma of the lower lip would be expected to have a _____ prognosis.
    a. Good
    b. Fair
    c. Poor

    ANS: A
    REF: Chap 2 (Squamous cell carcinoma/Clinical features/Carcinoma of the lips), p 57

70. The overall 5-year survival rate for oral squamous cell carcinoma, which has only significantly improved in the past decade, is approximately:
    a. 30%
    b. 60%
    c. 80%
    d. 95%

    ANS: B REF: Chap 2 (Squamous cell carcinoma/Prognosis), pp 71-72

71. Granulomas and granulomatous inflammation are defined microscopically by the presence in tissue of abundant numbers of which of the following?
    a. Lymphocytes
    b. Langerhans cells
    c. Neutrophils
    d. Foreign bodies
    e. None of the above

    ANS: E REF: Chap 2 (Traumatic ulcerations/Histopathology), p 26

72. Chronic cough, productive cough, chest pain, and chronic oral ulcers would be suggestive of all the following except:
    a. Actinomycosis

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b. Tuberculosis
c. Histoplasmosis
d. Coccidioidomycosis
e. Cryptococcosis

ANS: A REF: Chap 2 (Actinomycosis/Etiology), p 34

73. Most oral cancers appear to be linked to which of the following?
a. Tobacco
b. Herpes simplex virus
c. Cytomegalovirus
d. Trauma
e. X-radiation

ANS: A REF: Chap 2 (Squamous cell carcinoma/Etiology), pp 53-54

74. The traumatic tongue ulceration seen in infants in association with natal teeth is known as _____ ulceration.
a. Factitial
b. Iatrogenic
c. Aphthous
d. Riga-Fede
e. Idiopathic

ANS: D REF: Chap 2 (Traumatic ulcerations/Etiology), pp 23-24

75. After the effects of local anesthesia began to diminish, a dental patient became aware of a painful gingival ulcer that was associated with excessive dental instrumentation. This would be an example of a(n) _____ ulcer.
a. Factitial
b. Iatrogenic
c. Aphthous
d. Riga-Fede
e. Idiopathic

ANS: B REF: Chap 2 (Traumatic ulcerations/Etiology), pp 23-24

76. The so-called traumatic granuloma that mimics oral squamous cell carcinoma clinically is most commonly seen in which of the following sites?
a. Tongue
b. Floor of the mouth
c. Buccal mucosa
d. Palate
e. Gingiva

ANS: A
REF: Chap 2 (Traumatic ulcerations/Clinical features/Box 2-1), p 24 |Chap 2 (Traumatic ulcerations/Clinical features/Box 2-1), p 26

77. The presenting clinical sign(s) of primary syphilis when it occurs in the oral/perioral region through oral-genital contact is (are):
a. Acute ulcers preceded by bullae

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b. Chronic ulceration
c. Maculopapulary rash
d. Dental abnormalities
e. Koplik's spots

ANS: B REF: Chap 2 (Syphilis/Clinical features/Box 2-3), pp 28-29

78. Which of the following, relative to syphilis, is incorrect?
a. Lesions of primary syphilis resolve spontaneously without therapeutic intervention.
b. Lesions of secondary syphilis resolve spontaneously without therapeutic intervention.
c. The incidence of syphilis is dropping dramatically.
d. Penicillin is the drug of choice for the treatment of syphilis.
e. Gummas may be seen in or around the mouth.

ANS: C REF: Chap 2 (Syphilis), pp 27-30

79. A 52-year-old man presents with an ulcer in the floor of his mouth of 8 weeks' duration. The lesion measures 1 × 2 cm, is indurated, and is slightly uncomfortable for the patient. What should the clinician do at this point in time?
a. Observe for 2 more weeks.
b. Treat patient with prednisone.
c. Treat patient with nystatin.
d. Have direct immunofluorescence test done.
e. Perform a biopsy.

ANS: E REF: Chap 2 (Squamous cell carcinoma/Differential diagnosis), p 60

80. A patient breaks out in numerous painful oral ulcers. The patient has just recovered from lesions caused by reactivated herpes simplex virus. Which of the following diagnoses should be entertained for the new oral lesions?
a. Behçet's syndrome
b. Major aphthous stomatitis
c. Erythema multiforme
d. Acute (systemic) lupus erythematosus
e. Chronic (discoid) lupus erythematosus

ANS: C REF: Chap 2 (Erythema multiforme/Clinical features), pp 44-47

81. AIDS immunosuppressed patients are at risk for all the following except:
a. Mucous membrane pemphigoid
b. Severe herpes simplex virus infections
c. Severe aphthous ulcers
d. Syphilis
e. Tuberculosis

ANS: A
REF: Chap 1 (Mucous membrane pemphigoid/Herpes simplex infection), pp 1-6|Chap 1 (Mucous membrane pemphigoid/Herpes simplex infection), pp 15-17 | Chap 2 (Aphthous ulcers/Syphilis/Tuberculosis), pp 27-33| Chap 2 (Aphthous ulcers/Syphilis/Tuberculosis), pp 38-42

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82. A 68-year-old man has a small squamous cell carcinoma of the right posterior lateral border of the tongue. If left untreated, this lesion would most likely metastasize first to which of the following?
    a. Submental lymph nodes
    b. Submandibular lymph nodes
    c. Mandible
    d. Lung

    ANS: B REF: Chap 2 (Squamous cell carcinoma/Carcinoma of the tongue), pp 57-58

83. Gummas are chronic inflammatory lesions associated with which of the following?
    a. Gonorrhea
    b. Tertiary syphilis
    c. Erythema multiforme
    d. Behçet's syndrome
    e. None of the above

    ANS: B REF: Chap 2 (Syphilis/Box 2-2), p 28

84. A 28-year-old woman developed a painful 0.5 × 0.5 cm oval ulcer in her lower anterior vestibular mucosa. She has had similar lesions before that have typically appeared at the time of her menstrual period. The lesions generally last a week to 10 days. She most likely has which of the following?
    a. Pemphigoid
    b. Recurrent (secondary) herpes
    c. Recurrent aphthous ulcers
    d. Lichen planus
    e. Erythema multiforme

    ANS: C REF: Chap 2 (Aphthous ulcers), pp 38-42

85. A 23-year-old patient presents with multiple small aphthous ulcers in his vestibular mucosa. He also has nodular submucosal swellings in his vestibules and lips. He is losing weight and has occasional abdominal pain. Biopsy of the oral nodules shows the presence of small noncaseating granulomas. He should be investigated for the possibility of:
    a. Metastatic colorectal cancer
    b. Tuberculosis
    c. Behçet's syndrome
    d. Crohn's disease
    e. Secondary syphilis

    ANS: D REF: Chap 2 (Minor aphthous ulcers), p 40

86. All of the following are characteristic features of oral histoplasmosis except:
    a. Usually secondary to lung lesions
    b. Causes a nonspecific acute tissue response featuring neutrophils
    c. Presents as nonhealing ulcer(s)
    d. May mimic oral squamous cell carcinoma
    e. Responds to antifungals, such as amphotericin B

    ANS: B REF: Chap 2 (Deep fungal infections/Etiology and pathogenesis), p 35

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87. The TNM system is a measure of _____ a malignancy.
    a. Size and spread of
    b. Microscopic classification of
    c. Immune response to
    d. Architecture or profile of
    e. None of the above

    ANS: A REF: Chap 2 (Squamous cell carcinoma/Prognosis/Box 2-16), pp 72-73

88. Aphthous-type ulcerations may be seen in which of the following systemic conditions?
    a. AIDS
    b. Crohn's disease
    c. Behçet's syndrome
    d. Iron, B_{12}, and folic deficiencies
    e. All the above

    ANS: E REF: Chap 2 (Aphthous ulcers—entire topic/Box 2-7), pp 38-42

89. Granulomatous inflammation, defined microscopically as chronic inflammation featuring macrophages, is the typical host response in _____ granuloma.
    a. Traumatic
    b. Pyogenic
    c. Periapical
    d. Peripheral giant cell
    e. All the above

    ANS: A REF: Chap 2 (Traumatic ulcerations/Histopathology), p 26

90. The underlying molecular defect in oral squamous cell carcinoma has been linked to which of the following?
    a. Amplification of genes associated with acceleration of cell cycle
    b. Mutations of the *p53* gene
    c. Increased cell survival by alteration of apoptosis-associated protein expression
    d. Increased cell motility through alteration of keratinocyte integrins and extracellular matrix protein expression
    e. All the above

    ANS: E REF: Chap 2 (Squamous cell carcinoma/Pathogenesis), pp 54-57

91. Oral aphthous ulcers:
    a. Are triggered by herpes simplex virus
    b. Are caused by herpes simplex virus
    c. Are typically preceded by vesicles
    d. May be associated with cutaneous ulcers
    e. None of the above

    ANS: E REF: Chap 2 (Aphthous ulcers/Etiology), pp 38-40

92. A 65-year-old man presented with a 1 × 1 cm mass in the floor of his mouth with no associated cervical lymphadenopathy. Biopsy showed squamous cell carcinoma. The 5-year survival rate for someone treated with this condition would be approximately:
    a. 0%

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b. 25%
c. 50%
d. 75%
e. 100%

ANS: C REF: Chap 2 (Squamous cell carcinoma), p 53

93. Oral *Histoplasma capsulatum* infections are endemic in some areas of the United States, usually follow pulmonary disease, and present as single or multiple:
a. Submucosal nodules
b. White lesions
c. Chronic ulcers
d. Bullous lesions
e. Petechiae and ecchymoses

ANS: C
REF: Chap 2 (Deep fungal infections/Etiology and pathogenesis/Clinical features), pp 35-36

94. A permanent and potentially serious side effect of therapeutic irradiation of oral squamous cell carcinoma is:
a. Dysgeusia
b. Persistent mucosal ulcerations
c. Compromised bone healing
d. Mucosal bleeding
e. None of the above

ANS: C REF: Chap 2 (Primary radiotherapy), pp 66-68

95. Isoniazid is one of the key drugs for the treatment for which of the following?
a. Histoplasmosis
b. Behçet's syndrome
c. Angioedema
d. Tuberculosis
e. Primary herpes simplex infections

ANS: D REF: Chap 2 (Tuberculosis/Treatment), p 32

96. Microscopically, granulation tissue is composed primarily of which of the following?
a. Fibroblasts and capillaries
b. Neutrophils and ulceration
c. Plasma cells and lymphocytes
d. Macrophages and giant cells
e. None of the above

ANS: A REF: Chap 2 (Traumatic ulcerations/Histopathology), p 26

97. Traumatic granuloma may be confused clinically with which of the following?
a. Squamous cell carcinoma
b. Tuberculosis
c. Histoplasmosis
d. Chancre
e. All the above

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ANS: E REF: Chap 2 (Traumatic ulcerations/Diagnosis), pp 26-27

98. The complex of ocular changes, deafness, and dental defects of first molars and incisors is known as:
    a. Behçet's syndrome
    b. Histoplasmosis
    c. Hutchinson's triad
    d. Pemphigoid
    e. Chronic candidiasis

ANS: C REF: Chap 2 (Syphilis/Clinical features), pp 28-29

99. A traumatic ulcer would least likely be seen in which of the following locations?
    a. Lateral tongue
    b. Tip of tongue
    c. Lower lip
    d. Buccal mucosa
    e. Floor of mouth

ANS: E REF: Chap 2 (Traumatic ulcerations/Etiology), pp 23-24

100. Abundant eosinophils and macrophages are characteristically seen in which of the following?
    a. Acute traumatic ulcer
    b. Secondary herpes simplex
    c. Minor aphthous ulcers
    d. Traumatic granuloma
    e. Lichen planus

ANS: D REF: Chap 2 (Traumatic ulcerations/Histopathology), p 26

101. Of the following, which is the most common oral mucosal lesion?
    a. Chancre
    b. Traumatic ulcer
    c. Tuberculous ulcer
    d. Traumatic fibroma (focal fibrous hyperplasia)
    e. Squamous cell carcinoma

ANS: B REF: Chap 2 (Traumatic ulcerations/Etiology), pp 23-24

102. Iatrogenic injuries are caused by which of the following?
    a. Dental hygienists
    b. Dentists
    c. Physicians
    d. Chiropractors
    e. All the above

ANS: E REF: Chap 2 (Traumatic ulcerations/Etiology), pp 23-24

103. The histopathology of an oral mucosal factitial injury would most likely show which of the following?
    a. Ulceration
    b. Acanthosis

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c. Vesiculation
d. Dysplasia
e. Granuloma formation

ANS: A REF: Chap 2 (Traumatic ulcerations/Etiology and Histopathology), pp 23-26

104. Acquired angioedema represents a(n):
a. Infection
b. Congenital malformation
c. Hypersensitivity reaction
d. Hemodynamic problem
e. Benign neoplasm

ANS: C REF: Chap 2 (Drug reactions/Clinical features), pp 48-49

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