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QUIZ 16

QUIZ ON PERI-IMPLANTITIS

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QUIZ ON PERI-IMPLANTITIS

1. Which prosthetic design factor is most strongly associated with plaque retention and subsequent peri-implant inflammation?
   A. Subgingival margin ≤1 mm
   B. Screw-retained crown with flat emergence profile
   C. Bulky overcontoured crown with convex emergence profile
   D. Properly contoured cement-retained crown with zirconia abutment
2. From a prosthodontic standpoint, which factor is most critical to reduce the risk of undetected cement-induced peri-implantitis?
   A. Using glass ionomer cement
   B. Radiopaque cement selection and retrievable crown design
   C. Subgingival margin placed ≥3 mm below tissue
   D. Custom cast abutments with full contour PFM crown
3. Which of the following defect morphologies is most favorable for regenerative peri-implant surgery?
   A. Dehiscence defects
   B. 1-wall horizontal defects
   C. 3-wall vertical defects
   D. Fenestration defects with exposed threads
4. In cases of peri-implantitis associated with cemented restorations, what is the most effective prosthetic strategy to prevent recurrence after treatment?
   A. Switching to screw-retained prosthesis with modified emergence profile
   B. Deep subgingival placement of abutment margins
   C. Replacing zirconia abutments with titanium ones
   D. Polishing the intaglio surface of the crown only
5. Which of the following is least effective in decontaminating the implant surface during peri-implantitis surgery?
   A. Titanium brush B. Saline irrigation alone
   C. Air-abrasive devices (glycine powder)
   D. Laser therapy with Er:YAG
6. According to Misch's classification, what defines a "hopeless" implant condition?
   A. Bone loss ≥4 mm with BoP
   B. Lack of keratinized mucosa
   C. >50% bone loss, mobility, persistent exudate despite therapy
   D. Marginal bone loss ≤2 mm
7. Which of the following systemic medications may increase susceptibility to peri-implantitis through immunosuppression and altered healing?
   A. NSAIDs B. Bisphosphonates
   C. Antidepressants D. Corticosteroids
8. What is the primary cause of early implant failure that may mimic peri-implantitis?
   A. Peri-implant mucositis
   B. Mechanical overload
   C. Poor emergence profile
   D. Lack of osseointegration
9. In peri-implantitis cases with vertical bone loss, what bone fill percentages are considered clinically successful post-regeneration?
   A. ≥20% B. ≥40%
   C. ≥60% D. ≥80%
10. What is a major limitation in using lasers for peri-implantitis treatment?
   A. Cannot be used in surgical approaches
   B. Risk of overheating and altering implant surface properties
   C. No bactericidal effect
   D. Only effective on natural teeth

Answers
1.C, 2.B, 3.C, 4.A, 5.B, 6.C, 7.D, 8.D, 9.B, 10.B