

What is the most common salivary gland tumour?

Pleomorphic adenoma, which is benign. All persistent swellings should be biopsied.

**In children,
which sugar
factor increases
caries risk the
most?**

The frequency
of sugar intake,
not just the total
amount.

What does BPE code 3 mean compared to code 4?

**Code 3 = pocket
depth 3.5–5.5
mm; Code 4 =
pocket depth
greater than 5.5
mm.**

How is HPV linked to oral cancer?

HPV type 16
increases risk.

Prevention
includes HPV
vaccination.

**What is the most
common cause of
denture
stomatitis?**

Candida infection,
usually due to poor
denture hygiene or
wearing dentures
overnight.

What are red flag signs of oral cancer?

A non-healing ulcer for more than 3 weeks, a lump, red or white patches, or difficulty swallowing.

Why are root caries more common in elderly patients?

Gum recession exposes root dentine, combined with reduced saliva flow.

**Which condition
is linear gingival
erythema linked
with?**

**HIV infection,
due to immune
suppression.**

How does erythroplakia differ from leukoplakia?

Leukoplakia has a 5–15% malignant risk, while erythroplakia has a much higher risk, around 50%.

How does molar–incisor hypomineralisation (MIH) differ from caries?

MIH is a developmental enamel defect, not bacterial. It often needs glass ionomer or stainless-steel crown treatment.

**Which drugs
commonly cause
dry mouth
(xerostomia)?**

Antidepressants,
antihypertensives,
and anticholinergic
medicines.

What are two causes of gingival overgrowth?

Certain drugs (such as phenytoin, nifedipine, ciclosporin) or plaque-related inflammation.

**What is a key feature
of necrotising
ulcerative gingivitis
(NUG)?**

**Painful, necrotic
interdental
papillae with
halitosis.**

How is erosion different from caries?

Erosion is
chemical (acid
attack), caries is
bacterial.

A smoker aged 65 presents with mobile teeth, recession, and bone loss. What stage of periodontal disease is this?

Stage III or IV periodontitis.

**Why should patients
avoid rinsing
immediately after
brushing with fluoride
toothpaste?**

Rinsing removes
fluoride; leaving it on
strengthens teeth.

If oral candidiasis does not resolve with antifungal treatment, what should be suspected?

Diabetes mellitus or immunosuppression such as HIV or chemotherapy.

Why is erythroplakia considered more serious than leukoplakia?

It has a much higher risk of turning malignant.

What are some possible causes of burning mouth syndrome?

Vitamin or iron deficiency, menopause, or psychological stress.

How does plaque differ from food debris (materia alba)?

Plaque is an organised bacterial biofilm that causes disease. Materia alba is unstructured debris that can be rinsed away.

Why does dry mouth (xerostomia) increase caries risk?

Reduced saliva lowers buffering and remineralisation.

Which medications commonly cause xerostomia?

Antidepressants, antihypertensives, and anticholinergics.

**What are two
common causes
of gingival
overgrowth?**

Certain drugs
(phenytoin,
ciclosporin, calcium
channel blockers) or
plaque-related
inflammation.

How does necrotising ulcerative gingivitis (NUG) differ from chronic gingivitis?

NUG is painful with necrotic papillae and halitosis; chronic gingivitis is painless and without necrosis.

How is erosion different from caries?

Erosion is acid dissolution without bacteria; caries is bacterial.

What does advanced periodontitis look like on radiographs?

Vertical/angular bone loss, often severe.

Why should patients not rinse after brushing with fluoride toothpaste?

Rinsing removes fluoride; leaving it strengthens teeth.

What systemic condition can oral candidiasis signal if it does not resolve?

Diabetes mellitus or immunosuppression (e.g., HIV, chemotherapy).

**Why is
erythroplakia
more serious
than leukoplakia?**

It has a much
higher risk of
malignant
change.

What underlying causes may trigger burning mouth syndrome?

Nutritional deficiency, menopause, or stress.

How does plaque differ from food debris (materia alba)?

Plaque is an organised bacterial biofilm; materia alba is loose debris easily rinsed away.

**Which oral
change may
indicate
leukaemia?**

Gingival enlargement
and bleeding out of
proportion to plaque.

**What advice should
you give a reflux
patient with acid
erosion?**

**Delay brushing
for 30 minutes
after reflux
episodes.**

**What does a BPE
code * mean?**

**Furcation
involvement in
that sextant.**

What oral condition is strongly linked to denture stomatitis?

Candida infection.

**Which oral lesion
presents as lace-like
white patches?**

**Oral lichen
planus.**

What is the role of saliva in preventing caries?

Provides calcium and phosphate for remineralisation, plus antimicrobial action.

Which childhood condition presents as painful vesicles that turn into ulcers?

Primary herpetic gingivostomatitis.

**How is
periodontal
disease linked to
systemic health?**

It increases
inflammation, which
may contribute to
cardiovascular disease.

What is the difference between attrition and abrasion?

Attrition is tooth-to-tooth wear; abrasion is external mechanical wear.

**Why are anterior
teeth less likely
to get caries than
posterior teeth?**

They have
smoother
surfaces and are
easier to clean.

**Which conditions
present as
desquamative
gingivitis?**

**Mucous membrane
pemphigoid or
pemphigus vulgaris.**

**Why does
pregnancy
increase risk of
gingivitis?**

Hormonal changes
increase blood flow
and inflammatory
response to plaque.

**What is the likely
cause of palatal
erosion on upper
incisors?**

**Acid from
gastric reflux or
repeated
vomiting.**

Which bacterium is linked to aggressive periodontitis?

Aggregatibacter actinomycetemcomitans.

When should dental neglect be suspected?

When a child has
extensive
untreated caries
and irregular
attendance.

How does squamous cell carcinoma differ from a traumatic ulcer?

SCC persists and has indurated, rolled margins; traumatic ulcers heal once cause is removed.

What does the Stephan curve show?

Plaque pH falls after sugar intake and recovers; prolonged low pH leads to caries.

How does smoking affect periodontal disease?

**It reduces blood
supply, masks
inflammation, and
accelerates tissue loss.**

**Which oral lesion
looks like
leukoplakia but
wipes off?**

**Pseudomembra
nous candidiasis
(thrush).**

**What commonly
causes cervical
non-carious
lesions?**

**Toothbrush
abrasion or acid
erosion.**

Why is periodontal disease considered multifactorial?

It results from biofilm, host response, genetics, smoking, and systemic disease.

What is the main side effect of chlorhexidine mouthwash?

Brown staining of teeth and tongue, and altered taste.

How does root caries look compared with coronal caries?

Root caries are soft and yellow-brown; coronal caries are chalky or black.

Which drugs can cause oral lichenoid reactions?

NSAIDs, beta-blockers, ACE inhibitors, and antimalarials.

What is the oral cancer risk of high alcohol intake?

It increases the risk, especially with smoking.

Which indices measure plaque levels?

**Plaque Index
(Silness & Lööe) and
Plaque Control
Record (O'Leary).**

Why are elderly patients more prone to oral candidiasis?

Xerostomia, dentures, polypharmacy, and reduced immunity.

What are common causes of angular cheilitis?

Candida,
Staphylococcus
aureus, or
iron/vitamin B
deficiency.

How is angular cheilitis managed?

Antifungal or
antibacterial
treatment plus
correcting dentures
or diet.

Which lesion appears as white plaques with red borders on the tongue in HIV?

Oral hairy leukoplakia (caused by Epstein–Barr virus).

How does saliva protect against fungal overgrowth?

**It provides
antimicrobial
proteins and
washes away
microbes.**

Why are periodontal abscesses more common in poorly controlled diabetes?

High blood sugar impairs immune function and healing.

How do aphthous ulcers differ from traumatic ulcers?

Aphthous ulcers are round, painful, recurrent; traumatic ulcers heal after the cause is removed.

Why is early detection of oral cancer important?

Early-stage detection gives about 80% survival; late-stage drops to around 20–30%.

Which benign condition causes red depapillated patches on the tongue?

Geographic tongue (benign migratory glossitis).

**Why do
radiotherapy
patients develop
rampant caries?**

Radiation damages
salivary glands,
causing xerostomia.

**Which deficiency can
cause glossitis,
angular cheilitis, and
ulcers?**

**Iron deficiency
anaemia.**

How is burning mouth syndrome managed if no cause is found?

Supportive care, saliva substitutes, or clonazepam rinses.

What is the biggest risk factor for oral squamous cell carcinoma?

Tobacco use, especially with alcohol.

**What do pinpoint
palate petechiae
suggest?**

**Thrombocytope
nia, leukaemia,
or clotting
disorders.**

How does vitamin C deficiency affect gums?

It weakens collagen, causing swollen, bleeding gums.

**What is the key
difference between
reversible and
irreversible pulpitis?**

Reversible = sharp,
short pain;
irreversible =
lingering, severe
pain.

Which systemic disease causes oral and genital ulcers?

Behçet's disease.

How does smoking cessation improve periodontal therapy?

It reduces inflammation and improves healing response.

**Which oral signs
may indicate
Crohn's disease?**

**Cobblestone
mucosa, linear
ulcers, or lip
swelling.**

Why does Sjögren's syndrome increase caries risk?

It destroys salivary glands, leading to dry mouth.

**Which reaction
may cause
widespread oral
ulcers after drug
use?**

**Erythema
multiforme.**

What is the difference between attrition and abfraction?

Attrition = tooth-to-tooth wear;
abfraction = cervical stress fractures.

Which inherited condition causes white, corrugated plaques?

White sponge naevus.

**How does
periodontal
disease affect
diabetes control?**

**It increases
inflammation, which
worsens insulin
resistance.**

What should be checked in patients with pigmented oral lesions?

Drug history and systemic conditions (e.g., Addison's disease, melanoma).

Which bacteria cause caries initiation and progression?

Streptococcus mutans (initiation);
Lactobacillus (progression).

**Why is dental clearance
important before
bisphosphonate
therapy?**

**To reduce the risk of
osteonecrosis after
extractions.**