МУДУЛЬ 4

A 16-year-old male patient complains about pain in the oral cavity, ulceration, body temperature up to 38°C, headache. Objectively: mucous membrane of the oral cavity is hyperemic and edematous. There are a lot of confluent erosions of polycyclic shape, covered with grey and white deposit, located on hard palate, gums, lips. What is your provisional diagnosis?
Acute herpes stomatitis
Allergic stomatitis
Pemphigus vulgaris
Aphthous fever
Erythema multiforme

A patient complains about pain in the oral cavity, burning and dryness. Examination revealed fiery-red dry mucous membrane. The tongue is crimson, dry, glossy, filiform papillae are atrophied. There is some deposit in tongue folds that is hard to be removed. The patient undergoes treatment for pneumonia, she takes antibiotics. What is the most likely diagnosis?
Acute atrophic candidiasis
Pellagrous glossitis
B2 hypovitaminosis
Fastened erythema
Benign migratory glossitis

A 42-year-old builder complains about a condyloma on his lower lip. It appeared 1.5 month ago. It has been significantly growing throughout the last week. Objectively: the red border of the lower lip is cyanotic and infiltrated, it has some isolated closely adhering squamae. There is a well-defined hemispherical formation 8 mm in diameter and 4 mm high in the centre. The formation is of grey-and-blue-and-red colour, it has rough surface formed by thin, closely adhering and thick-based squamae. Regional lymph nodes are enlarged, mobile, dense and painless. What is the most likely diagnosis?
Lower lip cancer
Keratoacanthoma
Pyogenic granuloma
Verruciform precancer
Viral wart

A 47-year-old patient complains about a sensation of foreign body on his tongue, discomfort during talking, oral cavity dryness. Objectively: there are dark filiform papillae up to 5 mm long on the back of tongue. What is the most likely diagnosis?
Glossotrichia
Median rhomboid glossitis
Benign migratory glossitis
A 50-year-old female patient complains about sensation of tightness of buccal mucosa and roughness of the lateral surface of tongue. The patient undergoes regular check-up at a dispensary department for compensated form of diabetes mellitus. Objectively: there are white and grey areas in form of lacy pattern on the buccal mucosa on the right and on the lateral surface of tongue. The surface of affected region cannot be scraped off. What is the most likely diagnosis?

- Lichen ruber planus
- Secondary syphilis
- Lupus erythematosus
- Pseudomembranous candidiasis
- Leukoplakia

A 28-year-old patient suffers from a disease without prodromal manifestations that declares itself through oral mucosa lesion consisting of 1-2 roundish elements 5-8 mm large which are circumscribed by a hyperemic rim and covered with yellow-grey coating. The disease recurrence is observed quite regularly 3-4 times a year. These presentations are typical for the following disease:

- Chronic recurrent aphthous stomatitis
- Lichen ruber planus
- Chronic herpes recidivicus
- Papular syphilis
- Erythema multiforme

A 34-year-old male patient consults a dentist about an ulcer on the hard palate. It appeared about a month ago. He has treated it by rinsing with herbal water, but the ulcer is gradually "creeping". Objectively: there is a shallow erethistic ulcer with uneven and undermined edges of soft consistency within the mucous membrane of hard palate. Granulations of the ulcer floor are also present. Yellowish granules are visible on the ulcer periphery. What is the most likely diagnosis?

- Tuberculous ulcer
- Cancerous ulcer
- Trophic ulcer
- Syphilitic ulcer
- Actinomycosis

A 24-year-old woman complains about severe pain in the mouth, body temperature up to 38°C, indisposition. The same condition occurs periodically for several years after catching a cold. Objectively: the lips are covered with bloody crusts, there are opened bladders and erosions, covered with fibrinogenous deposit on mucous membrane of lips and cheeks that is
apparently hyperemic and edematic. Hypersalivation is present. What is the most likely diagnosis?
Erythema multiforme
Dermatitis multiformis, Duhring's disease
Chronic herpes recidivicus
Pemphigus vulgaris
Nonacantholytic pemphigus

An 18-year-old patient complains about ulceration in the oral cavity, spontaneous bleeding of mucous membrane, pain during food intake and talking, nosebleeds. He has a history of: aggravation of general condition, weakness, body temperature rise up to 39°C, headache, joint pain. What method of diagnostics should be applied to confirm the diagnosis?
Clinical blood analysis
HIV test
Allergy test
Immunogram
Blood sugar test

A 33-year-old male patient complains about tongue pain that is getting worse during eating and talking. Objectively: there is a painful ulcer 0,6 cm large on the lateral surface of tongue. The floor is covered with grey deposit. The crown of the 4.7 tooth is destroyed. What is the most likely diagnosis?
Decubital ulcer
Cancerous ulcer
Tuberculous ulcer
Trophic ulcer
Hard chancre

A 36-year-old woman complains about experiencing lip dryness and desquamation for a month. Application of indifferent ointments is ineffect. Objectively: red border of lower lip is of rich red color, it is moderately infiltrated, covered with closely adhering greyish scales, it bleeds and hurts in the attempt to remove them. Pacification of epithelium in form of white stripes is present in the nodus periphery, there is also an area of depression in the centre. What is the most likely diagnosis?
Lupus erythematosus
Lichen ruber planus
Leukoplakia
Commissural cheilitis
Cheilitis exfoliativa
A 19-year-old girl complains about having crusts, lip tenderness, especially at lip joining. Objectively: there are yellow-brown crusts on the lip red border from Klein zone to its middle, after their removal bright red smooth surface without erosions appears. Mucous membrane in Klein zone is slightly hyperemic and edematous. What is the most likely diagnosis?

- Exudative form of cheilitis exfoliativa
- Exudative form of cheilitis actinica
- Meteorological cheilitis
- Eczematous cheilitis
- Epidermolysis bullosa

A 27-year-old patient has been referred for endodontic treatment on the 4.5 tooth. Objectively: the tooth crown is decayed, the lateral surface of tongue and cheek mucosa being in direct contact with the 4.5 tooth are covered with grayish plaques of macerated epithelium that are somewhat raised above the surface of the mucous membrane. Uvula and palatine arches are of dark red colour, and the hard palate has papules with a red rim and covered with grayish epithelium. Submandibular, cervical, supraclavicular, subclavicular lymph nodes are enlarged, painless. What is your provisional diagnosis?

- Secondary syphilis
- Chronic recurrent aphthous stomatitis
- Lupus erythematosus, plaque stage
- Lichen ruber planus
- White sponge nevus

A 33-year-old patient complains about an ulcer of oral cavity floor, that is located under his tongue on a level between the 4.3 to the 3.3 tooth. Examination reveals that ulcer edges are undermined and scalloped. Its grey-yellow floor is shallow and it is covered with small, easily bleeding granulations. There is no ulcer infiltration. Make a clinical diagnosis:

- Tubercular ulcer of floor of the mouth
- Migratory granuloma floor of the mouth
- Decubital ulcer of floor of the mouth
- Cancerous ulcer of floor of the mouth
- Gummatous ulcer of floor of the mouth

A 54-year-old patient complains of a tumor-like formation in the region of his lower lip which appeared 1-1.5 months ago. Objectively: there is a round tumour-like formation up to 1cm in diameter on the red border of the lower lip on the right. Roll-like edges of the formation protrude above the level of the red border. In the centre of the formation a brown crust is visible. After its removal a crateriform hole can be seen. There is no bleeding or pain. Regional lymph nodes are not enlarged. What is the most likely diagnosis?

- Keratoacanthoma
- Lower lip fibroma
Lower lip papilloma  
Verrucous carcinoma  
Lower lip carcinoma

A 32-year-old patient complains of experiencing dryness and burning of tongue back for a week. The burning intensifies during taking irritating foods. Some time ago he had pneumonia and was treated with antibiotics. Objectively: skin and oral mucosa are pale. The lingual mucosa is hyperemic and edematous, the folds at the back of tongue are covered with the crumbling gray-white plaque, desquamation of the lateral surface of tongue is also present. Saliva is thick and attaches to a spatula. Choose the most effective drug complex for the local treatment:

- Sodium bicarbonate + methylene blue
- Hydrocortizone ointment + solcoseryl
- Methylene blue + pimafucin
- Furacinil + solcoseryl
- Decamin + hydrocortizone ointment

A 56-year-old patient has an oval, smooth, bright-red erosion on the red border of her lower lip. Erosion is covered with haemorrhagic crusts that can be hardly removed. Crust removal induces slight haemorrhage. Light traumatization of crust-free surface of erosion induces no haemorrhage. Specify the type of lower lip precancer:

- Abrasive precancerous Manganotti's cheilitis
- Bowen's disease
- Erythroplasia
- Verrucous precancer of red border
- Localized precancerous hyperkeratosis of red border

A 38-year-old patient complains of tension and enlargement of her lower lip and eyelids occurring after taking aspirin for headache. The edema resolves soon after taking antihistaminic drugs. What is the most likely diagnosis?

- Quincke's edema
- Melkersson-Rosenthal syndrome
- Erysipelas of lips
- Meige trophedema
- Quincke's edema

A 32-year-old patient complains about mouth soreness, body temperature rise up to 38,5°C, indisposition. Such condition has been occurring periodically for several years after the patient had had a cold. Objectively: lips are covered with haemorrhagic crusts, hyperaemic mucous membrane of lips and cheeks has erosions covered with fibrinous membrane. Hypersalivation is present. What is the most likely diagnosis?

- Multiform exudative erythema
Herpes recidivicus
Herpetiform Duhring's dermatitis
Stevens-Johnson syndrome
Pemphigus vulgaris

Examination of a 45-year-old patient revealed some white patches on the buccal mucosa along the teeth closure line that didn't protrude above the inflamed and edematous surrounding tissues. The patches could not be removed on scraping.

A patient has smoken an average of 3 packs of cigarettes a day for 20 years.

Specify the disease of buccal mucosa:
- Tappeiner's leukoplakia (leukoplakia nicotinica)
- Leukoplakia plana
- Lichen ruber planus
- Pemphigus
- Erosive leukoplakia

A 45-year-old patient complains of burning tongue, a metallic taste in mouth. Three months ago she got a dental bridge made of gold and supported by the 1.6, 1.4 teeth. Oral cavity examination reveals no objective changes. The 3.6, 3.7, 46 teeth are sealed with amalgam fillings. What is the most likely cause of this condition?
- Galvanic currents
- Chemical factors
- Neurologic disorder
- Mechanic trauma
- Allergy

A 72-year-old patient complains of burning pain in the corners of mouth. Objectively: the folds of mouth corners have erosions, covered with white coating that can be easily removed, mucous membrane of mouth corners is macerated, of pearly colour. There is pathological tooth wear and decreased vertical dimension of occlusion. What is your provisional diagnosis?
- Angular cheilitis candidiasis
- Chronic recurrent labial fissure
- Syphilitic angular cheilitis
- Streptococcal angular cheilitis
- Atopic cheilitis

A 39-year-old patient complains of some soft ulcers and tubercles on the oral mucosa, gingival haemorrhage, pain and loosening of teeth. Objectively: mucous membrane of tongue and gums presents single ulcers with soft, swollen, slightly painful edges, covered with a yellow film. Regional lymph
nodes are enlarged, soft, painless, not adherent to the surrounding tissues. What is your provisional diagnosis?
Lupus tuberculosis
Scrofuloderma
Lepra
Tertiary syphilis
Sutton's aphthae

Preventive examination of a 20-year-old student revealed chronic candidiasis of the oral mucosa, generalized lymphadenopathy. He has a 1-year history of herpes simplex. The body temperature often rises to 37.4-37.5°C, the patient has lost 8 kg of body weight over the last month. These symptoms may be indicative of the following disease:
AIDS
Acute leukosis
Lymphogranulomatosis
Infectious mononucleosis
Chronic leukosis

A 20-year-old patient complains of general weakness, fever, headache. These presentations appeared three days ago. Objectively: the regional lymph nodes are enlarged, painful on palpation, body temperature is 37.8°C, oral mucosa is hyperemic and edematous. Mucous membrane of lips, palate, gums, cheeks presents single erosions of polycyclic irregular shape, covered with grayish-white film, painful. Which drugs should be administered for the local treatment of the early disease?
Antiviral
Dyes
Antiseptics
Keratoplastic agents
Corticosteroid ointments

Preventive examination of a 55-year-old man revealed a well-defined area of opaque mucosal epithelium of the left cheek that didn't protrude above the surrounding tissues and could not be removed on scraping. Crowns of the 3.4, 3.5, 3.6 teeth were strongly decayed and had sharp edges. What is the most likely diagnosis?
Leukoplakia
Soft leukoplakia
Candidiasis
Lichen ruber planus
Lupus erythematosus
A 49-year-old patient complains about pain in the oral cavity induced by eating. He suffers from CHd. Objective examination revealed dyspnea, limb edema. Oral cavity isn't sanitized. On the mucous membrane on the right, there is an ulcer with irregular edges covered with greyish-white necrotic deposit with low-grade inflammation around it. There is also halitosis. What is the most probable diagnosis?
Trophic ulcer
Tuberculous ulcer
Cancerous ulcer
Traumatic ulcer
Ulcero-necrotic stomatitis

A 40-year-old patient complains of discoloration of the vermilion border of the lower lip that he noticed about 4 months ago. Objectively: in the center of the vermilion border of the lower lip there is an irregular homogeneous grayish-white area 1x1,5 cm large that doesn't rise above the vermilion border and has distinct outlines. Palpation of this area is painless, the surrounding tissues are not changed. The film cannot be removed when scraped. The 3.1, 3.2, 4.1, 4.2 teeth are missing. What is the most likely diagnosis?
Leukoplakia
Lupus erythematosus
Premalignant circumscribed hyperkeratosis
Lichen ruber planus
Candidous cheilitis

A 52-year-old female patient complains of dry mouth, taste impairment, burning and pricking sensations in the tongue that disappear during eating but intensify at the end of the day. For the first time such problems arose 2 years ago after a psychic trauma. She has a history of anacid gastritis. Objectively: the general condition is satisfactory, the patient is restless, tearful. Oral mucosa is pale pink, dry; filiform papillae on the dorsum of tongue are reduced. Pharyngeal reflex is dramatically reduced. There is segmetal disturbance of facial skin sensation. What is the most likely diagnosis?
Glossodynia
Desquamative glossitis
Chronic atrophic candidous glossitis
Ganglionic of sublingual ganglions
Moller-Hunter glossitis

A 31-year-old male patient complains of dryness and burning of tongue back that appeared for about a week ago and get worse when he eats irritating food. The patient has a history of recent pneumonia. He had been treated in the in-patient hospital for 2 weeks, the treatment program included antibiotics. Now he doesn't take any drugs. Objectively: mucous membrane of the oral cavity is hyperemic, dry, glossy. Tongue back and palate have greyish-white plicae that
Threads of saliva trail behind the spatula. What is the most likely diagnosis?
Acute pseudomembranous candidiasis
Chronic hyperplastic candidiasis
Acute atrophic candidiasis
Chronic atrophic candidiasis
Medicametal stomatitis

A 57-year-old patient complains about dryness and burning of the lateral surface of her tongue. These sensations disappear during eating. She noted such sensations three months ago. She has a history of gastritis with reduced secretory function. Objectively: mucous membrane of tongue and oral cavity has no peculiarities. The back of tongue has thin white coating. Regional lymph nodes are unpalpable. Oral cavity is sanitized. What is the most likely diagnosis?
Glossodynia
Hunter-Moeller glossitis
Lingual nerve neuritis
Candidiasis
Desquamative glossitis

A patient working as a bricklayer complains of itching, burning, soreness of lips that show up only in the summer period. He has been ill for 3 years. Objectively: vermilion border of the lower lip is hyperemic, edematous, covered with blisters and painful erosions 2 mm in diameter, crusts, cracks. What is the most likely diagnosis?
Actinic cheilitis, exudative form
Meteorological cheilitis
Exfoliative cheilitis, exudative form
Contact allergic cheilitis
Eczematous cheilitis, exudative form

A 44-year-old male patient complains of fatigue and headache, limb numbness, dry mouth, burning and pain in the tongue. Objectively: skin and oral mucosa are pale. There are painful cracks in the corners of mouth. Dorsum of tongue is smooth, glossy, with bright red striae. In blood: Hb - 70 g/l, RBCs - 1,5*1012/l, color index - 1,6, leukopenia, thrombocytopenia, lymphocytosis. What is the most likely diagnosis?
Addison-Biermer anemia
Iron deficiency anemia
Chronic posthaemorrhagic anemia
Aplastic anemia
Late chlorosis
A 35-year-old patient complains of a significant enlargement of the upper lip and eyelids, which developed within a few minutes (during cleaning the house with a detergent). Objectively: there is an edema of the upper part of face, upper lip and eyelids. Palpation is painless. What disease are these symptoms typical for?
Angioneurotic Quincke's edema  
Melkersson-Rosenthal syndrome  
Glandular cheilitis  
Lymphedema  
Macrocheilitis

A 32-year-old patient complains of mouth soreness, body temperature rise up to 38,5°C, indisposition. Such condition has occurred periodically for several years after the patient had had a cold. Objectively: lips are covered with haemorrhagic crusts, hyperaemic mucous membrane of lips and cheeks has erosions covered with fibrinous films. Hypersalivation is present. What is the most likely diagnosis?
Herpetiform Duhring's dermatitis  
Multiform exudative erythema  
Stevens-Johnson syndrome  
Pemphigus vulgaris  
Herpes recidivicus

A 48-year-old patient complains of subfebrile temperature and a growing ulcer on the gingival mucosa around the molars; looseness of teeth in the affected area, cough. Objectively: gingival mucosa in the region of the lower left molars has two superficial, extremely painful ulcers with undermined edges. The ulcers floor is yellowish, granular, covered with yellowish, and sometimes pink granulations. The ulcers are surrounded by the tubercles. Dental cervices are exposed, there is a pathological tooth mobility. Regional lymph nodes are enlarged and make dense matted together groups. What is the most likely diagnosis?
Tuberculosis  
Syphilis  
Decubital ulcer  
Infectious mononucleosis  
Acute aphthous stomatitis

Parents of an 8-year-old child complain about a painful formation in the child's oral cavity that obstructs food intake. The same complaints were registered two years ago. Mucous membrane of lateral tongue surface is hyperemic and edematous. There is an oval erosion over 0,7 cm large covered with yellow greyish deposit. Erosion edges are hyperemic and painful on palpation. The
child has a history of chronic cholecystocholangitis. What is the most likely diagnosis?
Chronic recurrent aphthous stomatitis
Erythema multiforme
Stevens-Johnson syndrome
Traumatic erosion
Behcet's syndrome

A 36-year-old patient complains of pain under the dental bridge. After its removal the patient has been found to have an ulcer 0,3x0,5 cm large on the alveolar process. The ulcer is slightly painful and soft, the surrounding mucosa is hyperaemic, submandibular lymph nodes are not enlarged. What is a provisional diagnosis?
Decubital ulcer
Tuberculous ulcer
Trophic ulcer
Cancerous ulcer
Sutton aphtha