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QUIZ

The Fractured Endodontically Treated Maxillary Anterior Tooth: Restore or Replace?

Gary Solnit, DDS, MS

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- The decision to either restore or extract a compromised maxillary anterior tooth should be based on:
 - the patient's desires.
 - the clinician's experience.
 - set criteria and scientific research.
 - the need to "preserve what remains."
- The literature suggests the 74-month survival rate of a restored, endodontically treated tooth is about:
 - 13%.
 - 43%.
 - 73%.
 - 93%.
- Despite an anterior restoration having excellent function, the patient might consider it an esthetic failure because:
 - of a lack of good ferrule effect with a post-and-core.
 - of the amount of crown lengthening needed.
 - esthetics are subjective.
 - the patient felt the treatment took too long.
- Dark discoloration at the gingival of a restored endodontically treated tooth may be due to:
 - the use of a zirconia post and composite buildup.
 - the type of endodontic file used during a root canal.
 - the cement used to place a cast post and core.
 - the antibiotic paste used during a root canal.
- Waiting too long to extract a fractured maxillary anterior tooth may result in:
 - more extensive damage and bone loss.
 - better preservation of available bone for an implant.
 - darkness at the gingival area of the tooth.
 - inadequate ferrule effect.
- When determining whether to extract a compromised maxillary anterior tooth or restore it:
 - cost is never a factor in the decision.
 - cost is typically not a factor in the decision.
 - cost is usually the last thing a patient considers.
 - cost is typically a primary factor in the decision.
- Along with the amount of remaining tooth structure, the most important criterion when deciding whether to restore an endodontically treated maxillary tooth is:
 - the amount of gingival-colored porcelain needed.
 - the patient's smile line.
 - how much esthetic compromise will be acceptable.
 - the health of the patient's gingiva.
- A literature review showed the amount of remaining tooth structure needed for predictable long-term post-and-buildup restorative results was:
 - 1 mm.
 - 2 mm.
 - 4 mm.
 - 6 mm.
- Long-term restorative success of an endodontically treated tooth is more difficult to achieve:
 - in thin phenotype than in thick phenotype.
 - in thick phenotype than in thin phenotype.
 - with square-shaped teeth than tapered teeth.
 - in a patient with a low smile line versus a high smile line.
- When the decision has been made to extract and replace the tooth with an implant, the site can be optimized:
 - by waiting 3 months after diagnosis of a root fracture.
 - through adequate coronal seal.
 - through proper maintenance of gutta percha.
 - with extrusion of the root.

Course is valid from July 1, 2021, to August 31, 2024. Participants must attain a score of 70% on each quiz to receive credit. Participants receiving a failing grade on any exam will be notified and permitted to take one re-examination. Participants will receive an annual report documenting their accumulated credits, and are urged to contact their own state registry boards for special CE requirements.



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- | | |
|---|---|
| 1. Clarity of objectives
4 3 2 1 0 | 7. Clarity of review questions
4 3 2 1 0 |
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4 3 2 1 0 | 8. Relevance of review questions
4 3 2 1 0 |
| 3. Benefit to your clinical practice
4 3 2 1 0 | 9. Did this lesson achieve its educational objectives?
Yes No |
| 4. Usefulness of the references
4 3 2 1 0 | 10. Did this article present new information?
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4 3 2 1 0 | 11. How much time did it take you to complete this lesson?
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4 3 2 1 0 | |