

INDIRA GANDHI GOVT. DENTAL COLLEGE JAMMU

No:-IGGDCJ/Estt./ 2268
Dated:-29-05-2025

NOTICE

The question booklet and answer key of the written test held on 29-05-2025 for the post of Sr. Resident/Registrar in the PG department of Oral & Maxillofacial Surgery are being published below to invite online objections from candidates who have participated in the examination.

The candidates may raise their objections, if any, through email mentioned below within four days, i.e. till 05:00 PM, 02-06-2025, of the publication of this notice on the official website.

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INDIRA GANDHI GOVT. DENTAL COLLEGEJAMMU

MCQ Based Examination for Registrar OMFS (2025) Dated:- 27-05-2025

Time:- 60 Minutes

Maximum Marks:- 300

Name of the candidate:- _____

Reg No:- IGGDCJ-HJ-

Read the following instructions: -

1. The question paper will be comprised of 75 questions. Four marks shall be awarded to the correct answer and One mark will deducted for incorrect choice. Further zero will be awarded for not attempting the question and opting more than one choice.
2. Before you start the examination, check that your answer sheet is free from printing defects, i.e., misaligned contents, faded print, missing print, repetitive defects, smeared or smudged. Ask the invigilator to replace your answer sheet if it has printing defects.
3. In the upper section, clearly fill the requisite information, including your Name and Reg No as provided in the admit card and do signature on each sheet.
4. Read each question carefully. Using a Black/Blue ball Pen, tick the correct answer.
5. Do NOT fold or crease your answer sheet.

1. A 35-year-old male presents with a non-healing ulcer on the lateral border of his tongue. The lesion has been present for 4 weeks and is associated with mild pain. Which of the following is the most likely diagnosis?

- A) Leukoplakia
- B) Squamous cell carcinoma
- C) Lichen planus
- D) Chronic traumatic ulcer

2. In the context of a patient with a mandibular fracture, which of the following is a sign of a "bad fracture" requiring surgical intervention?

- A) Minimal displacement with stable occlusion
- B) Complete displacement with loss of tooth contact
- C) A non-displaced fracture in the midline
- D) No alteration of the occlusion

3. In a patient with a diagnosed jaw osteosarcoma, which of the following histopathological features is most characteristic of the tumor?

- A) Large, multinucleated cells with abundant eosinophilic cytoplasm
- B) High mitotic activity with a spindle cell pattern and osteoid formation
- C) Clear cell appearance and glycogen-rich cytoplasm
- D) Dense fibrous tissue and calcified material without neoplastic cells

4. A 55-year-old male presents with a progressively enlarging mass in the right parotid gland, associated with pain and facial nerve paralysis. Which of the following is the most likely diagnosis?

- A) Pleomorphic adenoma
- B) Warthin's tumor
- C) Mucoepidermoid carcinoma
- D) Adenoid cystic carcinoma

5. The development of osteonecrosis of the jaw (ONJ) after dental extraction is most commonly associated with which of the following drugs?

- A) Corticosteroids
- B) Bisphosphonates
- C) Methotrexate
- D) Antiepileptic drugs

6. In the context of a subcondylar mandibular fracture, which of the following is the most commonly used treatment approach for fractures that involve displacement with deviation of the mandible to the affected side?

- A) Closed reduction with intermaxillary fixation (IMF)
- B) Open reduction and internal fixation (ORIF)

- C) Soft tissue stabilization without fixation
- D) External fixation using a halo device

7. What is the most common site for osteosarcoma to affect in the oral and maxillofacial region?

- A) Maxilla
- B) Mandible
- C) Zygomatic arch
- D) Nasal cavity

8. In the management of an open fracture of the mandible, what is the recommended initial step to prevent infection?

- A) Immediate surgical debridement and stabilization
- B) Antibiotic therapy and wound closure
- C) Placement of a drain to prevent fluid accumulation
- D) Immediate intermaxillary fixation

9. Lip switch procedure is also called:

- a) Maxillary augmentation procedure.
- b) Sub mucosal vestibuloplasty.
- c) Labial frenectomy.
- d) Transpositional flap vestibuloplasty.

10. A 62-year-old woman presents with a swelling in the floor of the mouth, and a submandibular gland mass is palpated. The mass is firm and non-tender. Fine needle aspiration reveals squamous cells with keratin production. What is the most likely diagnosis?

- A) Mucoepidermoid carcinoma
- B) Adenoid cystic carcinoma
- C) Pleomorphic adenoma
- D) Squamous cell carcinoma

11. A 60-year-old male with a history of chronic tobacco use presents with a rapidly growing ulcer on the posterior lateral border of the tongue. Histopathology reveals nests of pleomorphic cells with keratin pearls and a high mitotic rate. Which of the following mutations is most commonly associated with the development of this condition?

- A) TP53 mutation
- B) BRAF V600E mutation
- C) EGFR mutation
- D) BRCA1 mutation

12. A 45-year-old patient presents with a comminuted fracture of the mandible in the region of the angle. The patient also has a laceration overlying the fracture site. What is the most appropriate initial management step in this case?

- A) Immediate fixation using miniplates
- B) Surgical debridement and open reduction
- C) Immediate closed reduction with intermaxillary fixation
- D) Administering prophylactic antibiotics and delaying surgery for 48 hours

13. Which of the following is the most accurate statement regarding the management of malignant salivary gland tumors?

- A) Adenoid cystic carcinoma has a high propensity for perineural invasion, leading to poor prognosis.
- B) Mucoepidermoid carcinoma generally does not require surgical resection and can be treated with radiation.
- C) Pleomorphic adenomas, though benign, have a high rate of malignant transformation if not surgically excised promptly.
- D) Acinic cell carcinoma is best treated with chemotherapy as a first-line approach.

14. Which of the following is most indicative of a malignant transformation in a longstanding oral leukoplakia lesion?

- A) Presence of vascularity on the lesion surface
- B) Loss of keratinization and ulceration
- C) Symmetry of the lesion with no signs of expansion
- D) Presence of thick white plaques that are asymptomatic

15. A 32-year-old male presents with a history of recurrent episodes of pain and swelling in the left mandibular molar region. Panoramic radiographs show a well-defined, radiolucent lesion with a sclerotic border surrounding the apex of the mandibular first molar. The lesion is asymptomatic between episodes. What is the most likely diagnosis?

- A) Odontogenic cyst
- B) Periapical abscess
- C) Ameloblastoma
- D) Periapical granuloma

16. A 25-year-old male presents with an impacted maxillary canine. Cone beam computed tomography (CBCT) reveals the canine is palatally displaced and has caused resorption of the adjacent lateral incisor. What is the most appropriate next step in the management of this case?

- A) Surgical exposure and orthodontic traction
- B) Extraction of the impacted canine and lateral incisor
- C) Surgical repositioning of the canine with osseous grafting
- D) Observation and monitoring without intervention

17. A 55-year-old patient is diagnosed with a well-circumscribed, non-painful mass in the submandibular gland on imaging. Fine needle aspiration (FNA) reveals cystic spaces with mucin production and the presence of intermediate-sized cells. What is the most likely diagnosis?

- A) Mucoepidermoid carcinoma
- B) Warthin's tumor
- C) Pleomorphic adenoma
- D) Acinic cell carcinoma

18. Which of the following is a key distinguishing factor between primary and secondary hyperparathyroidism in patients with osteitis fibrosa cystica?

- A) Elevated serum calcium and phosphate levels in primary hyperparathyroidism
- B) Normal or low calcium levels in secondary hyperparathyroidism, with elevated phosphate
- C) Increased parathyroid hormone (PTH) levels in both conditions
- D) Skeletal manifestations are absent in secondary hyperparathyroidism

19. The diagnosis of osteoradionecrosis (ORN) of the mandible following radiation therapy is confirmed by which of the following clinical findings?

- A) Involvement of the coronoid process and condylar head
- B) Presence of a non-healing wound with exposed bone that does not respond to conservative treatment
- C) Soft tissue swelling without visible bone changes
- D) Early-stage resorption of the mandible without soft tissue ulceration

20. A 68-year-old male presents with a rapidly expanding, painful lesion in the posterior mandible. Radiographic imaging reveals a mixed radiolucent/radiopaque lesion with sunburst spiculation. Incisional biopsy shows atypical osteoblasts with abundant osteoid production. Which of the following is the MOST likely diagnosis and the BEST initial management?

- A. Osteosarcoma; radical resection with immediate reconstruction.
- B. Central giant cell granuloma; curettage and peripheral ostectomy.
- C. Ameloblastic carcinoma; wide resection with marginal bone removal.
- D. Metastatic prostate carcinoma; palliative radiation therapy and chemotherapy.

21. Which of the following is NOT a recognized indication for performing a Le Fort I osteotomy?

- A) Correction of maxillary hypoplasia
- B) Treatment of obstructive sleep apnea
- C) Access to skull base tumors
- D) Treatment of temporomandibular joint (TMJ) ankylosis

22. In sagittal split ramus osteotomy (SSRO), which nerve is most commonly at risk of injury?

- A) Facial nerve
- B) Lingual nerve

- C) Inferior alveolar nerve
- D) Auriculotemporal nerve

23. The "gull wing" incision is commonly used in surgery for:

- A) Mandibular angle fractures
- B) Condylar fractures
- C) Orbital floor fractures
- D) Zygomatic arch fractures

24. The primary advantage of computer-assisted navigation in maxillofacial surgery is:

- A) Reduced operating time
- B) Improved soft tissue healing
- C) Enhanced accuracy in complex reconstructions
- D) Lower risk of postoperative infection

25. The main cause of failure in free flap reconstruction of the mandible is:

- A) Incorrect flap selection
- B) Infection
- C) Venous thrombosis
- D) Bone resorption

26. Which of the following is the most common complication after autogenous bone grafting?

- A) Graft rejection
- B) Graft infection
- C) Graft resorption
- D) Pathological fracture

27. Which of the following is a contraindication for the use of bisphosphonates in dental implant surgery?

- A) History of periodontal disease
- B) History of osteonecrosis of the jaw
- C) Diabetes mellitus
- D) Previous chemotherapy

28. The primary advantage of resorbable plating systems in pediatric maxillofacial trauma is:

- A) Lower cost compared to titanium plates
- B) No need for hardware removal
- C) Greater mechanical strength
- D) Reduced risk of infection

29. In distraction osteogenesis, which phase involves the formation of new bone in response to gradual stretching?

- A) Latency phase
- B) Distraction phase
- C) Consolidation phase
- D) Remodeling phase

30. Which of the following muscles is most commonly encountered and needs careful management during a sagittal split osteotomy of the mandible?

- a) Mylohyoid
- b) Buccinator
- c) Medial pterygoid
- d) Masseter

31. A patient with a history of cleft lip and palate repair presents with severe maxillary hypoplasia and a significant oronasal fistula. Which of the following surgical procedures would be MOST appropriate for comprehensive reconstruction?

- A. Le Fort I osteotomy with bone grafting and fistula repair.
- B. Alveolar bone grafting and soft tissue closure.
- C. Distraction osteogenesis of the maxilla.
- D. Local flap closure of the fistula.

32. In cases of severe maxillofacial trauma with panfacial fractures, the preferred sequence of fracture fixation is:

- a) Mandible → Midface → Zygoma → Frontal bone
- b) Frontal bone → Zygoma → Midface → Mandible
- c) Midface → Mandible → Zygoma → Frontal bone
- d) Zygoma → Mandible → Midface → Frontal bone

33. The primary advantage of using a lag screw fixation in mandibular fracture repair is:

- a) Increased stability with compression at the fracture site
- b) Reduced risk of infection
- c) Prevention of soft tissue entrapment
- d) Decreased need for postoperative physiotherapy

34. The primary blood supply to the temporalis muscle in a temporalis myofascial flap procedure comes from the:

- a) Internal maxillary artery
- b) Superficial temporal artery

- c) Deep temporal artery
- d) Posterior auricular artery

35. Which of the following is the most common complication following a Le Fort I osteotomy?

- a) Devitalization of maxillary teeth
- b) Infection at osteotomy site
- c) Inferior alveolar nerve injury
- d) Persistent malocclusion

36. The most appropriate management of a patient with an atrophic mandible fracture is:

- a) Closed reduction with maxillomandibular fixation (MMF)
- b) Open reduction and internal fixation (ORIF) with load-bearing plates
- c) Conservative management with soft diet
- d) External fixation with arch bars

37. A patient presents with progressive trismus and pain 10 days after mandibular third molar extraction. The most likely diagnosis is:

- a) Alveolar osteitis
- b) Submasseteric space infection
- c) Osteomyelitis of the mandible
- d) Temporomandibular joint (TMJ) dislocation

38. In distraction osteogenesis, the optimal latency period before activation of the distractor is:

- a) 24 hours
- b) 48 hours
- c) 5–7 days
- d) 2 weeks

39. Which of the following syndromes is most commonly associated with craniosynostosis?

- a) Crouzon's syndrome
- b) Pierre Robin syndrome
- c) Treacher Collins syndrome
- d) Goldenhar syndrome

40. Killian's dehiscence is defined as

- A. A weak area in the posterior wall of lower end of pharynx between two sets of fibers of inferior constrictor of pharynx
- B. A weak area in the posterior wall of oro-pharynx
- C. A weak area in the lateral wall of oropharynx

D. A weak area in the roof of nasopharynx

41. The most appropriate imaging modality for diagnosing condylar hyperplasia is:

- a) Panoramic radiograph
- b) Cone-beam CT (CBCT)
- c) Single-photon emission computed tomography (SPECT)
- d) MRI

42. The gold standard for reconstructing a segmental mandibular defect greater than 5 cm is:

- a) Iliac crest graft
- b) Rib graft
- c) Free fibula flap
- d) Titanium mesh with bone graft

43. Which of the following local anesthetic agents is contraindicated in patients with methemoglobinemia?

- A. Lidocaine\
- B. Articaine
- C. Bupivacaine
- D. Prilocaine

44. The best investigation for velopharyngeal insufficiency is

- A. Nasendoscopy
- B. Nasendoscopy and videofluoroscopy
- C. Videofluoroscopy
- D. CT scan

45. The maximum recommended dose of lidocaine with epinephrine in an adult patient is:

- a) 300 mg
- b) 500 mg
- c) 600 mg
- d) 800 mg

46. The treatment of choice for recurrent dislocation is

- A. Manipulative reduction
- B. Manipulative reduction and use of retentive apparatus
- C. Capsule tightening procedure or capsulorrhaphy
- D. Creation of a mechanical obstacle in the region of articular eminence by bone grafting.

47. Quinsy is a collection of pus in

- A. Between the anterior and posterior tonsillar pillars into the soft palate
- B. Parapharyngeal space
- C. Retropharyngeal space anterior to prevertebral fascia
- D. Retropharyngeal space behind prevertebral fascia

48. The ideal intermaxillary fixation (IMF) period for a non-displaced mandibular angle fracture is:

- A. 1–2 weeks
- B. 4–6 weeks
- C. 8 weeks
- D. No IMF required

49. The most common site for metastasis of oral squamous cell carcinoma is:

- A. Liver
- B. Lungs
- C. Brain
- D. Bones

50. The preferred treatment for a recurrent pleomorphic adenoma of the parotid gland is:

- A. Observation
- B. Radiotherapy
- C. Total parotidectomy with facial nerve preservation
- D. Chemotherapy

51. Which is the most common complication of maxillary sinus lift surgery?

- A) Maxillary sinusitis
- B) Orbital emphysema
- C) Fracture of the zygomatic arch
- D) Inferior alveolar nerve injury

52. In the Le Fort classification of maxillary fractures, which of the following structures remains intact in a Le Fort II fracture?

- a) Nasal septum
- b) Zygomatic arch
- c) Pterygoid plates
- d) Frontal process of maxilla

53. In zygomatic complex fractures, the most common displacement occurs due to:

- a) Muscle pull at the angle of mandible
- b) Displacement along the lateral orbital wall
- c) Force transmission through the orbital floor
- d) Medial rotation due to masseter pull

54. In a Bilateral Sagittal Split Osteotomy (BSSO), the primary purpose of maintaining a "greenstick fracture" in the posterior segment is:

- a) To facilitate rigid fixation
- b) To maintain neuromuscular continuity
- c) To prevent mandibular setback
- d) To enhance bone healing

55. Which of the following is NOT a contraindication for orthognathic surgery?

- a) Active periodontal disease
- b) Severe temporomandibular joint dysfunction
- c) Skeletal maturity in a 23-year-old patient
- d) Poorly controlled systemic disease

56. In TNM staging of oral squamous cell carcinoma, T3 represents:

- a) Tumor <2 cm in greatest dimension
- b) Tumor >4 cm but without deep tissue invasion
- c) Tumor invades through cortical bone, deep extrinsic muscle, or skin
- d) Tumor with metastasis to a single lymph node <3 cm

57. The Wilkes classification is used for:

- a) Condylar fractures
- b) Temporomandibular joint internal derangement
- c) Facial nerve injury severity
- d) Orofacial pain disorders

58. Malignant hyperthermia is associated with which of the following anesthetic agents?

- a) Propofol
- b) Sevoflurane
- c) Ketamine
- d) Midazolam

59. Which of the following is the most common complication of coronoidectomy?

- a) Trismus
- b) Hemorrhage
- c) Temporalis Muscle Fibrosis
- d) Inferior Alveolar Nerve

60. In intravenous sedation, the primary advantage of using dexmedetomidine over midazolam is:

- a) Better hemodynamic stability
- b) Stronger amnestic properties
- c) Lesser respiratory depression
- d) Faster onset of action

61. All of the following statements are true about CSF rhinorrhea, except

- (a) It is the leakage of CSF from the nose
- (b) It is due to fracture of cribriform plate of frontal bone
- (c) It is usually associated with normal sense of smell
- (d) It may sometimes require duraplasty to control leakage

62. In treatment of mandibular condylar fractures, open reduction is indicated in all EXCEPT:

- A) Bilateral condylar fractures with anterior open bite
- B) Fracture with significant lateral displacement
- C) Intracapsular condylar head fractures
- D) Unilateral condylar fracture with minor displacement

63. The gold standard imaging modality for assessing midface fractures is:

- A) Orthopantomogram (OPG)
- B) Computed Tomography (CT) with 3D reconstruction
- C) Magnetic Resonance Imaging (MRI)
- D) Cone Beam Computed Tomography (CBCT)

64. The most common malignant salivary gland tumor of the parotid gland is:

- A) Mucoepidermoid carcinoma
- B) Adenoid cystic carcinoma
- C) Acinic cell carcinoma
- D) Polymorphous low-grade adenocarcinoma

65. In a patient with severe obstructive sleep apnea (OSA), which surgical procedure is most effective for reducing airway obstruction at the base of the tongue?

- A) Uvulopalatopharyngoplasty (UPPP)
- B) Genioglossus advancement (GA)
- C) Maxillomandibular advancement (MMA)
- D) Hyoid suspension

66. Which of the following is NOT a feature of Gardner's Syndrome?

- A) Multiple osteomas
- B) Epidermoid cysts
- C) Supernumerary teeth
- D) Café-au-lait spots

67. The most appropriate surgical approach for a large parapharyngeal space tumor is:

- A) Transoral approach
- B) Cervical-parotid approach
- C) Endoscopic approach
- D) Coronal approach

68. Which of the following is NOT a feature of Eagle's syndrome?

- A) Dysphagia
- B) Trigeminal neuralgia
- C) Referred otalgia
- D) Pain on head rotation

69. In orbital floor fractures, the most commonly involved extraocular muscle is:

- A) Inferior rectus
- B) Superior oblique
- C) Medial rectus
- D) Lateral rectus

70. Which of the following is NOT a typical feature of ameloblastoma?

- A) Locally aggressive nature
- B) High rate of recurrence
- C) Common metastasis to lungs
- D) Soap bubble appearance on radiographs

71. The primary mechanism of bisphosphonate-related osteonecrosis of the jaw (BRONJ) is:

- a) Suppression of osteoclast-mediated bone resorption
- b) Direct cytotoxic effect on osteoblasts
- c) Increased angiogenesis
- d) Enhancement of fibroblast proliferation

72. The most important determinant of a successful cleft lip repair is:

- a) Nasal symmetry
- b) Adequate muscle reapproximation
- c) Aesthetic lip contour
- d) Minimal scar formation

73. Which muscle is primarily responsible for displacing a fractured mandibular condyle medially?

- A) Masseter
- B) Medial pterygoid
- C) Temporalis
- D) Lateral pterygoid

74. Which of the following classification systems is used for assessing temporomandibular joint (TMJ) ankylosis?

- A) Wilkes classification
- B) Pogrel classification
- C) Sawhney classification
- D) Kabans Classification

75. Which of the following is NOT an absolute contraindication for implant placement?

- A) Uncontrolled diabetes mellitus
- B) History of head and neck radiotherapy
- C) Osteoradionecrosis
- D) Osteoporosis

ANSWER KEY OMFS EXAM HELD ON 29-05-2025

1. B
2. B
3. B
4. D
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8. A
9. D
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36. B
37. B
38. C
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41. C
42. C
43. D
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64. A

65. B

66. D

67. B

68. B

69. A

70. C

71.: A

72. B

73. D

74. C)

75. D