Table of Contents:

1. Dentistry:

- Dental anatomy p. 6-7
- Dysodontiasis p. 8-10
- Caries p. 11-13
- Pulpits (learn well DD between primary and secondary trigeminal neuralgia), pp. 14-15
- Periodontitis, pp. 16-18
- Odontogenic sinusitis, p. 19 (asked often by Leuci)
- Drug-related osteonecrosis, pp. 20-24
- Jaw bone cysts (important is the root cyst), pp. 24-25
- Odontogenic tumors (only ameloblastoma is asked by Leuci sometimes), pp. 26-28
- Precancerosis and neoplasms of the oral cavity p. 29-42
- Bullous autoimmune diseases p. 43-48
- Chronic idiopathic head-neck pain p. 49-51

2. Maxillofacial surgery:

- Anatomy of the skull p. 53-60 (for the willing, dell'Aversana also asks for tongue muscles and palate muscles; the rest should all be there)
- Orthognathic dysgnathies p. 61-67
- Craniofacial trauma p. 68-86
- Craniofacial malformations p. 87-97
- Salivary gland pathology p. 98-111 (do not focus on histological part)

3. Ophthalmology:

- Ophthalmologic anatomy p. 114-123
- Ophthalmic Semeiotics p. 124-141 (I recommend little or no repeat per exam)
- Refractive flaws p. 142-157
- Pathology of the orbit and ocular adnexa
 - o Graves' ophthalmopathy p. 160-163
 - o Orbital neoformations p. 164-167
 - o Eyelid inflammatory pathology p. 168-169
 - o Eyelid malpositions and malformations p. 170-180
 - o Conjunctivitis and pterygium p. 181-185
 - o Lacrimal pathology p. 186-189
- Anterior segment pathology:
 - o Keratitis p. 191-195
 - o Keratoconus p. 196-197
 - o Pathologies of the lens p. 198-203
- Intraocular inflammatory pathology p. 204-209
- Posterior segment pathology:
 - o Diabetic retinopathy p. 211-215
 - o Hypertensive retinopathy p. 216
 - o Retinoblastoma and choroid tumors p. 217-221
 - o Retinal detachment p. 221-225 (arteriovenous occlusions are rarely asked)
 - o DMLE p. 227-231
 - o Dyschromatopsia p. 232, asked only once by Strianese
- Optic nerve pathology:
 - o Glaucoma p. 234-243
 - o Papilledema p. 244

4. Audiology:

- Anatomy and physiology of the auditory system p. 246-261
- Audiological semiotics p. 262-280 (do it right, it's half an audio exam)
- Hypoacusis p. 281-296 (also do very well hearing screening)
- Language development and perception p. 297-301 (asked a lot by Laria)
- Presbycusis, p. 302
- Tinnitus p. 303-304 (little asked)
- Vertigo (with in-depth discussion on nystagmus), pp. 305-315

5. Otolaryngology

- ENT Anatomy p. 317-322
- Otology
 - o Pathologies of the outer ear p. 324-332
 - o Middle ear pathologies pg. pg. 333-342
 - Otosclerosis p. 343-347
 - o Meniere's disease p. 348-349
 - Acoustic neurinoma p. 350-351 (little asked)
 - Otological Emergencies and Emergencies p. 352

Rhinology

- o Rhinopathies p. 354-358
- o Epistaxis p. 359
- o Pathology of the paranasal sinuses p. 360-364
- Nose and sinus tumors p. 365-369
- Olfactory-gustatory dysfunction p. 370-373 (read only)

Pharyngology

- Pathology of the nasopharynx p. 375-377
- o Pathology of the oropharynx p. 378-382
- Pathology of the hypopharynx p. 383 (hang)
- Dysphagia p. 384-386 (asked only by Motta)

Laryngology

- Benign pathologies of the larynx pp. 380-391
- o Carcinoma of the larynx p. 392-399
- Tracheotomy p. 400-401 (also asked in maxillus)
- Dysphonia p. 402-405
- ENT in pediatrics (ASKED ONLY BY CANTON)
 - o Pediatric ENT pathologies p. 407-415
 - o OSAS p. 416-421

A large part of the exam is the written, on which you have to prepare by reading the file updated to September 2019 that you can find on the group (someone, including me also used mininterno but the questions are many, complex and often come out poorly; it's up to you). At the oral, almost all of the syllabus is covered with the topics given in the handout but, in general, the committee is well laid out. This handout is based on the lectures of the year 2021-2022, the old Polito block and a few things taken from the internet and the book (not the one recommended by the profs but the Polimeni which I partially used and think is a good book but not fundamental). In any case, I hope that this work will simplify a rather long exam that, with the old handout, was quite complex. Good luck to everyone.

"When I have moments of uncertainty or difficulty, I always have the same dream: I stop at a newsstand and find wonderful unpublished Fantastic Four stories."



Dutiful thanks to /ue (Martina Taglialatela) and ROCCIA (Luigi Guida) for helping to draft what seemed impossible.

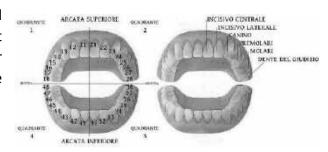
Marco De /imone I love you

OBGYN

Dental anatomy

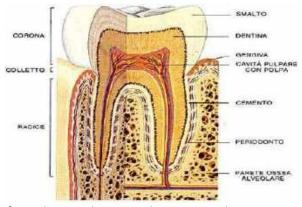
It is important first to learn the so-called dental coordinates: these refer to the quadrants. The first digit indicates the quadrant, starting from the upper right quadrant you go clockwise (1,2,3,4). The second digit indicates the tooth (mesio-distally):

- Mesial = toward the midline
- Distal = far from the midline



The dental element has several components:

- 1. <u>Crown</u>: part of the tooth that develops outside the gingiva
 - o Enamel: inorganic tissue (98% hydroxyapatite) that lines the crown and is radiopaque
 - Dentin: 70% hydroxyapatite crystals and 30% organic substances. It has a tubular structure and, the tubules, contain cellular extensions of odontoblasts (neural-derived cells at the border between dentin and pulp). It appears less dense on RX
- 2. Collar: small groove dividing the crown from the root
- 3. Root: is located at the base of each tooth and consists from the outside of:
 - Cement: composed of 40 percent hydroxyapatite crystals and 60 percent organic substance, yellow in color and covering dentin. In the subgingival areas, an opening is noted at the apex through which blood vessels and nerves pass into the inner cavity of the crown occupied by the dental pulp. It also gives a solid attachment to the ligaments that house the tooth in the bony cortical.
 - Dentine
 - Pulp: consisting of blood and lymph vessels, nerve endings. It all expands to the level of the pulp chamber from which each tooth derives nourishment and sensitivity.



The supporting tissue is referred to as the periodontium and is composed from the outside of:

- Alveolar bone
- Periodontal (or periodontal) ligament: a structure that interposes between the tooth root and
 the alveolar bone allowing elasticity to distribute chewing forces over a large surface area of
 the alveolar process. It consists of a cellular component made up predominantly of fibroblasts,
 undifferentiated mesenchymal cells, root remnants (of Malassez), and osteoblasts aligned to
 line the bone surface; non-cellular component given by the intertwining of collagen fibers
 originating from the bone and with those originating from the cementum.
- Gingiva: EXTERNALLY ONLY