

Epithelial Odontogenic Tumors

Oral Pathology · Practice Test · 20 Questions

1. What is the typical age range for Adenomatoid Odontogenic Tumors (AOT)?

- A) 15-20 years (2nd decade)
- B) 40-50 years (4th-5th decade)
- C) 20-30 years (2nd-3rd decade)
- D) Over 60 years

2. Which odontogenic tumor is most common and considered clinically significant?

- A) Adenomatoid Odontogenic Tumor (AOT)
- B) Ameloblastoma
- C) Calcifying Epithelial Odontogenic Tumor (CEOT)
- D) Odontoma

3. What is a characteristic radiographic feature of conventional ameloblastoma?

- A) Unilocular radiolucency
- B) Multilocular radiolucency with a 'soap bubble' or 'honeycombed' appearance
- C) Diffuse, ill-defined radiopacity
- D) Periapical radiolucency at the root apex

4. What is a useful diagnostic feature for AOT in its late stage?

- A) Presence of uniform basaloid cells
- B) Ameloid-like material and Liesegang rings
- C) Calcifying material, appearing as 'snowflakes'
- D) Extensive root resorption

5. Peripheral ameloblastoma is less active than its intraosseous counterpart.

- A) True
- B) False

6. Which of the following is NOT a typical site for Ameloblastoma?

- A) Mandible (molar-ramus area)
- B) Maxilla (posterior region)
- C) Anterior maxilla
- D) Mandible (anterior region)

7. What is the most common histopathological pattern of Ameloblastoma?

- A) Plexiform
- B) Follicular
- C) Desmoplastic
- D) Basal cell

8. What is the recommended treatment for Ameloblastoma?

- A) Conservative local resection
- B) Curettage
- C) Aggressive surgical resection (e.g., hemimandibulectomy)
- D) Radiotherapy

9. What is a key characteristic that helps distinguish AOT from a dentigerous cyst?

- A) AOT is always multilocular
- B) AOT is associated with the crown of an impacted tooth
- C) AOT can be located between the roots of erupted teeth
- D) AOT is typically painful

10. What is the typical recurrence rate for Ameloblastoma treated with curettage?

- A) < 10%
- B) 15%
- C) > 50%
- D) Less than 20%

11. Which of the following is considered a benign epithelial odontogenic tumor according to the WHO classification?

- A) Odontogenic Myxoma
- B) Ameloblastoma
- C) Cementoblastoma
- D) Odontogenic Sarcoma

12. What is the primary origin of Ameloblastoma?

- A) Odontogenic myxoma
- B) Enamel organ and its remnants
- C) Dental lamina and its remnants
- D) Both enamel organ/remnants and dental lamina/remnants

13. What are Liesegang rings associated with in the context of odontogenic tumors?

- A) Ameloblastoma
- B) Adenomatoid Odontogenic Tumor (AOT)
- C) Calcifying Epithelial Odontogenic Tumor (CEOT)
- D) Odontoma

14. Which variant of ameloblastoma is considered the least common?

- A) Follicular
- B) Plexiform
- C) Basal cell
- D) Granular cell

15. Unicystic ameloblastoma is most commonly found in which area?

- A) Anterior maxilla
- B) Posterior maxilla
- C) Mandibular molar area
- D) Mandibular anterior region

16. Which of the following is a differential diagnosis for a multilocular radiolucency of the posterior mandible?

- A) Periapical granuloma
- B) Dentigerous cyst
- C) Odontogenic Myxoma
- D) Traumatic bone cyst

17. The prognosis for desmoplastic ameloblastoma is considered:

- A) Favorable
- B) Good with curettage
- C) Worst
- D) Similar to follicular ameloblastoma

18. Maxillary ameloblastomas are considered more aggressive than mandibular ones due to:

- A) Thicker cortical bone in the maxilla
- B) Thinner cortical bone in the maxilla
- C) Higher vascularity in the maxilla
- D) Greater propensity for cystic change in the maxilla

19. What is the definition of a hamartoma provided in the text?

- A) An abnormal proliferation of malignant cells
- B) An abnormal proliferation of normal tissue in a normal site
- C) A tumor arising from mesenchymal tissue
- D) A lesion originating from a developmental cyst

20. What is the recurrence rate for Adenomatoid Odontogenic Tumor (AOT) when treated by conservative local resection?

- A) Over 50%
- B) Around 15%
- C) Less than 20%
- D) Less than 10%