

175 Maxillary cysts

- A A midline swelling in the palate is likely to be malignant.
- B A median alveolar cyst is of developmental origin.
- C A nasopalatine cyst arises from the incisive canal and can present either in the nose or on the palate.
- D A lateral alveolar cyst separates incisor from canine teeth, at the line of fusion between maxilla and premaxilla.
- E A naso-alveolar cyst usually presents as a loose tooth.

176 Cysts of dental origin

- A Primordial cysts are malignant.
- B A cyst of eruption arises over a tooth that has not erupted.
- C A tooth is usually inside a dentigerous (follicular) cyst.
- D Dental (radicular) cysts imply previous or current root infection.
- E A dental cyst may persist after root extraction.

177 Radiographic diagnosis of maxillary cysts

- A A clear outline is typical of developmental cysts.
- B Multiple cysts may be due to cherubism.
- C Hyperparathyroidism characteristically causes a single giant cyst with a sharply defined margin.
- D An osteoclastoma is usually radiolucent.
- E A myelomatous deposit is usually radio-opaque.

178 Odontogenic tumours

- A Arise solely from developing dental epithelium.
- B Are commonest in young adults and children.
- C An adamantinoma contains enamel.
- D A composite odontoma is so called because it incorporates more than one tooth.
- E An ameloblastoma is likely to metastasize widely.

179 Causes of epistaxis

- A Idiopathic bleeding from Little's area is commonest.
- B Digital trauma (nosepicking) is a common cause.
- C A septal spur predisposes.
- D Low atmospheric pressure and low humidity increase the incidence.
- E Venous hypertension is a factor in chronic bronchitics.