



## THE COLLEGES OF MEDICINE OF SOUTH AFRICA

Incorporated Association not for gain  
Reg No 1955/000003/08

### Final Examination for the Fellowship of the College of Dentistry of South Africa - Oral Medicine and Periodontics

24 February 2020

Paper 2

Oral Medicine

(3 hours)

*All questions are to be answered. Each question to be answered in a separate book (or books if more than one is required for the one answer)*

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- 1 A specialist in Oral Medicine and Periodontology, may encounter patients presenting with medication related or anti-resorptive drug-related osteonecrosis of the jaws (MRONJ/ARONJ) or patients taking these pharmacological agents and who require implant therapy. Discuss the aetiology and associated risk factors, clinical presentation, pathogenesis and management of MRONJ/ARONJ in the context of the speciality. [20]
- 2 Human Papilloma virus (HPV)-positive cancers of the head and neck exhibit distinct and unique characteristics when compared to HPV-negative cancers. Discuss the role of HPV in oral squamous cell carcinoma. [15]
- 3 Desquamative gingivitis refers to a clinical manifestation that can be caused by several disorders. In addition to the oral cavity, these disorders can affect extra-oral mucocutaneous sites. Discuss diagnostic pathways and guidelines for a differential diagnosis. [10]
- 4 Discuss the use of steroids and steroid-sparing pharmacological agents in oral medicine. [15]
- 5 Based on relevant literature, discuss the factors that would inform your management strategy for leukoplakia with a confirmed diagnosis of moderate epithelial dysplasia – incorporating the following:
  - a) Aetiology and risk factors.
  - b) Management. [15]
- 6 Write short notes on the following:
  - a) Plasmablastic lymphoma.
  - b) Oral Melanoma.
  - c) Generalised gingival overgrowth.
  - d) Xerostomia.
  - e) TUGSE. [25]



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27 February 2020

Paper 3

Periodonics and Implantology

(3 hours)

*All questions are to be answered. Each question to be answered in a separate book (or books if more than one is required for the one answer)*

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- 1 “With the increasing recognition of the overarching importance of the host's inflammatory/collagenolytic responses as the ‘driver’ of tissue breakdown during periodontitis, new treatment paradigms are emerging.”
  - a) Discuss the pathogenesis of periodontitis on the basis of recent advances gained that profile host-bacteria interactions (synergy and dysbiosis), molecular mechanisms of the inflammatory response and host genetics. (15)
  - b) Discuss the above statement with special reference to current host-modulation agents in the management of the periodontitis patient. (15)[30]
- 2 The concept of stages and grades is integral for precision dentistry. It accounts for the risk of future disease and prognosis. Discuss the new classification scheme for periodontal and peri-implant diseases and conditions, introduced by the “The World Workshop on Periodontal Disease (AAP/EFP 2017)”, which has created a new model utilising stages and grades of disease. [10]
- 3 Discuss the biological basis and prognostic rationale for increasing the width of attached keratinised gingiva and transforming biotype around teeth, implants and augmented edentulous areas. [15]
- 4 Alveolar height deficiency, especially in the mandibular posterior region, is a considerable clinical challenge in implant therapy. Discuss, the following, with reference to **the mandibular posterior region**:
  - a) Vertical ridge augmentation. (10)
  - b) Surgical anatomy of the floor of the mouth complications that may arise with implant therapy. (10)
  - c) Longer versus shorter implants. (5)[25]
- 5 Biological and technical complications can occur around osseointegrated dental implants leading to peri-implant disease (PID). Discuss the basis of the pathogenic mechanisms of these conditions and by means of a flow diagram, suggest a management protocol for PID. [10]

Please answer **two** of the following sub-questions.

- 6 Write short notes on any two of the following in implant therapy:
- a) Limitations and benefits of cone beam computerised tomography (CBCT). (5)
  - b) All forms of 'smoking' as a risk factor. (5)
  - c) Innovations in implant therapy in the last five years. (5)
- [10]