



## 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 Maxillo-Facial and Oral Surgeons of South Africa

2 March 2018

Paper 2

Maxillofacial and Oral Surgery

(3 hours)

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

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- 1 A patient presents with a mid-facial growth disturbances as retro-brevignathia (dysgnathia), as well as with a velopharyngeal incompetency, which is quite often a problem in cleft lip and palate patients
- a) Due to this combined problem (dysgnathia and velopharyngeal incompetency), is obstructive sleep apnoea (OSA) a possibility? How would such an OSA situation been evaluated? (12)
  - b) Briefly evaluate this combined (retro-brevignathia of the midface and a velopharyngeal incompetency) problem in relation of treatment options and treatment sequence. (13)
- [25]
- 2 Ludwig's angina is a rapidly spreading, potentially fatal condition. Discuss:
- a) Definition and anatomy of the involved fascial spaces. (5)
  - b) Clinical signs and symptoms. (5)
  - c) Aetiology and predisposing factors. (5)
  - d) Pathways of spread and potential sequelae. (5)
  - e) Treatment of Ludwig's angina. (5)
- [25]
- 3 Briefly discuss the management only of the following surgical pathology involving the bone of the craniomaxillofacial region
- a) Paget's disease of bone in the craniomaxillofacial region. (5)
  - b) Central giant cell granuloma of the jaws. (5)
  - c) Fibrous Dysplasia of the craniomaxillofacial region. (5)
  - d) Gardner Syndrome. (5)
  - e) Osteoblastoma. (5)
- [25]
- 4 Injuries to the naso-orbital-ethmoidal region can result in the detachment of the medial canthus tendon that will need repair. With reference to the Markowitz Classification, describe the presenting features and examination tests that may provide a clinical determination of a medial canthal detachment and discuss the management of the traumatic medial canthus tendon detachment. (25)

- 5 a) The application of osseo-integrated implantology in the maxillofacial region has extended the range and effectiveness of reconstructive surgery. The placement of such implants into the edentulous maxilla is often restricted due to lack of available bone and soft tissue.
- i) Briefly discuss the principles of guided bone regeneration used in association with implant placement in the aesthetic zone. (10)
  - ii) Discuss the various soft tissue re-contouring and pre-prosthetic procedures that are used in the preparation of the alveolar ridges prior to bone augmentation or implant placement in the maxilla and mandible. (5)
- b) Discuss the role of coronectomy in the treatment of third molars in the older population. (10)
- [25]
- 6 Discuss (TMJ) temporo-mandibular joint reconstruction in a growing patient under the following:
- a) Indications. (10)
  - b) Citing relevant references, discuss the protocol that must be followed to reduce recurrent post-surgical TMJ ankyloses. (15)
- [25]