



THE COLLEGES OF MEDICINE OF SOUTH AFRICA

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

Intermediate Examination for the Fellowship of the
College of Maxillo-Facial and Oral Surgeons of South Africa

13 July 2017

Paper 1

Oral Pathology including Microbiology

(3 hours)

All questions are to be answered. Answer questions 1-4 and 5-6 in separate books

Please answer Questions 1-4 in a separate book.

- 1 Critically review the 2017 WHO classification of odontogenic tumours. [25]
- 2 a) Discuss lymphomas associated with the Human Immunodeficiency Virus. (10)
b) Discuss Bisphosphonate-related osteonecrosis of the jaw (BRONJ) under the following subheadings
i) Bisphosphonate mechanism of action. (5)
ii) The risk and benefits associated with bisphosphonate therapy. (5)
iii) Precipitating events and risk factors. (5)
[25]
- 3 a) Explain the clinical and radiographic features of fibrous dysplasia with reference to the role of GNAS gene (the stimulatory alpha subunit, of a protein complex called a guanine nucleotide-binding protein) mutations in its pathogenesis. (10)
b) Discuss the clinical and histopathological features of low-grade central osteosarcoma with emphasis on the differential diagnoses. (10)
c) Write short notes on the clinical features of central giant cell granuloma. (5)
[25]
- 4 a) Discuss the theories on the pathogenesis of the lateral periodontal cyst. (5)
b) Discuss the developmental cysts that can occur in the midline of the oral region and upper neck. (10)
c) Discuss the pathogenesis of radicular cysts. (10)
[25]

Please answer Questions 5-6 in a separate book.

- 5 Discuss bilateral parotid swellings with reference to epidemiology, differential diagnoses, clinical and radiological presentations. [25]
- 6 Epstein–Barr Virus (EBV) has been implicated in a number of oral and systemic diseases. Discuss this statement. [25]



THE COLLEGES OF MEDICINE OF SOUTH AFRICA

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

Intermediate Examination for the Fellowship of the
College of Maxillo-Facial and Oral Surgeons of South Africa

14 July 2017

Paper 2

General Principles of Surgery

(3 hours)

All questions are to be answered. Please answer questions 1-3 and 4-6 in separate books

Please answer Questions 1-3 in a separate book.

- 1 A 23-year-old man was shot in the face and abdomen. He arrived at your unit with blood pressure (BP) of 85/60 mmHg. The bullet has fractured the mandible bilaterally with an associated massive sublingual haematoma. The abdomen has one gunshot wound only, with no exit wound noted. The abdomen is distended and tender to touch
- a) Discuss three options of airway management, highlighting key aspects of your choices. (7)
 - b) Briefly discuss how you would practice Damage Control Resuscitation in this case. (6)
 - c) Discuss how you would monitor this patient in ICU (demonstrating the end-points of resuscitation). (6)
 - d) List the complications associated with the use of blood products. (6)
- [25]
- 2 A 30-year-old female was involved in a severe motor vehicle collision. She is noted to be 32 weeks pregnant. Further evaluation confirms that she has a right-sided pneumothorax, bilateral fractured acetabulum and a fractured right sacro-iliac (SI) joint. She has a tender abdomen with a BP of 98/70 mmHg and pulse of 130/min
- a) Highlight how your ATLS® approach will differ from that of a non-pregnant patient. (6)
 - b) You admit her to ICU. How would you set her on a ventilator of your choice? (6)
 - c) Day three (3) in ICU she suddenly desaturates. How will you approach her to determine the cause? (6)
 - d) What strategies would you employ to improve oxygenation when you discover poor lung compliance? (7)
- [25]
- 3 A 46-year-old man fell from a height of 10m. The right pupil is 3mm and reactive, but the left is 6mm and non-reactive. He only withdraws to pain, but no eye movement or verbal response. The left tibia-fibula is also fractured. Abdominal ultrasound (FAST) remains normal on repeated examinations. CT scan confirms large left sided Sub-Dural Haematoma (SDH) and an unstable fractured thoracic T3 spinal vertebra
- a) Discuss your understanding of neuro-protective ventilation. (5)
 - b) Discuss your options and timing of thrombo prophylaxis. (5)
 - c) He develops hypotension, poor ventilation but normal CXR day 5 in ICU: How would you investigate him further? (5)
 - d) What are the possible treatment options of the most likely condition in c) above? (5)
 - e) List five key differences between crystalloids and synthetic colloids. (5)
- [25]

Please answer Questions 4-6 in a separate book.

- 4 A 35-year-old male patient was brought to the casualty unit following a fall from a scaffold nine floors high. He sustained a head injury with an anterior base of skull fracture and pan facial fractures. His Glasgow Coma Scale (GCS) was 6/15 on admission to the casualty unit
- a) You decide to do a tracheostomy. Discuss different surgical options that can be used with advantages and disadvantage of each technique. (15)
 - b) Discuss the different techniques to obtain venous access in resuscitation unit or ICU patients. (10)
- [25]
- 5 Discuss Crush Syndrome and Rhabdomyolysis. [25]
- 6 A 31-year-old female fell off her bicycle. She has a history of previous heart valve replacement surgery. She sustained a 6cm laceration over the right maxilla from the pre-auricular area to the commissure and upper lip
- a) Classify wounds in general and discuss each type. (10)
 - b) Discuss critically the accepted international guidelines for antibiotic prophylaxis in the prevention of Infective endocarditis that you would follow when treating a patient in South Africa. (15)
- [25]