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 February 2019

Paper 1 Oral Pathology including Microbiology (3 hours)

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1 Describe the clinical, radiological (if applicable) and pathological features of:
- a) Polymorphous adenocarcinoma. (10)
- b) Osteogenic sarcoma of the jaws. (10)
- c) Lichenoid interface mucositis. (10)
- d) Oral tuberculosis. (10)

[40]

2 Fibro-cemento-osseous lesions of the maxillo-facial region are often the cause for controversy in their classification, differential diagnosis and management.
- a) Provide the WHO 2017 workable classification. (5)
- b) Compare briefly their main clinico-radiological and pathological differences. (10)

[15]

3 Write a short essay on the clinico-pathological features of intra-oral squamous carcinoma and include in your answer their relationship with potentially malignant disorders of the oral mucosa. [20]

4 The latest (4th) World Health Organisation Classification of head and neck tumours, restores the odontogenic keratocyst and calcifying odontogenic cyst to the classification of odontogenic cysts and rejects the previous terminology (keratocystic odontogenic tumour and calcifying cystic odontogenic tumour) which were intended to suggest that they are true neoplasms.
- a) Briefly discuss the possible reasons as to why the Odontogenic keratocyst (OKC) has been reinstated as the preferred term for this simple keratinising cyst. (15)
- b) Briefly discuss the possible reasons for the WHO consensus group to revert back to the original terminology and classify the calcifying odontogenic cyst as a simple cyst. (10)

[25]

5 Write short notes on:
- a) Necrotising sialometaplasia. (8)
- b) Brown tumour of hyperparathyroidism. (6)
- c) Ameloblastic carcinoma. (5)
- d) Melanotic neuroectodermal tumour of infancy. (6)

[25]

6 Briefly discuss HPV-positive oropharyngeal squamous cell carcinoma under the following headings:

a) Clinicopathological profile. (7)

b) Pathogenesis. (7)

c) Response to radiotherapy and survival benefit. (5)

d) Staging. (6)

[25]

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15 February 2019

Paper 2 General Principles of Surgery (3 hours)

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1 A 45-year-old man presents for a semi-elective repair of a fractured mandible. He was admitted 24-hours earlier by the trauma service following a fall from a motor-cycle. Initial investigations revealed a mild traumatic brain injury with a base of skull fracture on CT scan with a normal Glasgow Coma Scale score. Neurosurgery has since discharged him from their service. No other injuries were detected, and apart from a very strong alcohol history, he is a fit young man. The mandible ORIF is uneventful. A day post-ORIF, he is found confused, sweaty with a tachycardia of 120/min. Blood pressure is 110/70.

a) List your differential diagnosis for the confused state of this patient. (8)
b) Describe your initial assessment and investigations. (8)
c) All the above investigations are normal. What is your diagnosis and how would you manage the patient further? (9)

[25]

2 A 50-year-old compliant insulin-dependent diabetic presents with a dental abscess. On examination she is pyrexial, tachycardic, clinically ‘dry’ (mouth, tongue, lips), and confused. Her BP is 100 / 50mmHg. Serum glucose is 20 mmo/l, pH is 7.29, serum bicarbonate < 14 mmol/l. Urine dipstix reveals 2+ ketones.

a) What is the diagnosis? (2)
b) Describe your management in detail. (15)
c) What are the long-term complications of diabetes? (8)

[25]

3 Write short notes on the following:

a) Complications of blood transfusion. (5)
b) Pathophysiology of fat embolism syndrome. (5)
c) Deep vein thrombosis prophylaxis. (5)
d) Factors affecting wound healing. (5)
e) Antibiotic prophylaxis versus presumptive antibiotics. (5)

[25]

4 A patient complains of a lump in the neck, just below the angle of the mandible. It is painless, and was first noticed 2 weeks ago.

a) What is the differential diagnosis of this presentation, in order of probability? (10)
b) What **CLINICAL** examination steps are essential to evaluate this mass thoroughly? (5)
c) What special investigations are of assistance in this scenario? (4)
d) Discuss the anatomical zones of the neck, with particular relevance to lymph node distribution. Use a diagram to illustrate, and label the structures that define the key anatomical landmarks. (6)

[25]

5 A patient booked for an elective wisdom tooth extraction says that he “bleeds easily” after surgical procedures.

a) What would you specifically ask about on history, from this patient? (5)
b) What clinical features would alert you to a coagulation disorder? (5)
c) What are the 2 commonest groups of anti-coagulant drugs used in South Africa? Give an example, usual indication and method of action for each. (6)
d) What would be the first tests you would order to evaluate a patient with a potential bleeding disorder? (3)
e) 1% of adult South Africans have an inherited coagulopathy. What is it called? What coagulation factor is involved? What test can diagnose it? (3)
f) What is ITP the abbreviation for? What is the underlying coagulation abnormality? How is it usually treated? (3)

[25]

6 With regards to peri-operative care:

a) What are the daily fluid, electrolyte and caloric requirements of a 70-kg patient who is kept nil per os? (5)
b) What would be the anticipated electrolyte derangements in a patient who has vomited repeatedly? (4)
c) What fluid type would you use to manage the above derangements, and how do you determine the amount? (5)
d) Who is at risk of re-feeding syndrome? (2)
e) What are the key derangements in patients who suffer from re-feeding syndrome? What is the potential danger of this condition? (5)
f) With regards to the peri-operative use of morphine how does it work? What is the commonest side effect? What is its biggest danger? (4)

[25]