



ROYAL COLLEGE OF
PHYSICIANS AND
SURGEONS OF GLASGOW



Intercollegiate Specialty Fellowship Examination in Paediatric Dentistry

Part B

Clinical Section

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Intercollegiate Specialty Fellowship Examination in Paediatric Dentistry

Part B - Clinical Section

The information below will be provided to candidates during assimilation.

Scenario

5 minutes assimilation/15 minutes examination

Please refer to the radiographic image for this case

A 15-year-old boy has been referred by his general dental practitioner (GDP) regarding extensive caries and hypodontia and has attended your clinic for assessment. He was previously known to your service but had been lost to follow up. He reports not seeing a dentist 'in a long time' before his recent appointment with the GDP. He has no complaints and his mouth is comfortable and from his point of view is functioning well enough to meet his needs.

Medical history:

Previous treatment for acute lymphoblastic leukaemia (ALL)

- Precursor B cell ALL
- Regimen B induction, escalated to Regimen C
- High risk cytogenetics (iAMP-21)
- End of treatment 18 months prior to presentation
- Family history of leukaemia - mother died just over ten years ago from pre B-ALL
- Undiagnosed congenital myopathy
- Discharged age 4 from neurology as improvements made
- No genetic diagnosis made
- Family history of sister with PEG tube and long-term neurology follow up

Social history:

- Father is a farmer and a widower; the family live in a rural location some distance from the hospital
- Loves vintage tractors and is rebuilding one of his own
- Attending school in an external exams year

Dental history:

- Suffered with severe oral mucositis during treatment, with resultant difficulty eating, speaking and swallowing
- Good response to low level laser therapy for oral mucositis

Consider how you would manage this case.

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Part B - Clinical Section

Scenario

Image 1

OPG



IMAGE NOT AVAILABLE

Intercollegiate Specialty Fellowship Examination in Paediatric Dentistry

Part B - Clinical Section

The questions below will not be available to candidates during assimilation, but will be asked by the examiners during the viva.

Scenario

5 minutes assimilation/15 minutes examination

1. What are the main issues in this case?
2. Describe your radiographic findings.
3. What further investigations would you carry out?
4. Who would you involve in the treatment planning considerations for this case and why?
5. What would your immediate management of the lower first permanent molar teeth include?
6. What would your treatment plan prior to the consideration of orthodontic/restorative aspects of management include?
7. What options would you anticipate an interdisciplinary approach to planning would yield?
8. How will you plan your follow up care for this patient; what factors will need to be taken into consideration?
9. During active treatment for ALL, this patient suffered with severe oral mucositis in his induction phase. He could not eat, had an NG tube in place to provide nutrition, lost a lot of weight, could not speak, and could not brush his teeth. There was a possibility that he may have needed a haematopoietic stem cell transplant (HSCT) as his disease was identified to have high risk cytogenetics.

How would you approach a situation such as this?