



UAF VOL 2

ULTIMATE ADVANCE FILE

P.O.W.E.R

PREPARATION OF ADC WITH WINSPERT EXPERT REVIEW

NOTES



ORAL
MEDICINE

By Dr. Jigyasa Sharma



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Thank you for your understanding and continued dedication.

Best regards,
WINSPERT TEAM



R.A.S.H TECHNIQUE

R- **RULE** OUT

A- DOES IT **ANSWER** OUR QUESTION

S- **SEQUENCE** WISE WHAT COMES 1ST

H- WHAT IS GIVEN IN THE **HISTORY**

SOLVE ADC QUESTIONS AT
lightning speed!

ORAL MEDICINE

SBQ 1

ALEXANDER IS A REGULAR PATIENT . HIS FATHER IS FROM GREECE AND HE CAN'T UNDERSTAND ENGLISH. HE HAS REQUESTED TO CHECK HIS FATHER AND PROVIDE DENTURES.

I. What should you take care of before treating the patient regarding translators?

- A. Take a Government appointed translator
- B. Relatives are good for translation when you do non invasive procedures
- C. Relatives can give a clear history.
- D. No need for any translator.
- E. Use your phone's app

II. In the history form, the doctor introduced snoring as an option. What is the reason for introducing snoring as an option?

- A. Snoring is the cause of dry mouth
- B. Snoring may be an indication of OSA (obstructive sleep apnoea)
- C. To make an appliance to help with snoring

P.O.W.E.R NOTES SBQ 1

I. Interpreters should be best chosen from the government appointment.

Reference:

- (iv) ensure, wherever practicable, that the process is appropriate to the specific language, cultural and communication needs of patients, and be aware how these needs affect understanding. Where required, use a skilled and qualified language or cultural interpreter to help you meet patients' or clients' communication needs, preferably one recognised as competent in the particular context. Information about government-funded interpreter services is available on the Australian Government Department of Immigration and Citizenship website at www.immi.gov.au; and

I. Snoring could be an indicator of sleep apnoea. Dental surgeons are the early screeners to identify the sleep apnoea. Early identification can help patients prevent developing serious problems.

Need to talk about appliances in adjunct to sleep specialist.

Option (A) and (B) are correct. But (B) is the best answer.

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ORAL MEDICINE

SBQ 2

MYOFASCIAL PAIN SYNDROME PT (UAF VARIATIONS). PATIENT COMES TO YOU , SHE SEEMS TO DISLIKE DENTAL VISITS, AND SHE SAID FREQUENT DENTAL VISITS HAVE CAUSED HER HEADACHES , SHE NEEDS IBUPROFEN TO REDUCE IT. WITH HISTORY SHE ALSO SAYS IN MORNING WHEN SHE WAKES UP SHE HAS PAIN IN AND AROUND THE EARS AND THE LOWER JAW. WITH TIME IT REDUCES, WHEN YOU EXAMINE, YOU NOTICE 4 RCTS AND CERAMIC CROWNS.

I. When you examine you find tenderness around the ears and the lower jaw. What is the cause?

- A. Muscle inflammation (muscle under tension long time option was not given)
- B. Tmj dysfunction
- C. Disc derangement
- D. Malocclusion

II. What is the trigger point of pain to clinically assess her complaint?

- A. Superior head posterior attachment of lateral pterygoid
- B. Posterior attachment of temporalis
- C. Posterior attachment of masseter
- D. Anterior to external auditory meatus.

III. What feature will help you diagnose Extra Articular cause of pain?

- A. Tinnitus,
- B. Clicking
- C. Crepitus
- D. Pain in cheek

IV. What assessment will help you in the diagnosis?

- A. CBCT of tmj
- B. Check for Mandibular functional deviation
- C. Tenderness assessment

V. When you examine, the patient was having pain around cheek, in and around the ear and the lower jaw too. What is management?

- A. Full coverage occlusal splint
- B. Physiotherapy
- C. Anxiolytics
- D. Hot and cold massaging

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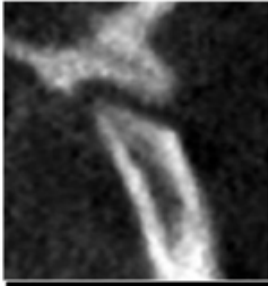
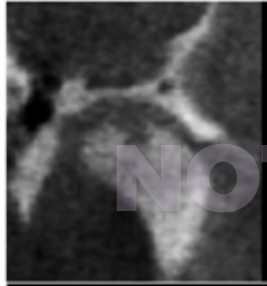
SBQ 2

VI. You planned to give an occlusal splint at night time why?

- A. To reduce the tension in muscle and relax
- B. To reduce the wear of teeth
- C. To protect the teeth
- D. For patient comfort

VII. Patient is having rheumatoid arthritis and asked by giving 4 different types of radiograph with lateral tmj view , which one correlates with rheumatoid arthritis?

Options had 4 different X Rays and we had to select the correct one.

		
Osteophytes	Flattening	Erosion
Not visualized	Not visualized	Not visualized
Mild/ small	Mild	Mild
Moderate/ medium	Moderate	Moderate
Severe/ large	Severe	Severe

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P.O.W.E.R NOTES SBQ 2

- I. Based on the history there's no jaw lock, crepitus or clicking and joint sounds. Patient has pain on prolonged jaw opening. Based on the history it is classified as an extra articular problem. Persistent, prolonged mouth opening can lead to MPDS. That is associated with muscles of mastication. There are 3 main muscles involved here; masseter, temporalis, lateral pterygoid. Muscle for mouth opening is predominantly lateral pterygoid. Muscles for mouth closing are medial pterygoid, masseter, temporalis. There are various factors which can lead to MPDS. Among the given options (A) is the best answer.

Reference:

Macro-trauma refers to events resulting in head trauma including accidents, falls, sports injuries, forceful intubation, physical abuse, removal of third molars and other long dental procedures. Micro-trauma includes awake and sleep bruxism and other parafunctional habits including chewing gum, nail biting, lip and cheek biting. Trauma can be both a predisposing and initiating factor in the development of TMD.

Some studies have suggested that early intervention may be successful in preventing an acute TMD developing into a chronic TMD. However, there has been no evaluation of the impact of monitoring a patient post-injury to prevent first-onset TMD.¹³

- II. Lateral pterygoid is the trigger because it's the predominant muscle for mouth opening. Masseter and temporalis do get involved in MPDS. But they are not the trigger points. Trigger points of prolonged opening is the lateral pterygoid. So, option (B) and (C) get ruled out. Lateral pterygoid muscle cannot be palpated because it's deeply seated in the mandible. Option (A) is ruled out. Lateral pterygoid can be palpated both intra orally and extra orally just in front of the external auditory meatus. Among the given the best answer is (D). In the question if the patient has history of grinding and clenching then the answer gets changed. Bruxism is a closed mouth clenching and masseter muscle is involved here.

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P.O.W.E.R NOTES SBQ 2

- III. Muscle pain is an extra articular sign. Joint pain is an intra articular sign.
Options (A), (B) and (C) are intra articular causes.
Option (D) is an intra articular symptom.
- IV. CBCT of TMJ is done to diagnose intra articular causes.
Mandibular deviation can happen in both intra articular and extra articular causes.
Tenderness assessment is helpful in identifying the extra articular cause.

Reference:

CLINICAL EXAMINATION

Clinical examination of the patient needs to be structured and methodical.²⁹ Critical components of clinical examination include:

- (1) Observation of the patient
 - (i) Assessment of facial symmetry
 - (ii) muscular hypertrophy, i.e. masseteric hypertrophy
 - (iii) evidence of nail biting
 - (iv) evidence of other habits, such as jaw posturing, movements
- (2) Jaw movements
 - (i) mouth opening, limitations, trismus
 - (ii) deviations of the mandible with opening or closing
- (3) TMJ
 - (i) palpate the TMJ in both the open and closed position
 - (ii) feel for irregularities in joint movement
 - (iii) listen for joint sounds
- (4) Muscles of mastication (Fig. 2)
 - (i) palpation of the Masseter and Temporalis muscles (see Clinical examination photographs). The DC-TMD protocol recommends using one finger to palpate these muscles and a pressure of 1kg to be used for 2 s on each zone (origin, body and insertion of each muscle).³⁰
- (5) Examination of dentition
 - (i) evidence of attrition, wear facets, cracks, craze lines, fractured teeth or restorations
 - (ii) periodontal mobility, fremitus
 - (iii) reduced occlusal vertical dimension
 - (iv) loss of posterior molar support
 - (v) assessment of oral health and hygiene
- (6) Radiographic assessment: OPG or other images might be indicated

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P.O.W.E.R NOTES SBQ 2

- V. Full coverage occlusal splints are predominantly used in bruxism patients. It's not the primary management for this patient. It can be an adjunct. Option (A) gets ruled out. Her problem is predominantly MPDS. Hot massaging and physiotherapy is the important management criteria. Cold massaging is not useful in MPDS. Option (D) gets ruled out. Anxiolytics can be used as the pharmacological management of stress. Option (C) gets ruled out.

Reference:

After a thorough assessment patients should be made aware of events that might trigger another episode of TMD for example, long dental appointments, intubation for general anaesthesia, micro and macro trauma. Dental appointments should be kept short, mouth opening restricted and the use of a bite-block during dental procedures might be warranted. During dental appointments, frequent rest periods are indicated.

For complex patients or those with chronic TMD, management can be more complicated and a referral to a specialist should be considered. The role of the general dentist is essential in the diagnosis and ongoing support for these patients; however, the management of TMD for this cohort, is likely beyond the scope of general dentistry.

Specialist management may involve: further reassurance, imaging (where indicated); pain education; oral appliance therapy; physiotherapy; pharmacotherapy; meditation/relaxation strategies; education about sleep hygiene; psychological/cognitive behavioural therapy; botulinum injections; hypnotherapy; biofeedback; and in some cases, TMJ surgery. While there is some evi-

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P.O.W.E.R NOTES SBQ 2

- VI. There's no parafunctional habit. So, no need to reduce the wear of teeth or protect teeth. Option (B) and (C) get ruled out.
According to the given the history, the splint will relieve the tension in the muscle. Option (A) is the best answer.
- VII. For rheumatoid arthritis you will be looking for the one which has the permanent change in the condyle. There should be a beak like projection.

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ORAL MEDICINE

SBQ 3

AN OLD PATIENT CAME TO YOU. HIS MEDICAL HISTORY- HE HAD A PAST HISTORY OF DVT DUE TO LONG FLIGHT JOURNEYS. HE IS HAVING RA, AND TAKING MEDICATION FOR IT, HE IS TAKING PANADOL WHENEVER HAS PAIN FOR A LONG TIME. HE HAS PROSTHETIC JOINTS TOO. HE IS NOT REVEALING ABOUT HIS ALCOHOL AND SMOKING DETAILS BUT ADMITS THAT HE SMOKES AND DRINKS.

I. He forgot to mention he takes anticoagulants but later says that. Before performing the extraction what medical history you may need in more detail?

- A. RA medications
- B. About his DVT history
- C. Alcohol consumption
- D. Smoking history

II. Will he need any ABP pertaining to his medical history?

- A. No need
- B. Clindamycin 600 mg
- C. Amoxicillin 2g
- D. Cefazolin

III. Which factor in the patient's history would you ask again that increases bleeding risk?

- A. Alcohol
- B. Smoking
- C. History of DVT
- D. Long term steroids for rheumatoid arthritis

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ORAL MEDICINE

P.O.W.E.R NOTES SBQ 3

- I. RA medications can include immunosuppressants and long-term corticosteroids. They can be associated with adrenal suppression and immunosuppression. DVT is because of his prolonged flights and he's already on anticoagulants. Option (A), (C) and (D) all will be required. To plan the surgery option (A) is most required.
- II. Prosthetic joint, anticoagulants, DVT, RA medications don't require AB prophylaxis. Among the given the best is option (A).
- III. Alcohol directly affects the liver and the coagulation factors. Option (A) is the patient related factor.

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ORAL MEDICINE

SBQ 4

OLD PATIENT IS TAKING METHOTREXATE (IMMUNOMODULATORY DRUG) AND PAINKILLERS FOR ARTHRITIS. WHAT CAN YOU EXPECT IN THE PATIENT'S MOUTH?

- A. Mucosal ulcers
- B. Neuropathic pain
- C. Lichenoid reaction
- D. Keratosis

P.O.W.E.R NOTES SBQ 4

Methotrexate is responsible for the oral ulcers. It disturbs the folic absorption and that deficiency can lead to oral ulcers.

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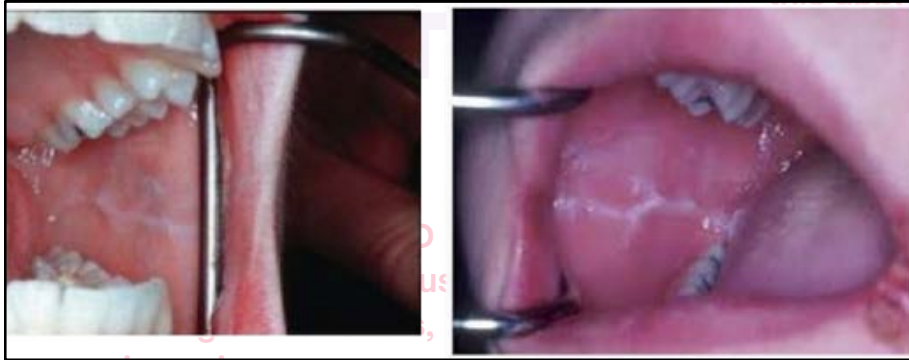
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ORAL MEDICINE

SBQ 5

MOTHER BRINGS HER TEENAGE CHILD. PATIENT PRESENTS TO YOU WITH THIS WHITE LESION IN MOUTH. HE IS STUDYING FOR HIS EXAM AND STRESSED. PATIENT HAD A HISTORY OF PSORIASIS. CLINICAL PHOTO SHOWING ONLY LINEA ALBA WITH ALL TEETH .NO ATTRITION,NO SCALLOPED TONGUE.



I. What is the white lesion in the picture?

- A. Linea alba
- B. Candidiasis
- C. Lichenoid reaction

II. What other clinical sign will you expect in him?

- A. Scalloped tongue
- B. Attrited buccal cusps of maxillary posteriors
- C. Matching wear pattern on opposing cusps

III. Clinical Feature of bruxism? (Variation of sub question no 2)

- A. Scalloped tongue
- B. Linea alba
- C. Flattering of posterior teeth

IV. Patient diagnosed with sleep bruxism. What is the management for the patient?

- A. Occlusal splint (Michigan splint)
- B. Night guard
- C. Assessment by psychologist (refer psychologist for behavioral management)
- D. Normal for this age of child to have this habit so no management required at this age

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ORAL MEDICINE

SBQ 5

V. What is the most likely cause of sleep bruxism?

- A. Psychological stress (Stress and anxiety)
- B. Genetic predisposition
- C. Malocclusion

VI. What questions would you ask to confirm bruxism?

- A. Time and when in the day they are having pain?
- B. Do you hear clicks during opening and closing your mouth?
- C. Does your partner hear you making grinding sounds in night?

P.O.W.E.R NOTES SBQ 5

- I. Linear alba is also known as frictional keratosis (cheek biting), can happen due to stress. The best option is (A).
- II. Linear alba is correlating with the scalloped tongue (crenated tongue) because tongue biting and cheek biting are simultaneous. Option (A) is the best answer.
- III. Wearing off teeth is associated with bruxism. So the best answer is option (C).
- IV. Both option (A) and (B) are quite similar options. But night guard doesn't define well. It could be simple coverage as well. So it's not the best answer. Option (B) gets ruled out.
Bruxism is not normal finding; it's a pathological finding. So, option (D) gets ruled out.
Both options (A) and (C) are correct. As a dentist you can give the occlusal split and then you can refer the patient to the psychologist. Option (A) is the best.
- V. Sleep bruxism is not associated with genetic predisposition and malocclusion. The best answer is (A).
- VI. MPDS, pain due to bruxism is seen in morning after waking up. But option (A) doesn't help to confirm bruxism.
Clicking sound during opening and closing mouth is seen in disc derangements. Option (B) gets ruled out.
Sleeping partner mostly identifies the grinding and clenching sounds associated with bruxism. The best answer is (C).

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SBQ 6

A PREGNANT PATIENT COMES TO YOU. SHE HAS SOME DISCOMFORT IN ONE TOOTH. HER MEDICAL HISTORY IS HYPERTENSION, ASTHMA, DEPRESSION, HISTORY OF PRETERM DELIVERY BEFORE AND MISCARRIAGES.

I. What further details about her medical history should you ask to her medical practitioner before starting treatment for her gums in relation to risk factors for preterm birth and miscarriages?

- A. Hypertension
- B. Asthma
- C. Depression

II. You decided to take a bitewing radiograph. When is the earliest time to take it?

- A. 1st trimester
- B. 2nd trimester
- C. 3rd trimester
- D. After pregnancy

III. You decided to do rct for her and gave an appointment she returned after two weeks for the scheduled appointment and as you started doing the procedure she felt faint, what is the reason?

- A. Vaso vagal syncope
- B. Orthostatic hypotension
- C. Supine hypotension

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ORAL MEDICINE

P.O.W.E.R NOTES SBQ 6

- I. Depression and asthma will not lead to preterm birth. But hypertension is associated with preterm birth.
- II. There is no contraindication to take XRAY in pregnancy. 1st trimester is the earliest time to take it.
- III. Orthostatic hypotension - Orthostatic hypotension, also known as postural hypotension, is a medical condition wherein a person's blood pressure drops when they are standing up or sitting down.

Supine hypotension- also known as aortocaval compression syndrome or maternal hypotension syndrome, is a condition where a pregnant woman experiences low blood pressure (hypotension) when lying flat on her back (supine). This occurs because the enlarged uterus compresses the inferior vena cava, a major vein carrying blood back to the heart, and the aorta, reducing blood flow to the heart and the rest of the body.

Vasovagal syncope - occurs when you faint because your body overreacts to certain triggers. These may include the sight of blood or extreme emotional distress. Vasovagal syncope also is called neurocardiogenic syncope.

The vasovagal syncope trigger causes your heart rate and blood pressure to drop suddenly. That leads to reduced blood flow to your brain, causing you to briefly lose consciousness.

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ORAL MEDICINE

SBQ 7

48 YEARS MALE ,RECENTLY MOVED TO AUSTRALIA, SOUTH EAST ORIGIN GAY . HISTORY OF ALCOHOL CONSUMPTION AND FEW AMALGAM FILLINGS PICTURE OF LATERAL VENTRAL SURFACE OF TONGUE WAS GIVEN. A SMALL WHITE LESION WAS PRESENT. WHAT IS THE MOST IMPORTANT RISK FACTOR FOR ORAL CANCER IN THIS PATIENT



- A. Age
- B. Male
- C. Alcohol
- D. South East origin
- E. Same sex relationship

P.O.W.E.R NOTES SBQ 7

Alcohol and smoking are associated with oral cancers. Alcohol is the most important, modifiable risk factor for oral cancers. When alcohol is not given as a risk factor then you can consider age and gender. Homosexuality is not a risk factor to get oral cancer.

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