



OSCE Lens Card

NEW CASE COMBINATION SYNDROME CASE

Cluster 2: Diagnosis and Management

Key Words

- 1** HOPC:
Expectations? Detailed concerns? Denture age and challenges?
- 2** EXPLANATION OF FINDINGS:
Combination syndrome.
- 3** RELEVANT HISTORY:
Denture hygiene, regular dental visits, medical history.
- 4** MANAGEMENT:
(By multidisciplinary specialist approach, hospital or experienced general dentist).

Explain overseas dental treatment drawbacks - failure of recall visits, failure to obtain dental clearance, gaps in records transfer and differences in dental practice giving rise to challenges during urgent situations.
Ideally managed by a prosthodontist in conjunction with an oral surgeon and you (extraction of teeth).
Management for MRONJ: Importance of its impact on oral health, care in future appointments and brochures on prevention.
- 5** HEALTH PROMOTION ASPECTS:
 - Regular GP and dental visits.
 - Denture and oral hygiene.

Diagram

(No need for a diagram, explain the features with the help of x-ray and photo given).



OSCE Lens Card

NEW CASE A BROKEN DENTURE CASE

Cluster 2: Diagnosis and Management

Key Words

1 HOPC:
Any symptoms since denture delivery? Any triggers?
Angular cheilitis symptoms?

2 EXPLANATION OF FINDINGS:
Broken denture associated cause.

3 RELEVANT HISTORY:
Bruxism, denture hygiene. Medical history (blood test).

4 MANAGEMENT: (By you, colleague or specialist):

- Temporary management - Repair of the denture by reimpression and sending it to the lab. Clotrimazole 1% cream topically to the angles of the mouth, twice daily for at least 14 days; continue treatment for 14 days after symptoms resolve.
- Long term management - Assess for face height and severe bruxism while fabrication of denture. Refer to a prosthodontist or prosthetist.

5 HEALTH PROMOTION ASPECTS:

- Regular GP visits.
- Stress management.
- Bruxism management.

Diagram

(No need for a diagram, explain the risk factors and understand the cause of denture breakage).



OSCE Lens Card

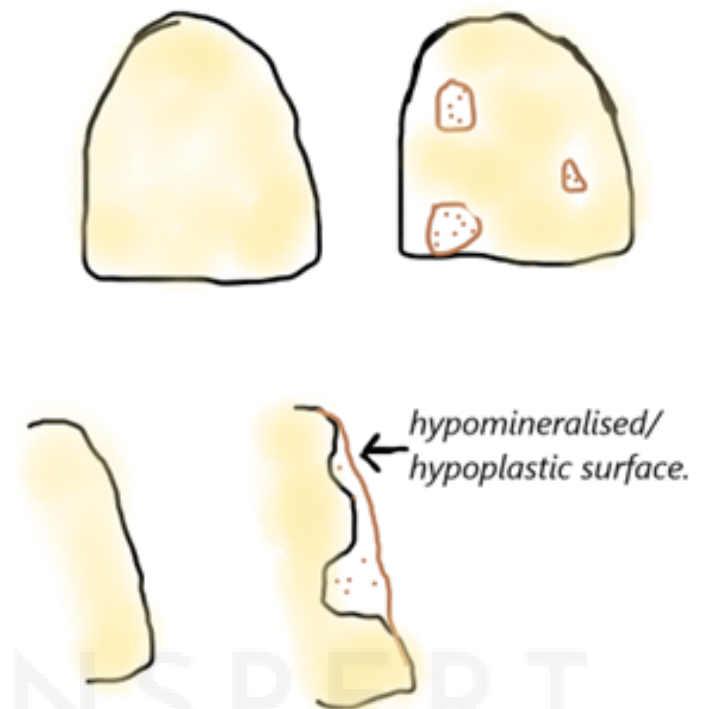
NEW CASE MOLAR INCISOR HYPOMINERALISATION

Cluster 2: Diagnosis and Management

Key Words

- 1** HOPC:
Understanding patient's pain intensity, presence of swelling or fever.
- 2** DIAGNOSIS
Molar-incisor hypomineralisation (along with the caries diagnosis - irreversible/ reversible pulpitis) to be explained with a photo given.
- 3** RELEVANT HISTORY:
M/H: Any major illnesses in the first 2 years of life and when Kane's mother was pregnant with Kane?
O/H: Toothbrushing? Flossing? Supervision? Fluoridated toothpaste?
S/H: Diet and water intake?
- 4** MANAGEMENT: (By you, colleague or specialist):
 - Begin with PA x-ray.
 - For molars: Either it will be a filling, RCT (or rarely an extraction). Followed by a stainless steel crown.
 - Depending on the patient's cooperation, either you or the pedodontist can perform the treatment.
 - For incisors: Ask for allergies before suggesting CPP-ACP paste.
 - Preventive advice and importance of follow ups.

Diagram





OSCE Lens Card

NEW CASE IMPORTANCE OF SECOND OPINIONS

Cluster 2: Diagnosis and Management

Key Words

- 1** HOPC:
Pain or symptoms? Swelling? Fever? Patient expectations.
- 2** DIAGNOSIS
Secondary periapical infection/ external cervical resorption based on symptoms/ x-ray/ photo.
- 3** RELEVANT HISTORY:
D/H: When was the RCT done? Regular dental visits?
M/H: Bisphosphonates and diabetes mellitus. Medical conditions or medications?
S/H: Stress, smoking or alcohol? Grinding?
- 4** MANAGEMENT:
(Discuss finances)(Provide written brochures)
 - Extraction option: Impact of bisphosphonate and diabetes status on healing process. Explain MRONJ risk. Oral surgeon referral is best. Replacement after extraction.
 - Re-RCT (and crown lengthening): Understanding prognosis with an endodontist. If peri-radicular surgery - risk of MRONJ.
- 5** HEALTH PROMOTION ASPECTS:
Regular dental visits, Oral Hygiene and Stress management along with fabrication of mouthguard (maybe).

Diagram

