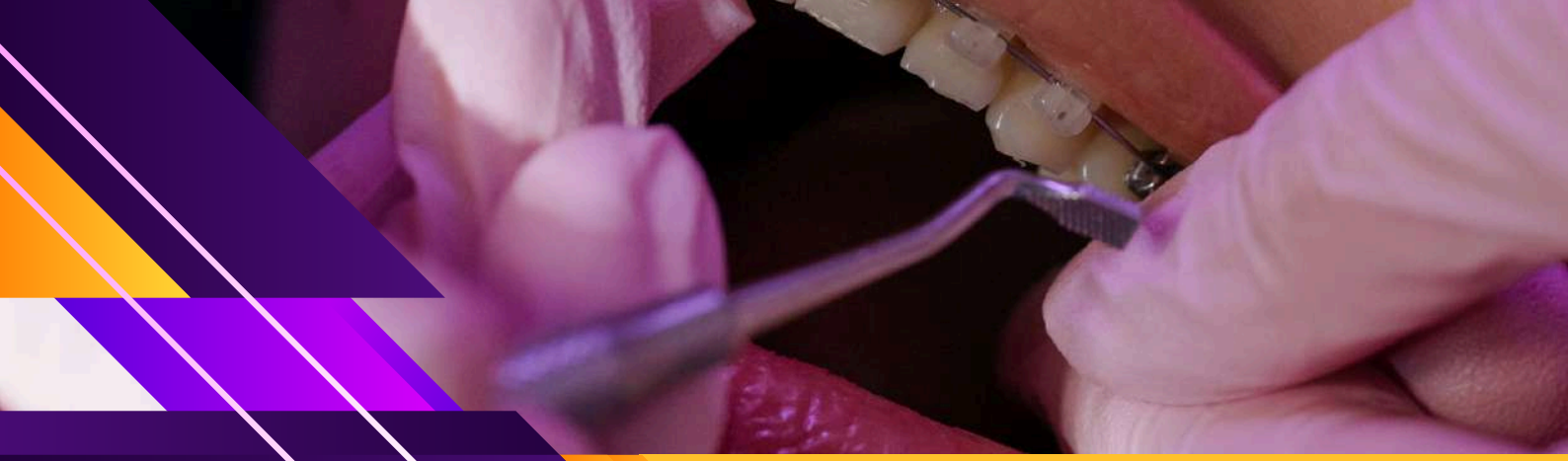

WINSPERT

WINSPERT P.O.W.E.R NOTES

PREPARATION OF ADC WITH WINSPERT EXPERT REVIEW

By Dr. Jigyasa Sharma

Dear Students,

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We're committed to providing you with the best tools for your success, and we appreciate your cooperation in maintaining a fair and secure learning environment.

Thank you for your understanding and continued dedication.

Best regards,
WINSPERT TEAM

PHARMA

SBQ 1

A FEMALE PATIENT CAME TO GET HER DENTAL CLEARANCE DONE BEFORE STARTING DENOSUMAB INJECTIONS FOR OSTEOPOROSIS AS ADVISED BY HER DOCTOR.

I. Which other supplements is she most likely taking while undergoing treatment?

A. Vitamin D
B. Some fish oil/ Omega 3
C. Parathyroid hormone

II. What is the complication that can occur if extractions are done while the patient is on denosumab?

A. MRONJ
B. BRONJ
C. Anti angiogenic related necrosis

III. Patient was taking Denosumab every 6 months, had to go scaling and rp which is a part of her regular maintenance plan. When should it be done?

A. Perform treatment just after the denosumab
B. Perform within a week before next inj
C. On the day of giving denosumab
D. Three months after denosumab
E. One week after denosumab dose

IV. Her previous dentist did not tell her about the risk of osteonecrosis of the jaw. She was upset about it. What is the most appropriate way to handle this situation?

A. Advise the patient to talk to her previous dentist by herself
B. You talk to the previous dentist to get clarification and warn them about potential complaints.
C. You report to ada
D. You report to ahpra
E. Advice her to seek legal action against him

V. Which dental treatment can be safely performed in the patient while on denosumab?

A. Composite restoration
B. Supragingival scaling
C. Subgingival scaling
D. Extraction

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PHARMA

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

I. Calcium supplements, vitamin D are given as supplements in osteoporosis along with bisphosphonates and denosumab.
In hormone replacement after menopause mostly estrogen replacement therapy and parathyroid hormone are given.
parathyroid hormone is given in osteoporosis as a hormone replacement therapy, but it is not a supplement. so, option (C) is ruled out.
Omega 3 is not given as a supplement in osteoporosis.

II. Denosumab is a medication that works by inhibiting the activity of osteoclasts, the cells responsible for bone resorption. It is used to treat osteoporosis and certain types of cancer-related bone issues. While it is effective in managing these conditions, it can also have side effects, including an increased risk of MRONJ.
MRONJ typically presents as exposed bone in the jaw that does not heal. It can be painful and may be associated with infection. The risk of MRONJ with denosumab is generally considered to be lower than with bisphosphonates, but it is still a concern, especially for individuals who undergo dental procedures, have poor oral hygiene, or have other predisposing factors.
Management of MRONJ includes maintaining good oral hygiene, regular dental check-ups, and avoiding invasive dental procedures when possible.

III. Reference: TG pg. no 170
If possible, any necessary dental Rx should be completed before or shortly after starting antiresorptive therapy for osteoporosis (e.g. within months) the risk of MRONJ I patients with osteoporosis is remains low in the early stage of treatment.

IV. There's no life-threatening incident occurred yet. So, best is to stay out of ti and tell the patient to talk to their previous dentist.

V. Both the option (A) and (B) are safe to choose. But still there is some kind of gingival manipulation takes place with supragingival scaling. Therefore, option (A) is the best among the given.

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PHARMA

SBQ 2

62 YEARS OLD PATIENT WHO IS SUFFERING FROM GASTRIC ULCER AND IS TAKING ESOMEPRAZOLE FOR IT, COMES TO YOU WITH PAIN IN A TOOTH IN WHICH HE RECENTLY GOT RCT DONE 2-3 DAYS BACK. YOU HAVE TAKEN AN IOPA AND FOUND IT WAS SHORT OBTURATION.

I. What is the most probable reason for the pain?

A. Bacteria beyond the apex.
B. Short obturation
C. Chemicals getting in contact with periapical area,by extrusion of irrigants during RCT treatment.

II. The patient got his records from the previous dentist. Previous records and it says 0.5 % or 1% (we had a number other than 0.5%, or 1% not sure which one) unbuffered sodium hypochlorite had been used for all the steps. Why has the rct failed?

A. Not enough percentage of hypo to kill the bacteria and remove pulp remnants
B. Hypo did not reach the full canal
C. Incorrect material used for irrigation
D. High ph of the material is used which was insufficient to clear the remnant.

III. While planning and restoration this tooth, the prognosis would be decided on which essential factor (language was something similar & meant this.)

A. Amount of tooth structure left after conducting the retreatment.
B. Amount of bacteria present in periapical tissues
C. Amount of sealer extruded through the apices.

IV. What is the best pain killer for him?

A. Celecoxib 100mg twice daily and paracetamol 1000mg as needed
B. Ibuprofen 400mg 8 hourly as needed and paracetamol 1000mg for 3 to 5 days
C. Oxycodone 5mg for 3 to 5 days
D. Oxycodone 5mg as needed and paracetamol 1000mg for 3 to 5 days

PHARMA

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

I. Short obturation does not lead to pain. For a short obturation, the reason behind failure of RCT is the left over necrotic bacterial contamination which is now extruded to the apex and involving the healthy tissue leading to pain.

II. Unbuffered sodium hypochlorite is stronger than the buffered sodium hypochlorite because the buffering is dome by diluting. Even the given percentages are correct. It was the extent of the solution in to the canal which was incorrect. Because the canal preparation was incorrect due to improper working length. So, the apical part of the canal was not prepared and it lead to short obturation.

III. The amount of the remaining tooth structure will determine whether the tooth can be saved or not, what kind of restoration/prosthesis to be given.

IV. Patient has an active gastric ulcer. Therefore, NSAIDs can't be given. Options (A) and (B) are ruled out. Oxycodone should be stopped as early as possible.

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PHARMA

SBQ 3

PATIENT CAME FOR EXTRACTION OF A GROSSLY DECAYED TOOTH. PATIENT HAS ASTHMA AND BROUGHT HER INHALER AND SPACER TO THE APPOINTMENT. PATIENT HAD AN ASTHMATIC ATTACK DURING THE PROCEDURE BUT SHE WAS ABLE TO SPEAK IN FULL SENTENCES. PATIENT IS TAKING PREDNISOLONE 10 MG FROM A VERY LONG TIME FOR SEVERE ASTHMA, ALSO USING INHALERS ALSO HAD MENTIONED THAT SHE HAD SULFITE ALLERGY.

I. When a patient developed an asthma attack during the procedure. How would you manage?

A. Lie her in supine.
B. Sit her upright and give 4 puffs of corticosteroids inhaler.
C. Lie her in supine and give her 4 puffs of corticosteroid inhaler via spacer
D. Sit her upright and give 4 puffs of short acting bronchodilator inhaler via spacer
E. Call 000, sit her upright give 4 puffs of short acting bronchodilator.

II. What is the most important thing you should advise the patient in his future appointment?

A. Asthma inhalers should be brought for all the appointments
B. Double the dose of corticosteroids on the day of surgery.
C. Bring the asthma inhaler and use it before the appointment.

III. What would you be considering for the management for this patient?

A. Lignocaine special.
B. Avoid articaine with adrenaline (+ double dose corticosteroids)
C. Articaine hydrochloride(septanes) with adrenaline
D. Scandonestwithout adrenaline
E. Avoid mepivacaine with adrenaline (+ double dose corticosteroids)

IV. The Patient came with her mother after 3 or 5 days and her mother stated that she developed urticaria after last visit. What you will do or tell the mother:

A. Explain that it's not possible to get allergy after 5 days and use latex gloves
B. Use latex free gloves and refer to medical practitioner for evaluation(TG)
C. Abandon any treatment and refer to allergist as repeated exposure may result in anaphylaxis

V. For Urticaria, you will give:

A. Oral antihistamines
B. Adrenaline
C. Steroid

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PHARMA

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

I. When the patient is able to speak full sentence, no need to call 000 as the initial step. Option (E) is ruled out. Asthmatic patient finds out difficult to be in the supine position and should make the patient sit in an upright position. Options (A) and (C) are ruled out. On an emergency appointment a bronchodilator inhaler is preferred not the corticosteroid inhaler.

II. Reference: Dental management and considerations of asthma

- Obtain a comprehensive medical hx
- Reschedule appointment if asthma is symptomatic and poorly controlled
- Books appointments at a time when attacks are least likely to occur (e.g. late morning or early afternoon)
- Book shorter appointments
- Instruct the patient to carry the medication during dental appointments and place in an area easily accessible
- Consider prophylactic use of inhalers (esp. in moderate and sever asthma)
- Medical consultation for corticosteroids supplementation (for prolonged systemic corticosteroid users at a risk of adrenal insufficiency

III. Patient is allergic to sulphite. Therefore, adrenaline should be avoided. Options (B), (C), (E) are ruled out. Plane mepivacaine is longer acting compared to plain lignocaine. Scandonest without adrenalin is the plain mepivacaine.

IV. Delayed hypersensitivity reaction can take place. And repeated allergic reaction can result in anaphylaxis. Therefore, immediate referral to the allergist is needed.

V. For urticaria – Antihistamine
For anaphylaxis – Adrenalin

PHARMA

SBQ 4

QUESTION ON SGL2 INHIBITORS (ERTUGLIFLOZIN OR ERTUGLIFLOZIN WAS GIVEN) PATIENT HAS TO UNDERGO EXTRACTION WHAT TO DO? IN MY PAPER METFORMIN WAS CHANGED TO ERTUGLIFLOZIN AND PATIENT HAS ACTIVE INFECTION THINK MANY TIMES
DIABETIC PATIENT WITH AN ACTIVE INFECTION WAS ON METFORMIN BUT THE DOCTOR CHANGED TO SGLT 2 MANAGEMENT. HIS HBA1C IS 6.9%. PATIENT NEEDED EXTRACTION, YOU WANT TO CONSULT HIS DOCTOR BEFORE THE TREATMENT, WHAT DO YOU WANT TO GET ADVICE ON? SOMETHING RELATED TO TREATMENT. HE NEEDS EXTRACTION OF HIS 4 LOWER MOBILE INCISORS. WHAT WOULD YOU CONSIDER IN COLLABORATION WITH HIS GP BEFORE PROCEEDING WITH THE EXTRACTIONS?

A. Give pre procedural antibiotics
B. Stop medication/sglt2 before extraction
C. Give 15 mg glucose before/after procedure
D. Sent patient to gp
E. Continue with treatment

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

Dental procedures in patients taking sodium-glucose co-transporter 2 (SGLT2) inhibitors

Sodium-glucose co-transporter 2 (SGLT2) inhibitors (eg dapagliflozin, empagliflozin, ertugliflozin) have been associated with the development of euglycaemic diabetic ketoacidosis (DKA) in patients with type 1 or type 2 diabetes. The risk of diabetic ketoacidosis is increased in patients taking SGLT2 inhibitors who:

- have been fasting or have a very restricted dietary intake
- have undergone a surgical procedure
- are dehydrated
- have an active infection.

SGLT2 inhibitors may need to be stopped before a dental procedure—consult the medical practitioner.

For prolonged dental procedures, or procedures in which fasting or dehydration is likely either before or after the procedure, consider stopping SGLT2 inhibitors preprocedurally. This must only be done in consultation with the patient's medical practitioner. Alerts highlighting the periprocedural risk of diabetic ketoacidosis in patients taking an SGLT2 inhibitor have been issued by the Australian Diabetes Society <www.diabetessociety.com.au/position-statements.asp> and the Australian Therapeutic Goods Administration <www.tga.gov.au/alert/sodium-glucose-co-transporter-2-inhibitors>.

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PHARMA

SBQ 5

PATIENT (70YRS NOT SURE) WAS TAKING ASPIRIN OR AN ANTI-PLATELET DUE TO HIS ATRIAL FIBRILLATION, ALSO PATIENT HAS HYPERTENSION AND HAS BEEN TAKING MEDICATION FOR THAT, BP HAS BEEN IN THE RANGE OF 140/80 FOR THE LAST 6 MONTHS. THE PATIENT TELLS YOU THAT HE HAD DONE SOME EXTRACTIONS A YEAR AGO WITH ANOTHER DENTIST AND HE REMEMBERS HE BLEED A LOT. ALSO THIS PATIENT WAS TAKING LONG TERM CORTICOSTEROIDS FOR SEVERE ASTHMA ATTACK FOR WHICH HE HAD AN ACTION PLAN. PATIENT ALLERGIC TO SULPHITES. PATIENT WANTS TO GET IMPLANTS FOR THE REPLACEMENT OF MISSING TEETH.

I. In planning the surgery for an extraction, which point is going to help you to manage the implant surgery.

A. Send patient to Gp to increase corticosteroids dose
B. Send patient to get BP stabilize
C. Stop anti platelets
D. Avoid scandonest with adrenaline
E. Avoid mepivacaine
F. Increasing the corticosteroid dose in consulting the gp
G. Double the dose on the day of the procedure

II. Also what increases the risk of bleeding in this particular patient apart from his anti-platelet medication: (what is considered in this case a high risk factor apart from His atrial medication) (what was the reason the patient bled at the time of previous extraction)

A. Previous bleeding history
B. High blood pressure
C. Corticosteroids

III. Question about management?

A. Refer to a specialist.
B. Do the implant surgery.
C. Stop Aspirin for a week and go ahead with the surgery.

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PHARMA

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

I. According to the hx, the patient takes long term corticosteroids for severe asthma attack. But the patient has an action plan for that. Therefore, no need to refer the patient to GP. Options (A), (G) and (F) are ruled out. Patient's BP is 140/80 for the last 6 months, which means she has a stable BP. Option (B) is ruled out. As a dentist you can't stop the antiplatelet by yourself. Option (C) is ruled out. Patient is allergic to sulphites therefore; you must avoid injecting LA which contains adrenalin. Plain mepivacaine is suitable for this patient. So, option (E) is ruled out.

II. Previous bleeding hx is a patient related risk factor. Patient's BP is under control. There's an action plan for her corticosteroid intake which doesn't put her at risk. And corticosteroid is not coming under patient related risk factors.

III. Implant placement is a higher risk procedure with prolong bleeding. Patient has hx of bleeding which is a patient related risk factor. Therefore, patient has got both patient related and procedure related risk factors. So, patient should be referred to the specialist.

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PHARMA

SBQ 6

THE PATIENT IS ON ANTIDEPRESSANTS AND HAVING THERAPY FOR ANGER MANAGEMENT. HE HAS TAKEN A DIVORCE AND IS NOW FIGHTING FOR CHILD'S CUSTODY. HE IS ALSO HAVING FINANCIAL CONSTRAINTS. THE PATIENT IS PLANNING TO SWITCH HIS ANTIDEPRESSANTS TO SOME HOLISTIC APPROACH AND IS GOING TO PERU TO TRY SOME MEDICINAL HERBS AS THE CURRENT MEDICATIONS GIVE HIM BAD REFLUX AND HIS LIFE IS BEING AFFECTED AND IMPAIRED BY IT. HE HAS BRUXISM

I. He asked you for advice about painkillers. What would your answer be?

A. All pharmacological prescriptions for pain is prescribed by GP
B. Just refer to GP
C. Tell him pain is a vast area, it might be caused by different reasons and send him to GP
D. Show him empathy, prescribe him only dental related solutions and send him for medical referral for further medications.

II. You have made him a mouth guard for when a patient goes to the gym for lift training and a night splint for night bruxism. What will you advise regarding his condition and his oral health?

A. Bruxism load and tooth loss
B. Advice about erosion
C. Drink more water after exercise
D. Occlusal splint during exercise

III. Which denture would you give him taking in consideration his parafunctional habits?

A. Cobalt chromium framework & acrylic base
B. Acrylic denture with a metal clasp
C. Implant supported RPD
D. All acrylic RPD

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PHARMA

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

I. Analgesics can be prescribed by both dental and medical practitioners. So, option (A) is ruled out. Cannot refer the patient to the GP without saying anything. So, option (B) is ruled out. Explaining about pain with many jargons will not be helpful for the patient. So, option (C) is ruled out. Therefore, it's good to show empathy and do dental management and refer the patient for the GP for the medical management.

II. Patient goes to gym for lift training so, he must be taking sports drinks. Sports drinks cause teeth erosion. So, need to advise the patient to drink sports drinks after wearing the mouthguard to minimise teeth erosion.

III. Even though the patient has financial constraints, we need to give him a treatment plan within those constraints. Patient is taking many medical treatments which also requires a financial commitment. This indicates that the patient is not very poor and can afford getting the dental treatment.
Implant supported RPD are not suitable for a patient who has financial constraints. And implants are contraindicated in bruxism. Option (C) is ruled out.
All acrylic RPD and acrylic denture with metal clasp would not be an ideal outcome as he's a bruxer, therefore, he needs a rigid RPD which can withstand the excessive grinding forces. So, options (B) is ruled out.
Considering the cost and the benefit ratio, option (A) is the best answer.

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

I. Analgesics can be prescribed by both dental and medical practitioners. So, option (A) is ruled out. Cannot refer the patient to the GP without saying anything. So, option (B) is ruled out. Explaining about pain with many jargons will not be helpful for the patient. So, option (C) is ruled out. Therefore, it's good to show empathy and do dental management and refer the patient for the GP for the medical management.

II. Patient goes to gym for lift training so, he must be taking sports drinks. Sports drinks cause teeth erosion. So, need to advise the patient to drink sports drinks after wearing the mouthguard to minimise teeth erosion.

III. Even though the patient has financial constraints, we need to give him a treatment plan within those constraints. Patient is taking many medical treatments which also requires a financial commitment. This indicates that the patient is not very poor and can afford getting the dental treatment.
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Considering the cost and the benefit ratio, option (A) is the best answer.

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PHARMA

SBQ 7

A 64 YEAR OLD WOMAN TAKING BISPHOSPHONATES FOR OSTEOPOROSIS AND HER DOCTOR CHANGED TO DENOSUMAB (PROLIA) RECENTLY SHE TAKES DENOSUMAB FOR EVERY 6 MONTHS. RECENTLY PATIENT WAS SUFFERED BY AN VERTEBRAL FRACTURE.

I. What would have least effect on periodontium?

A. Osteoporosis

B. Age

II. What is the risk of delaying injections for osteoporosis?

A. Vertebral fractures

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

I. DM and smoking are the main 2 risk factors affecting on the periodontium. If the patient is maintaining good oral hygiene, age has the least effect on the periodontium when you compare age with osteoporosis.

II. Reference: TG pg. no 172

It's never appropriate to interrupt or delay the dose of denosumab; withdrawal of denosumab has been associated with an increased risk of spontaneous vertebral fractures.

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PHARMA

SBQ 8

A 57-YEAR OLD MAN HAD CEREBRAL PALSY AND TAKING ANTIDEPRESSANTS. WHAT WOULD BE THE CAUSE OF HIS GINGIVAL ENLARGEMENT?

A. Tricyclic antidepressants
B. Anti-hypertensives
C. Ssri
D. Phenobarbiturate

P.O.W.E.R NOTES SBQ 8

SSRI and TCA don't cause gingival enlargement. Phenobarbiturate is the anti-depressant which is linked with gingival enlargement. Patient is not taking antihypertensives.

Reference: TG pg. 184

Some antiepileptic drugs (phenytoin, sodium valproate, carbamazepine and barbiturates) can cause gingival enlargement.

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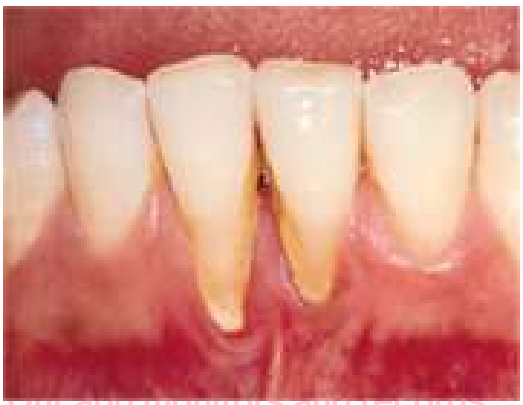
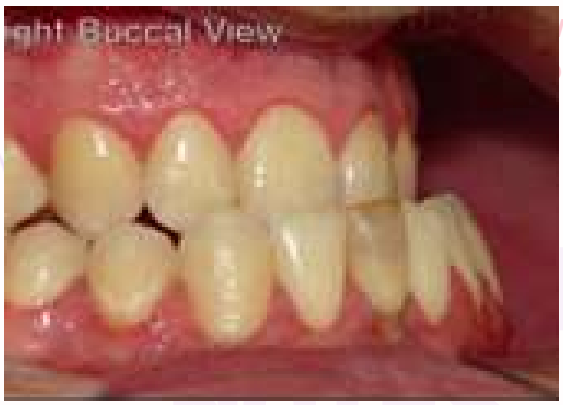
PHARMA

SBQ 9

GINGIVAL RECESSION CASE

JENNIFER, A 15 YEAR OLD GIRL COMPLAINS OF MOBILE 41. SHE SAYS SHE HAS SENSITIVITY TO COLD BUT HAS LEARNT HOW TO MANAGE IT.
SHE TOOK AN ORTHODONTIST'S CONSULTATION 9 MONTHS BACK BUT DIDN'T GO FOR ORTHO TREATMENT.
BUT NOW SHE'S UPSET ABOUT HER TOOTH AND FEARS THAT SHE'LL LOSE IT.





(PIC 1 RECESSION WITH 31 MILD AND 41 LOOKED LIKE IN THIS PIC - NO CALCULUS WAS SEEN)
(PIC 2 - BITE WAS LIKE IN PIC 2)

I. Case with 31,41, It looked like class3/ prognathic jaw, these two teeth were more labial than others. What do you think is the reason for the recession?

A. Traumatic bite
B. Labially placed 31,41
C. Inflammation

II. What management can you do to prevent further progression of recession?

A. Construct a splint
B. Reduce 41 height
C. Refer to periodontist
D. Refer to orthodontist

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PHARMA

P.O.W.E.R NOTES SBQ 9

I.
- Any kind of traumatic bite can lead to periodontal recession.
- Single toothbrush acute trauma will lead to traumatic ulcer not recession.
- Toothbrush chronic trauma will lead to hard tissue abrasion.
- Stillman's cleft is a type of chronic trauma, which is a mucogingival triangular-shaped defect predominantly seen on the buccal surface of a root. (e.g. toothpick trauma on the gum)

II. When cross bite is involving only 1 or 2 teeth / when supra eruption can only be seen in 1 or 2 teeth; management can be done by the reduction of the incisal edge / by doing enameloplasty.
When the cross bite is involving the entire segment, you cannot do the reduction of the entire segment. It needs to be corrected with orthodontic Rx. Cross bite can hinder the growth of maxilla. It should be immediately addressed in a growing child. Tooth 41 is already mobile, so, better to construct a splint to prevent further progression of the recession and then patient can be referred to the specialist.

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PHARMA

SBQ 10

PREGNANT LADY SCENARIO

I. **Pregnant lady in her 5th month. History given of drinking a lot of cola and she can't seem to leave now. (no option of diet cola)**

A. Drink cola with meals, use straw, brush after 1 hour with 1450 or 1500 ppm toothpaste
B. Drink cola with meals, use straw and brush immediately with 5000 ppm tooth toothpaste
C. (other options did not have either meals or straw option or fluoride ppm was too low)

II. **Pregnant lady with inflamed gingiva. What active component of mouthwash will you prescribe for to reduce gum inflammation?**

A. Chlorhexidine gluconate
B. Hydrogen peroxide
C. Methyl salicylate
D. Cetylpyridinium chloride

P.O.W.E.R NOTES SBQ 10

I. Brushing 1hr after the acidic exposure is the best thing to do. Brushing immediately after acidic exposure will lead extensive demineralisation.

II. There's no contraindication for chlorhexidine in pregnancy. It's the best method to treat inflamed gingiva.

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PHARMA

SBQ 11

AN OBESE AND HYPERTENSIVE PATIENT PRESENTS TO YOU, SHE HAS PERIODONTITIS. WHICH SYSTEMIC FACTOR IS RESPONSIBLE FOR PROGRESSION OFGINGIVITIS TO PERIODONTAL DISEASE?

A. Obesity
B. Hypertension
C. Age
D. Previous history of Tooth loss

P.O.W.E.R NOTES SBQ 11

Systemic diseases which have the bidirectional relationship with the periodontal disease:

- CVD - (high BP, coronary heart disease, MI, angina, stroke, peripheral artery disease, atherosclerosis)
- DM

Obesity doesn't have bidirectional relationship with periodontitis.

Amongst both hypertension and obesity- obesity has greater link with periodontal disease severity and progression

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PHARMA

SBQ 12

SMOKING CESSATION

A GIRL IN HER 30'S VISITS YOUR PRACTICE FOR A ROUTINE DENTAL CHECK-UP. PATIENT IS INTERESTED IN QUITTING SMOKING. THE PATIENT HAS BEEN SMOKING FOR A FEW YEARS AND TRIED TO QUIT BUT WAS NOT ABLE TO DO SO AND NOW SHE IS INTERESTED AND HAS COME TO YOU.

I. What will you do next?

A. Set a quit date and develop plan (exact wordings like given in flowchart smoking article)
B. Reassure her about the symptoms that may show after quitting smoking and that they can be managed.
C. Tell the patient that you will discuss about it in a review appointment
D. Put it in your notes for future follow ups

P.O.W.E.R NOTES SBQ 12