

MORTH

SAQ Example Question 1

- a) What is ICON? (2 marks)
- b) What occlusal features would lead to an IOTN Dental Health Component score of 5? (5 marks)
- c) What are the weaknesses of the Peer Assessment Rating (PAR) index for assessing treatment outcome? (2 marks)
- d) In the Index of Orthodontic Treatment Need (IOTN), what Dental Health Component grade would you award to a patient with an anterior cross bite with greater than 2mm discrepancy between retruded contact position and intercuspal position? (1 mark)

Answer:

Marks

<p><b>Term:</b></p> <p>1) The Index of Complexity, Outcome and Need (ICON)</p>	2
<p><b>Grade 5:</b></p> <p>Any five of the following options:</p> <ul style="list-style-type: none"> <li>1) 5i (Impaction)</li> <li>2) 5a (Overjet over 9mm)</li> <li>3) 5h (More than one tooth missing in any quadrant which requires orthodontic intervention)</li> <li>4) 5m (Class III with masticatory and speech difficulties)</li> <li>5) 5s (Submergence)</li> <li>6) 5p (Clefts)</li> </ul>	1 1 1 1 1
<p><b>PAR:</b></p> <ul style="list-style-type: none"> <li>1) High weighting given to overjet without consideration of incisor inclination</li> <li>2) Tooth distribution in microdontia and hypodontia cases may be penalised</li> <li>3) Does not identify adverse outcomes such as decalcification or root resorptio</li> </ul>	1 1
<p><b>Displacement:</b></p> <p>1) 4c</p>	1

SAQ Example Question 2

- a) An 8-year-old patient is referred with an unerupted upper central incisor. What dental features might indicate that there may be a problem? (3 marks)
- b) What radiographs might be taken to investigate this problem? (1 mark)
- c) Other than where a supernumerary tooth is obstructing eruption, what are the possible causes for a unilateral unerupted maxillary central incisor (3 marks)
- d) Where an unerupted supernumerary tooth is preventing the eruption of a permanent upper incisor how should this be managed? (3 marks)

Answer:

Marks

<p><b>Features:</b> Any three of these options:</p> <ul style="list-style-type: none"> <li>1) Contralateral central incisor erupted more than six months previously</li> <li>2) Retained, non vital, deciduous central incisor</li> <li>3) Deviation from normal eruption sequence</li> <li>4) Maxillary lateral incisors close to eruption</li> </ul>	<p>1 1 1</p>
<p><b>Radiographs:</b> Any one of the following:</p> <ul style="list-style-type: none"> <li>1) Anterior occlusal + 1 periapical</li> <li>2) 2 periapical views</li> <li>3) CBCT</li> </ul>	<p>1</p>
<p><b>Causes:</b> Any three of these options:</p> <ul style="list-style-type: none"> <li>1) Trauma and dilaceration</li> <li>2) Cystic formation</li> <li>3) Cleft lip and palate</li> <li>4) Cleidocranial dysostosis</li> <li>5) Endocrine abnormalities</li> <li>6) Bone disease</li> </ul>	<p>1 1 1</p>
<p><b>Management:</b> Any three of these options:</p> <ul style="list-style-type: none"> <li>1) Remove supernumerary tooth</li> <li>2) Closed exposure and gold chain attachment to the central incisor</li> <li>3) Provision of space – loss of C’s where appropriate</li> <li>4) Orthodontic traction if necessary</li> </ul>	<p>1 1 1</p>