

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>Term:</p> <p>1) The Index of Complexity, Outcome and Need (ICON)</p>	2
<p>Grade 5:</p> <p>Any five of the following options:</p> <ul style="list-style-type: none"> 1) 5i (Impaction) 2) 5a (Overjet over 9mm) 3) 5h (More than one tooth missing in any quadrant which requires orthodontic intervention) 4) 5m (Class III with masticatory and speech difficulties) 5) 5s (Submergence) 6) 5p (Clefts) 	1 1 1 1 1
<p>PAR:</p> <ul style="list-style-type: none"> 1) High weighting given to overjet without consideration of incisor inclination 2) Tooth distribution in microdontia and hypodontia cases may be penalised 3) Does not identify adverse outcomes such as decalcification or root resorptio 	1 1
<p>Displacement:</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>Features: Any three of these options:</p> <ol style="list-style-type: none"> 1) Contralateral central incisor erupted more than six months previously 2) Retained, non vital, deciduous central incisor 3) Deviation from normal eruption sequence 4) Maxillary lateral incisors close to eruption 	<p>1 1 1</p>
<p>Radiographs: Any one of the following:</p> <ol style="list-style-type: none"> 1) Anterior occlusal + 1 periapical 2) 2 periapical views 3) CBCT 	<p>1</p>
<p>Causes: Any three of these options:</p> <ol style="list-style-type: none"> 1) Trauma and dilaceration 2) Cystic formation 3) Cleft lip and palate 4) Cleidocranial dysostosis 5) Endocrine abnormalities 6) Bone disease 	<p>1 1 1</p>
<p>Management: Any three of these options:</p> <ol style="list-style-type: none"> 1) Remove supernumerary tooth 2) Closed exposure and gold chain attachment to the central incisor 3) Provision of space – loss of C’s where appropriate 4) Orthodontic traction if necessary 	<p>1 1 1</p>