

Fellowship Examination Oral Medicine and Oral Pathology: Sample Case

Disclaimer

The following sample case is provided for illustrative purposes only. It is intended to demonstrate the style of case presentation and the type of reasoning expected in the Fellowship Examination. It should not be taken as a reflection of the specific content, scope, or level of difficulty of the actual examination.

Case Scenario

A 58-year-old reports painful oral sores for 6 months and gingival bleeding on brushing. Symptoms flare with spicy foods. They note dry eyes and intermittent oral dryness. Medications: amlodipine, hydrochlorothiazide, and NSAIDs as needed. No history of blistering skin disease reported. The general dentist has tried chlorhexidine and a short course of antifungal with partial relief.

Candidates may be provided with the following supplementary records for interpretation:

- *Intraoral photographs*
- *Extraoral photographs*
- *Radiographs*
- *Labs*

Patient Assessment and Diagnosis

Question: From the provided records, summarize the key clinical and radiographic findings and synthesize a working diagnosis.

Proficient response demonstrates:

- Focused, relevant medical/dental/social history and chief-complaint characterization; targeted review for systemic associations and medication effects.
- Systematic oral exam description that distinguishes normal from abnormal; appropriate correlation with any radiographic information.
- Accurate diagnosis/differential supported by the described findings.

Question: What additional investigations would most influence or confirm your diagnosis?

Proficient response demonstrates:

- Justified selection of tests tied to the clinical question and medical risk assessment.
- Clear statement of diagnostic uncertainties, referral thresholds, and safety considerations for medically complex patients.

Treatment Planning and Management

Question: How would you manage this patient?

Proficient response demonstrates:

- An evidence-informed plan tailored to the working diagnosis and patient context.
- Interdisciplinary coordination as appropriate
- An initial follow-up plan with criteria to adjust/escalate/de-escalate treatment based on response and safety.

Question: What patient education, safety precautions, and interprofessional coordination are required to initiate your plan?

Proficient response demonstrates:

- Confirms contraindications/drug interactions; obtains baseline tests if indicated
- Clear use directions, expected course, common/serious adverse effects, when to stop/seek care, and practical self-care measures.
- Communicates the plan, roles, and access points with relevant providers; arranges initial monitoring

Treatment Evaluation and Modification

Question: What outcomes will you monitor, at what intervals, and what are your criteria to modify the plan?

Proficient response demonstrates:

- Defined clinical endpoints, relevant patient-reported outcomes, and realistic timelines. Individualized maintenance plan tied to risk and response, with transparent criteria for modifying intervals and re-treatment.
- Transparent decision points for stepping up/down therapy, adding diagnostics, or referring based on response or new information.

Question: Identify potential adverse effects/complications of your plan. How would you prevent and manage them?

Proficient response demonstrates:

- Anticipation and prevention of treatment-related issues and condition-related risks.
- Clear safety-netting and criteria for urgent communication or referral.

Communication

Candidates are assessed on communication holistically throughout the case.

Proficient response demonstrates:

- Communicates answers directly, clearly, and logically.
- Articulates reasoning clearly, concisely, and in a well-organized manner; remains relevant and uses appropriate terminology.