

Fellowship Examination Oral and Maxillofacial Surgery: 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 31-year-old patient is referred with progressive right facial swelling and trismus one week after extraction of tooth 46. Pain worsened despite oral antibiotics. The patient reports difficulty chewing and night pain, but no dysphagia or dyspnea. They are otherwise healthy and smoke 10 cigarettes/day.

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

- *Intraoral photographs*
- *Extraoral photographs*
- *Radiographs*
- *CT of the maxillofacial region*
- *Basic labs*

Patient Assessment, Diagnosis & Treatment Planning

Question: What additional information and immediate assessments would you obtain to complete your triage and assessment?

Proficient response demonstrates:

- Focused airway risk check and sepsis screen; targeted head-and-neck exam grounded in space-based clinical reasoning.
- Justified imaging and labs for decision-making; identifies care setting (ambulatory vs hospital) based on risk.
- Clear synthesis of history + exam + investigations to prioritize time-sensitive issues and outline next steps.

Question: Based on the records provided, what is your working diagnosis and initial risk stratification?

Proficient response demonstrates:

- Coherent working diagnosis supported by the available data (no over-inference).
- Explicit risk factors (host/anatomic/airway) that influence urgency, setting, and sequencing of care.
- Articulation of uncertainties and what additional data would meaningfully change the plan.

Treatment Implementation

Question: Outline your immediate management plan (medical and surgical), including airway strategy and source control.

Proficient response demonstrates:

- Stabilization and antimicrobial approach consistent with likely etiology and local guidance; plans source control in a timely, safe manner.
- Airway plan appropriate to presentation, with contingencies and interdisciplinary coordination where indicated.
- Procedural plan that specifies access, drainage, and aftercare at a level appropriate for an oral examination.

Question: Briefly justify your operative approaches and how you will minimize complications.

Proficient response demonstrates:

- Choice of approaches matched to anatomy and goals (adequate exposure, dependent drainage) while protecting critical structures.
- Anticipation and mitigation of peri-operative risks (bleeding, inadequate drainage, injury); clear post-op instructions and monitoring plan.

Treatment Evaluation

Question: What early outcome parameters will you track, and what are your triggers to escalate care if the patient fails to improve?

Proficient response demonstrates:

- Objective expectations over the first 48–72 hours
- Specific escalation criteria leading to imaging review, return to OR, antimicrobial adjustment, and/or higher level of care.

Question: List important complications you will monitor for and how you would address them.

Proficient response demonstrates:

- Vigilance for airway compromise, persistent/expanding infection, sepsis, neurologic or vascular injury, and treatment-related issues.
- Concise management pathways tied to clinical findings.

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.