

# Writing Paper

Exam Center \_\_\_\_\_  
Date of test \_\_\_\_\_  
Test-taker ID \_\_\_\_\_

<http://medicalenglishtests.eu/>



The European Commission's support for the production of this publication does not constitute an endorsement of the contents, which reflect the views only of the authors, and the Commission cannot be held responsible for any use which may be made of the information contained therein.

Co-funded by the  
Erasmus+ Programme  
of the European Union



## Task 2

**Write a medical case report on a patient who presented to the Department of Conservative Dentistry and Endodontics. Use the information provided below. Interpret the presented case. Complete this writing task in 220-240 words.**

- **Patient data:** 21 y.o., F
- **Marital status:** single
- **Occupation:** student
- **Social history:** 5 cigs/ day for 3 years
- **c/o:** severe pain, upper left second premolar, after emergency root canal opening
- **MH:** medically free
- **PDH:** similar dental pain while chewing something hard, subsiding on its own
- **Examination:** root canal opening, left second premolar, no mobility detected
- **X-Ray:** reverse architecture, wide immature open apex like a bell mouth with thinner root wall and periradicular radiolucency
- **Treatment plan:** thorough debridement of the root canal, apexification and complete obturation of the root canal with MTA
- **Treatment procedure, stage 1:** rubber dam isolation, access cavity prepared, working length radiograph taken, minimal instrumentation with K-files done, irrigation with 2.5% NaOCl, calcium hydroxide dressing for 2 weeks
- **Treatment procedure, stage 2:** in 2 weeks calcium hydroxide removed, MTA placed in orthograde manner. After setting of MTA, permanent restoration with composite restoration (Filtek Z350 XT, 3M ESPE, St. Paul, MN, USA)
- **Follow-up appointment:** in 1 year no clinical symptoms and complete healing of the periapical lesion with regenerated bone and periodontal ligament-like space

### **Model Answer – Case Report**

A 21-year-old, medically free single female student, who has been smoking 5 cigarettes a day for three years, was referred by a general dentist to the Department of Conservative Dentistry and Endodontics after performing emergency root canal opening in the upper left second premolar. The patient suffered from severe pain in the tooth. The patient complained of similar pain 8-9 years back giving history of chewing something hard on the same side with pain subsiding on its own.

On clinical examination, there was root canal opening in the maxillary left second premolar and no mobility was present. Radiographically, the tooth appeared to have reverse architecture with wide immature open apex like a bell mouth with thinner root wall and periradicular radiolucency. It was decided that MTA will be used for apexification and complete obturation of the root canal after thorough debridement.

After rubber dam isolation, access cavity was prepared, working length radiograph was taken (only 1 canal was present in this case), minimal instrumentation with K-files was done, irrigation with 2.5% NaOCl was performed, and calcium hydroxide dressing was given for 2 weeks. After 2 weeks, calcium hydroxide was removed and MTA was placed in orthograde manner. After setting of MTA, permanent restoration was done with composite restoration (Filtek Z350 XT, 3M ESPE, St. Paul, MN, USA).

The follow-up 1 year later revealed no clinical symptoms and radiograph showed complete healing of the periapical lesion with regenerated bone and periodontal ligament-like space.

*(242 words)*

Source: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4895056/>