
The British Society for Oral Medicine



“BSOM Juniors Meeting Presentation Prize”

Overview

The British Society for Oral Medicine is offering a monetary prize to support attendance at a conference, congress or meeting of relevance to the practice of Oral Medicine. The prize will reflect excellence in a presentation given by a member of the Juniors Group of the Society (other than a specialist trainee) at a Juniors Group Meeting.

Regulations

- The Prizes shall be known as ‘The British Society for Oral Medicine Juniors Meeting Presentation Prize’;
- Entrants must be fully subscribed members (not in arrears) of the British Society for Oral Medicine who do not hold a consultant or specialist training appointment;
- The presentation must be of relevance to the practice of Oral Medicine and may include topics such as a case presentation, audit or an initiative that promotes communication with patients or others (e.g. a Patient Information Leaflet).
- Entrants will:
 - Submit an abstract that gives an overview of their presentation and includes:
 - A succinct title;
 - Names and affiliations of the author(s);
 - A structured body of text (maximum 250 words – see appendix for examples) that includes sub-headings relevant to the situation that might include some of the following: background, objectives, design, methods, case presentation, results, discussion and/or conclusions.
 - Deliver a 10-12 minute oral presentation followed by 3-5 minutes of questions and discussion (total time 15 minutes).
- The prize will be offered once each calendar year, typically at the Juniors Group winter meeting:
 - At the discretion of Council two separate competitions within a single calendar year may be offered;

- Details of the submission deadline and where to submit the abstract will be announced at least 3 weeks in advance of each closing date;
- A minimum of two prize assessors will be appointed with the agreement of the President of BSOM and who will independently assess each entrant with respect to:
 - The abstract;
 - The presentation;
 - The response of the entrant to questions at the end of the presentation.
- If there are too many entrants for the time available for presentations during the meeting, then the abstracts will be scored prior to the meeting and those with the highest scores invited to present;
- The value of the total prize awarded will be up to £500;
 - The assessors, at their discretion, may divide the prize between two candidates as they see fit up to a total sum of £500;
- The prize must be used to support attendance at a conference, congress or meeting of relevance to the practice of Oral Medicine, which is acceptable to Council such as:
 - The British Society for Oral Medicine Annual Scientific Conference; or
 - The Biennial Congress of the European Association of Oral Medicine.
- The prize winner is required to submit an abstract to the conference, congress or meeting (where attendance is supported by the prize) unless Council deems this inappropriate;
- No individual may win the prize on more than one occasion;
- The list of entrants will remain confidential and only the name of the winner of the award will be made public;
- The British Society for Oral Medicine reserves the right to withhold the award of the prize if entries are of insufficient merit.

Note

Potential entrants should note that the presentation does not need to describe something of great complexity or rarity. Audit numbers do not necessarily need to be large. Careful consideration should be given to preparation of a structured abstract and presentation characterised by clear aims that link to the conclusion and communicates key points effectively.

BSOM Council

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Further information about the Society is available via www.bsom.org.uk

The Honorary Secretary of the Society may be contacted via sec@bsom.org.uk

Appendix:

Examples of two structured abstracts.

Orofacial Granulomatosis Complicating Chronic Granulomatous Disease: A Case Report.

S.L.A. Year¹, S.J. Brown², M. Hoch¹.

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Background: Chronic Granulomatous Disease (CGD) is a rare, genetically heterogeneous inherited immunodeficiency due to the inability of phagocytes to destroy microbes. The co-morbidity covers a broad spectrum typified by bacterial and fungal infections that may be life threatening. A subset of patients with CGD develop colitis. Orofacial Granulomatosis (OFG) is a rare chronic inflammatory disease of undetermined aetiology characterized by persistent orofacial swelling with lymphoedema and non-caseating granulomas, in the absence of another diagnosis. Diet can influence the severity of OFG.

Objectives: To describe the first case of OFG complicating X-linked CGD with colitis and discuss the key issues related to oral healthcare.

Case Report: A 46-month-old boy was referred for management of his orofacial lesions. Over a four month period he developed persistent, painful upper lip swelling and full thickness gingival inflammation consistent with OFG. Dentally, he had carious primary incisors and molars, which were symptomatic. He had been unwell from birth and was diagnosed with X-linked CGD at 8-months-old following a partial colectomy for colitis. He failed to thrive and was on the 0.4th centile for weight at presentation to the Oral Medicine clinic. The parents had been advised to let him eat whatever he could manage. The patient was waiting for a bone marrow transplant once a matched donor could be identified. The aims of management of the orofacial lesions and related management options will be discussed.

Conclusions: This patient presented with the challenges of OFG and high risk of dental disease whilst severely immunocompromised and underweight.

An audit of the UK national cancer referral guidelines for suspected oral mucosal malignancy.

S.L.A. Year¹, S.J. Brown², M. Hoch¹.

1 Department of Oral Medicine, Anywhere Dental Institute, Anywhere.

Background and Objective: This study aimed to assess the effectiveness of the UK National Guidelines for identifying patients with potentially malignant oral disease which were introduced in 2000.

Design & Setting: Retrospective audit undertaken in an Oral Medicine unit in a University teaching hospital in London.

Methods: All new referrals over a one year period were retrospectively reviewed in a departmental audit to evaluate guideline effectiveness. Reasons for referral and final diagnosis were compared in a randomly selected sub-population.

Results: Four hundred and eighty-seven of 901 new patients referred were classified as having potentially malignant disease from the referral letter. In a randomly selected subgroup of 241 patients, 18 actually had malignant (8) or dysplastic lesions (10). Of 75 patients referred with a persistent oral ulcer, only nine were actually malignant or dysplastic. Eight of 116 patients referred with a white patch and none with red patches were found to have dysplastic or malignant lesions. The criteria failed to identify three carcinomas and two severely dysplastic lesions (15% of the malignant or dysplastic lesions). All of the latter had been referred by primary care physicians with orofacial pain of unknown cause.

Conclusions: UK National Guidelines discriminate poorly between potentially malignant and other oral mucosal disease.

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