

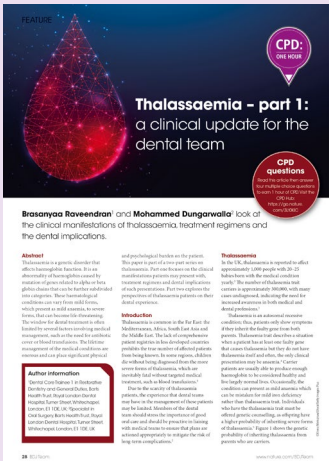
# BDJ Team CPD



## CPD questions September 2023

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### Article: *Thalassaemia – part 1: a clinical update for the dental team*



There are two main types of thalassaemia alpha and beta – which can be further divided into alpha-thalassaemia (α-thalassaemia) and beta-thalassaemia (β-thalassaemia). In alpha-thalassaemia, there is a deficiency of alpha globin chains. In beta-thalassaemia, there is a deficiency of beta globin chains. The severity of the condition depends on the number of genes affected. In alpha-thalassaemia, there are four alpha globin genes (two on each chromosome 16). In beta-thalassaemia, there are two beta globin genes (one on each chromosome 11). The severity of the condition depends on the number of genes affected. In alpha-thalassaemia, there are four alpha globin genes (two on each chromosome 16). In beta-thalassaemia, there are two beta globin genes (one on each chromosome 11). The severity of the condition depends on the number of genes affected.

Thalassaemia is a genetic condition that affects the production of haemoglobin. It is caused by a deficiency of one or more of the globin chains that make up haemoglobin. There are two main types of thalassaemia: alpha-thalassaemia and beta-thalassaemia. Alpha-thalassaemia is caused by a deficiency of alpha globin chains, and beta-thalassaemia is caused by a deficiency of beta globin chains. The severity of the condition depends on the number of genes affected. In alpha-thalassaemia, there are four alpha globin genes (two on each chromosome 16). In beta-thalassaemia, there are two beta globin genes (one on each chromosome 11). The severity of the condition depends on the number of genes affected.

### 1. Thalassaemia:

- A. is an autosomal dominant condition; thus, patients show symptoms if they inherit the faulty gene from either parent
- B. is reported to affect approximately 1,000 people with 20–25 babies born with the medical condition yearly in the UK
- C. carrier patients are usually unable to produce enough haemoglobin to be considered healthy
- D. trait describes a situation when a patient has no faulty gene but still manifests anaemia

### 2. Clinical manifestations in thalassaemia patients can include orofacial changes, such as:

- A. a prominent chin
- B. microdontia
- C. oligodontia
- D. continued maxillary enlargement

### 3. For patients who are on routine blood transfusions, it is recommended that dental treatment should be:

- A. the day after the transfusion
- B. the day before the transfusion
- C. delayed for at least one month after the transfusion
- D. arranged concurrent with the transfusion

### 4. The periodontal challenges faced by thalassaemia patients include:

- A. any or all of the following
- B. increased gingival inflammation

compared to systemically healthy patients, usually associated with poor oral hygiene and diabetes

C. risk factors due to iron deficiency anaemia and folic acid deficiency

D. anaemia causing atrophy of the gingival mucosa

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