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| 6  Dent-2011.weebly.com | Lecture No. |
| 16/11/2015 | Date: |
| Zaid Baqain | Doctor: |
| Rawan Kfoof | Done by: |

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Oral Surgery II

**University of Jordan**

**Faculty of Dentistry**

**5th year (2015-2016)**

Price & Date of printing:

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Benign odontogenic tumors

You have to be familiar with the basic surgical techniques, classification of odontogenic tumor, and the clinical presentation and diagnosis of the disease.

When reading this lecture refer to oral pathology and radiology lectures to have the whole picture of this module.

* What are the basic surgical goals?

1. Eradication of pathologic condition, which is the total removal of the lesion.

2. Functional rehabilitation of the patient. You have to restore the function after treating the lesion to improve the quality of life.

You always start with a thorough examination clinically then radiographically to reach a correct diagnosis.

Differential diagnosis according to a picture the doctor presented (clinically):

- Infection from one of the teeth. We exclude this diagnosis by vitality tests, percussion and mobility and checking for periodontal abscess.

-An expansile mass or tumor (tumor means a lesion and does not necessarily mean a malignancy).

Radiographically:

It’s an expansile radiolucent multilocular mass with evedince of resorption of the apices of teeth. It’s a very aggresive type of cysts or an odontogenic tumor.

**principles of surgical management: (ways of excising a tumor)**

Most conservative

-enucleation +/- curettage.

-marginal (segmental)resection.

-Partial resection.

-composite resection.

Least conservative

Enucleation:

You scoop out the lesion, you have a container which is the bone and you scoop what is inside without sacrificing the adjacent structure, you need to save the container.

Curettage:

It’s the next step, you use a large round bur and drill the bone making sure there is no residual tumor cells.

The first line of treatement of these tumors is enucleation with or without curettage.

Marginal/segmental resection:

You remove the lesion with a safety margin around it while maintaining the integrity of the mandible.

Why are we talking about the mandible? Because if we resect the mandible its integrity will be lost, but the maxilla is held by multiple bones.

Partial resection:

resection of the tumor by removing a full thickness portion of the mandible.

Composite resection:

When I have to resect beyond the bone, mainly used in malignancies with the tumor invading the periosteum and the adjacent soft tissues.

How to determine which of the five types should I go for?

1 . aggressiveness of the lesion :

Histologic diagnosis positively identifies the lesion and directs the treatment. The prognosis is related more to the histologic diagnosis, which indicates the biologic behaviour.

2. anatomic location of the lesion :

a. It differs when I want to treat a tumor in the maxilla than in mandible.

b. I have vital structures, when I do a comprehensive treatment I might damage them, this affects the rehabilitation of the function of the patient.

c. size of the tumor :

This also affects the surgical procedure.

d. intraosseous vs extraosseous location :

cortical perforation and soft tissue invasion indicates aggressive tumor.

3. duration of the lesion: Slowly growing lesions are usually more benign.

Maybe I should go a step further in treating them to prevent recurrence.

4. reconstructive efforts:

We can chop as much as we can but how can we replace it

Should be considered in the planning phase , may affect the surgical technique.

To sum up:

Enucleation:

It's the process by which the total removal of a cystic lesion is achieved. By definition , it means shelling out the entire cystic lesion without rupture.

Because if it ruptured you may need to curettage the lesion to make sure there are no left tumor cells.

It's mainly for inflammatory cystic lesions or residual cysts. You remove all the lining.

Enucleation with curettage:

Means that after enucleation a curette or a surgical bur (large round bur) is used to remove 1-2 mm of bone around the entire periphery of the cystic cavity or tumor.

**Advantages:**

Other cyst or tumors require the addition of curettage eliminating any remnant cells and reducing the risk of recurrence.

**Disadvantage:**

-damaging neighboring vital structures.

This method is used for treating jaw tumors such as odontomes, ameloblastic fibromas, ameloblastic fibroodontome where you find connective tissue and tooth like structures, adenomatoid odontogenic tumors, cementoblastoma, ossifying fibromas, and cemento ossifying fibroma. You have to memorize the table in the book.

They keep in changing the classification every few years.

The doctor gave a quiz asking the students to describe a radiograph.

You always have to describe:

- the size.

- Location.

-Its boundaries.

-Is it rounded or septated.

- The roots. Are they resorbed or not? Are they diverged or not?