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Oral Surgery II

**University of Jordan**

**Faculty of Dentistry**

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Hand Out

Slide

Sheet

Designed by: Hind Alabbadi

Cytology could by a smear or brush - the bursh looks like a toothbrush but it’s more invasive- we do brushing for the area of suspicion then we do spreading for the brush on a glass slide and visualize it under the microscope.

\*The brush is more invasive than smear biopsy .

**Incisional biopsy :**

An incisional biopsy is a biopsy that samples only a particular or representative part of the lesion. if the lesion is large or has different characteristics at different locations , more than one area of the lesion may need to be sampled.

\*Indications :

If the area under investigation appears difficult to excise because of its extensive size (larger than 1cm in diameter) or hazardous location , or whenever there is a great suspicious of malignancy , incisional biopsy is indicated.

\*Principles :

Representative areas of the lesion should be biopsied in wedge fashion . the material should be taken from the edge of the lesion to include some normal tissue. It is much better to take a deep narrow biopsy , than a broad shallow one.

**Excisional biopsy:**

An excisional biopsy implies removal of the entire lesion at the time the surgical diagnostic procedure is performed.(diagnostic+therapeutic)

\*Indications :

Excisional biopsy should be employed with a smaller lesion (less than 1 cm in diameter) that on clinical examination appear to be benign.

Any lesion that can be removed completely without mutilating the patient is best treated by exc. Biopsy .pigmented and small vascular lesion should also be removed in their entirety.

\*principles:

The entire lesion , along with 2 to 3 mm of normal appearing surrounding tissue is excisied. (safety margin).

\*\*\* biopsy and all tissues removed are placed in 10% formalin solution . labeled and send to the pathologist with all the necessary information. Once the biopsy has been performed , the dentist should make a follow-up appointment with the patient within the first week after surgery , to follow the site of operation and to inform the patient about the result of biopsy.

***Anesthesia :***

***We do field block anesthesia (ring anesthesia around the lesion)***

Block local anesthesic techniques are employed when possible :

The anesthesia solution should not be injected within the tissue to be removed , because it can cause artifactual distortion of the specimen.

When blocks are not possible , infiltration of local anesthetic may be used locally , but the solution should be injected at least 1cm away from the lesion (field block).

**Tissue Stabilization :**

Accurate surgical incisions are easiest to perform on tissues that are properly stabilized.

The lips can be immobilized by the use of an assistant’s fingers pinching the lip on both sides of the biopsy area , this also aids in hemostasis by compressing the labial arteries .

Heavy retraction sutures or towel clips can be used to aid immobilization of the tongue or soft palate.

**Hemostasis :**

*We should have good hemostasis to prevent the formation of hematoma and infections.*

The use of a suction device for aspiration of surgical hemorrhage during biopsy should be avoided , because small surgical specimens can be easily aspirated into these devise and lost .

Gauze wrapped over the tip of a low-volume suction device or a simple gauze compresses are adequate in most cases , unless severe hemorrhage is encountered.

*the sutures should be everted.^\_^*

**biopsy data sheet:**

all specimens must be carefully labeled and identified with demographic data of both patient (name,age,gender…) and the dentist’s office on the sheet.all patient history and a clinical description of the lesion must be conveyed to pathologist on this form.

Good LucK Seniors <33 ^^

Done by :Farah al-hares