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head and neck cancer. To limit the rate of recurrence, it is accepted that the tumor be removed with adequately clear margins. Presence of cancer at the resection site and/or margins where the cancer lies within 5 mm of the resection site have been associated with disease recurrence and subsequent increased mortality. Due to the complex and vital anatomical structures within the head and neck region, surgical morbidity can only be minimized by resecting as little tissue as possible. This creates a competing interest of ideal surgical margins to limit recurrence versus the minimization of perioperative morbidity. One method theorized to decrease the incidence of involved margins is frozen section histopathologic consultation. This scientific report aims to outline the current evidence for frozen section histopathologic consultation, its advantages and disadvantages, and detail where future research is needed

Objectives: N/A

Methods: N/A

Findings: N/A

Conclusion: N/A

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Open trans-facial-skull base surgery or closed endoscopic surgery?

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Background: Lately we observe how endoscopic techniques claim amongst their advantages the lack of external scars, which may look understandable. However, for an experience professional, there is a decision between an open surgery or and endoscopic surgery provided the surgery process and the post-surgery period for the patient.

Objectives: We are therefore reflecting about the need to generate an open debate about the benefits of a closed-endoscopic-technique in comparison with an open surgery, which may leave often only small scars.

Methods: Daily we observe that endoscopic process require a higher level of elimination of structural parts in comparison with an open surgery. The open surgeries could be more conservative from a structural point of view and therefore imply less risk throughout the entire process for the patient. Within a context of an oncological surgery, a closed endoscopic technique will force the surgeon to search with great difficulty the limits of the malign tumor. That may damage internal structures with important functions increasing and complicating the recovery process of the patient. In other specializations, a closed endoscopic technique may also require the division of the tumor to eliminate it.

Findings: We believe there is a proven need for an enlarged study that will consider the advantages and disadvantages of each technique for each case.

Conclusion: We propose to create a cross-specialization-approach to assess the convenience of an open or a closed technique. Their adequacy could be assessed with a comparison, for similar pathology surgeries, of structural damages before the procedures and post-operative through MR or CT

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Osteosarcoma of the anterior mandible: a case report

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Background: Osteosarcomas account for 60-40% of all primary malignancies. Approximately 6% of the cases affect the maxilla without jaw or jaw predilection. It occurs most commonly in males and it has bimodal age distribution.

Objectives: To report the case of an asymptomatic female patient, 23 years old, with a main complaint of “there is a mass growing in my mouth”, and a time of evolution of 6, previously diagnosed as mandibular torus. The extraoral physical examination evidenced increase of volume in the mandibular base on the right side and ipsilateral submandibular lymphadenopathy. Oral inspection showed a volume increase on the mandibular lingual surface in the region of the teeth 31 to 46, covered by normal-looking mucosa. The image exams revealed lesions with “sun ray” aspects in a region of the mandibular body. The patient underwent an incisional biopsy which was consistent with osteosarcoma. Then, she was sent to the head and neck department to carry out definitive treatment.

Methods: The patient underwent an incisional biopsy.

Findings: Osteosarcoma of the mandible which were referred to treatment.

Conclusion: The clinical and imaging characteristics are of fundamental importance for the elaboration of the differential diagnosis and decision making to institute the appropriate treatment in the shortest possible time, in order to better the final clinical outcome.

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Mortality rates and prognostic factors in patients with salivary malignant tumors

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Background: Malignancies of the salivary glands represent a multifarious disease. Evaluating the prognostic factors of these malignancies may help predict patient outcome and the ability to offer the most suitable therapy.

Objectives: To examine the prognostic factors that may affect treatment outcomes, survival rates and mortality of malignant salivary gland tumors.

Methods: A retrospective study of 101 patients diagnosed with malignant salivary gland tumors in our medical center. We examined the role of various salivary tumorogenic, clinical and therapeutic features. These include histopathological diagnosis, stage, grade and T, N, M values as well as the existence of perineural invasion and extraparenchymal spread of the tumors. We also identified the salivary gland involved, the sub-compartment specific location of the tumor and the therapy administered. All these were related to mortality.

Findings: 79 patients survived and 22 died due to the disease. Tumor staging, distant metastasis and perineural invasion were highly significant predictors of increased lethality. Histopathological grading was also a predictor but to a lesser degree. Neither neck metastasis nor tumor size or type had a significant impact on lethality. Performing neck dissections did not decrease lethality