Clinicopathological Characteristics of Lesions not Offered Therapy by Excision

***Osaghae IP**

**Department of Oral/Maxillofacial Surgery, Dental Center, Central Hospital Benin, Edo State. Nigeria.*

ABSTRACT

Correspondence
Dr. I. P Osaghae
Department of Oral/Maxillofacial Surgery, Dental Center,
Central Hospital Benin,
Edo State.
Nigeria.
Email: ifuekoosaghae@gmail.com

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INTRODUCTION

Excisional biopsy is a procedure that can be diagnostic and curative at the same time (Malik, 2021) and for aesthetic purposes, only if lesion is almost certainly benign (Oliver et al., 2004). In these cases, entire lesion is excised and sent for histopathological examination (Malik, 2021; Anon & Klieb, 2012). To enucleate is complete removal or excision without rupture (Malik, 2021). The objective of the study was to report clinical and pathological characteristics of lesions not curative by excision alone.

METHODS

Data was from prospectively maintained register of patients whose biopsied lesions were subjected to histopathologic examination from December 2013 to August 2023. Sex, age, type of biopsy, number of times biopsied, pathological diagnosis and follow-up time were extracted. Additional management was noted.
Inclusion criteria included excised lesions that required further management which was considered as: repeat excision; medication (excluding pain relief); root therapy of associated tooth/teeth and referral to other specialist clinics. Excluded were patients with evidence of metastasis and patients presenting with other associated pathologies.

RESULTS

One hundred and twenty seven specimens were taken from 114 patients: Forty five (39.5%) males and 69 (60.5%) females. Age range 4 to 80 (median, 42) years old. 13 (11.4%) patients had 28(22.0%) specimens excised. Of 3 patients with recurrent lesions, 2 recurred twice; 5 patients had 2 separate lesions at the same time. Excisional biopsies were carried out for 90(71%) specimens and incisional biopsy for 37(29%). Follow-up was 3-550.5 (median,275) days. Fifteen (13.2%) patients needed additional management. Clinicopathological features of lesions and further treatment are summarized in table below

S/N	Sex	Age	Site	Clinical signs	Histopathology	Treatment	Outcome after initial treatment	Additional management
1	Female	40	Upper Lip (L)	Swelling x 2 years, no pain or paraesthesia	Polymorphous adenocarcinoma	Excision 3mm margins	Recurrence -twice	2nd excision 10mm margins. 3rd, wider margins.
2	Female	37	Body/ramus of mandible ®	Expansile lesion x years; Radiology: multilocular spaces	Central ossifying fibroma	Enucleation	Recurred	Resection
3	Male	47	Body of mandible (L)	Painless bony swelling; no paraesthesia. Radiograph: radiolucency apex of 36	Solitary plasmacytoma	Enucleation	-	Oncology clinic
4	Male	28	Gingival epulids 13-15 (labio-palatal)	Bled on tooth brushing; Sessile; friable; bled profusely	Pyogenic granuloma (Lobular capillary haemangioma)	Excision / curettage.	Recurred twice	Excision, curettage/ exodontia 14; refused 3rd treatment
5	Female	48	Palatal gingival swelling 23-27	Bled at rest; bled profusely during surgery.	Incisional biopsy pre-operatively was pleomorphic salivary adenoma. Post- surgery: Epimyoepithelial CA	Enucleation	Post-operative result different from pre-operative.	Oncology clinic.
6	Male	41	Submandibular node ® x years.	Not tender.	Simple lymphoepithelal cyst	Excision	HIV diagnosed +ve after biopsy	retroviral management
7	Female	7	Gingival epulids 7c,7d,36 (lingual);	Bled at rest; sessile; bled profusely	Pyogenic granuloma (lobular capillary haemangioma)	Excision/ ligation.	Recurred	Lost
8	Male	52	Multiple swelling: scalp, neck and back of varying sizes	Aesthetics; Submental largest (5cm by 3cm)	Epidermoid cyst	Excision of submental cyst	-	Further excision
9	Female	28	Buccal swelling (L) x weeks; intermittent pain	Discharging sinus on skin; 3rd trimester; mobile 44-47	Chronic suppurative osteomyelitis	Sequestrectomy; exodontia 44-47	-	Antibiotics/prosthesis
10	Female	49	Extraction socket 37	Non-healing socket x 5 years; food packing	Chronic osteomyelitis	Sequestrectomy	-	Antibiotics

11	Female	55	Palatal swelling 21-26	Extraction socket 22; discharging sinus intra-orally	Chronic osteomyelitis	Enucleation	-	Antibiotics
12	Female	78	Extraction socket 38	Non healing socket x years; packing food	Chronic osteomyelitis	Sequestrcetomy	-	Antibiotics
13	Female	58	Extraction socket 22	Pain and redness of gingiva; radiograph: cystic lesion	Infected radicular cyst	Enucleation	-	Antibiotics; root treatment 21 & 23
14	Female	50	Extraction socket 38	Non- healing socket x 20 years; Fetor from food packing.	Chronic osteomyelitis	Sequestrectomy/ Debridement		Antibiotics/ dresssing/ packing of cavity
15	Female	65	Upper lip	Lip swelling; tender; radiograp: apical radioluscency 11,21	Infected radicular cyst	Enucleation/ exodontia 11&21	-	Prosthodontic rehabilitation

CONCLUSION

The clinical and pathological characteristics of certain lesions do not lend them to cure by excisional biopsy alone. Additional management is tailored to specific requirements.

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Conflicts of interest

The authors declare that they have no conflicts of interest.

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