Soft Tissue Changes after Advancement Genioplasties

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Soft tissue response after advancement genioplasty has been studied in the literature and the ratio of soft tissue to bony movements has found to be from 0.06:1 to 1:1. Several factors may account for variability in soft tissue response and it has been suggested that large advancements greater than 8 mm may behave differently from small movements. The purpose of the present study was to evaluate soft tissue response to genial advancements up to 8 mm in patients who had isolated genioplasties. This study included 9 patients treated by advancement genioplasty at the Gazi University, Faculty of Dentistry, Department of Oral and Maxillofacial Surgery. Genial segments were moved horizontally with minimal soft tissue dissection to a predetermined position and fixed four hole titanium bone plates. Lateral cephalometric radiographs were analyzed. Three acetate tracings constructed for each patient corresponding to the preoperative, immediate postoperative and 6 month follow-up period. OPL was used to facilitate the measurement of positional changes of hard tissue and soft tissue pogonion points (Pg., Pgs), all radiographs were digitized and millimetric differences between reference points were measured on a computer using special orthodontic software program (RMO Joe). As a result of this study in isolated advancement genioplasty cases (up to 8 mm), the ratio of soft tissue to bony movements was found to be 1:0.85.

First Manifestation of a High Malignant B-Cell Lymphoma in the Oral Cavity: A Case Report

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A 55-year old women was first seen in the outpatient clinic for oral and maxillofacial surgery with a swelling of the soft tissue in the right maxilla and right mandible. The swelling had appeared several days before and was growing constantly. Simultaneously, the patient was suspected of having an S1-discusprolaps. No lymphomas in the area of the head and neck were found by palpation. Further tests including an intraoral biopsy with immunohistological diagnosis were performed. This showed a B-cell lymphoma of the germ cell group. According to the other findings (computed tomography and magnetic resonance imaging) we had the severe suspicion of a second manifestation of the lymphoma in the lumbo-sacral region with compression caused by the tumour. This was probably responsible for the S1-symptoms. Based on these findings the patient was irradiated at the lumbo-sacral region. The irradiation caused immediate response with significant relief of the neurological symptoms. According to the findings in this case the first clinical manifestation of a B-cell lymphoma will be demonstrated.

Can Positron Emission Tomography improve the Staging of Oral Cancer?

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Objective: Positron emission tomography (PET) is effective for detecting of cancer. Some applications for PET, pre- as well as posttherapeutically, shall be presented. The aim of the prospective clinical study was to evaluate if PET is suitable for the differentiation of malignant from non-malignant tissue, especially in neck lymph nodes. Therefore, a computer aided fusion technique for PET and computed tomography (CT) scans was developed and applied.

Materials and Methods: Twelve patients with bioptically proven squamous cell carcinoma of the oral cavity were examined pretherapeutically with a FDG-PET study of the head and neck, in addition to the routine staging protocol. Patients were positioned for CT and PET in a reproducible manner. With a computer assisted fusion of the images from both systems, a correlation of the enhancement areas from the PET scan with anatomical structures in the CT scan was possible. The results were correlated to the pathoanatomical findings.

Results: A significant increase of accuracy for the detection of lymph node metastases in the PET-CT fusion in comparison with CT or PET scan alone could be observed. Beyond the study protocol, PET was able to detect distant metastases as well as unknown primaries, which lead to head and neck metastases. Furthermore, PET-CT fusion seems to be of value in the follow-up, if, because of the treatment, a local recurrence can not be distinguished from intact tissue with conventional imaging. The use of PET on a routine basis, controlled by a multi-centre protocol, should be discussed.