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Abstract

Background: Lymphomas are a group of malignant neoplasms originated from lymphoid hematopoietic system and the second most common malignancy of the head and neck region. Extranodal Non-Hodgkin Lymphoma (NHL) was first described as a distinct entity by Isaacson and Wright in 1983. The head and neck are the second most common sites for extranodal NHL. Oral cavity is an uncommon site for NHL which accounts for 0.1 to 3% of the cases. Diffuse large B cell lymphoma (DLBCL) is the most common lymphoma in head and neck region.

Case description: We report three cases of Diffuse large B cell lymphoma a variant of NHL. Three patients within a age range of 6th to 7th decade, presented with a chief complaint of mass in oropharyngeal area associated with pain and swelling in neck. On histopathological examination of the provided incisional biopsies, Poorly differentiated carcinoma and non-Hodgkin lymphoma were given as the differential diagnosis. However immune-histochemical analysis confirmed the diagnosis as Diffuse large B-cell lymphoma.

Conclusion: Although non-Hodgkin's lymphoma is uncommon in the oral cavity, it should always be considered in the differential diagnosis of intraoral malignant diseases of head and neck swelling. Pertinent immuno-histochemical analysis is important for the early diagnosis and good prognosis of the disease.

Keywords:Diffuse large B cell lymphoma, Immunohistochemistry, Oropharynx

The usefulness of cervical island skin flap for intraoral repair of oral surgery

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Abstract

Oral cancer is typically treated with surgical excision, and this frequently results in a large defect and severe functional problems. Local flap reconstruction is applicable to restoring appearance and function, and it causes less surgical stress than a vascularized free flap.

In 1969 Farr et al reported the cervical island skin flap for the reconstructions of oral cancer. This flap is due to short operating time, low morbidity, and good functional and aesthetic results. This flap is not only an alternative to microvascular flaps but also an excellent reconstructive choice especially in cases where free tissue transfer cannot be carried out.

We have also used this cervical island skin flap in selected cases. The operations that the wide broad platysma was included in the base of flap showed better results recently. Hence, cervical island skin flap should be considered as a choice of local flap for oral reconstruction depending on the defect size of oral cavity.

In this presentation, we would like to show some cases that we experienced recently.

Comprehensive management of a cleft patient: A multidisciplinary approach

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Abstract

Background: Management of a cleft patient is not limited to surgical repair of lip and palate. Nasoalveolar molding begins within a few days after birth followed by Cheiloplasty and Palatoplasty by age one. Orthopedic interventions and orthognathic surgeries will follow at different stages of life as the child grows into an adult. Thus surgical and non-surgical support continues as required till adulthood and further.

Description: Our goal is to provide as much of multidisciplinary interventions to a cleft patient as possible. Here is a series of cases to demonstrate the same.

Experience of secondary commissuroplasty for lip morphology and function after lip reconstruction

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Abstract

Introduction

Patients who have undergone lip reconstruction due to oral cancer often develop deformities of the oral commissure on

the affected side. We report our experience with two cases of secondary commissuroplasty for lip morphology and function after lip reconstruction.

Case report

Case 1: 54-year-old male. He was referred to our department in July 2019 for swelling of the right upper lip. He was diagnosed with clear cell carcinoma by biopsy. After tumor resection, upper lip reconstruction was performed with Estlander flap. The oral commissure on the affected side became drooping, thick and round. At 6 months postoperatively, secondary commissuroplasty was performed according to the Barsky technique. One year after surgery, the patient had a symmetrical lip and good lip closure.

Case 2: A 58-year-old male, He underwent lower lip reconstruction with an Estlander flap after excision of the right lower lip at another Hospital in April 2020. Histopathological diagnosis was adenoid cystic carcinoma. In May 2020, he was referred to our department for lip revision. The oral commissure on the affected side became small and round. At 6 months postoperatively, secondary commissuroplasty was performed according to the Barsky technique. Six months after surgery, the patient had a small volume of the lower lip near the oral commissure on the affected side, but the lip was symmetrical and the lip closure was generally good.

Discussion: The ingenuity of the Barsky method and the differences between Case 1 and Case 2 after secondary commissuroplasty are discussed.

Application of international Research diagnostic criteria in clinical setting for diagnosis and treatment planning of Temporomandibular joint disorders

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Abstract

Background: Temporomandibular joint disorders (TMD), while getting increased attention in modern periods, still challenges clinicians for proper diagnosis and treatment plan. A proper protocol for examination of TMD is yet to be established in clinical settings in countries such as ours, with challenges such as patient compliance, economic factors and lack of proper infrastructures are still making huge impact in diagnosis and treatment. A proper study for standardizing examination and determining treatment in context of our society is felt wanting.

Case description: Here we present cases who came to OMFS opd, IOM for any perceived problem of temporomandibular joint. Any OPD cases who visited OMFS OPD, IOM with complaint provisionally diagnosed as originating from TMJ or referred for same from other departments were taken for study. Diagnosis was selected from algorithm and treatment was planned according to diagnosis and availability of treatment options. Results of treatment was noted in subsequent follow ups.

Conclusion: A standardized examination pattern for TMJ disorders can result in proper diagnosis with high sensitivity and specificity. A proper diagnosis will lead to greater efficiency in treatment planning, increasing confidence of patient for treatment. Exploring various treatment options in context of society leads to better outcome as well.

Key words: Temporomandibular joint disorder, Research diagnostic criteria, treatment planning

Elective neck dissection in squamous cell carcinoma of oral cavity: Our experiences

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Abstract

Objectives: The present study was carried out to assess the efficacy of elective neck dissection (END) in oral Squamous cell carcinoma (OSCC) with clinically and radiographically negative neck (N0).

Materials and methods: The present retrospective study, carried out in the department of oral and maxillofacial surgery of dhulikhel hospital included the records of OSCC patients in whom END was carried out between the period of January 2016 to December 2022. The study included only the patients with N0 neck who had undergone END. The histopathological records post neck dissection was studied to determine the nodal status. Descriptive statistics was calculated and recorded.

Results: out of 30 patients operated, 21 met our criteria of inclusion. Out of 21 patients, 14 (66.6%) were male and 7 (33.3%) were female. Supra-omohyoid neck dissection was done in 18 (85.7%) patients. Out of 21 neck dissections, 11 (52.4%) had histopathological evidence of nodal metastasis. Level I B was the most common node involved.

Conclusion: It is advisable to consider elective neck dissection in Oral cancer with clinically and radiographically negative neck node.