AN ANALYSIS OF AMELOBLASTOMA CASES SEEN AT THE ORAL SURGERY DEPARTMENT, HOSPITAL SULTANAH AMINAH, JOHOR BAHRU, MALAYSIA

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Objectives: To investigate the clinical, radiological, treatment and the outcome of intraosseus ameloblastoma.

Material and Methods: All the cases of ameloblastoma seen at the Oral Surgery Department, Hospital Sultanah Aminah, Johor Bahru, Malaysia from January 2002 to December 2009 were included in the study. Data collected were age, sex, tumour locations, clinical presentations, radiologic features, size, treatment and recurrence.

Results: 46 patients were included in this study. The patient's age at presentation ranges from 13 to 73 (mean 32 years old). 56.5% of the patients were male and 43.5% female. The main presentation or symptom was swelling (65.2%). Radiographically, 54.3% of the tumours presented as multilocular and 75.6% were more than 3cm in diameter. Recurrences were higher in the conservative treatment than in radical treatment group, in tumour sizes more than 3 cm and in multilocular presentation. One of the cases presented as ameloblastic carcinoma post resection.

Conclusion: Recurrences were higher in the conservative treatment group than in radical treatment group, in tumour size more 3 cm and in multilocular presentation.

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EVALUATION OF THE COURSE OF THE MANDIBULAR INCISIVE CANAL IN THE INTERFORAMINAL REGION

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Objectives: To identify the mandibular incisive canal position employing Cone Beam Computed Tomography (CBCT) and its relationship to the inferior border of the mandible and the mandibular mental foramen.

Methods: Sixty patients who were examined with CBCT were selected according to gender and race, namely Malays, Chinese and Indians. 3-D transparent view of mandible was produced using interactive software (SimPlant). Linear measurements were recorded from the 3-D and sagittal views.

Results: The apicocoronal position of the mandibular incisive canal (MIC) was 10.83 ± 1.85 mm at 3 mm mesial to the mental foramen (IC3), curving slightly towards the inferior mandibular border the more mesial it travels till it reaches 8.6 ± 2.23 mm near the midline. The buccolingual position of MIC was 2.99 ± 0.91 mm (buccal measurements) and 5.08 ± 1.87 mm (lingual measurements) at IC3, then it goes more lingual the more mesial it travels from the mental foramen till it reaches 3.38 ± 0.89 mm (buccal measurements) and 4.04 ± 1.68 mm (lingual measurements) near the midline. MIC was 0.3 mm below the mental foramen in 68.3% at IC3 point, and the difference increased the more mesial the canal travels, reaching to be more than 5mm in 60% of cases near the midline.

Conclusion: The study reveals variations in the position of the MIC and therefore in its relationship to the position of the mental foramen. It is revealed that the mandibular incisive canal travels inferiorly and lingually as it approaches the midline from the mental foramen.

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